

*“A qualitative exploration of the
perceived effects of maternal
psychopathology on adult
relationality”*

MASTERS IN CLINICAL PSYCHOLOGY: RESEARCH REPORT

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Abstract

Rates of maternal mental illness are rapidly rising worldwide, and particularly in South Africa (Manikkam and Burns, 2012; Cooper et al, 1999; Peltzer and Shikwane, 2011). Since the early 1900's psychologists and theorists have been pointing to the important role of the mother-infant relationship on the future development of the child. Past research has shown that children being raised by mothers who suffer from a mental illness experience negative effects stemming from this maternal relationship. However, the lingering effects on adult children of mentally ill mothers have been under researched. This is especially surprising from a psychoanalytic and attachment viewpoint, as many of these theories integrate a lifespan view and hypothesise that poor early relations will carry through to adulthood and hence effect relationality later on in life as well as during childhood (Main and Hesse, 1990; Fonagy, 2003; Holmes, 1996). This study aimed at getting an in-depth understanding of the experiences of adult children who grew up with mothers who were mentally ill. Specific attention was paid to the perceived effects this had on the participants as children, and as adults. A sample of seven adult children were invited and selected to participate in this study. Semi-structured interviews were conducted with each participant in order to allow understandings and meanings to emerge and grow. Meaning units and re-occurring themes were selected from the interviews and used for analysis. Results show that, in line with previous research, childhood experiences were fraught with fear and uncertainty. Participants did report lasting negative effects of being raised by a mother with mental illness. Typically, mothers were experienced as frightening, chaotic, unavailable and inconsistent. Due to these characteristics, participants feared not being worthy of love. Because of maternal inconsistency, participants felt they could not trust their mothers, and from an early age seemed to develop strong defenses to protect themselves. Some of these defenses were a physic denial of emotion and social isolation. As they grew, participants recalled further insight emerging, accompanied by strong feelings of anger and depression. Many participants experienced the onset of their own mental illnesses at this time. However, some understanding was reached. Participants still feel the negative effects in their adult lives. They describe having the same core fears and defenses that developed in childhood in relation to their mothers. This is in terms of their own self-esteem; their ability to relate to others; and their process of individuation or functionality in the world beyond their own homes. However, some participants reported some positive aspects, which may be due to certain protective/mediating factors.

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Chapter 1: Introduction

1. INTRODUCTION

The rates of mental psychopathology have risen worldwide, and are still on the rise (Manikkam and Burns, 2012; Cooper et al, 1999; Peltzer and Shikwane, 2011). The rate of maternal psychopathology in South Africa is high, sitting at 34.7%, (three times rates found in Western samples, such as in Europe and America) and is increasing rapidly (Cooper et al, 2005; O'Hara, 1997). This is particularly concerning when it comes to mentally ill mothers who are raising children, as this relationship is key to childhood development (Klein, 1940; Winnicott, 1960; Bowlby, 1977; Fonagy, 2010). Following this discovery, a vast amount of studies have been conducted into this initial relationship. These studies reveal that the initial relationship does, in fact, affect childhood development (Bowlby, 1977). Furthermore, studies looking at mothers who suffer from a mental illness reveal that maternal mental illness does in fact have numerous negative effects on children (Wan and Green, 2009; LeClear O'Connell, 2008; Murdoch and Hall, 2002; Ritsner, Karas and Drigalenko 1991). Originally research in this area was focussed mainly on mothers with affective disorders (specifically depression), and the effect such conditions had on their children. However, over the last twenty years researcher began to look at the impact that psychotic mothers have on their children (Dunn, 1993; Mohit, 1996; Hipwell et al, 2000).

Despite many theoretical criticisms around focussing purely on the mother in relation to the child and his/her development, current research has shown that, for the most part, it is still predominantly the mother who holds the primary care-giver role, especially in the formative years of early childhood (Connell and Goodman, 2002), and especially in the majority of South Africans, who still have some relationships to their traditional cultural roles as women (Van Niekerk, 2010).

While effects on infants and children have been relatively widely researched, the lingering effects on adult children of mentally ill mothers have been under researched. This is especially surprising from a psychoanalytic and attachment viewpoint, as many of these theories integrate a lifespan view and hypothesise that poor early relations will carry through to adulthood and hence effect relationality later on in life as well as during childhood (Main and Hesse, 1990; Fonagy, 2003; Holmes, 1996). Three research projects have dealt with children, now adult, of psychotic mothers. These will be dealt with in more detail in the literature review. However, core themes that came up were: abuse and

neglect, isolation, guilt and loyalty (Dunn, 1993); hatred of the mother and of the self, the stigma of mental illness, difficulty developing social skills (Williams, 1998); and loneliness and anxiety (Segurs, 1999).

The present study is aimed at gathering more necessary information of a different nature about the children of mentally ill mothers. This information is expected to be of a broader and deeper nature, in order to allow full participant exploration of their perceived experiences with said mother.

2. RESEARCH AIMS

This research aims to get an in depth understanding of the participants' perceived experiences and recollections of having been raised by a seriously mentally mother. Additionally, this research aims to also whether or not participants have experience[d] any effects (negative or not) on themselves, and on their relationships with significant others, as a result of having a mentally ill mother – both then (as a child) and now (as an adult). Finally, this paper aims to use psychoanalytic theories to interpret and explain participants' experiences – to link theory and reported current experience. This is in order to gain deeper insight and understanding of the needs of adult children of mothers who are diagnosed with a mental illness, and may have implications for clinical interventions and/or therapy.

3. RATIONALE

This study explores the perceived effects of having being raised by a seriously mentally ill mother. As the mother is usually the primary caregiver, at least in the initial phases of life, any impairment in her functioning may have a significant impact on her offspring (Connell and Goodman, 2002). This is the finding of in numerous studies that point to the negative effects, on all levels of functioning, of being raised by an unstable mother (Wan and Green, 2009; LeClear O'Connell, 2008; Murdoch and Hall, 2002; Ritsner, Karas and Drigalenko 1991).

It seems that limited research into this area has been conducted in the South African context, which, like the rest of the world, also has a high rate of maternal psychopathology (Cooper et al, 2005; O'Hara, 1997). Hence there is a gap in the literature. An attempt will be made at starting to fill this gap and to stimulate further research into this area, especially in our local context where there are many precipitating factors for maternal pathology, such as poverty,

illness¹, discrimination and so on. In addition, very little has been done to explore adult functionality of children who have been raised by pathological mothers. Research has been primarily focused on childhood functioning.

The fact that this research is qualitative is also of value. As Aldridge (2006, p.4) points out, “what has been missing from research in this field is ‘deeper insight’ from qualitative studies”. Much research has been done into attachment and attachment issues in children who have been raised by mentally ill mothers. However, this may be because attachment theory is more easily quantifiable than the psychoanalytic theory focussed on in this paper. A qualitative study will allow a lot more space to explore different theoretical concepts, which are not easily quantifiable, in relation to real life experiences.

The next reason for conducting this research is, as summed up by Williams (1998, pg. 2), because “adult children of mentally ill parents conclude that they mostly remain an unnoticed at-risk group”. Whilst there is some evidence of attempts to address the needs of children with a mentally ill mother, there appears to be less available information about adult offspring where parents have a mental illness (Williams, 1998; Le Clear O’Connell, 2008; Wan and Green, 2009). Discovering and understanding the needs of adult children has implications for treatment and future intervention strategies (Dunn, 1993; Wan and Green, 2009). While focusing on adult children, this research also contributes to the literature on the at risk children of mentally-ill mothers.

Moreover, Le Clear O’Connell (2008) shows that offspring have also been neglected clinically. For example, DeChillo et al. (1987) found that, despite knowledge on the part of social workers

¹ HIV AIDS is one of the most pervasive medical diseases in South Africa, and affects over 60% of our population (South African National Health Survey, 2012). HIV AIDS can have serious implications for the mental health of the infected person. Some forms of stress due to living with HIV AIDS can exacerbate or cause mental health problems (APA, 2014). Stressors such as experiencing a loss of employment or worries about whether you will be able to perform your work as you did before (financial and performance stress); having to tell others you are HIV-positive (social stigma); managing your HIV medicines; going through changes in your physical appearance or abilities due to HIV/AIDS; dealing with loss, including the loss of relationships or even death; and facing the stigma and discrimination associated with HIV/AIDS can lead to serious mental problems such as depression or even suicide. Starting antiretroviral therapy also can affect your mental health in different ways. It has been found that antiretroviral medications may cause a variety of symptoms, including depression, anxiety, and sleep disturbance, and may make some mental health issues worse. The HIV virus itself also can contribute to mental health problems. Some opportunistic infections (which occur when your immune system is damaged by HIV) can affect your nervous system and lead to changes in your behavior and functioning. Other disorders, such as mild cognitive changes or more severe cognitive conditions, such as dementia, are associated with advanced HIV disease (APA, 2014).

that children of mentally ill persons are 'at risk', these children were rarely included as part of the treatment plan. Even more disturbing, the children were often not even documented in the clinical record as existing. Further research and insight into this area may create more awareness of including children, even adult children, in treatment of pathological mothers. In the qualitative studies that have been done with adult children of mentally ill mothers, the participants have reported feeling a relief due to the interview/group session (Le Clear O'Connell, 2008). This is because they reported finally being able to have a voice on the matter is liberating (most adult children have to care for their ill mothers and family, and therefore are silent about their own struggles). This again highlights that they are an often neglected sample and giving voice to their experiences is helpful and therapeutic (Le Clear O'Connell, 2008; Wan and Green, 2009; Oyserman, Mowbray, and Zemencuk, 1994).

4. RESEACRH QUESTIONS

1. What are participants' recollections and reflections on their childhood experiences of being raised by a seriously mentally ill mother?
2. What is the nature and quality of any strong affects associated with maternal psychopathology current or recollected that participants experience, if any?
3. Do participants believe there are any lasting psychological or relational effects to them due to their experience of maternal pathology?

Chapter 2: Literature Review

1. INTRODUCTION

People often joke around about their “crazy” families. However, for many this is not a joke and is in fact a serious issue in their lives, with many resulting negative effects found. Statistics have shown that the rate of maternal psychopathology has increased worldwide, and particularly in women of child-bearing age (Manikkam and Burns, 2012; Cooper et al, 1999; Peltzer and Shikwane, 2011). Hence there has been an increase of interest in what happens in the family, and specifically with the children, when maternal psychopathology is present. What happens when the one person in the child’s life with whom s/he is supposed to form the strongest of all bonds is unstable, withdrawn or psychotic? (Karen, 1994; Cowling, 1996). Psychoanalytic and attachment theories are some of the leading academic theories on mother-infant relations and how this relationship affects children and is carried throughout their lives. The purpose of this review is to provide a background of the available knowledge on the mother-infant relationship, as well as the available empirical literature pertaining to this research project, and to hence carve a niche in which this research project can be embedded.

In this chapter, the area of maternal psychopathology and its effects on children will be looked at first. Before any empirical data is reviewed, some basic definitions of terms pertinent to the research project will be discussed. A review of the empirical research findings regarding the children of mentally ill mothers will be given. Following this, some psychoanalytic and attachment theorists whose work is especially pertinent to the current research project will be explored. As this study is qualitative in nature, literature that is concerned with the topic of the mother-infant dyad will be presented, and later, once findings have been analyzed, certain theories applicable to the results will guide interpretation.

2. DEFINITIONS

Definition of Psychopathology

Pathology will be defined as any form of mental disorder, mental distress, and abnormal/maladaptive behavior (Barlow and Durand, 2009). This can be described as deviance from the expected ‘norm’ of behavior; distress/negative feelings from the individual with the disorder; dysfunction in that the individual cannot complete his/her everyday functions; and

dangerous thoughts or behavior towards the self or the other (Barlow and Durand, 2009). Pathology can be identified via the Diagnostic and Statistical Manual of Mental Disorders – a set of criteria describing and differentiating certain types of mental pathologies agreed upon universally (Barlow and Durand, 2009). For the purposes of this study, pathology will be operationalized as professionally diagnosed - according to the DSM - Schizophrenia, Psychosis, Uni/Bipolar Depression over an extended period.

Definition of attachment/relationality

Attachment can be seen in modern psychoanalytic theory as quite a fluid term. For the purposes of this paper, attachment, from this point forward, will refer to the initial relationship/bond between the mother and infant and its subsequent formation of the infant's internal and relational world, which is carried through to adulthood. In adulthood, attachment is expressed through relations with oneself and relations to significant others. (i.e. how one sees the self and relates to the other).

3. REVIEW OF THE EMPIRICAL RESEARCH

Differing effects of maternal psychopathology on children

There is consensus in the literature reviewed that children growing up with a mother who has a mental illness are affected on numerous levels, and do not experience the same positive outcomes as children who were raised by 'normal' mothers (Wan and Green, 2009; LeClear O'Connell, 2008; Murdoch and Hall, 2002; Ritsner, Karas and Drigalenko 1991). Current focus has now shifted to what effects are the strongest and what their causal mechanisms are (Goodman and Gotlib, 1999; Manning and Gregoire, 2006 & 2008).

Research has documented that children of parents with mental illness show impairments in adaptive functioning, as well as diagnosable disorders including a broad range of internalising and externalising disorders (Beardslee et al, 1987; Downey and Coyne, 1990). More recent studies confirm prior results. Being raised by a pathological mother has proved to have lasting negative effects on numerous levels: psychological, social and behavioural (Cowling, 1996; Gelfand and Teti, 1990; LoveJoy et al, 2005; Papp et al, 2005; Turney, 2011; Kim-Cohen et al, 2005); intellectual and mental (Kursjens and Wolke, 2001; Hay et al, 2001; Barkley et al, 1992) and neurological (Van den Bergh, 2005; Manning and Gregorie, 2006 & 2008; Talge et al, 2007). Because children with a mentally ill mother usually have a genetic predisposition to inherit a mental illness themselves, these stressors may result in them developing similar pathologies to

their mothers later in life (Hammen et al, 1987; Goodman and Gotlib, 1999; Hammen and Brennan, 2003; Manning and Gregorie, 2006 & 2008; LoveJoy et al, 2005); More qualitatively-focused studies report that these children usually have poor self-esteem, negative affect, and suffer from high levels of guilt and shame (Hammen, 1998).

Available studies have documented the serious issues of childhood disorders (Mcknew et al, 1979; Decina et al, 1983; Orvaschel et al, 1988). Research shows that 40-80% of children with mentally-ill parents become psychiatrically-ill themselves (Mcknew et al, 1979; Decina et al, 1983; Orvaschel et al, 1988). Despite this statistic, some studies have revealed a concern around the under-recognition of childhood mental/affective disorders, and the subsequent lack of treatment (Keller et al, 1991). This is true for South Africa in particular, as rates of intellectual, social and related disabilities in children living under conditions of poverty were also found to be above average (35.6 in every 1000) compared to a similar study done in Zambia (Christianson, 2002).

Not many studies have looked at the possible gender differences of the child and how this may interact with the effects of maternal depression. However, some studies have noted or mentioned gender differences in their results section. For instance, O'Connor et al (2002) found that male children who grew up with a mentally ill mother exhibited higher levels of behavioural effects (such as conduct problems, aggression and hyperactivity or ADHD) than did the females of the same cohort. Females seemed to present with higher levels of emotional problems. This may be an area worth noting in the current study in order to add to theories that propose there is a gender effect on the relation with the mother (such as Freud, 1924; and feminist psychoanalytic theories – Chodorow, 1995). Research into the effects of maternal mental illness on female identity formation have shown that girls who struggle to attach to their mothers consequentially struggle with their own femininity and identity as women (Benson, Harris and Rogers, 2010; Beyers and Goosens, 2008). The role of gender identity formation, which happens in through the relationship with one's primary caregiver, and identifying with the same sex primary care-giver, has also been highly correlated with self-esteem and self-image (Usmiani and Daniluk, 1997).

Effects of maternal psychopathology on attachment

Much research has focused on how maternal psychopathology affects mother-child attachment (Hipwell et al, 2000; Waters et al, 2000; Espinosa et al, 2001; Zeanah, Keyes, Settles, 2003; Wan and Green, 2009). Attachment is seen as the initial emotional bond established between mother and infant, which is carried internally for the rest of the child's life. This may be because

attachment theory has quantifiable attachment style categories which can be easily used in large scale qualitative research projects.

Research into the effects of maternal psychopathology on attachment has been well documented, but has focused largely on early infancy and childhood (Zeanah and Smyke, 2008). The results are unanimous, as all studies reviewed used Ainsworth and Main's classification system. The results point to a strong link between maternal psychopathology and insecure or disorganised attachment in their children (Hipwell et al, 2000; Waters et al, 2000; Espinosa et al, 2001; Zeanah, Keyes, Settles, 2003; Wan and Green, 2009). Ward et al (2001) report, from their clinical sample, that 95% of the sample adolescents were insecurely attached, and that 83% of mothers were, too, rated insecurely attached. In addition, Riordan, Appleby and Faragher (1999) show that maternal schizophrenia, above all other factors that are linked to insecure infant attachment (such as stress and spanking), has the strongest direct link to insecure attachment. Many studies have confirmed the hypothesis that maternal depression is most strongly linked to attachment effects (Grunebaum & Gammeltoft, 1993; Manassis, Bradley, Goldberg, Hood & Swinson, 1994; Radke-Yarrow, Cummings, Kuczynski & Chapman, 1985; Williams, 1998; Coyl, Roggman and Newland, 2002). Wan and Green (2009) confirm the above. They conducted a review of 32 studies in this area and found that insecure attachment may be a mediator between maternal psychopathology and later problems. However, very little research was found on later childhood development and hence this question is only answered partially (Wan and Green, 2009).

The most relevant study found in South Africa was conducted by Cooper et al in 2005. They took a sample of 147 mother – infant dyads was recruited from a peri-urban settlement outside Cape Town and saw them at 2- and 18-months postpartum. At 18 months, 61.9% of the infants were rated as securely attached; 4.1% as avoidant; 8.2% as resistant; and 25.8% disorganized. Postpartum depression at 2 months, and indices of poor parenting at both 2 and 18 months, were associated with insecure infant attachment. These findings are consistent with those of several studies from the developed world that have demonstrated how maternal depression results in less optimal maternal behaviours (Campbell & Cohn, 1997; Cohn & Campbell, 1992; Field, 1992; Murray, Fiori-Cowley, Hooper, & Cooper, 1996; Tronick & Weinberg, 1997), and the development of insecure attachment (Campbell & Cohn, 1997; Van den Boom, 1994). In a later study Cooper et al (2009) confirmed earlier results. Of the infants tested, 37% of them were insecurely attached – 19% avoidant, 8% resistant and 10% disorganised. Of these children, 85% of their mothers were depressed. Hence we can extract that in South Africa, mother-infant interactions are negatively affected by both socioeconomic adversity and maternal depression, and that these two may be interlinked causally in both directions.

It is interesting to note that the studies reviewed all look at maternal pathology, especially in South Africa. Yet, due to South Africa's apartheid past with the migrant labour situation, the absent-father phenomenon might make such research more difficult. This is different to the situation in some other countries where research has nonetheless placed emphasis on mentally-ill father. However, many theories and research studies have been criticized on this point. Critics point out that the role of the father and other caregivers are ignored or side-lined (Perkel, 2006 and Long, 2007). In the same way, this is one-sided, only looking at maternal pathology and its perceived effects on participants.

The maternal role and the family context

The reason that the current research focusses on maternal psychopathology exclusively because more recent meta-analysis has shown that, besides the theoretical argument for paternal involvement, maternal influence on children may still be more prevalent and more significant than paternal (Connell and Goodman, 2002). Connell and Goodman (2002) reveal that 77% of children are raised primarily by their mothers in South Africa. Furthermore, significant gender interactions with chronicity of mental illness have been found, across many studies, to favour women (see Kurstjens and Wolke, 2001). However, while women may have a stronger influence on their offspring, this is not to say that fathers do not influence their children as mothers do (Perkel, 2006). There is now an increase in awareness and focus on the important role fathers play in their children's lives (Trowell and Etchegoyen, 2005)

Yet, available literature does point to the fact that the effects of maternal psychopathology do extend beyond the early mother-infant relationship. Research sites impaired family interaction, negative parental affect, marital breakdown, intolerance of family members striving for independence and negative parental behaviors - such as frightening, withdrawn, inconsistent, intrusive or confusing behavior – in response to the pressure of the maternal psychopathology (Rutter and Quinton, 1984; Kochanska et al, 1987; Weber et al, 1988; Hamilton et al, 1993; Friedman et al, 1997). Perke (2006) also argues that maternal rage and aggression (often escalated by mental illness) is projected onto the father, who has to deal with all of these negative projections, like aggression, withdrawal or mania. This may explain why up to 50% of marriages in which the women has a mental illness ends in divorce (Friedman et al, 1997).

The role of different types of maternal psychopathology

Much research has been done on the effects of depressed mothers on their children. A total of 73% of research analyzed in this area by Parsons et al (2011) focused on depression as the main type of maternal mental illness. Why is this? Many argue that it is because maternal depression is simply the most common psychopathology, and hence is the most important to look at in

terms of analyzing effects on children and their therapeutic needs (Hammon et al, 1987). The statistics seem to confirm that 40% of mothers in the USA fit the criteria for clinical depression (Mayberry et al, 2007; Turney, 2011; USA National Department of Health; LeClear O'Connell, 2008). Others argue that maternal depression simply has more severe and more negative effects on children all round than other sorts of mental illnesses (Anderson and Hammen, 1993).

However, there are many studies that argue the contrary (Wan and Green, 2009; LeClear O'Connell, 2008; Murdoch and Hall, 2002). Murdoch and Hall (2002) used similar measures the Child Behavior Checklist as those researchers claiming depression to have a greater effect. They found contrary results, showing little difference of effect between psychotic, unipolar, schizophrenic and bipolar mothers on their children. It could be that Anderson and Hammen's (1993) study needs more work. Their sample size may be too small and unrepresentative for them to claim such generalized results. In addition, the sample was comprised mainly of depressed mothers, with only 18% of the sample representing schizophrenic and medically ill mothers. If we were to go through similar studies arguing for the increased severity of effects from depressed mothers, there may be similar problems.

Goodman and Brumley (1990) look at it from another angle, focusing on parenting behaviors and children's behavioral outcomes. They found that quality of parenting and children's functioning behavior was lowest in schizophrenic women, and more variable in depressed women. These results may be slightly more reliable, as the sample was made up of 53 schizophrenic women, 55 depressed women and 53 'normal' women. Only slight consistent differences were found between women diagnosed as schizophrenic and those diagnosed as depressed. As predicted, in most cases, schizophrenic women were rated as offering the lowest quality of parenting. Interestingly, however, this was only by a slight margin (2-3%).

These two examples convey that the results of these studies are not conclusive. It seems that the most obvious reason why depression is the focal point for many studies is because depression is the most common psychopathology, and hence samples can be found more easily. However, if there is no significant difference between unipolar, bipolar, psychotic and schizophrenic mothers, why not conduct studies that include all of these pathologies? Furthermore, there is a lack of such studies done in South Africa, and prevalence of maternal pathology is not well documented, due to the large rural population. While documented statistics show prevalence of maternal depression in South Africa to be high, as in the USA, at around 38-40% (Manikkam and Burns, 2012; Cooper et al, 1999; Peltzer and Shikwane, 2011), these are only from hospital samples. There is not enough evidence about the prevalence of

other maternal pathologies to say that depression is the most prevalent or most harmful to the child. Therefore, this study has chosen not to focus purely on maternal depression.

Maternal psychopathology and adulthood

It has now been established that psychopathology involving disorders of either thought or mood greatly influence an individual's behavior, and therefore their ability to attach to their child in a healthy way. However, with few exceptions (to follow), studies of children with disordered mothers have been cross-sectional in design, and limited to childhood, so the question of the continuity of the children's dysfunction remains to be answered (Anderson and Hammen, 1993). The issue of continuity is particularly important in view of effective understanding and interventions later in life (Anderson and Hammen, 1993). Bleuler (1974, in Moskowitz and Heim, 2011), in his extensive longitudinal study of over 200 families of schizophrenics, referred to the "shadow" that is cast over the lives of children of schizophrenic mothers – a shadow that follows them into adulthood.

The majority of studies found were retrospective in nature. Adult children are asked to reflect on their childhoods growing up with a mother who has a serious mental illness, and results reflect the perceived negative effects, seemingly echoing those found in the earlier mentioned studies (in the first section of the literature review) conducted with the children during childhood.

A review of relevant literature (1990 through 2005 by Mowbray et al (2006) identified 16 studies on the psychosocial outcomes of adult children of parents with mental illnesses. Interestingly, the concerns that emerged in these studies were predominantly psychological and social in nature, both of which usually interact in a mutually influential way. This supports earlier claims that the psychological and social effects are most the noticeable and lasting. Six of the studies examined clinical outcomes, while three qualitative studies (with sample sizes from four to 10) presented respondents' experiences growing up with a mentally ill parent. Seven more comprehensive, quantitative studies had sample sizes ranging from 29 to 286, and included several population based surveys of mental illness in parents. In these quantitative studies investigators reported that compared with controls adult offspring of mentally ill persons had elevated work and marriage problems and lower overall functioning (Weissman et al., 1997), more social avoidance and lower self-esteem (Williams & Corrigan, 1992), poor social adjustment (Jacob & Windle, 2000), and increased levels of drinking alcohol (Neff, 1994).

Similarly, in qualitative studies, participants with mentally ill parents reported multiple problems, including childhood abuse and neglect, isolation, and guilt (Dunn, 1993); hatred of mother and self, poor parenting, isolation, excessive caregiving to the mentally ill parent,

stigma, and lack of support from others (Williams, 1998). Because of the mother's disturbed sense of reality, she could not provide a consistent and stable environment for the child in any way – be it emotionally or practically (Dunn, 1993). Although mothers may have been physically present in the home, participants frequently perceived them to be often emotionally unavailable (Dunn, 1993). In attachment research, psychological unavailability of the mother to the child has been found to be a significant risk factor for insecure-avoidant attachment in the child (Cicchetti and Lynch, 1995). The combination of unavailable/unpredictable responses from the mother and an unstable environment combine to create a poor attachment system, which in turn leads to poor self-esteem as at least one possible outcome. Both of these (poor attachment and poor self-esteem) may interact to have detrimental effects in the social relational or interpersonal setting, hence increasing the feelings of social isolation and lack of support (Wolkenstein and Meyer, 2008). Participants support these notions by speaking of feeling isolated from their mother, peers, their communities, and their own families, and of being confused by these feelings (Dunn, 1993).

Studies looking at the current perceived effects on the life of adult children are scarce. Four recent studies were found, two qualitative and two quantitative (Williams, 1998; Mowbray et al, 2006; Klimes-Dougan et al, 2008; Aldridge, 2006). Williams (1998) led a study whereby she held a once-off therapy group for four women who grew up with mentally ill mothers. Core themes that emerged were hatred of the mother, and also interestingly, therefore of the self; social stigma and rejection; lack of extended family support; ongoing difficulty in relating well to others, especially women; troubles in parenting their own children; and depression. This study shows that the effects of childhood are still present in their adult lives: they reported struggling to maintain healthy relationships with their spouses, their own children, and are still involved in the unhealthy, "anxiety-filled" relationships with their mothers (Williams, 1998, p. 76). Mowbray et al's (2006) research confirms these sentiments, revealing that although nearly 40 percent of participants were parents of minor children, only about 12 percent were in a committed relationship. Depression seems to be another lasting factor which may contribute to poor relating. Klimes-Dougan et al (2008) argue that their results show the increased likelihood in these adult children to revert to depression and/or suicidal thoughts when troubles arise in their lives. In their longitudinal study from early adolescence through to adulthood, they demonstrated earlier onset and more persistent depressive/suicidal thoughts than the group of participants whose mothers were not mentally ill. In line with theory discussed earlier, these are all signs, or 'symptoms', of insecure attachment, rooted in childhood but carried through into adulthood.

Furthermore, Williams (1998) found through some follow-up sessions that the effects remained with the women, even though it seemed, and the participants reported, that the therapy group

was cathartic and created a sense of identification amongst them. This shows a possible need for more/deeper understanding and therapeutic work with this cohort.

Despite the seemingly negative effects on adult attachment, Aldridge (2006) uses his study to point again to the complexity of the issue at hand. The long-term effects on children of living with and caring for parents with serious mental health problems may not be fully understood, particularly in respect of psychological outcomes.

Previous research into the area of maternal mental illness has shown that children being raised by mentally ill mothers are pre-disposed genetically to possibly inherit the same or similar psychopathology. In addition, it seems that the maternal illness may lead to the creation of an unstable environment for the child, leading to social, psychological, intellectual and behavioral effects on these children. Furthermore, the studies reviewed that focused specifically on mother-child attachment show that the early bond between the mother-infant is disrupted by the mental illness. While much research has focused on depression as maternal psychopathology, it seems that other mental illnesses like schizophrenia and psychosis have similarly negative effects on children, due to the perception that all of these types of mental illnesses disrupt the initial (critical) environment in which mother-child bonding takes place. Following on from this, some researchers have attempted to explore whether these effects carry on through childhood into adulthood. The few studies found on the effects of maternal pathology on adulthood functioning reveals that it is likely that the early effects in childhood are carried through to adulthood. This is because adult children who have been raised by mothers who were mentally ill report still having interpersonal relational problems due to their relationship with their mothers. They also report struggling with their own mental illnesses because of the perceived interaction between their predisposed biology (genetics) and the negative childhood environment experienced as a reaction to the pressure from maternal mental illness.

4. THEORETICAL UNDERPININGS

The importance of the mother-infant relationship and its effect on development and adult life has been looked at many different psychoanalytic theories. Three such schools will be reviewed here. The following theories seem to be of relevance for the current study.

4.1. PSYCHOANALYTIC ATTACHMENT THEORY

Origins of Attachment Theory: Definition and Explanation

John Bowlby (1950, 1976, 1977, 1980, 1988, 1991) founded the school of attachment theory. He began to move away from traditional psychoanalysis by looking at the actual relationship between the mother and the infant in an observational manner, rather than the internal perceptions infants have of this relationship. He proposed that we are all born with an innate desire to form emotional bonds/attachments with a caregiver who will provide stability, protection and shelter. Hence attachment refers to the emotional and psychological bonds formed with a significant caregiver, which persist throughout life, and which serve as a form of 'protection' from danger (anxiety/trauma). The responses of the mother to the self are internalized and form one's internal mental schema (neurology), which dictate how we see the world, the self, the other, and how we relate. Therefore, the way in which we emotionally attach forms and is affected by our cognitions, responses and behavior throughout life (Bowlby, 1977). If the mother does not provide a warm and continuous secure attachment environment, the infant does not have a secure base to return to for protection, and thus normal social and emotional development will not occur (Bowlby, 1977; Cassidy and Shaver, 2008). Such a child will internalize deficient relational schema, perceiving the emotional world to be an inconsistent, scary and hostile place.

Evidence: The Strange Situation and Types of attachment

Mary Ainsworth (1965, 1967, 1978) became a part of Bowlby's research team in the 1950's. Together, she and her colleagues developed the Strange Situation Procedure, which has now become the most well-used and validated method of assessing infant attachment (Cassidy and Shaver, 2008). In the strange Situation Procedure, a mother-infant pair is placed in an unfamiliar play room. The mother is seen to represent the 'secure base' from which the infant can explore and play in the room without fear or anxiety. However, the situation then introduces danger signals to the infant: the mother (primary attachment figure) leaves; the baby is left alone in an unfamiliar setting; and then a stranger enters the room. The stranger stays for a few minutes, after which the mother re-enters again. This situation triggers the infants' attachment system, which can then be studied and classified (Cassidy and Shaver, 2008).

The Strange Situation allows for the identification of three main attachment patterns: secure, insecure-avoidant and insecure-resistant. More recently a fourth category of disorganised attachment has been added to the list (Main and Hesse, 1990). Children who are securely attached are able to separate from the parent; seek comfort from the parent when unsure in his/her exploration; meet the returning parents with positive emotions; and clearly preferred the parents to strangers. The mothers in this instance offered predictable transformation of infant distress to comfort (Cassidy and Shaver, 2008). On the other hand, insecure-ambivalent/resistantly attached children may be more wary of strangers; become greatly distressed when the parent leaves; and do not appear to be comforted when the parent returns. The mothers of these infants seem to be either over- or under-responsive. The child is never certain of the parents' response and gives mixed signals of fear, anger and desire for comfort. This in turn further confuses the mother and leads to further inconsistent caregiving (Cassidy and Shaver, 2008). Insecure-avoidant children respond by avoiding their mothers; not seeking much contact or comfort; and showing little or no preference between parent and stranger. Avoidant infants experience a punishing response from their mothers to their daily negative affects (such as crying, yelling or biting). Hence they learn to inhibit the display of negative feelings and emotions and begin splitting the bodily feeling from the display of emotions (Cassidy and Shaver, 2008). Finally, Mary Main (1990) identified the disorganised attachment pattern. In this case, there is a lack of coherent and consistent behavioural response to dealing with stress. This attachment patterns has been witnessed disorganised parenting often seen in parents who suffer from serious mental illness. The babies natural defenses are broken down and overwhelmed – hence the disorganised response. This often creates an irresolvable conflict: the baby must have contact but also has learnt it must not approach the mother. The mother must care for the baby but also cannot tolerate the closeness or the negative affect from the baby (Main and Hesse, 1990). These results are supported by numerous 'blank-face' experiments (see Rochat, Striano and Blatt, 2002).

However, the major critique of attachment theory is that it reduces and simplifies styles of relating and the effects the maternal relationship has on the child. Hence, for the purposes of this paper, only the underlying behavior of attachment and underlying premises of the theory are important. As this is a qualitative study, the limiting and simplified attachment categories will not be used. Another critique is that it is ethnographic – it describes overt behavior.

The Persistence of Attachment

While Bowlby focused mainly on early infancy, later attachment researchers have begun to study the effects of attachment over the lifespan. Mary Main shows that at age 6 attachment patterns still continue (Cassidy and Shaver, 2008). She investigated further by developing the Adult Attachment Interview, which is the current gold standard for adult attachment measurement. She used this interview to measure the attachment styles of the mothers of

infants tested in the strange situation. She found that mothers' patterns of attachment are most often transferred to the child, and for insecurely attached individuals, creating a cycle of intergenerational trauma. These patterns persist because it has been found that the way parents treat their child tends to stay consistent over their lifespan; children internalize these relational styles; and attachment styles tend to be self-perpetuating. Main (1965) theorizes that early experiences are registered non-consciously and implicitly. The child internalizes the attachment style. As a result, in adulthood and throughout life, these instinctual reactions (held in the brain and body) will be activated and acted out in new relationships, even if the adult child is treated differently from how he/she was treated by the mother (Cassidy and Shaver, 2008). This unconscious re-enactment is similar to transference and counter-transference, projection and introjection, mirroring and other psychoanalytic phenomenon in that there is an unconscious pressure to externalize internal pressure, or "hot" internal experiences.

4.2. PSYCHOANALYTIC OBJECT RELATIONS THEORIES

Following Freud's traditional postulation of the structure and development of the psyche, which was presented in a way which seems to focus primarily on the infant's internal world, psychoanalysts following him began to acknowledge that the infant is able to, and needs to, relate to others (often referred to as objects) from the moment of birth. Hence a shift from the internal world to the actual happenings between mother and infant began to take place (Greenberg and Mitchell, 1983).

Following Freud closely came the rise of object relations theories. They were associated with a shift of interest towards the structure of the internal world, and how this is shaped by developmental issues. Freud did speak about development and environment, although in a different way to the object relations school. With this came a move towards theory of relatedness. Klein focused much more on the mother-infant dyad. For her, the primary mode of relating was feeding (versus touch, contact, play etc), which only served to create good or bad objects within the individual's own mind (Greenberg and Mitchell, 1983). Object relations theorists regard the infant's developmental process as being founded on the pre-oedipal dyad (the mother and infant), which in time evolves into relations with significant others. It is through these first relationships that the infant's subsequent manner of relating takes shape. This happens as the infant internalises his/her early experiences and creates internal patterns of relating (Greenberg and Mitchell, 1983).

Melanie Klein

Klein (1940; 1946) was the founder of the Object Relations school of psychoanalysis. Object relations theory postulates that our psyche develops in relations to the environment and early interactional experiences during infancy. Object relations theory suggests that the way people relate to others and situations in their adult lives is shaped by family experiences during infancy. For example, an adult who experienced neglect or abuse in infancy would expect similar behavior from others who remind them of the neglectful or abusive person from their past (often a parent). These images of people and events turn into Objects in the subconscious that the person carries into adulthood, and they are used by the subconscious to predict people's behavior in their social relationships and interactions (Greenberg and Mitchell, 1983).

Internal Objects are formed by the patterns emerging in one's repeated subjective experience of the caretaking environment, which may or may not be accurate representations of the actual, external others. In the theory, Objects are usually internalized images of one's mother, father, or primary caregiver, although they could also consist of parts of a person such as an infant relating to the breast or things in one's inner world (one's internalized image of others). Later experiences can reshape these early patterns, but Objects often continue to exert a strong influence throughout life (Greenberg and Mitchell, 1983; Klein, 1940). Objects are initially comprehended in the infant mind by their functions and are termed 'part objects'. The breast that feeds the hungry infant is the 'good breast', while hungry infant that finds no breast is in relation to the 'bad breast'. (Greenberg and Mitchell, 1983) With a good enough facilitating environment, part object functions eventually transform into a comprehension of whole objects. This corresponds with the ability to tolerate ambiguity, to see that both the 'good' and the 'bad' breast are a part of the same mother figure (Klein, 1940; 1946).

Lacan's (1967, p.97) view was that "unconscious is the discourse of Other" (in that the child views itself as an other in relation to the external world and its objects), where the subject is inserted into a field of differences. For Klein, the unconscious is a dynamic internal realm, created by *projection* and *introjection* – an interplay between internal and external forces.

Normal development mainly involves managing the opposing inner forces of love and hate, preservation and destruction. Infants are seen to be born with certain amounts of anxiety and aggression. The infant needs to learn how to manage and tolerate this inborn anxiety, as well as the anxiety felt in response to the external world. Hence, instead of talking about Freud's stages of development, Klein postulated that we move through two different positions, and vascillate between the two. These positions are a specific configuration of object relations, anxieties and defenses which persist throughout life (Klein, 1940). Klein (1946) saw the baby as relating to the world via its physical relationship with the world, with the initial importance of

its mother, initially as a set of part-objects. She closely linked the external physical and internal worlds, thus explaining much of the later linkages between emotional states and bodily symptoms. However, she has been criticized for placing excessive emphasis on inner systems and later object-relations theorists (eg. Winnicott) put more emphasis on the role of the external world in creating a psychologically healthy child (Spilius, 2013).

For Klein (1940;1946), a babies psyche becomes organized around his/her phantasies, which it has about the world around it. *Phantasies* are a given of psychic life – we are born with them. They are unconscious drives and instincts which eventually develop into more complex mental life. The baby constantly compares his/her phantasies to the external reality and this is how mental life develops. The first bodily experiences and sensations are woven into and help develop the babies phantasies, which are tested against reality. This is what forms the basis of thought for Klein (1940). They interact reciprocally with experience to form the developing intellectual and emotional characteristics of the individual; phantasies are considered to be a basic capacity underlying and shaping thought, dream, symptoms and patterns of defence. As the child develops, the main aim of the psyche is to defend itself against anxiety-provoking or punishing situations. Hence the child's inner world has exaggerated idealized (good) and persecutory (bad) objects that make up phantasies, not simple representations of experiences with parents. In addition, this inner world is primarily defensive, protecting the self from the discomfort of pain, frustration, etc. This inner world is formed by internal phantasies and external objects through introjection and projection. In Kleins' (1946, as sighted in Spilius, 2013, pp. 27) own words,

“under the sway of phantasy life and of conflicting emotions, the child at every stage of libidinal organization introjects his objects — primarily his parents — and builds up the super-ego from these elements... All the factors which have a bearing on his object relations play a part from the beginning in the build-up of the super-ego”.

As the baby is born with a weak ego and inherent anxiety, its experiences (for example, being hungry) can be seen as very frightening and persecutory. Hence the developing ego has to defend itself against this anxiety. Initially, Klein postulates that we enter the *Paranoid-Schizoid* defensive position. The paranoid-schizoid position is characterized by part object relationships. Part objects are a function of splitting, which takes place in phantasy. At this developmental stage, experience can only be perceived as all good or all bad. As part objects, it is the function that is identified by the experiencing self, rather than whole and autonomous others. The hungry infant desires the good breast who feeds it. Should that breast appear, it is the good breast. If the breast does not appear, the hungry and now frustrated infant in its distress, has destructive phantasies dominated by oral aggression towards the bad, hallucinated breast

(Klein, 1946). Klein notes that in splitting the object, the ego is also split (Klein, 1946). The infant who fantasizes destruction of the bad breast is not the same infant that takes in the good breast, at least not until obtaining the depressive position, at which point good and bad can be tolerated simultaneously in the same person and the capacity for remorse and reparation ensue. The anxieties of the paranoid schizoid position are of a persecutory nature, fear of the ego's annihilation (Klein, 1946). Splitting allows good to stay separate from bad. Projection is an attempt to eject the bad in order to control through omnipotent mastery. Splitting is never fully effective, according to Klein, as the ego tends towards integration.

However, as the child grows, it realizes that good and bad experiences come from the same person. Hence along with the paranoia about retaliation comes feelings of guilt (for attacking the bad, which is now also the good), and fear of rejection. This all takes place in the second defensive position, known as the *depressive position*. This eventually leads to a more integrated person. In the depressive position, the infant is able to experience others as whole, which radically alters object relationships from the earlier phase (Klein, 1946). Before the depressive position, a good object is not in any way the same thing as a bad object. It is only in the depressive position that polar qualities can be seen as different aspects of the same object (Klein, 1940). Increasing nearness of good and bad brings a corresponding integration of ego.

In a development which Grotstein (1981) terms the "primal split", the infant becomes aware of separateness from the mother. This awareness allows guilt to arise in response to the infant's previous aggressive fantasies when bad was split from good. The mother's temporary absences allow for continuous restoration of her "as an image of representation" in the infant mind (Grotstein, 1981). Symbolic thought may now arise, and can only emerge once access to the depressive position has been obtained. With the awareness of the primal split, a space is created in which the symbol, the symbolized, and the experiencing subject coexist. History, subjectivity, interiority, and empathy all become possible (Klein, 1940)

The anxieties characteristic of the depressive position shift from a fear of being destroyed to a fear of destroying others. In fact or phantasy, one now realizes the capacity to harm or drive away a person who one ambivalently loves. The defenses characteristic of the depressive position include the manic defenses, repression and reparation. The manic defenses are the same defenses evidenced in the paranoid-schizoid position, but now mobilized to protect the mind from depressive anxiety. As the depressive position brings about an increasing integration in the ego, earlier defenses change in character, becoming less intense and allow increasing awareness of psychic reality (Klein, 1940; Grotstein, 1981). In working through depressive anxiety, projections are withdrawn, allowing the other more autonomy, reality, and a separate existence (Klein, 1946; 1952). The infant, whose destructive fantasies were directed towards the bad mother who frustrated, now begins to realize that bad and good, frustrating and

satiating, it is always the same mother. Unconscious guilt for destructive phantasies arises in response to the continuing love and attention provided by caretakers. As fears of losing the loved one become active, a very important step is made in the development. These feelings of guilt and distress now enter as a new element into the emotion of love. They become an inherent part of love, and influence it profoundly both in quality and quantity (Klein, 1946; 1952)

From this developmental milestone come a capacity for sympathy, responsibility to and concern for others, and an ability to identify with the subjective experience of people one cares about. With the withdrawal of the destructive projections, repression of the aggressive impulses takes place. The child allows caretakers a more separate existence, which facilitates increasing differentiation of inner and outer reality. Omnipotence is lessened, which corresponds to a decrease in guilt and the fear of loss (Klein, 1952). When all goes well, the developing child is able to comprehend that external others are autonomous people with their own needs and subjectivity (Klein, 1952).

However, feelings of guilt are only diminished through the external acceptance of reparation. How the mother responds to the infant in this position will dictate whether the infant build up an inner sense of 'goodness' or an inner sense of 'badness' and guilt (in which case, defenses are needed much more). Additionally, in phantasy, the good internal mother can be psychically destroyed by the aggressive impulses (Klein, 1946; 1952). It is crucial that the real parental figures are around to demonstrate the continuity of their love. In this way, the child perceives that what happens to good objects in phantasy does not happen to them in reality. Psychic reality is allowed to evolve as a place separate from the literalness of the physical world. Through repeated experience with good enough parenting, the internal image that the child has of external others, that is the child's internal object, is modified by experience and the image transforms, merging experiences of good and bad which becomes more similar to the real object (e.g. the mother, who can be both good and bad).

Projective identification is an essential mechanism in both paranoid-schizoid and depressive positions (note that 'position' is used rather than 'stage' as these are not necessarily completely sequential). Projective identification is an unconscious phantasy in which aspects of the self or an internal object are split off and attributed to an external object (Spilius, 2013).

However, an external object (mother) may use projective identification, too. She may split off all of her bad and project it into the baby. Also, objects can in reality be persecutory in that they do fail to meet the babies needs consistently. In these cases, the baby might not fully resolve either position and thus may their ego's are not fully developed. They will probably develop

very rigid defenses to keep the anxiety from within and from without away from consciousness. The power of their own anxiety and rage is experienced as something to fear. This fear is based in primitive fears of object annihilation. In other words, if they express of face the anxiety and aggression within themselves and in the external, all objects will be annihilated – this means an internal annihilation for themselves and their objects (mother) that have created their ego.

It is important to note that Klein conceptualized these ‘positions’ as ever fluctuating and as being carried throughout life. Thus, even as an adult one might find oneself in the paranoid-schizoid position when relating to another, using primitive defense mechanisms to avoid anxiety or destruction of the ego (Klein, 1946; Spilius, 2013).

So in terms of the current research topic, one could see that if a mother has a mental illness, she may not be perceived as a loving, warm “good” object. She may be introjected as a persecutory “bad” object which impinges upon the babies own ego development. Hence the child might spend more time in the paranoid-schizoid position, relating to people with more defensive structures. Adults in the paranoid schizoid position may project a lot of their own insecurities, deep needs and longings onto others. Others are unconsciously seen as objects needed to meet personal needs, not as whole beings who have their own needs and wants. Hence relationships, people, the world, is seen as all good or all bad. This could have negative effects on rationality and functionality in the real world.

Wilfred Bion

Wilfred Bion’s (1959; 1962) contribution to psychoanalysis was a an examination of how individuals attain thought, feeling, and therefore reflective subjectivity (Watts, Cockcraft and Duncan, 2009) . He argued that babies are born with the potential to to think, but that this potential becomes a reality only through relating with the mother (primary caregiver). Bion (1959; 1962) developed what he termed the ‘*container-contained*’ model to explain how thought and feelings develop within the infant. In his view, the mother could act as a psychic container for the child. Containing a child’s psyche means that the mother receives (from projection) the babies raw experiences, she digests them and makes sense of them, and then feeds them back to the child in a more manageable way. In other words, a healthy child develops when his/her psyche is contained, held and then processed for the child. This happens as follows. The infant will experience what Bion (1959; 1962) calls internal ‘*beta-elements*’. These are sense impressions and primitive affects that are felt as concrete things in themselves. They are unmentalised and meaningless sensations which have not yet evolved into conscious feelings or thoughts. Having beta experiences is often anxiety-provoking and traumatic for the child, as they do not have the mental capacity to process what is going on. This is often very

frustrating and intolerable. The child experiences what Bion terms '*a nameless dread*' – the fear that he will be totally overwhelmed by his emotions (1959). In this instance, the mother should notice the child's anxiety, take in the baby's experience, contain it within her own mind and make sense of what is going on. At this point, she can reflect back to the infant what is going on in his/her psyche in a more manageable/digestible form. If the mother fails to do this, the infant will not be relieved from his or her anxiety and learn to eventually cut off the emotions that brings such nameless dread in order to survive. They do this via splitting off these overwhelming sensations and either repressing them or projecting them outwards (Watts et al, 2009).

'*Maternal reverie*' is the process of freeing herself from her own reactions, memories and desires; and being fully present and open to the infant is what Bion (1959;1962). This state of reverie allows the mother to contain her infant. This containment slowly transforms beta elements or experiences into *alpha elements* – experiences that have been acknowledged and digested and can be thought of without distress. This later develops the capacity to perform the alpha function, or the ability to process and make sense of raw experiences for yourself – to add thought to feeling and sensations (Bion 1959; 1962). That is, to obtain a basic psychological capacity that enables the processing of sensations into experiences that can be stored in the psyche as thoughts, feelings and dreams. As the mother slowly enables the child to make sense of his/her own psychic experience, the child develops the capacity to do the same – i.e. to mentalise (see more on this in the next section by Fonagy). Basically, to mentalise is the ability to reflect upon one's own and others' mental states based on feelings, thoughts and intentions – just as the mother does with the child when containing the child.

For example, if an infant is overwhelmed by a raw experience of sensory stimulation, say, the need for a feed, he/she will have a beta experience and begin to cry. The mother in a state of reverie should then see the baby's anxiety, interpret it as hunger, and respond appropriately with a soothing voice, a warm embrace and the breast. The baby is then contained and learns over time that those are feelings of hunger, that they are manageable and that they will not overwhelm or destroy him/her (Watts et al, 2009).

Logically, if the mother cannot make space for the child in her own psyche or mind, as is possibly so in the case of serious mental illness, then she will not be able to fully contain the child. Hence the infant will have a lot of chaotic beta experiences left in his/her psyche. In adulthood, he/she may not have the ability to make sense of his/her own thoughts, feelings and experiences; let alone those of others. As a result intersubjective relationality is most often very difficult or dysfunctional. However, that being said, it is possible to have alternate sources of containment when the mother is not able to contain the child. This may allow some

development and some ability to process experiences beyond the basic ego functions (Watts et al, 2009).

Additionally, Bion (1959; 1962) built on Kleins notions of projective identification. For him, this was not merely an intrapsychic defense mechanism. Rather, it was a dynamic intersubjective process first occurring between the mother and infant. Bion argued that beta and alpha experiences are interdependent. In other words, one can only make sense of a sensation if at first it was experienced as a raw and chaotic sensation that was difficult to integrate in its raw form. This intersubjective thought process happens all throughout life as we project our own thoughts and feelings onto another and try to make sense of them, as well as the others true experiences. Initially, and ideally, the baby projects onto the mother, who identifies, internalises and re-projects back to the infant in a manageable form. In these ways, the notion of a dynamic influence of the paranoid schizoid (beta element) and depression (alpha element) positions can be suggested.

Donald Winnicott

Winnicott (1958; 1960; 1969) moved ever closer to looking at the reality happening between the mother and infant as opposed to the purely subjective psychic space within the infant. In this sense, Winnicott is the closest to attachment theories of all traditional psychoanalysts and may in fact have been the trigger for the move towards relational theories of psychology (Fonagy, 2010). Thus, he regarded himself as an independent psychoanalyst; but as he focusses primarily on the mother-infant relationship he will be placed in this category for ease of discussion.

Winnicott (1960; 1969) argued that an infant is born with an ego that is in a weak and unintegrated form. In order for this ego to develop healthily, certain environmental conditions must be in place. For him, development is based upon "the qualities and changes in the mother that meet the specific and developing needs of the infant" (Winnicott, 1982, p.42). Therefore, a lot depended on the mother-infant relationship.

Winnicott (1958; 1960; 1969) put attachment/relationality terms in different words by advocating that for optimal development, the infant needs a safe, continuous (stable) and secure environment. This is provided by a *good enough mother* who *mirrors* the babies own feeling back to the infant, so it can eventually recognise its own true feelings and act as a whole and separate being. A good enough mother is one who is present to, and helps make sense of, the babies experiences enough of the time that life is experienced as stable and continuous. In this way, the baby is held and his/her emotions are tolerable and contained most of the time by the mother. For example, a good enough mother would come to feed her baby most of the

time. The baby then learns that he can rely on this pattern. Hence if she is late to feed one day, he learns that although he may suffer hunger for a while, he will survive and be fed eventually. In contrast, a mother who is not good enough, will feed her baby intermittently. The baby learns, then, that the environment is not consistent and stable. Thus when he is hungry and his mother is late to feed, he may experience overwhelming fear that he will in fact be annihilated.

The baby then develops a sense or 'rhythm of going-on-being', in that his/her existence is not threatened in any major way. The baby then learns that although the environment can be persecutory at times, he/she can survive and will continue to be OK. However, a baby who experiences many *impingements* (frightening disruptions or attacks on/to the developing ego) may not develop a continuous sense of being. Hence whenever this baby (or later adult) is faced with an impingement, it is overwhelmed and has a sense of its very being being at risk of annihilation. This person does not see or believe that he/she will survive these attacks.

