

The precarious ‘good mother’ position:
A psychosocial reading of maternal subjectivity of
working mothers in scarcely-resourced South African
communities.

A thesis submitted in fulfilment of the requirements for the degree of

**DOCTOR OF PHILOSOPHY
IN PSYCHOLOGY
OF RHODES UNIVERSITY**

By

SIOBHÁN KINAHAN-SWEENEY

ORCID: 0000-0003-4591-7608

Supervisor: Professor Lisa Saville Young

October 2019

Abstract

This psychosocial study investigates the maternal subjectivities of mothers returning to work after maternity leave, who are living in scarcely-resourced Cape Town communities in South Africa. Engaging with interview texts and listening to mothers' talk, I explore how and why maternal subjectivity is constructed discursively and defensively in our talk. This thesis claims that these particular mothers predominately employ instrumental mothering discourse. The traditional subject position of the intensive mother – which is typically assumed to be the 'good mother' – is not a position available to these mothers due to their social circumstances and working role. Subsequently, material provision, the baby's thriving and surviving body, finding substitute carers and maternal preoccupation are constructed as qualities of 'good mothering' in their talk. This 'good mother' position, however, is a precarious position that both these mothers and I invest in to defend against feelings towards their babies and themselves as well as to deny (maternal) ambivalence in a problematic social system. In a combined analysis drawing on discursive theory and psychoanalysis, more specifically contemporary attachment theory and intersubjectivity theory, I illustrate how both these mothers and I – as emotional, social and political subjects – co-construct maternal subjectivity. Based on the findings, recommendations for parent-infant interventions are discussed. Arguing that a purely psychoanalytic reading of investment perpetuates notions of individual blame and pathology, I advocate for a psychosocial reading that does not neglect failing social systems but rather pursues an open and reflective, yet critical, mindfulness when listening to talk.

Declaration

I declare that this thesis hereby submitted by me for the degree in PhD in Psychology at Rhodes University has not been submitted for a degree in any other university and is my own original work. Each significant contribution to, and quotation in, this thesis from the work, or works of other people has been attributed and has been cited and referenced.

SIGNATURE:  _____

DATE: October 2019

Table of Contents

Abstract.....	ii
Declaration	iii
Table of Contents.....	iv
Acknowledgements.....	xi

CHAPTER 1

SETTING THE SCENE: The context of this research	1
1.1. Introduction	1
1.2. Mothering today.....	1
1.3. Context of this research.....	5
1.3.1. <i>The clothing and textile manufacturing industry in South Africa</i>	5
1.3.2. <i>Scarcely-resourced communities in Cape Town, South Africa</i>	8
1.3.3. <i>My own positioning</i>	10
1.4. Structure of thesis	13
1.5. Conclusion.....	17

CHAPTER 2

MOTHERING IN PSYCHOANALYSIS: A review of the relevant literature.....	18
2.1. Introduction	18
2.2. Historical psychoanalytic literature.....	18
2.2.1. <i>Prioritising acts of mothering</i>	19
2.2.2. <i>Mother: A self-less and voiceless object</i>	21
2.2.3. <i>Evaluating maternal competency and emotional capacity</i>	21
2.2.4. <i>Summary</i>	23
2.3. Contemporary psychoanalytic literature on mothering	23
2.3.1. <i>The influential mother-daughter relationship</i>	24
2.3.1.1. Stern's motherhood constellation	25
2.3.1.2. Impact of the formative relationship on internal dynamics	25
2.3.1.3. The significance of the ancestors	27
2.3.2. <i>Contradicting emotions of motherhood</i>	28
2.3.2.1. Maternal ambivalence.....	28
2.3.2.2. Maternal conflict and maternal desire.....	31
2.3.3. <i>Mother: An autonomous and separate subject</i>	33

2.3.3.1.	Feminist psychoanalysis and mothering.....	34
2.3.3.2.	Relational psychoanalysis and mothering.....	36
2.3.3.2.1.	The 'Intersubjective Third': Co-creating maternal subjectivity.....	37
2.3.3.3.	Contemporary attachment theory: Mentalization and maternal subjectivity.....	41
2.3.4.	<i>The mother in the social world</i>	43
2.3.4.1.	Critical Feminist psychoanalysis and mothering	44
2.3.5.	<i>Summary</i>	46
2.4.	Psychoanalytic mother-infant interventions	47
2.4.1.	<i>Interventions in well-resourced contexts</i>	48
2.4.2.	<i>Interventions in South Africa</i>	48
2.4.2.1.	Powerful impact of contextual factors on relationships.....	49
2.4.2.2.	Role of language and culture	51
2.4.4.3.	Concerns focusing on the body	52
2.4.4.4.	Need for adaptive responses.....	54
2.4.3.	<i>Summary</i>	55
2.5.	Psychoanalytic literature on working mothers.....	56
2.5.1.	<i>Child-centred perspectives</i>	56
2.5.2.	<i>To mother or to work</i>	59
2.5.3.	<i>Paucity of literature</i>	62
2.6.	Conclusion.....	62

CHAPTER 3

	MOTHERING AND SOCIAL CONSTRUCTIONISM: A Review of the Relevant Literature	64
3.1.	Introduction	64
3.2.	Social constructionist literature on mothering: Dominant discourses	64
3.2.1.	<i>The ideology of intensive mothering</i>	65
3.2.1.1.	Inherent mothering.....	66
3.2.1.2.	Discourse of gendered parenting.....	67
3.2.1.3.	Child-centred mothering and expert-guided parenting	69
3.2.2.	<i>Ideologies of the marketplace</i>	70
3.2.2.1.	Consumerism and the neoliberal subject.....	71
3.2.2.2.	Economic contexts	71
3.2.3.	<i>Ideology of healthy development</i>	72
3.2.3.1.	Psychoanalytic discourses and the 'good mother'	72

3.2.3.2.	Medical discourses and the maternal body	73
3.2.4.	Summary	74
3.3.	South African research on constructions of mothering	75
3.3.1.	Contextual and historical factors in South Africa	75
3.3.2.	Discourses of mothering in scarcely-resourced communities	77
3.3.2.1.	Discourse of inherent mothering: Maternal desire and motherhood as empowering	77
3.3.2.2.	Environments constructed as dangerous and depriving	78
3.3.3.	Summary	79
3.4.	Social Constructionist literature on working mothers	80
3.4.1.	Literature of working mothers in well-resourced communities	80
3.4.1.1.	Comparisons of employed mothers to stay-at-home mothers	81
3.4.1.2.	Tensions between discourses of mothering and discourses of employment	82
3.4.1.3.	Bridging discourses of mothering and discourses of employment	84
3.4.2.	Literature of working mothers in under-resourced communities	86
3.4.2.1.	Tensions between intensive mothering and family providing	86
3.4.2.2.	Adapting the subject position of the ‘good mother’	87
3.4.3.	Summary	88
3.5.	Conclusion	89

CHAPTER 4

	THEORETICAL FRAMEWORK: A Psychosocial understanding of maternal subjectivity	90
4.1.	Introduction	90
4.2.	Literature on mothering informed by a psychosocial orientation	91
4.2.1.	Summary	96
4.3.	Which psychoanalytic theory?	96
4.3.1.	Kleinian psycho-social approach	97
4.3.2.	Lacanian psychosocial approach	100
4.3.3.	Relational school and psychosocial research	103
4.3.3.1.	Contemporary attachment theory and mentalization	104
4.3.3.2.	Intersubjectivity theory	106
4.4.	Which discursive theory?	108
4.4.1.	Discursive psychology	109
4.4.2.	Foucauldian discursive theory	110
4.5.	Key concepts for a psychosocial approach to maternal subjectivity	111

4.5.1.	<i>Psychosocial subject as social and psychic</i>	112
4.5.2.	<i>Talk as productive</i>	114
4.5.3.	<i>The 'Intersubjective third': Mutual recognition and co-constructing</i>	115
4.5.4.	<i>The concept of power: The 'doer' is also the 'done to'</i>	117
4.5.5.	<i>Reflexive focus</i>	117
4.6.	Conclusion	119

CHAPTER 5

METHODOLOGY.....		121
5.1.	Introduction	121
5.2.	Aim and research questions	121
5.3.	Research design	122
5.4.	Sampling and recruitment	124
5.5.	Participants	128
5.6.	Data production processes	130
5.6.1.	<i>The free association narrative interview</i>	130
5.6.2.	<i>Abandoning the observations</i>	133
5.6.3.	<i>Field notes and reflexive notes</i>	134
5.7.	Data analysis	138
5.7.1.	<i>Becoming acquainted with the data and pro formas</i>	139
5.7.2.	<i>Discursive reading: Identifying discourses and subject positions</i>	140
5.7.3.	<i>Psychoanalytic reading</i>	141
5.7.3.1.	Tracking affect regulation alongside discourses	141
5.7.3.2.	Analysing the intersubjective space	142
5.7.3.3.	Writing pen portraits	143
5.7.4.	<i>Capturing understandings and disruptions of maternal subjectivity</i>	143
5.8.	Methodological rigor: Evaluating the quality of the research	144
5.8.1.	<i>Addressing credibility, reliability and dependability</i>	144
5.8.2.	<i>Sincerity: Employing reflexivity and evaluating confirmability</i>	147
5.8.3.	<i>Evaluating resonance, transferability and external validity</i>	147
5.9.	Ethical considerations	148
5.9.1.	<i>Procedural ethics</i>	149
5.9.2.	<i>Situational ethics and ethical relating</i>	151
5.9.2.1.	Honesty	152
5.9.2.2.	Sympathy	152

5.9.2.3.	Respect.....	153
5.10.	Conclusion.....	154

CHAPTER 6

INSTRUMENTAL MOTHERING AND 'MOTHER TROUBLE': The discursive construction of maternal subjectivity			155
6.1.	Introduction		155
6.2.	Employing an instrumental mothering discourse.....		155
6.2.1.	<i>Mothering as material provision</i>		156
6.2.2.	<i>Mothering as ensuring a thriving and surviving baby's body.....</i>		160
6.2.2.1.	The baby as primarily a physical body.....		161
6.2.2.2.	Environment constructed as dangerous and deprived.....		164
6.2.3.	<i>Finding substitute carers.....</i>		167
6.2.4.	<i>Maternal preoccupation in the absence of baby</i>		170
6.2.5.	<i>Summary.....</i>		172
6.3.	'Mother trouble'		172
6.3.1.	<i>Under an evaluative gaze: Infant's body as a site of maternal competency.....</i>		172
6.3.2.	<i>Working mother: A position of power or vulnerability?.....</i>		179
6.3.3.	<i>The pull of intensive and inherent mothering discourses: Ideological dilemmas.....</i>		186
6.4.	Conclusion.....		194

CHAPTER 7

PSYCHOANALYTIC READING OF EMPLOYING INSTRUMENTAL MOTHERING			196
7.1.	Introduction		196
7.2.	Case Study: Thandiwe		196
7.2.1.	<i>Pen portrait.....</i>		197
7.2.2.	<i>Interview Extracts.....</i>		199
7.3.	Analysis.....		204
7.3.1.	<i>Denying fear of failure: Being the 'good mother' and 'good woman'</i>		205
7.3.2.	<i>Defending against feelings towards the baby: Emphasizing the baby's body</i>		209
7.3.3.	<i>Defending against powerlessness.....</i>		213
7.3.4.	<i>Repressing (maternal) ambivalence: Silencing 'bad' feelings.....</i>		215
7.4	What is unconscious to this psychoanalytic reading?		218

7.4.1.	<i>Denial of faults in the social system: Mother-blaming and pathologizing.....</i>	218
7.4.2.	<i>Denying vulnerability and investment in a problematic system</i>	220
7.4.3	<i>Summary.....</i>	222
7.5.	Conclusion.....	223

CHAPTER 8

DISCUSSION.....		225
8. 1.	Introduction	225
8.2.	How are mothers ‘doing’ mothering?	225
8.2.1.	<i>The ‘good mother’ and instrumental care.....</i>	227
8.2.2.	<i>The providing mother: Challenging traditional gender roles</i>	228
8.2.3.	<i>The significance of physical spaces and physical bodies.....</i>	229
8.2.4.	<i>Precarious maternal positions</i>	231
8.3.	Why are mothers ‘doing’ mothering in this way?	232
8.3.1.	<i>The defensive function of talk</i>	234
8.3.2.	<i>Silencing (maternal) ambivalence</i>	236
8.3.3.	<i>Individually-focused or co-constructed narratives.....</i>	238
8.4.	Conclusion.....	240

CHAPTER 9

CONCLUSION: BECOMING CONSCIOUS.....		242
9.1.	Introduction	242
9.2.	Strengths and limitations of this study.....	242
9.3.	Defended and discursive subjects in research and practice.....	246
9.4.	Sites of ‘blindness’	248
9.5.	Directions for future research	250
9.6.	Learning from the mothers	251
9.7.	Recommendations for practice: Informing parent-infant interventions.....	252
9.7.1.	<i>Acknowledging contextual challenges</i>	253
9.7.2.	<i>The significance of physical bodies and physical spaces.....</i>	255
9.7.3.	<i>Facilitating a ‘psychosocial mindfulness’</i>	256
9.7.4.	<i>Meanings as co-constructions and mentalization as intersubjective</i>	258
9.8.	Advocacy work.....	260
9.8.1.	<i>Recommendations for social and workplace policies.....</i>	261

9.8.2.	<i>Calling social systems – and ourselves - to account</i>	262
9.9.	Conclusion	263
APPENDIX A:	Information page for Management	265
APPENDIX B:	Letter 1	266
APPENDIX C:	Letter 2.....	267
APPENDIX D:	Interview Schedule	268
APPENDIX E:	Transcription Notation	269
APPENDIX F:	Pro Forma	271
APPENDIX G:	Analytic Questions.....	272
APPENDIX H:	Rhodes University Ethical Approval.....	274
APPENDIX I:	Consent to Conduct Research	275
APPENDIX J:	Sign-up Sheet	276
APPENDIX K:	Informed Consent.....	277
APPENDIX L:	Informed Consent for Tape Recording.....	278
APPENDIX M:	Informed Consent for Observation.....	279
References.....		280
List of Tables		
Table 1.	Participants and their Characteristics.....	128

Acknowledgements

My first acknowledgment must go to the hardworking mothers of the study - without you this never would have happened. I thank you for trusting me with your stories about moments of struggle and memorable times of your strength. It was a privilege to be invited into your world and you all have opened my eyes to things about me and others. Gratitude also needs to go to the HR and management team at the factory – your support and willingness is greatly appreciated.

I would also like to acknowledge, Professor Lisa Saville-Young – my supervisor – for her invaluable assistance. I am truly grateful for your precious insight, encouragement, time, and lots of hard work over the years. I am indebted to you for your knowledge and expertise guiding my academic growth as well as challenging me to disrupt what I know. Our discussions of reflective contemplation have contributed significantly to the development of this thesis. I am also thankful to Rhodes University for this opportunity, support and resources.

I would like to give gratitude to the Institute of Parent-Child Psychotherapy and the Western Cape Association of Infant Mental Health for training, theory and stimulating presentations which further informed and challenged my understandings of mothering and early interventions.

Thanks must also go out to my friends for their unwavering support; to my colleagues for their interest and ongoing encouragement; and to those I work with therapeutically - I'm thankful for our growth. To Maria: The baby is now an eight year old child! I thank you for providing the space and your mind which has helped me to understand my own shadows providing me with clearer sight.

I am eternally grateful to my family, Madeline, John and Seán, for offering their constant support during this endeavour and those before it. No matter how far, you have also been there offering pearls of wisdom, perspective, confidence and moments of laughter in challenging times.

And lastly, I would like to acknowledge, Willem. I thank you for your curiosity and thought-provoking conversations which encouraged me to persevere. Thank you for endless love and acts of service, for believing in me but also challenging me. Your containing manner, accompanied with home cooked meals, spontaneous writing retreats, and late-night company meant I survived the discomfort.

I guess we hope that if we can make sense of something, we can give meaning to 'it'. This started as a quest to find meaning but as I grappled blindly through the confusion and uncertainty, I soon realized that it was not about finding some hidden meaning, it was about making meaning. Although I will now be able to recognize 'you', I will never be able to hold one true meaning of you in mind – it will forever be changing both within us and between us. We will not remain silent about our understandings and we should continue to listen without judgment but in doing this, we will have to surrender to never truly and absolutely knowing.

- Siobhán Sweeney (3 December 2017)
Reflexive Diary: Thesis Writing Reflections

CHAPTER 1

SETTING THE SCENE: The context of this research

1.1. Introduction

There is little doubt in psychoanalysis about the significance of a child's first attachment. Although an infant's first attachment figure can take many forms, it is usually his or her mother. Following this assumption, traditional psychoanalytic literature adopts a child-centred approach in considering what is necessary for healthy, psychological *child* development. It emphasizes how a child's 'continue on being' (Winnicott, 1975) can be facilitated by adults, and particularly by intensive mothering – defined as constant and sole devotion to mothering a child (van Doorene, 2009). When thinking about *working* mothers, traditional psychoanalytic literature (such examples are Bowlby (1969) and Winnicott (1960)) tend to focus on how work negatively impacts maternal functioning, maternal competency and mothers' mental health in relation to their care for the *child* (Arendell, 2000; van Doorene, 2009). Contemporary psychoanalytic literature on maternal subjectivity of working mothers is a developing body of work (Buzzanell, 2003; Chowdhury, 1995; Chodorow, 2014; de Villiers, 2011; Hoffman, 2003; Kawash, 2011; Kestenbaum, 2004; Olarte, 2000; Sivakami, 2010; Stuart, 2007; Stuckey, McGhee & Bell, 1982) which mostly focuses on middle-class women pursuing a career. Mothers in semi-skilled, low income occupations have largely been neglected in the psychological literature.