Good enough mothering, and the development of a continuous sense of being in the baby, is fostered by *maternal preoccupation* and a good holding environment. Winnicott (1958) believed that the mother entered into a special psychic state when having her child. She becomes extremely attached and attuned to the child and is preoccupied with the child's well-being. She will be super-aware of the child and any signs coming from the child, fearful of the child being harmed or hurt in any way. This allows her to pick up on the baby's different experiences and then make sense of them and mirror them back. In this phase, the child is completely dependent on the mother. A mother who is in a state of maternal preoccupation is aware of this and creates a safe *holding* environment for her child (Winnicott, 1958; 1960; 1969). Holding the environment means that the mother keeps the space around her child safe so that the child can discover him/herself and his/her inner world without impingements (which bring fear and chaos internally).

Thus, with a good enough mother, a mother who is present enough to accept and interpret all of the baby's projections, as well as meet most of his/her needs consistently; the baby sees that the mother can withstand all of his/her feelings, and so his/her internal world is experienced as safe to explore. Without a good enough mother, the baby's own internal world may be seen as unsafe and frightening, fraught with fearful and overwhelming feelings and drives. In adulthood, the person who has experienced good enough mothering has less defenses and acts out of his/her *true self* (Winnicott, 1969). This is likened to conditions needed for secure attachment. In contrast, pathological development occurs when the holding environment is impinged upon by a mother who is '*not good enough*' (Winnicott, 1958). This mother does not mirror the baby's true feeling, but rather projects her own chaotic affect onto the child. This means the child's true self has not had a chance to develop, and in adulthood he/she will be highly defended; either resisting others (avoidant), taking on others' emotions as their own

(ambivalent);or vacillating between the two (disorganised). In any case, this adult is operating from a false sense of self created by early mothering (Winnicott, 1958; 1960; 1969). The false self is a strong defensive structure developed early on in order to withstand the inconsistent environment, as well as his/her own chaotic internal world. This is often called a 'false self' structure, because the person has never really had a chance to explore his/her internal world, but has rather developed a structure whereby he/she just accommodates and moulds to the environment in order to feel some sense of peace.

Hence a mother who is suffering from her own pathology may not be able to hold and mirror back the babies feelings, as she is merely trying to hold and understand her own feelings. In this case, the baby becomes the object into which the mother unconsciously projects her own negative and chaotic feelings. In order to protect his/her own ego, the infant will defend against these feelings coming from the mothers psychopathology. As a result, the infant may not find the space, or feel it is safe enough, to explore his/her own inner psyche. The true self is not given a chance to develop, and hence the child (and possibly the adult child) is always operating from a defensive position – out of the false self. There could be a sense of loneliness, disconnect and a crisis around identity as the child has always been other-focused, defending against the mother, and not self-focused, building a strong ego.

Interestingly, Winnicott (1960) is the first of the object relations theorists who started to look at the role of the father in infant development. He argued that there was a 'holding environment' in which the mother-infant dyad developed. The father plays an important role in containing the mother-infant dyad while she holds the child in the early years. While he didn't expand on this point, later writers have. Some theorists building on Winnicott have argued that the father plays a vital and important role in that he, too, contains the infant and performs the maternal function when she is not around. This may increase over the years as primary maternal preoccupation and reverie die down somewhat (Perkel, 2006). Others have even begun to explore paternal preoccupation (for example, in gay couples who adopt), and the innate drive men, too, have to contain and hold an infant in need. Furthermore, men have the added pressure of containing the mother and all of her projections of hate during the early years of development (Perkel, 2006). Critically, the argument that Winnicott makes is that mothers have hate for the baby and that this is normal, but that the baby is only protected from this hate if there is a phallic (fatherly) container for the mother to project this hate into. The father then contains this hate instead of the infant (Perkel, 2006). However, if there is no father to contain this projected hate, where will it go? Some argue that without a phallic container, the mothers hate and aggression can easily be projected into the infant itself, who then has to deal with this real persecutory anxiety from the external world and internalize it (Klein, 1940). This means that the baby then sees his/her internal world as all bad and frightening; in other words

the mothers projected hate is an impingement on ego development as it makes the internal world seem hostile and therefore it is defended against instead of explored.

Object Relations Theories Combined

In short Melanie Klein (in Segal, 1978) postulates that we are all born with certain anxieties and aggressions, but that we all have the potential to manage them or to think about and digest them (Bion 1962a). When we go through the birth process, and during the first two years of life, we are confronted with the pains of external reality (like the pain of hunger, or the need to be loved). These pains trigger anxiety in us. If this anxiety is not dealt with adequately, our aggression and anxieties increase. A healthy ego is seen as one which can tolerate (Klein 1935) and think about or process (Bion 1957) internal anxieties. In order for a healthy ego to develop, a constant process of externalizing (projecting) the pain and anxiety outwards; and internalizing (introjecting) the more moderated view of reality from the mother must occur (Klein, 1935;1940). Bion (in Symington, 1996, and Waddell, 1998) would label this constant process “containment”, in that the baby will project its feelings onto the mother, who recognizes this projection, internalizes it, processes it and makes sense of it in her own mature mind, and then projects it back to the infant in a more tolerable (less persecutory) form (Symington, 1996; Waddell, 1998). This means that the mother needs to provide a safe environment, in which the infant can project his/her anxieties and aggression without fear of retaliation from the external world (Klein, 1946). In Bion’s (1959) words, the mother must show that he/she can survive the ‘attacks’ of the infant and even respond to them in a positive way (through reverie and containment). Winnicott (1960) would call this ‘good enough mothering’ and ‘holding’. Hence the internalized mother within the baby can, too, survive the attacks. This brings the child to a place where they recognize whole objects external and internally, and their egos can integrate feelings and experiences (Klein, 1940). For all of this to happen optimally, the baby needs a safe, secure and consistent environment that does not impinge on the babies developing ego, and allows the ego to freely express itself (Winnicott, 1960)

Klein (1940) points out that the child develops feelings of guilt and shame over his/her anxious and aggressive projections into the mother. In order for the ego to learn to deal with loss, according to Klein (1940), the mother must accept the reparative actions given by the child, so that the child can internalize a sense of goodness once again. In a similar vein, the Bionian mother must be aware and receptive to the babies projections; she must be in a state of ‘reverie’, or maternal preoccupation (Winnicott, 1960), a state of calm receptiveness to take in the infants feelings and make sense of them (Waddell, 1998). All of this, instead of becoming overwhelmed by the infant or projecting your own feelings and wishes into him/her.

If development goes wrong, however, a set of very rigid defenses develop in order to protect the developing ego from internal and external pain (Segal, 1978). If the external environment is not supportive and is experienced as unhealthy and impinging, in that the child’s own internal

pain is not alleviated through feeding, holding, containing and positive projections from the mother, then the child has to defend against his/her own internal anxieties, as well as the ones being projected from the external world. According to Bion (in Waddell, 1998), if mothers fail to contain their infants emotional experiences, their ego cannot develop fully. Later in life, such individuals will struggle to face their own feelings and thoughts as they are seen as overwhelming. He names this intense fear of the internal world which is made up only of chaotic beta-elements as the 'nameless dread' (Bion, 1962a). The infant or now-adult so fears facing his/her own experiences and anxieties because they believe it will totally annihilate (Klein, 1946) their internal objects (hence themselves). This fear does not leave enough room for an ego to develop, as it is so busy defending. The child becomes terrified that they will be devoured and consumed by their own "bad" feelings, as well as those from the external world (Klein, 1946). In these cases, children will use more primitive defenses, which, as Klein (1946) puts it, are more rigid and strongly rooted in the psyche. That is, they will struggle to master the paranoid-schizoid position, and only reach the depressive positions partially. Defenses seen in these cases are that of splitting, denial of psychic reality, idealization, strong projections and projective identifications and hallucinatory gratifications (one will escape to his/her own phantasy world). For Winnicott (1960), these people would develop a 'false self', which continually defend the true self, which is still weak and unexplored.

4.3. PSYCHOANALYTIC RELATIONAL THEORY

The third and final school of theorists that postulate the importance of the relationship between the mother and child. Regardless of particular theoretical models, contemporary psychoanalysis has begun to move increasingly towards an experientially based perspective. These approaches inevitably emphasize phenomenological constructs, such as the individual's experience of himself or herself, and theory has become increasingly concerned with relationships. This movement has been headed largely by Peter Fonagy (2010).

Peter Fonagy (2003; 2010) was one of the first psychoanalysts to try and integrate attachment, cognition and psychoanalysis. Being a scientist, he was intrigued by the empirical evidence that attachment theory provided, which some argue that psychoanalysis did not. He began to move away from traditional inter-psychic theories and towards inter-personal interactive theories.

Based on his own research with borderline² patients and his interactions with attachment theory, Fonagy (1998; 2003) proposed the '*Theory of Mind*'. This builds greatly on what Mary

² Borderline personality disorder (BPD) a personality disorder, as it is an enduring pattern, and the essential feature of which is a pattern of marked impulsivity and instability of affects, interpersonal relationships and self

Main (1990) was proposing on the transmission of trauma through internal cognitive circuits. Fonagy (1998; 2003) contends that the mind develops in the first 3 years of life, in relation to another. Development is rooted in the space between the mother and the infant – the ‘mother-infant dialogue’. This implies that experience, and not drives, shape personality. Relationists believe that the primary motivation of the psyche is to be in relation with an other. As a consequence early caregiver relationships shapes ones expectations about the way in which ones needs are met. Therefore, desires and urges cannot be separated from the relational contexts in which they arise (Fonagy, 1998).

As the child interacts with the mother, unconscious schemata (mental representations or circuits) are formed and stored in implicit memory. Implicit memory is a type of memory in which previous experiences aid the performance of a task without conscious awareness of these previous experiences. Evidence for implicit memory arises in priming, a process whereby subjects are measured by how they have improved their performance on tasks for which they have been subconsciously prepared. These internal implicit schemata are solidified via patterns of relating and thus are triggered in other close relationships – causing us to act in similar ways – ways that were ‘*primed*’ by the initial mother-infant interaction. Individuals attempt to recreate these early learned relationships in ongoing relations with others (Fonagy, 1998). This re-creation, or enactment (similar to projective identification or transference), serves to satisfy the individuals needs in a way that conforms with what they learned as infants.

According to Fonagy (2010), by age 3, the child has developed the capacity to *mentalize*, and therefore relate well to others. Fonagy (1998; 2003) describes mentalization as the ability to understand that we all have our own minds, thoughts and feelings. This comes with the development of a sense of separateness and the understanding that we all share an intersubjective reality (an external reality that is created through our relations with another), but that we can be alone (in our own subjective psyche) and together (in the relational world)

image (Bateman and Fonagy, 2004). The pattern is present by early adulthood and occurs across a variety of situations and contexts. Other symptoms usually include intense fears of abandonment, and intense anger and irritability, idealization and devaluation of others, alternating between high positive regard and great disappointment. Self-harm and suicidal behavior are common. Fonagy (2010) is particularly interested in borderline personality disorder, because it was for a long time assumed to be treatment-resistant, but Fonagy has now developed a treatment plan for them (Bateman and Fonagy, 2004). Mentalization based treatment (MBT), rooted in attachment theory, is based on the idea that people with borderline personality disorder mainly lack the ability to mentalize, which is caused by an absence of contingent and marked mirroring during development. The primary goals of treatment are to improve mentalization skills, making connections between the inner experience of relationships and the actual representation, learning how to work with current emotions and how to establish real relationships. In this way they could form a more coherent sense of self and develop new (secure) attachment styles (Bateman and Fonagy, 2004)

at the same time. With mentalization comes the *reflective function*. This is when we are able to put ourselves into the mind of another in order to interpret emotions or behaviors of another; so that we may respond appropriately. Basically, it is the ability to know that others have a separate mind from our own and that we should respect it by acting in appropriate manner. Similar to Winnicott (1960) and Bion's (1959; 1962) theories, it is agreed that we develop mentalization and reflective functioning through interactions with our mother or primary caregivers, who mirror our feelings in a contained way, allowing us to own our own thoughts and emotions.

In the case of healthily attached mother-infant dyads, the mother is able to think about and reflect on her own mental contents as well as the infants, thus reflecting back in a digested form the infants mental contents. The infant can then think about and reflect on what is in his own, as well as his phantasies about, the mothers mind. In insecure or disorganized attachment, the mother behaves in an inconsistent/frightening way. Hence the infant becomes afraid to think about and explore his phantasies of what is in the mothers mind. In a similar way in adulthood, other individual's minds become frightening to explore, and are often left as unknowable entities (Target, Gergly, and Bleiberg, 1998, pg.1). As a result, in some adult cases the individual cannot relate well to others as he/she cannot put him/herself in the mind of another to gauge reactions, thoughts and so on. Alternatively, an individual may become hypervigilant to the responses of others and try to behave in ways that will illicit positive responses from others (as in Winnicott's false self structure).

Therefore, Fonagy (2010) expertly links psychoanalysis and attachment. He shows that the inability to mentalize is a result of insecure or disorganized attachment relationships, and that this disability is passed on to children through the attachment relationship. If the mother cannot mentalize, as is the case in many psychopathologies, then the child will struggle to do this themselves. If the mother is insecurely attached, then the child, too, is likely to be insecurely attached. However, other care-giving figures can mediate this.

We can see that attachment theory, as well as psychoanalytic theory have many different schools of thought which have emerged over the years. It has been seen that contemporary psychoanalytic theorists use new terms and ideas that draw from psychoanalysis, attachment, cognitive and social theories of development. Hence, a more integrated picture of development is given, which can only help us understand the human being, as we too are integrated beings with different components constantly in interaction (Fonagy, 2010). Finally, new discoveries in neuroscience have only served to prove the strength of attachment theory, as it is rooted in our brains and physiology – something that can be seen and studied very scientifically. Therefore, newer understandings of attachment have allowed it to be a forerunner in explaining early problems. This theory argues, however that early attachment problems are carried through into

adulthood and passed on through generations. Adulthood is also an important area to focus on, then.

5. CONCLUSION

This chapter has given a review of research papers focused on maternal psychopathology and how this may effect the children who were raised by mentally ill mothers. Following this, theories that speak to the mother-child relationship were discussed. This is because they could possibly used to explain the psychological mechanisms underpinning what goes on between mothers who are mentally ill and their children, as well as to explain any perceived effects that may arise from this relationship.

Chapter 3: Methods

1. METHODOLOGY AND RESEARCH DESIGN

The aims of this study were to explore and gain understandings about the perceived experiences of growing up with a seriously mentally ill mother and how this affects adult children in their current lives. This research is preliminary and exploratory, as not much has been done in this area yet, and because the sample was small. Hence a qualitative approach was adopted. Qualitative research assumes there is no one truth, there is no one fixed way to look at/understand/interpret the world, which conforms perfectly to the focus (Padgett, 2004). This type of design focuses on the subjective realities of participants expressed in words as they emerge in the narrative (Padgett, 2004).

This research is based in the phenomenological-interpretivist paradigm (Wertz, 2005). This research tells the stories of how adult children perceive and experienced their upbringing and the effects it has on them now, and hence this paradigm lends itself to the aims (Wertz, 2005). The paradigm is exploratory and descriptive, aiming to explore subjective lived experiences and describe them just as the participant conveys them, uncontaminated by pre-conceptions (Kendler, 2005).

The belief that human beings are active in the process of meaning making is central to this kind of research (Schmid, 2003; Wertz, 2005). These personal meanings have (hopefully) been conveyed to the researcher as the participant sees it. Another central ontological belief is that people create their own realities, and hence there is no 'one truth' of an objective reality that is being sought (Padgett, 2004). The epistemological assumption of this paradigm is that knowledge can be obtained, but only through in-depth engagement with the person holding the perception. This has guided the data collection. Finally, methodology under this paradigm requires systematic organisation and interpretation of textual data for understanding specific meanings (Padgett, 2004; Wertz, 2005).

2. SAMPLING

Participants were recruited using purposive sampling. Purposive sampling is frequently used in qualitative studies where the intent is to understand specific experiences and views (Padgett, 2004). The criteria used to define appropriate participants were: (1) participants should be able

to articulate their experiences in English; (2) a participant's mother has, and may still be, suffering from a serious mental illness which has been formally diagnosed as such by a mental health professional; (3) participants should have been raised by said mother directly during childhood and adolescence; (4) participants must be willing to share their experiences; and (5) participants should be over the age of 18 years.

Seven adult children agreed to participate in the study. The first three participants were found through the researcher's university networks. From this starting point, snowball sampling was used as the researcher asked each of these initial participants if they knew anyone else who would be suitable participants. This is a non-probability sampling technique which makes use of an available and sought after sample with the necessary qualities needed for the study. Participants were all Caucasian, lower to middle class, and live in the Johannesburg area. The age range was 23-40, the majority (5 of the 6) are under 28 years of age. Two participants are currently unemployed, three are living at home with their mothers and the rest are currently employed and live away from their childhood homes. Please see Appendix A for a demographics table.

3. DATA COLLECTION

A semi-structured interview schedule was created for the purposes of this study (Cassidy and Shaver, 2008). Questions from the Adult Attachment Interview (AAI), created and designed by Mary Main and Erik Hesse 1984, were adapted, and additional questions were added to meet the aims of the study. Guidelines by Smith and Osborn (2003) on developing semi-structured interviews was used as a guideline for developing this interview schedule.

The AAI was originally designed as an instrument to be used to interview the mothers of infants who were found to be insecurely attached in the Strange Situation tasks, but has been used in numerous other contexts since then. It is a quasi-clinical, semi-structured interview that takes about one hour to administer (Cassidy and Shaver, 2008). It involves about twenty questions and has extensive research validation to support it (Cassidy and Shaver, 2008). The interview taps into adult representation of attachment by assessing general and specific recollections from their childhood (Cassidy and Shaver, 2008).

As the aim of the current research was to explore recalled experiences, not to reduce and categorise; certain 'demand'³ questions from the AAI are used, as they require the person to display their reflective function and reflect on the past. However, certain questions which were

³ These are questions that illicit reflection from participants (Cassidy and Shaver, 2008)

found to be too categorical or irrelevant for the purposes of this study were omitted. Other questions, compiled by the researcher, were added in order for the research aims to be met. These questions are based on findings from previous research reviewed in the literature, as well as some of the theory reviewed.

The interview schedule is divided into three sections. All sections start with some demand questions taken from the AAI. These questions invite reflection on certain memories and perceptions. Following this, more specific questions are asked based on past research findings. The first section focuses on recollections and experiences of childhood. The second section focusses on the perceived effects of maternal psychopathology in childhood, with specific questions focusing on social support, marital discord, siblings and parenting behavior. The third section looks at the perceived effects of maternal psychopathology on current adult life, with specific questions focused on social situations, new relationships and participants own mental health (see Appendix B).

4. DATA ANALYSIS

The original AAI is coded based on quality of discourse (especially coherence) and content. Categories are designed to predict parental stances on Berkeley infant data – i.e. autonomous, dismissing, preoccupied and dismissing (Cassidy and Shaver, 2008). However, this coding seems to reduce and categorise, which did not suit the aims of the current study. Hence, adaptations were made and an interpretive-phenomenological analysis (IPA) was used.

Interpretative Phenomenology aims at getting to the underlying meaning that certain experiences, states or concepts hold for the participant. The methodology seeks to expose complexity and dexterity of meaning content, rather than measuring frequency of content (Brocki and Wearden, 2006). IPA is not a prescriptive method, rather it is a dynamic and alive process. Hence the researcher is expected to spend a lot of time saturated in the material in order to come up with his/her own way, guided by ethical principles, of explaining the data. The final goal is to try to get into the participants experiential world and see how they perceive things – to get an ‘insiders view’ (Brocki and Wearden, 2006).

After transcription of interviews (by the researcher) was complete (SEE Appendix G for transcripts), the IP analysis commenced. The researcher followed the following procedure of data analysis:

1. In the first stage of analysis, the text was read and re-read. Comments were made (in the left hand margin) on use of language, similarity, difference, contradictions and so on. Initial comments are transformed into themes which may emerge.
2. Then the researcher returned to the beginning of each transcript, and the other margin was used to document emerging theme titles. Here the initial notes (in the left hand margin) were transformed into precise phrases which aim to capture the essential quality of what was found in the text. With these comments, basic themes were created. The themes move the response to a slightly higher level of abstraction.
3. Themes were then written down on a sheet of paper and possible links or connections are made.
4. A table of themes, in which clusters of themes are put under superordinate themes, was compiled (Appendix C). Indicators for each themes are included in the table, which point to an exact phrase or quote from the transcript to which the theme can be traced.
5. Each transcript analysis was and should be seen as a case-study in its own right.
6. Once each transcript had been analysed by the interpretative process, a final table of superordinate themes was constructed (Appendix C). Both convergent and divergent data from between the cases should be included. The analysis themes were expanded on in the write-up, which translates the themes into a narrative account by expressing meaning (Smith and Osbourne, 2003).

5. ETHICAL CONSIDERATIONS

This research dealt with what can be considered as a 'semi-vulnerable' population. Hence, the research proposal was sent to the Ethics Committee of the Human Research Counsel (Non-Medical) to ensure all proposed procedures were ethically sound. After a process of inspection by a group of 12 counsel members, a certificate (Appendix D) granting ethical clearance was given to the researcher. No participants were contacted, and no data was collected before this certificate was attained.

Asking participants to reflect on and recall early childhood experiences with their mothers was seen as potentially painful and distressing. It also might have been hard to admit and face the effects this has on them in their present lives. Hence, the numbers of free counselling services were provided on the informed consent sheet. In addition, a free, face-to-face, accessible counselling option was, too, provided as another option for participants. Participants were also be informed of their right to withdraw if at any point they felt overwhelmed or uncomfortable during the interview. The participants were fully informed about the research procedure, ensuring them that their responses are anonymous in any write up. In order to ensure the participants' wellbeing, anonymity, and right to withdraw, each participant was given a

participant information sheet prior to their commitment to partake in the research (Appendix E). Following this, an informed consent sheet will be given out and participants will be asked to sign the page confirming their voluntary consent to participation, interviewing and audiotaping (Appendix F).

Participants were also given the option of being debriefed after the interview, and then also informed of results of the research following final examination of the written report (this would ensure validity and acceptability of results). All questions raised by participants were answered, although only one of the participants verbalized any concerns. This allowed uneasiness to be worked through, or any data the participant felt should not be included in the report to be excluded. Results will be made available to participants, and meetings can be set up to deal with any questions. Lastly, anonymity in the write up was ensured through the protection of transcripts and limited researchers analysing them. Data has been kept safe, in a password protected file of the researcher and her supervisor. Only the researcher and supervisor will have access to them. In addition, codes and pseudonyms replaced real names in the analysis and results. When direct words are quoted, only the pseudonyms are used as a reference.

6. REFLEXIVITY

Also crucial in the interpretive paradigm is the fact that data is collected via researcher-subject interaction. Hence, researcher subjectivity could be seen as a problem. However, within the interpretivist paradigm, this subjectivity is seen as natural, in that all measures will in some way at some point involve human interpretation, which is essentially subjective. To deal with this, the researchers own interpretations and understandings were adequately reflected on and scrutinized so as not to impinge upon or bias the views of the subject. The researcher, as best she could, bracketed his/her own assumptions/beliefs/views and tried to step into the lived reality of the participant and reflect it as they (the participants) understand it -not as the researcher does (Kenlder, 2005; Fossey et al, 2002; Wertz, 2005). A self-reflexive diary was kept throughout the process to objectify any researcher biases. External proof reading and close supervision through the process should have helped decrease researcher subjectivity as well.

Furthermore, it was predicted that the problem of appropriate roles might arise during interviews. As the researcher has been trained to play a clinician-role with clients as she is an MA Clinical Psychology Student, it was hypothesized that it may have been easy for her to fall into that role while conducting research interviews – which may lead or bias participants. Some may have even found themselves over-sharing if the researcher showed too much empathy. However, the researcher was conscious of this during interviews. This was dealt with by close supervision and self-awareness. Also, debriefing with the participants after the interview

ended, helped the researcher become aware of any problems that may have arisen in this area. None were reported by any of the participants.

Chapter 4: Results and Psychoanalytic Discussion

INTRODUCTION

In this section the results from the Interpretative Analysis will be presented under the themes that emerged from the interviews. The psychoanalytic theory of Object Relations was used to try and make sense of the phenomena described by participants.

The main aims of this research are to try and understand and unpack the perceived recollections and memories of children living with mothers who suffer from a serious mental illness; look at participants' experiences of any effects this mental illness may have had on them as a child; and any effects they may experience it has/is having on them as an adult. Hence data will be presented under these main headings, with themes from the interview organized into these broad categories.

The main themes look at how participants experienced their childhoods growing up with a mother who suffered from a serious mental illness; and how they perceived this experience to effect them both as a child and as an adult. Four major themes and many subordinate themes emerged.

1. CHILDHOOD EXPERIENCES OF BEING RAISED BY A MOTHER WHO SUFFERS FROM A SERIOUS MENTAL ILLNESS

When reflecting on childhood experiences, all participants seemed to recall having difficult relationships with their mothers, who were often perceived as critical, self-involved and inconsistent. They also felt quite isolated and that they lacked the understanding and support of others. Life at home was often perceived to be conflictual and chaotic. However, participants do report some positive childhood memories and experiences that helped them to cope with their difficult feelings at home.

i) Mothers who were experienced as critical, self-involved and inconsistent

Participants describe their mothers quite vividly as being either critical, self-involved, aggressive or inconsistent. Most mothers, except for Jonny's mother, were described as being all of these things at different times. All of the participants, with the exception of Jonny and Belle, cited incidences where their mothers were extremely, and/or irrationally, critical, harsh and punitive

with them. Sandy described how her mother would remember all the things Sandy did wrong, like not stacking the dishes, and use it against her in future fights they would have. In her own words,

“But she and I used to fight a lot and she was very punitive. So if I did something wrong, it wasn’t a case of that was wrong and we carried on... no, it would repeatedly come up and she would use it against me in other instances. So she would always remind me of my failures. And that was something that has definitely stayed with me and I experienced it as very harsh and very punitive.” (Sandy)

Desh commented that “my mother never communicated with me except if she was putting me down”. Criticisms seemed to center around the child’s ability to do and complete tasks (chores, setting the table, gym); their behavior (speech when guests were around, perceived selfishness); or how they looked (weight, hair, clothes).

However, Belle and Jonny, who both had mothers suffering from psychotic spectrum disorders, did not recall their mothers being critical or harsh. “She always supported and encouraged us as best as she could... so what with what she went through she did as best as she could” (Belle)

Jonny, on the other hand, recalls that his mother was overly-praising. He seems to have mixed views on his mother’s praise, saying on the one hand it was the “bane of his existence”, and on the other that it “empowered” him to believe he could do and get anything he wanted.

“She gave us so much self-confidence, she empowered us to do anything and everything we wanted” (Jonny)

“The bane of my life was my mom telling me how great I was. I would stop telling her about awards I got in high school, because she would just go on” (Jonny)

“I think it’s the only thing that got me through... my moms over-praising” (Jonny)

There were also times where participants remember their mothers being very self-involved, and even absent (in the sense of an absent presence, rather than being physically absent). Kate recalls getting home from school and seeing her mother passed out on the couch. Similarly, Belle said her mother would “have an episode and then pass out and sleep for days on end”. Sandy tells a parallel story, saying her mother was usually locked in her room in the early years of her life. Mothers were perceived to be involved in their own problems and obsessions; to be extremely stressed and tired and hence sleeping; or to be out at work. Due to this self-involvement, mothers would forget to fetch or drop kids off; miss major sports games or graduations and not attend family activities:

“So she was supposed to come and fetch my brother and sister at around five o clock but forgot because she was gambling” (Kate)

“she was very disconnected... she never cooked for me, she never helped with any school stuff” (Sandy)

“like birthdays she would miss, school events” (Belle)

To give an example, Belle’s mother was diagnosed with Dissociative Identity Disorder⁴; and Belle says that “she would bring other people into the house which would be uncomfortable cause those people would come with their drama”. Then after these ‘episodes’ her mother would just “have a meltdown and stay in bed for four days”. When her mother was in therapy, she was there everyday and her therapist became a centre-point in her life, to the point that “spending time at the therapist became more important than spending time with your kids...” Belle then recalls that for one of her birthdays, the family had been planning a rare outing to the zoo. When the day came, she was so excited and ready to go. But on the way there her mom had an ‘episode’ and called the trip off. She then went to her therapist for the rest of the day and Belle didn’t get a cake, a gift, or a hug. Belle stated that she “never got the attention I [she] needed” from her mom; Jen says she felt like “she [her mother] had no space for her in her mind or in her life”; and Jonny explained that his mother “got caught up in her own stuff and just didn’t care...”.

“so my mom came right up to me and put her face close to mine and yelled “Am I fucking scaring you?”... and I was in tears and I was like, “Yes, mom, you’re terrifying me”.” – Kate

As the above quote illustrates, it was found that mothers often had aggressive outbursts which seemed to make their children afraid. Sandy recalls her mom as “frightening”, a word which came up in different forms through the mouths of all of the participants. Some participants, Mark and Belle specifically, even sight incidences of physical aggression from their moms. Marks recalls that he was

“scared of my [his] mom.... Mom would freak out and I got whacked I don’t know how many times... my mom used to beat us quite hard with coat hangers, belts, bats, that kind of thing. She would really lay into us...”

What sums up the participants memories of their mothers is the word “inconsistent”. When asked to describe their mothers parenting behaviors, words such as “erratic” (Jonny), “chaotic” (Jen), “unstructured” (Belle), “inconsistent” (Kate), “unpredictable” (Sandy) and “spontaneous” (Kate) came up. Belle said she would “never know what to expect”. Sandy sums it up perfectly when describing how her mother was the best mother (nurturer) when she was ill, but then

Dissociative identity disorder (DID), previously known as multiple personality disorder (MPD),^[1] is a mental disorder on the dissociative spectrum characterized by at least two distinct and relatively enduring identities or dissociated personality states that alternately control a person's behavior, and is accompanied by memory impairment for important information not explained by ordinary forgetfulness (Caplan and Saddock, 2012).

completely aloof and rejecting at other times. “It was scary. One minute she would be the adoring, nurturing mother and the next she would be chucking our shit out of the cupboards telling us to get out of her house” (Kate). Similarly, Jen’s mother was completely concerned about Jens health and eating well, but then made no fuss when Jen became ill with anorexia. In fact, she didn’t even notice. Jonny’s mother would be a “frightened child one day, and then an aggressive high-powered woman” the next.

Winnicott (1965, p.238) saw as key to healthy development “the continuation of reliable holding”. This means that in order for a child to develop healthy psycho-emotional functioning they need consistent, reliable and continuous care and sensitivity from their mothers. Given the infants initially weak sense of self, much depends on the mother’s responsiveness (1960). The momentum of development is dependent on the mother’s behavior and attitude, and how this is expressed will have a profound impact on all subsequent development. The ‘good enough’ mother will be consistently responsive to the infant, allowing its sense of self to develop through the illusion of omnipotence – the freedom to not put too much energy into defending from the external, but to develop the internal self (1960). When there are repeated instances where the mother’s responses to the infant’s impulses are deficient, the holding environment is no longer good enough. This mother impinges on the child’s spontaneity and sense of congruity. The child’s curiosity, creativity and sense of self are jeopardized. To forgo, or to alienate the integrity of the infantile body (and the internal true self) is to nurture what Winnicott (1945) terms the ‘false self’.

Bion (1959) emphasizes how the mother plays a containing role for the infant. Ideally, the mother will contain the infants’ projections, make sense of them and feed them back to the infant in a more digestible form. This continuous interplay between the container and containee helps form the infantile ego. For Bion, it is key that the mother stays flexible in this process, and has her own capacity to tolerate frustration and aggression coming from the baby. However, Bion (1959) does propose that sometimes containers can in fact be dangerous for the development of an infantile ego. When mothers cannot contain and process their own internal world, they may project their own violent and aggressive psychical processes onto the baby. Bion (1959) calls this a ‘convex container’ – in that the mother cannot take in the baby’s projections, and instead projects her own ‘stuff’ outwards into the external world. This means that the baby does not fully develop the capacity to think about and name emotions; to contain their own feelings; and to manage internal conflicts.

Melanie Klein (1940; 1946) speaks about similar processes. For her, the baby develops through a continuous process of projection and introjection. The mother should be able to internalize the babies’ aggressive projections and provide ‘good’ projections (through feeding etc) for the baby to internalize. However, if a mother herself is in the Paranoid-Schizoid position, she herself splits off the ‘bad’ and violently projects it into the external. She may also see her baby

as all bad and hence defend against it – seen in acts of aggression and intolerance towards the infant. When this type of splitting and projection in the mother occurs, the baby learns that it has to do the same in order to survive – to violently split its objects and to defend against the external world. Alternatively, the infant may become fearful of expressing their own aggressive impulses due to the violent responses of the mother. In this case, primitive defenses of denial and splitting off one’s own aggression may occur (Klein, in Mitchell, 1986).

While infancy is a critical period in development, it is important to acknowledge that the mothers’ mental illness would have had serious affects to the child’s psychological wellbeing at any stage of development. At each stage of development, object relations are vulnerable to change, and there will be powerful emotional reactions to maternal behaviour, and internal object representations are re-organised and change (Amos et al, 2011). Hence, at critical stages of development during childhood, ones object relational world is more vulnerable to impingement. Our internal working models (Fonagy, 2004) are not impervious to change, and research shows that psychic rupture interrupts object relations. The maternal inconsistency experienced by participants’ can be seen as a form of relational trauma (Amos et al, 2011, pg. 499), which impinges on and ruptures object relating. If there is a lack of processing and reparation of this relational trauma with the mother causes a further rupture in object relating. However, if initial ego development and object relating during infancy was good enough, the child might have more of a capacity to repair and process the impingements by him/herself (Amos et al, 2011). This will be discussed more later under the adolescent section.

“Not many people can be falling apart on the inside but able to cope still...we don’t have a very expressive family... it all seems calm and fine on the surface... no one really talks about anything” (Belle). Linked to the abovementioned inconsistency, those whose mothers did not have psychotic symptoms (everyone except Jonny and Belle) seemed to have summoned up memories of their mothers being completely ‘perfect’ and friendly when other people were around, or when they were in public. Mark recalls an incident where his mother got called into school because Mark was in a fight, “When other people were around she wouldn’t do things like that. And when she got called into the school she would say everything is good at home and I was too scared to say anything anyway”. His mother had said that everything was good at home, that there were no problems. Jen and Desh tell comparable stories, in that when people came over for visits the house would be done up and mom would be the perfect host. “To the outside world she projects a fantastic image... if you meet her you will think she is the loveliest women ever” (Desh). As Jonny aptly puts it, their mothers were good at “keeping it all under wraps”. Winnicott (1945) speaks about the false self as a defensive structure developed in order to comply with external social demands. However, for Jonny and Belle, their mothers did not put on an act, but they would rather withdraw from social interactions - “even our family

would be like “typically Peppy being rude again”. But she was just too tired, she wouldn’t go to dinner.” (Jonny).

ii) Lack of understanding and support leading to feelings of isolation

Due to this external portrayal of the ‘perfect’ mother and family, many people outside of the family could not see, or know, what was going on inside the homes of these participants. Hence, support was often missing or lacking –

“I didn’t really get much support from anyone else, because nobody knew what was going on... how do I make someone believe that my mother is insane? That she is hurting me? That she is awful and horrible? How will they believe me that she says these certain things? ... But I think it’s very difficult for people to get involved, it’s much easier just to leave it... because I had a lot going for me, and I pretended to be ok.” (Desh)

Participants, such as Kate, Belle, Jen, Sandy and Desh describe having one or two friends who were privy to a small amount of their mothers’ ‘true’ behavior because they were in the house on a few occasions. However, these friends were perceived as not understanding the full extent of what went on, and also, participants felt it would be too much for their friends to handle, in that often their friends didn’t know how to react to what they saw. “Most people I don’t really involve them in it because it’s a lot for people to handle. Not many people would know how to respond” (Belle).

There was also a lot of shame and guilt surrounding their mothers’ behaviors and their home lives. Jen said that she found her mother “extremely embarrassing and humiliating”. Hence, some participants like Jen, Mark, Jonny and Belle wouldn’t even bring their friends home, so “most of the people don’t know half of what happened in my house” (Belle). Melanie Klein (1937) is well-known for her theory on feelings of shame and guilt. More will be said on this later in the paper, under the theme of ‘shame and guilt’ in the next section.

Echoing sentiments expressed by participants in Williams’ (1998) study, participants in this study also bring up memories of being rejected and outcast for their or their mothers behavior. For example, Desh was questioned by her friends as to why her mother didn’t help her with her hair or shop with her when she was a stay-at-home mom. Jen couldn’t connect well with friends because her mother was rejected in the community. Belle recalls being called a “freak”, and Jen states that others thought her mom was very weird, and hence treated Jen as an outcast. Jonny, like Mark, Kate and Jen, negotiated his shame by separating his home life and his friends. He would keep what happened at home there, and when he went out with his friends he would act like a normal teenager,

“Ya, it’s hard, because what do you say? Like, “yo, dude. Hard week, my mum had a psychosis” It’s like, you can’t say that. People don’t understand, and it would make them feel, like, shit. And most people are so petrified they don’t know what to do with it.”
(Jonny)

Because of this lack of understanding and support, as children and teenagers participants recall feeling very isolated and alone, and sometimes even physically so. Jen, Kate, Belle and Mark don’t talk about having friends, and if they do, they were only “shallow”, “surface level” friends who didn’t know what was really going on inside themselves. Mark pushed people away by bullying them. Mark tells that

“I didn’t have any friends and I felt very alone. I went through a period of withdrawal then. I never had many friends. Even in teenage years, I did have friends then, but only at a surface level and only one or two good friends who really knew me”

These feelings of isolation, guilt and shame seem to correlate with research conducted by Dunn, (1993) and Williams (1998), in which participants reported experiencing the same feelings in childhood.

In addition to isolating themselves and withdrawing socially, participants describe their mothers as being isolated and having poor social skills as well. Jen explained that her mother didn’t have a social life, “because she kept to herself so much I don’t think much of the outside world noticed her. Ya, she was isolated.... the social interactions were poor. I’ve never known my mom to be social in any way, and the social skills were poor”. Jen, Desh and Sandy believe it was a purposeful isolation of the child from the external world and family. Desh reports “It was very purposeful to move far away. She isolated us. And herself ... people who are abusive tend to isolate” (Desh). Others remember their mother being isolated due to their own exhaustion, stress, mental illness and poor social skills.

iii) Chaotic environments and poor family relations

While isolated from external social interactions, the home environment as well as their own internal physic world was defined as chaotic. Jonny said there was “no structure at all” to his or his mother’s life. Factors identified as contributing to this were: the numerous physical moves (from one house/flat to another) before the age of 10; the switching between homes due to custody arrangements; physical chaos and mess in the house due to mothers not being present enough or able to clean; the marital discord and fighting within the home; the coming and going of new sexual partners of the parents; and the mothers erratic parenting style and lack of

clear boundaries or rules. Participants described these times as “disruptive” (Kate), “confusing” (Sandy) and “inappropriate” (Kate). Jen describes it accurately, saying it was “just disorganized chaos” and “I felt like there was no space for me”. The following quotes illustrate some of the above points:

“...But we would stay in like little cottages and, umm, we would stay with my grandparents in between sometimes, like when my mum was like moving” (Jonny)

“...So it was really disruptive in that first while, especially because we didn’t really know this guy [one of her mother’s numerous boyfriends] and we were having to adjust to it all [moving in with this new man]” (Kate)

“So it was very chaotic... there was always a sense of paranoia... that people are always watching... that you must be super careful because you never know what’s out there.” (Jen)

It could be hypothesized that if the holding environment is experienced as chaotic and erratic, the affective relationship with the child creates an experience of an internal world that feels chaotic and overwhelming in turn. There also appeared to be many impingements or disruptions in the holding environment (Winnicott, 1945). Winnicott (1945) argues that things like continuous moving, new people coming in and out of the environment, or an anxious and inconsistent mother could be experienced as impingements to the child and/or adolescent. In this way, instead of experiencing one’s world as continuous, stable and reliable; one experiences one’s world as frightening. If one’s world is frightening and impinging, the child would have to learn to defend against and fear the external world, rather than taking the time to explore and develop a sense of a secure internal self. Bion (1959) talks about internal in terms of beta elements – raw emotional experiences that have not been thought about or processed. They are experienced as chaotic and overwhelming. Again, if the external environment itself is inconsistent and impinging, one would not have the chance to develop the internal resources (internal container) to be able to process and deal with these experiences. However, you would do if you developed this capacity in infancy and things only became chaotic later. Later childhood experiences are still likely to have damaging effects on the child but would not have interfered with the development of an internal container. Hence, one’s internal world will stay chaotic and frightening, just as the external world is (Bion, 1959; Winnicott, 1945)

In addition to being chaotic, the home environment was perceived as quite a ‘broken’ and hostile one. All participants reflect on being very distanced emotionally and relationally with their siblings while growing up, with the exception of Kate. Kate perceived herself as a mother figure to her younger sister and hence thinks they were quite enmeshed. Mark, Sandy and Kate both explicitly said that they do not know their older brothers at all. Jonny said his brother was

just “gone” emotionally and that they “never said a nice word to each other”. Belle explained that her brother “left home at the age of twelve” and she hardly sees him. She also cited times of physical aggression coming from her brother, saying,

“because I was showing up at school with bruises because my brother does not know how to express his anger unless there is another human being involved because he has a lot of anger towards me and to my mom” (Belle)

It seems that emotions were either elevated or ignored and repressed in these families. Kate gives examples of both. She described how her mother would always lie to them and keep secrets about what was really going on, “It was all lies, she would never tell us where she was emotionally or even physically... everything was all a secret”. She then explains other incidents where her mother “totally loses her mind” and “freaks out”. In turn, at one point her and her siblings “got into a huge fight with my mom again and we refused to talk to her. All three of us. We just shut down towards her”.

While siblings were either very distant or enmeshed, parents were constantly in conflict. All of the participant’s parents ended up getting divorced at some point in the child’s life (it seemed for most participants to be around the ages of 10-13). Before that children were exposed to aggressive and even violent conflict between their parents. The relationship between the mother and child was conflictual (Sandy, Belle, Kate, Jen, Desh), distanced (Kate, Desh, Mark) and/or inverted, in that the child took on the parent role (Belle, Kate, Mark, Jen). The dominant theme was one of a lack of healthy connection and communication. Emotions could not be named and talked about. Bion (in Britton, 1992) might say that these emotions were still experienced as raw beta elements, and that participants may not have developed the capacity to name and express such feelings. Maternal behavior, ‘episodes’, or hospitalization was not reflected on as a family in a unified way. To sum up, “we don’t have a very expressive family... it all seems calm and fine on the surface... no one really talks about anything” (Belle)

Extended family relationships were not reported to be much better by some participants. Family was either living far away (Sandy, Jen, Desh, Mark) or were kept at a distance and did not really know what was going on. Desh believes that her mother intentionally isolated her from their external family, “she didn’t have good relations with my father’s family... she intentionally decided and moved us away”. Likewise, Kate recalls her mother speaking very badly of her father and his family, which broke down the relationships there –

“my mom was saying a whole bunch of bad things about my dad to her parents, my grandparents, so they started coming up with nicknames for him like “The Nazi” and saying that he was blackmailing us against my mom... and it just got worse as time went on.” (Kate)

Jonny remembers outright aggression from his extended family, who would get irritated with his mother's behavior say things like "ah, typical Penny, being rude again" when his mother didn't attend family events due to her own struggles. Parallel themes of lack of extended family support arose in both Dunn's (1993) and William's (1998) studies. However, Kate and Jonny did experience some support when things became very dire, in other words, when their mothers needed physical hospitalization or financial support (both of which the children were unable to provide). Jonny said: "when I think about it things don't seem too erratic, although they might have been. I think it was also having, like, my grandparents, that helped with that". Yet, for both of these participants, this support did tend to come more from the mothers own parents, though, who may have felt an obligation to look after their child. Yet, in terms of everyday help and support, the "burden" (Jonny) was left to the children to carry alone. This may confirm results found in Dunn's (1993) study, in which participants all expressed experiencing "excessive caregiving to the mentally ill parent".

2. PARTICIPANTS REFLECTIONS ON HOW THEY PERCEIVED LIVING WITH A MOTHER WITH SERIOUS MENTAL ILLNESS IMPACTED ON THEM AS CHILDREN

i) Perceived behavioural problems

Participants all reported having some behavioral, as well as internal, problems. Jonny and Mark describe having problems at school with concentration and academics. Sandy, too struggled through school with poor marks and a poor future prognosis – professionals said she would not make it past high school academically. The male participants reported having had “quite a temper” (Jonny) and acting out on this at certain times by hitting others. Mark acknowledged he was a bully at primary school and would often get sent home for being involved in fights at break:

“I was a bit of a bully in primary school. I think I was punished so bad at home and felt so scared I wanted to be in control at school and so I was, but I was a bully. Very angry, very hostile. I would have fights at school, be involved in wrestling matches, that sort of thing” (Mark).

Even Kate and Sandy reported that their brothers have “anger issues” about their mothers. Kate’s brother once punched his mother in the face in pure rage:

“he was just reserved. He was the silent one. He did exactly what my dad warned me not to, he just held it all in. And I think then that’s why it came out in bad ways. There were a couple of times when he was a teenager that he had episodes of rage where he’s punched holes through the wall, and broke his finger by getting in a fight and he almost hit my step-mom at one point... ya. So I think he just pent it all up, and, being a boy, he let that out as aggression” (Kate on her brother)

Jonny, however, believes that his involvement in many different types of sports helped him to release his pent up anger and kept him out of trouble as a child. Despite previous research showing that boys tend to suffer more from externalizing behaviors, Belle describes her behavior as aggressive and admits harboring huge amounts of anger which came out in her adolescent years. She was expelled from school for being verbally abusive towards her teachers and other children. She described herself as an “angry, annoyed and fed up brat” and “... when it all gets too much at times I scream and shout... as a kid I threw a lot of tantrums” (Belle).

All of the female participants, excluding Kate, suffered from an eating disorder in their adolescence and still sometimes struggle with it. They believe it was as a result of their poor self-esteem, which in turn was seen as a result of their mothers’ criticism, rejection and aggression towards them.

“So that definitely impacted negatively on my self-esteem, and I think that I still struggle with my self-esteem. My weight is still something I struggle with, I yo-yo a lot. And she wasn’t consistent with HER weight and HER sense of self... she was always very critical and harsh. So I definitely haven’t internalized anything about how to foster a positive self-esteem.” (Sandy)

Jonny responded in a slightly different way, explaining that he is a “control freak” in the house in that he like everything just right, organized and done his way. He says, “So I’m a bit of like the control dude in the house – a control freak. And she knows that... sometimes it’s a bit much, like I can be a bit much, a bit bossy and forceful” (Jonny). This sense of external control makes him feel safer and less anxious internally. Desh told a similar story about her brother, who was perceived by his primary school teachers as being “extremely anxious and as having self-esteem issues”. It seems her brother also developed an eating problem at this age, and was overweight throughout high school (much to the dismay of his mother).

ii) Anxieties around not being good enough or being unworthy, and therefore being abandoned

At the root of this behavior appears to be the core fear of “not being enough... being the outcast... being unacceptable” (in Mark’s exact words). This is reportedly from the constant criticism from their mothers, as Jen reported, she never felt acceptable to her mom – “not only was I unacceptable, I was despicable” (Jen). Nothing the participants did seemed to be enough to ‘earn’ their mothers love or to make her happy, ““... and eventually you think, I must just not be worth the effort of someone loving me” (Belle). The need to try and be good enough is driven by a fear of being abandoned by their mother - “My core fear was that of being abandoned by her” (Sandy). In some cases, this actually did happen, when mothers tried to commit suicide or when they went to hospital (Sandy, Belle, Kate and Jonny). As children are egocentric, these participants felt it was somehow something inside of them that made them unlovable and made their mothers want leave. “Because I’m afraid that if I allow myself to be loved and love them back, they will turn on me. I do genuinely feel that I am unlovable....If your mother can’t love you, it’s kind of like, who can?” (Desh) Melanie Klein (1940) speaks about the fear and paranoia of persecution characteristic of the Paranoid- Schizoid position. In this position, one is fearful that ones objects will retaliate and destroy all that one is. For infants who have experienced both imagined and real attacks from the breast (or object or mother), the bad may overwhelm what good there is. Thus, opening oneself up to another object means that although there may be good parts, the fear of the bad is extremely persecutory, and this may present as a paranoid fear and avoidance of close object-relating, in childhood and in adulthood. In the Depressive position, the infant experiences guilt over their own attacks on the

bad breast, and fears losing the object altogether (Klein, 1940). Later on in life, this fear could be expressed as feeling that one's own needs will overwhelm and annihilate ones objects. Guilt and shame may also be linked to fears, as if reparation is not accepted by the mother, one may fear that their badness is too much for their objects (hence feelings of worthlessness and fears of being unlovable).

As adults this meant that participants struggled with accepting love easily from their significant others (Kate, Desh and Mark), or that they would get themselves involved in abusive relationships (Sandy, Jonny, Desh, Jen), or keep relationships purely physical (Kate). When describing her relationships with men, Belle explains how she would just eventually begin to think "I am not worth the effort" (Belle) and let men do what they wanted with her or treat her badly. This would confirm deeply held beliefs that they are unlovable and not worth love – seemingly echoing the messages received in childhood. Fonagy (1998) might suggest that this urge to repeat having similarly unhealthy relationships in adulthood as they had in childhood is due to ones implicit relational schemata or implicit relational knowing. As the child interacts with the mother, unconscious schemata (mental representations or circuits) are formed and stored in implicit memory. These internal implicit schemata are solidified via patterns of relating and thus are triggered in other close relationships – causing us to act in similar ways – ways that were primed by the initial mother-infant interaction. Individuals attempt to recreate these early learned relationships in ongoing relations with others (Fonagy, 1998). This recreation, or enactment (similar to projective identification or transference), serves to satisfy the individuals needs in a way that conforms with what they learned as children.

*iii) Trust and anxiety issues: always on guard, never feeling safe***

Sandy links her anxieties around of not being worthy or good enough to her issues with her relationship with her mother in the following quote:

"I think that anxiety for me must be linked to relationships with my mom and the difficulties I had with her. Because when my anxiety is at its worst the kind of self-doubt and self-esteem stuff comes in, and it re-triggers my anxiety. I can't explain a direct link, but I definitely think it's there" (Sandy)

All participants mentioned having deep feelings of not being able to trust other people, of never feeling safe from hurt or rejection. "Even now when my husband tells me he loves me, I'm like, 'Why?' ... I can't believe that another person would love me" (Desh)

Some participants explain this by saying that they never had a safe environment as a child – their mothers were attacking or frightening and never provided a sense of comfort or safety. Desh recalls that she has "always been a poor sleeper, like very very poor. Like I can't sleep until I feel

like everyone else is asleep. And I can't sleep unless my bedroom door is locked and my light is on" because she was afraid her mother would come in and something bad would happen. Sandy said her mother's rages were so "overwhelming" for her that she would become afraid of anyone who was even remotely angry. Hence most refer to a feeling of being always on guard as a child, or never feeling fully okay. Sandy, Desh, Jen and Kate name this feeling as "deep anxiety" (Sandy), which played out in different ways – the major one being that they would rather cut off their emotions towards others and keep themselves at a distance, because this prevents any chance of being hurt or attacked.

"I'm very very closed off. It takes a long time for me to let people in and see the true me. I'm very guarded and suspicious of people because of that initial period. My mom... the one thing she did teach me was... it's horrible... but she taught me not to have expectations because all you get is disappointment ... my mom always says I lack[ed] empathy when it comes to humans. And a lot of that has to do with her, because I've built up a wall towards other people" (Kate)

Because of this fear, all participants say they didn't have many friends as children or as adolescents. If they did have friends, it was a struggle for them to get "deeper" or closer with these friends. Participants in Williams' (1998) and Dunn's (1993) studies expressed similar struggles, saying they experienced difficulties in relating well to others (Williams 1998), and felt isolated from their peers (Dunn, 1993).

iv) *Putting on your Game Face*

In addition to the abovementioned behaviors, participants describe being extremely defended and cut off emotionally. All of them describe having problems relating to others on an emotional level. This is because all described how they had needed to "train" themselves to not be emotional with their mothers. Jonny describes this as putting his "game face" on, and not having the luxury of emotions, because they prevented him from just getting on with life through his mothers' episodes:

"But also, it was like, no. It's Game Face now. Like, when I think back on it and try to feel the emotion, I won't even have those emotional memories. I didn't have the luxury of emotions. Sometimes I will, and I'll have a little cry. But ya... maybe I shut a lot of it out, because it was like Game Time... I think I was a little bit more able to distance myself with my mom. I didn't let myself feel. Cause I'm never open with my mom, I always have my game face. I was always prepared." (Jonny)

Kate describes it as a "hard skin"; Belle says she has "become immune" to any traumatic or emotional situations; Jen says she "distanced herself", and Desh says she just became "numb"

inside. In their view, this means that they struggled to relate to peers their age, and that they lack empathy for others and their 'normal' problems (Belle). Mark sums it up when he said: "I'm not very tolerant of things.... I don't feel much empathy or anything. "I just did my own thing, I didn't really care. I didn't have much of a relationship with anyone my age"

During the interview with Belle and Mark, the researcher experienced this "cut-off" feeling emanating from these participants. It appeared as if these participants struggled to articulate their experiences and that they had little memory of their childhoods - "Like, when I think back on it and try to feel the emotion, I won't even have those emotional memories" (Belle) They also struggled to name emotions and reflect on these. When speaking of traumatic or graphic experiences (such as Belle having to clean up her mother's blood after her mother tried to kill herself), they both remained unaffected, their tone flat and their face expressionless.