In this chapter, after a brief introduction, I describe the specific contexts of my research on mothers in semi-skilled, low income occupations; firstly the textile and clothing industry in Cape Town, and secondly the scarcely-resourced communities where the majority of the employees at these factories live. The final part of this chapter provides a brief description of each chapter in order to outline the structure of the thesis.

1.2. Mothering today

Before describing literature on mothering, I will introduce the key of concepts of this study. For the purposes of this study, 'mothering' is defined as the skills mothers apply and the activities in which they are involved while mothering a child. 'Motherhood' broadly defines the personal experience and meanings, as well as the acts, of a woman mothering a child within a greater social context (van Doorene, 2009). More specifically, 'motherhood', in this

study, refers to the context in which mothering takes place and is experienced but I also conceptualize 'motherhood' as an ideology (Kruger, 2006) rather than a mere biological aspect of womanhood. The 'mother' is the person who is responsible for the nurturing of a child's relational development and meeting the basic needs of physical care for the child. Drawing from Benjamin (2004) and Hollway (2001) 'maternal subjectivity', in this study, is conceptualised as a mother's own unconscious and conscious internal representations and affective experience of being a mother. In this context, an individual mother's subjective knowing is based on actual experiences of being a mother entrenched in socially constructed notions of mothering. The 'unconscious' is conceptualised as our fantasy world of anxieties and wishes out of our awareness and forces we have little control over (Fonagy, 2001) that motivate our thinking and actions, and colour our interactions with others and how we make sense of the world.

Literature on mothering has shifted from focusing on the actual mothering of a child - the relational and logistical work of mothering - to the empirical study and theorizing of the maternal experience (Arendell, 2000; van Doorene, 2009). Mothering today conceptualises the mother as her own subject with literature examining maternal experiences and subjective meanings. Shifting focus to maternal subjectivity allows mothers to be viewed as autonomous subjects (Curk, 2009) with anxieties, conflicts and tensions (van Doorene, 2009).

Feminist perspectives, arguing that motherhood is an institution, have highlighted the influence of social structures, such as patriarchy, as well as the different experiences of individual mothers, such as stay-at-home mothers and working mothers (Campo, 2005; Layton, 2014; Stone, 2014). Although there may be some similarities in maternal experiences, mothering takes place within many different contexts and is not a universal experience (Shefer, 2001; van Doorene, 2009). Positioning the mother as a subject in her own right, feminist informed-thinkers have examined the diverse experiences of mothering. Social constructionist and post-structural thinkers have argued motherhood is a discursive phenomenon and constructed practice that is constructed in contexts of shared, social meanings, particularly the ideology of intensive mothering (Hays, 1996; van Doorene, 2009). Mothers draw from shared meanings of mothering to make sense of their experience (Kruger, 2006; van Doorene, 2009); thus, impacting meanings of a 'good mother', maternal practices, and self-perceptions. The writing of psychosocial thinkers on maternal subjectivity, notably Hollway (2001, 2010) and Baraitser (2006, 2008), have addressed the relationship between the psychic and the social, demonstrating how maternal subjectivity is shaped and mediated by both.

Until recently, there has been little differentiation in the literature between mothering in privileged contexts and mothering in contexts of poverty. This is noted by Dale (2012) who argues that the limited research on motherhood in South Africa fails to address all aspects of motherhood and to consider how it is multifaceted. Mothers in contexts of poverty, however, tend to be problematized or marginalized (Kawash, 2011) as they are blamed for the negative impact of poverty on the child. I argue, based on the review of literature, that unless focusing on a specific problem or an assumed need for intervention, these mothers are largely forgotten in psychological literature.

Recent research in South Africa argues that in deprived communities another aspect of mothering must be considered: the experience of mothers who are positioned in a socio-political and socio-economical history that is marked by inequality creating racial and class differences (van Doorene, 2009). In South Africa, the apartheid era resulted in many disruptions of social relations which directly affected positions of women, particularly Black, Indian and Coloured¹ women; resulting in shifts in the social identity of motherhood (Walker, 1995) that are still evident today. Many Black or Coloured women were positioned in communities with few resources resulting in them experiencing poverty or financial hardship – this impacts a mother’s experience, creating pervasive hardships and accumulated stress which continues over time (van Doorene, 2009). It is crucial for interventions and research to consider social categories and economic factors as these influence how mothers make sense of mothering (Dale, 2012); and thus, influence the quality of the mother and child relationship (Richter, 2004a). South African researchers (Frost, Esterhuizen, Bain & Rosenbaum, 2012; Landman, 2009) have explored how financial difficulties and preoccupation with deprivation impacts mothering. Financial difficulties usually force these mothers into working roles where economic provision is an integrated part of motherhood (van Doorene, 2009).

Kruger (2006) calls for researchers to listen to what *individual* mothers are saying about themselves as well as what dominant discourses are influencing their experience. This type of listening can offer a greater understanding of the different, unique but similar experiences of mothers (Kruger, 2006). When comparing mothers with an African worldview and mothers from more western backgrounds, literature indicates two noticeable differences: the first

¹ These racial classifications, which are apartheid labels, are used for this study because their reference to apartheid is meaningful and relevant to this study’s participants. This study does take place in a post-apartheid context but for the purpose of this study, these classifications are used as constructs that recognize the lasting and significant impact apartheid has on the participants in the form of severe economic divisions and oppressions (Durrheim, Mtose & Brown, 2011).

refers to family structures where western families tend to emphasize the importance of the nuclear family (Bozalek, 2006) whereas African families tend to emphasize the extended family (Amoateng & Richter, 2003); the second concerns childcare where mothers with an African worldview prefer childcare to include external family and community members (or, as termed by Robinson (2014), 'collective mothering') over inherent, individual mothering (Dale, 2012; McClintock, 1991). Findings from South African studies, however, are inconsistent with some studies, such as de Villiers (2011), demonstrating that due to financial constraints mothers, who would prefer to stay at home and mother, are pushed into working roles. Subsequently, there is uncertainty as to whether 'collective mothering' in deprived contexts is the result of poverty or is desired in and of itself (Robinson, 2014).

To summarize, literature on mothering in poverty tends to follow three trends: focusing on broader contextual factors (such as a race and class) (Dale, 2012; Maiello, 2001; Magwaza, 2003; Mamabolo, 2009; Walker, 1995), examining the negative impact of poverty on the child (Petersen et al., 2016; Tomlinson & Swartz, 2002) or looking at the impact of poverty on mothers (Bain, 2014; Dale, 2012; de Villiers, 2011; Frost et al., 2012; Landman, 2009; Lazarus, 2007; Lund et al., 2014; van Doorene, 2009).

The literature on working mothers is a growing body of knowledge moving from assumptions about the maternal role void of subjectivity (examples such as Bion, Freud, Klein and Kohut) to contemporary studies exploring the affective dimension of being a working mother (Buzzanell, 2003; Chodorow, 2014; Guendouzi, 2006; Kestenbaum, 2004; Olarte, 2000; Stuart, 2007) as well as examining how working mothers are situated in the social world (Hays, 1996; Huisman & Joy, 2014; Takševa, 2014). Literature (such as Johnston, Swanson and Luidens (2008)) suggests that the role of the working mother – broadly defined here as a woman who engages in both paid work activities and maternal acts of childcare – is a role grounded in social identities and personal meaning. Although the focus in research has shifted to a more accepting stance of working mothers, it has not considered the variety of employment experiences of mothers and neglects certain groups such as minorities, working-class and single-parent families. Social contexts and economic factors impact the meanings that mothers attach to work, where many mothers in deprived communities may work out of necessity resulting in work being experienced differently to women pursuing careers. The literature of mothers who work tends to focus more on the difficulties and rewards experienced by mothers with a career for themselves (Dale, 2012).

An apparent absence in the literature of working mothers is research with mothers in semi- to unskilled occupations and/or living in communities with limited resources. Given

difficult social circumstances and lack of support, these mothers may be in need of interventions the most, yet we know so little about them. Managing work, dealing with financial difficulties and negotiating roles of work and mothering adds a new aspect to a woman's personality that may come with anxieties and conflicts (Hollway, 2001) but, as aptly described by Baraitser (2008), (working) mothers and the complexities of their experiences have been 'kept mum'. My research speaks to this gap by investigating the maternal subjectivity of working mothers in scarcely-resourced communities and exploring how the 'working role' in this context is shaped by social meanings and a mother's internal world. By drawing from contemporary attachment theory and intersubjectivity concepts alongside discursive theory, this study aims to add to the literature of mothers who work by exploring the emotional, internal experience and actual, individual, as well as constructed, experiences of working mothers in scarcely-resourced communities.

1.3. Context of this research

The broad aim of this study is to contribute to mother-infant research and inform clinical intervention in South Africa. According to Chase and Rogers (2001, cited in Miller, 2005), it is only when we pay attention to mothers' experiences are we informed to contribute to discussions of how motherhood is constructed. This study aims to gain a specific understanding of how and why maternal subjectivity is constructed discursively and defensively in mothers' talk. An examination of these mothers' talk could also offer possible ideas about what mothers can tell us about interventions (such as anxieties about their maternal identity), what aspects of this may create resistance to desired outcomes as well as how mothers can be thought of as active subjects with their own internal resources. Literature in this section is not specifically about mothering but about the context in which mothering that is the focus of this study is taking place. To provide context for this South Africa study, I will describe 1) the clothing and textile manufacturing industry where the participants for this study work; 2) scarcely-resourced communities in Cape Town where participants for this study live; as well as 3) my own positioning in the context of this study.

1.3.1. The clothing and textile manufacturing industry in South Africa

This study is located in a clothing factory in an industrial area in Cape Town in South Africa. The factory has been manufacturing women's and men's casual wear, as well as children's wear, since 1989. This large factory is mostly well-equipped with resources (medical,

psychology and legal) for staff and up-to-date machinery but it is a fast-pace workplace with a number of demands and frequently factory workers have to work over-time either in the evenings or six days a week. I have been working as a contractor offering counselling to the employees since 2011. The company prides itself on being formed on family values and when I started working for them, I was struck by their sense of community with staff on all levels being sympathetic to each other's daily struggles. Clashing with the compassionate maternal function of the organisation is the strict and highly ambitious paternal side. Moments of concern are contrasted with high levels of pressure and demands to produce garments of exceptional quality. Working as a contractor, I became aware of the organisation's history of award winning; thus, high expectations on staff often result in high levels of stress and long hours. This is particularly difficult for mothers with small children as they have limited childcare options and when returning home late at night they still have to attend to mothering tasks and house-hold chores.

In 2012, the factory, with approximately 540 employees, was acquired by a national, renowned manufacturer and distributor. The work culture shifted from being openly expressive amongst peers to one of suspicion and silence – employees feared for their jobs and the future felt unknown. From 2012 till 2015, feelings shifted from fear to elation as employees were offered new benefits and moved to a more advanced factory. This later led to disappointment and disillusionment as veteran employees resigned, employees from the new company were placed in management positions and those working on production felt neglected. Although the new company employed a number of strategies to help the transition, the rapid increase to approximately 700 employees resulted in complaints of feeling lost and forgotten. By 2016, when the research interviews took place, these complaints were less frequent but production-line employees still appeared to struggle feeling a lack of belonging.

The clothing and textile industry in Cape Town has its own unique history of uncertainty and exploitation. Apartheid's exploitation of particular groups of people was motivated by the need for cheap labour (Seekings, 2010) and, according to Hadley (2015), centuries of exploitation in South Africa has resulted in a mistrust of 'authority' including clinicians – this was evident at this clothing factory where participants and potential participants for this study appeared fearful of management and management seemed uncertain about my intentions for the study. Hadley (2015) explains that often the cooperation or support from clinicians is not trusted as it is seen as an attempt to destroy internal cohesion or as the theft of power. In this kind of context, my entry into the field saw

management constructed as the powerful gate-keepers who spoke for the powerless mothers while I was the suspicious, White outsider.

Post-apartheid South Africa has witnessed a significant deindustrialization and decrease in the availability of semi- and unskilled occupations (Seekings, 2010). In 2016, the reported unemployment rate in South Africa was 26,5%; women were reported as having a higher unemployment rate of 28,9% in comparison to men with 24,5% (Statistics South Africa, 2016a). According to the Quarterly Labour Force Survey, Quarter 4 of 2016, (Statistics South Africa, 2016a), Black African women are the most vulnerable in the labour market with majority employed in semi- and unskilled occupations (43%); this is followed by 33,6% of Coloured women occupying semi- and unskilled employment positions. In comparison, 0,7% of White women are employed in semi- and unskilled occupations; thus, majority of white women occupy skilled occupations (58,9%) while 18,5 % of Black women and 20,7% of Coloured women are employed in a skilled occupation. The difficulty in securing employment for some Black and Coloured women is compounded by education levels. Education can safeguard against unemployment and qualifications act as valuable assets in a competitive labour market but majority of semi- and unskilled employees have an education level below a matric certificate. The Quarterly Labour Force Survey, Quarter 4 of 2016, (Statistics South Africa, 2016a) also noted a decline in employment for manufacturing in 2016. This precarious manufacturing environment has been plagued by a history of factory closures and redundancy; due to Chinese imports since the 1990's, employment in the clothing industry has dropped and, apart from threats around wage dispute strikes, the industry is struggling to move "from survivalist to expansionist mode" (Ndalana, 2016, para. 2). In 2016, lobbying groups and government had expressed a wish to revive the industry (Ndalana, 2016) but this optimism has not yet filtered down to the factory floor. The fear for survival hangs in the atmosphere at the factory adding to an already stressful, labour-intensive environment but also encourages a sense of cohesion.

Therefore, the context of this research is a highly-stressed, heavy-demanding work environment which is governed by deadlines. This stress often intruded into the room with participants feeling exhausted about work demands and guilty about leaving the manufacturing line. There were few escapes or quiet retreats from this stimulation and busyness. Occasionally, the interviews were interrupted by management or administrative staff looking for a space to work. The scheduling of interviews also felt unpredictable as, due to work or home commitments, participants were often late for interviews. While waiting for participants, unsure as to whether they would join me, I noticed my own feelings of irritation

and disappointment about not being kept in mind but I also wondered if this unpredictability represented the participants' experience of having little control and say over their own time, especially at work.

1.3.2. Scarcely-resourced communities in Cape Town, South Africa

In this study, 'scarcely-resourced communities' are defined as residential areas with high levels of unemployment and poverty. As a result of apartheid legacies of racialized-spaces, these communities have few resources, such as financial, health care and childcare support for individuals, as well as little opportunity for social and occupational mobility. Residents, such as the mothers in this study, of these communities are often individuals living in poverty, with little to no financial means or individuals classified as semi-skilled labourers in lower income brackets.

These mothers 'do' or perform mothering in a Cape Town context that is haunted by a socio-political history of racial and class inequality as well as actual deprivation, poverty and lack of resources (van Doorene, 2009). Most of these women are also exposed to ongoing community violence as well as gang warfare and vigilantism (Spinks, 2001). Forced removals during apartheid positioned Black, Coloured and Indian families far from the city and necessary services; due to financial restrictions, inequality and lack of intergenerational mobility, many of these families remain in these areas (Seekings & Nattrass, 2006). According to Seekings and Nattrass (2006), income poverty and inequality have worsened in post-apartheid South Africa. The transition to democracy came with rapid rural-to-urban migration as well as valuing education and skills-development over labour but not all communities had access to these opportunities and thus, there is a continuous rise in unemployment and demand for jobs (Seekings, 2010; Seekings & Nattrass, 2006). The women in this particular study live in communities that are mostly isolated due to spatial distancing resulting in participants having limited access to resources and traveling far distances between work and home (Opperman Lewis, 2016); according to Spinks (2001), this is the result of an apartheid society that aimed to preserve White identity in inner parts of Cape Town. The consequence of this exclusion is crime and fear of safety being concentrated in 'Black spaces' (Spinks, 2001). When talking about their community, participants fluctuated from describing it as supportive to talking about it as fragmented and isolating. This was especially the case when talking about other women as mothers feared judgement and mistrusted others. South Africans tend to be familiar with a split community (Gubb,

2010); this was evident in mothers expressing concern about me as a White woman entering their communities. At the time this study was conducted, there was also a great deal of political and community unrest in South Africa as a whole. There were frequent – and potentially, destructive - service delivery protests taking place in these mothers’ areas. Communities remained split and on edge after violent Xenophobic attacks; and lurking in the background of any South African interaction was concerns about investigations into Jacob Zuma’s presidency and state capture as well as anger towards ‘White monopoly’.