Bion (in Britton, 1992) might say that these emotions were still experienced as raw beta elements, and that participants may not have developed the capacity to name and express such feelings. Bion (1993) postulates that when an infant has not developed his/her own internal container, and the ability to change beta elements in alpha elements, certain defenses arise in order to protect ones from one's own internal world, which is experienced as chaotic and overwhelming. Participants' describe this defense as a numbing or distancing; object relations theory may name this defense dissociation or repression. When these emotions do come to the fore, they are seen as totally overwhelming and persecutory. This is because one cannot name them and talk/think about them. Bion (1993) calls this fear of one's own overwhelming emotions a 'nameless dread' – the fear that one's emotions will totally overwhelm and annihilate oneself and ones objects. In order to avoid this nameless dread, the individual will experience '-k' (Bion, 1993), a defense against knowing emotions or thought. This is seen when people cut off from their emotions completely, and refuse or find it difficult to talk about or even feel their own emotions; Kate's "hard skin", Jonny's "game face", and Belle's "numbness" could be seen as -K. Klein (1940) mentions a 'psychic denial' or psychic death that can occur as a very strong defense mechanism against facing one's own internal world. One almost denies or represses one's own internal world, as it is too persecutory or 'bad' to face. We see this when the participants, such as Kate, say they struggle to feel or empathize with others – in a way they have denied their own internal realities and so cannot face or understand other's internal realities.

Psychoanalytic views on trauma report similar findings. Relational trauma is defined as a continuous sequence of poor relating, or "affective communication errors" between any significant other and infant/child/adolescent (Amos et al, 2011; Sachs, 2013; Liottie and Gumley, 2008). These "affective communication errors" include where "the mother both invites the infant to approach her and blocks that approach; role confusion where the mother draws attention to herself when the infant is in need; disorientation where the mother appears

frightened, hesitant or confused with incongruent affect; negative intrusive behavior where the mother mocks or teases the infant and; withdrawing behavior where the mother fails to initiate interaction” (Lyons-Ruth, 2008, pp. 207; in Amos et al, 2011). In other words, this ‘poor relating’ may be seen as, double-bind messages (where the mother both draws the child near and pushes the child away), attacking responses, or inconsistent responses. In this way, the child or adolescent may constantly feel that he/she needs to be on the defensive as they do not know how their caregiver will respond to any given situation.

Dissociation has been identified as the main defensive response to trauma in childhood and adolescence (Amos et al, 2011; Sachs, 2013; Liottie, 2008; Liottie and Gumley, 2008). “Traumatic experiences, object relational dynamics and dissociative reactions are, in the above outlined research paradigm [psychoanalytic], inextricably intertwined, like three threads woven into a single strand” (Liottie, 2008, pg.14). Dissociation occurs when one cuts off or does not integrate a part of one’s experience into conscious awareness, because it has not been faced and repaired internally. This can be likened to Klein’s idea of splitting in the Paranoid-Schizoid position, as the person splits off a part of their experience that is too traumatic to face. Hence, participants feelings of “numbness” and being “cut off” are indications that they have not been able to integrate their traumatic experiences with their mothers into conscious awareness. This may be due to a lack of processing and reparation between caregiver and child after traumatic events. Hence, when participants are faced with similar experiences, their dissociated parts are ‘triggered’, and they defend against re-experiencing the trauma. “Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three or more of the following: dissociation, numbness and relational deadness” (Pynoos, 1993, pg. 142). This may explain why when participants are faced with other close relationships, such as friendships or sibling relations, they feel cut off and numb. Their internal object relational world has been shaped by the trauma with their mothers, and they do not have integrated experiences of healthy object relating. Hence, they experience this psychic death in relation to others, in order to protect their own internal world from the feared disintegration and terror experienced with their mothers (Amos et al, 2011; Liottie, 2008; Laufer and Laufer, 2005; Pynoos, 1993; in Oldman, Tasman and Riba, 1993)

When Sandy, Kate, Desh, Jen and Mark did go to therapy and faced their feelings and emotions around their childhood experiences, they all began to suffer from their own depression and anxiety. Klimes-Dougan et al (2008) argue that their results show the increased likelihood in adult children of mothers who were mentally ill to revert to depression and/or suicidal thoughts when troubles arise in their lives. Without the containment of therapy, participants expressed fear that it would have been totally “overwhelming” for them to face. Jonny describes how, when he “allows” himself to open up and feel, it often gets in the way of his being able to think and relate in a meaningful way. It is as if his emotions totally take over, and

he can no longer be his calm, rational and defended self. He avoids therapy because he doesn't want to let his emotions take over. Bion (1993), again, may name this fear a 'nameless dread'. Fonagy (1998) might call this having trouble with mentalizing and reflecting on others' states of mind. This happens when one's own capacity to mentalize and one's own reflective function (RF) has not been formed well, due to poor relations with one's early caregiver. In this case, one might lose the ability to think about, process and reflect on oneself and other's emotions when one is in an emotionally difficult or overwhelming situation. One is more prone to decompensation (surely you mean decompensation?) if one's mentalization and RF functioning is low (Fonagy, 1998)

v) *The adult child*

Participants felt that they were forced to grow up very early, and very quickly, because they were faced with situations that children their age were not supposed to be. Mothers were often actually absent (sleeping in bed; in the hospital; working late; at therapy; gambling etc) or emotionally absent (involved in their own delusions or narcissistic activities). This meant that often the children had to take on the caretaking roles around the house. Kate, Sandy, Belle and Jen describe having to make supper for themselves and their siblings, clean the house and do their own laundry. Belle expresses some anger for having been forced to do this at such a young age,

"a seven year old should not be cooking dinner for everyone and I don't think the older sister should be doing all the laundry and ironing... and because of everything that has happened, yes, our childhood did get taken from us" (Belle)

Jonny felt he needed to do the billing for electricity, food and other household needs because his mother was incapable of doing this herself:

"But we, we've developed a relationship where she will be like a four year old child with me... she knows I'm like the male figure in the house who will sort things out ... I kind of felt like I always was grown-up. But I guess that's what kids who had to grow up fast feel" (Jonny)

Most participants tell of times when they had to call the emergency line or other family members to come and take their mother to the hospital. In terms of schoolwork and buying supplies, all participants had to keep track of their own assignments, homework tasks and study schedule. While some reacted to this by becoming very vigilant (Desh, Jonny, Kate); others responded by not excelling academically because they didn't have the support they needed (Sandy, Belle, Mark and Jen). Older siblings, like Desh, Kate, Sandy and Belle took on a parental

role in relation to their younger siblings, caring for them and protecting them from their mothers. Kate describes a scenario:

“when I was 11 and they were like 5 and 6, I was the one who took them into my room at night and played music in their ears so they wouldn’t hear my parents screaming at each other.... I mean there were times when I had to cook food for my brother and sister, make them dinner and school lunches and help put them to bed and stuff like that... I had to be hardcore, I had to survive.” (Kate)

For Jen and Mark, who were only children, life was isolated and lonely as they looked after themselves. Jen said she was “basically looking after myself...My mother never helped me! I did everything! I was by myself”. This confirms the feelings of extreme isolation participants expressed in past research (Wolkenstein and Meyer, 2008;Dunn, 1993)

In addition to caring for themselves (and siblings, for those who had), participants refer to role-reversed relationships with their mothers. They would often act as parents for their own mothers. Jonny had to (and still does) keep a schedule of his mother’s medication, wake her up in the mornings, pay the bills, put her to bed when she can’t do so for herself and so on. “But we, we’ve developed a relationship where she will be like a four year old child with me... she knows I’m like the male figure in the house who will sort things out” (Jonny). Each participant has a similar memory (or more than one) in which they had to care for and look after their mothers – be it taking her to hospital, comforting and feeding her, or bandaging up her cut arms. Interestingly, these experiences of care giving to siblings and parents were not highlighted by participants in past qualitative research in this field.

vi) The masked self

Participants describe “putting on a mask” (Jonny) when they were outside of the house, a Mask that would show everything is fine and well; when in fact inside they were harboring fears, confusion and many other heavy feelings. Participants link this back to their lack of emotion and putting their “Game Face” (Jonny) on order to survive in the world around them – both at home and at school or with friends’ parents. Desh recalled that her mom would punish her if she was anything but “perfect” when guests came over or when she was at school, saying “I wasn’t allowed to be myself. I couldn’t be angry or sad... I couldn’t even be too happy. You just had to be fine.” (Desh). Belle described it saying that you “feel like you were almost pretending that everything is fine for most of the time ... You just have to adapt and be ok” (Belle)

In Winnicott's (1960) writing, the false self is a defense, a kind of mask of behavior that complies with others' expectations. Winnicott (1960) thought that In health, a false self was what allowed one to present a "polite and mannered attitude" in public. But he saw more

serious emotional problems in patients who seemed unable to feel spontaneous, alive or real to themselves anywhere, in any part of their lives, yet managed to put on a successful "show of being real." Such patients suffered inwardly from a sense of being empty, dead or "phony." Winnicott (1960) thought that this more extreme kind of false self began to develop in infancy and childhood, as a defense against an environment that felt unsafe or overwhelming because of a lack of reasonably attuned caregiving. He thought that parents did not need to be perfectly attuned, but just 'ordinarily devoted' or 'good enough' to protect the baby from often experiencing overwhelming extremes of discomfort and distress, emotional or physical. But babies who lack this kind of external protection, Winnicott (1960) thought, had to do their best with their own crude defenses. One of the main defenses Winnicott (1960) thought a baby could resort to was what he called compliance, or behavior motivated by a desire to please others rather than spontaneously express one's own feelings and ideas. For example, if a baby's caregiver was severely depressed, the baby would anxiously sense a lack of responsiveness, would not be able to enjoy an illusion of omnipotence, and might instead focus his energies and attentions on finding ways to get a positive response from the distracted and unhappy caregiver by being a 'good baby'. The false self is a defense of constantly seeking to anticipate others' demands and complying with them, as a way of protecting the true self from a world that is felt to be unsafe (Winnicott, 1960).

In this way, participants describe how they dissociate and repress their own fears and anxieties (putting the 'Game Face' on) in order to avoid experiencing the true pain of the affective trauma. Their primitive defense systems are activated and they go into a fight/flight/freeze or total submission survival mode. The fight mode may explain the poor or hostile object relating between family members. The flight mode may explain why some people, like Jonny's brother, just withdraw and do not engage with reality. The submission mode could be seen as a type of false self defense, in which participants learn to survive their traumatic world by totally submitting to others needs and therefore decreasing the amount of conflict or trauma around them (Amos et al, 2011). They learn to relate to their objects in these 'survival modes', and hence lack the space to process and think about emotional experiences, or what Bion (1993) would call turning beta elements to alpha ones.

vii) Mediating factors (rather call this sub-theme something like 'significant' or 'helpful' 'others')

Because of these frightening and uncontainable experiences as a child, all of the participants recall seeking out an alternative source of stability, comfort, safety, unconditional love and companionship. Kate, Sandy and Jen found these qualities in their fathers (who lived apart from their mothers) and their pet animals. These participants said they experienced their fathers as a

positive influence in their lives. They would be the 'safe place' to go to when their mothers were acting out. These fathers would also explain what was going on in times of confusion and provide comfort when needed. Additionally, Jen reported that her father taught her to see the lighter side of life and she tried to take this on herself, "like, if there's a stressful situation we can sit back and laugh about it at the end of the day. " (Jen). Sandy and Kate pointed out another aspect, in that when she was with her father she could truly be a child again, without the responsibility and guardedness needed with mom:

"It got better when we started living with my dad, because that gave me a lot more freedom to start being a kid again. I think that was a lot of the reason why my dad bought me a horse in high school, because he saw the burden I was carrying and he thought that I needed to actually just be a kid again and live a little" (Sandy).

Picking up on the point about the horse, all of these participants describe very loved and loving pets with whom they bonded as a child and through adolescence. Similarly, Belle found alternative containment⁵ in her cats. These animals are almost humanized in the way the participants speak of them. They are objects that met the participants' needs for unconditional love and acceptance. So,

"animals become a constant... when everything else is falling apart, your animal is still your animal... that's not going to be cuddly today and biting you tomorrow" (Belle).

Kate describes her animals as a place for "emotional release", in that she can go to them and express all of her hurt and anger, and they won't retaliate like humans do:

"So I guess I've taught myself that animals are OK, they don't hurt, they don't fight back or have horrible things to say. Humans, however, they give disappointment, they hurt, and whatever..." (Kate).

Animals might have provided a sort of holding environment (Winnicott, 1960; 1969) for these participants. Although animals cannot make sense of emotional experiences as caregivers can; they can provide a space which feels safe, consistent and predictable (i.e. no impingements). Animals could have also provided physical holding that caregivers did not. This could have fostered a sense of warmth and safety.

Sports such as horse riding (Kate, Jen, Sandy), dog walking (Desh and Jen) or running (Jonny) are seen as helpful factors when it comes to managing one's own stress and anxiety. These sports are seen by participants as an escape from one's own mind, heavy emotions and criticism from

⁵ The containment referred to here is not the containment that Bion (in Casement, 1985) spoke of, as a cat cannot provide the alpha function. However, what may be a more apt description of the type of containment referred to above is a type of psychological feeling associated with having another being present with you in your sufferings (Fonagy, 2010).

mothers. Sandy saw horse riding as a space for her to “be free”, to experience being truly herself without all of her defenses up. Jen describes her horse riding as a “magical place” where she can take “time out” for herself to just be and to process what’s going on in her life. Without this, she believes she would have acted out with drugs and alcohol a lot more. It is interesting to note that none of the other participants with these protective factors mention struggling with substance use or abuse.

For Desh it was her academics that were a constant in her life. She could always escape from her problems and her emotions and go into her books. She would always get rewards and affirmation if she did well, which came naturally to Desh, so she didn’t experience it as a pressure. It was also protective in that it enabled her to get into university and leave her mother’s house as soon as she finished matric. Her hard work has now got her into a Masters Degree which she hopes will provide her with a stable income and source of fulfilment for the years to come – something she never got from her mother.

viii) Fathers as a source of alternate care and containment

While these anxieties around trust issues and defenses were being formed in their childhoods, another contrary and reaffirming message coming in. Even though it was a small part of their childhood, participants reflected that having their fathers, animals, sports or academics really did give them a glimmer of hope. Fathers, particularly, had a healthy effect on Kate, Sandy and Jen. This is because these other objects in their lives did show them love; were constant when their mothers were not; and did not hurt back. Jen explains that she was and is “very close to her father”. He was the one who affirmed her and gave her positive external feedback,

“So that sense of femininity I had to learn on my own. I almost did parent her in that area, because I was like, “I want to go shopping, I want to find a nice outfit and feel good” kind of thing. Only my father made comments like, “Ah, that looks very nice”... never my mom. So I got the feedback from him”. (Jen)

He protected her, “he’s much more relaxed and he would always tell her to get off my case”, and helped her process what went on with her mother in a balanced way, “I got a lot of support from my dad... he knows the ins and outs and I can always call him and speak to him about mom and he will respond appropriately.” (Jen)

Sandy says that things “got better when we started living with my dad, because that gave me a lot more freedom to start being a kid again. I think that was a lot of the reason why my dad bought me a horse in high school, because he saw the burden I was carrying and he thought that I needed to actually just be a kid again and live a little”. She experienced her father as meeting the needs that her mother didn’t, “my dad, who in a lot of ways kind of over-

compensated to meet the needs he saw mom never met, to be a mom and dad". She also said that "it was my dad who was the one who sat with me and explained it and said everything would be OK". Kate tells of experiencing her dad in similar ways, recalling the positive influence he had on her in terms of talking things through and giving her strength, "my dad's influence definitely helped. He always believed in positive reassurance and looking at the positive and always driving us to do better".

In these small ways, the protective objects modelled a healthier, more affirming and accepting relationship than that of their relationship with their mothers. Thus there was a part inside that did believe that they could be loved or affirmed or accepted or emotional and not be rejected. There was a small part that was saying you are good enough (Winnicott, 1960) and you will not be abandoned. These fathers could have also possibly provided a safe and containing holding environment, which allowed participants inner worlds to develop somewhat without impingements (Winnicott, 1960). Fathers could have also provided the alpha function and the containing and holding that animals could not. This may have enabled some capacity within the participants to think about, make sense of, and process one's own inner object world and emotions. Basically, having one 'good enough' caregiver allows the ego to develop at some level, versus minimal development theorized in cases with having only caregivers who are mostly 'not good enough' (Winnicott, 1960). The healthier relationship modeled through their fathers could have also allowed an alternative relational schema to be formed in participants' unconscious (Fonagy, 1998).

xi) Strong affects experienced in childhood

Belle and Mark would get visibly angry when speaking, crunching their fists and faces and even going red. Desh and Sandy appeared more sad, looking down a lot and getting quieter when speaking of their mothers. Kate, Jen and Jonny still reflect some anxiety and frustration, with slight fidgeting and small hand gestures to illustrate their confusion or frustration. Belle describes herself as a "an angry, annoyed and fed up brat ... when it all gets too much at times I screamed and shouted... as a kid I threw a lot of tantrums" (Belle). Similarly, Mark remembers himself as a bully in his childhood. This anger could have been a defense against the deeper fear that other participants recalled as a child (Kate, Jen, Sandy, Jonny). This fear was a physical fear of their mothers and what they would do (as in hitting or shouting at the kids), as well as the deeper anxieties around addressed about earlier in this paper. Sandy says, "I was scared of my mom", and Kate retells an incident where she looked at her mother and said to her, "you're terrifying me!"

x) *Shame and Guilt*

Three participants also spoke of feeling ashamed and guilty a lot of the time. Jen was often ashamed of her mother and her behavior - "I found her extremely embarrassing and humiliating... others would think she was so weird" (Jen). Desh reports similar feelings of shame over her mother not being there for her like other mothers were:

"Like even in grade six/seven, you know, girls are like doing their hairs in styles for school, they would tie their hair up in different ways. And one girl asked why I always wore my hair in a ponytail. Why doesn't your mom plait it? Or do this or do that? They would ask. So I would say she was just busy. But they asked if she was at home, and I had to say yes. And I could see she was like, "what?" all confused. So that was like another thing... the other girls moms did their hair, they spoke to them about puberty and things.."

Belle experienced guilt and shame around not being 'normal' and not just getting over what happened with her mother: "I have learnt over the years that you tell people things and then next thing everyone knows or they ask me are you over that yet? Are you done? ... people look at you like you are some kind of a freak" (Belle)

Jonny expressed guilt over feeling anger and rage towards their mothers at times as well. ". But then whenever I felt angry with her for being a Loskop it felt like I wasn't being understanding enough of her condition... where I feel really frustrated that I can't be angry at her... for many things. Like, I wasn't allowed to feel angry at her" (Jonny)

Because of the severe punishment or criticism, Sandy recalls often feeling guilt over doing things or being "wrong" in her mother's eyes.

Melanie Klein (1937) theorizes about shame and guilt. Shame, by definition, is the painful feeling arising from the consciousness of something dishonorable, improper, ridiculous, etc., done by oneself or another. Additionally, shame can be considered a condition of disgrace or dishonor. This second notion of shame being a condition implies an element of normalcy in the lifestyle of the individual bearing the shame by which they not only have been shamed, but also are considered shameful— implying an embodiment of shame. Furthermore, in understanding the way in which shame is unique, I will attempt to define guilt. Guilt, by definition, is a feeling of responsibility or remorse for some offense, crime, wrong, etc., whether real or imagined. For Klein (1937), shame and guilt are characteristic of the Depressive Position. When the infant reaches the phase of whole object relating, it realizes that the same object which it loved and which provided it with food and care was the object whom he/she hated and aggressively attacked. This leads to feelings of guilt, arising from its own aggressive impulses – be it psychically or physically (through biting or hitting etc) - towards the good object. In order to rid

itself of these feelings of guilt, the infant tries to make reparation with the mother. Very important in this stage is how the mother reacts to attempts at reparation from the infant. How the mother responds builds up a sense of internal goodness or internal badness within the infantile psyche (Klein, 1937). If the mother is insensitive to, or rejects, attempts at reparation, the baby is left with inner feelings of badness and guilt, which can develop into a lasting state of shame if reparation is never accepted. For Klein (1937), guilt is closely linked to anxiety. Anxiety is experienced due to the fear that ones' own aggressive impulses will/have destroyed his 'good' object whom he loves. Anxiety may also be experienced in that the child may fear the persecutory response from the external object in response to his attacks. For Klein (1937), the greater the amount of guilt, and the lack of reparation, is linked to greater amounts of anxiety – and therefore more defenses in order to defend against such feelings.

In adulthood or adolescence a similar process occurs between the adult or adolescent and its objects (friends, lovers, children etc). It is important to note that there are multiple ways in which this early lack of reparation can influence adult relational functioning. Each case is different and should be looked at individually (Fonagy, 2010). For instance, some participants may have had reparative experiences with their fathers (Kate and Sandy, for example), and thus they may be able to reach depressive position functioning much quicker and have more ego strength than someone who may have had no experience of reparation and less ego strength (Belle or Desh, for example). Generally speaking, however, it can be hypothesized that in adulthood, ruptures in relationships will cause one to regress to the type of paranoid-schizoid functioning described above (Klein, 1940; Amos et al, 2011). Primitive defenses such as splitting and denial may be used in times of rupture. In splitting, either ones' own internal object holds all the bad, or an external object (for example, the boyfriend who left) holds all the bad. Hence, an adult may respond to a rupture with severe depression, in that all the bad is located within themselves and they turn the aggression inwards (Jonny feeling extremely bad when he is angry with his mother; Jen); or one may see aggressive attacks and fights with significant others at times of rupture (Belle). Another reaction that could occur is that the individual totally cuts off and denies any hurt around the rupture, hence avoiding all the painful feelings of guilt and shame and the lack of reparation (Amos et al, 2011). This seems to be how many of the participants describe feeling in earlier sections (like when Belle's mother 'leaves' by switching personalities, or when Kate and her siblings fought with her mother, they just cut her off).

xi) Lack of understanding

Unfortunately, while carrying all of these feelings, participants say that as children they "didn't understand" (Kate) the situation fully and therefore their own feelings and those of their

mothers were seen as overwhelming and frightening. For some, like Jen, Kate, Sandy, Jonny and Desh this lack of insight was characterized by huge amounts of anxiety as a child:

“I didn’t even realize how these things were such big highlighters of how dysfunctional the family was, but I was an anxious child who wouldn’t venture out alone, who slept with the light on and even wet my bed.” (Desh).

Whereas for others, these feelings were normalized and accepted as a part of life, “As I said, the whole upbringing to me was normal” (Belle); “as a child, I don’t think you know what’s normal and what’s not normal” (Jen). They only became aware that they were actually abnormal and extreme feelings to have as a child at a later stage when insight had developed, and this is when the anxiety may have increased for some. Mark repeatedly stated that “it was just life” (Mark), and Belle saw her upbringing as normal while she was in it. It was only when she was a teenager exposed to different and loving family environments that it hit her the feelings she had as a child were not normal at all,

“you are surrounded by a functional family where the dad says I can’t speak to you now I am with my kids... I think that’s not normal... and the mom comes in the morning and cuddles her son... and I think, nooo. And I am surrounded by this functioning family which could all just be a show cause they are on holiday... with two families together and you stand there thinking it’s still not right and I literally fell apart” (Belle)

3. PARTICIPANTS REFLECTIONS ON HOW THEY PERCEIVED LIVING WITH A MOTHER WITH SERIOUS MENTAL ILLNESS IMPACTED ON THEM AS CHILDREN

i) *The Adult Self*

Participants still report being quite emotionally cut-off as adults. However, this defense against emotion comes through in a much more dismissive way as participants describe themselves now. For example, when asked about how his experiences with his mother have affected him emotionally as an adult he said:

“Like, if you dig deep there will definitely be something. But it’s not a question I ever like to ask myself... But also, it was like, no. It’s Game Face now. Like, when I think back on it and try to feel the emotion, I won’t even have those emotional memories. I didn’t have the luxury of emotions. Sometimes I will, and I’ll have a little cry. But ya... maybe I shut a lot of it out, because it was like Game Time. It was good that it happened, but I’m good now, you know. (laughs). I’m good now” (Jonny)

Another one of the defenses that seemed to have been carried through, and possibly became a little stronger, is the need to be in control. Further defenses mentioned by participants are seen in the following quotes:

“... and I’ve had this other side to me, which has been like mathematical, rational, and logic base. And it’s always come up when it’s needed.” (Jonny)

“My realistic or practical mindset comes in” (Kate)

“I try to stay out of it all now... so instead of going there and annoying myself I just stay away” (Belle)

“I distanced myself... it was the only way and I knew it would be better for me.” (Jen)

“It is just the way it is... deal with it” (Jen)

“I didn’t turn to anyone. I just shut off and got on with it. That’s life” (Mark)

What appears to be the most prominent finding in this area of experience is that these defenses are perceived by participants to be very strong and very rigid, to the point that they affect others and relationships in participants lives. Those that have gone to therapy (Desh, Kate, Sandy, Mark, Belle) say it has taken years of work to try and lessen their defenses (and therefore relate more easily with others and their mothers), and even then the defenses are still present. Desh expresses this sentiment in the following extract:

“my defenses that kept me going and kept me achieving were just very very strong, because I started seeing my therapist once a week, but she said she needed to see me twice, because even over a week I would come back with my defenses up again. My

defenses are so strong that she can see from the time we had one session to the next I had built myself up again”

Klein (1936) started theorizing about the term 'pathological organizations of the personality', which refers to a family of extremely unyielding and tightly knit defenses. Their function is to enable patients to avoid overwhelmingly persecutory and depressive anxieties by avoiding emotional contact with others and with internal and external reality. She also spoke about 'primitive defenses', which are very strong defenses that are used in early infancy, but which can be carried through into adulthood and used when one is operating much from the paranoid-schizoid position. Primitive defenses include repression, psychic denial, strong projection, omnipotence/narcissistic relating and mania.

Because they felt they were already performing certain adult functions in their childhood's, and because of their rigid defences, participants said that growing up with a mother such as theirs forced them to be very self-sufficient and independent. While this may have been a benefit at times, it truncated their development to a certain extent, for example, it is a struggle to allow others in, to be vulnerable, and allow others to look after them for a change. This speaks of a strong defence against vulnerability. Some participants describe themselves as selfish:

“But at the same time I do feel that it's made me selfish, to a degree. Because I'll be very quick to preserve myself over others. That's what my mother taught me... that there's not much that I can do... that there are certain things that I cannot fix, like in an emotional situation like that, there's not much I can do to fix it... there's no point in me diving head in to be the helper” (Kate)

Kate and Sandy explain that this developed because as children they had to learn to “sink or swim” – they had to put themselves first if they were ever going to get anywhere, because their mothers certainly seemed often not to put their [the children's] needs first. Kate adds that linked to this is a lack of empathy for other human beings, “because having gone through such an emotional roller coaster with my mom I'm still kind of numb to being sensitive about others emotions. I kind of do the whole “I'll just look after myself” thing” (Kate)

Narcissistic relating, as described by Klein (1936) occurs when one has to violently split the good and the bad as an infant and then project out the bad in order to survive. Klein (1936) hypothesized that excessive splitting and projection weakens the ego, and often leads to disturbed object relations. She argues that narcissistic relating is seen in schizoid object relating. This is when violent splitting of the self and ones objects occurs – often with a persecutory mother who projects bad onto the child; the child has to keep a sense of goodness and so projects all of his/her aggressive urges outwards. The person being projected upon (mother in infancy and any 'other' in adulthood) is seen as a persecutor, and thus all the guilt the projector feels for his/her own aggressive and destructive impulses is eradicated. In simple

terms, a person may see all others as 'bad' or having bad intentions, and thus only live for themselves and their own protection. This is because relations to others are based on early patterns of projection of parts of the self (Klein, 1936).

Fonagy (1998; 2003) contends that without appropriate early development, one doesn't fully learn to mentalize and thus has poor reflective functioning. When an infant is not taught that it has its' own separate mind that operates independently from others, often the boundaries between one's own mind and reactions and others' minds and reactions are blurred. This may possible be similar to what Klein (1936) was speaking about in terms of narcissistic relating – in that relating is based only on our own minds and their projections. This is in contrast to relating with mentalization and reflective functioning, where we are able to think about and discern what is our own 'stuff' (our own thoughts, feelings and perceptions of what may be happening) and what is actually going on inside others' minds (Fonagy, 2003).

All participants have also noted their own mental health problems. With the exception of Jonny, all participants have been formally diagnosed with a mental disorder. Currently Desh, Kate, Sandy, Belle and Mark are on medication to help them function well with their problems. Of the diagnosed participants, all experience anxiety and worry (fear). The female participants have also experienced depressive episodes, describing their mood and self-esteem as being extremely low. Mark was diagnosed with Bipolar Depression⁶, which means he has experienced the depression as well as manic highs. Mowbray et al (2006) found that depression seems to be the strongest lasting factor which may contribute to poor relating in adulthood. Klimes-Dougan et al (2008) argue that their results show the increased likelihood in adult children to revert to depression and/or suicidal thoughts when troubles arise in their lives. In their longitudinal study from early adolescence through to adulthood, they demonstrated earlier onset and more persistent depressive/suicidal thoughts than the well group.

⁶ **Bipolar Mood Disorder:** The DSM defines mania as a "distinct period during which there is an abnormally and persistently elevated, expansive, or irritable mood." The episode must last at least a week. The mood must have at least three of the following symptoms: inflated self-esteem; little need for sleep; pressure of speech (talking constantly); flight of ideas; easily distracted; excess pursuit of goal-directed activities or psychomotor agitation (pacing, hand wringing, etc.); excess pursuit of pleasure with a high risk of danger. The DSM states that a major depressive episode must have at least four of the following symptoms. They should be new or suddenly worse. They must last for at least two weeks. Changes in appetite or weight, sleep, or psychomotor activity; decreased energy; feelings of worthlessness or guilt; trouble thinking, concentrating, or making decisions; thoughts of death or suicidal plans or attempts. Bipolar I disorder involves one or more manic episodes or mixed (mania and depression) episodes. The episodes are not due to another medical condition or substance use. Bipolar II disorder has one or more severe major depressive episodes with at least one hypomanic episode. There are no manic or mixed episodes. Hypomania is a milder form of mania that is never accompanied by delusions or hallucinations. It doesn't disrupt the patient's ability to function as significantly as bipolar I disorder, but nevertheless the symptoms must cause significant distress or impairment at work, school, or with personal relationships. It's common for those with bipolar II disorder to not recall their manic episodes (Caplan and Saddock, 2011).

Therapy, it appears, is an important factor here, along with medication. Some say that going to therapy triggered their own breakdowns, “but the recovery part of it was very hard. They say that part of the recovery is facing all those suicidal thoughts and going through the depression and things like that. So I went through that...” (Jen). But, all agree that without therapy a proper diagnosis of their own mental health problems would not have been made. These sentiments confirm what was found in the qualitative therapy-like group study conducted by Williams (1998). This could have led to further problems, and even suicide (Mark). Psychoanalytic therapy, as well, has been conceptualized as a parallel to early infant relationships, in that it is hypothesized that the patient regresses and enters a state of dependence on the therapist, who then unconsciously takes up the maternal figure role (Lemma, 2006). In this way, the participants who did go to see a therapist long term, would have had an alternate experience of mothering in the unconscious realm. Therapists are thought to provide as close to an ideal relational experience as can be. They hold clients projections, work with their defenses and create a safe environment of trust. Therapists also contain, hold, mirror and make sense of the client’s internal worlds. Hence, participants going to therapy could have begun to see their internal worlds, as well as others’, as less frightening and chaotic. Thus defenses soften. Also, metallization and reflective function can, it is argued, be learnt through and in therapy (Fonagy, 2010). Therefore, participants could then begin to relate to themselves and others in a healthier way. This could possibly explain a part of why those participants who did go to therapy report having found more balance, healthy partners, and greater understanding.

Belle and Jonny, whose mothers were diagnosed with disorders more on the psychotic spectrum seemed to experience their mothers as more chaotic and disorganized, but far less critical and aggressive than mothers who suffered from mental illness without psychotic features. Belle does say that although her mother was not overtly critical, she was not present and engaged in Belle’s life; and so Belle does experience the anxieties around mentioned above. When explaining her abusive relationship with a man, she said that she “did not feel worthy or good treatment”. Jonny, on the other hand, believes he has no self-esteem issues and does not feel he is unworthy of love or attention. What he reports to struggle with are his emotions:

“I’m very very emotional, and, like, hypersensitive to how others are around me...But I’ve had this other side to me, which has been like mathematical, rational, and logic base. And it’s always come up when it’s needed”

While he is less defended and opens up relatively easily, when he does Jonny experiences his emotions are experienced as overwhelming. Jonny appears to try and control this with his rational mind, but sometimes he cannot and says “something will happen, and I will get so upset, over nothing!” (Jonny).

ii) *Self-esteem and the feminine self in female participants*

Two participants, namely Jen and Sandy, spoke about their feminine identity and sense of femininity being negatively affected by their relationship with their mother's:

Researcher: *So it seems the major affect your mom had on your self-esteem and sense of acceptance?*

Jen: *yes definitely! And sense of being female, as well, my sense of identity. My mom... I hardly knew her as a woman... even my aunt said once that when my mom puts make up on and makes an effort she looks gorgeous, but I've never seen that. She didn't have make-up, she didn't have jewelry, she didn't have nice clothes that made her feel good... she literally just wore something because it was comfortable and it fitted, it doesn't matter what it looked like. So that sense of femininity I had to learn on my own. I almost did parent her in that area, because I was like, "I want to go shopping, I want to find a nice outfit and feel good" kind of thing...a lot of girls in their young teens were kind of exploring who they were, but I kind of never went through that stage. Ya, but definitely my self-confidence.*

Sandy said she had no real female role-model until she met her female therapist, and was a "tomboy" for most of her childhood,

"And it's just a healthier way of... ya, I think having one parent who supports therapy... gave me a female who was a really good role model, a really good emotional role model. Um, having such a healthy role model... I don't know if role model is the right word... but having such a healthy experience of therapy solidified what it would be like for me to be a woman..."

She explains that having no sense of being close to a woman affected how she related to other women, saying she "struggled to trust women most of the time and could not identify with them at all". Similarly, one of the core themes that emerged in Williams' (1998) research was that participants had ongoing difficulty in relating well to others, especially women. Sandy reported that it was only in relation to her therapist, and her father's new wife, was she able to come to terms with her own femininity and with other women,

"And he [her father] has subsequently gotten into a relationship which is awesome and healthy. And I think it's the first relationship that I've had with an adult woman that is healthy. There is no antagonism or aggression, it is just a really healthy, loving relationship."

Chodorow (1995) argues that women's identity is very tied up with what they internalize from their mothers. Women, more than men, are dependent on information from significant others in order to form their sense of self. She argues that girls' identity formation is embedded in pre-oedipal phases of development, which have to do with separateness and dependence, and further influenced by actual relationship with the mother.

"Because her mother is around and she has had a genuine relationship to her as an object, girls' gender and gender role identification are mediated by and depend upon real affective relations. Feminine identification is based on a gradual learning of a way of being, and exemplified by the person (women) with whom she has been most involved" (Chodorow, 1995, pg. 88)

She goes on later to say that if girls are forced to separate themselves from an attacking/aggressor mother early on (as a defense, they cannot depend on a mother who constantly attacks them, and nor can they identify with this external object, or else they themselves will be seen as all bad and attacking), and they continuously get negative feedback from others; or alternatively, no feedback at all, their sense of self will remain underdeveloped. This may be similar to what Sandy and Jen are describing above. Feminine identify has been seen to be very closely tied up to one's self-esteem and self-image (Usmiani and Daniluk, 1997). It could be that what Sandy and Jen report is in line with previous research into the effects of maternal mental illness on female identity formation that have shown that girls who struggle to attach⁷ to their mothers consequentially struggle with their own femininity and identity as women (Benson, Harris and Rogers, 2010; Beyers and Goosens, 2008).

iii) Friendships

Making and maintaining 'real' friendships was reported to have always been a struggle for participants. 'Real' friendship is seen as having a friend with whom you can be your true self, and with whom you can share your life (including the chaos attached to their mothers and home situations). Jen recalls how she was teased and rejected as a child because her mother's behaviour was different:

"I didn't have many friends because she wasn't friends with the other moms. Then I had a few friends but I didn't want them to come to my house because they wouldn't understand. I had this crazy mom running around with all this old stuff and piles of shit lying everywhere, so it wasn't exactly comfortable. And there was also the stage when I

⁷ Definition of 'attachment' given initially in the literature review chapter is referred to here.

was having my eating problems, and my mom was so funny about food anyway, so my friends would invite me out for dinner or pizza and I just wouldn't go because I wasn't allowed to eat that stuff anyway. So that stuffed up in highschool" (Jen)

Kate, Mark and Belle put their lack of friendship down to their learnt independent nature and lack of emotionality. Mark and Belle in particular report being very angry and aggressive in their adolescence and in their early twenties. This, too, was a deterring factor for those who wanted to befriend them,

"I never had many friends In teenage years I did have friends, but only at a surface level and only one or two good friends who really knew me... and besides, she [friend] was fed up with me because I was so aggressive and over-the-top and irrational... I was just manic I think a lot of the time. I was in everyone's face kind of thing, telling them off and shouting." (Mark)

Jonny explains that friends often could not understand or manage what was going on in his home, and so he kept his distance in order to not burden others with the same struggle he went (and goes) through.

Currently, participants report having one or two close friends who they have learnt to open up to. However, for the majority of their lives, and at present, they struggle to connect on a deeper level with people, and thus just have surface level friends. Attaining women friends, in particular, is experienced as a challenge. Sandy puts this down to her inability to trust her mother, and her fear that women (her mother) will always be aggressive and critical of her –

"I never had a special or best friend... I struggle to trust women a lot of the time, and that's why my relationship with Oliver is much easier than with women, because there is like this inherent trust there with him as a man that I can link with. Um, so, it is difficult. (Sandy).

Jonny struggles with making women friends in a different way. Because he has always been the caregiver, 'strong male' figure for his mother, he struggles to be balanced emotionally with women. He says that "I have that kind of want to nurture side as well, because it does affect me and because I don't let things get to me like that in my emotional mind. Like, I don't let things mull around in my emotional mind, if I could say that, because something will happen, and I will get so upset, over nothing!" Hence, he avoids making friends with women. Sandy and Jonny's experiences echo those of participants in Williams' (1998) study, who expressed ongoing difficulty in relating well to others, especially women.

iv) Romantic relationships

All participants tell of how their love lives (sexually intimate relationships) have been a struggle. Female participants report struggling to accept love or compliments from a man because all they have known is criticism. Desh still reports struggling to accept compliments from her husband, because she genuinely doesn't believe them to be true of herself. She says that "the same pattern of relating [that she had with her mother] still carries on now... and because of that I find it difficult to be open and express love with anyone"(Desh). She has never learnt how to love or how to accept love. However, some had good relationships with their fathers, and this allowed them to connect better with men than they did with women:

"I never had a special or best friend... I struggle to trust women a lot of the time, and that's why my relationship with Oliver is much easier than with women, because there is like this inherent trust there with him as a man that I can link with. Um, so, it is difficult. " (Sandy)

All of the women (except for Desh) have been involved in some sort of abusive (physically and/or emotionally) romantic relationships with a man, and put this down to their low self-esteem and belief that they are not worthy of love because they never received it from their own mothers. Sandy explained a 3 year relationship with a man in which she was trying to find the love and acceptance she never got from her mother. Yet, she never got it and would try again and again to show this man that she was worthy of him – the same way she tried to "be better" and "perform" for her mother. In Sandy's own words,

"I would go through these terrible periods of feeling really bad about myself and just having this overwhelming anxiety of wanting to get him back. The rejection was huge, and I didn't cope with it well at all... like, I would have to go back to gym and diet and better myself in the hopes of getting this guy back. I think it replicated the relationship with my mom in terms of this rejection-acceptance cycle. So I think he just epitomized the internalized unhealthy parent" (Sandy).

Similarly, Belle struggled with a man who didn't treat her well at all and was quite aggressive. Belle said she put up with it because it was all she had known – violence and aggression – from her father. She kept putting up with it because she thought she was not worthy of something more.

Kate also expressed having problems with relating to men. She witnessed her mother and father go through a messy divorce, and then saw her mother bring home a lot of different men for sex. Due to this Kate developed the mindset that love didn't actually exist – she had never seen it nor received it. Thus, at a time in her early twenties, she really struggled with men. She would use her physical appearance to get attention and affirmation from men, something she hadn't received at home.

"I think it had a lot to do with this sex trip I went on in varsity. Like, I slept with many boys in a short span of time, and I remember once I thought "I don't feel a thing at all", and it scared me. But I think it was a way of trying to find worthiness and affirmation which I never got. Boys and sex were an easy way to get attention. I mean after being pulled down for so long, you have to either pretend you are confident or go out and find it. So in that sense it was a searching for confidence in the wrong ways." (Kate)

"For a very long time I had the mindset that love didn't exist... I had never seen love, I had never grown up in a situation of love so I never thought it existed. My mom had a lot of guys who she would just bring home for sex, and I think that's how I related to men a lot of the time – just physical and not emotional. I went on quite a sexual rampage after I got back.... Trying to find security outside of having to be emotional about it." (Kate)

Mark expresses struggling not to be aggressive with the women in his life. He has had 2 divorces already, and puts it down to his own temper and acting out. He reports many aggressive fights between him and his wife. Jonny, on the other hand, struggles in that he keeps 'finding' women who need him to be their savior – "Matthew Biller said it when he came over to the UK, was that you could imagine her [Jonny's girlfriend] being in an abusive relationship" (Jonny). However, this doesn't work out because as he opens himself up, he feels like his emotions overwhelm him and he has to distance himself from the women. "But I was just so open and so sensitive, that she would have a mood swing and get over it, but I would be down for days. It started off slow but it got worse and worse." (Jonny)

These themes, again, may confirm previous studies. Williams (1998) study shows that the effects of childhood are still present in participants' adult lives: they struggle to maintain healthy relationships with those of the opposite sex and their spouses. Mowbray et al's (2006) research confirms these sentiments, revealing that although nearly 40 percent were parents of minor children, only about 12 percent were in a committed relationship.

v) *Own children*

Like participants in Williams' (1998, pg.76) study, who experienced troubles in relating to their own children due to their own "anxiety filled" relationships with their mothers; Mark and Desh (the only two participants who have had children of their own) both feel that their own relationships with their mothers have affected how they treat their children:

"I think I am very black and white... or I was. I was very strict with them, right and wrong, that kind of thing. I did get aggressive with them, but nothing much... not like my mom used to smack us. It was more directed at my wife I think. I don't have a great relationship with my son... he hasn't forgiven me for trying to commit suicide, he really

struggles with that... cause I left him alone, his mom had already died and now I wanted to check out... never thought of it that way. So he is very angry with me. Ya, just withdrawn... doesn't come to see me on a Wednesday night often, that kind of thing."
(Mark)

Mark says that although he wished his relationship with his children would be different to the one he had with his mother, it has turned out very similar – “withdrawn”, “aggressive” and “dismissive”.

When Desh said that looks at her infant children’s faces, she cannot understand at all how her own mother could have hated her so much and treated her so badly,

Desh: ... what killed me was that I had such an intense love, it could like choke you the love you have for your kids, it's like no other love.

Researcher: I can't wait!

Desh: (laughs) I promise you, it is. But I couldn't get it. How could I feel such love for my kids, but she could treat me the way she did. I was like convinced that she never loved me. I was just like, “how could you do that? How could you be that way to your child?” like, I'd never want to break down my kids. But she would do that to me all the time. I just... I don't get it. So it was very difficult to deal with the way my mother was towards me when I had my kids and felt the way I did about them. If your mother can't love you, it's kind of like, who can?

However, she, too, admits that at times she catches herself being critical or aggressive with her children and has to actively stop herself – as she knows how her mother really affected her.

When all of the other participants were asked about future children, they all expressed similar wishes. There is a wish for their children to be loved unconditionally, for their children to be able to be themselves, and for them to feel safe. These are possibly the traits that they feel they missed growing up, and hence what has led them to struggle with themselves and the world around them.

vi) More understanding – some resolution

As adults reflecting on their childhood experiences, participants appear to have reached a deeper place of understanding and acceptance regarding their mothers. However, therapy appeared as a mediating factor here.

Therapy, by those who have gone, was referenced as the best tool to help them process what had happened and discover why they are struggling interpersonally now. Although it was a

difficult and painful experience for the majority - "I wished I had never started because it was so difficult. It made me understand that I have 30 years to deal with, 30 years with this mother" (Desh); "...and I just started crying like, so hard. And that was the end of it. I hated it. ... it was really difficult. I just felt I couldn't cope. I was overwhelmed" (Jonny) - therapy was viewed as a positive journey overall. Those who have been to therapy, especially, seem to have developed the capacity to understand the situation from their mothers' point of view, and to empathize with the struggles their mothers must have gone through. They also expressed their own feelings and understandings clearly in the interview. These participants describe and reflect on some good times in their childhood, nestled among the bad. Kate even explains some positives she got out of growing up with a mother like hers: "But in a weird way it has been good because it's taught me to always have a voice. I'm never scared to say how I feel, or how somebody else has made me feel, even if it's not what they want to hear." (Kate). It also sounds as if their relationship with, or at least their feelings towards, their mothers have improved in the years after or during reflection and therapy. All of these participants have described drawing away from their mothers and drawing firmer boundaries in this relationship, which help them to feel safe. When their mothers genuinely need them, they will help, but they have learnt to tell the difference between their mothers' manipulation and own projections, and a genuine need for help:

"It's only my therapy that has helped, where I actually have distanced myself from my mother a lot. And I'm so much happier for it! (laughs). I feel safer, and better" (Desh)

"it's really only now, and I'm almost 30, it's really only been in the last five years that our relationship has been less conflictual and we have a semblance of a relationship. She still acts out and things, but it's not these terrifying rages. Now we can get along, but it's really only because I've had to learn how to manage my mom through years of therapy ... I learnt what's healthy and what's unhealthy and how to manage it. So she did... therapy was huge in helping with my relationship with my mom and myself... and as I said, having a healthy woman or having an experience of a healthy woman definitely manifests itself" (Sandy)

Thus, in all, therapy was experienced as a source of help in regards to reaching a place of integration and understanding of participants' childhoods. It has also helped with relating to mothers now and how to deal with them in a healthy way. Kate sums this up nicely, saying that at first she was like,

"What the crap are you going on about?!" (laughs). But until you learn to self-reflect and realize that your personal flaws are not a downfall, they are not a bad thing, that we all have issues to work on... until you realize that you can't be happy. And I think you need

therapy to do that, because you need someone to point you in the right direction without bringing you down about it.” (Kate)

Mark has gone to therapy, but expresses that it is his faith in God that has been the most helpful tool for change.

“She changed when she became a Christian as well, though. She changed a lot... About the same time I became a Christian, about 40 years ago, ya. Sorry, 30 years ago. So that is probably why she was less aggressive and things when I was a teenager and why she didn’t affect me as much then” (Mark)

Mark describes here how church and having a Christian faith is what he perceived to be the changing force in his own and his mother’s life. Because of this, his relationship with her as a teenager was less destructive and therefore had less of a perceived impact. Today, Mark believes the same restorative changes are happening in him because of his faith. Mark expresses having a wonderful and life-giving relationship with his mother at present, so different to his early years. So for him, Christianity saved himself and his mother – and therefore their relationship

However, those who have not yet sought out help and have not allowed themselves to reflect on their painful memories found it more difficult to express and verbalize their own feelings and experiences (Belle, Jonny and Jen). They seem to talk about their mothers in a more apparently negative terms, or in very positive terms in the case of Jonny, and still struggle with relating to their mothers. They report this relationship being very one-way, in that they still have to be the care taker and “punchbag” (Sandy) for their mothers “stuff”. Interestingly, these participants still live with their mothers and carry the brunt of the household management. Jonny still schedules his mothers’ day, pays the bills, cleans and cooks, and gives her medication at the right time,

“show him mums medicine sheet, which I write up every month and make photocopies of them – with a sun for the day and a moon for the night; and when he got back I was just like, “tomorrow morning you can wake up at five o clock and give mum her first medicine and sit with her while she has a cup of tea and then you can go back to bed. She slowly wakes up, and the medicine kicks in and we can get up at about six thirty to get ready” (Jonny explaining to his brother what he needs to do every morning for their mother)

Belle describes a similar situation in an angry tone: “she still gets into the habit of allowing me to do everything and then I become the mother and that doesn’t help me!” (Belle)

vii) Strong affects experienced in adulthood

The reoccurring affects during adolescence and into adulthood are identified by all participants. They all reported experiencing anger and disappointment towards their mothers. They also felt they have insight and understanding into what actually must have happened in their childhoods and how this has affected them now. Disappointment comes with realizing just how dysfunctional their upbringing was (Belle and Jen); as well as that they will never have the healthy mother-daughter relationship others around them seem to have (Sandy). Also linked to this, a predominant feature of this stage is depression and anxiety. Participants have identified their own mental struggles, as a possible result of genetics or their relationship with their mothers, or both. This has led to isolation and/or aggression, loss of jobs and partners and overall discomfort.

However, with the therapy and insight also comes some hope of change and a slightly more balanced view of their mothers. The affect here is one of pride and strength – “we survived what most would think is impossible. Quite honestly, there was a lot of negative shit that happened. But I don’t see the point in looking at it and being negative about it now” (Kate). It [therapy] gives you “hope that it’s not the end of the world, you will get through” (Sandy).

Klein (1940; 1946) postulates that from the beginning of life we have a tendency towards splitting and a tendency towards integration and wholeness. Klein (1937) identifies periods of integration and speaks of the Depressive Position as characterized by whole-object relating. We begin to see things in a more balanced way, projections are owned and splits are joined. Ambivalent feelings arise in regards to the breast which was either loved or hated, which is now both loved and hated. The mom is seen as her own individual with her own ego/mind/thoughts/feelings (Klein, 1940). With this realization come feelings of mourning and loss. Freud hypothesized that depression develops out of mourning and loss (Freud, 1917). We mourn over the loss of the mothers’ breast and what it symbolized (love, goodness, safety, comfort, growth etc). We also mourn the loss of our own good inner object, and feel guilty about our aggressive attacks on the loved object. However, we feel great anxiety over being able to recover and sustain the good object we have lost, externally and within ourselves. This is where therapy may be useful in trying to see that we have both good and bad parts, but that they can co-exist within us and the bad will not annihilate the good (Fonagy, 2010).

4. IS IT ALL BAD? HOW PARTICIPANTS EXPERIENCE THEIR CURRENT LIFE SATISFACTION

i) *Current life situation as good-enough*

Despite perceptions of struggle and pain in childhood and early adulthood, interestingly most participants reflected that currently their lives are going quite well and that they feel satisfied overall. About half of the participants, except for Belle, Jonny and Mark are in serious long term relationships with partners. They reported experiencing these relationships as healthy and supportive, unlike previous relationships which were described as abusive and playing on their past relational issues with their mothers. Desh and Sandy are reportedly happily married and see their husbands as being “good for me[them]”. For example, when Sandy gets very anxious, her husband will notice and sit with her, explore her anxiety, and try to help her calm down once again. She says that “at the end of the day he is just a really unbelievable nurturer, which is what I never had. He never makes me feel anxious, and if I say to him that I am anxious or stressed out we can talk about it.” (Sandy). Jen is currently living with her partner and says he just understands her needs, which her mother never did, and so she doesn’t have to “make it so obvious what I need” (Jen), as she had to with her mother (Jen gives the example of her eating disorder, and how she had to use it to get attention). Kate is dating a serious boyfriend and reports that he is the opposite of her in that he is very trusting, sensitive and expressive of emotion. This has helped her to “soften” emotionally and begin to express herself more.

The same 4 participants have all been through some years of therapy, which they explain has helped them to reflect and understand what went on with their mothers. It repeatedly helped them to understand their own needs, separate from their mothers. Kate said that it just helped her to reach “a more balanced place” in terms of her views of self, other and her mother. Desh said that she feels much “more relaxed and safe” now. Both Jen and Desh moved up to Johannesburg to study and left their mothers in Cape Town and Durban respectively. Jen tells that “it was good to get away and come to Joburg... to not have to be constantly faced with it... Like now, I am independent and I have the things that I want”. Desh expressed a similar sentiment, and even explained that when she went to see her mother for holiday,

“I thought it would be a lovely break away. And that was also the time my brother was getting separated. So my mom was under a bit of stress, and she basically made my life a living hell. I felt like I was twelve years old again... I was just beaten down”

Hence she says tries to keep distance from her mother. While Kate and Sandy still live in the same city as their mothers, they now relate to them differently, from a distance. This helps them to keep boundaries in place and allows them to create their own, stronger, version of themselves away from their mothers’ critiques. Sandy summed it up, saying,

“I don’t deal with my mom like I used to. She is just too chaotic, and it’s too painful, and the wish for a close healthy relationship is long gone. So I know that’s not a reality

anymore... and it's hard, there was definitely a grieving period which was very difficult. But I think I'm healthier than I ever was, and she is healthier than she ever was.... In a weird way." (Sandy)

The same four participants spoke again about current job satisfaction. All are employed in the field in which they studied and are doing well in their respective workplaces. Interestingly, they are all engaged in a helping profession of some sort, in that Kate is an Environmentalist (helping animals and the environment) and the other three are in the social sciences, doing Psychology or Occupational Therapy. Jen describes it as a reparative experience, saying that "it feels good" to know that she has at least helped a few children and made them feel better for a time, which she never had.

So, despite all of these impingements (Winnicott, 1960) and their own perceived difficult development, it appears that some participants have defied the theory by expressing their own growth and current life satisfaction. Most psychoanalytic theorists, and especially attachment theorists (as in Cassidy and Shaver, 2008), argue that poor early development will affect a person for life, in that early object relations frame the way we see and act in the world and are very persistent. While all of the object relations theorists focused primarily on the mother as the source of infant ego development, Winnicott (1960) was the first to begin looking beyond the mother-infant dyad. Participants who did have, as they experienced it, supportive and emotionally consistent fathers (i.e. good enough fathers who could hold and contain them) now report having greater life satisfaction. Hence, factors like the fathers' presence, the consistency of animals love, and the space to vent or express emotions bodily may have been alternate sources of containment and holding. Thus, certain participants could have also internalized some good mirroring and some good enough holding. While this is all hypothetical, Winnicott (1960) does give the idea of alternate containment being a positive factor on development, and that without this the mother may not cope as well, and hence project all of her 'stuff' directly into the child.

ii) Concern over current life situation

Contrastingly, Belle, Jonny and Mark all expressed concern over their current life situations and express wishes for their lives to improve. All three of these participants are living with their mothers. For Jonny, it is because he is still his mother's primary caregiver, and feels too bad to leave her to her own devices and move out. For Jonny and Belle, it is because they themselves have had their own breakdowns and needed the financial support of rent-free living at their childhood homes. Belle still reports having to look after her mother (by cleaning, cooking, sorting etc) while she is at home. These participants do not talk of their relationship with their mothers now as being the same as earlier in their lives. It appears that with maturity, a natural

understanding and diminishing of anger towards their mothers occurred. Their current relationships with their mothers are spoken of in good terms:

“she’s possibly one of the highest functioning patients on the schizophrenic spectrum. Possibly in the world. . So she’s had this amazing strength and intelligence to push through in jobs and she’s held a few jobs. So she’s kind of held up that end of this crazy puzzle that is our household” (Jonny)

“there are good memories, water fights and laughing and... she was quite creative and we used to do creative projects together” (Belle)

Both Mark and Belle are unemployed at current (although Mark does some menial work at his church) and this frustrates them. Jonny is still studying, but says he has taken many more years than necessary “buggering around” to get his degree. He puts this down to the lack of work ethic in his home, in that his mother never instilled in him a sense of motivation and purpose – she had no rules and hence he never did his work. He saw that didn’t work for him in university. All three talk of moving out some time in the future, and of getting jobs within their chosen fields (chef, charter accountant and IT).

Relationally, Mark is unsatisfied and reports still finding it difficult to relate to women in a healthy way. He is still very aggressive at times, “well I think I am definitely more aggressive or harsh with them, yes, but I was [before his suicide attempt] like that with everyone. Maybe not the most affectionate guy around”, but also very disinhibited and shy after his failed suicide attempt in his last marriage. As mentioned earlier, he also struggles in relationship with his two children, especially his eldest son. Jonny, too, is unsatisfied. He says since his emotional relationship with his last girlfriend, he has stayed away from women as he doesn’t want to become “overly emotional” again. Yet, he does find it lonely and longs for a partner he could stay with. His friends are kept separate from his home and emotional life, and he wishes for someone who could help him carry his burdens in relation to his mother. Belle has recently met a man with whom she feels she can connect. She reports that he is not abusive like her last boyfriend and that sometimes he treats her so well she can’t believe it and will cry and gratitude. However, not much else was said about this relationship. Belle also says she has no close friends and still feels extremely lonely and isolated. She believes people see her as weird or as a “freak” and just can’t understand her mother. She wishes she could invite people to her house and connect, but she is afraid because her house is so chaotic and her mother is always at home (her mother is unemployed).

Mark and Belle still express their anger and rage against their childhood and current situations. Jonny can’t seem to own his anger and rage and is thus still stuck in his “rational mind”, or his “game face”, a state in which he blocks out all emotionality and focusses on problem solving. Right now he is focusing on finding a job after his studies end in 2014, and then saving money

to pay off his mother's debt and pay for her living expenses so that she no longer has to work (which makes her stressed, and she act out or declines).

Interestingly, these three participants also did not report having the same protective or mediating factors as did Dese, Kate, Sandy and Jen. These women spoke strongly of their sources of alternate containment and emotional release – their animals, or animal related sports; and their fathers. Contrastingly, Jonny's father was in America most of his life, Mark describes his father as "emotionally cut off", and Belle refers to her father as "violent", "abusive" and "angry" and different points in her narrative. Thus, these fathers probably added to the lack of containment experienced, rather than being a source of safety and security. Furthermore, these participants placed less emphasis on the role of animals (Belle) or sports (Jonny) or church (Mark) in their childhood and adolescence.

FURTHER DISCUSSION:

COMPARISON OF PAST RESEARCH WITH THE CURRENT FINDINGS

The current findings seem to add further weight to previous research findings in this area. More qualitatively- focused studies report that children growing up with mothers who suffer from mental illness usually have poor self-esteem, negative affect, and suffer from high levels of guilt and shame (Hammen, 1998). Similarly, in studies with adult participants reflecting on their childhoods, participants with mentally ill parents reported multiple problems, including childhood abuse and neglect, isolation, and guilt (Dunn, 1993); hatred of mother and self, poor parenting, isolation, excessive caregiving to the mentally ill parent, stigma, and lack of support from others (Williams, 1998). Because of the mother's disturbed sense of reality, she could not be there consistently for the child in any way – be it emotionally or practically (Dunn, 1993). There were also feelings of social isolation and lack of support (Wolkenstein and Meyer, 2008). Participants support these notions, almost naming each of the main themes identified in previous studies, as seen in the previous sections. They speak of feeling isolated from their mother, peers, their communities, and their own families, and of being confused by these feelings. While there was less of a focus on the experience of guilt and shame in the sample used (with the exception of Jonny and Mark), this study did re-iterate the importance of low self-esteem and negative affect in childhood, as a result of the poor parenting behaviors described both in previous studies above and in this paper. However, the current findings may give a more nuanced view into the feelings and views of the self experienced in childhood, as a lot more came up than has previously been reported.

Research has also shown that 40-80% of children with mentally-ill parents become psychiatrically-ill themselves (Williams, 1998; Le Clear O'Connell, 2008; Wan and Green, 2009). This, too, was confirmed by the current findings. However, childhood problems were not seen as psychiatric and were not noticed and diagnosed as such. Problems experienced in childhood in this study were named as: bullying and fighting, academic struggles, disruptive or ADHD-like behaviors, and sadness/loneliness/withdrawal. Despite this statistic, some studies have revealed a concern around the under-recognition of childhood mental/affective disorders, and the subsequent lack of treatment (Keller et al, 1991). The current data would suggest the same. Of all of the participants, only Jonny was sent to a psychologist for evaluation during his childhood. This was not followed up. It appears that early childhood interventions of a psychological or psychiatric nature are rare in South Africa if participants in this study are anything to go by. In later life, however, all participants report experiencing psychiatric problems. All except one did seek help in the form of therapy and psychiatric medication.

While previous research focusses largely on the effect maternal mental illness has on attachment style, this research paper focused less on attachment categories this paper does

not aim to reduce and categorize, and so will not be used to comment on attachment styles as a result of living with a mother who suffered from mental illness.

Most of the research into this area has looked at maternal relationships with their infants/children. There has been some concerns about this, and some researchers have fought for the importance of the father figure and the role he can play in aiding healthy childhood development (Long, 2007; Perkel, 2006). Results in this paper show that, possibly, having a 'secure' father who is emotionally available and attuned may play a role in providing a source of alternate containment during childhood and adolescence. In these cases, participants reported greater life satisfaction at present, and at least the sense of some security during childhood. They say that without their father's presence, the negative effects of living with their mothers may have been much worse. Those who did not have a father reported less satisfaction with their current life situations.

Wan and Green (2009), LeClear O'Connell, (2008) and Murdoch and Hall (2002) provide evidence that they argue shows that there is no difference between the effects of living with a depressed mother versus a mother with any other psychiatric illness. While using this argument to allow a number of different maternal mental illnesses to be treated as equal in effects on children, the current findings may contradict these sentiments. It appears that the two participants who were raised by mothers on the psychotic spectrum (versus mood or personality spectrum) did have a slightly different experience. They report experiencing their mothers as less rejecting/harsh or critical and as more absent. This may mean that in fact, different mental illness symptoms in mothers could have slightly differing effects on self-esteem of the child. Goodman and Brumley (1990) look at it from another angle, focusing on parenting behaviors and children's behavioral outcomes. They found that quality of parenting and children's functioning behavior was lowest in schizophrenic women, and more variable in depressed women. Jonny and Belle (raised by psychotic spectrum mothers) do possibly appear to be lower functioning in that they are currently unemployed, still live at home, and have not found a stable close relationship as of yet. Hence, the results of this research may again confirm what Goodman and Brumley (1990) have found.

Bleuler (1974, in Moskowitz and Heim, 2011), in his extensive longitudinal study of over 200 families of schizophrenics, referred to the "shadow" that is cast over the lives of children of schizophrenic mothers – a shadow that follows them into adulthood. Anderson and Hammen (1993) report similar findings. As all participants say that their core childhood fears and defenses (perceived to be formed due to their unhealthy relationships with their mothers) have followed them into their adult lives, one could say that this paper sanctions findings that the effects of living with a mother who suffers from mental illness do carry on into adulthood, even though not all of the participants grew up with schizophrenic mothers; what emerged as a clear theme was that the negative effects do carry on into adulthood.

Further studies based on adult reflections show that the effects of childhood are still present in their adult lives: participants reported struggling to maintain healthy relationships with themselves; their spouses, their own children, and are still involved in the unhealthy, “anxiety-filled” (Williams, 1998, p. 76) relationships with their mothers. Mowbray et al’s (2006) research confirms these sentiments, and Klimes-Dougan et al (2008) argue that their results show the increased likelihood in adult children to revert to depression and/or suicidal thoughts when troubles arise in their lives. While in the current study participants agree that the effects their mothers had on them still follow them into adulthood, just over half of the participants admit that they are in a ‘better place’ and are currently satisfied with their lives. However, these are participants who sought help and counsel for their psychological and psychiatric problems. This implies the importance of therapy. In addition, unlike those in Mowbray et al’s (2006) paper, participants who express greater satisfaction with themselves and their relationships are those who have distanced themselves from their mothers and put healthy boundaries in place. Thus, the current results may be pointing to the importance of help-seeking, individualization and relational boundary-setting in decreasing the strength of negative affects experienced in adulthood.

5. CONCLUSION

As an overview, it was found that participants recall their childhoods as chaotic and difficult, with many disruptions and conflicts. They experienced their mothers as critical, self-involved, absent and/or erratic. This often led to feelings of isolation, that other people can't or don't understand. Furthermore, memories of poor familial relationships and a lack of external support were recalled. This, in addition to mother's behavior towards them, had a perceived negative effect on the child's self-esteem and sense of security and safety. In order to survive the chaos and fear, participants believed they grew up too quickly and took on a defensive adult role, or cut off from their emotions entirely. As adults, participants acknowledge their own struggles with mental illness; and that many of their anxieties around and anxieties from childhood are still present, making it difficult to form and maintain new relationships, especially intimate ones. However, the findings weren't all negative, as all participants identified some mediating factors, which may have helped them cope with their childhood experiences in a better way, hence protecting them from possible worse consequences on themselves.

It appears as if the majority of participants experienced their mothers as inconsistent, chaotic and as often being unavailable to meet their basic needs. There was a sense of isolation and lack of support due to a perceived lack of understanding in others regarding their mothers' mental illness and the impacts this had on them as children. What added to this (for those whose mothers did not have psychotic features) was the experience their mothers as 'false' in that they would present a 'perfect picture' to the outside world, even though this was not at all how it really was, so that others could not or would not believe there were any problems in the home. This 'false self' seemed to be absent in the case of Jonny and Belle, whose mothers were on the psychotic spectrum.

In childhood, participants recalled feelings of fear, anxiety, shame and guilt. As children, their mothers' behavior seemed to have shocked and terrified them. Hence they felt they had to develop certain methods of cutting off these overwhelming emotions and experiences in order to survive. Their mothers were not seen as loving and available during childhood and in fact were even rejecting and unloving. Hence a deep fear (only realized upon adult reflection) that they were not good enough or worthy or love developed. Some alternate forms of containment were reportedly sought in childhood, such as animals, academics and sports. Those who had available fathers and consistent fathers also experienced this as a protective factor.

As adolescents, participants mentioned experiencing anger, sadness and loneliness. They thought that this was as a result of gaining more understanding and realizing the true extent of the effect their mothers' mental illness had on themselves, and on their relationship with their mothers. Most seem to sense that their early defenses were solidified in this period, and experience themselves as emotionally cut-off, void of empathy and quite selfish at times.

However, self-esteem and the extent to which their mothers were critical or not seemed to have possibly played a mediating role in the strength or rigidity of defenses and anxieties around passed on from childhood. Participants all reported having experienced some problems in relating to themselves and others, and perceive this as being at least partly a result of their mothers' treatment of them due to her mental illness.

Currently, just over half of the participants expressed satisfaction with their lives – having achieved what they wished for in the working environment, and having found some sense of stability within themselves, in relation to their mothers, and in relation to others. However, the other three participants wish their current situation was better. It may be possible that mediating factors such as finding alternative sources of containment and safety in animals and available fathers have played a role in their life situations at present.

Chapter 5: Conclusions and Recommendations

1 CONCLUSIONS

This research project started by posing the following questions. First, what are participants' recollections and reflections on their childhood experiences of being raised by a seriously mentally ill mother? Second, what is the nature and quality of any strong affects (associated with maternal pathology current or recollected) that participants experience, if any? Third, do participants believe there are any lasting psychological or relational effects to them due to their experience of maternal pathology?

In answer to these questions, the results have shown that participants had some similar, as well as some different, experiences and recollections of living with a mother with mental illness. While the majority of experiences were reflected on and experienced as being quite negative in nature, all participants can recall some good times in their childhoods as well. However, mothers were experienced as largely inconsistent, which was felt to be very frightening and persecutory as a child. In addition, mothers were seen as 'false', which created issues of trust in participants. As a result of the aggressive, chaotic and self-involved mothering, some participants' self-esteem was reportedly quite low, and these participants explain having a fear of not being worthy or good enough. Participants say that they learnt to cut off their emotions early on, as this was perceived as being easier and safer for them. However, this led to feelings of isolation and loneliness which were compounded by the real external isolation due to other people's lack of understanding and insight in their home situation (ie. Their mothers mental illness and the challenges they faced due to this). Interestingly, all participants, although to differing degrees, sought out and experienced some alternate source of emotional containment or emotional release, which seems to have played a small mediating role in impact of their mothers' effects on them. Secondly, affects in both childhood and adolescence/early adulthood were reportedly very strong and overwhelming. As children, participants recall being fearful, confused and shameful. In adolescence and adulthood, participants describe feelings of anger, depression and greater understanding. Third, participants do believe that there are lasting effects they carry due to being raised by a mother with serious mental illness. They report struggles with their own perception of themselves; in relating to their mothers and others; and even with their own children. However, some participants experience a greater sense of

balance and health in all of these areas than they have had in the past, which shows some hope for a better future for some, hopefully all.

While findings can be simplified and condensed, that was not the aim of this research paper. The aim was to explore and understand the experiences of each participant. So, as Aldridge (2006) pointed out the complexity of the issue at hand, so, too, do the results of this study. Psychoanalytic theory helped in the understanding and exploration of participants' experience. Some very interesting complexities in the participant's experiences arose. Participants mentioned lasting negative effects, but also some important mediating factors, as well as the role of human resilience, in influencing their development. This should be further explored in future investigations, as human experiences are unique and cannot be reduced, simplified, or understood by a just handful of studies.

2. WEAKNESSES

Due to the inherent nature of qualitative research, the knowledge produced is not generalisable. Additionally, knowledge produced is highly dependent on researcher-participant interaction and researcher reflexivity. This project could have been re-examined by other researchers in the field (aside from the researchers supervisor) in order to increase validity of results. The demographics of this particular sample is limited, all participants are Caucasian young adults from a similar socio-economic background. The interview schedule was limited to the aims of this research paper and this could have limited participant responses, however, the researcher did not stick to the schedule rigidly, but rather allowed the flow of narrative to be directed by each participants, allowing each question was covered directly or indirectly. Given that this is based in an interpretivist phenomenological paradigm, however, this was not seen as a deficit to the research process. Overall, however, the weaknesses noted do seem to be inherent to the nature of qualitative research, and therefore in some ways could not have been avoided.

3. RECOMMENDATIONS FOR FUTURE RESEARCH

As noted quite early on in this paper, the current study is merely a baseline research project. Much more research should be done into this area in order to confirm or validate these results. Cross-validation from different methods, researchers, areas and sample groups would be highly recommended. The most prominent factor that could eliminate the weaknesses of this research

would be to conduct research with a bigger, more representative sample, but keeping the same aims and definitions used here. In line with this, the sample in this study was very limited demographically. It may be useful to try and get a sample that is more representative of South Africa's majority population (i.e. rural black South Africans living in poverty). This research has collected data that is rich, each transcript could be used and analyzed as a case study in itself in the future. What seemed to stand out the most in this study is that there appear to be certain protective or mediating factors that allow the perceived negative effects to be slightly softened, leading to greater current life satisfaction as an adult. These were identified as alternate sources of containment. Those that came up strongly were animals, involved fathers, and therapy. Each of these factors and their exact role in the development of the adult could be examined individually in separate research projects.

Because the results gathered from this research seem to indicate that adult children who grew up with mothers who had a mental illness do still carry the effects of this with them currently; this paper has certain implications for treatment and intervention. Those who did go to therapy reported that it did help. However, none of these children were identified as at risk early on in their lives – even when their mothers were seeking treatment and involved in therapy. It is recommended that certain strategies should be put in place in treatment facilities, or even just in individual therapies, who work with mentally ill mothers, in order to identify and target children of these mothers as an 'at risk' group. For example, mothers and/or other family members should be educated around the effects their illness may have on their child and children or adolescents should be brought for therapy, too. Possible future research could also look into this area and try to identify or develop interventions that may be most useful for these children, adolescents and adults of mothers who suffer from mental illness. In this way, it may be a possible goal to try and minimize the often observed inter-generational cycle of mental illness.

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Appendix A

PARTICIPANT DEMOGRAPHICS TABLE

Name	Gender	Age	Race	Occupation	Status	Maternal Diagnosis
<i>Desh</i>	female	28	mixed/ colored	Masters in Ed. Psych	Married	Depression, Anxiety, Personality Disorder
<i>Jonny</i>	male	26	white	Actuarial Science	Single	Schizoaffective Disorder, Mania, Depression
<i>Kate</i>	female	26	white	Environmental Consultant	Dating	Frontal Lobe Epilepsy, Depression
<i>Sandy</i>	female	28	white	Forensic Psychologist	Married	Depression, Personality Disorder
<i>Belle</i>	female	23	white	Chef	Single	Multiple Personality Disorder/ Dissociative Disorder
<i>Jen</i>	female	26	white	Occupational Therapist	Dating	Depression with Psychotic features Personality Disorder
<i>Mark</i>	male	40	white	Admin and Security	Single	Depression

Appendix B

SEMI-STRUCTURED INTERVIEW SCHEDULE

Recollections and Experiences of Childhood

1. Could you start by helping me get oriented to your early family situation, and where you lived and so on? If you could tell me where you were born, whether you moved around much, what your family did at various times for a living?
2. I'd like you to try to describe your relationship with your parents as a young child if you could start from as far back as you can remember?
3. You say your relationships with her was (you used the phrase). Are there any memories or incidents that come to mind with respect to (word). The same questions will be asked separately for each adjective in series
4. Now I wonder if you could tell me, to which parent did you feel the closest, and why? Why isn't there this feeling with the other parent?
5. When you were upset as a child, what would you do?
6. Of course, looking back on it now, you may realize it wasn't really rejection, but what I'm trying to ask about here is whether you remember ever having felt alone or rejected in childhood?
7. Were your parents ever threatening with you in any way - maybe for discipline, or even jokingly? – Can you tell me what happened?
8. Did you have a 'nanny' around the house? Can you tell me a bit about this relationship?

Effects of Maternal Pathology: Then

1. Are there any other aspects of your early experiences, that you think might have held your development back, or had a negative effect on the way you turned out?
2. Why do you think your parents behaved as they did during your childhood?
3. Now I'd like to ask you a few more questions about your relationship with your parents. Were there many changes in your relationship with your parents (or remaining parent) after childhood? We'll get to the present in a moment, but right now I mean changes occurring roughly between your childhood and your adulthood?
4. Social support:
 - Did you find you were well supported by those around you?
 - How did your friends and extended family respond to your situation as a child?
 - Did you find external support helpful or not?

- Did you find it easy to share and trust?
 - Any special bonds with another? (friend, teacher, nanny etc)
5. Do you recall any period/s of marital discord? If yes, what do you think caused this? How did it make you feel?
 6. Did you feel that you were particularly attuned to, or watching out for, your mothers behaviour?
 7. How was your relationships with your siblings, if any?
 8. Can you please describe your mothers parenting behaviours in a few words? (nurturing, rejecting, available, unavailable, watchful etc)

Effects of Maternal Pathology: Now

1. We've been speaking a lot about the past. Now I would like to shift focus to your present life. Could you give me a general idea of your situation now? (work, relationships, social, living and so on)
2. Now I'd like to ask you, what is your relationship with your parents (or remaining parent) like for you now as an adult? Here I am asking about your current relationship.
 - What would you say the relationship with your parents is like currently?
 - Could you tell me about any (or any other) sources of dissatisfaction in your current relationship with your parents? any special (or any other) sources of special satisfaction?
3. How easy is it for you to make new relationships? (trust)
4. If you had three wishes for your child (if they don't have, ask them to imagine having one) twenty years from now, what would they be? I'm thinking partly of the kind of future you would like to see for your child I'll give you a minute or two to think about this one.
5. Is there any particular thing which you feel you learned above all from your own childhood experiences?
6. How would you do things differently, or the same, with your own child?
7. Do you find yourself relating differently (or more easily) to men versus women? If so, why?
8. Can you give me a little history on your own mental health – have you been to see a psychologist and/or psychiatrist? Are you on any medication?

Appendix C

1. CHILDHOOD EXPERIENCES AND RECOLLECTIONS			
Theme	Sub-theme	Convergent data	Divergent Data
THE UNCONTAINED/UNCONTAINING MOTHER	<i>Critical/Punitive</i>	<p>"My mother never communicated with me except if she was putting me down" (Desh)</p> <p>"My mother was very very insulting. She put me down about everything" (Desh)</p> <p>"very very extreme and insulting and quite unnecessary... like the ugliest things I've heard said to anybody, has been my mother to me." (Desh)</p> <p>"My mom always used to accuse my sister, who was 13, of not doing her homework and spending her time sending naked pictures of herself around school" (Kate)</p> <p>"she was always down on me... she was very critical and judgmental" (Kate)</p> <p>"But she and I used to fight a lot and she was very punitive. So if I did something wrong, it wasn't a case of that was wrong and we carried on... no, it would repeatedly come up and she would use it against me in other instances. So she would always remind me of my failures. And that was something that has definitely stayed with me and I experienced it as very harsh and very punitive." (Sandy)</p> <p>"my mom was very critical of my weight growing up" (Sandy)</p> <p>"extremely revengeful and hurtful in the things that she did and said" (Sandy)</p> <p>"you shouldn't be eating so much" and I told her it was what the dietitian told me to eat. But every time I would go through a big wobbly... so she hindered my getting better for quite a while." (Jen)</p> <p>"the continual self-doubt and criticism from my mom that made me want to lose weight..." (Jen)</p> <p>"say I was too young for it... so there was never any support or approval of anything" (Jen)</p> <p>"always just very strict, very black and white, no grey" (Mark)</p> <p>"punishment. So also very distant. Very punitive and controlling" (Mark)</p> <p>"aggression and hostility... controlling and punitive behaviour"</p>	<p>"She gave us so much self-confidence, she empowered us to do anything and everything we wanted" (Jonny)</p> <p>"The bane of my life was my mom telling me how great I was. I would stop telling her about awards I got in high school, because she would just go on" (Jonny)</p> <p>"I think it's the only thing that got me through... my moms over-praising" (Jonny)</p> <p>"She always supported and encouraged us as best as she could... so what with what she went through she did as best as she could" (Belle)</p>
	<i>Self-involved/Absent</i>	<p>"She was very worried about me as an extension of her" (Desh)</p> <p>"the realization that I could starve myself to death and my mother would never acknowledge me, my pain, my hurt" (Desh)</p> <p>"not getting things done, or like paying the bills</p>	<p>"A lot of my mom's issues come from her childhood and she does not want us to be exposed to her parents as well... during our childhood" (Belle)</p>

		<p>late, not because you don't have money, but just because you're a Loskop and you're just like uuuhhh... don't care." (Jonny)</p> <p>"she also got caught up in work and her own stuff and didn't really care" (Jonny)</p> <p>"from what I know, she was just like "ah, whatever"." (Jonny)</p> <p>"So she was supposed to come and fetch my brother and sister at around five o'clock but forgot because she was gambling" (Kate)</p> <p>"she was very disconnected... she never cooked for me, she never helped with any school stuff" (Sandy)</p> <p>"that I never had a close relationship with my step-mom. And I think as I grew older in the teenage years our relationship deteriorated. We never fought or anything like that, she just never did anything nurturing for me." (Sandy)</p> <p>"And I think that is like the perfect picture... once you stoke that hostility in my mom, you're gone, she just can't handle it... she checks out." (Sandy)</p> <p>"she would bring other people into the house which would be uncomfortable cause those people would come with their drama" (Belle)</p> <p>"like birthdays she would miss, school events" (Belle)</p> <p>"she would have a meltdown and stay in bed for four days" (Belle)</p> <p>"spending time at the therapist is more important than spending time with your kids..." (Belle)</p> <p>"I did not get the attention that I wanted from my mother" (Belle)</p> <p>"she could never sleep properly... she always used to complain that she didn't sleep through the night, she'd been woken... very anxious, nervous, tired, exhausted... all the time, continuously" (Jen)</p> <p>"her way of coping; that she didn't want to feel abandoned, and so she put some of it on me so she wouldn't feel so alone in it" (Jen)</p> <p>"She also struggled to understand it... like I would hear her on her phone to her friend questioning everything, questioning me.... And it didn't feel like she was helping me or supporting my recovery at all." (Jen)</p> <p>"I felt like she had no space for me in the home or in her mind</p> <p>... she didn't have the baby anymore, and then she just got involved in herself" (Jen)</p> <p>"... she would forget them on the stove or something, get very upset about it" (Jen)</p> <p>"after paying she said that I better look after her one day otherwise this won't be worth it for her." (Jen)</p> <p>"She used to work a lot... she was out a lot... she</p>	
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		<p>had two jobs to keep us going in my teenage years... I didn't see her much." (Mark)</p> <p>"our communication had broken down completely. Even if we were in the same room we wouldn't talk... we were like passing ships." (Mark)</p> <p>"My mom didn't really have time to worry about me then" (Mark)</p> <p>"I said I did my own thing and nobody thought to help me." (Mark)</p>	
	<p><i>Aggressive/Frightening</i></p>	<p>"I was... scared. Scared shitless." (Jonny)</p> <p>"sent her on a rampage and she threw his shit out the window and broke shit and tore up paintings and went ape shit crazy" (Kate)</p> <p>"so my mom came right up to me and put her face close to mine and yelled "Am I fucking scaring you?"... and I was in tears and I was like, "Yes, mom, you're terrifying me"."</p> <p>"She arrived hooting, shouting, swearing... ramed the gate with her car" (Kate)</p> <p>"my sister and brother said they didn't want to stay at moms because they were scared of her." (Kate)</p> <p>"she lashed out to hit me" (Kate)</p> <p>"she would often take her cell phone and throw it against the wall and shit... you know, like just completely unjust irrational things" (Kate)</p> <p>". She had taken half of her medication of antidepressants and whatever else she was on at that stage. So she had taken all of that and was completely zonked out of it" (Kate)</p> <p>"She used to have a HUGE temper... not anymore, I think it's died down a lot... but yeah, she used to scream and shout and swear and throw things. So, ya, I experienced her as terrifying" (Sandy)</p> <p>"conflict and this violent fighting and tantrums on my mom's part" (Sandy)</p> <p>"my mother would get aggressive and scream and blame me for things" (Jen)</p> <p>"Well, she got SO upset with me, shouting that she would never get rid of her stuff and it was her choice to make and so on" (Jen)</p> <p>"I remember clearly my mouth being washed out with strong English mustard or dishwashing liquid often when I spoke up... I remember being given hidings a lot..." (Mark)</p> <p>"mom freaked out and I got whacked I don't know how many times." (Mark)</p> <p>"my mom used to beat us quite hard with coat hangers, belts, bats, that kind of thing. She would really lay into us..."</p> <p>I was scared of my mom" (Mark)</p> <p>"aggressive and controlling" (Mark)</p>	
	<p><i>Inconsistent</i></p>	<p>"she had created this whole thing in her head" (Desh)</p> <p>"very controlling over certain things.... But then also very disinterested, too" (Desh)</p> <p>Psychosis (Jonny)</p> <p>"No structure at all" (Jonny)</p> <p>"She can't self-regulate" (Jonny)</p> <p>Over-praising and then absent and then child-like and then suicidal (Jonny)</p> <p>"She went mental, crazy, ape-shit" (Kate)</p> <p>"It was scary. One minute she would be the adoring, nurturing mother and the next she would be chucking our shit out of the cupboards telling us to get out of her house." (Kate)</p> <p>"inconsistent, spontaneous and erratic" (Kate)</p> <p>"my mom attempted suicide while I was at home alone with her" (Sandy)</p> <p>"I experienced her as rejecting and aloof and cold at times. But for example, when I was sick, she was the best mom ever.... She would keep me home from school and be the best nurturer, when I was sick. It was a weird dynamic." (Sandy)</p> <p>"this cycle of "I love you, you're great" and support and things, versus the anger which was completely rejecting and hostile and critical and punitive.... That was very</p>	

	<p>damaging.... To my self-esteem and to my relationships.” (Sandy)</p> <p>“And you can tell when it’s a different personality you are talking to because one minute she will be all childish, joking around and having water fights and the next she is all serious... a completely different person...” (Belle)</p> <p>“It depends on who else was out at the time as well because you obviously get the personality that holds the most anger and the one who holds the childlike capacity; the one who holds the sternness, the one who wants to be the modern wife... different ones to deal with different things.” (Belle)</p> <p>“It became very controlling... and quite bizarre at a time” (Jen)</p> <p>“She would buy cabinets of homeopathic what-nots and every sort of alternative medicine that she could take. So she literally had cupboards full of alternative medicines that she would take. Nothing ever worked, but she would keep getting new things... like new Chinese herbs... and she was convinced each time that these would solve everything; that they would work.” (Jen)</p> <p>“Always frantic, always chaotic, all over the place” (Jen)</p> <p>“So it was just disorganized chaos” (Jen)</p>
<p style="text-align: center;">FALSE SELF MOTHERS</p>	<p>“the perfect mother that she projected to everyone else” (Desh)</p> <p>“to the outside world she projects a fantastic image... if you meet her you will think she is the loveliest women ever” (Desh)</p> <p>“She has like imaginary friends and weird things we get like glimpses of. But she’s very good at keeping it under wraps.” (Jonny)</p> <p>“Not many people can be falling apart on the inside but able to cope still...we don’t have a very expressive family... it all seems calm and fine on the surface... no one really talks about anything” (Belle)</p> <p>“When other people were around she wouldn’t do things like that. And when she got called into the school she would say everything is good at home and I was too scared to say anything anyway. “ (Mark)</p>
<p style="text-align: center;">CHAOTIC INTERNAL AND EXTERNAL ENVIRONMENT</p>	<p>Three moves before the age of 7 (Desh)</p> <p>“But we would stay in like little cottages and, umm, we would stay with my grandparents in between sometimes, like when my mum was like moving” (Jonny)</p> <p>“No structure at all” (Jonny)</p> <p>“She had no rules, she was just like, ‘ah, whatever’ “ (Jonny)</p> <p>“about grade 6. So that’s all I remember there at that house (laughs). We didn’t live there long, we were there for about six months. So at that stage we were living with my mom and saw my dad every second weekend. But then shit fell apart with my mom and this guy.” (Kate)</p> <p>“So it was really disruptive in that first while, especially because we didn’t really know this guy and we were having to adjust to it all” (Kate)</p> <p>“so and then I would see my mom one night a week or on the weekends. She went through a very difficult period then, obviously going through the divorce and moving homes and everything. Our relationship continued to struggle then. She actually moved to a place which was quite close to the school so that I could walk home to her place after school and stay there until my dad picked me up after work.” (Sandy)</p> <p>“So it was very chaotic... there was always a sense of paranoia... not that people are always watching... but that you must be super careful because you never know what’s out there.” (Jen)</p> <p>“until there was no more space in the house. So, ya, that kind of chaotic.” (Jen – her mom’s hoarding)</p> <p>“She couldn’t put her foot down or draw a boundary at all. And then when she [granny] was institutionalized it just all fell apart. My mom needed some sort of structure to keep her going during the day, even if it would drive her mad” (Jen)</p> <p>“So it was just disorganized chaos” (Jen)</p>

POOR FAMILY RELATIONSHIPS	<i>Within the family</i>	<p>“So I remember when she was yelling at him and chasing him with a wooden spoon. He came down the passage to my room, and I tried to signal to him to come into my room without letting her see and I’ll lock the door. And so we spent a lot of time playing locked in my room.” (Desh)</p> <p>“Dyl would just... he was gone.... . I don’t think we said a nice word to each other between the ages of 10 and 16. When he was about 17, and we had just gotten over our brotherhood fist fight of ten years, he moved to the states” (Jonny)</p> <p>“I honestly don’t know my brother” – both shut down emotionally therefore cannot connect. (Kate)</p> <p>“So I had a half-brother who was living with us in the home and then with his dad, but then at a young age he left for boarding school” (Sandy)</p> <p>“my brother left home when he was twelve or thirteen” (Belle)</p> <p>“because I was showing up at school with bruises because my brother does not know how to express his anger unless there is another human being involved because he has a lot of anger towards me and to my mom” (Belle)</p> <p>“so we were never close at all. She did her own thing really” (Mark)</p> <p>“It was all lies, she would never tell us where she was” (Kate)</p> <p>it was all a secret. If we went to a family gathering, she would tell us not to tell our grandparents where we got these new things from, and not to tell others she had bought them. Because I think at that stage her parents were still helping her financially, and she was just taking the money and gambling. It became this whole cycle of lying, and we were keeping all these damn secrets for her for ages” (Kate)</p> <p>“but a bit after I came home we got into a huge fight with my mom again and we refused to talk to her. All three of us. We just shut down towards her” (Kate)</p> <p>“But my brother would always side with my father and my sister with my mother...” (Belle)</p> <p>“we don’t have a very expressive family... it all seems calm and fine on the surface... no one really talks about anything” (Belle)</p> <p>the marriage wasn’t close either” (Desh)</p> <p>Divorced parents (Jonny, Jen, Mark, Kate, Belle, Sandy)</p> <p>“My mom and dad were shouting at each other through the kitchen window, because my mom had locked him out”</p> <p>Kate’s mother as having an affair and cheating on her husband” (Kate)</p> <p>“into the third or fourth year they started to have difficulties which they thought were serious, to the extent that they thought of splitting up” (Sandy)</p> <p>“So I think that was a massive problem because there was a split then in the house and in terms of how things should be done. So that was difficult” (Sandy on the second marriage)</p> <p>“The problem came in because my parents actually needed a dual income and that wasn’t being provided, so my father worked his backside off while she was at home being a princess not doing anything. Then eventually it came to a point where he said he needed her help in more ways than one, and she couldn’t give it to him. So he couldn’t live like that anymore and left” (Jen)</p> <p>“My mom just couldn’t live with my dad anymore” (Mark)</p> <p>“My second wife and I just didn’t get on well... we would have violent fights and that sort of thing. I was very aggressive. So she divorced me actually...” (Mark)</p>	
	<i>With external family</i>	<p>“she didn’t have good relations with my father’s family... she moved us away” (Desh)</p> <p>“even our family would be like “typically Peppy being rude again”. But she was just too tired, she couldn’t go to dinner.” (Jonny)</p> <p>“lived in Cape Town ever since he finished school, so it has definitely been me more who has had to deal with the fallout from my mom,</p>	<p>Moms parents help take her to the hospital (Jonny)</p> <p>“When I think about it things don’t seem too erratic, although they might have been. I think it was also having, like, my grandparents, that helped with that.” (Jonny)</p>

		<p>the attempted suicides and things" (Sandy) "My sister is overseas, my brother is in Kwa Zulu Natal and I don't know any of my cousins" (Belle) "I don't really have... my extended family lives in Cape Town. So, ya. They weren't around." (Mark)</p>	<p>Kate's grandparents on her moms side let her stay with them whenever she couldn't function, and helped her financially through life (Kate) ". All my uncles had given up and had enough, so my mom's oldest brother stood up and said it's enough now. He got involved and she stayed with him. He booked her into Bara for two weeks, so they could do a whole lot of tests and things... MRI's, CAT scans" (Kate) "I remember one year at Christmas my grandmother sat down with her and told her that she actually wasn't functioning well and she should really take something or get some help" (Jen)</p>
<p style="text-align: center;">ISOLATION</p>		<p>"It was very purposeful to move far away. She isolated us. And herself" (Desh) "people who are abusive tend to isolate" (Desh) "Ya, it's hard, because what do you say? Like, "yo, dude. Hard week, my mum had a psychosis" It's like, you can't say that. People don't understand, and it would make them feel, like, shit. And most people are so petrified they don't know what to do with it." (Jonny) "my mom was saying a whole bunch of bad things about my dad to her parents, my grandparents, so they started coming up with nicknames for him like "The Nazi" and saying that he was blackmailing us against my mom... and it just got worse as time went on." (Kate) "I didn't want to bring anyone home or make close friends because then they would be introduced to this. So I would isolate myself" (Belle) "everything but most people I don't really involve them in it because it's a lot for people to handle. Not many people would know how to respond" (Belle) "you don't want to pile it on to one person so you hold a lot back as well ... and they also have lives of their own... they can't drop everything." (Belle) "mom never had much of a social life... she had a very paranoid demeanor" (Jen) "But because she kept to herself so much I don't think much of the outside world noticed it. Ya, she was isolated." (Jen) "Um, but the social interactions were poor. I've never known my mom to be social in any way, and the social skills were poor." (Jen) "I threw myself into my schoolwork and slept for the rest of the time. I couldn't go out or do anything else." (Jen) "Then I didn't get on well in the new school.... I didn't have any friends and I felt very alone. I went through a period of withdrawal then." (Mark) "I never had many friends In teenage years I did have friends, but only at a surface level and only one or two good friends who really knew me" (Mark)</p>	

LACK OF UNDERSTANDING AND SUPPORT	<i>Others don't see</i>	<p>"didn't really get much support from anyone else, because nobody knew what was going on" (Desh)</p> <p>"how do I make someone believe that my mother is insane? That she is hurting me? That she is awful and horrible? How will they believe me that she says these certain things?" (Desh)</p> <p>"But I think it's very difficult for people to get involved, it's much easier just to leave it... because I had a lot going for me, and I pretended to be ok." (Desh)</p> <p>"I don't know if friends parents knew, or... I don't think so" (Jonny)</p> <p>"I think I was a little bit more able to distance myself with my mom. I didn't let myself feel. Cause I'm never open with my mom, I always have my game face. I was always prepared." (Jonny)</p> <p>"which I normally keep very well hidden... most of the people don't know half of what happened in my house" (Belle)</p> <p>"But because she kept to herself so much I don't think much of the outside world noticed it. Ya, she was isolated." (Jen)</p> <p>"not a lot of people know" (Jen)</p> <p>"When other people were around she wouldn't do things like that. And when she got called into the school she would say everything is good at home and I was too scared to say anything anyway." (Mark)</p>
	<i>Shame</i>	<p>Girls asking about pony tails at school, aunt about bra's (Desh)</p> <p>"I have learnt over the years that you tell people things and then next thing everyone knows or they ask me are you over that yet? Are you done? look at you like you are some kind of a freak" (Belle)</p> <p>"I found her extremely embarrassing and humiliating... others would think she was so weird" (Jen)</p> <p>"I just do remember feeling very strange and different and not understanding" (Jen)</p> <p>"Being the outcast" (Jen)</p> <p>Eating Disorders in Desh, Belle, Jen</p>

Appendix D

ETHICAL CLEARANCE CERTIFICATE



Research Office

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

CLEARANCE CERTIFICATE

PROTOCOL NUMBER H14/04/08

PROJECT TITLE

A qualitative exploration of the perceived effects of being raised by a mother with a mental illness on adult relationality

INVESTIGATOR(S)

Ms MJ Venter

SCHOOL/DEPARTMENT

Human & Community Development

DATE CONSIDERED

25 April 2014

DECISION OF THE COMMITTEE

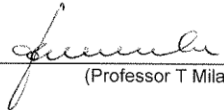
Approved Unconditionally

EXPIRY DATE

11/05/2016

DATE 12/05/2014

CHAIRPERSON


(Professor T Milani)

cc: Supervisor : Y Kadish

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10000, 10th Floor, Senate House, University.

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

Signature

Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Appendix E

PARTICIPANT INFORMATION SHEET



UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

School of Human and Community Development

*Private Bag 3, Wits 2050, Johannesburg, South Africa
Tel: (Oil) 717-4500 Fax: (Oil) 717-4559 Email:
018lucy@muse.wits.ac.za*

Good day,

My name is Misha-Joy Venter and I am doing a research paper for the purposes of obtaining a Masters degree in Clinical Psychology at the University of the Witwatersrand. My area of focus is on the effects of maternal pathology (or having a mother with a mental illness) on adult attachment (how we relate to ourselves and others, which is said to be based on our initial relationship with our mothers). I am hoping to get an in depth idea of how adult children have experienced growing up with a pathological mother, and how this may have effected them. Hence this study seeks your view, and I would like to formally invite you to participate.

Participation in this research will entail being interviewed by myself, at a time and a safe, quiet place that is convenient for you. The interview will be about one hour long. With your permission this interview will be audio recorded so that what you say can be accurately used for the final write up of the research. Your participation is completely voluntary, and please remember that you can withdraw at any time, even during the interview or after it is complete. Because I am interviewing you, I will know your identity. However, I can assure you that anything said in the interview will be kept confidential, and an alternate name will be used in place of your name in any sort of write-up. No information that could identify you will be included in either the interview transcripts or the research report. The interview material (tapes and transcripts) will not be seen or heard by any person other than myself and my research supervisor. Audio recordings and transcripts will also be kept in a password-encrypted folder on my laptop, and then will be destroyed after a two year period. The findings of this study will be reported in a research report, which will be submitted to the Psychology department of the University of the Witwatersrand, and will then be made electronically available over the university's library database. The findings of this study may also be published in a research

journal. A summary of the research findings will be made available to you on request – please add your email address at the end of this letter if you would like a summary to be sent to you in approximately 6 months time.

You may or may not experience this interview as emotionally difficult. Therefore, you will have the option of talking about your experience of the interview process after it is finished, and if you find you have experienced any distress as a result of your participation in the study, contact details for relevant and free counselling services have been provided on this form. For an over-the-phone counselling session, please contact Lifeline on 0861 322 322 (calls are free). If you feel you would want face-to-face counselling, you can contact either Emtonjeni on 011-717-4513; or Family Life, on 011-7884784/5. Assistance will also be provided in contacting these services and you will be given a referral letter from myself.

If you choose to participate in the study please complete the Interview Consent Form, attached. I will contact you within two weeks in order to discuss your participation. Alternatively I can be contacted telephonically 076 466 1017 or via e-mail at mishajoyventer@gmail.com. My supervisor, Yael Kadish, may be contacted via e-mail at yael.kadish@wits.ac.za.

Your participation in this study will be greatly appreciated.

Kind Regards,

Misha-Joy Venter
Masters Student in Clinical Psychology
Department of Psychology
University of the Witwatersrand

Free Counselling Services:

Lifeline - 0861 322 322

Emtonjeni Center - (011) 7178663 (011) 717-4513

Family Life Centre - 011 788 4784/5

011 833 2057 (City Centre)

011 984 0266 (Soweto)

011 855 2359 (Lenasia South)

011 477 5531 (Westbury)

Appendix F

INFORMED CONSENT TO PARTICIPATE

I hereby confirm that I have read the participant information sheet and am fully aware of what participation in this study entails. I hereby give my consent to participate in Misha-Joy Venter's research.

In addition,

- I understand what participation in this study requires from me
- I understand my participation is voluntary
- I understand I have the right to withdraw at any time I may choose
- I understand that any information I share will be held in the strictest confidence by the researchers
- I understand I have access to the final copy of the research report and results

By signing this form I understand I am giving my word to participate.

Signed by _____ on (date) _____ at
(place) _____

Participant signature

Participant email address: (if you wish to receive a summary of the research):

INFORMED CONSENT TO BE INTERVIEWED

I have read the information sheet and am aware that by giving consent to participate in this study I am required to be interviewed. I am fully aware what the interview will entail.

Additionally, I understand that

- I may refuse to answer any questions I am not comfortable with
- I may stop the interview process at any time
- I may withdraw at any time
- I will be required to verbally answer a number of questions
- this interview may take up to an hour
- I am free to say anything I so desire
- the researcher may use direct quotes of my words spoken
- I will receive the research results and will be debriefed after the interview if need be
- I will be put in contact with necessary help if questions have disturbed me

By signing this form I am giving my consent to be interviewed by Misha-Joy Venter

Signed by _____ on(date) _____ at
(place) _____

Participant signature

INFORMED CONSENT TO BE AUDIOTAPED

I have read the information sheet and am aware that by giving consent to participate in this study I am required to be interviewed, and that my words will be recorded with a handheld audio device.

Additionally, I understand that

- The tapes and transcripts will only be heard by the researcher and her research supervisor, and will only be processed by the researcher.
- All tape recordings and transcripts will be kept in a password encrypted folder on the researchers laptop, which only the researcher and her supervisor will have access to.
- All recordings will be destroyed after the research is complete.
- No identifying information will be used in the transcripts or the research report.

By signing this form I am giving my consent to have my words and interview audiotaped.

Signed by _____ on(date) _____ at
(place) _____

Participant signature

Appendix G

PARTICIPANT INTERVIEW TRANSCRIPTS

PARTICIPANT 1 INTERVIEW TRANSCRIPT – ‘DESH’

26-06-2014

UNIVERSITY OF THE WITWATERSRAND

Researcher: Hello

Desh: Hi!

Researcher: could you just state your demographics for me, please

Desh: OK, so I'm a 31 year old female of mixed race. My mother is Irish Catholic, and my father is Indian Muslim...

Researcher: ... sho, that's interesting!

Desh: yes! I'm sure I can help many people with their research (laughs). Ummm... ya, I'm originally from Durban, but have been living in Johannesburg now since 2001, since I matriculated. Umm, what else do you need?

Researcher: Well, you're currently studying...?

Desh: Ya, I'm doing my masters in Educational Psychology. I'm married, I have three kids, three little girls, they are four, seven, and ten years old.

Researcher: Wow, well done! (laughs). Ok, so I think we could begin by talking about your childhood, and then go on to how your mother has or is affecting you now. What do you think?

Desh: OK.

Researcher: So, could you help me to get oriented to your early family situation?

Desh: OK, my dad's a doctor, so our home life was always oriented around his practice. We lived in Mpumalanga until I was four, in a little town there. I don't remember it much. I mean, I remember our little dog, our house and stuff, but I was still very little. Then we moved up to Durban, and we lived next door to my dad's mom, and his sister. So we were in the house next door. We were all born by then, so my brother is three years older than me and my younger brother is three years younger. So at that point I was five, so when we moved up to Durban I started nursery school and thi8ngs. My mom has always been a stay at home mom. And then when I was eight, well I was nine actually, we moved to Westville, which is quite a nice suburb in Durban. So there we had a lovely huge garden, a swimming pool...

Financially we have always been very secure. My father has always worked very long hours. He loves his work, very passionate about his surgery and things... he works in an area on the border between very very poor people, and then quite wealthy people, so there's like patients who come from Umhlanga and things who are very well off, and then other who come from the townships. So he's done a lot of community type work. Um, he worked very long hours, like I say he would come home at about eleven o'clock at night when we were younger, and he worked Sundays half days as well. Then, as we got older, like when I was eleven or twelve, he stayed home on Sundays. But he would still... my whole childhood, and even now, he comes home at like nine or ten at night. So, ya those are the only moves we had and then we were in that house in Westville, my parents are still there, and so I went to the local Westville schools and things until I matriculated and then I came up to Joburg. I stayed here with my aunt and uncle for the first year and then I was out. I got married, I was very young, I was nineteen. Then I lived with my husband and his family and things here in Houghton, and we lived there for four years. And now we have an apartment, like we stay by ourselves and ya. I had my first daughter while I was there. She was an unplanned pregnancy, and I was still studying my BA at Wits. So I fell pregnant in second year and gave birth in third year. And, ya, I had my other two after.... And now we are building in Houghton. By December we will be moving back there. So those are the main moves around.

Researcher: ok... and your siblings?

Desh: My older brother is now here in Joburg, he is a doctor as well, he is a gastro-ologist.

Researcher: so quite a high achieving family, hey?

Desh: yes, ya definitely. A lot of emphasis on academics and education and things like that. So from my parents, they never made and sit and study and work... but they would have expected us to, and to do well, and to achieve.

Researcher: Did your mom study?

Desh: no, no, my mom actually grew up in Ireland. So she was in a convent school where the nuns taught her and stuff, and there they finish school when they are sixteen, seventeen. So she finished and then worked in a bank. And my dad was there studying medicine in Ireland, so they met. They were on the same bus route.

Researcher: Oh how cute!

Desh: and so they met on the bus, and started dating. My mom was young, she was seventeen when she met my dad. They dated until he had graduated, so got married when she was twenty-five, and then moved here to my father's family. They got married here, too. Her family are all still in England and Ireland.