Concerns about safety also focus on physical health and survival for both infants and mothers. According the United Nations Department of Economic and Social Affairs, Population Division (2017), the infant mortality rate for less developed regions in 2015 was 36 deaths per 1000 live births; this is in comparison to 5 deaths per 1000 live births in more developed regions. In 2016, the infant mortality rate in South Africa was estimated at 33,7 per 1000 live births (Statistics South Africa, 2016b). In the Western Cape alone, there were a total of 1 585 deaths between the age of 0 to 1 year and 745 deaths between the age of 1 year to 14 years in 2016 (Statistics South Africa, 2016c). According to the South African Demography and Health Survey 2016 (South African National Department of Health, 2019), 8% of all deaths among women (ages 15 to 49 years) were pregnancy-related deaths. Greater threats to women, however, are murder and interpersonal violence: in 2016, 26% of women in South Africa, ages 18 and older, experienced physical, sexual and emotional violence – that is one in four women experiencing violence directed to them, with physical violence (21%) being the most common form (SA National Department of Health, 2019). According to the South Africa Police Service Annual Report 2016/2017 (South African Police Service Crime Registrar, 2017), the murder rate for women older than 18 years was 14 per 100 000 and the World Health Organisation (WHO Department of Information, Evidence and Research, 2018) estimated that South African female interpersonal violence death rate was 12,1 per 100 000. Sibanda-Moyo, Khonje and Brobbey (2017) argue the rate of Femicide in South Africa is five times higher than the global average.

In addition to concerns about finances and safety, there are also concerns about mental health in South Africa. According to Petersen et al. (2016) nearly a third of the South African population have suffered from a mental disorder and, within that, there are high rates of maternal depression and anxiety after pregnancy. The majority of those struggling with mental health problems are from disadvantaged communities with limited access to mental health services (Howa, 2017). Lund et al. (2014) reported high prevalence rates of maternal depression in deprived communities in the Western Cape and KwaZulu-Natal provinces in

South Africa. In these socio-economically depressed communities, psychological depression is worsened by poverty, lack of resources, violence and crime as well as poor health care (Lund et al., 2014). In spite of the negative impact maternal depression has on child development and well-being, there is a clear lack of maternal and child services in the health sector in South Africa (Petersen et al., 2016). Due to a shortage of specialist mental health workers, geographical inequalities and the legacy of apartheid health systems that have resulted in race dictating who has access to quality and comprehensive health care, there is a significantly large ‘treatment gap’ between the number of people needing psychological services and those who actually receive treatment. Although treatment is freely available at community and public clinics, there are limited practitioners and resources resulting in limited access and significant delays to both psychological and medical services (Dlamini, 2019).

When being interviewed for a newspaper article, “Prioritising the emotional well-being of mothers” (written by Mposo, 2016, para. 12), Bronwyn Evans (Clinical Psychologist working with the *Perinatal Mental Health Project*) states that “after the birth of a baby, people may be more focused on the baby than on how the mother is feeling”. Many mothers may live in close communities but they are still left feeling unsupported as their mental health needs are misunderstood. Mothers in deprived communities in South Africa often reported having little emotional support from partners and feeling socially isolated (Lund et al., 2014) and felt that these social and relational factors were the cause of their depression (Kathree, Selohilwe, Bhana & Petersen, 2014).

1.3.3. *My own positioning*

In this section I address how this study came about by addressing my position in relation to the research site, in relation to the research location as well as my position in the interview space. I also speak to positions of power to broadly describe the context of the research.

In the interviews, encountering difference between the mothers and me was quite obvious and this difference is intertwined with the shadows of apartheid. I am an English-speaking, ‘White’, middle-class professional child-less woman interviewing ‘Black’ or ‘Coloured’ mothers from scarcely-resourced communities and employed in semi-skilled occupations whose first language was not English. From our first encounter, the dominance of the western world was present where mothers had to adapt to my mother-tongue as I was not able to speak their home language. Although most mothers constructed their narratives

with rich descriptions in a story-telling manner, it is likely that conducting the interviews in English resulted in some descriptions remaining silent.

As the professional contractor who is affiliated with management, I was positioned as the White authority. Being positioned as a form of authority was complex for me: as a researcher, I was placing an additional demand on mothers making requests on their personal time but as I am employed on contract, I felt positioned as an outsider-employee. Subsequently when setting up the study, I felt powerless and voiceless as the Human Resource (HR) department negotiated with management on my behalf to gain access to the participants.

Although there was a large difference between the mothers and me, there were many “moments of meeting” (Fonagy, Gergely & Target, 2008, p. 790) as we connected in conversations and some expressed gratitude in having a space to talk about their challenges as a working mother and to be recognized as an individual. I think being a therapist in this community helped facilitate opportunities to connect with these mothers; there was some uncertainty about the process from mothers but the mothers knew my position as a therapist at the clothing factory so I wondered if this helped them to feel I could be trusted with their stories.

I also wondered if my history is what allowed me into the greater community at this clothing factory: my own mother worked in the clothing industry starting as a machinist in a clothing factory. She had contact with many of the older machinists – who, in 2011 when I was hired as a contracting psychologist, welcomed me into this clothing factory as ‘one of them’ – and although they retired soon after my arrival, the sense that I am ‘part of the family but not’ has remained. My mother’s legacy of rags to riches has also remained a sub-plot while settling into my position and my family’s history of being working-class Irish immigrants was in my mind while analysing the transcripts. In being constructed as Irish (which is obvious in my name), I am part-Colonizer but also one of the “Blacks of Europe” (The Commitments (1991) cited by Ignatiev, 2009) with a psycho-history of being a British-oppressed Irish Catholic (Ignatiev, 2009). I wondered about the complex blend of mutual recognition and difference as well as how my own history may have helped me to identify and understand mothers but may have also been used to defend against my privilege as a White English-speaking woman in South Africa (Oppenham Lewis, 2016).

While reading literature on parent-child interventions, I felt that mothers were represented as voiceless objects in studies. When reviewing the literature review, I found no studies that reported on the mother’s subjectivity throughout the intervention and due to this

lack of reporting, we do not know if this is a result of mother's subjectivity not being recognized or not being reported – either way, this suggests an unconscious silencing of the mother's voice in favour of positive child development. I wondered how interventions could be sustainable if mothers are not considered as separate, active subjects with their own views and who are capable of parenting in their own unique way; how do we expect mothers to sustain desired change if we do not see them as active and capable agents of change. In addition to thinking about mothers as active agents, I would argue that we need to be mindful that mothers are also *social* agents who are interacting with their social surroundings and anxieties associated with these surroundings. According to Swartz (2010), if interventions hope to be sustainable and to reduce attrition, it may be necessary for practitioners to openly explore anxieties and concerns both about the broader context and the intervention setting.

Throughout my training as a Counselling Psychologist, I have had a keen interest in child-work and in my initial years of practicing psychoanalytic therapy as a psychologist, I ambitiously (and naively) wanted to create a community parent-child intervention that could be more accessible and suitable to families in scarcely-resourced areas. When considering embarking on a PhD, I initially considered research linked to a parent-child intervention. While reviewing the literature, however, I began to feel discomfort about the child-centred approaches influencing the majority of interventions (such as Sadler, Slade and Mayes' (2006) "Minding the Baby" programme and the "Watching, Waiting, and Wondering" (WWW) mother-infant intervention created by Muir (1992)) which positioned mothers as objects to their children's needs and which often lacked contextual adaptations. I felt I knew little to nothing about mothers' own experiences which were largely lacking in the published literature on mothering and mother-infant interventions. I remained curious about what mothers were saying, as well as not saying, and how they were feeling about mothering. I did not feel comfortable in offering a service that *I* thought would be beneficial to children and families if I knew little about the mothers I would be working with. In spite of there being a general acceptance of the challenging nature of parenthood, maternal subjectivity was mostly absent in published data of interventions. I was inclined to agree with Frost et al. (2012) who state that interventions need to offer a mother a space where she is able to feel heard and I was concerned that with the literature at my disposal, largely western and child-centred, this would not be possible in a disadvantaged South African context. Subsequently, I shifted my research focus from an intervention oriented, child-centred lens to listening to particular mothers' *talk* about their maternal subjectivity.

This brought me to the questions that led to the ‘birth’ of this thesis: what is going on for *mothers*? How are they feeling about being a mother in South African contexts? What light could particular *South African mothers* shed on the westernized ideas of childcare we are offering them? More specifically, what are South African mothers, employed in semi-skilled occupations and living in scarcely-resourced communities (i.e. mothers we assume are most in need of support), saying and not saying about their maternal subjective experiences?

This thesis is the product of eight years of reading, thinking, and training, talking and not knowing. It is a reflection of being immersed in child and mother work, wrestling with the tension between psychoanalytic thought and social constructionism; an attempt to bring together intrapsychic factors and social discourses; and to hold in mind particular mothers – who are located in specific social systems - with their own unique meanings and emotional investments. Notes of my reflective thoughts point to my grappling with knowing and not knowing mothers: trying to recognize mothers and myself – which involved holding the light but facing our shadows – while remaining aware that, due to unconscious dynamics and the opacity of the mind, we can never fully know the ‘other’ and thus, my interpretations while enriching our understanding of these mothers are nevertheless tentative in order to remain open and respectful to new, alternative ways of understanding.

This study will illustrate how understanding maternal subjectivity through a psychosocial lens provides the opportunity for mothers to be viewed as autonomous subjects with their own intrapsychic dynamics (Hollway, 2001), while also remaining open to further insights into how employed mothers in scarcely-resourced communities co-construct maternal subjectivity in their talk in the presence of another.

1.4. Structure of thesis

In addition to introducing the aims of this study, the purpose of the introductory chapter was to contextualize concepts of maternal subjectivity and motherhood by providing a broad overview of theory and research of maternal subjectivity as well as describing the particular context in which the mothers of this study ‘do’ mothering. This introductory chapter is followed by a review of the literature which explores the empirical research of two specific bodies of work around mothering: Psychoanalysis and Discursive Psychology.

Chapter two reviews the literature on mothering that has taken an internal emphasis. Within psychoanalytic literature on mothering, I review historical psychoanalytic literature, contemporary psychoanalytic literature as well as psychoanalytic mother-infant interventions

and psychoanalytic literature focusing on working mothers. The review shows the shift from traditional psychoanalytic literature, which positions a mother as an object to her infant's needs, to contemporary literature which recognizes a mother as an autonomous subject with her own relational and internal experiences. This chapter also offers a review of mother-child interventions, particularly focusing on those set in South Africa. When reviewing literature on working mothers, I discuss literature with a child-centred focus as well as literature that explores the conflict between desires to advance outside the home and desires to mother. I discuss how the introduction of feminist and post-structuralist thinking challenges psychoanalytic thinkers to incorporate social factors into their understanding of the maternal. I argue that a psychoanalytic framework on its own is unable to sufficiently think of social factors alongside psychic factors.

The following chapter, chapter three, reviews the literature on mothering with an external or social emphasis; this chapter examines social constructionist literature on mothering which argues motherhood is not an inherent practice but rather is a constructed practice (van Doorene, 2009). This literature has mostly focused on dominant and competing ideologies in maternal studies: the ideology of intensive mothering, the ideology of the marketplace and the ideology of healthy development. A review of social constructionist literature in South Africa shows the powerful impact of contextual and historical factors. Literature concentrating on discourses in scarcely-resourced communities shows the prevalence of inherent mothering discourses and the construction of environments as dangerous and deprived. Considering the impact of contextual factors, the review of literature of working mothers focuses on working mothers in resourced communities and working mothers in under-resourced communities. Literature from both communities shows how working mothers negotiate subject positions, finding creative ways to manage the tension of competing discourses.

In reviewing psychoanalytic theories and discursive approaches to mothering, I will argue that both schools tend to neglect the relationship between social and individual experiences. Psychic reality is neither only individual *nor* only social; it is an experience that is interwoven with the individual and the social. Arguing for a combined approach of psychoanalytic and discursive perspectives, chapter four presents my theoretical orientation of this study: a psychosocial understanding of maternal experience to address *how* mothers are 'doing' motherhood and *why* they are 'doing' motherhood in a particular way.

In this chapter four, I introduce the key concepts of a psychosocial approach and discuss the series of decisions that lead to my use of a particular theoretical framework.

Literature that draws from both a discursive and psychoanalytic perspective is presented to highlight the value of combining these two approaches. By demonstrating my decision making regarding which psychoanalytic and discursive schools of thought are more fitting for examining maternal subjectivity, I argue for the advantage of a psychosocial approach that adopts a discursive perspective alongside contemporary attachment theory and intersubjectivity theory to explore maternal subjectivity of employed mothers living in scarcely-resourced communities. In adopting this psychosocial perspective, I argue that maternal subjectivity is shaped by the interplay of individual and social or personal and political factors; thus, the maternal subject is conceptualized as being both a discursive and defensive subject. This allows for an understanding of subjectivity where internal and external elements are intertwined in an ongoing relationship - including the research relationship.

Chapter five describes the research methodology, contextual challenges, methodological rigour and ethical considerations. I introduce this section detailing my aims and research question and then provide an overview of the research design of this qualitative research – more specifically, an interpretative and critical research study. This chapter focuses on my psychosocial methodology which draws from discourse analysis and psychoanalysis to collect data and to interpret the interview text and field notes. I discuss the steps involved in recruitment, data production and data analysis. This chapter also addresses the importance of reflexivity and discusses in detail how the quality of this research was evaluated based on Tracy's (2010) criteria for 'excellent qualitative research'. I conclude this chapter with thoughts about ethical considerations for conducting this type of research.

The analysis for this psychosocial study followed two stages; the first stage is presented in chapter six exploring the discursive features of maternal subjectivity present in the mothers' talk. The presence of dominant discourses and ideological dilemmas in the interviews is explored. A discursive reading shows mothers adapt the traditional position of the 'good mother' to a mother who mothers instrumentally; however, this position is precarious. Employing competing discourses of inherent, intensive mothering and instrumental mothering produces 'mother trouble'. With interview extracts, I demonstrate 'mother trouble' taking three forms: the construction of the evaluative gaze, contradictions of their working role and ideological dilemmas as a result of competing discourses of mothering. Further analysis illustrates the creative ways in which mothers managed 'mother trouble'.

Chapter seven reports the findings from the second stage of analysis which took the form of a psychoanalytic reading of the discursive positions present in the interviews. Drawing from contemporary attachment theory and intersubjectivity theory, this chapter goes beyond the text to examine *why* both mothers and I emotionally invested in this particular construct of the ‘good mother’. Focusing on extracts from one particular mother, Thandiwe, I argue that we invested in this subject position to defend against fearful feelings of failure, powerlessness and loss as well as maternal ambivalence. By conducting an in-depth analysis of this mother’s talk, I show how Thandiwe manages the tension of the ‘good mother’ position in unique ways. By examining what is unconscious to the psychoanalytic reading presented in chapter seven, I demonstrate how a psychoanalytic mindfulness can facilitate recognition of the ‘other’ but a psychosocial mindfulness promotes an interrogation of one’s investment in particular interpretations. I argue that what is unconscious to this psychoanalytic reading are faults in the social system as well as my own/psychoanalysis’ vulnerability and investment in a problematic system.

The discussion, in chapter eight, integrates the arguments developed in the preceding chapters. In this chapter, I ask what this particular reading tells us about maternal subjectivity: how do these findings add to our understanding and disrupt previous understandings of maternal subjectivity as well as our conceptualizations for parent-infant interventions. Based on the findings, I highlight the novel contributions of this thesis to psychosocial literature, understandings of maternal subjectivity and mother-infant interventions. By discussing the implications of the findings on the discursive literature, I argue that my findings highlight the discourse of instrumental mothering, providing as well as the significance of physical bodies and spaces. I also discuss how the findings suggest the precariousness of maternal positions in this particular context. When exploring the implications of my findings for the psychoanalytic literature, I concentrate on the defensive function of talk, the silencing of ambivalent – including maternal – feelings and individually-focused narratives versus co-constructed narratives.

In the concluding chapter, chapter nine, I describe the spaces opened up for future research but also explore the strengths and limitations of the study, discussing possible directions for future research. This chapter also offers directions for future parent-infant interventions and advocacy work. I argue for research on maternal subjectivity to hold both the researcher and researched in mind as defended and discursive subjects. I also explore how maternal studies have not examined how constructs of maternal subjectivity and subject positions of mothering are the result of mothers’ and researchers’ (or practitioners’) *co-*

constructions serving *our* emotional investments and defences against feelings. I suggest that our failure to acknowledge our co-construction and psychological ‘pay offs’ in studies of the maternal has produced sites of ‘blindness’. I argue a particular site of ‘blindness’ is neglecting to acknowledge social systems’ failures; thus, putting our interventions at risk of mother-blaming or pathologizing. I propose that the findings of this study are relevant in providing insight into what these particular mothers may be telling us about psychoanalytic interventions in South African communities. Based on the key findings and process of this research, I identify four areas which could inform and guide future parent-infant interventions: acknowledging contextual challenges, the significance of physical bodies and spaces, facilitating a ‘psychosocial mindfulness’, and lastly, how meanings are co-constructed.

1.5. Conclusion

In providing a broad overview of research on mothering, I have been arguing that historically, and indeed still today, psychological theory has and continues to silence mothers in deprived communities, resulting in limiting understandings of maternal subjectivity. There is a need for mental health issues to be addressed in South African public health care clinics (Frost et al., 2012) but we cannot offer something of value and relevance if we are not thinking about and recognizing mothers in their particular contexts. With the aim of recognizing the mothers of this study, I have described the context of this research in detail. This study is of relevance to South African mother-infant interventions because it discusses a particular way of understanding maternal subjectivity: an understanding that is mindful of how individual and social meanings of maternal subjectivity are intertwined while also holding onto a stance of not knowing. Using a psychosocial theoretical framework and methodology, informed by discursive psychology and psychoanalytic thinking, this thesis encourages an open, reflective ‘psychosocial mindfulness’ when working with mothers who work.