Researcher: It must be nice to have contact there

Desh: ya, ya it is. And my mom goes there for holidays. When we were young we'd go with, like very second year we would go to England and see the family and things. As we got older it got less ... my younger brother, he was diagnosed with a genetic disorder, it's very rare, it's called Juvenile Tay Sachs...

and, um, it's a recessive gene. So basically my mom was a carrier of the gene, my dad was a carrier of the gene ... and.... The two of them.... So I think it works out to like a 25% chance of each child getting the condition, and so our younger brother was born with it. So, basically, he developed perfectly normally until the age of three, and then he started to lose a lot of the things he could do... and.... So.... Then his development kind of stagnated and he lost more and more of the things he could do. So by the time we moved to Westville, that was in 1992, so in January 1992, and so by December 1992 he couldn't walk or things she he was in a specially modified like pram slash wheelchair goodie. We had to order that from England because there wasn't much stuff available here. They couldn't even diagnose him here. We went like all around, my parents went to Cape Town and things with him... but the doctors, they couldn't diagnose him. And then they suggested.... In 1994.... They suggested that my parents take him to England, to the children's hospital there, it's like one of the best in the world. They also battled to diagnose him, it's a very very rare condition... so they couldn't diagnose him at first. But in 1995, my dad went up for his ... um, because he graduated in Ireland, he went back for his reunion.... So he went via England, spent some time with my mother's family, he went back to the hospital and they had all my brothers blood samples and things so he chatted to them and they did a bit more tests and things and finally then they made the diagnosis of Juvenile Tay Sachs. Um, but... my parents didn't tell us that he had been diagnosed, so we didn't know he had been diagnosed, up until when I was in grade ten, this is 1998, three years after he had been diagnosed. A friend came home – for history we had this project where we had to interview a person and sort of do like a whole case history on this person – and so my friend came home to interview my mom. They thought she was quite interesting having lived somewhere else and things, and I was sort of hanging around, my friend came home after school and they were doing the interview in the lounge, and I was walking around and.... I heard my mom tell her that he had been... that he has Juvenile Tay Sachs.... And I remember going, "What?!", and I was stunned. I mean, I didn't know that he had that. And my friend was just recording everything, writing it all down, and then as soon as she left, after locking the gates and all, I went to my mom and said "When was he diagnosed?", and she just responded saying she thought I knew he was diagnosed in '95 when dad went. She said it very casually and carried on walking off to the kitchen area. So, that was how I found out. And he died in 2002...

Researcher: ...your brother?...

Desh: yes. So he was seventeen and I was nineteen. He died about a month before I got married, it was in winter.

Researcher: wow! That is so tough...

Desh: yeah, it's a degenerative condition, so they lose all of their functioning, and eventually it's like a respiratory thing ... or like, they go blind... he couldn't speak.... Like when we were younger and we played together he could speak, but then he lost that and his movement and all that kind of stuff. I mean, he was bed-ridden from 1996.

Researcher: sho, it must have been a lot of work for your mom?

Desh: um, ya, it was.... But it also helped having my dad as a doctor, because he knew a lot of friend personally and so they would always come home to see things for us, and my dad could always bring things and it was never difficult to buy whatever he needed. So, all of his medication... that was never a problem.... He was on a lot of medication, because part of it was seizures, he was getting seizures.... And, like, oxygen tanks, nebulizers and suction, because obviously you can't cough to you need a machine to get all the phlegm out. So all those type of things, we had them at home, and like I said the doctors would come to our home ... he was on a catheter for a while as well, and, ya, he was on a feeding tube ... so even that, we didn't have to go back to the hospital to take it out. Um, my uncle's in anesthetics, so he knew how to incubate him, so he could do that for us.

Researcher: ya, it still sounds like a lot of work though. Did you have like a domestic worker to help you out or anything?

Desh: Um, not really... so, um, he was, like, basically a vegetable. So we had a modified bed and everything, so that could be wheeled around, and we extended the house and built in everything so that the kitchen and the lounge and my parent's bedroom where like all off each other. It was all open plan, so it was easy to, like, just be there. So, somebody had to be present at home all the time to be with him incase anything happened, so he couldn't be alone... but he wasn't demanding. So he would have his feed every 4 hours, he was on, like, nappies and stuff, so that needed to be hanged, um... and his medication he would have with his feeds... so it wasn't time-consuming or stressful in that sense, it was just that somebody had to be home all the time. We would just have to make sure that, ya, someone was always around.

Researcher: ya, sho. So was it only you and your older brother?

Desh: yes, ya, so there were three of us and our parents, ya, just us. Where we moved to in Westville was quite far from where my dad's sisters and family lived, he is one of six... my mom is one of ten... but, ya, my mom moved us like far away from my aunts and everybody. So I think that she did... she isolated us. And herself.

Researcher: on purpose, do you think?

Desh: ya... ya I do. I think it was very purposeful to move far away, because there were other options... there were many other options. Nobody was out in Westville. At that time, the Hillcrest area and that wasn't even well-developed yet. So it was quite sort of outlying. When we moved there the Pavillion shopping centre wasn't even up yet. They only started building it two years after we moved. So it was very out of the way.

Researcher: and do you think this move away was because she didn't have good relations with your fathers family?... or?

Desh: She didn't. But I'm not exactly sure why and things like that. I get along well with my aunts, I mean everyone had their faults and things like that, but, umm... she did. I think it was her own issues. It was very much her own issues. I mean, I've been in therapy for a year now, and it's only through the therapy that I realize that, ya, she did actually isolate us. I mean, growing up I didn't see it that was.... I was

nine... you don't distance, or, like, what are the logics around moving here? And so on. You just, you're moving to a new house, and its lovely and it has a big swimming pool and we got another new dog to go with our other one... so it was all fun stuff and I was going to be in school still with my friends. So all of that kind of stuff you think about as a kid was ok. Ya, you don't realize that you're not going to see the family or anyone anymore.... From living right next door.... It actually was quite a disruption from seeing them daily to like maybe once in three weeks. It was quite difficult, but as a kid, again, you don't really understand, you just go with what's happening.

Researcher: OK, yes. So tell me more about your mom and your relationship with her?

Desh: My mother was definitely depressed, because if I think back now she was, um, there was always medication and stuff for depression. And when I look now, I mean she definitely was depressed, so that was a definite diagnosed thing. But then, just in discussion with my therapist, we believe she was a Narcissistic personality, too. And so I started reading up about it all, at the end of last year, and it was just amazing! To read the things, like in the literature there were a lot of testimonials and things, and that could have literally been my life that they were writing. Some of the things that the moms did or said, I was like "someone was watching my life!".... like, practically verbatim things that she had said and done.

Researcher: do you have any examples of the things she had said or done?

Desh: So, my mother was very emotionally abusive, very insulting, very vain. She's very vain as well, she would always talk about how she is the most beautiful of all of her ten sisters. But her sisters are all stunning, and they actually all look so alike. And, um, she had this need to be very special and different. Like, she had created this whole thing in her head that she was her dad's favorite, because she was the first to be born with dark hair, she was the fifth child, and all her sisters, they were all born blonde but she was the first to be born dark. And once when my grandfather was down here, she was talking about this and saying how beautiful she is and everything, and he was kind of like "yes, but actually two of her other sisters before her were born with dark hair, too". But she wouldn't accept this, and she held onto her belief, she believed it fully somehow.

She was very worried about me as an extension of her. So the way I was always, was, um.... I couldn't ever be myself. I was always just a reflection on her – what would people think? I mean, I would hear that all the time - what are people going to think? What are people going to say? Like, even with simple things like I wanted to highlight my hair, she would say "No, it looks trashy and you are terrible", and very controlling over certain things.... But then also very disinterested, too. That's probably the depression coming through as well. My mother never communicated with me except if she was putting me down. She was never complimentary or anything like that. My mother has never complimented me.

Researcher: Did she ever tell you she loves you or show any physical affection?

Desh: no. no.

Researcher: wow that is very difficult, especially for a young girl.

Desh: ya, it is. 'Cause, my therapist asked me those questions, and I had to really think about that. I mean, the last time I remember any physical contact or help with my mom was in grade three. From grade four, I was basically looking after myself. So, I think that... the flip side of it is that I am a very very organized person, because I had to be from that age. I had to take care of myself. SO whatever I needed at school, anything I needed to do.... My mother never helped me! She never helped me with homework, checked my books, nothing. I did everything! I was by myself. But what she did do is buy me everything I needed.

Researcher: ok, so it sound like it was quite a shallow, physical relationship?

Desh: Ya, very material. I would get whatever I needed. So I would get the fanciest pens and posters and whatever I wanted to do my projects, my mom would buy. But she would never know what the project was about, or see the end product, or help along the way. It could be the nicest project, but she wouldn't know what it was about, or when it was due or anything. Now when I think about it, my eldest daughter is in grade four, and she could never do all this by herself and be ok. She needs me, a lot! But I didn't have that with my mother.

Researcher: sho, it's crazy! To even try and imagine that...

Desh: ya, ya it is. I mean it's only been in this last year.... I mean of we were doing this interview a year ago even, I would be saying very different things.

Researcher: you felt it was normal?

Desh: yes, yes I did. I didn't even realize how these things were such big highlighters of how dysfunctional the family was.

Researcher: what do you mean by that... dysfunctional?

Desh: I think my dad hid at work. He was happy to be there and not at home. He used it as an escape from my mom. My mother was terribly horrible to my older brother until I was in grade three/grade four, at which point she turned to me. She kind of like switched. And at that point my brother was really battling, the school basically raised concerns about his emotional state. They felt that he was anxious, he had a very low self-esteem, he was underachieving massively and was failing certain subjects. So when he was in grade seven he failed math. And so because these concerns were being raised by others, by like teachers and stuff, she was kind of forced to be the perfect mother that she projected to everyone else that she was.

Researcher: she had to keep up that external image?

Desh: ya. So he all of a sudden got all the praise and support that he needed. Again, it wasn't very emotional support... it was like taking him to OT, or taking him to extra speech and drama to help with his self-esteem. So she could never say an unkind word to him.... And I think she needs a punching bag, so she turned to me. Because up until that point I was so confident, I loved life and loved everything... but then there was that change. My grade three year and my grade four year are so stark now that I look back at them. But I didn't make these connections without the therapy.

Researcher: so you think she definitely effected your self-esteem?

Desh: mmmm. Ya. My mother was very very insulting. She put me down about everything. But the thing that really bugged her was my academics. That was the one thing I always achieved in, and she couldn't insult me about that. I always did well. But in every other way... so me as a person... I was like dirt under her shoe. But academically, I was fine. Si I think that's why I feel very safe in an academic context, because that's where I feel I am ok.... I can at least try to be good enough... but in every other way I was not. And, so, that's how she was.

Researcher: mmm mmmm. So why do you think you were able to survive her attacks and your brother wasn't?

Desh: I think for my brother it was just a lot harder for him because he didn't excel in anything when he was younger, and so had no 'safe place' or place to escape. And so I was already naturally good at a lot of stuff, I did well at school, I did well at sport and ... ya... but my brother has like two left feet. It was only when his confidence grew in high school that he began to get good at sports and came into his own. But my mom very much pitted him against me, so as she was building him up, he kind of became like her side-kick and so he joined in with it all. He was just as insulting and hard and horrible. But my brother got married when he was 23, and he ended up getting divorced from his wife, because she could see how unnatural his behavior was and couldn't put up with all of his insulting. He's a very nice person, just like my mom, to the outside world he projects a fantastic image. But they got divorced and I think that was the turning point for him, because she was pregnant with their first child when she left him. Her having the baby and things was very difficult for him, and I think that was a period in his life where he looked back at things and at himself a bit more and realized what mom had done. He's like a different person now, he's like the brother I had before she got a hold of him. Now without her in the picture, because he is up here in joburg too now, we get along very well, the way we used to before her. He can see her faults. Now when we are both with her we are like a support, like we roll eyes at each other when she's being impossible or stick up for each other. And I think my sister-in-law has helped that because its like a complete outside coming into the family and seeing how dysfunctional it was and saying "this women is insane!"

Researcher: so is this his second wife?

Desh: no, they reconciled. They actually got married again. Yeah, now they've got another two little girls.

Researcher: Ah, that's so great for them

Desh: Ya and I think it was the best thing, as hard as it was for both of them while it was happening, I think it was the best thing for him because he is a much better person now than what he was.

Researcher: How so? Is he just like more insightful?

Desh: More insightful, and more empathetic, which my mother doesn't possess at all. They were like toxic for each other, because my mother fed his horrible behavior. I don't know if it made her feel better about her own horrible behavior, or if he did it just to not be the one being attacked, as he knew how he

suffered being in that position. They didn't see how wrong their behavior was, because they needed to out others down to feel better about themselves. And the thing was that outside people could sometimes see things, but you had to spend a lot of time with them... because my mom was, even sill today.... If you meet her, she is the loveliest women ever. She will bounce in here, all lively, giving everyone gifts... she will feed everyone... that's how she is... cheerful cheerful smiley smiley... you know, be extremely loving towards kids, anyone. But she was not that at all. It was like Jeckel and Hide.

Researcher: so you didn't really get much support from anyone else, because nobody knew what was going on?

Desh: (nods). That's what my therapist thinks, that people who are abusive tend to isolate. When we were living by my dad's family, I think she realized that they were also picking up on things. So by moving away she knew she could get away with it. Ya...

Researcher: so did you turn to anybody at all for support?

Desh: mmm... I had very good friends, so one of my friends from grade 8, we were best friends and we are still friends today. So she's been a constant for me. And I mean I have two other very good friends. They've immigrated now, so you know, its technology that keeps us in touch. So from grade 4 or five we were friends, and we were friends right up until they moved. But they were a big support for me.

Umm... I was anorexic when I was thirteen. I was in grade nine.

Researcher: well, you can understand that with a mother who constantly demeans your self-esteem.

Desh: Ya. So, umm, at that point when I was anorexic there was a lot of concern. Especially at school, like with the teachers, they wanted me to go and see the counsellor and so on. But I was so used to just having to be fine, I didn't take that help. I also think because as a kid you can't understand it. Like now I can reflect back and theorise about it, but back then I was just like, how do I make someone believe that my mother is insane? That she is hurting me? That she is awful and horrible? How will they believe me that she says these certain things? The good thing about my friends was that they were at my house a lot, so they heard, sometimes.... But my mother is so good at keeping up pretenses. Like, I even said to my husband, I won't go to Durban unless he is with me. Because I did go once, he was overseas on business for about three weeks and I wasn't studying or anything and so I thought I could go home, and my kids would enjoy it. I was pregnant with my second daughter and had my eldest, so I thought it would be a lovely break away. And that was also the time my brother was getting separated. So my mom was under a bit of stress, and she basically made my life a living hell. I felt like I was twelve years old again... I was just beaten down.

Researcher: ok, so the same pattern of relating still carries on now?

Desh: definitely. It's only my therapy that has helped, where I actually have distanced myself from my mother a lot. So like I won't contact her, I will respond if she contacts but that's all. But I don't make an effort. And I'm so much happier for it! (laughs). I feel safer, and better, and ya....

In February this year, getting all the skeletons out here, I was diagnosed with Depression, Anxiety and OCD.

Researcher: makes sense, as well!

Desh: yeah, it's just this last year that everything is making sense and falling into place. If it wasn't for my therapist... and then also I saw a psychiatrist under the recommendation of my therapist and got some medication and when he was asking me questions, like when did the OCD start, I was like "all the time", I didn't know it wasn't normal. So it involves like a lot of counting, and symmetry, and a lot of games of making things safe. So when I was a kid even, my pillow had to be certain way, my door had to be a certain way, everything in my room had to be a certain way for me to be able to sleep. And I've always been a poor sleeper, like very very poor. Like I can't sleep until I feel like everyone else is asleep. And I can't sleep unless my bedroom door is locked.

Researcher: So did anything happen at night, with your mom maybe, that you think contributed to this?

Desh: no... nothing. My therapist and I just think it's because I was always on guard with my mom, and sleep is when you're at your most vulnerable and I couldn't allow myself to ever be vulnerable. So I had to have all these security measures in place before I could allow myself the vulnerability of sleep, because my mom could at any moment, just out of the blue, from anywhere, just attack me.

Researcher: attack you... verbally? Or did it get physical?

Desh: when we were younger, it did, but nothing abusive.... But you know, we got the wooden spoon a few times, but nothing intense. But emotionally, verbally (shakes head)...

Researcher: ... so she just put you down all the time?

Desh: ya... but very very extreme and insulting and quite unnecessary... like the ugliest things I've heard said to anybody, has been my mother to me. And my therapist says it's a good thing that I was OK at school, that I had friends... I was very popular at school.... I was a prefect, and a class captain.... And I think it was because school was my safe place... because I was away from her... and I did every single extra mural activity and sport so that I would only have to go home at five o'clock.

Umm... and if you saw our home.... It was perfect. Our house is beautiful. My mother, for absolutely no reason, redecorates every year... she gets new couches and new pillows....

Researcher: ... because she feels she has to keep up the pretense...

Desh: ... ya! And our garden is gorgeous... I mean we've had people literally stop while they are driving past and ask to come and see the garden, because it's landscaped and it's beautiful. My mom's a fantastic cook. So if you ever came over, you'd walk into this beautiful garden, and this beautiful house, have this gorgeous meal, and have this bubbly lovely women fussing over you and taking such good care and coming across as such a warm person. But I hated it when we had people over... absolutely hated it because my mother was a nightmare before and a nightmare after. Her anxiety would be heightened, so everything I did would be wrong – from the way I set the table to the way I dressed. I couldn't move without doing something wrong. If I cut the cucumber, it was wrong. Every little thing, I knew, no matter

what I did, it was wrong. And my brother was never asked to do anything. And when they would leave, it would literally be like, smile and wave and say goodbye, but when she turned around she was scowling and shouting and criticizing everything that went wrong. And a lot of it would be aimed at me. The way I behaved, or what I said or something.... I was an embarrassment...

Researcher: wow, no wonder you have anxiety, I get anxious just listening to it!

Desh: yes well I get anxious remembering it. Ya, it was.... It was an awful environment for a child to be in.... um, and she didn't ever stop with me, my therapist says it was because I was strong enough to take it. Because I was strong enough to still be fine on the outside, to everybody else, and that all she cared about. Whereas with my brother, he couldn't. He was failing at school and he was battling so she had to find another target.

Researcher: what about your younger brother? How did she treat him?

Desh: I remember when he was starting to lose his abilities, when he began to stagnate instead of develop sort of thing, she was very angry and very impatient a lot of the time. Um, but he stagnated and then he deteriorated, he dropped, very quickly... so during that period she was angry... and just.... At him.... She would yell at him and use the wooden spoon on him and things. I always wanted to protect him, he was my younger brother. So I remember when she was yelling at him and chasing him with a wooden spoon. He came down the passage to my room, and I tried to signal to him to come into my room without letting her see and I'll lock the door. And so we spent a lot of time playing locked in my room. I remember her being very horrible to my older brother too, and it hurt me that she was mean to him. Like, when he was younger he was overweight, and she would, like if we were out somewhere and my younger brother and I wanted ice-cream, she'd buy it for us... and he was only about none and he said 'what about me', and she'd say 'you can't afford to! Look at you, are so fat and disgusting!', and poke his stomach. I could see the deep hurt on his face. She couldn't, or maybe she just didn't care, maybe she got off on it, I don't know. So I'd try and give him some of mine, but he would be angry, so he wouldn't and he'd pick on me instead and start a fight. There were many times like this, but then it flipped. So she was, she was a nightmare.

Researcher: (silence). Could you give me another example? I know it's difficult.

Desh: Um, there are a few... but when I was anorexic, it was quite a thing... it showed me that my mother didn't care. Because I started in grade 8, so I was thirteen, and I started gyming excessively and stopped eating altogether. But my mother didn't ever speak to me about it, or try and question it, or even try and stop me. I would go to the gym for three hours every day after school, I would go three hours on a Saturday, and I would go twice on a Sunday – because my dad went in the mornings, so I would go with him to his session and then my brother would go around five o'clock and I went with him for another two hours. And, umm... my dad, I think not knowing how to deal with things at home, he would just hide from them. He would... he would drop us off at school every day and so every morning on the way to school he would give me long talks about how nutrition is so good for your body, nutrition is good for your brain, you're not going to be able to do well at school if you don't get good nutrition. That was his way of saying 'I notice you're starving yourself to death'. And my mother said nothing, did

nothing. She would get me from school and go get the groceries, and I wouldn't eat. And before I did, I would take my favorite foods, my favorite yoghurts and put it in the trolley. But then I didn't. There was once when I was so starving, so I took a yoghurt and thought I would eat it, so I took it and put it in the trolley. But as I did this I thought no, I can't eat this and put it back again. My mother saw all this and as I walked away she said "Don't you want that?", and I said "no". She didn't respond, she just carried on shopping, and at this point I was already underweight. So I left it. At school one of my friends had joined the weigh-less programme at the local library. So I said to my mom, "my friend at school has joined this weigh less programme, she has already lost two kilos, I want to join weigh-less!". So she said I didn't need to go to weigh-less, but I argued that I did, that I needed to lose more weight, so she agreed to take me to the gym. So we walked in, this mother taking her anorexic child to weigh-less. When the lady saw us she actually thought we were there for her [my mom], that she was the one who wanted to lose weight. But when she started talking to my mom, my mom told her we were there for me. An I remember the look on that women's face, like, "what the hell!?". SO she said ok and told me to take off my shoes and step up onto the scale and took my weight. She was frowning, she was worried the whole time that she did this, and so she called my mom over and, like, I was properly anorexic at that time, so when you are like that you are properly spaced out, and everything is like loud and fuzzy, and so I was putting on my shoes, my gym shoes – I had come from gym, I went to gym straight after school – and so I was putting on my shoes and I could see the woman explaining to my mom with the chart that I was actually underweight. My mother was just nodding non-chalantly as this women spoke. And then she walked over to me, and she told me to come, that we were leaving. And then I asked what was going on, and my mom said that the lady recommends I don't need to lose weight, I could actually do to gain some weight. I was so irritated with them, but when you're like that you don't have energy to feel, so I just left it. We went to the mall, I was just following her... we didn't ever talk, we didn't ever communicate, so I actually just followed along. We went to a restaurant, we sat down, she ordered and I said I wasn't hungry. She told me I had to order something, so I ordered a tuna salad. The food came, and I pushed mine around while she ate. While she was looking down at her plate she just asked me why I was losing so much weight. I said that I was fat, she said I wasn't, I said I was. Then she said, all still while looking down at her plate, "I already have one sick child, I don't need another". I didn't say anything in response. The waiter came, asked if we were done, cleared up and brought the bill. And that was it.... That was the one and only thing my mother said to her starving-to-death daughter.

I remember, not long after that... I used to weigh myself all the time at the gym, because it was an electronic scale and I thought that one must be the most accurate one and it was in the corner and all that... and so I stood up on the scale and I was 40.2kgs and I was looking at it, working out in my head how much time it would take for me to get below 40kgs. There was an office there, one of the personal trainers, and he came out and stood in his door and said "you really don't need to weigh yourself so much". I was irritated with him, because I was looking and trying to do the math. He shook his head and walked back into his office. Then I looked up at the ceiling and I thought, 'what's the point? What's the point?'. That was a turning point for me. I didn't ever understand why at that point I said to myself, 'what's the point'. I just remember it so clearly, because that was the moment that things shifted, i began to really slowly start to eat again. But, I mean, I've always had eating issues.... I was bulimic after that for a while, I was anorexic again after my brother died, I've lost weight dramatically on and off. I

think an eating disorder's for life, I don't think you ever get rid of it. Once it's there, it's there for the rest of your life... you're all over, you ping-pong around. My therapist said that she thinks it was the realization that I could starve myself to death and my mother would never acknowledge me, my pain, my hurt. She would never acknowledge me as me, and not just as an extension of her.

And, I mean, my teeth were horrendous, they were falling out and things. So I said to her my teeth are troubling me... so she took me to the dentist. And he looked in my mouth, shook his head, and looked again. He was a family friend. He looked at my mom and he said, "she's lost so much weight, hasn't she?" and my mom was sitting there, and all she said was "ya, you know girls these days", and he just shook his head. I had to go every Thursday for about six weeks for him to work on my teeth, section by section, because literally every tooth needed help.

Researcher: was that because your mother didn't tell you to brush your teeth... or?

Desh: no I had started throwing up by then, a lot. I was more at a healthy weight, but I was still over-exercising. If you looked at me you would think I could gain a few kilos, but I was ok. But I had started vomiting. So I would vomit about five/six times a day... so my teeth were completely ruined.

Researcher: do you think that was more to do with your low self-esteem, or more to do with you trying to control?

Desh: I think it was probably both. Like, I know I have control issues about me. I don't ever try to control other people, but I have a lot of control issues around me and my space. Like, my space has to be safe.

Researcher: and how do you explain that? Also your mom?

Desh: mmm (nods). My mother was the only negative experience I can think of in my life, other than having a terminally ill brother. Like, other than that, it was her. It was the dynamic that she created at home... that my dad disappeared, that my brother battled and then became a nightmare. Now he is a sane person (laughs). But, uh, I do put the blame on her. I was never bullied at school, I was never unpopular, I was never abused, I excelled at sport and school activities, I got along with my dad's family... everything except at home was ok.

Researcher: so did you tell people like your aunt or your teachers what was going on?

Desh: umm... sometimes they would make comments or see it. But I think it's very difficult for people to get involved, it's much easier just to leave it... because I had a lot going for me, and I pretended to be ok. I mean, my achievements were always the topic of discussion... my aunts were very proud and stuff like that...

Researcher: ... that must have added more pressure to keep it all up and be ok?

Desh: ya. I think I was lucky in that I didn't have to try too hard with the academics. Like, I wasn't the type of kid who was always studying... I hardly studied.

Researcher: that sounds wonderful!

Desh: yes! I mean, it worked in school but it doesn't work now (laughs). But it worked in school, and that was one of the things my brother used to fight with me about... because he had to study hard because of his early struggles. I was getting better results than him without even trying. And my dad used to always praise me... well, not always... but he would say things like, "you're very clever" and he would acknowledge. My mother would never acknowledge. She has never told me I am good at something... never.

Researcher: OK, so it sounds like the marriage wasn't close either?

Desh: uh, I don't know. My therapist asked me that question, and, um, I don't know. I mean, neither of my parents are good at dealing with emotion. So it's not like either of them talk deep or about personal things or emotions or things like that.... But, well, they are still married and have been married all this time. But, my dad, he his work is his life. He has far more invested in his work than in her or the family. And he's the type of person that is like 'don't rock the boat'

Researcher: so if you had to say, who were you closer to?

Desh: him, ya.

Researcher: ok, but you still could never speak to him about your situations and emotions and things?

Desh: no. But in a way I think he understood. Like he acknowledged the anorexia and certain other things. Like I remember once he came home from work, and I was going to go into the lounge area and I went to greet him. But I stopped in the passage, because I could hear my mom... and she was basically just tearing me to pieces, like complaining about me to my dad.

Researcher: like saying what exactly?

Desh: oh, she would pick on anything. Generally, I was always an embarrassment. I was rude. I was selfish. I was horrible, inconsiderate of her, making all the wrong choices.... and as I got older (and I didn't even have a boyfriend in high school because I was such a nerd) I was a slut, a tart, whore... for doing just simple things, like some of the clothes I liked to wear or dying my hair or going out with friends. I think her comments actually affected me ever getting into a relationship. There were guys who liked me, potential boyfriends, there were plenty. But I never allowed it... I would always walk away of say I'm not interested or that I only saw them as friends. I had a lot of male friends, and some of them liked me... but I could never.

Researcher: Is that because you were scared, maybe...?

Desh: uh, yes maybe it was a self-esteem thing... or, like, proving her right, that all those horrible things she said were actually true.

Researcher: so your mother did affect your social relationships?

Desh: um, I think it affected my relationships with.... The only thing I think it affected was any type of romantic relationships... I didn't ever allow that.

Researcher: that's interesting. Do you think because of the level of intimacy required in romantic relationships?

Desh: Maybe. Like I have never experienced being loved. Like even now, my husband adores me, he is insane. He is so expressive of his love.

Researcher: Yes, tell me more about how you two met and so on?

Desh: OK, we met at wits. My husband is like amazing.... In that.... He is a really good person. Like there were other guys at wits, who were like 'cool duded' and had their lines and whatever. But he wasn't like that. He came up to me, I was waiting for my aunt to pick me up from the robots, so he came up to me with a flower he had picked from the wits gardens. He gave me the flower and he just said that he had noticed me the last Friday at wits and he hadn't been able to stop thinking of me and he just wanted to say hi. So that was that. So that was how he... every time he would see me he would just come up to me and chat a bit. He eventually asked me for my number. He's just a very genuine person... like he has no pretenses... he is so genuine... like you cannot get him out of his jeans and his takkies. That's him – what you see is what you get, very relaxed and very genuine.

Researcher: so he seems quite opposite from your mom. Do you feel like you have to put on pretense when you are in social situations, like you mom does?

Desh: yes, definitely. I always had to be fine.

Researcher: so you didn't feel like you could be your real self?

Desh: I wasn't allowed to be. I couldn't be angry or sad... I couldn't even be too happy. You just had to be fine. Anything I did was criticized. Like if I was feeling down, "look at her! She's so moody! She's so horrible! Look at her sour face!" My mother insulted everything about me... from my hair, to my butt, to my clothes... anything I did or said or was, was wrong. I just had to be.... Neutral...

Researcher: ... nothing...

Desh: yes. Nothing.

Researcher: back to your husband.... Then how did you allow yourself to be open with him? To be loved in a way you haven't been before?

Desh: I don't think I have, even till now. Like, I was with two of my classmates, and he called... he does this a lot... he called and he was like, "this is just a courtesy call to let you know how much your husband loves you and is thinking of you". You know, he'll just do things like this all the time.

Researcher: that is so cute.

Desh: yes, it is. So my classmates asked who that was, and I told them it was my husband calling to tell me he loves me. They were like, "that's so amazing", and I was like, "no, I hate it!" That's how it is... my husband tells me I'm beautiful all the time, and every time I do this (pulls a horrible face). He even teases me about it [making the horrible face]. Ummm... and my therapist says that when I get very irritated with him it's because I can't understand that I can be loved.

Researcher: sho, well after years of being told you can't be loved...

Desh: That everything about me except my brain is rubbish! So even until now, it's difficult. I find it difficult to be open and express love with anyone except my kids. They are the only ones who I can be very expressive with, and tell them how I feel. And even then, it's difficult. But I battle with my husband and anyone else.

Researcher: do you think it's because you don't feel safe enough to be the real you and not be criticized?

Desh: my therapist says she thinks it's because I'm afraid that if I allow myself to be loved and love them back, they will turn on me. Ya, I said to her I don't know, I can't even go there right now because I'm still dealing with all this stuff. But the point is I do genuinely feel that I am unloveable.

Researcher: So you actually really don't believe it when he tells you he loves you?

Desh: ya. Because in public my mom would be all correct and polite. Like if someone complimented me in public, "oh, she's gotten so beautiful", my mother would agree "oh, yes yes yes!" You know, as if she really noticed or even cared. But she never did. I mean, not even to tell your daughter you love her, or to give her a hug or tell her she's beautiful... not even like for the matric dance, a special occasion. You know, I had a before party at my house to take photos and things, and she was like feeding everyone snacks and drinks, running around taking photos of everyone and everything. So she looked like this very involved, doting mom. But she wasn't. For my wedding she had more things done, more clothes brought, for herself than anything. I remember we went to the manicurist, it was another moment. My mom had her nails done, but had then 'forgot' to book an appointment for me after her, so I couldn't go. And the manicurist said, "but you're the bride, aren't you getting your nails done?" and my mom tried to cover it up. Her nails were more important for my wedding. That's my mom.

Researcher: wow, I think you've answered all my questions (laugh)

Desh: (laugh)

Researcher: how's your relationship with your dad now?

Desh: when I started therapy I said I had a very good relationship with my father, and he's always there for me and stuff... very praising of our relationship... and I said I respect the fact that he is not a very communicative type of person... and that I don't need him to tell me he loves me, because he never has, and I know he does. But that's changed over the course of therapy. I want to... I can't express anger... but I want to be angry at him for what he didn't do. That he didn't do more. But that time when I heard my mom complaining about me to him in the passage, she was pushing for him to do something, she wanted him to sort me out. And my dad's response was, "just leave her alone" and my mom huffed and puffed and said he didn't understand and pulled herself into a huff on the couch. Then I walked in to get my books. SO it was things like that... I know he could've done a lot more, but his presence there made her better. Just that fact that he was alive, there in the evenings and on Sunday, meant that she wasn't as bad. She could have been a lot worse if he wasn't around. She was never as horrible to me when my dad was around.

Researcher: OK, so he was a little bit of a protective barrier.

Desh: (nods) it kind of held her back a bit.

Researcher: do you think, with your therapy, that your relationship with your father will change?

Desh: ya. I think it is changing. I said to my therapist, I think I needed to have a good parent, I needed to believe that I was safe as long as he was there. It was all I had to hold onto. And I think it's true, having him there did make me safer. I used to pray that they would get divorced and then I could choose to go and live with my father only. I would live with him, and I would explain that he could hire an au pair to cook and drive me around and that would be all I needed. One of my friends in grade 7 had an au pair and I remember being so jealous... because the au pair would fetch them and ask them how their day was and be all lovely with them. And sometimes she [the friend] would tell me about how she [the au pair] would take them to do this or that. They didn't have a stay-at-home mom, so they needed an au pair.... But I had a stay-at-home mom...

Researcher: ... who wasn't there...

Desh: ya. Like even in grade six/seven, you know, girls are like doing their hairs in styles for school, they would tie their hair up in different ways. And one girl asked why I always wore my hair in a ponytail. Why doesn't your mom plait it? Or do this or do that? They would ask. SO I would say she was just busy. But they asked if she was at home, and I had to say yes. And I could see she was like, "what?" all confused. So that was like another thing... the other girls moms did their hair, they spoke to them about puberty and things..

Researcher: so you did feel a bit 'out'?

Desh: ya... it was then when it began, the anorexia, in like grade six/seven, because a lot of girls were starting puberty and things and their mothers were there for them. They were buying bras and things... their mothers were dealing with these things with them. My mother wasn't. My cousin, she's two years older, we were close but she lived in Joburg and I lived in Durban, but during the one school holiday she told me everything about periods and bras and that sort of thing. My aunt even... I needed a bra!... but my mom didn't notice... so my aunt said she would come and pick me up and take me to get a bra. She wanted to take me to lunch and talk to me about puberty and all that. But I just said no and said that mom was actually planning to take me shopping the next day. No such thing. My mom had even noticed, she hadn't said a word about it. I was so worried about seeing my aunt without the bra, so I sis ask my mom. I remember I wrote down and practiced what I would say and then I just said it to my mom, that I need a bra, I need to go shopping. So we went to woolies, and she went to the food section, said I must get whatever I want. So there I was trying to figure out bras by myself.

Researcher: shame man

Desh: ya. I even covered for her

Researcher: ya, that's what I was thinking... The last question I have for you is about your children. If you had three wishes for them, what would they be? I'm thinking about the type of future you would want them to have and how it would be different from yours.

Desh: three wishes... umm, I would want them to know that they can always be themselves, and who they are is perfect. I would want them to know that no matter what they do or become or anything, I'll always love them, and I'll always be there for them. I'll have their back, basically. I just want them to be happy, live a happy life.

Researcher: (nods). In terms of your own therapy, what was it that made you start going to see a psychologist?

Desh: I was doing the honors here at Wits and Audri Vorster was my lecturer, and some things we had to do in class were very difficult for me, because we had to talk about experience and reflect on things and I couldn't at all. I knew I wanted to do the masters, so she said to me that she strongly recommends I go to therapy, and she said it will help on your masters application. So I thought that was a concrete, academic reason to go to therapy... not because I need it, but because it's going to help with masters (laughs). So I got the list, called a therapist and went to see her. I told her that I was only there because it will help me get into masters if I say I've been to therapy.... Nothing major. But the first session I was already in tears as she asked me to tell about myself and my family.

Researcher: so do you think you were in denial about your mom before?

Desh: I think my defenses that kept me going and kept me achieving were just very very strong, because I started seeing my therapist once a week, but she said she needed to see me twice, because even over a week I would come back with my defenses up again. My defenses are so strong that she can see from the time we had one session to the next I had built myself up again.

Researcher: and are you finding it meaningful?

Desh: yes. I can see now what she meant about the twice a week thing. The down side of it was that the depression, anxiety and everything peaked because of having to deal with it all. So it was awful, I was crying a lot. I mean, twice a week in therapy I would cry, and then you can't just push it all back again. It was completely overwhelming and that's why I had to see the psychiatrist to get help.

Researcher: and do you think if you hadn't been pushed to go to therapy, would you ever have gone?

Desh: I don't know, I mean I've said to my therapist that I think now I've reached a good space. But before, it was awful, I'd say to her that I hate this and that I didn't want to come. I wished I had never started because it was so difficult. It made me understand that I have 30 years to deal with, 30 years with this mother.

Researcher: so even with the relationship with your husband, do you think that would have been ok?

Desh: I think so, but only because of the person he is. He is very understanding. I think if it was anyone else they would have ditched me a long time ago. Who wants a wife who they shower all this love on and they don't get that same level of love back?

Researcher: SO does he know about your history?

Desh: Well, when I was dealing with this stuff in therapy I think he could see. I mean I'd come crying and I couldn't stop. SO then I started telling him. He knew a bit about my mother and how difficult she was because I found having each of my kids... when I was pregnant and when they were born... those were very difficult times... the first two especially. And then I would talk to him a bit about this stuff.

Researcher: did you find it hard to love them?

Desh: no, no the opposite. I think I found... what killed me was that I had such an intense love, it could like choke you the love you have for your kids, it's like no other love.

Researcher: I can't wait!

Desh: (laughs) I promise you, it is. But I couldn't get it. How could I feel such love for my kids, but she could treat me the way she did. I was like convinced that she never loved me. I was just like, "how could you do that? How could you be that way to your child?" like, I'd never want to break down my kids. But she would do that to me all the time. I just... I don't get it. So it was very difficult to deal with the way my mother was towards me when I had my kids and felt the way I did about them. If your mother can't love you, it's kind of like, who can?

Researcher: ya, the most important person, who should love you the most...

Desh: ya (silence)

Researcher: sho. Thank you so much for sharing with me.

Desh: pleasure. I hope it helps!

PARTICIPANT 2 INTERVIEW TRANSCRIPT – "JONNY"

30-06-2014

MELVILLE, JOHANNESBURG

Researcher: ok, please state your demographics for me

Jonny: I'm a whitie, I'm a male, I'm 26 years old... what else falls under demographics?

Researcher: what work are you doing at the moment?

Jonny: I'm working... I got a little student job at Alexander Forbes as an Actuarial Analyst.

Researcher: and otherwise you are studying...?

Jonny: I'm studying actuarial science at Wits

Researcher: OK, thanks, I think that's all for the demographics.

Jonny: Background? I live with my brother and my mom in Westdene.

Researcher: OK, so you know what this is about, Jonny. So I think we should start from when you were young and work our way up from there. Tell me from as early as you remember, give me a picture of where you were, if you moved a lot and so on...

Jonny: Umm... as early as I can remember... (silence)... so, my parents divorced when I was about 3, I think. So... that was a bit fuzzy. I remember spending time with my mum and time with my dad. My mum was working a lot so I spent a lot of time with her parents, my grandma and grandpa. So, we would go there after crèche or after school until Peps [mum] finished work. Ya, that's kind of like the early memories.

Researcher: Were you living in this house here in Westdene?

Jonny: No, we moved here when I was 7, I think.

Researcher: and before that, were you living with your grandparents?

Jonny: No, we were always with my mum. But we would stay in like little cottages and, umm, we would stay with my grandparents in between sometimes, like when my mum was like moving. We stayed in a really nice cottage just up the road here, in someone's garden. It was big... well, it was big in my head. It was like a mansion compared to what we had. So we always knew this area. It was cool. I had a pottery table, a whole table all to myself where I could do my pottery.

Researcher: aw, that's cute! And schools, did you change schools much?

Jonny: ummm... we didn't, really. Umm, well, we moved around a lot I think, before my memory started to kick in. From my memory, we were always at 'Rainbows End' nursery school. When I think about it things don't seem too erratic, although they might have been. I think it was also having, like, my grandparents, that helped with that. But when I think back to my childhood I don't think about just moving around constantly.

Researcher: OK. So... tell me about your mum, then?

Jonny: Uh, my mum has Schizoaffective Disorder, which is, as far as I understand it, kind of like a hodge-podge name they splash on a whole bunch of symptoms that arise in the Schizophrenic realm of things. I don't know... so she's been Bipolar too... and also has had some epilepsy stuff mixed in with that. Ya, I don't know... I try not to speak with her about it too much in depth with my mum... because she'll kind of like.... Like, she will glorify it or raise it up to be more than it is... or...

Researcher: ... so she makes it seem worse than it is?

Jonny: (silence) Yes... or she'll like start using it as excuses for things. So, like, my whole family is... well, me, my mom and my brother.... we are all Loskop. So, there's like a lot of things that you can shuffle under the 'schizoaffective' table and not deal with them in real life. Whereas other people, they don't have that kind of 'out'. Ya, but maybe it's a coping mechanism, you know?

Researcher: like what type of things do you sweep under?

Jonny: no, like practical things... like Loskop things... you know, like, ummm... not getting things done, or like paying the bills late, not because you don't have money, but just because you're a Loskop and you're just like uuuhhhh... don't care. Like, we were in debt, we were in debt for a long time, and we were just, like, being Loskop, and we were going more into debt because we were late on payments. Ya, like silly things like that. Ummm, I'm trying to think what else.... Ya... smoking. She smokes.

Researcher: you don't like that?

Jonny: no. not at all. It's my absolute worst.

Researcher: cigarettes or weed?

Jonny: no, cigarettes. It's my absolute worst. She smoked weed when she was younger, but she hasn't for a long time. It's not good for her mind that stuff.

Researcher: yes. So, when was the first time that you started noticing the symptoms, or that something was different?

Jonny: umm.... Very late. It was just my mum, that was the way it was. Like, 16/17 maybe? But, like, I don't really notice things that I should anyway. I'll kind of like... like, there have been many situations where I should have noticed something very obvious. Like, I was in a music store once and some dude had a massive lump on the side of his head. He came up to me, he was a good sales man, like he was selling me stuff, asking me what type of music I liked, what type of headphones I was interested in. And I was being polite, I was looking at him, but I was looking at him in the eyes and I didn't realize at all. And also... I kind of like group things together. Like, if there are two people in our friendship group who kind of, like, start dating on the downlow, I wouldn't notice unless someone told me in black and white. So, like I won't pick up on things, I won't reach out for things, that aren't obviously being offered to me. SO in that sense, I dint see my mums issues. And also, she was... she was on and off medicine for a while. I mean, she hasn't been taking her medicine properly for years. She did go to psychologists and psychiatrists, but I thought that was like, everyone's parents gets the blues and goes to chat to someone, you know? Have a little cry and feel better about it.

Researcher: so when was she diagnosed, then?

Jonny: I don't know. She was, like, diagnosed, and then misdiagnosed... some doctor would, like, put her on the worst medicine, and also medicines have gotten a lot better, like even in the last ten years. But ya. So, she did know... she started figuring out... I think she always knew that she was different and then I think someone told her in her early twenties, "listen, you've got something"... because a lot of stuff went undiagnosed for long ...

Researcher: so what are the symptoms?

Jonny: umm... (clears throat)... voices, hallucinations, manic-depression, massive highs and lows... umm... she'll have psychosis where she completely goes into this kind of child-like state. But it's more like, everything is too noisy. Like, if we are around a lot of people... my family is a big family, like ten

people all talking over each other at the dinner table. And for her, on top of that, ten more people having a conversation in her head. So it's just like you're in a room full of twenty people just talking at each other. Then she gets tired, and she gets really ill... basically just very sick. And, like, she won't know where she is, and.... But we, we've developed a relationship where she will be like a four year old child with me, and I'll have to be like, "no, we're home now, it's ok" and she'll be like, "but what about this, what about that" and I'll be like, "no, no, it's all OK" and she'll be like "but the badies are outside", and I'll be like "no, they're not, and I'm chasing them away". So I'm a bit of like the control dude in the house – a control freak. And she knows that... sometimes it's a bit much, like I can be a bit much, a bit bossy and forceful... but when she is having a psychosis, she knows I'm like the male figure in the house who will sort things out. SO she feels very safe in that.

Researcher: have you always kind of taken on that role?

Jonny: mmm... I've always been like, I need to know what's going on a hundred percent, all of the time. Whereas Dyl [his brother] was like... he didn't really want to deal with it as much. But it's just like... I need to know things... I think that's like me in general. I don't know whether it's developed because of her. I think I've always been a bit bossy... not bossy, but, like...

Researcher: ... you want to be in control?

Jonny: ya... not even. It's like, I think I see the best way to do things. I'll think I've really thought it through, and this will be the one hundred percent best way to go forward. And I'll be like, "trust me, this is the best way, I've thought it through a million times and I've thought of all the contingencies, what can happen and what can't happen, I've run every process, and this is the best way!". So people should trust to me. And I'll get a bit pushy, especially at home... with my friends I chill out a bit and just go with the flow. Umm... but ya. Like, even for going away for the weekend with friends, I'll be like, "OK guys, let's get this planned in advance, a little early" because often a little planning will make such a big difference. Like, if you sort things out early you can be very cool and chilled. But then, some people are trying to be more chilled, more go-with-the-flow type.

Researcher: So do you maybe feel like you had to grow up early because you had to do all the planning for your mom, and not the other way around?

Jonny: umm... I don't know... kind of half-and-half... umm... I think.... I kind of felt like I always was grown-up. But I guess that's what kids who had to grow up fast feel (laughs)

Researcher: (laughs) yes.

Jonny: umm.... It's never felt like a burden. It's always just felt like, "sweet, this is something I can control, and I can make it better". So I worked out what stressed my mom and what triggered her, and I prevented it. It's always felt like, this is just how it is and this is just what needs to be done. But you know, like, when you do take a moment to stop and reflect you'll think "wow, that was fucking hectic". But, you know, you cope. Huh, "you cope" sounds so melodramatic, but that's just how it is, I've always just felt that.

Researcher: what about when you go to other families and see how it is there?

Jonny: yaaa.... (hesitates).... But they don't have a lot of the magic that we have, you know.

Researcher: magic?

Jonny: like my mum is beautiful... amazing... she's like really good with kids, she understands them, and often she'll feel more comfortable with kids. Because there's no like rules, you don't have to be like "this is what's happening", you can be between the lines. Like, with my cousins kids. I mean, if it weren't for her condition she would probably be a child therapist or child psychologist, or at least run her own nursery or something. Ummm... but.... so... we, we really felt that. We had this amazing connection with my mum... but ya, a lot more in the early years. Like when we were 13, her condition got gradually worse. Because she got psychosis more, and when you have psychosis it does permanent brain damage. So her condition started getting worse. Also, she was like a boffin, a computer boffin and maths boff. So she was working for computer companies and earning like more than both my grandparents. Then she moved into a high position in a small company, so she was basically running the show. She didn't have a degree and she was female so she wasn't being paid what she should have been at this point. The company was also a little bit crazy. So when we were that age, she was working a lot and her condition got worse and worse incrementally. So she had a lot less time, a lot less energy and more stress from then on. Also, we were teenage kids so we just got on... we would play sport after school, come home, fight with your brother... that kind of stuff. But, she's just such a cool person. Like I'll watch her now with kids and it will blow my mind. I have a big passion for teaching and I realized... I got very into teaching, but it was in a very scientific way, like what's the best way to explain this thing?... and it got to a stage where I was listening to a podcast of this amazing education teacher and was like, it doesn't matter if you can explain it the best, perfectly, it doesn't mean someone is going to learn it. Then I started looking into some educational psychology. And Peps [mum] just comes naturally to kids and just understands them... maybe because she is like them... I don't know, it's just weird. So ya, she's an amazing friend. She gave us so much self-confidence, she empowered us to do anything and everything we wanted. There was never anything that we couldn't do in the future, in our lives, and she just made us really believe that. She was just amazing. I feel like a lot of my strength, all my strength, comes from her and what I went through with her. I mean, she has to deal with crazy shit every day, but she still gets up and does it...

(crying)

(silence)

Researcher: so you don't feel like you got anything negative at all?

Jonny: umm... no. (silence). It's a funny question. Like, if you dig deep there will definitely be something. But it's not a question I ever like to ask myself. It's weird...

Researcher: maybe that's just the type of person you are, though, and that you've kind of had to focus on the positive.

Jonny: possibly. But I think I'm very very emotional, and, like, hypersensitive to how others are around me. And also actual physical hypersensitivity... for my whole life.

Researcher: so you'd say you are emotionally sensitive?

Jonny: ... like a glass chandelier. And I've had this other side to me, which has been like mathematical, rational, and logic base. And it's always come up when it's needed.

Researcher: so it's like a defense, almost?

Jonny: well... not a defense really. Like... for me... its' always been like a better way to live my life. Not live my life, but make decisions... because... it can... I haven't always been... I've kind of had a philosophy that decisions in life shouldn't be made emotionally. You can take you emotions into account in your logical thinking. You can say, like, honestly, logically, let me think about these times that I have felt good and bad... what emotions was I feeling? And what emotions do I want to feel in the future? Like, I can't be in this relationship, because I know logically that I don't feel good in that relationship. So it's a logical decision instead of just making a decision based on what I feel like now. I don't know if that makes sense... a defense... umm. So I kind of like take that logical side, and it over-rides... it like takes care of a lot of things.

Researcher: maybe that's what you needed to do to take care of your mum? Or maybe it was a reaction to her illogical emotional side?

Jonny: possibly. Umm.... I don't know. It could be... or, was it always just there? Either it developed... or, it was always there and I got lucky (laughs)

Researcher: maybe it was there and it developed into a habitual way of thinking.

Jonny: ya. Like, from very early, like as soon as my mind could grasp logical arguments and decision making... it was always there... it just seemed like the best way. It just made sense to me. It confuses me why people make emotional decisions ever in their lives.

Researcher: well... has your mum ever made any emotional decisions?

Jonny: uhhh. Yes. Ya, ya. I don't think she has a drop of my logical side in her. No... but... like... I may think I make the best logical decision ever, but, like, I also make useless decisions sometimes... so... like, a lot of the time in my life I haven't studied for weeks. Like, I'll just come home and be so lazy and just sat at the computer or gone out with friends. And in those moments I made completely emotional decisions, like what I feel like, like raw animal feelings, I just did whatever I felt like at that point in time. And I do feel like my mum lives her life in that way. Cause, when you like have a plan... like, you're going to exercise three times a week, and then you're in that like stressed mood, and then some other shit happens... then, everything goes out the window and you just do what you want. I think my mom lives on the edge of that the whole time. So, logical decisions.... Like, I want to make a decision so that I don't feel like shit, you know. But she... doesn't use logics... like, she will just do anything she can so that she doesn't feel that bad at any point in time. That frustrates me, because I can look at her and be like, ah Peps you should just do this and this and this and this and that will just make your life so much better, you'll balance your meds better, you need to get more sleep. But, on the other hand, I will like scroll on facebook until three in the morning the night before a test. So I kind of have these two sides, so I try to

just let that logical side take over, and get my life in a balance where the logical side can just get into a flow... my life just feels better that way, more in balance, more... everything. But Peps.... Ah.

Researcher: so... when you were in school, did she ever help you with homework or tell you to go study or anything?

Jonny: no. no structure at all... I wish I did. It was like, from grade three if we didn't do our homework we didn't need to. She was very... hands off.... Like since we were five we would get our monthly pocket money and it was our responsibility. Like, if we spent it all in one week, it was ours. So she was like that. Like, if we didn't do our homework, we would suffer, we would see the consequences. So she was like that at first, but then she also got caught up in work and her own stuff and didn't really care... Then, because she was tired, she just let the old ways govern and never questioned them. Also, she didn't have a disciplinarian bone in her body. Not once in my life.... To dogs, or to us or to people.... Would she say like "Jonny, snap out of it! You're being silly!". Where I feel now in my life I need that a lot more. And I probably project that onto other people and try to give structure and control in their lives.

Researcher: what did you mean when you said you were emotionally fragile?

Jonny: ... not fragile...

Researcher: oh yes, sensitive!

Jonny: Yes! Fragile means you're about to smash. Sensitive as in... aware.... Ya, it's just like super super.... I mean I pick it up a lot when I'm teaching, like what is this person thinking? What is this person feeling? Being super aware. And I'm always on that tip.... Like when I go out, before a couple of beers or tequilas, it'll be like "Who's alright here? What's going on behind the scenes?" Like, if someone's not feeling well, it affects me. If someone is down... I have that kind of want to nurture side as well, because it does affect me and because I don't let things get to me like that in my emotional mind. Like, I don't let things mull around in my emotional mind, if I could say that, because something will happen, and I will get so upset, over nothing! Like, there have been a few incidences when we were out and something happened and I don't have my defenses up and I'll get so intense over stupid tiny little things. Like, I was out at Great Dane once with Robin, and I was trying to tell her something and she was just dismissing what I was saying, it was like a deep conversation we were having but she was trying to end it. I was like, "you dismissed my entire opinion" and I couldn't contain myself and it was just tears for days. Ya, so every now and then you have a good cry, but I feel like my wall of logic is pretty legit. It gets things under control. I really dig my life that way, things are cool you know. It's kind of quirky, people find it funny... it goes along with a bit of OCD, obsessive compulsive-ness, not OCD,

Researcher: What do you find you obsess about?