CHAPTER 2

MOTHERING IN PSYCHOANALYSIS: A review of the relevant literature

2.1. Introduction

The aim of this chapter is to review literature to establish what has been written about mothering from the ‘inside’ – in other words, from a psychoanalytic perspective. Psychoanalysis comprises of different schools of thought sharing a basic assumption of unconscious dynamics (Lazarus, 2007). These schools of thought value how our internal, unconscious world influences our perceptions and allows for a deeper understanding of an individual’s emotional experience. Based on this premise, psychoanalysis can provide insight into unique meanings and internal representations of being a mother as well as aid in maintaining the awareness that we, as theorists and practitioners, can never know her absolutely. To provide an overview of various areas of psychoanalytic literature on mothering, my review has focused on four areas: 1) Historical psychoanalytic literature on mothering, 2) Contemporary psychoanalytic literature on mothering, 3) Psychoanalytic mother-infant interventions, and 4) Psychoanalytic literature on working mothers.

2.2. Historical psychoanalytic literature

Historically, psychoanalytic thinking follows a developmental perspective emphasizing the importance of a mother’s role in nurturing a child’s development (Kenny, 2014). This child-centred approach resulted in an absence of maternal subjectivity (Benjamin, 1990; Raphael-Leff, 2010a; van Doorene, 2009). By presenting historical psychoanalytic literature, along with commentary about traditional psychoanalytic thinking, this section reviews three dominant trends: 1) Prioritising acts of mothering, 2) Positioning mothers as self-less and voiceless objects to their infant’s needs, and 3) Evaluating maternal competency, especially a mother’s emotional capacity. The review notes some psychoanalytic thinkers, such as Klein, Winnicott and Bowlby, who shifted focus from intrapsychic dynamics to the mother-infant *relationship*; thus, acknowledging the mother more in their thinking. Nevertheless, thinking which concentrates on the relationship fails to concurrently focus on the individual mother as well as explore her unique attributes and own intrapsychic dynamics.

2.2.1. *Prioritising acts of mothering*

Early child-centred, psychoanalytic theories focus on what is necessary for the healthy, emotional development of a child. Although, since Freud, the mother features as a significant figure of development (Kenny, 2014), her mention is largely instrumental with literature mostly concentrating on the actual acts of caring and mothering an infant. Although psychoanalytic approaches may vary in their theories of child development and their understanding of the mother-child relationship, most agree that the main protective resource for a child, and later development, is a strong relationship with a caring and competent adult (Bowlby, 1958; Osofsky, 2005). Psychoanalysis draws attention to an individual's developing inner world (Lazarus, 2007) but as a result, early theories positioned mothers in *relation* to an infant's experience rather than centring on a mother's inner world. van Doorene (2009, p. 19) aptly stated "the mother has been reduced at best to a 'mirror' or 'container' and at worst to a 'bad breast'" rather than traditional psychoanalytic theory examining her as a subject in her own right. When commenting on early psychoanalytic schools of thought, Benjamin (1990) states a mother's independent subjectivity, as well as the source of her responses, is left unexamined in the literature.

Melanie Klein, a pioneer in infant and child psychological developmental theories, argued that the mother-infant relationship involves more than her satisfying the infant's physiological needs. Based on Klein's object relations theory, an individual's unconscious is made up of residues of infantile experiences, anxieties and desires (Lazarus, 2007) which impact their capacity to love or express aggressive feelings in adulthood (Klein, 1959). Klein drew attention to how mother-infant relating interacts with the unconscious and with character formation but the mother in Klein's theory has no sense of self (Thurer, 1993; van Doorene, 2009). Klein's approach focuses on the infant's *perception* or projection of the mother; for the infant, the mother represents the whole of the external world (Klein, 1959). In moments of providing closeness and love, the mother is experienced as good; she is the 'good breast' that satisfies hunger and gratification. But the infant is unable to see the mother as a whole, real object and when the infant has unbearable persecutory feelings, such as frustration, discomfort or pain, these are projected onto the mother resulting in her becoming the 'bad breast' (Klein, 1959). Although Klein acknowledges the mother's emotional role in the early relationship, Bowlby (1958) points out that these Kleinian formulations tend to be dominated by themes of food, orality and the mother's breast; thus, rather than being her own

subject, the mother becomes an object necessary for the infant's relational and emotional development that is used for introjection or projection (Thurer, 1993; van Doorene, 2009).

Similarly, both Bion and Kohut, van Doorene (2009) argues, objectify the mother by reducing her to either a container or a mirror for the infant's needs. For an infant to develop inner organization to deal with stress, Bion (1963) places great responsibility on the mother to manage her emotions as well as comfort, understand and contain the baby's emotional distress. From a Bionian perspective, a mother's containing function assists her to receive and make more manageable an infant's unbearable feelings. If successful, this containment becomes introjected and structured in the baby's mind (Caldwell & Joyce, 2011). Kohut and Wolf (1978) discuss how the mother acts as a 'mirroring self object' for the baby by confirming the infant's feelings and experience in responding accurately and timeously to the infant's needs. Even for Freud, the mother was a vessel who contains an infant's instinctual drives in order to facilitate development through the psychosexual stages of life (Thurer, 1993).

As noted in his famous quote, "there is no such thing as an infant", Winnicott (1960, p. 587) argued that there is always maternal care when there is an infant. Winnicott (1965) certainly drew more attention to the mother by stressing the importance of the infant's external 'environment'. The mother's role, however, is largely viewed as instrumental, centring on the infant's needs. To promote healthy infant development, maternal care is expected to adapt to the child's disposition. From Winnicott's perspective, development of later pathology, such as fears of annihilation and primitive anxiety, was usually a failure of this adaptation. Winnicott (1965) encourages an act of 'maternal preoccupation' which is a special mental state of sensitivity where if the mother is intuitive to the infant's needs and fulfils these in a good enough manner, development will have little disruption. From this perspective, an infant experiences satisfactory parenting through 'holding' – physical holding and management of body and mind experiences – which functions to reduce disruptions that may result in an annihilation of personal being. It is during this time that the infant requires absolute dependence on the mother so the mother's role is to be reliable, attuned and adaptive (Winnicott, 1960). Winnicott (1960) also stressed the importance of establishing 'good enough care' for the infant and he believed that too little care may result in the infant feeling insecure and distressed, while 'too good' care may impact the infant's development of independence. For Winnicott (1975), the environment – which he implies is the mother – must be perfect for healthy psyche-soma development; the infant's mind-body integration

must continue on being without any disruptions and this is achieved by the infant being absolutely dependent on the mother and through maternal holding.

2.2.2. *Mother: A self-less and voiceless object*

According to Fraiberg, Adelson and Shapiro (1975), psychoanalysis and developmental psychology aim to speak for babies. Although the aim was to reveal unconscious dynamics and the ghosts that haunt the parent-infant relationship (Fraiberg et al., 1975), a mother's own subjective experience was neglected in the literature. With traditional psychoanalytic theory taking a child-centred approach, mothers are positioned as self-less and voiceless objects to their infant's need. This is reflected as early as Freud representing the mother as an object of drive gratification (Kenny, 2014). Kristeva (2005) argues that psychoanalysis has primarily been preoccupied with maternal *function*, thus, the "passionate violence of the maternal experience" has not been explored (Kristeva, 2005, para. 5). Mothers are regarded to be the object that facilitates a child's emotional and subjective development yet maternal subjectivity was largely neglected (Benjamin, 1990; van Doorene, 2009). This was echoed in Raphael-Leff (2010a) commenting that regarding the mother as an *object* to her infants' needs results in her own person with her own experience being silenced. Historical psychoanalytic literature failed to explore the unique attributes of mothers, their own experience as well as meanings of mothering and their own internal representations or beliefs about mothering.

Benjamin (2004) critiques developmental theories of maternal subjectivity that assume an initial state of oneness between mother and baby. These theories neglect the presence of the 'intersubjective third' where there is a difference between the two – the mother and the infant. Bueskens (2014) argues Klein's writings made a turn to the mother; however, Klein was interested in the phantasy of mother and not the real mother. Bueskens (2014) acknowledges Klein's contribution to the maternal but argues that there is no elaboration of maternal subjectivity outside of infantile needs. This is strikingly evident in how Klein describes maternal autonomy in relation to an infant's need to be frustrated (Bueskens, 2014) rather than a quality of an autonomous subject.

2.2.3. *Evaluating maternal competency and emotional capacity*

Traditional psychoanalytic theories place great expectations on mothers to be what Kestenberg (1956) described, half a century ago, as omnipotent and as intuitively knowing

how to mother an infant. Yet even today mothers' adequacy is constantly being measured (Kruger, 2006). Although it was not the intention of psychoanalysis, difficulties in the child were regarded to be the fault of the mother; which is evident in Spitz's (1965) book "The first year of life" where he linked infantile disturbances (both psychological and medical) to maternal attitudes (Thurer, 1993). According to all these early psychoanalytic theorists, if a mother's interactions with an infant are optimal, a firm self will develop but faulty interactions will result in a damaged self. These child-centred, psychoanalytic theories place great responsibility on mothers to instinctively respond to the infant's needs resulting in the possibility of 'mother-blaming' (van Doorene, 2009). A principle threaded through all these psychoanalytic theories is that psychopathology manifests as a result of problematic experiences taking place between mother and child (Kenny, 2014).

It is assumed in attachment theory that for a child to develop a secure attachment - where he or she feels safe and confident - it is necessary for a mother to be psychologically and physically available (Bowlby, 1969). Appropriate and adequate availability is regarded to be sensitive attunement and prompt, but non-intrusive, responsiveness to a child's needs (de Wolff & van Ijzendoorn, 1997). This theory places high expectations on mothers to give full-time attention to their children (Fonagy & Target, 2005; Thurer, 1993) and mothers who fail to meet this ideal are regarded to be 'not good enough mothers'. Attachment theory aimed to expand traditional psychoanalytic thought but classifications of insecure and disorganised attachment are used to describe pathological labels of relating. Moreover, Winnicott's (1960) construction of the 'good-enough mother' and its tendency to regard negative maternal feelings as emotional pathology has resulted in mothers hiding conflicting feelings from professionals (Raphael-Leff, 2010a). Winnicott (1949) does acknowledge a mother's own subjectivity (and hateful feelings) but, according to Kraemer (1996), he neglects the internal tension experienced when holding conflicting feelings of love and hate. The mother is urged to have the capacity to acknowledge and withstand without retaliating the baby's hate directed towards her (Winnicott, 1949). Similar to Bion, Klein and Bowlby, Winnicott's theory of healthy development is reliant on psychic work from the mother as her own inner world is assumed to influence the development of the infant (Caldwell & Joyce, 2011).

This evaluative gaze spills over into psychoanalytic practice. Although some would disagree, Mayo (2017, p. 213) points out that there is the possible annihilation or denigration of the mother in psychotherapy where psychoanalytic psychotherapy is assumed to compensate for the "lack, or not enoughness, of the real mother". Bueskens (2014) argues that mother-blaming in earlier psychoanalytic thinking is also the result of decontextualizing

the mother as the mother's environment – usually one that includes problematic patriarchal and capitalist systems – is ignored.

2.2.4. Summary

In this section I have reviewed historical psychoanalytic literature. Based on this review, I have argued that psychoanalysis has drawn our attention to how unconscious dynamics play a role in our relationships but, with the aim of promoting functional individuals, traditional psychoanalysis has tended to be child-centred focusing on what is necessary for healthy, emotional child development. As a consequence, the function of the maternal role has been prioritised and understood in relation to the needs of children. A neglect of maternal unconscious dynamics and social factors in historical psychoanalytic theory (Stone, 2013) positions mothers as selfless, voiceless objects or as 'failed mothers'.

2.3. Contemporary psychoanalytic literature on mothering

Both in traditional and contemporary psychoanalytic thinking, the maternal plays a leading role in narratives of development. The significant role of the mother, however, differs in traditional and contemporary literature. In their book, "The mother in psychoanalysis and beyond: Matricide and maternal subjectivity", Mayo and Moutsou (2017, p. 12) illustrate the different roles of the maternal in psychoanalytic literature. They conceptualize two positions of the mother: the first is one of 'matricide' which is "the symbolic silencing and obliteration of the mother's discourse" and the second is various forms of maternal subjectivity which they describe as creative responses to 'matricide'. Mayo and Moutsou (2017) claim that in most recent literature, there is a recognition that maternal practices and subjectivity varies across cultures and generations as well as an acknowledgement of the influencing nature of political, social, religious, cultural and economic factors. In an attempt to rethink a *mother's* actual experiences, some psychoanalytic writers (Baraitser 2006; Hollway, 2001; Kraemer, 1996; Oberman & Josselson, 1996; Raphael-Leff, 2010a; Raphael-Leff, 2010b; Stern, 1995) draw attention to ambivalent feelings or tensions a mother may experience about her maternal role as well as explore the unique features of individual maternal experiences that are comprised of developmental phases, orientations and early relating experiences. A review of contemporary psychoanalytic literature also illustrates the mother featuring as an autonomous, separate and feeling subject. In this section, I review specific literature from various schools - namely feminist psychoanalysis, relational psychoanalysis, contemporary

attachment theory and critical psychoanalysis - which facilitated or contributed to a turn to the mother. To review this contemporary literature, I discuss four prominent themes of the mother in this literature: 1) The influential mother-daughter relationship; 2) Contradicting emotions of motherhood; 3) Mother as an autonomous and separate subject; and lastly 4) Mothering in social systems.

2.3.1. *The influential mother-daughter relationship*

Contemporary psychoanalytic literature of mothering has analysed how the mother-daughter relationship influences the maternal self. A great deal of change and tension takes place in the mother-daughter relationship as daughters, having their own children, begin to identify and relate to their mothers differently. According to Kraemer (1996), when confronting her own subjectivity, a mother begins to recognize the maternal experience of her mother. Along with an awareness of their own mother's emotions towards their infant self, new mothers become conscious of their own feelings towards their mother (Hoffman, 1977). In a later paper describing case examples, Hoffman (2004) demonstrates how mothers may question the type of mother they are by inquiring whether they are becoming like their own mother or not. She may aspire to be different to her own mother or doubt she is not as good as her own mother. In addition, mothers may question their legitimacy in being a mother, believing that their own mothers are the real mothers. In a time of transition and uncertainty, new mothers can be preoccupied with their own mothers as they search for reassurance as well as question if their mothers would approve of their maternal care (Hoffman, 2004). New mothers may yearn for validation and support from an older maternal figure as they expect instrumental help as well as need-fulfilment from their mothers (Dugmore, 2013). Hoffman (2004) claims that new mothers require affirmation from their maternal figures to help tolerate feelings of aggression, conflict and ambivalence. Being able to identify with their mothers as well as be in touch with their infant self facilitates a sense of maternal reverie but it involves a complicated process where both negative and positive parts to mothering must be internalized (Dugmore, 2013). Concepts, reflected in the literature, which are concerned with the influential nature of the mother-daughter relationship, include the motherhood constellation, the impact of formative relations on internal dynamics, and the significance of the ancestors. This review will consider each in turn.

2.3.1.1. Stern's motherhood constellation

A frequently referenced concept that addresses the complexities of a daughter becoming a mother is Stern's (1995) 'motherhood constellation'. Stern (1995, p. 632) defines the 'motherhood constellation' as a psychic structure or triad of "mother's mother-mother-baby" that is influenced by unconscious forces as well as social factors. He points out three preoccupations or discourses that develop internally and externally for mothers: first is the discourse of the new mother with her own mother, second a discourse with herself (as a mother) and lastly, the discourse with her baby. With the help of an experienced maternal figure, new mothers go through a transition of being the helpless daughter to competent mother. According to Hoffman, Stern (1995), identified particular emerging themes when becoming a mother: the first theme, 'life growth', is concerned about growth of her baby; the second is 'primary relatedness' which refers to emotionally engaging her baby; the third is labelled as the 'supporting matrix' where a mother ensures there is a system which supports her baby's development; and the last theme a mother encounters is 'identity reorganisation' as her self-identity transforms to allow and facilitate the development of the preceding themes or functions.

Arguing that new motherhood is an experience of self-doubt, Hoffman (2004) aims to facilitate the transition from helpless daughter to competent mother through multiple dyadic parent-child groups. Based on his observations from these groups at the 'Pacella Parent Child Center' and drawing from Stern's construct as well as from the assumption that mothers need to feel in charge and knowledgeable, Hoffman (2004) claims two relational factors are necessary for mothers to address maternal anxieties. Based on the presumption that the mother's mother is of significant importance, the first factor is bonds with other mothers, and the second is a transference bond with the group leader or professionals at the centre. Although Hoffman (2004) notes the value of Stern's constructs, he argues that – similar to the mothers themselves - pathology and conflict tend to be equated by Stern. This is different to Hoffman's (2004) view that maternal conflict is ubiquitous.

2.3.1.2. Impact of the formative relationship on internal dynamics

When experiencing struggles with identity, a mother draws on past relational experiences (Wallin, 2007). As a result, these past experiences shape one's identity (Hollway, 2010). This illustrates how maternal subjectivity is shaped by the presence of others – both past and present. In other words, first time mothers experience negotiations of self in relation to others. A particular 'other' that plays a significant role in a mother's experience is her own

mother. During this time of transition, unresolved issues are triggered as the presence of an ‘other’ (the baby) is ultimately going to change a mother’s sense of self – experiences of a mother’s own mothering and childhood can be remembered and transferred onto the relationship with her own infant (Baraitser, 2006; Raphael-Leff, 2010b).

Attachment theory addresses how attachment styles in the formative relationship shape internal dynamics such as affect regulation and the development of one’s self (Shore & Shore, 2008). Based on this theory, it is vital for mother-infant interventions to take maternal subjectivity into account because a parent’s own internal working model will influence how a child experiences and internalizes the quality and attachment of relationships. The concept of an internal working model illustrates the bidirectional relationship of the internal and the external: our mind interacts with our caregiving environment to develop an internal representation of the relational world; we then draw on this internal representation to make sense of our external world - it acts as a lens to shape how we experience others and ourselves (Fonagy, Gergely, Jurist & Target, 2004).

Infants are oriented to the external world and the infant’s mind interacts with the caregiving environment, such as the mother-infant relationship, in order to gain information about the internal and external nature of the world (Fonagy et al., 2008). Attachment theorists stress that actual and interpersonal dynamics are equally as important as fantasy and intrapsychic factors (Fonagy & Target, 2007) because they both provide insight into how our internal and external world – the presence of a real mother - influences identity and role formation (Fonagy et al., 2008). The key concept within contemporary attachment theory of containing an infant’s feelings is similar to traditional psychoanalytic theories which place emphasis on a mother’s competency and capacity; what does differentiate contemporary attachment theory from traditional theories is its emphasis on the external world – such as a mother’s early attachment relationships – and how this interacts with the internal representations of others (Fonagy et al., 2008). Subsequently, this theory considers how a mother’s own parenting may facilitate or impinge her capacity to reflect on her child’s affective state. This is similar to Fraiberg et al.’s (1975, p. 387) work with the “ghosts in the nurse” but, according to Fonagy et al. (2008), attachment theory differs because it takes the real figure – the actual separate ‘other’ whose own thoughts and feelings are interacting with our own thoughts and feelings - into consideration where other psychodynamic theories focus on the internalized object of the attachment figure.

2.3.1.3. The significance of the ancestors

Maternal identity is based on what mothers believe to be a ‘good mother’ and this construction is based on influences of their own mothering as well as cultural and societal norms (Johnston et al., 2008). Berg (2003) states that a shortcoming with western models, such as psychoanalysis, is the emphasis placed on individual, personal relationships and the dyadic attachment model, as it neglects cultural assumptions such as the African worldview of having a deep awareness for the collective community. Psychoanalytic theories tend to take place in the context of the nuclear family but there are multiple family formations that take place in South Africa (Amoateng & Richter, 2003).

An African worldview valuing the collective community centres on how one’s personhood is rooted in the consciousness of “Ubuntu” (I participate, therefore I am) and the relationships with one’s ancestors (Berg, 2003). In the African community, the birth of a child is a significant event for the family as it signifies a woman’s status as an adult (Berg, 2003). The mother-infant relationship takes place in the context of Ubuntu and the reverence of the ancestors. Ubuntu places emphasis on the close relationship between an individual and group, this relationship to the community extends to family members who have passed as there is a general belief that something survives from a dead person; thus, there is great respect for the ancestors as guides or mentors (Berg, 2003).

Some African cultural beliefs are congruent with psychoanalytic mother-infant theory; for example, a Xhosa proverb “umntu ngumntu ngabantu” meaning ‘a person is a person because of persons’ can be interpreted as synonymous with object relations theory (Maiello, 1998). Berg (2003, p. 272) points out how from a depth psychology perspective, reverence to the ancestors could be understood as “archetypal representations of the collective layers of the psyche” and how this requires one to be aware of unconscious forces. Berg (2003) argues that parent-infant psychotherapy can be valuable in different cultures but this value is dependent on having knowledge and understanding of the culture that surrounds the mother-infant dyad. African culture requires research to look beyond the dyad, paying attention to personal and collective fantasies, conscious and unconscious factors as well as cultural beliefs that surround the significant event of a birth of a child (Berg, 2003). Although Berg (2003) likens the significance of ancestors to archetypal representations, I would add that the notions of Ubuntu and meaningfulness of ancestors could be likened to ‘motherhood constellations’. One could suggest that maternal subjectivity in African cultures is also shaped and informed by the ‘mother’; this ‘mother’, however, takes the form of a collective community comprising of both ‘ghosts’ and living guides.

2.3.2. Contradicting emotions of motherhood

New ways of thinking influenced by psychoanalysis and post-structuralism opened up a space to think of motherhood in different ways, permitting diverse experiences of mothers to be heard (Kawash, 2011). Nonetheless there are still debates as to whether maternal practices are universal or particularistic and negative feelings experienced by mothers remain understudied (Arendell, 2000). The arrival of a baby elicits complex feelings and each mother can react differently. Mothering is often accompanied by a range of emotions from fear, self-doubt or judgement, frustration, loss, joy, mastery and fulfilment (Mayo & Moutsou, 2017). More contemporary theories of psychoanalysis address the complex and layered experience of mothering. A review of this literature describes the contradicting feelings a mother feels towards her child and her role (Tuval-Mashiach & Shaiovtiz-Gourman, 2014), more specifically it describes maternal ambivalence, maternal conflict and maternal desire.

2.3.2.1. Maternal ambivalence

Maternal ambivalence is not an entirely new concept: in his paper “Hate in the countertransference” Winnicott (1949) acknowledges the impact of maternal ambivalence on a child’s emotional development. According to R. Parker (1995), however, Winnicott neglects to examine the purpose of maternal ambivalence for the mother. A similar critique is echoed in Kraemer’s (1996) paper, ““Betwixt the dark and the daylight” of maternal subjectivity: Meditations on the threshold”. Kraemer (1996) argues that although her contemporaries were acknowledging more contradictory descriptions of a mother’s subjective experience, there was a neglect of the complex experience of *holding* these feelings and an assumption that mothers easily overcome this ambivalence without any difficulties. Baraitser (2006, p. 220) also argues, based on Kraemer (1996), that merely recognizing maternal ambivalence is “re-idealizing the mother”. According to Kraemer (1996), maternal constructions at the time did not deal with the distress mothers experience holding both feelings of hate and aggression as well as the shame and guilt a mother may carry if motherhood is not self-fulfilling.

In spite of Winnicott’s shortcomings, R. Parker (1995) reframes and realigns Winnicott’s theories from a child to a maternal perspective. More classical psychoanalysis tends to view maternal ambivalence as dangerous or, at the very least, disadvantageous to the child. Despite this, R. Parker (1995) argues that psychoanalysis can be used to provide a

deeper understanding of a mother's subjective experience. Drawing from both Klein and Winnicott, R. Parker (1995) describes how maternal anxieties lead to fluctuations in maternal ambivalence. A mother can feel both love and hate, positive and negative feelings, towards her child in one particular moment; maternal ambivalence is not a static state, it is ever-changing and fluctuating (R. Parker, 1995; Tuval-Mashiach & Shaiovitz-Gourman, 2014).

When thinking of a mother's subjective experience, R. Parker (1995) draws from Klein's theory of the psychic development of children. Arguing that mothers experience a parallel process of psychic development, R. Parker (1995) describes how mothers move from a split perception of their infants as good or bad to the more integrated depressive position (Tuval-Mashiach & Shaiovitz-Gourman, 2014). In a paranoid-schizoid state, the mother experiences joyful, frustrating and helpless moments with her baby but she can also fluctuate between seeing herself as either the 'ideal' mother or the 'bad' mother. Permitting maternal ambivalence and acknowledging feelings of hate and love allows mothers to shift to more realistic perceptions (Tuval-Mashiach & Shaiovitz-Gourman, 2014). Although this concept is more forgiving and allowing of negative maternal feelings, heavy reliance on assumptions of individualism gives the impression of this shift happening in isolation, void of any external and relational factors. Again, a great deal of expectation is placed on the individual mother to do the emotional and psychic work. There is only superficial acknowledgement of the actual relationship with the infant as well as how an infant's internal world and behaviour may interact with a mother's emotions.

Tuval-Mashiach and Shaiovitz-Gourman (2014) have a different view to this criticism arguing that R. Parker's (1995) distinction of manageable and unmanageable ambivalence situates a mother's internal conflict within the socio-cultural context which usually problematizes negative maternal feelings. If a mother internalizes social norms which deny female and maternal aggression and hostility, she may feel ambivalent towards her ambivalence and fear her ordinary hateful feelings about her children. Guilt and anxiety about having feelings that are regarded to be unmaternal can give rise to unmanageable maternal ambivalence and result in regression or distress which compromises a mother's well-being (Tuval-Mashiach & Shaiovitz-Gourman, 2014). In her later work, R. Parker (1997) more clearly articulates how her theory of maternal ambivalence connects the interpersonal and intrapsychic. R. Parker (1997) points out cultural and social norms have played a significant role in producing feelings of maternal ambivalence. Social maternal ideals often result in mothers feeling shame and guilt about their ambivalent feelings. R. Parker (1997) also

criticised the current psychoanalytic approaches for mostly regarding maternal ambivalence to be a *problem* for mothers.

A more recent conceptualisation of maternal ambivalence is offered by Raphael-Leff (2010a). Similar to Hoffman (2004) conceptualizing maternal conflict as ubiquitous, Raphael-Leff (2010a) argues for the construct of a *healthy* ambivalence where a mother can experience anger and resentment towards her child as she feels she has to choose between her own or her child's needs. This is contrary to early psychoanalytic thinking of maternal ambivalence which was often equated with maternal psychopathology or dysfunctional mothers (Tuval-Mashiach & Shaiovitz-Gourman, 2014). When a mother allows herself to experience these conflicting feelings, she is permitting herself to develop her own subjectivity but it can be difficult for some mothers to be aware of these conflicting feelings. There may be a great deal of associated anxiety (Kraemer, 1996) leading mothers to deny, silence or ignore these feelings.

Raphael-Leff (2010b) notes that clinicians should be aware of the different subjective approaches that mothers take when dealing with contradictory emotions which surface when relating to her infant. She identifies four maternal orientations that are influenced by internal representations and psycho-social dynamics: Facilitator, Regulator, Reciprocators and Conflicted. The *Facilitator*, who is a woman who views pregnancy and motherhood as the height of femininity, adapts herself to her baby and believes that only she is able to meet her baby's needs. Raphael-Leff (2010b) believes it is these mothers who experience Winnicott's 'primary maternal preoccupation' because their primary identity is that of being a mother but in order to maintain this ideal they must suppress any negative or resentful feelings (Raphael-Leff, 2010b). The *Regulator* believes mothering is a learnt skill and is more comfortable with established routine. This routine is used to reduce feelings of uncertainty. *Reciprocators* can tolerate uncertainty and mixed feelings – in other words, they are aware of ambivalence and find ways to manage these conflicting feelings. While *Conflicted* mothers struggle between maternal perfection and rising against motherhood as they feel trapped and preoccupied with difficulties from their own childhood. These mothers may shift between states of idealisation and states of persecution (Raphael-Leff, 2010b). Although identifying different orientations creates an awareness of the different personal experiences of mothers, the impact of the social context on different types of mothering or maternal orientations is not reported.

Tuval-Mashiach and Shaiovitz-Gourman (2014) argue that few studies have examined maternal ambivalence of a healthy, 'normal' population. Questioning whether maternal ambivalence and 'ideal mothering' can come together, Tuval-Mashiach and Shaiovitz-

Gourman (2014) studied maternal ambivalence of Jewish Israeli mothers (each with two children under the age of six) living in a context which prioritises motherhood in women's lives; and thus, tends to focus on the positive experiences of mothering. A thematic analysis of interview transcripts demonstrates that maternal ambivalence was related to the broader concept of 'good motherhood'. The analysis also showed that most of the mothers internalized the socially assumed maternal ideal of a 'good mother' who is devoted to the care of her children and, in spite of its presence, did not express maternal ambivalence towards their children. Mothers, however, engaged with the internal, maternal ideal in different ways: some strived to maintain the ideal by sacrificing their own wants for their children and denying any feelings of conflict; other mothers feared they could not live up to this ideal and, although they expressed feelings of frustration and disappointment, no negative feelings were directed towards their children. Another group of mothers, realizing a conflict between the maternal ideal and their own wishes, acknowledged complicated and conflicting emotions towards motherhood and the maternal role but never to their children. The last group of mothers deviated from the maternal ideal by understanding ambivalent feelings about motherhood *and* towards their children as an acceptable part of developing as a mother.

2.3.2.2. Maternal conflict and maternal desire

Acceptance of maternal ambivalence is reverberated in Hoffman's (2004) assumptions of maternal conflict. When referring to maternal ambivalence, Hoffman (2004) tends to emphasize the conflicting and aggressive feelings mothers carry in the hope of normalizing these negative feelings. In countering classical theories that pathologize maternal aggression and arguing that maternal conflict is ubiquitous, Hoffman (2004) urges clinicians to assist mothers in accepting and mastering ambivalence and conflict rather than eradicating it. Hoffman (2003) describes how struggles in mastering conflicts with aggression can result in mothers experiencing problems in all realms of life. Often mothers believe that the elimination of aggressive and angry feelings is necessary in order to be a 'good mother'. Drawing from observations from multiple dyadic mother-infant groups, Hoffman (2003) argues guilt is associated with these conflicting feelings causing mothers to not tolerate hostile fantasies towards their babies as well as hostile feelings from their babies. Mothers from the group, who were unable to accept their angry ambivalence, confused assertion for aggression. Subsequently, they struggled to tolerate separation and autonomy in their children. Failure to master maternal conflict can impact a mother's sense of self and child-

rearing while mastering maternal conflict helps mothers to feel competent and in charge of their own feelings (Hoffman, 2003). Although Hoffman (2003) acknowledges the value in recognizing and accepting maternal conflict, he occasionally ‘drops’ the mother as he slips into traditional psychoanalytic notions of promoting healthy child-rearing and development in order to justify the mother’s need to accept and master maternal conflict.

While Hoffman (2004) emphasizes maternal conflict as a ubiquitous construct, R. Parker (1997) speaks to the creative role of hate and aggression. According to R. Parker (1997), the coexistence of loving and hateful feelings pushes a mother to the phase of reparation as she seeks creative solutions to relieve the tension between negative and positive feelings towards her baby. de Marneffe (2004) also acknowledges maternal ambivalence but, contrary to Hoffman (2004), de Marneffe emphasizes the presence and the significance of maternal desire – broadly defined as the delight a mother feels when caring for a child this can be in the form of joy in holding a child, feeding a child and even just seeing one’s baby. This joy, however, can be fleeting as it comes hand in hand with negative feelings and can disappear in the face of personal, social and financial struggles. de Marneffe (2004) challenges the dominant narrative that mothering is out of compulsion or duty; rather she claims that mothering is due to a longing to nurture children and to participate in mutual relationships. According to de Marneffe (2004), maternal desire has fallen silent in society as a result of it being seen as problematic by feminist writings as well as due to the desire to mother being constrained by a contemporary model of self. Arguing that caring for children is important to *both* mothers and children, de Marneffe (2004) explains how we do not know how to think about maternal desire; that due to contradictions in theories, public debates and social institutions, we struggle to understand the concept.

de Marneffe (2004, p. 4) warns against the dismissal of maternal activities arguing this is dismissing mothers because a large aspect of maternal subjectivity is “a desire anchored in her experience of herself as an agent, an autonomous individual, a person”. In her book, “Maternal desire: On children, love and the inner life”, de Marneffe describes how many mothers feel motherhood gives them a sense of deep meaning and purpose. Similar to Hoffman (2004), de Marneffe notes that managing and overcoming conflicting feelings also gives mothers a sense of meaning. Avoiding recruitment into the “mommy wars”, she stresses that personal meaning is complex for each mother and that conflicts (between maternal desires and personal desires) vary for each person. Caring for children at home is usually regarded to be a choice permitted only for privileged mothers; however, de Marneffe (2004) argues that mothers from all socio-economic groups grapple with the tough decision

to stay at home or to work. Nevertheless, the suffering of mothers from disadvantaged socio-economic areas is disproportionate and more burdensome. Although de Marneffe (2004) argues that maternal ambivalence is a phenomenon experienced across socio-economic levels, her mention of mothers from less privileged backgrounds is brief.

As she tracks the ‘mother’ through history, de Marneffe (2004, p. 4) argues that there has been a recent “reversal of previous priorities” as a mother’s desire to work tends to receive more attention than a desire to mother in conversations, the media and academic research. I will discuss de Marneffe’s thought about work and mothering in more detail when reviewing psychoanalytic literature on working mothers.