Jonny: ah you know... just like I can focus on a project.... Like I can let mundane stuff like gardening just relax me. Or, like guitar. Once I know one cord, it's the same cord over and over again. Like I can chill and play the same two cords over and over again for hours. Ya... just like weird stuff... little OCD other stuff. Ya.

(silence)

Researcher: Like when you were little and stuff, did you ever throw tantrums or get really angry?

Jonny: Oh ya. I was very emotional.

Researcher: And how did your mom react to that?

Jonny: from what I know, she was just like “ah, whatever”. Ya, I was kind of left to be if I was having a tiff because like when you’re emotional like that you just want to combat. And my mom was not assertive or combative at all. So she just left me.

Researcher: What did other people, like your friends, think about your mom?

Jonny: all my friends loved her. Like, she was awesome because she had to rules. Like one time I brought some friends over, and I told them they weren’t allowed to touch my pottery table. SO I went and did pottery for like two hours while my mom played with my friends. She was such a jol to play with. But when we were older we didn’t really bring friends much.

Researcher: So no one really knew what was going on with her?

Jonny: Like, I don’t know if friends parents knew, or... I don’t think so. I mean it was only really from 13 14 that things started getting a bit worse. Like she would get home from work and her head would be full of voices. She’d take her medication, lie down and just be out. Then on weekends she wouldn’t be able to come to family dinners. Like, even our family would be like “typically Peppy being rude again”. But she was just too tired, she couldn’t go to dinner.

Researcher: Your family as in your grandparents...?

Jonny: Ya my grandparents, and my mum’s brother and his family. And like there wasn’t really an understanding. Like, a seventy old English gentlemen, my gramps, and his crazy Italian wife, my grandma, who’s actually probably cooked herself. She has like imaginary friends and weird things we get like glimpses of. But she’s very good at keeping it under wraps. But, ya, like even nowadays they think she should’ve come and even me and Dyl sometimes feel that way. It’s a bit frustrating... because there is Peps who has schizoaffective disorder and then there’s peps who is just a bit Loskop like me and Dyl. Like she was just being lazy. But then whenever I felt angry with her for being a Loskop it felt like I wasn’t being understanding enough of her condition. Like, sometimes it was and sometimes it wasn’t. And the same thing, like when she’s being a Loskop she uses her condition as an excuse... and so, ya, it’s hard to tell.

Researcher: so can you give me an example, from when you can remember, of how you would deal with, or what it was like, when she was having a psychotic episode?

Jonny: uh, when she’s manic she’s just all over. Sometimes she’ll be productive. But other times... like, there were little ants coming out of a little hole in the bathroom. So she took a piece of toilet paper, rolled it up, wet it a bit, and she just wants to kill these ants. So she will kill all the ants coming out one by one and then stick her little paper into the hole and then squash it. But she will be in her little nightie on the cold concrete floor, fishing out ants. So I’ll tell her that she’s being manic and she needs to chill out and that it was time to go to bed. She’ll be like “leave me, I’m fine, I’m just relaxing and enjoying”

And so I woke up at 2 in the morning and she was asleep on the floor with the light on with the ant paper. I told her it was time to go to bed, but she just ignored me and carried on with the ants. So eventually I just put the light off, left her there, and went to bed. Rather sleep than try all night with her. So there were a few of those like really crazy episodes. The depression side was bad, because she would have like suicidal thoughts and things. But as I got older I was able to speak to her and stuff... umm... (cries)

Researcher: ... how did you feel, Jonny?

Jonny: ya... umm... scared. Scared shitless. But also, it was like, no. It's Game Face now. Like, when I think back on it and try to feel the emotion, I won't even have those emotional memories. I didn't have the luxury of emotions. Sometimes I will, and I'll have a little cry. But ya... maybe I shut a lot of it out, because it was like Game Time... there was only one thing that mattered and it was Peps... what must I do to make her feel better now? Like, there have been times in my life where I feel really frustrated that I can't be angry at her... for many things. Like, I wasn't allowed to feel angry at her. It was the most frustrating. It was just like, what is the best thing to do at this moment? And that's when the logic kicks in. I wasn't allowed to be like "I hate it! I hate this! Just stop it!" you know?

Researcher: yes... so you had to give up quite a lot of your own time and things?

Jonny: Not really... she's....she's.... she's possibly one of the highest functioning patients on the schizophrenic spectrum. Possibly in the world. Like, all the doctors she's seen and everyone they've spoken to has seen someone on her level of medication hold down a job. So she's had this amazing strength and intelligence to push through in jobs and she's held a few jobs. So she's kind of held up that end of this crazy puzzle that is our household. Like, she's always gotten up, gone to work and done a shift and come home and crashed. We've helped out a lot, like I will clean and Dyl will cook dinner took care of the house and bills and stuff. And to a point, like we're not like Merry Poppins cleaning all the time and stuff. But she's somehow through it all been able to keep jobs. And not even just keep jobs, like pay the bills. So we've been very lucky... I went to a semi-private school and we never didn't have something we wanted. So, ya, just lucky because she's a pretty smart lady.

Researcher: (smiles). Can you tell me a bit about your romantic relationships and how they were affected by this?

Jonny: Sho. Is this part of the whole... ?

Researcher: (nods)

Jonny: (laughs). Ok. So I had my first girlfriend in matric. But my logic side never really says 'yes' one hundred percent to asking a girl out, because there's a lot of shit that can go wrong. So I kind of have to fight that. So I stayed away from girls for a bit. But I had my first girlfriend in matric for a month, then I went on matric vac.

My first serious girlfriend was in the UK on my gap year. She was Annie and she was a very soft, kind of dainty, soft spoken, nice girl. A very clear way to describe it, and Matthew Biller said it when he came over to the UK, was that you could imagine her being in an abusive relationship because she was one

hundred percent wanting to please, she was very quiet, she wasn't very out there, so most of our relationship happened through very quiet conversation. She was beautiful and a beautiful person, and because I was overseas I didn't have a big group of friends there, so I spent a lot of one-on-one time just chatting with her. I don't know if I would have dated her in South Africa because being awesome and stuff is cool, but you also have to be socially viable... like, I would have hidden her... like, you also have to kind of... she was so much like a social hermit, in a way. But she was beautiful and we dated for like 8 months until she left on her gap year to Chile. So, ya... that was Annie.

I don't think I've ever broken up with a girl, which is... interesting. I find it interesting because what is going to happen when I have to break up with a girl?

Researcher: well why do you think you would struggle?

Jonny: I don't know... I never want to hurt people. And I've also gotten a bit lucky with circumstances in that things have always kind of had to physically move apart. And after Annie left, in August, that year in the UK... I had to leave in December... and I started dating this girl Emily. So all my relationships have had like time limits on them. She was also lovely, she was 18/19, very tomboy-ish and had never had a boyfriend. I was so surprised because she was very outgoing, very cool. I went home to her parents' house, and her parents were just... legends. She told me that I was the first boy she had ever brought home. But I was leaving at the end of the year, so that was the end of that.

And then, uh, Jenny... we met while catering in the UK. She was like dating some guy, but we had like a one night stand while we were working there, and just pretty much fell in love. I saw her a month later and we kept in contact, and we kind of knew instantly that we were in love with each other. And from the moment I left the UK, which was January of some year, till the following January... it was like "What can we do to get Jenny Brown to South Africa?" So ya, she applied to Wits and came to South Africa for me. She came a year later and we dated for a year and 3 months. I started drifting away from her... because... she was hectic. She didn't know how to deal with her emotions and would bubble over. For like half the time it felt like she was just over emotional, she had no friends, she felt alone, she felt trapped. She would like have a bad time, but in those moments she would lash out. But I was just so open and so sensitive, that she would have a mood swing and get over it, but I would be down for days. It started off slow but it got worse and worse.

Researcher: So her emotions and what she said really affected you?

Jonny: Ya. It ruined me.

Researcher: Did you find that with your mom as well?

Jonny: Umm. I think I was a little bit more able to distance myself with my mom. I didn't let myself feel. Cause I'm never open with my mom, I always have my game face. I was always prepared. And I did have to fight that off with Jenny, the logical side, but then the emotional side just took over and it ended.

Researcher: So Jenny was the first one you felt open with?

Jonny: Like one hundred percent. She lived here, so there was no hiding anything from her, whereas with other girls I could hide things about my mom.

Researcher: Did you find it hard to open up to people in general?

Jonny: Ya, it's hard, because what do you say? Like, "yo, dude. Hard week, my mum had a psychosis" It's like, you can't say that. People don't understand, and it would make them feel, like, shit. And most people are so petrified they don't know what to do with it. Yet, as cool as it would be to always have a mate to tell everything about, it was awesome to have my friends separate from that, so I could go and live that life and be a normal teenager. So, that was cool.

But ya, as time went on with Jenny, every time she would lash out, it would just hurt a little bit longer and I'd carry it a little bit more. Then, so her visa ran out, and she had to go back to the UK for at least 3 months, and we had agreed that when she left we would break up, that was it. Our conversations were that we could get back together later, but that's for later to decide. Um, and, I thought we would get back together, but as time went on and she was away, I felt a weight lifting and I felt like I could breathe again, I wasn't tense, I wasn't hiding things. And I kind of wish I wasn't so sensitive, because if you actually look at our relationship it was milk and honey, and just like these tiny instances... she could be pretty mean... like, she wouldn't call me anything... she would just not care about me. And that ruined me. And a lot of people can deal with that and they box it out and move on. But I can't. So I had to say goodbye to one of the most beautiful girls in the world. She's really a gem. Since then I've had a few flings, which has been great. Fits with my lifestyle.

Researcher: You know in the beginning, I asked if you were thinking of moving out, and you said probably not because of Peps. So do you think you will have to live with her and always be around to look after her?

Jonny: It's like... ummm.... When you ask a question like that my logical mind kicks into gear. So I come up with a practical plan to make it happen. Like, if she can start working half days, then that will lower her stress levels... because her stress levels rise very very quickly. Like, she'll be ok ok ok and then just crash. So you know, working half days she will be more self-sufficient, which is kind of... there's a bit of a financial burden on me and my future... and it's not like a burden, because I've been hanging around in her house until I'm 26 and she hasn't been able to save for a pension and stuff. So I'll pay my mom back for the past 8 years of my studies that she hasn't been able to save for her pension and that I was pissing about, really. So she'll be able to live on that. So I definitely wasn't to try and move out, and it'll be soon. But it'll be close, in the neighbourhood. Or I might get a cottage built in the back and then live there for a year before I move out, just to get her used to the separation. And then my bro might move in there till he finishes, he's got two more years. But, all my mom's doctors have said that she needs to stop working....

Researcher: is it too stressful for her?

Jonny: Ya, it's too stressful. All of her psychosis, they are all stress based. Yet, that's one of the only things that keeps her going... the structure... because she can't self-regulate. So, it's like, if she could work less but still have that structure from the work she would be so much better off. If I can be in a

financial position where I can say “OK, you work half day, I’ll pay for the other half of your day”, that should cover her living expenses. She’d be lazy, I’d have to come around and kick her in the arse a bit (laughs). Ya, then I’d be able to move out. She wouldn’t need any nursing or anything. So, it’s like a balance: I have to live for my mom for the rest of my life, or it’s like I can give her this gift where she can be emotionally and psychologically self-sustaining and having that burden of having to look after her physically will just be massive. Like the financial stuff is like a joke. So ya, it’s kind of this play-off. But, I do kind of need my own space.

Researcher: OK, let me see what else I can ask you here... Oh, this is interesting. Can you describe your mom’s parenting behaviors in a few words?

Jonny: Ummm... I’d say, nurturing, caring..... umm... way too proud.... The bane of my life was my mom telling me how great I was. I would stop telling her about awards I got in high school, because she would just go on. But, definitely absent. Like, if I thought about what parent I’d want to be...

Researcher: ... yes, tell me about that!

Jonny: I just, like, I really enjoy teaching. And I think, like, having kids to teach is awesome... they are probably going to hate me, like “ah, I don’t want to learn anything anymore” But also, like, from when my cousins were very young, I’d ask them to like pour me some juice or something, and they’d feel so empowered. Their tiny little rubbish hands could hardly know how to put on a screw cap, and I would just watch them, and their face and their concentration and their minds figuring out the mechanics of this thing. And they felt awesome! Because it’s like “I figured this out!”, and accomplishment. Often they would say they can’t, but I would just encourage them to carry on and they can. I love watching that. I love watching people learn. And kids... their minds.... They are the best learners. So I would love to show my kids all the cool things that I can see. Cause most parents are like, teaching your kids how to put on a bottle cap, what a laugh! But they don’t understand the skill and the confidence you can get from learning how to put on a bottle cap.

Researcher: So you want to instil confidence in your children?

Jonny: Ya, it’s massive. I think it’s the only thing that got me through... my moms over-praising.... Just made me believe I could do anything, which probably included taking care of her when she needed it, you know.

Researcher: OK. One last area, Jonny. Tell me about your relationship with your brother and how he reacted?

Jonny: Umm, so Dyl is a little less hands-on. He’s also a bit of a wild-child. We’re very close, but he’s one of the few people that I just really can’t understand. His mind is just wired so differently. Umm, he’s less hands-on. Like, if mom was having a bad time.... If she’s not on medicine, she could do anything, like she could be suicidal or be manic and go out and take drugs, like she was a very liberal woman, she would take drugs recreationally and she would still have some friends who she would go and smoke some dope with and drink with. Then she would come home and be in bed for like a week. So there were like these flash points, where we would have to phone grandma and grandpa and they would have to take us to

hospital.... And, ya. On those flash points, Dyl would just... he was gone.... With friends, or in his room... like, I would call grandma and grandpa, he would be in his room, we would go to hospital, he would be in his room, we would come back, he would be in his room. So...

Researcher: ... he didn't want to deal with it?

Jonny: ya, so he didn't really face it or anything

Researcher: He's younger?

Jonny: no, he's two years older. Ya, so we... we were very competitive growing up. I don't think we said a nice word to each other between the ages of 10 and 16. When he was about 17, and we had just gotten over our brotherhood fist fight of ten years, he moved to the states, which was also a time of a lot of my moms flash points. So my dad moved to the states, and so Dyl went to go finnish high school there with him after grade 10. Everyone was just like, "why don't you stay and finnish it here", but he wanted to go. And he was there for about 8 years or something... from when I was 16 till 24.

Researcher: Oh ok, so he's come back recently?

Jonny: yeah, so he's come back recently and he's staying in his room, but even recently I would have to be like, show him mums medicine sheet, which I write up every month and make photocopies of them – with a sun for the day and a moon for the night; and when he got back I was just like, "tomorrow morning you can wake up at five o clock and give mum her first medicine and sit with her while she has a cup of tea and then you can go back to bed. She slowly wakes up, and the medicine kicks in and we can get up at about six thirty to get ready. So I kind of got him by the hand and got him into it. When mum had a psychosis recently, it was the first time he had actually seen a psychosis, because she wouldn't let us see her when we were too young. Like, she had two boyfriends over the years who also help. Yeah, but she wasn't as bad as she is now. The psychoses have gotten worse and she can never manage herself. Like, it was when I got back from the UK... then there was order. When I got back I was like, "OK, let's get shit done". I was ready to be in control and tell her not to fuck around anymore. Like, take your medicine at the right times in the right amounts... no lapsing on medicine. She also changed psychiatrists and this guy's like a genius. She's hit very good medicine mixes and stuff... like, if we had these mixes back in the day, and if she had left that crap job she had been in she would have been so much better.

Researcher: Have you ever been to a psychiatrist or psychologist?

Jonny: Um, so my mum spoke to the school. My dad left to the States at the end of grade seven, when I was like 12 or something. So I would see my dad every second weekend and Wednesdays and we have a sister who is seven years younger than me. So we have like another family, you know. So he left to the US and my mom told the school because she was a bit worried about me, and they disguised it pretty well... like my science teachers wife was a psychologist so they were like "you're really cool, but your dad has left so maybe you want to go to speak to someone?" So I went and she asked what was happening with me. So I told her my dad had left and everything. But at the end she said "So, you've told me all the details about what has happened from your head, but how do you feel about it? Tell me whats happening in your heart"... and I just started crying like, so hard. And that was the end of it.

Researcher: do you think it was only about your dad?

Jonny: (pause) ya, ya that was.

Researcher: well what change in your behavior made your mom worried?

Jonny: I don't know. It was just because my dad had left the country. I didn't start failing or anything. I think she was just worried about me.

Researcher: So was that a good experience?

Jonny: No, I hated it.

Researcher: Why? Because it was difficult to face your emotions?

Jonny: Ya, it was really difficult. I just felt I couldn't cope. I was overwhelmed...

Researcher: ... when you get in touch with your emotions?

Jonny: Ya, ya. It was good that it happened, but I'm good now, you know. (laughs). I'm good now.

Researcher: (laughs)

Jonny: sorry, Ive just yabbered your ear off now.

Researcher: No, no you've said everything I've needed. Thanks, Jonny.

Jonny: Ya, no. I think this took the place of a good cry. It felt good. Thanks.

PARTICIPANT 3 INTERVIEW TRANSCRIPT – “Kate”

03-07-2014

HONEYDEW, JOHANNESBURG

Researcher: OK, its recording!

Kate: Ok, so how long is my interview?

Researcher: well, however long you make it, Kate. So what I did with the other interview is to just suggest you start as early as you can remember...

Kate: ... in terms of?

Researcher: well, the whole thing is about your mom and how you think she may have affected you and your family. So maybe start with a description of your family, where you were living, who was in the house with you and so on...

Kate: OK. Ummmm, I'm trying to think. (silence). To be honest, when I was going to therapy for this whole thing, I realized that I don't have a childhood memory from before about six. She said that some people just don't remember, but I found it a bit strange because you should have memories from about the age of three.

Researcher: ya

Kate: so the fact that I don't have memories from then is a bit strange to me. But, anyway, so I was about 11 when my parents started the whole divorce thing, or when it became known to us. In the house it was... in Northcliff, my dad still lives in the same house. So it was my dad, my mom, my brother, sister and me. We had the domestic who lived in her separate room, but she wasn't really an entity to be honest. That's when it all started to go downhill with my mom. Obviously because I was so young I don't remember much detail about what happened, but as I got older and started talking to them it became known that she had cheated on my dad and left him for another man. I don't really know the crux of it, but from what I know that was the main factor. So, we still lived with my dad when my mom moved out. She moved in with her parents for the first six months and then ended up moving in with the guy that she left my dad for. So he bought her a house in Northcliff, on the hill, and they bought a house big enough that we all had our own rooms and stuff. So we lived with my dad until my mom moved into this new house, and she tried really hard to make it all pretty and nice for us to come to. The only thing I remember about that house, to be honest, is my sisters room because my mom had painted big blue flower all over the walls and had these wooden lady bugs that she stuck on all of the flowers. And I was still in primary school...

Researcher: ... oh, ok so that's still quite young....

Kate: yeah... about grade 6. So that's all I remember there at that house (laughs). We didn't live there long, we were there for about six months. So at that stage we were living with my mom and saw my dad every second weekend. But then shit fell apart with my mom and this guy. Again, I don't really know the details. All I remember is that they went out for dinner and she got really angry with him, and he came home and broke one of her jewelry boxes and this sent her on a rampage and she threw his shit out the window and broke shit and tore up paintings and went ape shit crazy.

Researcher: So were you kids like sleeping...?

Kate: Uh-uh. I think we were at my dad that weekend. But from then my mom moved back in with her parents and we moved back in with dad. So it was really disruptive in that first while, especially because we didn't really know this guy and we were having to adjust to it all. And obviously my mom was saying a whole bunch of bad things about my dad to her parents, my grandparents, so they started coming up with nicknames for him like "The Nazi" and saying that he was blackmailing us against my mom... and it just got worse as time went on. It's a long story....

Researcher: yeah, we have time.

Kate: And then... I don't remember the timeframe to be completely honest with you... I was in high school, I think grade 8, and my mom got a house down the road from my school. It was a little complex

with 8 units and she bought one of the units and I assume my grandparents were helping her out financially at that point. She also opened her own business then, it was called "Party Reflections" and she did corporate events, so she did all the planning and décor and parties and stuff. But it was pretty much only her running the company from home, and then she would hire people when need be. So we lived there for my high school career. It was pretty convenient as it was up the road from school, so we just used to walk to school every day. So that made life for her a lot easier in terms of fetching and carrying. But I think I was probably in grade 9 when my mom started a relationship with a guy from unit 3 in our complex. He was number 3 and we were number 7. So he would come over all the time and they would have really loud sex. Ya, so I remember being like 13 and hearing my mom have sex and seeing them naked together. Eventually I said I didn't want to do it anymore, and to this day my mother doesn't know the real reason why I left. I went to my dad, and my new stepmom, and made an agreement that I would move back in with them. I saw my mom every Wednesday and every second weekend. So she would pick me up from [horse] riding, because I was half baiting a horse at that time and my riding days were Wednesday, Friday and Saturday. So she would pick me up after riding on Wednesday and I would go home with her, sleep there and then walk to school in the morning. And every weekend I was with my brother and sister, so we would go to her every second weekend. I think we did that for a year and a half, and I think that is the time when my relationship with my mom started crashing. I was the oldest child... and she was going through a lot of stress having to run the company herself, pay all the bills and all that, being on her own and not having anything stable for the future... and, ummm, I clearly remember, I was about 14 or 15... and, having two houses, you always leave things at the other house... so I ended up asking my dad to take me back to my moms house because I needed to fetch something for school the next day or something. We got to her house and she was in some crazy mood. My brother and sister were upstairs in the room crying. As I walked into the house she pulled me in and locked the door, saying, "That's it! You're staying in this house, you're not going back out to your father, so help me God!". I was so confused. My mom and dad were shouting at each other through the kitchen window, because my mom had locked him out. So I grabbed my stuff, and she was like, "Don't you dare open that fucking door!", while my dad was telling me to just get out the house. SO I was stuck in this turmoil of who to listen to or what to do. So eventually I just ran for the door, opened it and bolted out to my dad. Then my mom came storming out the house in fury, yelling at my dad. She ran up to him and slapped him across the face in the drive way. At that stage I was balling my eyes out sitting in the car, like it was so overwhelming. My dad just very calmly turned to her and said "Stop it! You're scaring your child!"... so my mom came right up to me and put her face close to mine and yelled "Am I fucking scaring you?"... and I was in tears and I was like, "Yes, mom, you're terrifying me". She just turned away and walked back to the house. After that it was very rocky with her and I. And I think that was the start of her spiral down, that was the breaking point. Before then there were signs, but because we were young we didn't really notice. Things like, she would be fast asleep on the couch by seven o'clock at night, so we had to cook ourselves dinner and out ourselves to bed because she wasn't there to do it for us.

Researcher: It sounds very intense. So what exactly was her diagnosis?

Kate: initially they didn't really know what it was... but what's all come out now is that when she was three she drowned, in the pool, and didn't breathe for about 10 minutes. She recalls having an outer

body experience, where she looked down on her body lying by the pool and her dad giving her CPR. From then, they resuscitated her and she was fine. But from that event, that caused her to get frontal lobe damage, and that led her to get frontal lobe epilepsy. That affects her moods drastically, and I saw then switch within minutes. It was scary. One minute she would be the adoring, nurturing mother and the next she would be chucking our shit out of the cupboards telling us to get out of her house. So we were confused and upset a lot of the time. I don't think she understood at that time either. That's when she hit her depression. Then she started gambling to relieve some kind of financial stress or something, or to find some meaning in her life or something. Her company wasn't doing particularly well either, and especially in that industry you don't get a set income. Like, you'll do very well from September through December, then get nothing at all for a few months kind of thing. So there was a lot of pressure and that's when she started gambling. And, man, it got bad... at one stage she was in the casino at least four times a week. We would get home from school and call her to see where she was... she would say like she's seeing a friend or something and she would be home soon, but she never came. It was all lies, she would never tell us where she was. When I was older I started to realize her lying. She would even convince us to go watch movies during the week at Monte Casino so she could gamble. So it was all those type of things that started to spark suspicion. So at point... the thing is, I honestly don't know how much money she spent at the casino... but she had a platinum card at Monte Casino, and that was the top card you could get. If you ask them how much money you need to spend to get a card, they say at least R50 000 a year. So she was gambling like a trooper. Every time she would win, I think the joy of winning would overtake and she would go and buy us all something, but it was all a secret. If we went to a family gathering, she would tell us not to tell our grandparents where we got these new things from, and not to tell others she had bought them. Because I think at that stage her parents were still helping her financially, and she was just taking the money and gambling. It became this whole cycle of lying, and we were keeping all these damn secrets for her for ages, and it just got to a point where we had all just had enough. We were doing the whole one-week, one-week thing at this time and... I didn't want to live with her... I can't even remember the whole story... oh no, I do! So I think my mom had gone gambling on the Sunday, and it was our weekend with our dad. So she was supposed to come and fetch my brother and sister at around five o'clock, so they wouldn't be at my dad's for dinner. Now, my step-mom is the most anal person you will ever meet, and she's the type of person who plans the whole week's meal in advance, and buys according to the number of people that will be there and stuff. So, the problem was that they hadn't anticipated my brother and sister being there for dinner that night, so they hadn't catered for it and there wasn't enough food. So my mom called from the casino and said they must stay there for dinner. My dad said no, there wasn't enough food. My mom lost her shit. That was the first time I really saw her go mental. She rocked up at my dad's house hooting, shouting, swearing. At this stage she had already had a couple of outbreaks so I was more immune to it. My brother and sister sat there looking absolutely terrified, and I knew if my dad went out there it would cause a huge fight, so I was like fine, I'll go out and explain to mom that we made another plan and my brother and sister can stay here and eat. I had just left school at this stage, so I was driving and I had moved in full time with my dad. So I went outside and said, "Look mom, it's fine we've made a plan", and she was swearing at me and my dad and told me I better bring the kids out of she would drive into the gate until she got in. I just told her that I didn't think that was a good idea because her car would get more damaged than the gate. I think that just pushed her over the edge and she rammed the gate and

swore and carried on. So I told her I would bring my siblings after dinner... and she drove off in a huff. So I went back inside and my sister and brother said they didn't want to stay at mom's because they were scared of her. They were about 13 and 11, so naturally they would be scared. But the problem was that my brother had left all of his school stuff at my mom's house. So I said it was fine and I would take him over to mom's to get his stuff and then come back. We get to my mom's house, and she refuses to answer the buzzer to let us in, 'cause it's in a complex. So eventually we get hold of the neighbor and he lets us through the gate. We get to the door, and I can see she's home, her car was there and the lights were on. So I started banging on the door, but she won't come down, won't acknowledge us.... Being completely childish about it. So eventually I shouted up that I knew she was home and she was being ridiculously childish and all we needed was my brother's bag and we would leave. I think me calling her childish got to her and she came storming downstairs screaming and yelling at us... and she lashed out to hit me, and my brother stepped in between us and was like defending me. My mom got such a fright to that, because my brother was always mommy's boy, and at that point there was a shift in even his mindset because he saw my mom attacking me and got involved for the first time. He was always quiet before. So we eventually got my brother's stuff and left my mom in a crying heap. So shortly after that I went travelling on my gap year, so I was 18. I was in Australia when I got the phonecall to say that my mother tried to commit suicide. So that was her first attempt, and she got admitted to hospital and had her stomach pumped and there was a lot of drama around it. I don't know what the lead up to it was, but about a month before her attempt I got a phonecall from my sister in tears saying that I needed to come home and she couldn't take my mother anymore... she said that mom was picking on her and being so horrible and unfair and there was nobody there to defend her or help her. And I knew then that shit was hitting the fan. My mom always used to accuse my sister, who was 13, of not doing her homework and spending her time sending naked pictures of herself around school... she would often take her cell phone and throw it against the wall and shit... you know, like just completely unjust irrational things. It would freak the hell out of my sister, and to this day she is still so sensitive about my mother. Because when I wasn't there to bounce the blow, my mom would lash it all out on my sister, who hadn't built the hard skin I had. I mean, I remember even when I was 11 and they were like 5 and 6, I was the one who took them into my room at night and played music in their ears so they wouldn't hear my parents screaming at each other. So my sister is not the same as me, she doesn't have that resilience. That's why, even now as soon as you bring up the suicides or anything, she will burst into tears.

Researcher: shame man

Kate: ya, it's hectic. So, umm, that kind of started the whole thing. After that it was all kind of a blur, because when I came back from the States I didn't live with my mom anymore. After her attempted suicide, all the gambling stuff came out and she had to move back in with my grandparents. From there she... cause they have another house/cottage in Eastwood Gardens... she lived there for about 4 years. So when I came back I worked as a horse riding instructor, but all three of us [kids] lived with my dad full time then. Um, and I think, I can't remember when exactly, but a bit after I came home we got into a huge fight with my mom again and we refused to talk to her. All three of us. We just shut down towards her. I don't remember what the context of the fight was, I just remember that me, my brother and sister didn't want to talk to her. We didn't message her, didn't reply to any of her messages, didn't call, didn't

see her.... Nothing! For about three months. Eventually my dad put his foot down and said she's still our mother and we can't treat her like this. That's what upset me about the rest of my family... they all chose to take my mom's side over my dad, I mean they knew him for 16 years, yet they were very quick to jump to conclusions saying he is blackmailing my mom or brainwashing us, poisoning us against my mom... It fueled a whole lot of anger and hatred for me, because it was the complete opposite. My mom was doing all of that.

I think those were the bottom of her times, because we weren't living with her, she didn't have a house, she couldn't keep a job.... From what I remember, they put her on anti-depressants. The problem was that she had epilepsy that wasn't properly diagnosed, and so the anti-depressants were causing some kind of chemical reaction and triggering the epilepsy. So it got pretty bad, because she would have a lot of fits. Not like a roll on the floor fit, like she would just zone out, but she would still function... so she would be like driving to nowhere, sending us weird messages, getting herself lost and doing very bizarre things. The one time I remember she had driven herself off to somewhere in Muldersdrift, and I had somehow gotten a hold of her after two hours of nobody knowing where she was. And she was like, "no, I'm fine, I'm sitting on the side of the road and there's a bunny keeping me company". At that point I thought she had really lost her mind. After that there were quite a few events that happened, like her saying she just wants to "feel the sand between her toes one last time" and then driving off to Durban with a gas bottle in her boot with the intent to commit suicide, I think. They ended up tracking her down via her cell phone, because one of the guys had connections in the cell phone company, so they were able to trace where her cell phone was. They found her in a hotel in Harrismith, and alerted the police down there who brought her up before anything could go wrong. There were a couple of attempts, but they are all a blur now.

The last even I remember was in my third year of studying. I got a phone call from my aunt saying that my mom had gone off again and nobody knew where she was. Now at that stage I had become so numb to it all that I just said OK and went back to work. My friend looked at me and asked what was up. I just said my mom had gone missing again. She was shocked and asked if I was OK. But I was like, there's no point in me stopping my life every time this happens, because there's nothing I can do... nobody knows where she is. Until someone can find her, it doesn't matter if I'm at home worrying, or just carrying on with my own life here, keeping busy. So that day I took my friend with me to go and check the old Eastwood Gardens house. I didn't want to go by myself because I was scared of what I might find. I thought I would find her overdosed on the floor. So we went and checked but there was nothing. Eventually we found her via her cell phone again, and she had ended up in Rustenburg. She had checked herself into 'Rustenburg Kloof', which is quite comical because it was a camping site we went to a lot as a family. So she had checked in there and stayed put, apparently. So we called the front desk and asked if they had seen this and this lady, and they said yes she had checked in. So we left her for 24 hours to see if she would come home, but she didn't. That's when my uncles drove there to see what was happening. She had taken half of her medication of antidepressants and whatever else she was on at that stage. So she had taken all of that and was completely zonked out of it. They took her to hospital again.

That was the turning point of it all, because after 5 or 6 times of trying to commit suicide, there comes a point where it's enough. All my uncles had given up and had enough, so my mom's oldest brother stood up and said it's enough now. He got involved and she stayed with him. He booked her into Bara for two weeks, so they could do a whole lot of tests and things... MRI's, CAT scans... and I think that was when they figured out that it was epilepsy that was the main problem. From there she went to Tara, and she was there for two and a half months doing the 'Life Rehab' programme. So she stayed there, got counselling, got on the right medication... and it was just a matter of keeping her on the right cocktail of medication.... And re-training her mind because the problem was that every time she was on medication she would feel better and then think she didn't need it, so would stop taking it... then all the same issues would come up again. So, um, since then it's been better. Also because all of us put our foot down together. I mean, I remember going to my uncle's house and all sitting down with my mom. I said, "This is it, mom. This is the last time. You need to decide if you want to live, or if you want to die, because this in between is not working anymore. This whole not knowing where you are, if you're dead or alive... I can't do it anymore. You need to choose now. Choose to fight, or choose to die. Either way, if you do this again, I'm gone. You won't have a daughter anymore, because you're impacting my life too negatively, I'm not able to function because of all the shit that you're putting in it" And I think that was a huge wake up call, my uncle even said to me that what woke my mom up was me telling her she needed to do something to help herself... she needed to stop thinking the way she was, that the world would be better without her. She needed to change her mindset to get better... and Tara seemed to really put her straight, I think also because they got the medication cocktail right. So she stopped having these epileptic episodes. I don't think she was even put on anti-depressants, which we were all completely shocked about.

Then she lived with my grandparents for a year, because they were just too stressed about her, because she was also kind of their reject child... out of six children she was the only one who got divorced and lost her job and you know, just went completely ape shit. So she lived with them for a year, and then moved out to a small place in Northriding. I moved in with her, as I had no other place to go at that point, reluctantly. But at the same time, I think it was the best thing that happened because it forced us to talk about things that were never spoken about in the past. Then she met Graham, and I think because she knows she needs to keep taking the medication, and I think Graham gave her hope that there is something more for her... you know, when she's been divorced 12 years and didn't have much to look forward to. Also, she didn't want to keep being a burden on us... no with Graham, that's no longer an issue. They're engaged to get married. And it's nice as well, because I don't have to worry constantly about where she is and what she's doing because she's actually being human. Others say she seems very normal, but it's been a very long road to get to the point of normal. It's so relieving to see that she is... this is really the first year in my life that I have seen her as a mother. I've actually been able to talk to her about things that a mother and daughter should be able to talk about. I'm also not so angry and resentful anymore, because I think I have a lot better understanding of why she did what she did, because of my age, my therapy and the correct diagnosis you know. It wasn't always her fault.

So that's the story... in a long nutshell

(silence)

Researcher: so you've spoken a lot about your mom... but what about you in all this? It seems like you took on a parenting and protective role for your brother and sister...

Kate: yes, well that's how I see it. And my dad, too.

Researcher: So you had to grow up very quickly?

Kate: Ya... I mean there were times when I had to cook food for my brother and sister, make them dinner and school lunches and help put them to bed and stuff like that. It got better when we started living with my dad, because that gave me a lot more freedom to start being a kid again. I think that was a lot of the reason why my dad bought me a horse in high school, because he saw the burden I was carrying and he thought that I needed to actually just be a kid again and live a little. But at the same time I do feel that it's made me selfish, to a degree. Because I'll be very quick to preserve myself over others. That's what my mother taught me... that there's not much that I can do... that there are certain things that I cannot fix, like in an emotional situation like that, there's not much I can do to fix it... there's no point in me diving head in to be the helper. That's my sister, because she's the middle kid and her and my brother were always together and I protected her from the blows, she will always go out of her way to help someone else, even at her personal expense. Whereas I won't. That's from my mom, I had to be hardcore, I had to survive. But I know a lot of people think I'm selfish... my mom loves to tell me that I'm selfish.

Researcher: well it sounds like you took the brunt of her stuff to protect the others, so maybe you had to be that way....

Kate: yeah, I grew a skin. Also a lot of the time I would have to stand up to her and shout back for the others. She wouldn't necessarily like that (laughs). But in a weird way it has been good because it's taught me to always have a voice. I'm never scared to say how I feel, or how somebody else has made me feel, even if it's not what they want to hear. That's exactly how it was with my mom, she would say something and I would tell her that she's being a crazy bitch and give her the truth. So I think there could be a positive. Also, I'm very much... there's a saying that "everyone has their burden, it's how you chose to carry yours that counts". Quite honestly, there was a lot of negative shit that happened. But I don't see the point in looking at it and being negative about it now.

Researcher: Have you always been that way?

Kate: I don't know. I don't know if maybe it's my dad's influence. He always believed in positive reassurance and looking at the positive and always driving us to do better. But as far as I can remember I've always had that mindset... I've never really been a negative person. And when I did look at everything negatively and with anger, that was when I went through my own depression. It was my dad who pointed that out, he was like, "This isn't you, something's not right". So I went to the psychiatrist and stuff. But I can't tell you if I've always been positive... I think I was because I had to be for my brother and my sister and then that mindset just kind of stuck. In order to survive I had to look at myself positively, else I would've crumbled under my mom.

Researcher: wow. And when you were like frightened after an episode with your mom, how did you deal with that after?

Kate: I don't know. When my dad was around he would comfort me. But because my dad is European, he is quite cold. He didn't comfort with affection. It was more like we would sit together and talk about it and rationalize it. I guess that's where my realistic or practical mindset comes in... cause it was never a case of hugging and comfort it, it was always a discussion of cause and effect and trying to get understanding of the events. It was kind of a hard tack, like "Life is not always fair"... so, um, I never remember sitting and crying on my dad's shoulder, because he wasn't that type of person. It was more of a sit and talk things through.

Researcher: but even that is kind of an adult way to approach things, like you just had to grow up.

Kate: ya, ya. Like, I remember our first holiday... I think that was the start of all the divorce stuff, I was about 8. We were on holiday and my mom and dad had a huge fight. My mom left and she left us with my dad in the cottage. And I remember just telling my dad I didn't understand, and why had mom left, what had happened. And, again, I don't remember the context it was so long ago... but I remember one thing my dad told me, and it stuck with me for so long. He said, "Your problems are like bricks, you need to talk them through, otherwise those bricks build up and finally there's a wall and when you're behind that wall it's so hard to get past it" I had this conversation again with my dad later and he said he has a lot of emotional walls to fight, because he comes from a family of abuse. My grandfather was an alcoholic and abused my grandmother, and he was the oldest one. So I think we bonded in that sense, because as the oldest he knew where I was standing and understood the responsibility I took on. And instead of trying to baby me about it, he just rationalized it with me.

Researcher: Yoh. (silence). And do you think your mother affected your sense of self at all? Like you said she would accuse your sister of sending naked pictures around? That is quite an attack.

Kate: Yip, it was very hard initially. She was always down on me, especially as a teenager. I remember when I was only about 15 she said I have to go on the pill, and I was a shy quiet nerdy type who did her work. So I was like why? And she said the last thing SHE needed was a pregnant teenager coming home.

Researcher: sounds like it was all about her and not about you...

Kate: ... sho, I lost my shit! It was so difficult, because she was a very criticizing and judgmental mom. Now I think that was a reflection on her own self and her own life. But as a teenager you don't see it that way, and it was very hard! I think it had a lot to do with this sex trip I went on in varsity. Like, I slept with many boys in a short span of time, and I remember once I thought "I don't feel a thing at all", and it scared me. But I think it was a way of trying to find worthiness and affirmation which I never got. Boys and sex were an easy way to get attention. I mean after being pulled down for so long, you have to either pretend you are confident or go out and find it. So in that sense it was a searching for confidence in the wrong ways. Growing big boobs definitely helps (laughs). But I mean I was such a quiet kid in school. In high school I didn't talk to boys, hardly even looked at them, I never kissed anyone, I only had two friends and I didn't believe in myself at all, and I think it was because she did do that. It was only

when I was able to break away from her... those six months when I went travelling... I was away from her and away from everything and I was then able to figure out who I was.

Researcher: OK. Now, moving into your later years... do you think growing up like that affected how you related with guys?

Kate: Initially I think very much so. For a very long time I had the mindset that love didn't exist... I had never seen love, I had never grown up in a situation of love so I never thought it existed. My mom had a lot of guys who she would just bring home for sex, and I think that's how I related to men a lot of the time – just physical and not emotional. I went on quite a sexual rampage after I got back.... Trying to find security outside of having to be emotional about it. Obviously I didn't realize it at the time, it takes a while to process these things. But I definitely do think it affected me, because I went from being the quiet good girl to the crazy whoring around varsity girl. Now I've settled down into a balance, and I don't regret it because I had to do it to figure out who I was and what I wanted. So I do think that impacted me.

Researcher: so you find it hard to be open emotionally with people?

Kate: oh ya, definitely. I'm very very closed off. It takes a long time for me to let people in and see the true me. I'm very guarded and suspicious of people because of that initial period. My mom... the one thing she did teach me was... it's horrible... but she taught me not to have expectations because all you get is disappointment. Because all through high school there was a lot of disappointment, be it not taking me to horse riding, or promising me something and not coming through with it. So, um, that made me very guarded with people in general... I became skeptical and I didn't trust. Whereas my sister is the opposite, because I guarded her, she tends to just be open and put herself out there, which is quite odd. Her and I really are extremes, and I think it might be because of the roles we played.

(silence)

Is that it? Do you have any more questions?

Researcher: um, if you could describe your mom's parenting behaviors in a few words what would they be?

Kate: inconsistent, spontaneous and erratic. That's probably it (laughs)

Researcher: (smiles) so do you feel like you're always on the guard, on the lookout for other people and what they might do, like you were with your mom?

Kate: regarding other people?

Researcher: ya

Kate: To be honest I think I kind of ignore it in others, because having gone through such an emotional roller coaster with my mom I'm still kind of numb to being sensitive about others emotions. I kind of do the whole "I'll just look after myself" thing.... Obviously it depends on the person, though... those that I have opened up to, those people I would care about. But ya... my mom always says I lack empathy when

it comes to humans. And a lot of that has to do with her, because I've built up a wall towards other people. But animals... animals were always there, and I think that's why I'm so attached to them, because through all this shit with my parents, I always had my horses. That was my emotional release. So I guess I've taught myself that animals are OK, they don't hurt, they don't fight back or have horrible things to say. Humans, however, they give disappointment, they hurt, and whatever whatever. So there was a guard for a very long time. It's getting better, but it's something I'll have to work on for the rest of my life.

Researcher: So do you think your year of therapy helped in this regard?

Kate: Well, not in the beginning because... therapists talk in circles, because the whole point of it is not to tell you what to do, but to help you realize what to do. So until you realize it, it feels like you're going around in circles and its frustration... like, "What the crap are you going on about?!" (laughs). But until you learn to self-reflect and realize that your personal flaws are not a downfall, they are not a bad thing, that we all have issues to work on... until you realize that you can't be happy. And I think you need therapy to do that, because you need someone to point you in the right direction without bringing you down about it. To ask the right questions....

Researcher: Yeah, I see. OK, I think you've answered a lot of my questions already, but I just have a few more. So it seems like your relationship with your mom is getting better now?

Kate: Yes, it is. But the difference is its getting better because I think I've dealt with it. Yes, I consider myself selfish, but I also feel like I have a good ability to look at the situation through somebody else's eyes. So I think taking time to reflect on everything that's happened with her, but looking at it from her view, being a single mom with three kids, her own business, bills to pay, and not having anyone around... I can see the type of pressure that would put you under. But, I don't think you can do this until you are older and you've learnt to reflect. When you're younger you don't understand. This is what I worry about with my sister... I don't think she's dealt with it at all, so she rather ignores it and pretends like nothing happened... but it all comes out when someone or she talks about it. I really do feel like a mother hen with her, because whereas I'm so emotionally guarded, she's so emotionally raw. So we are two complete extremes, and I feel like there are times where I need to support her or hold her up. But the thing is, she's going to have to decide when she wants to deal with it. If there's one thing I learnt through my mom, or probably more through my brother is that you can't make somebody do something until they are willing to do it. My mom wasn't going to get better until she was decided she was going to make the right effort to do so. There was something that changed her mind, and she decided that she needed to get better then. Until that happens, you can talk till the cows come home... it's not going to make a difference. I had the same discussion with my dad about my brother, because after school my brother was just sitting at home bumming and my dad was pulling his hair out. I told him he just has to leave it, because until my brother decides he wants a job and wants money, he will not do it. You just have to let people figure it out... and Rick [brother] has, he's doing a welding course. Ya, I was the hardcore one, my sister was the emotional one, and Rick...

Researcher: ...ya, how did he react?

Kate: he was just reserved. He was the silent one. He did exactly what my dad warned me not to, he just held it all in. And I think then that's why it came out in bad ways. There were a couple of times when he was a teenager that he had episodes of rage where he's punched holes through the wall, and broke his finger by getting in a fight and he almost hit my step-mom at one point... ya. So I think he just pent it all up, and, being a boy, he let that out as aggression; rather than like my sister who lets it all out as emotion and crying. And especially in a family where we were raised in the European style, we were taught that boys are men, that you can't be emotional, you don't cry and so on. I honestly don't know my brother. I don't know who he is. Because I think through everything he has just kind of shut down internally and doesn't discuss things at all, and because we have five years difference we don't have much to discuss. But my sister and my brother do talk a lot, they have always been closer, so I get comfort knowing that she gets through to him. So it was my job to protect them, and now it's her role to help him come out of his shell until he... he's also seen a therapist... he's also on anti-depressants... only my sister is not on... maybe she will when she faces it. Ya, she breaks my heart because every time it comes up she cries. But I'm still of my positive mindset that this is what happened, this is what we've learnt, how we've grown, we are all in a better place now, so there is no point in ignoring it or being negative about it. Yet, when I look at it, her relationship with my mom is still not good. There's a lot of unresolved tension there, and I don't think it will get better until my sister decides she wants to deal with it.

Researcher: Sho, I'm glad then that I didn't end up interviewing her, I may have opened up something too big for her.

Kate: Ya, you would have needed a whole box of tissues.

Researcher: Thank you, Kate, that was such a good interview.

Kate: Pleasure, hope that was enough.

PARTICIPANT 4 INTERVIEW TRANSCRIPT – “Sandy”

07-07-2014

SUNNIGNHILL, JOHANNESBURG

Researcher: OK, well what I've done with the other interviews is to suggest that you start from as early as you can remember with memories of how the family was, how your mom was with you and so on...

Sandy: so just in a general, unstructured way?

Researcher: yes, whatever comes to mind, whatever you remember. Well, maybe you could first tell me what you think your mother struggled with when you were growing up?

Sandy: OK. Well I think my mom, to speak of a diagnosis, has depression and has always had depression... but there is a lot of personality disorder as well... which I think affected the depression. But predominantly what affected me was the relational difficulties between us as a result of the personality disorder. And then in line with that, the depression added to it as well.

Um, to start as far back as I can remember... I think, I know from what they told me that my parents initially had a happy marriage for the first year or two, but then going into the third or fourth year they started to have difficulties which they thought were serious, to the extent that they thought of splitting up. Just before deciding whether to split up or not, my mom fell pregnant with me and that obviously motivated them to stay together and try make the marriage work. So they stayed together, and I think for the first three or four years of my life the marriage was quite good, from what I hear from them. I think my mom was relatively stable at the time, I mean my dad never said to me that there was any serious mental illness at that time.... Whether or not she was on medication then I don't know. So I had a half-brother who was living with us in the home and then with his dad, but then at a young age he left for boarding school. So I remember him leaving for school, and he subsequently decided to live with his dad and not with my mom and our family. Uh, and then when I was about five they started having serious marital problems, and I remember that clearly... the terrible fighting and instances of violent fighting between the two of them. Uh, and... during that time... my dad tells me that my mom would like pick me up from nursery school, or early primary school, and put me on the couch at home and leave me. He said she would lock herself in the bedroom the whole day. And, um, the maid would make me dinner at night, and I would eat my dinner and put myself to bed and literally not have contact with my mom for the whole day until the next morning. So that period was very difficult. And then once they had separated I didn't see my dad a lot, only on the weekends, and he was also travelling a lot. They obviously subsequently divorced... prior to that, I'm not sure whether it was during or after the divorce process, my mom attempted suicide while I was at home alone with her. I have very clear memories of that as well.

Researcher: Did you witness it?

Sandy: Ya. She took an overdose. And I can remember her taking the pills, I can remember the ambulance coming, the police coming, and my godparents came to fetch me from the house. Luckily, because of the personality stuff she took the pills and then very quickly decided to phone people and tell them what she had done... so I wasn't alone with her while she was out of it or ill. So, yeah, very clear memories of that. The difficulties with her, and her being depressed continued after that. So the lack of contact, or lack of appropriate contact continued between us...

Researcher: Do you mean there was inappropriate contact?

Sandy: well, lack of appropriate contact I mean she was very disconnected... she never cooked for me, she never helped with any school stuff... that was all left to the domestic worker... like I said she would fetch me from school and that was it... she would forget to fetch me from school sometimes. I remember being left at school often, arrangements made being forgotten... you know, not good contact between her and I. So predominantly between the ages of 4 and 7 that stuff went on. Um, she got married again very quickly and I remember being very confused and upset about that, and it was my dad

who was the one who sat with me and explained it and said everything would be OK, and it may even make things a little better. Um, so she got remarried, and I think she did well in terms of including me in the wedding ceremony and trying to make positive of it. And her husband was very calm and kind and quite a loving person. So there was a period of stability again for about two years. But she and I used to fight a lot and she was very punitive. So if I did something wrong, it wasn't a case of that was wrong and we carried on... no, it would repeatedly come up and she would use it against me in other instances. So she would always remind me of my failures. And that was something that has definitely stayed with me and I experienced it as very harsh and very punitive.

I remember one instance, I can't remember what the interaction was about, but I was crying and I was saying, "I'm sorry, I'm sorry, I won't do it again I promise!" and she continued to berate me by saying things like, "Sorry's don't count" and "I don't care what you have to say" and she was unable to repair, to accept an apology and let go. So we continued to have very difficult interactions. She used to have a HUGE temper... not anymore, I think it's died down a lot... but yeah, she used to scream and shout and swear and throw things. So, ya, I experienced her as terrifying. I remember calling my dad while mom was still married to Edwardo, locked in my room and pleading with him to come and get me because mom was so angry. I experienced her rages as so overwhelming that there was this huge fantasy that she would do something to hurt me.

So that was very tumultuous, and increasingly so towards the end of her marriage to Edwardo. She believed he was having affairs and so that became very very violent between the two of them, to the point that I said to my dad I wanted to live with him full time. And so I did. It was during my mom's divorce and my dad just said to her that they had agreed I would live with whoever I wanted to, and that I wanted to live with him. She agreed with that at that point, so there wasn't any conflict. So I moved in with my dad.

Researcher: How old were you then?

Sandy: I don't know exactly... I think I must've been about ten?

Researcher: (nods)

Sandy: um, so and then I would see my mom one night a week or on the weekends. She went through a very difficult period then, obviously going through the divorce and moving homes and everything. Our relationship continued to struggle then. She actually moved to a place which was quite close to the school so that I could walk home to her place after school and stay there until my dad picked me up after work. But we continued to have these altercations and fights and it really made me very distressed. I think the thing I remember the most about those times was that I really enjoyed horse riding... and there was like a lift club saying which parents would take and fetch on which days... and my mom would always make me feel so bad about having to come and fetch me. It was always such a thing for her. And I just remember how different it was when the other moms fetched us... they would ask how it was and be happy and encouraging. So that was a very difficult period as well. And, just to stay with my relationship with my mom... it's really only now, and I'm almost 30, it's really only been in the last five years that our relationship has been less conflictual and we have a semblance of a relationship.

She still acts out and things, but its not these terrifying rages. Now we can get along, but it's really only because I've had to learn how to manage my mom through years of therapy.

But, so, in that period where I moved in with my dad... and he's never suffered from any mental illness that I know of... he was in a relationship at that time... I don't really remember much about it other than that I never had a close relationship with my step-mom. And I think as I grew older in the teenage years our relationship deteriorated. We never fought or anything like that, she just never did anything nurturing for me. Like, she would make her daughter lunch and mend her school clothes or whatever, but she wouldn't do it for me. So I think that was a massive problem because there was a split then in the house and in terms of how things should be done. So that was difficult. When they did end of separating, what the crux of it was, from what my dad has said, is that she was very envious of the relationship I had with my dad, who in a lot of ways kind of over-compensated to meet the needs he saw mom never met, to be a mom and dad. But ya, so I wasn't sad when they broke up (laughs). So then it was just my dad and I in the home for a couple of years, which I think was really healthy... to kind of have someone to myself or I don't know what it was... but I did much better academically and my life really stabilised, my relationship with men stabilised. And he has subsequently gotten into a relationship which is awesome and healthy. And I think it's the first relationship that I've had with an adult women that is healthy. There is no antagonism or aggression, it is just a really healthy, loving relationship. So that's kind of an overview...