2.3.3. *Mother: An autonomous and separate subject*

According to Curk (2009), focusing on maternal subjectivity rather than the acts of mothering allows mothers to be viewed as autonomous subjects who play an active role in the mother-infant attachment. Contemporary psychoanalytic literature concentrates on a mother who is an autonomous agent in the process of meaning-making and maternal experience. This section reviews literature from the prominent schools of contemporary thought – feminist psychoanalytic thinking, relational psychoanalysis and contemporary theories of attachment – that conceptualize mothers as autonomous and separate subjects. A review of the literature demonstrates how feminist theory played an influential role in considering a mother as an independent subject. Relational psychoanalysis draws our attention to how subjective experience is shaped by both interpersonal and intrapsychic dynamics. Intersubjectivity theory emphasizes how the presence of the other plays a significant role in self-development and how subjectivity is constantly being co-created and re-created from moment to moment. In addition to noting the mutuality in the mother-infant relationship, a relational psychoanalytic approach also tells us how a therapist and a patient mutually shape the relationship. Rather than focusing on a mother’s role in developing an infant’s subjective experience, contemporary theories of psychoanalysis speak to how *both* the mother and the ‘other’, as a separate subject, plays an equal role in shaping emotional and relational experiences. In contemporary attachment theory, the concept of mentalization more specifically points to a mother’s own separate mind and how her own modes of reflective thinking shape her experiences as well as her way of relating to her infant. The capacity to reflect on one’s own mind and others’, termed as ‘mentalization’ by Fonagy, Steele, Steele,

Moran and Higgitt (Slade, 2005), is defined as meaningfully understanding one's own and others' behaviour in relation to mental states and intentions (Slade, 2005).

2.3.3.1. Feminist psychoanalysis and mothering

Feminist thinkers challenged traditional psychoanalytic orientations to consider the subjective experience of mothers. To position mothers as autonomous and separate subjects in their thinking (Bueskens, 2014), feminist thinkers broaden the scope to include both the maternal body and intrapsychic representations (Tuval-Mashiach & Shaiovitz-Gourma, 2014). As noted in both feminist and relational approaches, this is not an easy feat as experiences and representations of the maternal body continue to challenge the concept of the mother as an autonomous subject. This is evident in the absence of female embodiment in a psychoanalytic understanding of subjectivity (Bueskens, 2014). Yet mothers experience many bodily changes during pregnancy and post-partum; mothers may feel 'attacked' or 'owned' by their baby as changes may be experienced as an invasion or as a loss of autonomy (C. Long, 2009). Raphael-Leff (2015) argues that mothers are denied their sexuality as maternal identity is one that does not acknowledge sexual desires. Furthermore, Tugwell (2013) discusses how breastfeeding is an embodied and lived experience for women but the breast, which is an erogenous zone for mothers, is disembodied from the mother; thus, neglecting the psychic process of breastfeeding for mothers.

Feminism is particularly critical of power dynamics hidden within gender relations and of the normalization of gender roles – both within the family and society (Bueskens 2014). This criticism is also applied to how psychology, and more specifically psychoanalysis, perpetuated a male-centred theory which suppresses the maternal role to an object of needs or nurturer of family; rather, feminist psychoanalysis hopes to empower the maternal by repositioning the mother as central in theories (Bueskens 2014). Feminism was critical of psychoanalysis' focal point being the child, arguing this perspective constrains understanding the maternal (R. Parker, 1995). This criticism, however, has played a hand in diminishing the value of maternal care. By empowering a woman to be an autonomous, independent subject, feminism risks reducing maternal and nurturing acts to being viewed as subordinate and inferior. There tends to be a sharp distinction between a mother's relationship with her children and her own autonomy (Layton, 2014). de Marneffe (2004) argues that feminist thinking has neglected more positive experiences of mothering such as maternal desire and has ignored how mothering is regarded to be a role of individual and independent growth. According to Campo (2005), over the years feminist thinking has shaped the 'supermom'

ideal giving mothers the impression that they can ‘have it’ all while also putting great pressure on mothers and women to be able to ‘do it all’. The independent woman ideal, which falls underneath the umbrella ‘supermom’, makes it difficult - if not shameful - for women today to express the desire to mother. Feminism has played a constructive and valuable role in bringing change to women’s lives; however, it has neglected to interrogate its own role in shaping maternal experiences and creating difficult tensions between personal and maternal desires (de Marneffe, 2004). Ten years on and Layton (2014) describes contemporary western feminist writing differently. Layton (2014) argues that, similar to relational psychoanalysis, more contemporary feminist thinking is attempting to challenge the split between a woman’s autonomy and mothering - between the self and other. Along with this, feminist writers are challenging the current dominant social trend of the ‘supermom’ which pressures mothers to be successful in their careers while also having adequate time to mother. The feminist perspective draws our attention to another form of problematizing mothers in a contemporary neoliberal society: mothers are bad women if they do not work and bad mothers if they do work (Layton, 2014). Layton (2014) argues that more recently feminism is developing a social consciousness of how this trend is positioning the mother as the one who will solve the good woman/good mother tensions of neoliberalism.

Although feminist thinkers, Irigaray (1985) and Kristeva (1982), centred on the mother, Bueskens (2014) argues their conceptualisation of maternal subjectivity is conflated with feminine subjectivity and told from a daughter’s narrative. More recent feminist thinkers (such as Baraitser (2009), de Marneffe (2004), Hollway (2015), R. Parker (1995), Raphael-Leff (2010a), and Stone (2013)) aim to free the mother from the daughter and understand her as a subject in her own right with her own unique desires, own voice, and developmental sequence. The aim is to recreate motherhood as one of agency, autonomy and empowerment (Bueskens, 2014).

As childcare is still primarily a mother’s responsibility, Stone (2014) describes how autonomy is not easily achieved – autonomy is actually a problematic concept for mothers because they experience a conflict between maternal agency and their own developing agency. According to Stone (2014), recent accounts by mothers (such as Oakley’s “From here to maternity” (1980) and Cusk’s “A life’s work” (2001)) describe the transition to motherhood as a time of chaos, incoherent meaning and loss of individual self. During this time, mothers struggle to find a new, coherent meaning of their experiences, choice and agency. This difficulty is influenced by western ideas that the maternal body and the self are in opposition to each other: that to be an individual, a woman cannot be a mother. The

separation of the self and the mother, in order to pursue independence, is reflected in one of the key assumptions of individual development in psychoanalysis: that the mother must be separated from and left behind in order to develop into an autonomous individual (Stone, 2014). Psychoanalytic thinking is not alone here though. In the 1980s, the feminist bedrock to empowering mothers consisted of advocating for freedom from the maternal body because it was either too controlling and powerful or too passive and weak (Mayo, 2017).

The separation of the self and mother problematizes maternal subjectivity as it strips mothers of their agency and autonomy; thus, their own, individual subjective experience and mind. At the same time, Stone (2014) argues that maternal subjectivity is complex because in order to mother, one must immerse oneself into a world of intimacy and dependence; and thus, based on our narrow, western concept of subjectivity, mothers cannot be recognized as subjects. This narrow concept of subjectivity demands that one must be the author of the meaning of their lived experiences while exercising autonomy. Mothers do give meaning to their experience and strive to regain subjectivity but, since this meaning is regarded to be ‘co-authored’ with an infant, individual meaning-making is restricted. Stone (2014) argues that maternal subjectivity is a specific form of subjectivity which generates meaning from and within the maternal body. According to Stone (2014), maternal subjectivity develops from the mother-daughter relationship and how these earlier experiences are re-enacted when relating to her own child. Contrary to other psychoanalytic theories, Stone emphasizes that maternal subjectivity differs from the daughter’s subjectivity (Bueskens, 2014). Similar to relational psychoanalysis, Stone (2014) emphasizes the relational aspect of subjectivity.

2.3.3.2. Relational psychoanalysis and mothering

According to Fonagy et al. (2008), it was the feminist influence within relational theory that created interest in the independent role of maternal subjectivity. Early psychoanalytic approaches focused on an individual’s internal dynamics but the emergence of interpersonal relationship-focused perspectives has changed psychoanalytic thinking letting it be more pluralistic (Fonagy & Target, 2007). A two-person approach takes a relational view which values mutuality (Safran & Kriss, 2014). The relational school of psychoanalysis focuses on the interaction of actual experience and internal representations of relationships by drawing attention to the intersubjective space between and within individuals. Originally the shift to the mother and the relationship was justified by arguing that recognizing the mother as a subject facilitates a child’s healthy development (Tuval-Mashiach & Shaiovitz-Gourman,

2014). An example of this is Benjamin (1998, cited in Hoffman, 2003) arguing that a mother is more equipped to survive a child's anxiety and aggression once she acknowledges her own subjectivity and recognizing herself as a person in her own right.

In his theories of motherhood, Stern (1998) focuses on the interpersonal relationship between mother and infant, illustrating how an infant impacts a mother's emotional state and internal world. One such example is maternal anxiety and infant survival. Stern (1998) argues that another important layer to the motherhood identity is the unavoidable responsibility to ensure their baby's survival. This task gives rise to normal anxieties but society takes this responsibility for granted. Mothers can feel their competency is being tested and they fear their children will be harmed by their carelessness and inadequacy; subsequently, feeding and weight gain in the baby is usually associated with intense emotions.

More recent psychoanalytic schools of thought, who draw from intersubjectivity theory, stress the importance of subject to subject relating where the mother has her own sense of self and experience separate from the infant. A mother's individual experience and intrapsychic dynamics is regarded to take place in a relationship to an infant – there is an intersubjective space in the mother-infant relationship where subjectivities of two subjects are both separate and connected (Curk, 2009). Intersubjective perspectives challenge the split between self and other, by rather emphasizing the mutuality that takes place within the mother and child relationship (Layton, 2014). These theories value both the interpersonal and intrapsychic in emphasizing the distinction but sameness between the 'object' and the 'other' (Baraitser, 2009). Wallin (2007) states we are born with an innate ability for intersubjective relatedness or 'meeting of two minds' (Diamond & Marrone, 2004) where the parent - as a thinking and feeling subject - and child are co-creating and re-enacting subjectivities (Fonagy et al., 2004). Consequently, subjectivity is interpersonal (Fonagy et al., 2008) and intersubjectivity is a form of interpersonal communication of sharing conscious and unconscious subjective experiences with another (Diamond & Marrone, 2004).

2.3.3.2.1. The 'Intersubjective Third': Co-creating maternal subjectivity

The psychoanalytic concept of intersubjectivity can be helpful in offering a thicker description of how maternal subjectivity is shaped (Fonagy et al., 2004). The concept of intersubjectivity illustrates how maternal subjectivity is mutually produced between the infant and mother. Subjectivity is actively co-created, and re-created, by the interweaving of each subject's internal world. The concept of intersubjectivity can also illustrate how maternal subjectivity is co-produced by the mother and researcher in the intersubjective encounter;

thus, highlighting the importance of being aware of how our presence, as researchers and clinicians, can impact understandings of maternal subjectivity.

The theory of intersubjectivity emphasizes the mother as a separate thinking and feeling subject where child and mother are co-creating and re-enacting subjectivities (Fonagy et al., 2004). Intersubjective relatedness is a form of interpersonal communication of sharing conscious and unconscious subjective experiences with another which plays a crucial role in the development of the self. This type of relatedness also impacts the actual relationship (Frosh, 2006). Intersubjectivity theorizes that the mother-infant relationship is one of subject-to-subject interaction rather than the object-to-subject; it is an ever-changing interaction where relational knowledge and experience can be altered in moments of meeting (Fonagy et al., 2008).

Before discussing in detail the ‘intersubjective third’, it is necessary for me to more fully explicate Benjamin’s intersubjectivity theory. For the self to fully experience her own subjectivity, it is necessary to recognize the other as a subject (Benjamin, 1990, 1995). Benjamin (2007) defines the act of seeing the other as a subject as ‘mutual recognition’ where both mother and infant has a need to be recognized as well as the capacity to recognize the other. As the relationship develops, both mother and infant are able to connect and share feelings with the other while accepting the other is separate and different. As both subjects are separate and independent, their presence modifies a mother’s subjectivity. Benjamin (1990, 1995) argues there is a constant tension between recognizing the other and asserting the self; this gives rise to conflicting feelings for both mother and infant. As the concept of intersubjectivity assumes that subjectivity is mediated by the presence of the other, subjectivity is an experience that is ever-changing from moment to moment and when different minds meet. This is an important assumption to keep in mind because it suggests that we cannot assume maternal subjectivity to be one thing – it suggests that maternal subjectivity is a diverse experience amongst mothers but also within an individual it is an ongoing experience that mothers are creating and co-creating when interacting with others.

Benjamin’s theory differs from other psychoanalytic perspective in two ways. Firstly, her intersubjective theory acknowledges the pleasures gained from attachment while most psychoanalytic theories assume maternal impingement or engulfment takes place in attachment (Layton, 2014). The second difference is Benjamin (2018) noting the distinct other and that difference is good: only in recognizing the ‘other’ can we find the self (Bueskens, 2014). In her theory, Benjamin holds the tension between recognizing difference and identifying sameness in an intersubjective encounter – this allows both mutuality and

separate subjectivity to be acknowledged (Baraitser, 2009; Bueskens, 2014). According to Layton (2014), Benjamin's theory acknowledges maternal agency in a relationship where subjects remain unmerged but healthily connected.

The concept of thirdness has different meanings for different thinkers and can be considered to be the community, the profession, or the theory one works with – it is something in one's mind that acts as another point of reference outside of the dyad. Benjamin (2004, p. 7) refers to thirdness as “a quality or experience of intersubjective relatedness that has as its correlate a certain kind of internal mental space”. When referring to the moral third or ‘third in the one’, Benjamin (2004) refers to the ability to hold the tension of difference between one's own needs, such as the mother, and the other's needs while still being attuned to the self. According to Benjamin (2004) the oedipal view of the father in Lacanian and Kleinian theories fails to acknowledge the early origins of the third in the maternal dyad. In Benjamin's (2004) intersubjective theory, recognition begins in the early nonverbal experience shared with another and for *part* of this interaction there is the affective resonance or union – Benjamin (2004) names this the ‘one in the third’. The mother has her own basic needs and separate existence so there is an inevitable twoness in the mother-infant relationship. The function of thirdness is to help transcend this twoness (Benjamin, 2004). This is similar to Stern's (1995, cited in Berg 2002) argument that the ‘patient’ is not a person but the actual relationship between parent and baby. It is an inter-dependent system where addressing one part will affect other parts (Berg, 2002).

To better understand an individual's experience, intersubjectivity stresses the importance of addressing the actual external reality as well as how subjectivity is co-created and shared in any intersubjective encounter (Benjamin, 1995; 2004). Benjamin (2004) argues that if one surrenders to the third, an intersubjective mental space opens up to take in the other's point of view or reality and to a certain letting go of the self. By arguing this, Benjamin (2004) notes how surrender is a form of recognition as connecting with the other's mind can remain while still accepting separateness and difference. This recognition creates symmetry in relating, however tension is still present. In each intersubjective encounter power relations are present as each subject feels unable to fully gain the other's recognition; feeling that he or she is in the grips of the other's power: each perceives the other as the ‘doer’ who is ‘doing to me’ (Benjamin, 2004).

Baraitser (2009) argues, however, that in this conceptualisation of the actual mother-infant relationship, the mother tends to slip out of Benjamin's frame. Although intersubjective theory acknowledges maternal subjectivity, the mother is still intertwined with

child development. The theory proposes that maternal subjectivity is necessary for the child to develop a separate experience of self; thus, akin to traditional approaches, the mother is still required to have a capacity to recognize her child as well as an ability to respond benignly to her child's attacks. The trouble is that mothers are not always able to do this and managing this attachment may be complicated by her own childhood experiences of intersubjective space. Often mothers are caught in a battle between their own needs and their child's as they attempt to maintain an autonomous self (Baraitser, 2009). Baraister (2009) argues that intersubjective theory reworks the ideal of a 'good enough mother' to one who can bear attacks from her infant while creatively dealing with these emotions. Kraemer (1996) describes this as a re-idealization of motherhood; contemporary psychoanalytic theories and intersubjective theory acknowledge maternal conflicting feelings toward children but, despite infantile attacks, the mother is still expected to facilitate her child's development (Baraitser, 2009).

In the hopes to have a richer understanding of a mother's subjective and actual experience of mothering, contemporary theorists (Baraitser, 2006; Hollway, 2010; Kraemer, 1996; Oberman & Josselson, 1996; Raphael-Leff, 2010a; Raphael-Leff, 2010b; Stern, 1995) have focused on the mother as a separate subject with her own thoughts, feelings or representations but have also acknowledged how her actual, early relational experiences and relating with her infant is intertwined with her internal conscious and unconscious dynamics. The concept of the intersubjective third can further add to an understanding of maternal subjectivity by focusing on how maternal subjectivity is co-created in the intersubjective space between each mother and infant as well as between each mother and the observer. While intersubjective theory acknowledges the creative space between two subjects, a similar theory – contemporary attachment theory - can be helpful in understanding the development of a mother's subjectivity. Contemporary attachment theory draws attention to how maternal subjectivity is shaped by external factors, such as past and present relational bonds and environment (Diamond & Marrone, 2004; Fonagy et al., 2008). This theory demonstrates how our early relationships can facilitate a capacity to mentalize later in life. When exploring maternal subjectivity in a mother's talk, contemporary attachment theory can highlight the bidirectional relationship of both a mother's internal and external world; thus, how a mother's subjectivity is shaped by the presence of another but also how the maternal mind is a separate entity.