Researcher: So I see you're speaking about how it affected your other relationships, with men and women?

Sandy: I think it did. Especially with men. Well, my dad was actually very strict when I was growing up about boys, so I wasn't allowed to date until I was in matric, and if I ever asked him if I could go out to dinner he would always say no. And I'm not sure why he was so strict, he just really thought there was a right time when young girls mature and when dating is appropriate. So like my friends were allowed to go to clubs, and I wasn't until I was 18. So he was very strict. I was also horse riding a lot so I think that mediated my demand to go out. But my first relationship was with a boy in matric, who I was in matric with. And fortunately for me, he came from a wonderful stable family and he was very loving and nurturing. It was a very good relationship, we were together for about two years and then when I went to varsity I started coming out of my shell a lot more. I was quite over weight, and then I lost a lot of weight in first year. So I started training a lot and became a lot more concerned with my body. I came into contact with individuals at gym who were very unhealthy. So I subsequently started dating someone from the gym and broke up with this nice boyfriend from school. He was a real idiot, and I think he just re-enacted all the stuff with my mom. It was just a very unhealthy relationship. For about three years... we would be together for like three months, and then he would break up with me... and I would go through these terrible periods of feeling really bad about myself and just having this overwhelming anxiety of wanting to get him back. The rejection was huge, and I didn't cope with it well at all... like, I would have to go back to gym and diet and better myself in the hopes of getting this guy back. I think it replicated the relationship with my mom in terms of this rejection-acceptance cycle. My mom, I experienced her as rejecting and aloof and cold at times. But for example, when I was sick, she was the best mom ever.... She would keep me home from school and be the best nurturer, when I was

sick. It was a weird dynamic. Also, she was so critical all the time I constantly felt I had to be better for her to accept and love me. It's weird, she's still like that today. So yeah, I think there was this replay of this cycle of aggression and rejection. It went on for way too long, it was terrible for my self-esteem. But he just wouldn't leave, you know. He would always say, "This is the last time, and we can't be together, you must just move on..." but as sure as shit, just as I was getting back on my feet again and kind of getting out there and starting to date again, he would be back. And he was irresistible and I couldn't stay away from him. So I think he just epitomized the internalized unhealthy parent. Then we broke up and I was single for about 8 months, which I think was good for me... I was single, I had a good time with my friends, I went a bit wild, I was in honors... and I think at that point my dad had really loosened the reins a bit. His view was don't drink and drive and take drugs and we will have no problems. And that was it, if I was too drunk he would come and fetch me.... But I had a big group of friends and we jolled and went travelling and went on holiday... so that was great. And then I met Oliver, and I think he was just completely the opposite. He was older than me, and he had the view that certain behaviors were acceptable in terms of life and how you view it and how humans should be. I really took that to heart, and I think a lot of the reason was because he was older and he was really stable. But at the end of the day he is just a really unbelievable nurturer, which is what I never had. He never makes me feel anxious, and if I say to him that I am anxious or stressed out we can talk about it. But yeah, I think he doesn't hook that feeling of neediness or attention/rejection, and for me that seems to be the key to a stable relationship.

Researcher: So do you think your mom made you feel needy because she always rejected you?

Sandy: The thing is... I don't know... now when I look back with the knowledge that I have, I think a completely rejecting parent is almost healthier than an inconsistent one, because it sets up an inconsistent model of relationships. I think that if she just wanted nothing to do with me it would have been another set of problems, but this cycle of "I love you, you're great" and support and things, versus the anger which was completely rejecting and hostile and critical and punitive.... That was very damaging.... To my self-esteem and to my relationships. Like I said, I think now my mom has cooled a lot but also, I know how to manage her. So I can hear when she is looking for an argument or to get into something and it's been a hard lesson to try and decide if it's my stuff or her stuff and how to manage it, and I think that's where Oliver [husband] has been good, because he's like, "You can't take this shit from your mom!"... a bit of a reality check when I start getting sucked in again.

So... I definitely do think she was... to give you an example, me and my brother actually spoke about this, he had gotten the same flight as my mom from Cape Town up to Johannesburg, he was about 16 at the time, and his father had dropped him off late. So my mom just got on the flight without him, left, got to Johannesburg and left the airport. So he had to organize another flight for himself, managed to get to Joburg, tried calling her, couldn't get hold of her, and eventually he bumped into a friend who gave him a lift home. And I think that is like the perfect picture... once you stoke that hostility in my mom, you're gone, she just can't handle it... she checks out.

Researcher: so how do you think these effects on your self-esteem played out?

Sandy: Um, my mom was very critical of my weight growing up, and, um, and being a teenager living with your dad is not often conducive to healthy living. He would be like, after horse riding, “Let’s get McDonalds or take-outs”, because it’s easier... I mean, he was trying to cope with a full time job in the business world and raising a teenage daughter. So I definitely think I was overweight when I was growing up, and I was extremely sensitive about it. But my mom used to make derogatory comments about my weight all the time, to the extent that it would infuriate my dad. I remember him calling her, enraged, saying that she can’t say these things to her daughter and how dare she and so on. So that definitely impacted negatively on my self-esteem, and I think that I still struggle with my self-esteem. My weight is still something I struggle with, I yo-yo a lot. And she wasn’t consistent with HER weight and HER sense of self... she was always very critical and harsh. So I definitely haven’t internalized anything about how to foster a positive self-esteem. It’s been something that has taken a lot of work, and I still don’t think I’m there.

Researcher: Sho. So did that affect your relationships with your friends, like your girl friends?

Sandy: Ya, I think that I was lucky in school in that I had a nice group of friends... but we were a group of friends... I never had a special or best friend. Likewise, I wasn’t the type of girl who, because I didn’t have very close girl friends, would be all over the guys, no I wasn’t like that. So I don’t struggle to make friends or to maintain friendships... but I think now when I look back as an adult I think my relationship with other women was impacted on in terms of my mom. When I think of really close friends who know me... I think I struggle to trust women a lot of the time, and that’s why my relationship with Oliver is much easier than with women, because there is like this inherent trust there with him as a man that I can link with. Um, so, it is difficult. Now I have definitely one friendship which I’ve worked on myself in to be a better friend, and she’s my good friend, she’s my best friend and probably the only person that I will make time for when I’m stressed and I’m tired. So I think that’s a healthy relationship. But I think the predominant thing I’ve struggled with in relationships is being selfish, especially in friendships. You know, thinking about what need are they meeting in me and what need am I meeting in them and trying to negotiate that... because I do have a tendency to be quite selfish. I think that also comes from my mom, because my mom was (a) always worried about herself and not me; and (b) I had this overly attentive father who met all my needs, all my emotional needs, any needs when it came to needing a parent to help me. So while my dad over compensated and met all the needs, I had this other internalized parent who was extremely selfish. So I think that taught me that I needed to be selfish and definitely stimulated a more selfish side in me. So, ya.

Researcher: Sho. What made you go to therapy?

Sandy: I think that, fortunately, my dad was someone who was always... I don’t know why, because he will never go to therapy... so he was very pro-therapy. So when my parents first got divorced I started with a therapist who at the time I really didn’t enjoy. No, sorry, that’s not right. I probably started seeing her in my early teenage years – 13, 14, 15 – and I didn’t like it, it felt like a chore and I went there and I never knew what to say, what to talk about, it was torture. Um, and my dad always said that I didn’t have to go if I didn’t want to. Then, at about 18 or 19 I went back to her after having a few years break and just never really stopped going. You know, I have breaks, like now, but it’s a break that is decided on in the therapy. And it’s just a healthier way of... ya, I think having one parent who supports therapy...

gave me a female who was a really good role model, a really good emotional role model. And I can see as I've grown as a patient and I can see how she's taken a trajectory as a therapist, ya... I remember when I got into Clinical Psych masters she was the first one I told and she was happy for me, but helped me to think about how difficult it might be to hold people's emotions. We really talked about it and thought about it together, and she was very supportive of me throughout the process. Um, having such a healthy role model... I don't know if role model is the right word... but having such a healthy experience of therapy solidified what it would be like for me to be a therapist, and I mean now I don't know if I ever will be a therapist per se, but being in therapy helped me want to be one.

Researcher: Do you think it's helped you with your relationship with your mom at all?

Sandy: Um, I think it's helped me to take a step back and look at it. So I'm glad she stuck to the psychodynamic "let's think about it, let's look at it", because I mean, we did... for years. Whereas now we are at the point of thinking about what's healthy and what's unhealthy and how to manage it. So she did... therapy was huge in helping with my relationship with my mom and myself... and as I said, having a healthy woman or having an experience of a healthy woman definitely manifests itself. Like now when I look at my mom and she's acting out or something or starting to manipulate, it's like, "Whoa, don't react! You know where this is coming from, you know why she's doing this" or whatever. So I'm able to separate it from myself like that. So it definitely helped. I think I'm more on the anxiety side of the spectrum, versus the depression side... so I think therapy definitely helped me identify that, in terms of early warning signs. Even now, I can be like, "wow, my anxiety is ridiculous!", and knowing when I can manage and control it, or getting to the point where I acknowledge that I am not managing and get help for it and moving in that direction. So I think that's where therapy also helps, you know then that it's not the end of the world, you will get through it.

Researcher: I might be sounding a little bit repetitive, but, again, do you think your own struggles with anxiety and depression come from your mom?

Sandy: well we know there is a genetic predisposition... and I can think of family members, like aunts and uncles and grandparents where I can see anxiety and depression there. So I think obviously there's the genetic component. Uh, but ya, I think that anxiety for me must be linked to relationships with my mom and the difficulties I had with her. Because when my anxiety is at its worst the kind of self-doubt and self-esteem stuff comes in, and it re-triggers my anxiety. I can't explain a direct link, but I definitely think it's there.

Researcher: ... and if you were to describe her parenting in a few words, what would those words be?

Sandy: hmmm... (silence)... I think... disconnected, or more disorganized, because, like I said, at some points she was really loving and nurturing, and that was always the good stuff. But at the opposite end of the spectrum, she would become extremely revengeful and hurtful in the things that she did and said... I think the thing that predominated my relationship with my mom was the fear of abandonment. I was always scared that it would be the ultimate rejection... that she would kill herself... or she would just leave... so, shit parenting (laughs)

Researcher: (laughs)... so, this domestic worker you mentioned, what do you think her role was in all this?

Sandy: oh, she definitely helped! Definitely. Eunice. She was a part of the family... ya, it's funny because it was something I looked at in terms of a research interest. She was great! She was a live-in domestic, but she only lived with us in the Gallor Manor house, before my parents got divorced. Or, I think she did come with to my mom's new marriage for a few years, but then left. I remember so many times when my mom and dad were fighting just going to sit in her room... ya, she was a great nurturer. The thing that stands out for me a lot was that she used to wrap me in a towel and put me on her back... I think even as a big toddler she would do that... I have actual memories of her bending over to do something and I have the physiological memories of that. Now that is the ultimate feeling of containment, and it was given by, ya, this third person. So she was the best! We actually tried to find her, cause she left obviously because of the problems with my mom.... My mom must have been the worst white women to work for, ever! (Laughs). There was always a hazard of having things thrown at you. So we tried to find her but actually couldn't. But ya, she was fantastic... a real step in the right direction for me.

Researcher: mmm, it is very interesting to hear! I also thought about researching that. Anyway... I think you have answered a lot of my questions... you don't really know how your brother dealt with it? Oh, but he wasn't really in the home...

Sandy: ... he wasn't, and I can only tell you what we have discussed as adults. We've become a lot closer in the last couple of years. Um, he also... in the divorce between my mom and his dad, speaks of lots of conflict and this violent fighting and tantrums on my mom's part.... But, I think that he left for boarding school when he was in grade 8, what is that now? 12? Yeah, which for him is a stickling point, why did he get put into boarding school? His dad was also remarried and was starting a new family, as was our mom, so I think he struggles with that rejection. But he did really really well in boarding school, probably the structure helped him. Prior to that he really struggled academically and had behaviour problems at school. He had dyslexia and had to go to a special school. And my mom, I'm quite sure, wasn't able to contain him or handle that appropriately, which probably left him with feelings of worthlessness and loneliness and what not. So, now as adults we are in the same boat, we both have better relationships with my mom, or better than it has ever been, but he has lived in Cape Town ever since he finished school, so it has definitely been me more who has had to deal with the fallout from my mom, the attempted suicides and things. So he definitely did struggle.

Researcher: so it sounds, though, like it's still all on your side, that you are the one making the effort to make the relationship better?

Sandy: uh, you know, you know I think my brother has a better way of dealing with it... he is of the mindset that he has his own family and his own life. He is 100% there for her if she needs it, but he is not there if she wants to act out or manipulate or things like that. And I think my mom almost senses that, so she doesn't go to him with the drama and whatever else. So I think, ya, I do get the brunt of it and I do deal with it more, but over the last few years... although it's hard and I wish it were different... I don't deal with my mom like I used to. She is just too chaotic, and it's too painful, and the wish for a close

healthy relationship is long gone. So I know that's not a reality anymore... and it's hard, there was definitely a grieving period which was very difficult. But I think I'm healthier than I ever was, and she is healthier than she ever was.... In a weird way. I almost think she can't have anyone too close, because then she starts to act out.

Researcher: Ok, moving to the future... if you had three wishes for your children twenty years from now, what would they be?

Sandy: Sho... that's a hard question... three wishes for my children twenty years from now... (silence). Obviously thinking about my past and what I would like to change... hmmm. Well, as a prelude, I must say that that is something I still struggle with, thinking of myself as a parent. And it's definitely got to do with the fears around my own capabilities, and am I going to be a good enough mother... am I going to be able to deal with my own rage, or my own irritation, or my own stuff, or will I just put it onto my kids like my mom did? No matter how many times I've told myself that I am not like my mom... there is always that fear that I will be a parent like my mom.

So, to answer the question, I guess that my first wish will be that they grow up in a loving environment, which is consistent... and if not both, that they know that they have at least one caregiver who is consistent and who loves them and who can provide a stable upbringing for them. Second, to be free of pathological anxiety... to know that they can make their own decisions and to feel supported in them and confident in themselves and the decisions they make. Third, I think we all... well I definitely think that... divorce... well to hope that my child can find love in whatever way that comes... whatever form it comes in, as long as it's a healthy love and a normal love.... That would be my third wish.

Researcher: So do you feel your decisions were not supported by your mother?

Sandy: Um, definitely without support from my mom, but definitely not alone in the decisions I made because of my dad. Like, my mom would give her advice and opinions at times, but I felt like I couldn't trust her opinions because I thought, like, "Does she really know who I am? Does she know why this decision is important to me?" But having said that I think that my mom, to give her her due, was always there when I stuffed things up, and likewise has always been there for the good times as well... you know, be it graduations... or ... you know, she was good in that sense. So, ya.

Researcher: Ok (shuffles paper)

Sandy: Is that all?

Researcher: Yes, I think it is, thank-you.

PARTICIPANT 5 INTERVIEW TRANSCRIPT- "Belle"

15-07-2014

RUIMSIG, JOHANNESBURG

Researcher: Ok, now you are informed (laugh)

Belle: Yes, (laugh) how can I help?

Researcher: Tell me everything about you and your mom? Firstly, tell me if she is diagnosed with anything?

Belle: Yes, she's diagnosed with DID

Researcher: Dissociative Identity Disorder?

Belle: Yes, then chronic depression, suicidal tendencies, and kind of everything that comes along with it.

Researcher: Yah, this is a cool one for me, not for you

Belle: Yes, but you learn to cope. It is not always easy and sometimes we want to kill each other but I think other families have similar issues

Researcher: Yes, but what I did with the other participants is maybe to start with the earlier memories and recount if there are any major points or memories that you have and who was in the house with you. Just talk

Belle: I know that she was in and out of rehab and my sister did practically raise me

Researcher: Are you the younger one?

Belle: Yes, I am the youngest of three

Researcher: OK

Belle: I think it was harder for my older sister as she had to look after my mom as well as me

Researcher: Oh

Belle: It was difficult at school things when other parents always participated and my dad had to travel and my mom, well, kind of not functioning

Researcher: So has she always been not functioning?

Belle: From what I can remember. She is actually a million times better now

Researcher: Ok and why do you think that is?

Belle: Because she has been in therapy for the last 22 years

Researcher: That's good

Belle: On and off, in and out of Crescent Clinic before all the others, but she is doing ok now

Researcher: Go back to when you were a little kid in the house and who raised you

Belle: My sister . She is five years older than me and she taught me how to cook and generally raised me. Things were really bad when I was about four or five. That's when things got really bad

Researcher: What does it mean 'really bad'?

Belle: She would have black outs and because she was involved with therapy she would bring other people into the house which would be uncomfortable cause those people would come with their drama. Sometimes she would be at therapy which would be frustrating... frustrating at that time and it messed up their marriage

Researcher: Are they divorced now, your parents?

Belle: Well, they are separated, live in different rooms and do not get along at times but it is not financially viable to run two homes when my dad is only home two nights of the week

Researcher : Oh yes

Belle: But then he also has issues on his own. There aren't any events on their own because this is what I have grown up with, its normal to me... which is a little bit obscure but when you don't know anything else that is just how things become

Researcher: Yes

Belle: Like when I walk into a house with doting parents and mothers, that's not normal to me and it's affected my view on how a family should run. I have an obscured view on how things are done

Researcher: So what happens to your mom when she has an episode or a black out?

Belle: We used to have a problem with her getting in the car and driving off and go missing for two or three days with us not knowing where she was, with my sister taking care of me and as I said, she is a lot better now.

Researcher: So she guarded you?

Belle: Yes, she guarded me a hell of a lot . And my brother left home when he was twelve or thirteen

Researcher: Also older brother?

Belle: Ya, he is about thirty-one now

Researcher: Oh, so quite a bit older

Belle: So, he left home early, it was too much for him to deal with. I think he talks with my mom once a month

Researcher: Ok

Belle: Cause its just too much for him to deal with. There are incidences where you get a call saying moms in Crescent Clinic. But you get used to it, its second nature, so, like I'll go comfort her after school

Researcher: So you are little bit numb to things

Belle: Ya ... and it makes you numb to almost everything in life cause why would anybody be different to what your own parents are... like birthdays she would miss, school events

Researcher: Like, who would take you to school?

Belle: Umm... when I was in primary school, my brother was driving, so he would take me, and then at high school my mom would take me and then go on to work, or my dad, whoever was around and often my sister would walk me home

Researcher: So your mom did have a job at some point?

Belle: Ya, she worked at Rhema for quite a while and then they accused her of stealing and then not being able to cope... saying there are too many different people, we don't know what to do with you. And then she left. She worked at Flower Spot for a while but they tried to change her hours to ten days on and two days off... which is illegal but I try to stay out of it

Researcher: So do you know who your mom is?

Belle: No

Researcher: She is just a whole lot of different people... how many personalities does she have?

Belle: I think they are down to three or four

Researcher: Oh, ok. How many did she have?

Belle: About twenty odd. But there are times even now when I have a conversation with her and then later say, mom, about that thing we spoke about and she will have no idea what I am talking about... And you can tell when it's a different personality you are talking to because one minute she will be all childish, joking around and having water fights and the next she is all serious... a completely different person... and you learn to pick up on it but you also learn to adapt

Researcher: It's very inconsistent?

Belle: Ya... you can't say that from ten to two you are dealing with this one... also depends what is going on... what my father is doing..

Researcher: So do you just stay out of everything

Belle: To a point... if my mom needs help, I will help her but I get annoyed very quickly. I have very short temper so I try and stay out of it until I am absolutely needed, cause I snap and I know that will make things worse

Researcher: Well, obviously that comes from somewhere

Belle: Yeah... that probably comes from all the built up anger... not being like the other moms at school... I know this

Researcher: Have you been to therapy?

Belle: Several times

Researcher: So you know?

Belle: Yup... been told all of this

Researcher: So tell me everything you have been told besides being angry?

Belle: That I should see it as a learning curve... that it will make me stronger and not damaged

Researcher: In what way has it made you stronger?

Belle: I like to think that I am more equipped to handle things that life has to throw at you

Researcher: Not shocked at anything?

Belle: Ya... well, most things... like if you work in an office environment, you will work with twenty different people and I have learnt to deal with whatever comes at me

Researcher: But do you think that is as the expense of you being free to express whatever you have been feeling?

Belle: No, because the therapy over the years has taught me express everything I am feeling... like in most cases I can express the emotions I am feeling

Researcher: So you don't feel scared of her?

Belle: No

Researcher: Did you ever feel scared of her?

Belle: Once or twice but never properly scared... I still hold a lot of resentment towards her, I still hold a LOT of resentment towards her because I don't think a seven year old should be cooking dinner for everyone and I don't think the older sister should be doing all the laundry and ironing... and because of everything that has happened, yes, our childhood did get taken from us

Researcher: So basically you guys were running the house for her?

Belle: Yes, because she would have a meltdown and stay in bed for four days... someone has to make sure we had clean clothes, cooked food... so I have been cooking since I was about five, my sister since she was about eight... and my brother. I landed up becoming a chef

Researcher: Oh cool

Belle: Yeah... but that's the thing that, now she has been put together, she is more there and that you start to remember the good things, and not the bad and how far she has come. I try not to hang on to things because then my anger just bolts

Researcher: How did you get into therapy yourself?

Belle: At primary school they put me into therapy because I was showing up at school with bruises because my brother does not know how to express his anger unless there is another human being involved because he has a lot of anger towards me and to my mom

Researcher: Why to you?

Belle: Cause my mom started to go downhill shortly after I was born and as a seven year old with my parents not getting along he blamed it on the new baby... I don't hold it against him, I understand why but he needs to realise that that's not the reason. The school put me into therapy then and I left primary school. Then at high school they tried two or three different therapists but I did not get along with most of them... the one sat there smiling the whole time... no matter what you told her, she would keep on smiling

Researcher: Well, that is horrible

Belle: Yes, even if I told her something terrible she would keep on smiling

Researcher: So, did this affect your schoolwork? With the bruises and all?

Belle: That was only at primary school... my brother left home

Researcher: And at high school? Why did they send you?

Belle: I think it had partly to do because I had a falling out with one of the teachers and my mother had to come to the school and had a meeting with them and she kind of let them know about our home life... which I normally keep very well hidden... most of the people don't know half of what happened in my house

Researcher: Why is that?

Belle: Because it has nothing to do with them. I have learnt over the years that you tell people things and then next thing everyone knows or they ask me are you over that yet? Are you done?

Researcher: So people are not supportive hey?

Belle: Cause they look at you like you are some kind of a freak. When you tell them your mom has DID, they kind of go 'hmmm, well...'

Researcher: And your extended family besides your dad?

Belle: My sister is overseas, my brother is in Kwa Zulu Natal and I don't know any of my cousins. I had an uncle who was married and he passed away... haven't seen my aunt in over a year and even then we only see my aunt once a year. And then there is my grandfather who actually lives down the road in Johan Street. I don't like him much

Researcher: Is he too old or something?

Belle: No.. I don't know what his issue is. Whenever I talk he second guesses me and questions my mom to see whether I am right. He and I just don't get along and I don't like his new wife so instead of going there and annoying myself I just stay away

Researcher: So is that your mom's dad?

Belle: Ja... my dad's parents died, well my dad's dad died when he was fifteen and my dad's mom died when my brother was two... over thirty years ago

Researcher: So did your mom's parents help when you were younger?

Belle: Um, on and off. My grandmother did not like my sister

Researcher: Why... Just because?

Belle: I don't know... I really don't know. Some afternoons when my mom did not want us sitting at home we would go to their house, but not very often. A lot of my mom's issues come from her childhood and she does not want us to be exposed to her parents as well... during our childhood

Researcher: Clever mom

Belle: Yes... that's the thing, through all of it, she still thinks... sometimes. Sometimes I want to scream and shout because 'you just don't get it'! I get annoyed easily as I said

Researcher: How does she get to Crescent or to hospital?

Belle: I remember when she was working at Rhema, she drank a bottle of ant poison, realised what she did, threw up and drove herself to Olivedale

Researcher: So she drove herself

Belle: Yes, another personality takes over when they realise what the other person has done and counteracts it as best as possible

Researcher: What was your first experience like in going to see your mom in hospital?

Belle: I was about seven or eight so I said, "oh! Look at the arts and crafts mom's doing"! It was not the case of "look what mom's doing"!... its 'find the positive in it'

Researcher: Have you always been like that, find the positive?

Belle: I have always tried... as I got older it did get harder but I have always have been a happy child... but as I got older and realised what's in the world and what I am putting up with

Researcher: Yes, it must have been hard

Belle: And my sister now suffers from depression, I suffer from depression. I think a lot of it is what we grew up with. Obviously there are chemical imbalances' but chemical imbalances don't cause you to cry... well, that's my logic

Researcher: So, at high school was your sister still living with you?

Belle: Yes, she only moved out when she was twenty-one years old

Researcher: Did you guys get along?

Belle: On and off. Because my sister took care of my mom so much, they were a lot closer. I was a jealous younger sister because they would be sitting in my sisters room with the door closed and I would be sitting in my room. So there was a lot of that because they were a lot closer

Researcher: So they actually got along?

Belle: Yes, I don't think Holly had a choice because she had to take care of her. There were days for about a week that she would just not get up

Researcher: What did you do... how did you make sense of that?

Belle: 'Oh, mom is just having one of her moments again'!

Researcher: What did you do... just leave it?

Belle: 'Get up you lazy lump'! I would get annoyed because why should I do everything whilst you are lying in your bed. When I was younger I did not understand it all and even as a teenager I did not understand it all and I used to hold a lot of anger and resentment toward her. A lot of it is still there... it makes me impatient with people, don't trust people. I try and be positive, but you sit in your head and go... well...

Researcher: In terms of loving and stuff, was she ever affectionate? No? Did she ever say she loves you at all?

Belle: To a point.. I can count on my fingers the amount of time she has said I love you. Obviously as a baby she cuddled and coddled us, but I don't think she has hugged me this year

Researcher: So even when you were seven or eight she would not touch you or hug you?

Belle: Not often affectionate... but then could also stem from being English. Both my parents stem from British background and they are not very a very affectionate group of people. So neither of them grew up in homes where you sit and cuddle and so forth

Researcher: Do you think that or your mom affects your self-esteem?

Belle: Ok, well, I didn't want to bring anyone home or make close friends because then they would be introduced to this. So I would isolate myself... and then because you have isolated yourself and pushed everyone away no-one makes any effort for you, and you think, well, I am not worth the effort

Researcher: So, it wasn't like your mom directly saying, 'you are a loser'?

Belle: No, no... my mom was very good at that sort of thing. She always supported and encouraged us as best as she could... so what with what she went through she did as best as she could

Researcher: Ok, So, she wasn't like angry, or hostile or aggressive?

Belle: Not towards us... it was normally directed towards herself

Researcher: Oh, ok, and then the suicide and depression

Belle: So it was more her actions towards herself that affected us. Like cleaning up your mom's blood isn't what children should be doing, but, it has to be done

Researcher: So in those moments do you just, kind of, switch off your emotions?

Belle: Yaa

Researcher: You just have to?

Belle: If you hold onto every little bit of it, you will fall apart, and I did, I had a breakdown because of her

Researcher: When was that?

Belle: 2011

Researcher: Three years ago

Belle: Ya... and that shattered me and I haven't been the same since

Researcher: And that's when you kind of understood more what's happening

Belle: Cause I went to go work overseas and I fell apart because all of a sudden I didn't have to look after this and sort out that and I wasn't there to make sure she was ok and I literally fell apart. She put me back into therapy for a year. I couldn't work properly because I felt flat and I am only now starting to get over that

Researcher: So you would say that's depression then?

Belle: Ya

Researcher: I understand

Belle: And I think you realise that how you grew up isn't fair and it's not normal and it isn't right that it happened, but it did

Researcher: and you can't change it

Belle: Ya... exactly that

Researcher: So how did you go overseas?

Belle: umm... I had done one of my practical chefs training on an island and they asked me to come back and when I was there I was literally alone for twelve or eighteen hours a day because I was in a single house as a chef there and you are surrounded by a functional family where the dad says I can't speak to you now I am with my kids... I think that's not normal... and the mom comes in the morning and cuddles her son... and I think, nooo. And I am surrounded by this functioning family which could all

just be a show cause they are on holiday... with two families together and you stand there thinking it's still not right and I literally fell apart

Researcher: So did you feel really low about yourself?

Belle: I was a mess. I actually didn't speak for about two weeks... I just fell apart. I just shrunk into myself... I did not even stay there for the full three months... they just sent me home

Researcher: So, did you want what you saw or did it just make you sad?

Belle: I dunno... I think, yes, to a point. I think every little girl dreams of having a family one day. But I think it was a case of ... it got me thinking how messed up things really were and what I have taken as normal and that is just how family is, isn't actually that's not what it's meant to be... and just before I left I found a note my mom had typed to someone telling them how suicidal she was and how she doesn't know how she is going to get through Christmas, dissed my dad and there is also the guilt of all of that building on top of that and... everything

Researcher: Shoo. And the chefs training... did you finish high school

Belle: Yep... no, I matriculated. Finished my chef's college... was number seven in my year

Researcher: So you were never affected academically?

Belle: No, but then I am a very lucky child, I have a semi photographic memory

Researcher: Oh, that's wonderful

Belle: I can read things once and that's it

Researcher: Ok, shu

Belle: I never did the whole learning thing

Researcher: And your sister... did they struggle?

Belle: My sister struggled... my brother also has a good semi- photographic memory but he was lazy... he may have been fed up but I don't really know my brother so I can't answer any questions about him. But my sister, she did struggle a lot. I still remember most afternoons her going over everything she did at school that day

Researcher: Shame... and she had to do it all herself?

Belle: Obviously my brother was there a bit to help her but he left home when she was eighteen

Researcher: And what is she doing now?

Belle: She is co-managing a hotel in Gilford which she has not training for. She hates it mainly because her boss is an idiot... but she is resigning after she gets married

Researcher: Ok... is she engaged?

Belle: Ya... she is coming down in September to get married

Researcher: And you... do you think your mom affected you in how you relate to men?

Belle: I would blame that more on my father

Researcher: Ok... What does your father have? (laugh)

Belle: My father is a complete nutcase... like one minute he will be joking with you, the next he is swearing at you... will burst into tears

Researcher: So both parents were kind of off the racket?

Belle: My father more as he is getting older... but my father is a very angry person and I am sure he has some kind of post-traumatic stress disorder cause he fought in the war

Researcher: Oh, the Second World War?

Belle: No, in the Rhodesian war

Researcher: Oh sorry... the Second world was is more like our grandparents

Belle: And he is always racist and he is always angry, shouting and swearing, so when a guy's nice to you after you have had that, you kind of ask well what do you want... because my dad's only nice when he wants something. So in that case, I guess never seeing your parents showing affection you kind of don't understand what married affection is... when you see other married couples holding hands you think oh, that's strange... you do that when you are a teenager... you get it out your system

Researcher: Did you do that when you were a teenager?

Belle: No. I was dealing with my own nonsense in my head. As I said I didn't want to bring anyone close into my life

Researcher: And do you think it's still like that?

Belle: To a certain degree, yes... like since we moved here I have actually only allowed one friend to come here and she knows a little bit of everything but most people I don't really involve them in it because it's a lot for people to handle. Not many people would know how to respond when you say didn't see my mom for days as she didn't get up... or my father just screams and shouts and kicks the dog... they kind of don't know what to say

Researcher: Ya...So do you have any really close friends or just this one?

Belle: I have a couple of close friends... the one is doing the cruise ships at the moment. She actually gets back today but then she goes to CT... and then I have a couple of other close friends but some of them are still studying and so they are occupied. And yes, they know some of what's going on but not everything. And also, we have only been here a month now so as you can see we still unpacking and packing and making a mess... my room is a mess.... My room is a mess

Researcher: So are you quite a tidy person then (laugh)

Belle: No... Im not but my room is a mess at the moment... its driving me mad... cause I don't have a cupboard and everything is everywhere

Researcher: And boyfriends?

Belle: Ya, there is one

Researcher: Oh, there is? Is he your first boyfriend?

Belle: Uh uh

Researcher: So you have had boyfriends'?

Belle: Ya... no I have but they have all been somewhat dysfunctional

Researcher: Similar to your dad?

Belle: Umm, the guy I am with now is someone I dated before and he is just wonderful. He is special in his own way... but the guy before him was a bit of a psycho and I was at a point where I just didn't care about life so... it literally was the March after I had my breakdown so I just fell into that routine of ok, well fine... and he was a bit of a nut job. You know everyone tells you walk away and you just ignore them

Researcher: Ok... I am reading my question (laugh) very good... when you were upset as a child what would you do?

Bella: Usually bottle it up, or scream or go find the cat and sit with my cat

Researcher: So, you love animals?

Bella: I like cats. Dogs leave much to be desired. Like my cat is my baby... she literally is my baby... like if I am out for the night she won't come home... and when we were moving they couldn't find her for the entire day... within twenty minutes of me coming home and calling she came straight away. So, she really is my baby...she sleeps next to me every night. If I go and bath she gets abandonment issues and comes and sits on the bath ledge... I did hand raise her so..

Researcher: Oh, was she a stray?

Bella: No, her mom is around here as well somewhere but it was her mom's first litter and she didn't know what to do and out of five kittens only three made it.. so I have my Kevin whom I bottle fed every time... so she is my baby

Researcher: I also had to raise kittens like that ... did you have to rub her to make her wee? (laugh)

Bella: Ya, and keep her warm. I want another one but I got a kitten... Kevin doesn't like him much

Researcher: Is Kevin your boyfriend?

Bella: Kevin is my cat

Researcher: Oh

Bella: You know the bird from the movie 'Up' that makes that terrible noise... that's the noise Kevin made as a kitten and that's how she got her name

Researcher: She is going to have gender issues

Bella: Oh, I am sure she does. Other cats have cat or dog issues... it thinks it's a dog... so when you get home its two dogs and the other cat sitting at the gate waiting for you. And when the dogs sleep on my mom's bed, the cat curls up with them

Researcher: Did you have a nanny or a domestic worker at all?

Bella: No

Researcher: So, it really was all just you and your sister?

Bella: Yeah. Obviously there was a maid that came once a week but that only really started when I was sixteen... when we had moved to a bigger house for some unknown reason ... when my brother left home we moved from a flat to a house which made no sense to me but... then she would come once every Sat morning and wash windows, wash floors... do a basic good clean up. But ironing, cooking and stuff like that was done by my sister and I

Researcher: And what would you do, like when you said you were alone quite a lot, when your mom and your sister were together... what would you do when you were alone?

Bella: Paint or talk to the cat

Researcher: So you like art?

Bella: Umm

Researcher: Was there any other way you think your early experiences have held your development back?

Bella: Yeah, I would say so... cause it's like I am really scared to go out on my own because a) what would happen to my mother and b) what would happen if I feel I am not coping and I am on my own and what if I land up doing something stupid again... those sort of moments

Researcher: So have you... I mean if you can cope with your mom..?

Bella: Ya but coping with another person is a lot better than coping with yourself

Researcher: So you have never really been out on your own besides that island?

Bella: Ya, and even then I did have a housemate although she was never there. Also the whole thought of bills and medical aid and that sort of thing is very intimidating

Researcher: Did your dad deal with all the finance stuff?

Bella: Ya... he is not very good with finances to begin with...

Belle: I think its just a case of finding the confidence in myself and I know that I will cope... and to find a job that pays sufficiently so that I can cope... I think its more of a financial background problem than my mom

Researcher: So did you guys struggle with finances?

Belle: Ya... and with mom not working you get angry because how can you expect dad to pay for everything and you just sit at home... so it all adds up

Researcher: So that also added pressures I am sure?

Belle: Yes it did

Researcher: Do you think focussing on your mom so much didn't allow you to focus on yourself?

Belle: To a point, ya, cause how can you take care of yourself when you taking care of another person... but I think that affected my sister more than it did me

Researcher: Ya, definitely... did she also go for therapy?

Belle: For many years... but my father doesn't believe in therapy. He thinks it's a lot of nonsense

Researcher: So he has never been obviously?

Belle: And he refuses point blank

Researcher: So how does he think your mom has... (Interrupted)

Belle:... Oh he thinks it's a load of jokes... they talked it into her head, it's not real. So it caused quite a bit of problems

Researcher: For sure. Did your mother and father ever get you guys involved in their arguments?

Belle: Not me cause I was the youngest. But my brother would always side with my father and my sister with my mother... and when the main arguments would really happen I was too young to really realise what was going on. Like the first time my mom moved us away from my dad I think I was four so what does a four year old really realize when you still see your dad on weekends. As I said, the whole upbringing to me was normal, to other people its... umm, you're a nutcase

Researcher: So again, as I asked before, you weren't well supported... it doesn't sound like it?

Belle: I had my sister

Researcher: But besides your own family?

Belle: No... Obviously I found a few friends who can handle it, and can handle me when I am not ok, but literally its five or six of them and you don't want to pile it on to one person so you hold a lot back as well ... and they also have lives of their own... they can't drop everything. And also, a lot of them have only come in the last few years, when you find your true friends, not your primary school friends. So

when it was the harder times your were on your own when no one really knew anything... and when you go to a fifteen year old and try and explain anything they really can't handle that

Researcher: You were really forced to grow up?

Belle: Ya, you can't expect them to handle that

Researcher: Yet you guys were expected to handle that?

Belle: Ya, but we didn't know any better. But it wasn't all terrible... there are good memories, water fights and laughing and...

Researcher: That is good to know

Belle: It's not all terrible

Researcher: Please describe your mothers parenting behaviour in a few words

Belle: Umm... I don't see my mom as a parent

Researcher: What do you see her as?

Belle: A family member... another sibling

Researcher: Ok... so she never really took on that role?

Belle: I think she tried as best as she could but because of everything going on she couldn't. So, yes, she did try to make dinners every now and again. She did try but dealing with what she was dealing with made it impossible... and I was a very bratty teenager and I can still be very bratty... and that didn't make it any easier either because she would go to therapy four times a week at one stage, so it wasn't only now she is having issues but spending time at the therapist is more important than spending time with your kids... oh, mom can't come to my netball game because she had therapy; mom can't come to the gala because she's got therapy; I can't have a birthday party because she's going to be at therapy. So it became a lot like that. She became more dependent on her therapist than anything else... if Sue phoned, everything would be dropped. Like I think at one time we were all going to the zoo or something during school holidays and my mom had taken the day off and Sue phoned right before we were about to leave, so we no longer went... she went to therapy

Researcher: So, a lot of disappointment?

Belle: Ya, and also the way it affects you, you land up not expecting a lot from other people and you allow them to treat you like crap... you allow them to give you all the empty promises; you allow them to do as they please, and you just accept it because that is what you know. And that was the problem with my ex... the empty promises and the lying and I just accept it until I got to the point of 'not any more'. And that's the thing that because you know this behaviour that's imprinted on you that's all you expect from anybody else

Researcher: Have you ever got to the point of 'not any more' with your mom?

Belle: Ya, many times over but it makes no difference

Researcher: Like, I mean have you ever left her, left the home, no contact or anything like that?

Belle: No cause I can't afford to move out and she has known for many years, and I have said to her many times that as soon as I can, I am gone. And there are still times when I say that now but I am sure after a month I will miss her and want to check that she is ok

Researcher: So you do still have some kind of relationship?

Belle: Ya... since my sister moved out we actually get along a lot more because there is not someone else for her... which shouldn't be but it works

Researcher: But you still don't see her as your mom?

Belle: Not in like, the way most people will see their mom as in someone you can go to if you need anything. Ours is kind of the other way round. Like, ya, I can talk to her about some things, not most things. Like I said to her now, earlier today, I said to her, no, when Roland and I went away a couple of weekends ago he told me he loves me and she says 'oh, ok' and walks aside. So its little things like that that she doesn't know how to deal with and I get that but at times you also...

Researcher: You want it?

Belle: Ya, want her to get all excited ' ya, tell me all about it'. Just to know you can go to her with anything, but I know a lot of things will trigger her so it's easier not to

Researcher: Like what sort of things do trigger her... stress or...?

Belle: Ag, stress or when my father is in one of his moods. Something it's something simple like on TV... it could be anything. It doesn't happen as often as it used to. Now, if it happens once a month it's a lot

Researcher: Ok, so is she on medication?

Belle: It's not just that... she's dealt with a lot of it, almost everything... almost twenty years of therapy can only help a person like that

Researcher: Yes, it's commendable for a person who sticks that long to therapy

Belle: Well, she was with Sue for ten years; Dr Yukon for three years; Meg for almost six years and then the church therapist and the church counsellor... those sort of things

Researcher: Do you think church, or having a belief helped at all?

Belle: Sometimes yes, sometimes no, because if you believe in God you believe there is someone looking out for you, watching over you but then you also create an anger of why did you let this happen to me. She has had to deal with a lot of that. She does have some religious friends who bible bash

Researcher: Are you religious at all?

Belle: I have my faith but I am not going to force it onto anyone else

Researcher: So, do you go to church?

Belle: I went to a religious school and I when saw what all the people who go to church on a Sunday and are all 'holier than thou' get up to, I thought no, the ones who go to youth just so they can make out in the dark corners of the toilet, I thought no... not my scene

Researcher: So did you find that helpful for you... did you ever turn to God when you were alone?

Belle: I did... when I was feeling I couldn't handle anything anymore, I felt He was there and there was someone to support me. When my mom and sister were off on their own and I was sitting on my own there is still someone to talk to... I'm probably not helping your case study very much (laughs)

Researcher: Oh, you are... confirming everything! (laughs). How easy is it for you to make new relationships?

Belle: Fairly, but it always has been. I can easily make new friends but to get it onto that deeper level is very difficult... I don't open up easily

Researcher: So, did you feel like you were almost pretending that everything is fine for most of the time?

Belle: Yup... I did that a lot... like in high school when they found out there were issues, they never thought that, never dreamed it cause I always came out in class as quiet and diligent... not the nutcase that comes out behind closed doors

Researcher: So, in school you were quiet and shy?

Belle: According to all my reports, yes, according to anyone you spoke to, no, I was very scary

Researcher: Were other people scared of you because you were so angry?

Belle: And I had a very good death stare!

Researcher: (laughs) Is there anything particular that you learnt from your childhood experiences?

Belle: How to deal with a multitude of different people

Researcher: Oh, yes, you already said that

Belle: And I just think it equips you. Granted it takes a lot but it also equips you with skills that not many people have. Not many people can be falling apart on the inside but able to cope still... or can get along with everybody but know how to keep that boundary

Researcher: I am sure at some level it must be tiring at times?

Belle: Oh yes, it can be incredibly tiring but at the same time its more tiring to repeat the same story ten times than it is to be 'no, I'm fine'... but also again, we don't have a very expressive family... it all seems calm and fine on the surface... no one really talks about anything

Researcher: So, you've never spoken to your family about everything that's happened?

Belle: Not like you sit down and talk about it... more like 'mom, I heard you talk to Holly about x,y and z so what's happened'? Or my mom will say I found this and I don't know what to think cause she had read my sisters diary which wasn't really fair but mothers do these things

Researcher: So, is she intrusive like that a lot?

Belle: Not a lot, but occasionally. Depends on who you were dealing with

Researcher: Like, did you feel you were always on the defence with her?

Belle: Well, her and I, the whole way through my teenage years did nothing but fight, cause it was the whole she favours Holly ... Holly... she is the only child that matters... like she would go somewhere and it would be, 'no, Holly's already done this and Holly's achieved that'... and yes, I guess my sister was the shy one and needed the confidence boost but at the same time my mom did not see the damage it was doing... you can't go on about only one of your three children. And she does, still does... like you will pick up the phone and you hear her say, 'oh, Holly, only you can make my day better'. So, in that way she did knock me down but I don't think it was ever vindictive or intentional. When I was on the island she was on my Facebook talking to my sister... she was not very technological savvy and didn't know how to log out of my page and I read the messages they sent to each other and they would say 'oh you know how Rebekah can be, she is a selfish brat... so that kind of thing happens but I don't think she goes out of her way to hurt someone

Researcher: Do you feel like you are selfish?

Belle: As a teenager I was, I was a brat... I was an angry, annoyed and fed up brat and I can still be like that at times... when it all gets too much at times I scream and shout... as a kid I threw a lot of tantrums

Researcher: Well, maybe you had to be selfish in order to survive?

Belle: To an extent but I think I went overboard with it a little cause I was so fed up... and the fact that I did not get the attention that I wanted from my mother

Researcher: Do you feel like you getting a little bit more now?

Belle: Some days, most days I am on my own mission. That is one thing is that it did teach me ... to be very independent and to a point where it actually causes problems cause I can be a bit of a control freak... and I want someone else to be in control and want someone else to take over but I won't allow them to do it

Researcher: Is that because you don't know how or because you are scared?

Belle: I think it's a bit of both, especially when it comes to friendship and relationships. It has got to be an equal thing and I struggle to allow it and then the person gets into the habit of allowing me to do everything and then I become the mother and that doesn't help me and I'm figuring it out slowly, slowly

Researcher: Ok, I have finished asking you questions but can I ask you things about DID?

Belle: Ya,

Researcher: Like what happens... do you see it?

Belle: It's not as obvious as you would like to think

Researcher: Like in the movies... like, extreme personalities?

Belle: No, like, change clothes... no, not to that extent. There are small changes, depending on who it is. Might be changing shoes and different moods and different ways of talking. Like, there was a little girl, can't remember her name and when she was out my mom would be very playful, jumping around with the dogs like a five year old

Researcher: So, they completely become that person and will she introduce herself as like 'hi, I'm ...'?

Belle: No, because it will always be that person and the centre personality. It might not be that the actual person that it is but it is the one who controls all the others

Researcher: Like the dominant one?

Belle: Ya, it's like a dual mirror, so that child personality is out playing but the centre one is still watching and if need be will slip forward if a stranger comes up and will control the situation

Researcher: And did she have black outs... like, can she not remember when she switches. So she won't remember what the little kid did?

Belle: Some of them will communicate with each other and they will allow the memories and everything to intertwine but then there are other personalities who don't and when those personalities come out and go back my mom will have no recollection of when they were out... most of those have been dealt with though.... all of them actually, bar one and I don't mention that because it freaks her out

Researcher: So she won't know if that one comes out?

Belle: And the only way she will know about it is if you say 'mom you spoke about it' and she will say I don't know... and it happens every now and again but not like it used to. It used to be a case of 'oh, mom, aren't you happy about my report'... she would say 'I haven't seen your report, you haven't given me your report'. And I would say but mom I gave it you when I got home on Friday and its now Sunday. Its little things like that

Researcher: So would she get angry, or react in anger to that or confusion?

Belle: It depends on who else was out at the time as well because you obviously get the personality that holds the most anger and the one who holds the childlike capacity; the one who holds the sternness, the one who wants to be the modern wife... different ones to deal with different things. Shame she is getting old. (Dog barks in background)... that's my mom's new baby. A lot of it is support from animals...

Researcher: Ya, most of the people I have interviewed say that

Belle: That animals become a major part of your family

Researcher: Cause they can't fight back or reject you or anything?

Belle: It's not just that... an animal can reject you... how often does a cat go... arggg. Animals become a constant... when everything else is falling apart, your animal is still your animal... that's not going to be cuddly today and biting you tomorrow unless you pull its tail which it might not like much... but that's the thing an animal becomes a constant... it becomes a bit of your stability and when everything else is haywire you need that bit of stability. Like Kevin is my stability. Cause people can change and people have their own issues going on but a cat, if it didn't catch the bird does not go into a state of melancholy for ten days... it goes out and catches another one or brings you a mouse at ten o'clock at night

Researcher: Yes, it's true, it's interesting. Should do a whole study on that! What does your mom do now, during the days?

Belle: Well, because we have just moved she is slowly unpacking and getting everything in order... but she does need to find a job

Researcher: So she is capable of that now?

Belle: Now, ya, but three or four years ago, no. And it's difficult because being an old white female in this country, being a young white female in this country is just as difficult

Researcher: And did she study anything?

Belle: She is a qualified nurse, but qualified in Rhodesia, now Zimbabwe... so to do it here, and that was thirty years ago, everything is different now

Researcher: So when she was a teenager, did she not have this problem

Belle: I think she did, but didn't realise it... you just push things away... and when she felt too consumed by it then she realized she needed help

Researcher: So, is that before you were born?

Belle: Two years after I was born... do you want me to ask her if you can ask her some questions or not?

Researcher: No, thanks!

JEN 6 INTERVIEW TRANSCRIPT – “Jen”

16-07-2014

HONEYDEW, JOHANNESBURG

Researcher: Ok, so now you are informed. What I did with the other Jens was to suggest you start as early as you can remember and tell me about your family, your living situation, who was with you... and then go on from when you were young.

Jen: Ok, Ok.

Researcher: But maybe if you could first give me an introduction to your mom?

Jen: hmmm... I don't actually know. Um, it all came to a head middle of last year, when her friends started calling me She lives in Cape Town, so I'm originally from Cape Town... so they called me saying there's something seriously wrong and that I must come down as soon as possible. So I said I can't because I'm full up with work, and me going down there trying to figure out what's going wrong as someone new in the situation means I'm not going to see what's actually going on when I'm not around. So I asked my dad to check on her and he said she seems OK, her usual selfish self and she's just plodding along the usual way. But then her boyfriend at the time got the time got her admitted to hospital and we all realized that the cues we had seen all along and ignored were not just weird little things. So she has been formally diagnosed, although I've never been in contact with the doctors, but what happened was that she was admitted and they tried her on numerous trials of medication and they found something that worked, she stabilized, went home and was functional for about a year. But then she decided she didn't need her medication anymore and relapsed. So she went into a care facility to monitor her day, make sure she's taking her medication and everything and then... um... I think it was kind of like an old age home... just to give her that structure that she needed. So she's doing a lot better at the moment. So it's Depression with some Psychotic features, and probably some Histrionic Personality Disorder. Over the years we found her to be very depressed, but ironically her father was a medical doctor, so she just refused all medical intervention from the get-go. So there were a couple of signs and things over the years that just got swept under the carpet, we were like, "Oh well, if she won't accept help, there's nothing we can do". So ya, that's where she's at at the moment... it makes a hell of a lot more sense knowing that wait a minute, this wasn't the most normal childhood. But before she was hospitalized... she's quite old now, she's 68... we were worried it might be early onset Dementia. Um, because it was the first time it was formally presenting, although there were signs up until this point. So we were worried about making plans for her care for the rest of her life... but luckily she was diagnosed and the medication did at some point kick in.

Researcher: Wait, how old are you?

Jen: Oh, God! I'm 26

Researcher: Ok, so she had you quite late

Jen: Yes, she did. So, I'm the only child of my two parents. My dad was about 38, and my mom was 41 when she had me. I know she had Post-Natal Depression when she had me and was given medication for it. That's the only detail I know about it. They were married until I was 13, and then were separated and only got divorced when I was 21. So there was a very long period where they were living separately as if they were divorced but were still considered married... which is their issue about letting go, I suppose. So I lived with my mom for many years until my dad actually left the home. Then I lived with

mom for 3 years until I said that I couldn't actually do it anymore and went to live with my dad for the last few years of school, and then eventually I went to Joburg.... Not completely intentionally, but it was a little bit of a chance to break away. Ya. So.... (pause)... You need to prompt me in which direction you want.

Researcher: Ok. So... when was the first time you remember thinking, "Oh, this isn't quite normal"? Or, what would your mothers' symptoms be?

Jen: Um, well a lot of the things, as a child, I don't think you know what's normal and what's not normal. I always considered my mom to be this raging hippy who didn't believe in any formal medication, which came across as not giving me anti-biotics as a child.... Or being very health conscious... that kind of thing. But that was all quite acceptable. The first thing that comes to mind is that she could never sleep properly... she always used to complain that she didn't sleep through the night, she'd been woken... very anxious, nervous, tired, exhausted... all the time, continuously. But she refused to have any intervention to find out why she wasn't sleeping properly. Then the health thing... it started off very... well, she used to be a vegetarian before she met my dad and has always been very health conscious... but she was also very worried about what I would eat. It became very controlling, like she would worry about every ingredient that was in the food, I wasn't allowed to eat any sweets or chips or chocolates like my friends. She also considered me to be very allergic, so I wasn't allowed to eat a whole bunch of things. But it got quite bizarre at a time. Like, she would say that they put whey powder into biscuits because it was extremely toxic and they needed to get rid of it.... They can't even bury it in the ground or throw it in the ocean because it is such a toxic by product.... So they feed it to us so we can ingest it and get rid of it, but it's toxic and it's poisonous. So any product with whey powder in it was not allowed in the house. Meanwhile whey powder is just a filler, anyway.

And I remember when she went through menopause... I was in my early teens I think... she was very agitated, but she also refused medical help. She would buy cabinets of homeopathic what-nots and every sort of alternative medicine that she could take. So she literally had cupboards full of alternative medicines that she would take. Nothing ever worked, but she would keep getting new things... like new Chinese herbs... and she was convinced each time that these would solve everything; that they would work. And she tried to apply that to me too, until I put my foot down and told her that they do not work!

What else did she do? Uh, ya, she never had much of a social life. Like, she had one friend who she would occasionally see, but nobody ever came to the house... it was always my father's friends, but never with her own friends, and never when my father moved out. And she never went out for coffee or to go shopping, none of the normal mom behavior. She always kept to herself, very much into spirituality and reading into everything... very much a paranoid demeanor to her where she... like, she would watch movies like Zeitgeist where they say that our phones are wired and our movements are tracked... so she would be very paranoid about these things.

And then the holistic medicine side of things... she would go to one doctor and he would tell her what she could eat and what she has to do to look after herself. Then she would go to another doctor and get contradicting advice... and she would combine the two. So if one told her she couldn't eat chicken and

another told her she couldn't eat fish, then she wouldn't eat chicken or fish. This doctor said she needs to go to bed at ten o'clock, this doctor said this, this doctor said that, and she would combine it and put it all together. So it was very chaotic. But they were all these alternative, funny people... so I guess I have a bit of prejudice towards them (laughs).

Um, so, ya, there was always a sense of paranoia... not that people are always watching... but that you must be super careful because you never know what's out there. You need to be careful who you meet with, what you say to whom... they might be listening to our phonecalls, so always be careful what you say... that kind of thing. And a lot of paranoia around health and wellness and rules of what to do and what not to do... that kind of thing.

Researcher: And how do you explain this to yourself? How do you make sense of it?

Jen: Well, she didn't have a health problem in the past to make her paranoid. But maybe it came with the generation. Like they all suddenly woke up and thought, "Hey if we look after ourselves, we will live better!", and also... ya... I don't know if it came from the family side of it because her father was a doctor or something like that. I don't know where it came from, really. But, majorly I think it was a means of control... if I eat this and don't eat that I will look after myself. That's her form of control... so, ya.

Researcher: Ok... so why did your parents get divorced, do you know?

Jen: Ya, that's the funny thing. Because that actually... when I was reading your form I thought, oh yes I know exactly what impact that has had on me... my mom... I don't know if it was because she couldn't... but she never actually went back to work after she had me. So she was a primary school teacher and after she had me she refused to go back to work. I wonder if she wasn't actually capable of going back and she had already started to deteriorate. The problem came in because my parents actually needed a dual income and that wasn't being provided, so my father worked his backside off while she was at home being a princess not doing anything. Then eventually it came to a point where he said he needed her help in more ways than one, and she couldn't give it to him. So he couldn't live like that anymore and left. Also the tear came in over how to raise me. They would go to parenting classes and learn specific ways of doing things and then my mother would get aggressive and scream and blame me for things so my father would say, "Listen, we had agreed that we would raise Jen a certain way, and now you've gone and messed it all up". So that was also why. My mother did nag me a lot and my father couldn't stand that... he's much more relaxed and he would always tell her to get off my case. So those were the main reasons, I think... he didn't feel like he was in the marriage. So he left, he left and... he had two other properties that he was renting out... so he felt he had a place to stay, so why stay at home. I think he was also getting quite depressed in the marriage, and it was very hard for him. So he had a place to live. He came home one night very late, I actually remember this, I was cooking pancakes... and my mom and him had a little chat and then my mom came out crying in hysterics and she said to me, "Your dad is leaving US!". And I remember talking to my dad about it years later, and asking him why I had such a huge sense of loss around him. Because I know he had left the house, but he was always there for me. And then he told me it was because my mom has said those words to me... that he was leaving me as well, not that he was leaving her or leaving the marriage. So... it was maybe her way of coping; that she didn't want to feel abandoned, and so she put some of it on me so she

wouldn't feel so alone in it. Ya, so he left and I remember being cross with him for a while, but I moved past it and I would see him every second weekend or whatever. But mom... she just got very strange. Ya, and eventually I didn't want to be in the house with her anymore so I went to go and live with my dad.

Researcher: Right... so give me an example of a day that she really got to you, so bad that you wanted to leave?

Jen: Ummm (silence). That was a bad day. So I was suffering from an eating disorder from when I was about 15. That's probably to do with my mom controlling food all the time. Um, that went on for about a year until I realized how unhappy I was and that this wasn't how I wanted to live. So I found some help. I was doing a little bit of treatment as an outpatient and was seeing a psychologist and psychiatrist. So I was on the mend... step by step... and it was just so hard, because she would turn around and say stuff like, "you shouldn't be eating so much" and I told her it was what the dietitian told me to eat. But every time I would go through a big wobbly... so she hindered my getting better for quite a while. My mom pretty much looks anorexic and to live in a house with someone like that while trying to recover is just impossible. So then I also started cutting at that stage. I got myself so worked up one night that I told my dad I just had to leave that house... I needed an environmental change as well as a physical and emotional change. I just needed a fresh start. So it didn't solve everything. But it gave me that space to focus on myself. She also struggled to understand it... like I would hear her on her phone to her friend questioning everything, questioning me.... And it didn't feel like she was helping me or supporting my recovery at all. And because of her obsessive nature around food it just was so difficult. So she had this whole belief that her entire family had abandoned her and she was all alone and so on. Like, she would come and visit us quite often, but she would do things.... Like she would lose her keys and then come running up and run around the house for 20 minutes looking for her keys, then she found them where she had put them first.... Then she'd leave... then she'd come back because she had lost her sunglasses, then she'd found them... then there's something wrong with her car... then she'd huff and puff and run off. She had lists of things to do and homeopathic medicine to take.... Always frantic, always chaotic, all over the place.

I remember one year at Christmas my grandmother sat down with her and told her that she actually wasn't functioning well and she should really take something or get some help. My mom just pretended everything was well and went on her own way and forgot about it. I can't understand why she is so against medication or getting formal help. It's almost like, let's suffer through life and eat ourselves healthy.

Researcher: Hmmmm, sounds like she's quite chaotic as a parent?

Jen: Ya. Ya. Like she would come fetch me from school and the car would be filled with left over old packets she was collecting, or old used tissues she wouldn't throw away... just random things. Like nobody else would ever see it or think she was psychotic... but it was just bizarre. I found her extremely embarrassing and humiliating as a teenager. She also used to hoard things... she collected everything she could... she liked to recycle, but the recycling would be collected and then never leave the house. Like piles and piles of magazines and newspapers... empty egg boxes... yoghurt containers... glasses... tins... you name it, it was there. And the one year, I was already up in Joburg, I went down to visit her

and suggested that we load the car up and go drop some of the recycling stuff off. Well, she got SO upset with me, shouting that she would never get rid of her stuff and it was her choice to make and so on. But it got so bad where the house was just full of stuff, there was stuff everywhere. And she would never let me throw stuff away. I remember her mother being a little bit like that as well. But her storage in that house... and broken appliances!! They would be broken, but she would still keep them at the back of the cupboard, because one day it could be fixed! She had every single book from my school days, every single toy I had ever had... it was like that house just never saw a dustbin... nothing got recycled, nothing got thrown away... it just collected. My father would build cupboards, because that was part of his profession, but my mom would just fill it. So he would build another one for storage, and it would get filled, so he built another one... until there was no more space in the house. So, ya, that kind of chaotic.

But because she kept to herself so much I don't think much of the outside world noticed it. Ya, she was isolated. She had one or two friends, but she would go and visit them at their houses, they would never come to our house. No one ever came to our house. And I never brought anyone there because I was so embarrassed.... The fact that there was nothing nice or new or inviting for other people... just chaos. So I also started withdrawing and picked up the habit of not letting people into your space. My father, on the other hand, was such a socialite! If there wasn't a party at his house, he was going to find a party, because that's how life should be, it should be lots of fun. Um, ya.

Researcher: So do you think there was space for you in your home?

Jen: I felt like she had no space for me in the home or in her mind. I felt like she loved me as a baby, she...like I've seen her with little babies and kids, she holds them and is very caring. But I think when I got a little bit older she didn't know what to do with me. It was a write off. She was like, that's my daughter but she can stand over there because I'm not quite sure what is going to come next. Almost as if a teenager was too much... she didn't have the baby anymore, and then she just got involved in herself. As a child I was alright... I didn't feel neglected or anything. But I had a lot of school difficulties. And it may have come from a couple of things... I went to two very expensive and snooty schools which I really didn't like. My grandmother insisted I go to the one because it was Jewish and I am half Jewish, which I didn't do well at at all. Then I moved to Camps Bay, which is a very posh area, and also the kids were very difficult to get along with. The biggest thing in Cape Town was that the moms knew each other and were friends, and then their kids became friends.... But my mom didn't know anybody, she had no friends. She wasn't friends with any of the other moms at the schools. She liked them, but she never initiated or anything.

So I suppose that's also impacted on my kind of friendships. You know, I've learnt from my dad how to maintain a friendship, you know, how to contact someone and make an effort and go out of yourself... that kind of thing. Whereas my mom never did any of that. She would always wear random clothes... and never did any of the mom things with me, like go shopping or get our hair done or anything like that. Ya she had some very illogical things... like she would go to the hairdresser, get her hair cut and absolutely hate it, but then go back to the same hairdresser the next time. So she would get very stuck in certain ways.

She also had a very difficult relationship with her mother, my grandmother, who has now passed. They come from a Jewish family and my grandmother wanted a first born son, not a daughter, so there was a lot of disappointment there. Then a son did come, but he immigrated, so my mom was forced to look after her mother alone through her old age and through her going senile. So there was a lot of resentment in the family. They had like a weird love-hate relationship. My mom would always moan about what granny did, like she would answer the phone and if it was granny she would just ignore what she said but pretend to listen. And when my mom had her big breakdown and was institutionalized, it was when my grandmother was put into an institution and so my mom couldn't look after her anymore... even though she was going completely neurotic looking after granny. She couldn't put her foot down or draw a boundary at all. And then when she [granny] was institutionalized it just all fell apart. My mom needed some sort of structure to keep her going during the day, even if it would drive her mad. So when granny left she didn't have that anymore, and would literally just lock herself in the house the whole day. And that's when her friends started saying things weren't right, that she wasn't behaving normally, she was whispering on the phone and so on. Um, but the social interactions were poor. I've never known my mom to be social in any way, and the social skills were poor. So, um, ya...

Researcher: ya, I'm just trying to picture how it was for you...

Jen: ... having a crazy mother and not knowing it wasn't right?

Researcher: ya so it was normal for you?

Jen: it was kind of normal until I realized... like when I was a teenager I knew my mom wasn't right. I would see like other moms getting their daughters gifts and things, and I never got anything. My mother would never go out and buy something new for fun... I would have to nag her until I got it. So I had to learn to always initiate with her, and to tell her exactly what I needed or wanted... which I didn't know half the time! Otherwise things would just never happen.

Oh! Cooking was a disaster... my mother couldn't cook to save her life... she constantly over-cooked or burnt things ... she would forget them on the stove or something, get very upset about it... but then never let anything go to waste so we still had to eat it all. Um, we had a maid once a week so the house did get cleaned. It was reasonably clean besides all the stuff that accumulated. But over the years her cooking got less and less and less, because there were just a million things she wasn't allowed to eat. So either I would have to do it... but most of the time I was with her I didn't eat either... or she would make very simple stuff, like grilled soya. I didn't like to do the cooking because there were so many things that weren't allowed, and nothing I made tasted good because I never had a mother who showed me how to cook or season properly with real food! There was something else... ... oh! She would forget to eat all the time. So she would get up in the morning, had a little oats or something, drive me to school, appear in the afternoon and I would ask for lunch and she would say oh, she had forgotten to eat or make lunch. So I had to tell her we had to eat lunch and she should be having snacks in between. But then she would go home and get completely engrossed in something else and forget about it again. She was in her own world all the time, running around doing a hundred things. So it was just disorganized chaos. She would also get very involved in what other people had going on... like, she was obsessed about

watching “Oprah”, watch Oprah all the time and write down everything Oprah says. She had these little notes she wrote down everywhere.

Then after I left the house she started renting out the rooms in the house because it was a big old Victorian house with lots of space, far too big for one person. So she would rent out the rooms. I would come to visit and there would be little sticky notes EVERYWHERE telling the tenants what to do. So on the light: “Turn light off”; on the stove: “Cook on 4, 7 is too high” and so on. But all over the place, the place was covered in sticky notes! “Close this door, open this door, flush the toilet”... just all over! She didn’t trust anyone else to do anything, and then get very anxious that they weren’t doing everything she said. And the tenants would come and go at different times, and then her sleep would be further disturbed and stuff like that.

Researcher: So do you feel like you had to almost parent her when you were younger?

Jen: I gave up on that pretty quickly. No, I didn’t. I didn’t want to... I didn’t take that on.

Researcher: So did you just look out for yourself?

Jen: Ya, I just left it. She wasn’t going to listen to me anyway. It never became me looking after her, because I knew I didn’t want to take that role on at all.

Researcher: And in terms of YOUR friends and social life... you said you, too, started to withdraw?

Jen: I didn’t have many friends because she wasn’t friends with the other moms. Then I had a few friends but I didn’t want them to come to my house because they wouldn’t understand. I had this crazy mom running around with all this old stuff and piles of shit lying everywhere, so it wasn’t exactly comfortable. And there was also the stage when I was having my eating problems, and my mom was so funny about food anyway, so my friends would invite me out for dinner or pizza and I just wouldn’t go because I wasn’t allowed to eat that stuff anyway. So that stuffed up in highschool. Also, now I find the better friends I have are older than me. I have friends now who are married and have kids and stuff, so I’m always the little guy around everyone else. It might be to do with me being the only child because you learn to connect with adults, you learn to be very self-sufficient, and of course I had to be like that with mom anyway. That’s the other thing about being an only child... I learnt to just entertain myself. I can just get involved and do my own thing for hours. I can sit and do my work, my hobbies, my horse riding... so I keep to myself very easily. So I don’t seem to find friends of my own age somehow.

Researcher: So then do you find it easy to make new friends and be open?

Jen: Um, I’m easily open but I don’t have friends my own age... like even at work I am not exposed to people my own age. But I would say I’m open, I’m not a closed book... I pick up friends here and there... I’m quite inviting I think.

Researcher: So you don’t find you have problems trusting people?

Jen: Nope. Until they do something untrustworthy, and then I say, “Ok, you’ve broken my trust. Bye-Bye” and I don’t look back. No I’m not kind of paranoid or worried or anything. And I’m quite open... I

mean I don't want to talk about my mom or anything that's happened and all that. I think everyone knows, I am the wild child, that's me.

Researcher: What do you mean by "wild child"? (smiles)

Jen: No I mean that I'm the crazy one... I like to joke and play and I make fun of everything and have a laugh... I like to prank people and stuff like that. So they know me more as fun and outgoing, but they don't really know me on a deeper level.

Researcher: So you think that's more your dad's influence, hey?

Jen: Oh absolutely, that's exactly what he's like!

Researcher: So he was a little bit of a protecting factor?

Jen: Yes. I'm very close to my dad... I don't speak to my mom as much... obviously, because she will call me and be like rude or inappropriate most of the time. Like, she will call me and Dan my fiancé will be cooking a nice dinner, which I tell her, then she will just be like, "Oh. Is he paying rent?". She will never ask me how I am or anything normal... also, she's very depressive on the phone it's very draining to listen to. My dad is the opposite... he's very upbeat, and we laugh a lot because he has a very humorous outlook on life. So I try to take as much as that on as I can. Like, if there's a stressful situation we can sit back and laugh about it at the end of the day.

Researcher: ok. I see. So... do you mind telling me more about your anorexia? Or, was it anorexia?

Jen: It was somewhere between anorexia and bulimia. Um, so when I was about 15 or so I was at one of these snotty schools and I had a few overweight friends, and my mom and my dad would pass comments non-stop. So I had stopped going to gym... I used to be a gymnast... so my eating habits were the same but I had stopped exercising. So I did gain a bit of weight. But it was around 14/15, and it's also quite normal then. But my mom thought it was terrible and would tell me to go to gym every day. She would pass comments like, "If you don't stop eating so much, you're going to look like that girl" and that girl was one of my friends. She was overweight. My father would also comment that I was eating a lot and had an appetite and things like that. But it was the continual self-doubt and criticism from my mom that made me want to lose weight... and not like in a chilled way... like it needs to be gone, NOW! And because my mom was already so funny about food, I thought that if I eat this or that I will get fat; if I eat this or that it's unhealthy and so on. So eventually there was no food left that was safe. So I drank coffee to keep me awake.

Researcher: So you found her quite critical...

Jen: yes, very much so. It was like... I couldn't lose the weight fast enough for her.

Researcher: So your self-esteem was really affected?

Jen: yes. And added to that not only was I unacceptable, but the friends I did have were unacceptable too. Like, to go out and have a pizza was them was like, "Oh dear God what is my child doing!?!". So I started cutting back, not wanting to eat my school lunches and things like that... I got quite obsessive

about it... and my mom was also borderline anorexic since like my dad left... but hers was accidental as a side thing about the health delusion... it was never like "I can't because it's going to make me fat". Then, a few months into this expedition my dad was stabbed in an artery. I didn't answer the phone when he called to say he was in the hospital... so I also carried a whole lot of guilt around about that... not that I could have done anything at that point. He was in the hospital for a while and there was talk of his losing his leg or getting it amputated. But he's alive and he's made a full recovery... but the whole thought of losing my father was quite traumatic. And at that point I put myself on hold and thought I must attend to this and be there for the family. But as soon as he recovered I went downhill. So I was very calculated about it all, I knew exactly what I weighed. My father... shame... he thought I had an eating disorder because I didn't know what I weighed, so he went out and bought me a scale to weigh myself... which really didn't help. I went to gym every day and wasn't interested in anyone else. I threw myself into my schoolwork and slept for the rest of the time. I couldn't go out or do anything else.

Researcher: What was the pain that was manifesting, do you think?

Jen: um, being the outcast. Being unacceptable. With others at school and with my mom. Not being good enough... you know, if I was thinner my mom would like me more, she wouldn't moan at me so much... boys would like me and I would have more friends. Just, ya, wanting acceptance. But then one day I decided I couldn't do it anymore, it wasn't making a difference. So I made a conscious decision to stop the eating disorder. Um, but the recovery part of it was very hard. They say that part of the recovery is facing all those suicidal thoughts and going through the depression and things like that. So I went through that... I was doing a lot of projective art, which was good. Then the one night I freaked my father out because my father saw the marks on my arm from cutting... I called him the one night because I realized I was getting completely out of control. But when I moved in with my dad it was better, because he stayed in a completely open plan loft. So I couldn't hide or do anything like that. I also got a dog then and I think that helped in the whole healing process. I made a deal with my parents that if they got me a dog I would get better... because I had never been allowed an animal before. So I got the dog and started walking him as a healthy exercise... because, I mean, you can't walk the dogs' paws off (laughs). Then I told my parents I wanted to start horse riding, and I fell in love with that. I also changed schools, I just didn't want to face going back to those people and all the stigma and stuff. So I went to a new school and that also helped. I actually didn't want to go back to school at all, but my parents gave me some options and told me I had to choose. Whereas before I didn't really have a choice in the matter. It kind of picked up from there...

Researcher: So it seems the major affect your mom had on your self-esteem and sense of acceptance?

Jen: yes definitely! And sense of being female, as well, my sense of identity. My mom... I hardly knew her as a woman... even my aunt said once that when my mom puts make up on and makes an effort she looks gorgeous, but I've never seen that. She didn't have make-up, she didn't have jewelry, she didn't have nice clothes that made her feel good... she literally just wore something because it was comfortable and it fitted, it doesn't matter what it looked like. So that sense of femininity I had to learn on my own. I almost did parent her in that area, because I was like, "I want to go shopping, I want to find a nice outfit and feel good" kind of thing. Only my father made comments like, "Ah, that looks very nice"... never my mom. So I got the feedback from him. But a lot of girls in their young teens were kind of

exploring who they were, but I kind of never went through that stage. Ya, but definitely my self-confidence. I think also because she didn't know what to do with me when I grew up and I found because she was a lot older she didn't relate to anything I might need. That really upset me. And every time I said I wanted to do something, she would say I was too young for it... so there was never any support or approval of anything. And also this whole thing about being materialistic... she would never let me buy anything new and so I was always the odd one out, not out of my own conviction or choice, but because of my mom. Ya, bizarre stuff.

Researcher: So did you find her to be affectionate with you?

Jen: when I was younger, yes. But when I was older I never felt that and so I also pushed her away. If she is, like if she hugs me, she will do it for herself, because she wants to feel hugged... not for me. So she is quite self-centered, or self-involved. Before, she went on this medication, I had a mom I never had... she would phone and we could chat and she would laugh with me... she wasn't all suspicious and hostile and defensive and depressed ... I had a mom, it was so nice! And then she relapsed and... well now Ive just put that hope on hold until she gets back on her meds. But, ya, there was always something to worry about, to be concerned about... and it's all just dragging down ...

Researcher: So were you ever scared or worried, if mom is all the time?

Jen: no... I didn't feel scared as a child and I think maybe because all this only peaked when I was a teenager. I just do remember feeling very strange and different and not understanding. When I got older I just distanced myself from it so it didn't rub off on me. Like, before she was medicated, she would phone me... and I often talk while I'm driving... and she will ask if I'm driving and when I said yes she said: "Oh no! It's going to microwave your brain more" and hangs up... just weird. Like, real illogical stuff.

Researcher: So am I hearing that your relationship with your mom is better these days?

Jen: It was only better when she was properly medicated. Now that she has relapsed I have limited my contact with her just because it drags me down, and the things she says get into my mind and make me doubt myself again... I will also worry about her and get anxious. So she says things that linger in my mind. But when she was medicated we could have a good conversation and laugh together. It was two-way, I could tell her about things that worried me and not just about her. Ag, I think our relationship is what it is, I don't know if it will ever get stronger.

Researcher: Do you see her as a mom?

Jen: Well, she is my mom, that's what she is. But I also find that I find mothering figures around me who have qualities that I wanted in a mother. So older maternal figures appear, and this one is very kind, this one is very nurturing and so on. So I have noticed these people come in my life. But my mom is not the person I go to for advice, she is not who I confide in ask life questions about... its literally just talking about what's going on in her head and just reflecting a bit about what I know and listening to her. I suppose maybe when I have kids one day I might ask her certain things.

Researcher: ... talking about when you have kids one day, what three wishes would you want for your children in 20 years from now?

Jen: My kids? Um, equal parenting... boundaries and structure to make them feel safe... and a sense of unconditional acceptance would be very important. And a lot more understanding and them feeling heard, like they are being listened to. I never felt that. Um, yeah so I think the expectations I have for my kids not only stem from my mom, but also the kids I work with in that I have noticed what works with kids and what doesn't. I was actually reading an article about children's self-esteem, and how parents shouldn't over-inflate it and make them feel above all and blowing them up... but then they release one day that they are not what mommy said they were. So I guess the other extreme isn't too good either. So being realistic with your child. But I definitely think being listened to and being understood are the most important things. Like, I would be like, "I need some new clothes please", and she would respond with "You have enough clothes already"

Researcher: And how would you respond?

Jen: I would get upset and start fighting with her and eventually we might go shopping. But if we did, I would have the huff and the puff and the sigh and this passive-aggressive shit. And whenever the cash came out I was being a "demanding, materialistic child".

Researcher: so your needs were too much to be met happily...

Jen: Oh yes! Ya, ya! The one year I needed to go to the dentist, and she argued about taking me for weeks. When she did eventually take me, after paying she said that I better look after her one day otherwise this won't be worth it for her. You know, things like that.

Researcher: Ya, no, that sounds quite harsh. Um, what about your relationship with men?

Jen: Oh, there were funny stories there! Well, firstly my mom didn't work... oh, and I felt very unaccepted so I had a couple of very strange boyfriends. My first long term boyfriend I moved in with, because he moved to Joburg with me. But he couldn't find a job... he had studied a bit but it wasn't sufficient and his father wouldn't sponsor him to study further. He had been brought up very privileged, so he had certain expectations about what he was allowed to do and what I was. And so I was thrown into a situation where he wasn't working and I was the provider... which I wasn't happy about. So we went through this really tough situation until we broke up and he went back to live with his parents. Afterwards I realized... I have always been very aware that my mom wasn't working and my dad was and this is what drew them apart. So I always thought that if I was with someone I didn't want that, but I managed to find a situation that was exactly the same. So, I went along that road. I also think it was playing with my self-esteem because I would feel good about myself to provide, but then he would always bring me down... probably because he felt down about himself, like my mom. So I realized what had happened and then decided I needed someone who was financially alright and stable and who could look after me and make me feel safe. And I met him... but he was the tin man with no heart. So again I felt unheard, misunderstood and I never knew where I stood with him, if I was good enough. But it was very interesting, something I had to go through, because it taught me that I was worth someone

who could make me feel secure and who could feel for me.... That I didn't have to take whatever scrap just came along.

Researcher: Is that how you felt with your mom... that you just had to take whatever she gave you when she did?

Jen: Ya... it was your mom, you couldn't do anything to change it, so you took what you got. So ya, anyway, I got to a point where I thought I was ok, I was acceptable and I am worth someone who will give me what I want. And then I met Daniel [fiancé] and he kind of fits in the middle and understands me.

Researcher: ah, I'm glad. So talking about social support... do you feel you were well supported by your friends and family?

Jen: Um, not a lot of people know. My gran was a nut job herself so couldn't really do anything. I've had a lot of support from my dad... he knows the ins and outs and I can always call him and speak to him about mom and he will respond appropriately. But I distanced myself... it was the only way and I knew it would be better for me. So in that way coming to Joburg has been good, just to take a step back and not constantly be faced with it. And I did have the help of a psychologist when I was in my teens. And like I said, I find mothering figures around me to get advice from.

Researcher: that therapy you had... did you find it helpful?

Jen: at the time, very much so. But I think if I went to therapy now a whole bunch of other stuff would come up, and I don't know if I would go back to her specifically either. But it definitely helped, I got a lot of stuff off my chest. What was also nice is a spoke to the dietitian a lot and she kind of showed me... cause you always think your mom knows the best and her word is truth... but they showed me mom doesn't always know best and started building my own agency and self-esteem. So teaching me to look after myself... being an only child with my mom, that was top priority. Being an only child I kind of wonder what it's like to have a sibling relationship and if it would have changed anything... if I would've had a better support structure or have someone who really understands... but I can't tell you. It just is the way it is.

Researcher: ... and now if you went to therapy a whole lot of different things would come up?

Jen: No I think I was dealing with a specific issue then... but now having reflected and being older, knowing everything I know... I could probably open up a whole lot more and explore it much more. Ya, I think at each point in our lives we go through a new life story. Like now, I am independent and I have the things that I want, so I don't need to make it so obvious what I need like through anorexia or something.

So I came to Joburg not intentionally to get away from my family, it was just the way my community service went. And this is another thing... my mom has never once come to visit me. My dad is here twice a year at least. He comes to visit me. But my mom... she is not at all interested to come and see where I live or anything.

Researcher: and does that leave you feeling... what?

Jen: I haven't really taken it on. She does her own thing in her own little psychotic world, why not leave her there? Maybe it's a relief as well, to not have her in my space and look after her. She was at OR Tambo airport one day, she called me and told me, so I was like wow she came to visit. But she said no, she was just on a stop over to Durban. So she flew all the way up to Joburg and couldn't even see her daughter for a coffee. So she can stay there and do her thing.

Researcher: So tell me, how did you get into OT? Because I know they only take a few people each year, and you told me you struggled academically?

Jen: Complete chance. No, no, no... I didn't mean academically, I struggled on a social/emotional level. No, work was always where I was safe, especially during and after my eating disorder. So I got through and finished matric with the marks I needed and got into OT! : um and the when I qualified and I started working...*unclear*...at Tara because ya I can get very involved with what I do...meeting with patients

Researcher: Do you find you have empathy for your patients?

Jen: I find I understand a lot of their situations but I don't...pause...There is only so much you buy into. You know when they are taking you for a ride and whether it is genuine. Um....and....I've also found I am quite good at distancing myself. I work with adults now... and after the session its gone, it's over, I'm not carrying it around with me.

Researcher: Ya, that's a good thing you learnt from your childhood then.

Jen: Absolutely. It's funny that a lot of the stories that come up, I say "ooh I know what that is". But you can't say that to the patient. Like say "oh, that was me back in the day". There is a couple of times like that where it will come up. But most that I can get out of the session is where they can get out at the end of it and they can leave feeling relatively okay. They not in a great space but they in a better space.

Researcher: Ya

Jen: and I like that, that I really enjoy doing. Just saying, "It's okay to feel some of the things you feeling"... you know life is difficult. But these are your high functioning patients. They not psychotic ones, just mostly personality disorders...*unclear*....bipolar. But again, family issues seem to be like the main cause of everything.

Researcher: Ya, definitely.

Patient: that's most of what, like gets brought up.

Researcher: Hmmmm. Oh, ok please describe your mother's parenting behaviours in a few words.

Jen: her parenting towards me or how she was raised?

Researcher: her parenting towards you.

Jen: controlling, demanding. Probably quite a few expectations on how she wanted me... but I...*unclear*....caring. But she was quite creative and we used to do creative projects together. But when I

was older, a teenager, two sides to her. Disciplines. A complete lack of understanding, going around to everyone talking about me because she didn't understand. She never asked me, you understand. I'm like, "I'm here, you could talk to me"

Researcher: So did you feel a little bit of loss, because when you were young she was so loving and when you were older she became distant.

Jen: It didn't come across as loss because when you are a teenager you also distance yourself from your parents because parents aren't cool. You don't want to be mommy's little girl. Everyone was sort of taking a step away from their parents. I remember one day someone commented to me at school and was like, "why do you still sit in the back seat of the car?". I didn't even know I was allowed to sit in the front seat of the car at this stage in my life.

Researcher: Oh shame.

Jen: I was only like 13. So she didn't push me to grown up, she just kind of left me. It wasn't like, "I'm gonna hold you with a key".... although no she did – there were times where she was like, "you have to do this, you have to do that". But she never encouraged me to be a teenager, to grow up. It wasn't quite acceptable to her.

Researcher: Ya, it sounds very chaotic because in some ways you were expected to be an adult and in some ways you weren't.

Jen: Ya, that's probably why at this stage in my life I'm like, "I'm an adult so I'll be an adult". There is no expectation of me to do this.

Researcher: Tell me about your current life *in a sarcastic tone imitating a psychologist* Umm....what are your main sources of dissatisfaction in your current relationship with your mom?

Jen: Well the fact that I don't have a lot of contact with her. She doesn't have a lot of contact with me so it comes from both sides. Um, that she still is weird. Also into alternative stuff and still into holistic stuff. And this whole idea that her medication is still evil and she would phone me and be like "*Henrietta*, you know I have got to take these tablets for a year." I'm like mom you know you got to be taking them for the rest of your life, not for a year. And I think she actually timed it for a year and that's where she cut down. And ya that she would never take my advice on anything in any small little bit. And she is never going to be a mom to me. I had mom. She isn't that figure in my life. I'm not going to get the childhood or the mom who would be there for me when I needed, especially through teenage years.

Researcher: And right now do you feel happy with your life?

Jen: ya, Ive gone through high school and then I was like take a holiday gap year and then I was like go study and I did that and four years and I was like that's it because I am never going back....*unclear*....qualification in this country... because you can't practice without that qualification. So I did that and now I am actually about to take over this one place. So I got a horse! That was the goal to get a horse and box.

Researcher: So are horses like the special place where you can go and just let go?

Jen: Ya, it's the one place where im not thinking. its literally just me and the horse. If we schooling or on an outride its just like time out. That's why this place is so magical because it is in the city but a farm. My parents were reasonably supportive about horse riding. They were like "when you earn your own money you can buy a horse" And that's exactly what I did. Spy a its my kind of time out and time away.....*unclear*...ya because Im sort of self involved because Ill sew and Ill....*unclear*...and ill do stuff on the computer.

Researcher: And friends, do you have close friends?

Jen: Ya I hav a couple of good friend. I don't have a huge group of friends but I have a couple of strong close connections. And I have a lot of older friends as well. I also have a few friends in Cape Town and despite the fact that I see them once a year they still friends. Like the one year I went for a week and its literally a week of visiting people. So I don't like the pretentious big groups of friends.

Researcher: Do feel like...It seems like some of the major effects happened in your teenage years and now you have kind of dealt with it.

Jen: I have dealt with it. I think sometimes it comes up. or its more that when she was actually diagnosed, I was able to understand what I was feeling so different. That my mom was so weird. It made a lot more sense. Ya, I tell my best friends that are very cliquey that there are a lot of expectations and that if you do not fit them it is okay. Ya, so I have gotten way better. I think also getting away from Cape Town was also good for me.

Researcher: That's it!

PARTICIPANT 7 INTERVIEW TRANSCRIPTION – "Mark"

22-07-2014

RANDBURG, JOHANNESBURG

Researcher: Ok, so what I did with the other participants was to ask to start as early as you can remember and give me an orientation to your family, like who was living in the house with you, where did you live, any big moves and so on... and then walk me through your childhood like that...

Mark: I grew up in a house in Robindale in Randburg for the first ten years of my life. After that my mom got divorced and we moved into her boyfriend's place, and then we moved in here [a big house in Northwold], and so I've been here about thirty years or so now. My mom was depressed. She was always just very strict, very black and white, no grey. I can remember that from maybe 3 or 4 years old. (silence). I don't know what else you want me to say...

Researcher: well, what incident do you remember at the age of 3 or 4? Because that's quite an early memory to have...

Mark: I remember clearly my mouth being washed out with strong English mustard or dishwashing liquid often when I spoke up... I remember being given hidings a lot... once, when I was about 6 or 7 I remember my mom said that there was something wrong with the bathroom wallpaper. So she called all three of us, I was staying with my brother and sister at the time, and told us to show her where the wallpaper was torn. So my brother walked in, looked and couldn't see anything. My sister walked in, the same. When I went I also didn't see anything, but then I thought to look behind the door and there in the corner was the tear in the wallpaper. And mom freaked out and I got whacked I don't know how many times. She assumed I did it because I knew where it was... meanwhile I just used my logic to look behind the door... I got punished for that, you know.

Researcher: Ok, so she was quite harsh with her punishment?

Mark: Absolutely, yes!

Researcher: And were you the youngest sibling, or...?

Mark: No, I was the middle child. So my sister is older than I am, and my brother is younger than me.

Researcher: Oh, so how was your sister with you?

Mark: She is four years older than me, so we were never close at all. She did her own thing really.

Researcher: I see. And your brother, how much younger is he?

Mark: he is 14 months younger.

Researcher: so were you two quite close, then?

Mark: no, not really... just different people I suppose.

Researcher: Ok... and school, could you tell me more about that?

Mark: It was quite alright. I was a bit of a bully in primary school. I think I was punished so bad at home and felt so scared I wanted to be in control at school and so I was, but I was a bully. Very angry, very hostile. I would have fights at school, be involved in wrestling matches, that sort of thing. I always won so I thought I was the bees-knees at school.

Researcher: Sho, ok. And how did your parents react? Is this why they split up?

Mark: I don't really know. My mom just couldn't live with my dad anymore.... He was too set in his ways... I don't know.... They just couldn't be together anymore. After 13 years of marriage, go figure!

Researcher: That is a long time indeed. So it had nothing to do with your mom's depression?

Mark: No, I don't think so. It was more my dad. That was probably why my mom was depressed.

Researcher: So from how far back do you think your mom was depressed, or struggling?

Mark: Sho... I don't know... for as far back as I can remember.

Researcher: Well, how do you think that affected you, then?

Mark: uh, I grew up to have very black and white thinking... there was no lenience, no space in between. So very rigid in my ways and my thinking. I'm pretty harsh with my own kids. But ya, that's life. I'm not very tolerant of things.... I don't feel much empathy or anything. I have a very short fuse... I blow up quickly at small things. Mmmmm.... What else?

Researcher: you could tell me about you and your wife, your romantic relationships?

Mark: I met my first wife in church. I was in matric and she was in standard 9. We married about 4 years later. She died of cancer two years after we got married... my son was 9 months old when she died.

Researcher: Oh No, that's very difficult. Terrible.

Mark: ya, ya. That's when my bipolar kicked in in full force. Anyway, that's another story in it's own. So I got married again 3 years after she died. My wife and I didn't get on at all, we fought a lot. So I moved out of home in 2009 and tried to commit suicide on 6th April 2009. I didn't succeed, unfortunately... or, fortunately I suppose. So here I am. My second wife and I just didn't get on well... we would have violent fights and that sort of thing. I was very aggressive. So she divorced me actually... a year later, after my suicide.

Researcher: and what do you think all that can be attributed to?

Mark: my bipolar and my aggression... yes.

Researcher: And when did that all start?

Mark: well, I've always had a short fuse, always wanted to be in control, in the power position... since primary school. But my bipolar only really came to the fore when my first wife was diagnosed with cancer. It kicked in then. And you know, I had a predisposition because of my own mom. My mom's mother was also bipolar... it's genetic and it skips a generation usually. Ya. My mom's mom was psychotic...

Researcher: ... wow, so your mom had to grow up in that environment hey?

Mark: yes that's right, ya.

Researcher: quite a family history you have there...

Mark: yes, ya (laughs)

Researcher: So, your children?

Mark: I have one son from my first marriage and then a daughter from the second. I have joint custody now, so I see them every second weekend and on Wednesday nights. We all went on holiday for a week recently and it was fine... me, my ex-wife and the kids and my sister and step brother and his wife... it was fine.

Researcher: so it is no longer a tense relationship between the two of you?

Mark: No, it's not.

Researcher: and when you were younger... did you suffer from any depression or mania or anything like that?

Mark: definitely not, no.

Researcher: ok, so give me an idea of your teenage years, then?

Mark: I was very confident... and out there and outgoing, I had to be. I ended up as the youth leader in the church at age 13, and so I was always in the power position there which made me feel good.

Researcher: So you wouldn't say your mom's depression affected you directly in those years? It was more just punishment in primary school?

Mark: yes, quite right. She used to work a lot... she was out a lot... she had two jobs to keep us going in my teenage years... I didn't see her much. I just did my own thing, I didn't really care. I didn't have much of a relationship with her, no.

Researcher: OK, and now has your relationship with her improved?

Mark: yes, since my suicide attempt funnily enough. And before then it was still very distant.

Researcher: What do you think it was that shifted it?

Mark: I calmed down a lot... I'm very different now... I think I had a bit of a personality change in my suicide. It gave me brain damage, it gave me three strokes in hospital, so I actually got brain damage. That and the meds I'm on, I'm very different.

Researcher: you recognise the change in yourself...

Mark: yes I do.

Researcher: how do you feel about it?

Mark: I'm happy about it. I was quite something before.... I was just very aggressive, all over the show, hostile... but then also very confident and things at church. I miss being able to communicate as freely as I did, and I miss being as confident as I was. I'm not confident anymore because I communicate too quickly so I don't speak in groups or that kind of thing, I'm very quiet now. I miss being able to just speak out and do my thing. But that's life... you just have to accept it and move on.

Researcher: So teenage years your relationship with your mom was distant, now it's much better... and how would you describe it in the younger years?

Mark: (silence). I don't know, I don't remember much interaction with her besides the punishment. So also very distant. Very punitive and controlling. I think so, yes.

Researcher: and what about your father?

Mark: he's around a bit. Very withdrawn emotionally. He's a very shut off kind of person and has been like that my whole life.

Researcher: So who would you say you are closer to?

Mark: My mom now, definitely. But probably in my teenage years it was my dad. Although I wasn't very close with either of them at that time. We just kind of lived in the same house. I didn't see them much.

Researcher: I see. And how do you understand your dad being so cut off, as you say?

Mark: It was the way he was raised, unfortunately.

Researcher: So who did you turn to when you were struggling?

Mark: (silence). I didn't turn to anyone. I just shut off and got on with it. That's life.

Researcher: Oh, ok, so you kept to yourself. And your siblings? Did your mom's depression affect them, do you think?

Mark: Yes, ya. My sister only recently forgave my mom... she held a grudge against her for years and their relationship was never close. She very recently just decided to forgive her.... They have gotten much closer since then. But she has always struggled with eating disorders and maybe that is from the hash and critical mom. My brother... I don't know... he is very shut off, like my dad, so I never know what's going on with him. I don't really know who my brother is at all.

Researcher: can you tell me more about your sister?

Mark: in her teenage years, she had no freedom. She was always controlled very strictly. If she went to a party, my mom would go with her... after school she wasn't allowed to go to friends or to go home, she had to go straight to my mother's office and wait until mom finished work... that kind of thing. It really freaked her out. Very controlling, my mom, and she still is!

Researcher: Ok, yes it's not an easy habit to change that. So she wasn't the kind of depressed who just lay in bed all day and was apathetic?

Mark: Oh, no not at all. It came out more as aggression and hostility... controlling and punitive behaviour. I think it was a coping mechanism, you know.

Researcher: Oh, I'm sure. So when you were upset as a child what you do?

Mark: I would cry (laugh). No I would get angry and start a fight, ya, definitely. Same in teenage and later years.

Researcher: so you have no problem confronting people (laughs). Do you ever remember feeling alone at times?

Mark: Yes, definitely. When my folks got divorced I felt very alone, ya. I was in standard 4 when they got divorced, and we changed schools and moved and everything.... Then I didn't get on well in the new school.... I didn't have any friends and I felt very alone. I went through a period of withdrawal then.

Researcher: But then you say as a teenager you were very confident and outgoing... so what do you think made the change?

Mark: The church. I got involved in the youth group there, ya.

Researcher: So where you raised Christian?

Mark: we went to Sunday school, ya, at the school we were at. My folks never went to church, they weren't Christian at all.

Researcher: and so you, out of your own will, went to church again as a teenager?

Mark: No, my mom met my stepdad and they got married when I was 13/14 and he was a Christian and he introduced us to church... and then I gave my life to the Lord and became a Christian

Researcher: ok, so that was a protective factor?

Mark: the church? Definitely, yes. I think I would have been much worse without it.

Researcher: I'm glad you had that then (smile). Umm... were your parents ever threatening to you in any way?

Mark: yes, my mom used to beat us quite hard with coat hangers, belts, bats, that kind of thing. She would really lay into us. But, that was life.

Researcher: did that scare you?

Mark: yes, I was scared. I was scared of my mom. If you did anything she didn't like, you knew about it, boy!

Researcher: It's hard to imagine your mom like that...

Mark: ya. She changed when she became a Christian as well, though. She changed a lot.... About the same time I became a Christian, about 40 years ago, ya. Sorry, 30 years ago. So that is probably why she was less aggressive and things when I was a teenager and why she didn't affect me as much then.

Researcher: sho! Was it quite a sudden change?

Mark: I reckon within a year or two she had changed quite a lot, calmed down a lot.

Researcher: wow, that's quite amazing. And did you have a nanny around the house?

Mark: Yes, yes we did. She's been working with my mom for 23 years now. She was alive-in maid, but now she just comes on Thursdays, ya.

Researcher: so did you guys consider her as part of the family?

Mark: yes, I suppose so. Her son actually stayed in the house with us for a little while, but then he started stealing things and that so he had to leave.

Researcher: but did you have any sort of personal relationship with her?

Mark: No, not really.

Researcher: So she wasn't a protective factor? (laugh)

Mark: no, not at all (laugh)

Researcher: umm... so are there any other aspects of your early experiences that you think may have affected you?

Mark: (silence). I don't think so... just my mom.... She had these outbursts... severe anger, that kind of thing.

Researcher: I see. So how do you think that may be related to your relationship with your friends and your peers?

Mark: I don't know, I mean I never had many friends. Only maybe one or two. With the youth group it was different... as a teenager I had quite a few friends. But again, only one or two good friends.

Researcher: why do you think that was?

Mark: I was quite happy with myself, or being with myself. In primary school I was a bully so I stuck to myself and others didn't really like me. In teenage years I did have friends, but only at a surface level and only one or two good friends who really knew me.

Researcher: Do you find it easy to meet new people and make new friends?

Mark: No I don't. especially since my suicide attempt. Before I was more confident, but only with people I knew... it was a bit of a show. I'm not shy, I can open up and be open... it's just my communication now is not good.

Researcher: ... and before your suicide?

Mark: I made lots of friends. There were always people around, but most of them were surface level. There were only a few I really opened up to.

Researcher: So with your bipolar and your own struggles, did you feel well supported?

Mark: No, not with my stuff. Especially not when I tried to commit suicide...

Researcher: ... yes, that must be an extremely lonely place.

Mark: I had moved out of home 2 weeks before, I was staying with my parents again. My relationship with my mom and stepdad was not good at all, though, even though I was in their house. She [mom] was fed up with me because I was so aggressive and over-the-top and irrational... I was just manic I think a lot of the time. I was in everyone's face kind of thing, telling them off and shouting.

Researcher: When were you diagnosed?

Mark: Before my suicide attempt... in 1997...

Researcher: ok, so they knew you were struggling... yet the relationship was still bad.

Mark: yes, our communication had broken down completely. Even if we were in the same room we wouldn't talk... we were like passing ships.

Researcher: mmmm.... That's painful. So has it been quite a lonely journey for you?

Mark: I had one or two friends I could always turn to, but besides that, yes. A lot of my friends fell away because I was so dysfunctional, though.

Researcher: and your extended family?

Mark: I don't really have... my extended family lives in Cape Town. So, ya. They weren't around.

Researcher: Sorry, I'm jumping around... but when you were younger and your mom was depressed and aggressive with you, did outside people know what was going on?

Mark: I don't think so. When other people were around she wouldn't do things like that. And when she got called into the school she would say everything is good at home and I was too scared to say anything anyway.

Researcher: so if you were to describe your mothers parenting behaviours in a few words, what would they be?

Mark: controlling and aggressive.

Researcher: so... controlling... I'm thinking about your sister... did you feel the same way she did? Like almost stuck in a box?

Mark: To some extent... not a lot. I used to cycle to school and come home on my bike and do my own thing in the afternoons. My mom didn't really have time to worry about me then and that suited me fine. Also, because my sister was older she probably got my mom's worst when she was a teenager so it affected her more at that age.

Researcher: OK, could you give me a general idea of your situation now?

Mark: Well, I am living with my mom since my suicide attempt as it took me a few years to get back on my feet and I needed help. My relationship with my brother and sister are very superficial. My mom and I now get along really well, I love her very much. My dad... I make appointments to go see him... I ask if I can come for tea or something... but he never contacts me... he's very closed off, that's him. I don't have any extended family here, they are all in Cape Town, so we have never been close and I don't really see any of them. I have three really good friends, two of them are a married couple. I do three different jobs at the moment... I work for the church twice a week; I work for a security company checking on the guard's labour hours; and I work advert campaigns for a friends business online. So that's work from home.

Researcher: And before.... What jobs did you do?

Mark: I did debt collecting, I owned my own company for about 2 years... got myself into horrible financial trouble... part of the divorce. Before that I was a director of a company called 'Financial Recovery Services'...

Researcher: so you're into the finances, hey? Did you study that after school?

Mark: No, I just went straight into work after school. I started working in a bank and then became credit manager there ... then I worked for the church full time for about 18 months, but the guy I was working for was a jerk so I left there... then I went into property management and this led to me developing my own debt collecting company, but after 3 years it went bankrupt. From there I didn't do much for a year or two, then started my own business... which also went under.

Researcher: ok. And why didn't you study after school?

Mark: I didn't get good marks at school and we didn't have the finance... so I couldn't get a bursary or anything... so I just left it.

Researcher: did you struggle academically at school?

Mark: I did. And I never had any help... like I said I did my own thing and nobody thought to help me. So I got a varsity pass, but I didn't think my folks could afford it.

Researcher: So was finance an issue at home?

Mark: Yes, definitely! Because of the divorce and my mom couldn't work for a time. I remember we had tinned soya beans and rice for about a year... it was all we could afford... it makes me sick now. It was terrible. But anyway, it was life.

Researcher: so did you feel pressure to help out financially, then?

Mark: no, I didn't. I looked after myself. I got a newspaper job doing the morning run, and that's where I got my pocket money from. So that's it, I was self-sufficient.

Researcher: ... and independent for a young boy!

Mark: Yes. Yes I was.

Researcher: Alright! So now, moving onto the present.... Tell me about your own kids, and how you think your mom's depression and your upbringing may have affected the way you are as a father?

Mark: I think I am very black and white... or I was. I was very strict with them, right and wrong, that kind of thing. I did get aggressive with them, but nothing much... not like my mom used to smack us. It was more directed at my wife I think. I don't have a great relationship with my son... he hasn't forgiven me for trying to commit suicide, he really struggles with that... cause I left him alone, his mom had already died and now I wanted to check out... never thought of it that way. So he is very angry with me. Ya, just withdrawn... doesn't come to see me on a Wednesday night often, that kind of thing. But ya, my daughter loves me, we get along really well, no problems there. She is 11 and he is 17.

Researcher: So if you were to do anything differently what would it be?

Mark: get help for my anger and aggression earlier. I would probably go study, get a degree... probably psychology funnily enough. I would get help earlier... not try to commit suicide. In terms of my own kids... be a little less harsh... but I wouldn't do anything differently, apart from not get divorced, hopefully.

Researcher: yes, divorce does affect the kids...

Mark: yes it does, and they have my suicide attempt on top of that.

Researcher: so, um, have you or your kids ever been to therapy?

Mark: yes.

Researcher: both?

Mark: yes.

Researcher: When did you go to therapy?

Mark: I've been going to therapy on and off since 1997

Researcher: Do you find it helpful?

Mark: yes, definitely, yes.

Researcher: do you think it's contributed to the improvement in your relationship with your mom?

Mark: yes, definitely

Researcher: and has your mom ever been to therapy?

Mark: not that I am aware of, only medication.

Researcher: and your kids?

Mark: they went to therapy after my attempted suicide. They went quite a few times.

Researcher: ... and do you feel it's improved your relationship with them?

Mark: yes, definitely. Just opening up communication in the right way.

Researcher: ok. (silence). I'm just jumping back to when you were a child again... did your mom's harshness affect your self-esteem?

Mark: no I don't think so...

Researcher: so where do you think you got your confidence from? If your dad was withdrawn and your mom was harsh and critical?

Mark: um... from the church.... From the youth group.... There I was the main man, at 14 I was leading the youth group... everyone liked me, so it was easy. I was totally different at church than I was at

school. At school I was quiet and withdrawn, didn't have friends, I was a little weak... it was weird, like chalk and cheese. It was weird.

Researcher: oh, ok I see. Well, who do you feel was more 'you'?

Mark: (silence) It's difficult to say now. I've always had these two parts to me. I think I wanted to be the guy in church, but now I feel like the guy in school.

Researcher: Yes, ya. So... jumping back to your kids again... if you had three wishes for them in 20 years from now, what would they be?

Mark: that they love and serve God; that they are financially secure; and that they are in loving relationships. Mmm, the last one is the most important.

Researcher: mmm.... And do you feel like you didn't have that when you were growing up?

Mark: (silence) I've never really thought about it... but no, no I didn't. When I think back I don't feel like I was loved, but I didn't feel rejected either. I just existed and got on with it. That was life.

Researcher: hhhmm... maybe you cut yourself off a bit in order to survive?

Mark: Yes, that's right, yes. My mom and dad are like that. No emotion. Facts. This, that, nothing in between.

Researcher: So your mom is also on medication?

Mark: yes, I'm not sure how long. She went to a psychiatrist after my step-dad died and went on some anti-depressants. But when I was a child I have no idea and I've never asked, really.

Researcher: So obviously her depression got a lot worse at that time when your step-dad died? When did he die?

Mark: yes, of course, yes. About 4 years ago now.

Researcher: she must be a strong woman

Mark: yes she is ya.

Researcher: Are there any things that you feel you learnt from your upbringing?

Mark: (long silence). I learnt to speak my mind and stand up for myself.

Researcher: yes, so would you stand up to your mom?

Mark: yes, not so much when I was younger, but when I was a teenager, yes. I think that's why we had such a conflictual relationship.

Researcher: Right, right. And when you say she was not emotional, I mean, did she ever show affection towards you?

Mark: No, not that I can remember, no, and neither was my dad...

Researcher: Sho, ya. (silence). Ok, the last area I would like you to think about is... do you think it affected your relationship with women at all?

Mark: umm, well I think I was definitely more aggressive or harsh with them, yes, but I was like that with everyone. Maybe not the most affectionate guy around. But also, I didn't know better, because my first wife was my first girlfriend and my second wife was my second girlfriend.

Researcher: Oh, ok, so you've only been with two women?

Mark: yes, and neither was the best relationship.

Researcher: OK, ya. Well.... I'm thinking... trying to summarise what you feel the main effect of growing up with your mom was?

Mark: well, obviously the genes. But the aggression... that was the biggest thing. And that we are all non-emotional, only until quite recently.

Researcher: Well, on that note... thank-you so much for your participation

Mark: great! No problem!