2.3.3.3. Contemporary attachment theory: Mentalization and maternal subjectivity

According to Kenny (2014), the arrival of object relations theory, self-psychology and intersubjective psychoanalysis produced a convergence between attachment theory and psychoanalysis. Exploring the attachment and affective bond between a mother and infant can offer a window into how a mother forms her maternal self; and in turn, the way a mother perceives her experience of mothering can provide insight into relational dynamics. This could offer valuable clinical material when working with mothers and infants as contemporary attachment theories draw our attention to caring systems and interdependence (Kenny, 2014). Contemporary attachment theory is different to traditional psychoanalytic theories as it assumes that subjects and objects have interchanging roles and the infant affects the mother just as much as the mother affects the infant (Fonagy et al., 2008). When applying this assumption to the concept of maternal subjectivity, this suggests that both the mother and infant shape each other's subjectivity. Slade (2005) introduced 'parental reflective functioning' when referring to a parent's capacity to hold a child's mental state in mind. According to Slade (2005), the parent's internal working model of her child and the child's mental experience will help her to mentalize and regulate her child's internal world; however, there is a dynamic relationship that takes place between different individuals' mental states. Slade (2005) argues that this mentalizing capacity is intrinsic to sensitive parenting; and that maternal reflective functioning plays a vital role in the intergenerational transmission of attachment (Slade, Grienenberger, Bernbach, Levy & Locker, 2005). Slade (2005) reported that a mother's capacity to hold her infant in mind is related to both adult attachment and infant attachment; a mother with a secure attachment history has an enhanced capacity to explore her own mind, provide an enquiring stance for her infant and a greater capacity to regulate an infant's feelings. In understanding her own and her child's mental states, a mother is able to create a physical and psychological experience of comfort and safety for her child – if a mother is able to regulate her own thoughts and feelings towards her own primary caregivers, she is able to regulate and sensitively respond to her child's needs; however, mothers cannot be reflective at all times and moments of dysregulation are regarded as normal occurrences (Slade et al., 2005).

Contemporary theories of attachment offer a conceptualization for the development of self in both the mother and child (Kenny, 2014) but reference to traditional attachment concepts of secure and insecure attachment preserves the rhetoric of child development over maternal development. In spite of recognizing mothers as autonomous and separate subjects,

contemporary theories of attachment still risk focusing on maternal failure and pathological maternal behaviour. This is evident in Kenny (2014) examining the mother in attachment theory and attachment informed psychotherapy. In her description of attachment informed psychotherapy, Kenny (2014) makes little reference to a mother's actual experience; rather Kenny (2014) categorizes maternal states of mind by informing readers about what types of mothers have secure or insecure infants; for example, Kenny (2014) associates securely attached infants with secure and autonomous mothers while associating avoidant infants with dismissive mothers.

According to contemporary theories of attachment, a secure attachment experience is crucial to teaching infants about their own subjectivity (Fonagy et al., 2008) but a mother's capacity to reflect on her own emotions – or mentalize - impacts her ability to attach to her infant. The concept of mentalization in particular proposed the notion of a mother's own, separate mind and how her capacity to mentalize acts as a filter to perceptions about herself, her child and her world. Fonagy et al.'s (2004) concept of mentalization offers a way of understanding how a mother's affective state may impact how she thinks and reflects about the other. In a mentalized state, a mother is able to reflect on an infant's emotional state separate to her own but Fonagy et al. (2004) also identified three non-mentalizing states: teleological stance, psychic equivalence and pretend mode. The teleological stance is a very early form of mentalizing that gains understanding by only focusing on concrete phenomena such as observable behaviour and physical action. For psychic equivalence, individuals tend to equate what is in the mind – the internal, symbolic world of fantasies - with external reality; when engaging with psychic equivalence, feelings and thoughts are assumed to be fact and one is unable to differentiate between reality and fantasy (Fonagy, Gergely & Target, 2007). For example, a mother who is doubtful of her ability to care adequately for her infant may perceive her infant's cries as an indication that she is in fact incompetent. In pretend mode, individuals split what is in the mind from external reality; thus, affective states and thoughts have no relationship with reality or objective fact (Fonagy et al., 2004; Fonagy et al., 2007). An example could be mothers who idealize the role of motherhood, denying the real struggles and challenges of mothering an infant. I argue that the concept of mentalization makes an attempt to think about the 'whole' mother as it explores a mother's internal world and how her internal representations influence the way she thinks and feels about others – be it her baby or the therapist, as well as how actual relations and the environment shape how she thinks and feels about herself. This opens up a space for maternal subjectivity to be considered as an experience that comprises of the inner and the outer realm.

In spite of the risk of pathologizing mothers, a significant strength of contemporary theories of attachment is addressing the *actual* and *real* relationship between mother and infant. This perspective draws our attention to the external, influential environment. There is the acknowledgement of the significant impact of social and cultural settings on shaping individual development (Kenny, 2014) but this focus is still through the lens of interpersonal relations making it difficult to fully acknowledge shared social meanings and ideologies, which also shape development and subjectivity.

2.3.4. *The mother in the social world*

A common critique of psychoanalytic thinking is the neglect of social elements and their associated meanings which impact the self. More specifically, Lobban (2013) criticised psychoanalysis for defining identity as universal. Focusing on the development of one, individual self, psychoanalysis fails to acknowledge the multifaceted aspects of the self in different roles and situations. Arguing that subjectivity is both individual and socio-historical, Lobban (2013) states that a psychoanalytic focus is insufficient when addressing how culture shapes subjectivity. As responses to the absence of the social in psychoanalysis, critical psychoanalytic and critical feminist psychoanalytic thinking has emerged.

When psychoanalytic theories prioritise affective and internal states, they risk neglecting relevant social influences about maternal experience. Mother's work choices depend on economic and cultural factors – this contributes to a mother's sense of identity or self-esteem (Gerhardt, 2011), yet these factors have not been explored in-depth in psychoanalytic theories. W. Long (2017a) argues that psychology has a particular indifference to Black working class problems and poverty is rarely considered in clinical literature. Traditionally, psychoanalysis has a history of neglecting social contexts; thus, overlooking diverse ways of being. A more critical view of psychoanalysis highlights how early psychoanalytic views of mothering assume it to be a universal experience. Maternal identity is tied to cultural expectations that are embedded in family and social institutions, yet psychoanalysis tends to be ethnocentric with traditional theories neglecting cultural and social factors (Frosh, 2006). Little theoretical focus is placed on how culture shapes one's subjectivity (Lobban, 2013). An example of the influence of culture and context, according to Mitchell (2002, cited in Bueskens, 2014), is the role of the 'mother' being regarded as central and valuable for most people in the world.

By claiming to possess the ‘truth’ of psychological experience and normalizing experiences, psychoanalysis has not sufficiently considered the role of contextual factors such as power relations as well as race, class and gender differences. Tomlinson and Swartz (2002) argue that it is impossible to ignore power differentials that have been historically entrenched in South Africa as well as the attempts made to reverse these. Mental health in South Africa is underpinned by complex political, social and cultural elements. Therefore, the contextual factors affecting mental health and psychological experience should be considered (Swartz, Gibson & Gelman, 2002). By solely focusing on the individual, issues of power around these categories are ignored. According to Foucault (1997, cited in Tomlinson & Swartz, 2002), power is dynamic playing a role in all relationships; power is exercised by all participants and negotiated between people in all relationships. C. Long (2002) argues that psychoanalysis in communities can only be effective when it recognizes socio-political influences and includes these in the internal world of individuals.

Critical psychoanalysis draws attention to the dynamic nature of the unconscious; thus, there is no one answer to a question and we can never have absolute knowledge in an individual’s experience (Frosh, 2006). By placing its focus on how ‘truth’ is grounded in conversations, critical psychoanalysis stresses the importance of being open as there is always more to be said about an experience and there is no final word (Spezzano, 1993). Nevertheless, interventions that fail to recognize issues of difference and power may be limited or harmful (C. Long, 2002) - as quoted by Lazarus (2007, p. 37): “to neglect the external is to neglect the forces that shape internal life and thus constitute both a physical and psychic reality”. Real, external forces and differences, such as race, class and gender as well as the constructed meanings around these differences, influence our individual sense of self and emotions; consequently, the broader context must be taken into account. One particular school of thought that addresses these concerns is critical feminist psychoanalytic thinking. Maternal literature from this perspective is reviewed below.

2.3.4.1. Critical Feminist psychoanalysis and mothering

Recent psychoanalytic feminist theories on motherhood focus on intrapsychic and social features as well as the complex relationship between the psychic and the social (Bueskens, 2014; Chodorow, 2000; Stone, 2014). Drawing from a post-modern, deconstructed view of identity, feminist psychoanalytic thinking took a more critical stance when thinking about maternal subjectivity questioning ideologies, such as patriarchy, but also child-centred, psychoanalytic discourses (Bueskens, 2014). This line of questioning highlighted how

psychoanalysis does not merely observe or theorize experiences but also shapes and constructs experiences. A particular criticism of psychoanalysis from feminism is the perpetuation of mother-blaming; by neglecting social systems and their problems, problems in child development are often seen as some fault or failure of the mother (R. Parker, 1997).

In spite of its role in maintaining the social myth of the ‘good mother’, psychoanalysis tends not to be aware of the power it plays in the surveillance of everyday life - its claims to have authority on ‘normality’ have extended beyond the consulting room (Tomlinson & Swartz, 2002). According to Stone (2014), mothering is regulated by the parenting industry – an institute, informed by psychoanalytic theories of child development, which monitors and evaluates mothers according to the ‘good-enough’ ideal. Tomlinson and Swartz (2002) have called for a different approach which does not assume what is ideal and rather, pursues a stance of not knowing. In spite of these criticisms, Stone (2014) suggests that psychoanalysis is a valuable tool to understand the internal world of the daughter which offers a way to understand maternity. According to Stone (2014), psychoanalysis offers helpful concepts to make sense of a mother’s past relationships and how this transfers into her present relationships.

Bueskens (2014) argues that feminist psychoanalytic thinking can act as an internal critic making psychoanalysis aware of the intersection of the psychic and social. A good example is the book, “Mothering and psychoanalysis: Clinical, sociological and feminist perspectives” (edited by Bueskens, 2014); in this text, a number of the authors have woven feminism into their writings to address the intersection of the maternal, the psychic and the social. Bueskens (2014) claims the strength of feminist psychoanalysis is addressing both the social and the psychic. Furthermore, feminist thinking makes psychoanalysis aware of power and gender relations as social constructs and that psychoanalysis’ very own theory of unconscious motives and defensive strategies challenge the assumed normality of these constructs.

Much of the contemporary feminist psychoanalytic work on mothering today is indebted to the early work of writers like Chodorow whose influential book, “The reproduction of mothering: Psychoanalysis and the sociology of gender” (1979) examined the ways in which mothering had been socially and individually reproduced across generations. She hoped that this analysis might shed light on how the sexual division of labour and parenting could be changed. In 1979, Chodorow argued that although mothering was significant to each person both inside and outside the family, few analyses on mothering had been conducted. Drawing from both psychoanalytic and sociological frameworks, Chodorow

(1979) aimed to offer a theoretical account of women being primarily responsible for childcare in a male-dominated society arguing that women want to mother and feel gratified when mothering. Arguing for the relevance of social and psychological influences, Chodorow (1979, p. 7) illustrated that the “reproduction of mothering occurs through social structurally induced psychological processes”. According to Bueskens (2014), Chodorow is arguing that women mother to experience a primary connection but also because gender socialization orientates women to caregiving relations similar to the mothering they received. Chodorow (1979) claims that the reproduction of mothering begins (and continues) in the mother-daughter relationship; this in turn plays a hand in reproducing heterosexuality, male dominance and gendered divisions of labour. Reflecting on her theories twenty years later, Chodorow (2000) reiterates that her account of mothering considers both how the intersubjective and social milieu reproduces mothering. Chodorow (2000) does acknowledge, however, critiques that her account is predominately focused on the individual; thus giving the individual too much autonomy and agency.

Although this form of feminist thinking draws attention to social systems and power dynamics, it is still located within the individual realm and, as seen in criticisms of Chodorow’s thinking, it still relies heavily on concepts about the individual and internal dynamics. From this perspective, it continues to largely offer us an internal lens looking outwards and no angle to look from the outside in. When we are immersed in an individual, internal focus we are unable to fully interrogate our position or meanings - our thinking about the maternal remains constrained. An example is how feminist thinking of the maternal is still dominated by White, western, heterosexually, and middle-class perceptions. An internal perspective also has the power to shape and evaluate the mother. Rather than attempt to disavow expertise or power, it is important that psychoanalytic researchers acknowledge and constantly reflect on the power they hold (C. Long, 2002). Perhaps it is time to acknowledge that, on its own, though psychoanalysis is unable to conduct this type of scrutiny.

2.3.5. Summary

A review of contemporary psychoanalytic literature demonstrates a shift in psychoanalysis where the mother is a subject in her own right. Contemporary psychoanalytic theories suggest that the way a mother experiences her self is based on both her internal world as well as the interpersonal context in which she is situated. This suggests that maternal subjectivity is a fluid way of being that is shaped in different ways, depending on the present and past

interpersonal encounters. These contemporary theories show how mothering is not a universal and fixed identity; rather it is a unique, individual ongoing developmental process that comprises of both conscious and unconscious dynamics as well as affective experiences.

When examining a mother's internal world, literature concentrates on the mother-daughter relationship, ambivalent feelings of mothering, maternal autonomy and mothering in social systems. Concentrating on theories of mentalization and the concept of the 'intersubjective third' (Benjamin, 2004), I discussed how these theories, which assume that one's internal structures are influenced by the presence of another, can open up a space for the maternal experiences to be heard.

Psychoanalytic theories have made valuable contributions to thinking about the mother-infant dyad but drawing on contemporary psychoanalytic theories, I would like to argue that a psychoanalytic perspective should be expanded further by focusing on the mother as a subject as well as the social context in which she finds herself. Contemporary theory of attachment and intersubjectivity open up a space for intersubjective relating in the present *and* a mother's relational development to be thought about simultaneously. The review of the literature highlights how drawing on both concepts of mentalization and intersubjectivity may address theoretical limitations by offering a framework where a mother is conceptualized as a subject with her own mind and early relational experience but whose subjective experience is mutually co-constructed in 'moments of meeting' in the here and now. The review, however, has also identified that a particular limitation in psychoanalytic understandings of the maternal is adequately addressing the impact of broader and shared social meanings, beyond the interpersonal context.

2.4. Psychoanalytic mother-infant interventions

Based on the psychoanalytic literature of maternal subjectivity, there is a challenge for interventions to take into account the mother's individual mental representations as these will impact the process and outcome of interventions (Goodman, 2009). Early mother-infant interventions usually targeted maternal sensitivity and infant attachment security; recent interventions have focused on maternal reflective functioning and maternal mental representations of the relationship with the child (Goodman, 2009). In this part of the review, I describe the literature on mother-child interventions, informed by attachment research and psychoanalytic theory, in well-resourced contexts and in more resource deprived contexts, such as in many parts of South Africa.

2.4.1. *Interventions in well-resourced contexts*

Mother-infant interventions have shown the benefits of a two-person approach – an intervention that is mindful of the mother with her infant and intently listens to her experience as a mother. As shown by Goodman (2009), a mother’s internal representations have a significant impact on the mother-infant relationship and thus, interventions. These interventions have demonstrated that a mother’s emotional experience impacts the infant’s sense of security and attachment; how a mother perceives her world, as well as her place in it, will influence how she relates with her infant. Contemporary interventions aim to facilitate parental reflective functioning (PRF) by encouraging parents to wonder about their child’s mental state that is different to that of their own (Balbernie, 2003).

Two interventions which encourage PRF is Sadler, Slade and Mayes’ (2006) “Minding the Baby” programme and the “Watching, Waiting, and Wondering” (WWW) approach created by Muir (1992). Although these interventions encouraged PRF, no findings were reported regarding the mother’s experience. There is a need for interventions to take into account the mother’s individual mental representations – her beliefs and emotional views of mothering (Fonagy et al., 2004). In addition to reflective functioning, Swick and Hassell (1990) identified how parental efficacy – a mother’s self-image and sense of competency - impacts child development; yet publications of parent-infant interventions tend to be primarily child-centred, neglecting what a mother thinks and feels about herself and her maternal role.

2.4.2. *Interventions in South Africa*

Recently, there has been a gradual move in South Africa to offer mental health services for mothers and infants (Bain, 2014). In South Africa, studies which examined secure attachments and PRF were conducted by Bain (2014), Cooper et al. (2009), Frost (2012), Frost et al. (2012), Landman (2009) and Tomlinson and Swartz (2002). Although psychoanalytically-informed parent-infant reported research is rare, Dugmore (2012) states that this is not a reflection of psychoanalytic practice in South Africa. With the aim of promoting secure attachment and parental reflective functioning, psychoanalytically-informed interventions have been conducted in the South African context.

In analysing interview material with key stakeholders and practitioners in South Africa, Dugmore (2012) showed that the significant themes present in psychoanalytically-informed parent-infant work were the role of language and culture, issues with training and challenges

of working outside the national health system. Language differences between patient and practitioner in community work proved to be an obstacle to services and it was a challenge to find skilled interpreters. Employing an interpreter, however, is not without complications; practitioners noted in the interviews that material could be lost in translation in both directions. Furthermore, interpreters in this setting slipped into a therapist role as they became part of the psychoanalytic interpretations. Cultural ideas about 'help' also resulted in tensions between what practitioners defined as needed and what clients believed to be needed. For example, mothers were usually seeking concrete help, especially related to physical and developmental problems, and were unaware that therapy focused largely on improving relationships. According to Dugmore (2012), parents usually do not seek therapeutic help as they do not recognize it as a need. My study's review of interventions in South Africa identified similar themes to Dugmore (2012): 1) The powerful impact of contextual factors on relationships; 2) The role of language and culture; 3) Concerns focusing on the body; and 4) A need for adaptive responses.

2.4.2.1. Powerful impact of contextual factors on relationships

It is not a simple process to transfer western, psychoanalytic concepts to non-western populations, and mother-infant interventions in South Africa have reported the powerful impact of contextual factors on interpersonal and internal experiences. In South Africa many Black and Coloured mothers are located in disadvantaged contexts due to socio-economical and historical factors. Kruger (2006) argues that social and economic factors influence the expectations of motherhood; some women see the mothering role as one that may improve their social status and life satisfaction (van Doorene, 2009) yet fewer social resources may leave mothers feeling unprepared for motherhood (Gerhardt, 2011). Financial concerns preoccupying a mother's mind and difficulties around providing for her children could have mothers believing they have not succeeded in being the 'good mother' (Landman, 2009).

Based on a 12 week group intervention for mothers and their infants in a shelter, Frost et al., (2012) examine contextual deprivation in mother-infant work in South Africa. The *New Beginnings* group meetings aimed to improve good-enough parenting and promote infant development in a reflective relationship but contextual deprivation played a significant role resulting in both mothers' and therapist's reflective capacity being hindered. According to Frost et al. (2012), it was difficult to hold in mind both the internal processes and external environment of poverty, neglect, race and social dislocation. Frost et al. (2012) described how this generated 'mindlessness' which impacted the therapist's ability to mentalize and

contain in the relationships; often the group felt stuck and it was difficult for conversations to take place at an emotional and symbolic level. Bain (2014) identified how the *New Beginnings* project in South Africa showed little significant improvement in a mother's reflective functioning; consequently, it did not replicate the same results of a UK prison study by Baradon, Fonagy, Bland, Lenard and Sled (2008, cited by Frost et al., 2012). Bain (2014) noted that this could be due to a small sample size, therapist inexperience in this setting and that this was the first implementation of this type of group. Therapists also reported difficult countertransference experiences around extreme poverty and abuse specific to that South African community – a community with a history of ongoing traumatic experiences (Bain, 2014). The positioning of themselves as “victims to an unfair, punitive system” or a “defensive displacing of responsibility onto the ghost of apartheid” meant their agency or ability to make choices could not be acknowledged (Frost et al., 2012, p. 43). Preoccupations with material needs resulted in mothers not being able to access internal resources or intrapsychic processes (Frost et al., 2012).

Kruger (2014) calls for interventions to provide a space where mothers can put difficult feelings into words and for clinicians to tolerate these feelings but also be aware of the individual suffering and difficult social contexts that mothers in deprived communities experience. One such intervention that offered this space for mothers was the *Thula Sana Project*. The *Thula Sana Project* aimed to investigate the extent to which a community-based early intervention programme could impact infant development. Although their primary goal was to create a thoughtful space for the unspeaking baby, mothers were also given the opportunity to talk about their parenting experiences (Tomlinson & Swartz, 2002). Community health workers visited pregnant women in their homes in a Cape Town settlement (regarded as having high levels of unemployment and poverty) to offer counselling and psychoeducation. Counselling offered a space for mothers to talk about their experience of parenting and health workers actively facilitated an engagement between mother and infant (Tomlinson & Swartz, 2002). In a randomised control study, Cooper et al. (2009) demonstrated how this intervention was associated with mothers being significantly more sensitive and less intrusive in their interactions with their infants at six and twelve months. At eighteen months, there was also a higher rate of secure infant attachments.

In a qualitative single case study of a mother-infant dyad in a scarcely-resourced community with the use of infant-observation, Lazarus (2007) demonstrated how apartheid has impacted maternal practices and constructs of mothering. In this case study, it was evident that the phenomenon of apartheid - where pain and loss in parents was filtered down

to children - still shapes experiences of the self and the world. The dominant theme in the study was how physical surroundings, such as poverty and lack of services, play a role in the quality of the mother-child relationship. Other significant themes were oppression and inequality. Here the construction of motherhood shifted away from all focus being placed on the infant (which is typical of infant-observation research) to focusing on the impact of relationships and the community on mothering. This is an example of how socio-economic and historical factors marked by racial and class inequality have shaped current maternal practices and motherhood constructions.

2.4.2.2. Role of language and culture

Mother-infant interventions have noted the need to remain aware of language and cultural as well as socio-political and contextual factors. Berg (2007, p.217, cited in Dugmore, 2012) suggests that it should be “the task of the person entering the community to adapt and accommodate to its context”. Dugmore (2012) also describes a number of adaptive responses to contextual challenges associated with language and culture when doing this type of work. It was necessary for practitioners and stakeholders to adapt the global clinical setting and international techniques to the South African social context; such as described by practitioners, applying an approach that is theoretically eclectic and more technically flexible (Dugmore, 2012). Practitioners encountered resistance from community members as they were perceived as foreigners of a different race and culture. Once joined with a community interpreter or ‘cultural counsellor’, mothers felt more comfortable to approach the therapists and members from the community became part of the therapeutic team. This suggests how important it is for South African therapists to be knowledgeable about cultural dynamics and social influences.

As shown by Landman (2009), some parent-infant services now use lay counsellors to address the demands of the community and inequalities of training due to our apartheid history. When exploring how an intervention was experienced by mothers, Landman (2009) established that having a community counsellor helped address issues of culture, language and accessibility to mental health services. In an analysis of the mothers’ and counsellors’ accounts of the process of the *Thula Sana Project*, Landman (2009) writes how mothers expressed an improved level of confidence in their mothering ability as they felt the support helped them to regulate their emotions and the information provided by the counsellors helped mothers to be more self-reflective and facilitated PRF. The use of community members as counsellors kept traditional beliefs in mind but, in a respectful way, counsellors

also offered new, western knowledge that mothers found helpful (Landman, 2009). Western assumptions of the analytic frame also have to be reconsidered: counsellors and practitioners had to be adaptive about session times and frequency of sessions due to mothers' work commitments. Therapy was based on what mother's needed rather than following a manualised model (Dugmore, 2012).

The *Perinatal Mental Health Project*, an independent initiative based at the University of Cape Town, attempts to nurture the baby through nurturing the mother by offering individual counselling sessions and working on the assumption that there will not only be the birth of a baby but also the birth of a mother in a community (Honikman & Mande Ilunga, 2013). This project helps mothers to acknowledge the presence of their baby through physical holding and talking to the infant in the womb but remains aware of cultural representations.

The *Parent-Infant Mental Health Service*, which offers services at the Department of Child and Adolescent Psychiatry (University of Cape Town) and Khuyasa Clinic in Khayelitsha, is an intervention that places emphasis on the transcultural notion of being attentive to traditional healing practices. This project has become aware of how it is difficult for mothers in some communities to seek help due to cultural factors dictating that one does not share problems with someone outside the family. Privacy is very important as there appears to be shame around having difficulties; consequently mothers often suffer in silence (Berg, 2003).

2.4.4.3. Concerns focusing on the body

From 1995, Berg offered a weekly mental health service in a *Well-baby Clinic* in Khayelitsha (South Africa) and, in her writings in 2007, she discusses how it was necessary for her to adapt the western model for services to be more accommodating to the context. A particular adjustment was this service needing to simultaneously hold the soma, psyche and environment (Berg, 2007). Berg (2007) points out how there is little differentiation between medical, social and emotional problems in South African community health care. It was essential to have a link to medical resources to establish credibility in the mental health service as well as trust between therapist and mother. There are challenges to offering such a service as a Cartesian split between the physical and psychological takes place but Berg (2007) argues that physical problems like weight gain and weight loss are not only of nutritional concern but could also be a measure of the affective bond between mother and infant. When addressing whether infant mental health can be held in mind by mothers and

clinic staff when a child's physical wellness is priority, Berg (2007) points out that the service offered a definite function with an annual average of 300 parent and infant visits.

By focusing on reflective functioning, Frost (2012) describes *The Baby Mat Project*, a community parent-infant mental health intervention, which aimed to give support to caregivers. Through wondering, observation and direct communication with the infant, this intervention encouraged mothers to think about the meaning of the presenting problem. This project aimed to promote a whole picture of the infant in discussions with a practitioner and multi-lingual social auxiliary worker. Frost (2012) argued that by assisting in practical responsibilities, a mother can focus on her infant. This helps to encourage mothers to hold their baby in mind where contact with the therapist and interpreter give her the experience of being held in the here-and-now. The mat was used as a symbolic space where mother and infant could communicate their anxieties and feel heard (Frost, 2012). Drawing from Daws' (1999) paper "Standing at the weighing scales", the practitioners of *The Baby Mat Project* created a space in the waiting room where mothers voluntarily sat with their babies and were encouraged to become aware of their child's emotional state. The presenting problem was often described as being of a concrete or bodily nature such as sleeping difficulties, skin rashes and weight concerns. *The Baby Mat Project* aimed to make mothers aware of the emotional meaning of the infant's symptoms by encouraging mothers to think about the relationship and psychological aspects of their infant's behaviour along with the physical and somatic (Frost, 2012). This space is not strictly psychotherapeutic but does draw from psychoanalytic parent-infant therapeutic principles based on the concepts of attachment, mentalization and intersubjectivity. Using these theories and implicit relational knowing, therapists qualitatively assessed - through observation and therapeutic principles in this space - an infant's development and the relationship dynamics to identify any difficulties or at-risk behaviour (Frost et al., 2012).

A review of mother-child interventions in South Africa shows that this work is being done in disadvantaged communities. Furthermore, these interventions demonstrate that there is a need for mothers to be given a space to talk. It is a basic need of humans to feel heard but it is important for interventions to consider *how* we listen to mothers – from what frame are we hearing mothers and how does this frame open up or close up spaces for mothers' talk to be heard? Listening intently and openly to a mother's talk gives a mother the opportunity to feel acknowledged as a person in her own right, which in turn could positively impact the mother-infant relationship; as stated by Fraiberg et al. (1975, p. 396), "when this mother's own cries are heard, she will hear her child's cries". There is a need for interventions to be

aware of how particular mothers from disadvantaged communities are talking about their own experiences – how mothers construct their experience of mothering can provide insight into how mother and infant mutually shape the conscious and unconscious experiences of each other (Diamond & Marrone, 2004).

2.4.4.4. Need for adaptive responses

Although psychoanalytic interventions may be beneficial, there is some concern surrounding their transferability to the South African environment and their assumption of universality of mothers' experiences. Bain (2014) states there are mixed findings about the applicability of Western-developed models of infant development within non-Western contexts. Attachment study findings (Ainsworth 1967; Tomlinson, Cooper & Murray, 2005; Waters & Cummings, 2000) from African countries and cultures have supported the basic concepts of attachment theory in showing the relationship of sensitivity, responsivity and attachment in a variety of cultural settings - originating from Mary Ainsworth (1967) observational studies of mother-infant attachment which was conducted in Uganda (Richter, 2004a). This is also evident in a study by Tomlinson et al. (2005) where attachment classifications in South Africa were in line with international findings. In a longitudinal study systematically examining infant-mother attachment and maternal mood in a South African peri-urban settlement, Tomlinson et al. (2005) found associations between attachment quality and factors such as partner support and maternal depression. Results were in line with other cross-cultural studies of attachment as almost two-thirds of the sample was classified as securely attached. Tomlinson et al. (2005) argue that secure attachment in these communities could be explained by notions of 'Ubuntu' and a sense of belonging. Associations between maternal sensitivity and secure attachment have been replicated in communities of poverty and different socio-cultural settings such as cultures where child-rearing involves the wider family and community (Bain, 2014). Overall, there tends to be a global congruency with attachment concepts but it is possible that sensitivity, availability and responsiveness can be communicated differently or have different meanings in different cultures (Waters & Cummings, 2000). This is noted in a study by Minde, Minde and Vogel (2006) which reported that there are cultural variations in the expression of attachment states; thus, arguing that cultural considerations are crucial when using Western measures with a South African population. According to Rothbaum and Morelli (2005), attachment interventions have mostly drawn from western assumptions of attachment which value autonomy, exploration and individuation; however, in communities

where context is constructed as dangerous, sensitivity is expressed in concern about physical health and safety as well protecting infants from dangers.

Dugmore (2012) argues that a psychoanalytic mind and capacity for reverie generates adaptive responses to contextual challenges. Dugmore (2012) likens the interviewees' thinking to 'psychoanalytic mindfulness' where the capacity for reverie helped therapists to transform emotions into alpha-elements. In other words, these practitioners were able to convert overwhelming contextual challenges, and associated feelings, into adaptive responses. Working in a setting with a number of unknowns gives rise to anxieties; a psychoanalytic mindfulness seemed to hold therapists as they were able to adapt and integrate traditional approaches with new practices rather than using a theoretical doctrine to give the illusion of certainty or knowing absolutely. Berg (2001, cited in Dugmore, 2012) argues that psychoanalytic thinking can help us remain aware of what we do not know; therefore, we are open to learning from the other. In addition to this, I would argue that if used critically, the psychoanalytic approach of wait, watch and wonder can help practitioners to learn from the 'outside' as they observe and wonder about a range of social aspects without jumping to Western conclusions. This thoughtfulness of contextual factors and dynamics was also evident in the practitioner's interview responses with Dugmore (2012) as they thought about the social setting and the particular needs of mothers within those social settings.

2.4.3. Summary

A rich understanding of the maternal experience could contribute to mother-child interventions of parental reflective functioning (Zeanah & Anders, 1987). Two-person psychological theories explore a relational theory of mind where both infant and mother contribute to the relationship, but also how a therapist and a mother contribute to the therapeutic relationship. Intersubjectivity in the field of psychoanalysis assumes that each subject mutually shapes the conscious and unconscious experiences of the 'other' (Diamond & Marrone, 2004). Consequently, one could argue that maternal subjectivity in mother-infant interventions is co-created between a therapist and mother as well as between a mother and a researcher in an interview encounter while talking about maternal subjectivity.

The reviewed examples of mother-infant interventions in disadvantaged contexts in South Africa have demonstrated varied effectiveness and some challenges. More contemporary commentary (W. Long, 2017a) addresses the issue of transferability of psychoanalytic thinking and the applicability of these interventions in South Africa. South

African interventions draw our attention to the significance of context and physical health, demonstrating a need to adapt our analytic frames as well as contextualize our theories. Nevertheless, when reviewing publications on mother-infant interventions, I was still left with questions about the mother's actual and reported experiences; I was especially curious about the experiences of working mothers in disadvantaged contexts.

2.5. Psychoanalytic literature on working mothers

A review of the psychoanalytic literature shows a turn to thinking about the working mother in the 1980s; however, this is still a developing area of research with writers (Buzzanell, 2003; Chodorow, 2014; Chowdhury, 1995; de Villiers, 2011; Hoffman, 2003; Kawash, 2011; Kestenbaum, 2004; Olarte, 2000; Sivakami, 2010; Stuart, 2007) steadily concentrating on the emotional and internal world of the working mother. Before discussing the paucity of psychoanalytic literature – especially more recent literature - on working mothers, I will describe the two dominant trends present in the literature. The first is literature on working mothers which tends to follow a child-centred perspective evaluating working mothers' capacities. The second trend concentrates on the conflict women feel between their desire to advance in social fields, such as in work, and their desire to mother (Hoffman, 2003).

2.5.1. *Child-centred perspectives*

Mother's management of work and family relationships is usually viewed in terms of time management and organizational skills; thus neglecting the emotional and relational work that is necessary in both spheres (Medved, 2004). As paid work is more valued in society, stay-at-home mothers could feel that their emotional and relational work for their children is not acknowledged. However, mothers attempting to hold both roles of work and mothering find that being a mother can negatively impact success in the occupational world as they may work less hours, are unable to take on additional occupational responsibilities and experience less occupational mobility (Kawash, 2011).

Psychological research on mothers who work has tended to focus on the impact of mothers' work on children or the challenges mothers experience when balancing the responsibilities of being a mother and employed; thus, maintaining the emphasis on the child rather than the mother's experience (Arendell, 2000). Although there has been an ongoing increase in employed mothers, according to Arendell (2000), there is still a critical belief that work commitments hinder a mother's responsibility to care for her child. Even Bowlby's

attachment theory, which had a great influence on childcare, has been used to advocate exclusive mothering arguing that it is best for mothers to stay at home, resulting in working mothers being viewed as 'absent mothers' (Goldberg, 2005).

In a more recent book, "Being there", Komisar (2017) urges mothers to prioritise motherhood for first three years of their children's lives. She suggests that in order to raise healthy children, we must prioritise the family and, drawing from attachment theory, mothers need to be constantly available as well as physically and emotionally present. Komisar (2017) acknowledges that her views are controversial for the current times but when challenging unhelpful myths (such as the perfect mother who can do it all) she warns mothers that one cannot do everything at the same time. Komisar (2017) does revalue the maternal role in her book but her firm stance on healthy children needing present mothers comes across as judgmental to working mothers. Komisar (2017) calls for social change suggesting that society has failed children in not offering mothers more assistance and flexibility to balance work and mothering but, in a typical psychoanalytic stance, the primary focus is on a mother's faults and her accountability to her child.

Komisar's (2017) book aims to offer advice and techniques on facilitating child development and fostering the unique bond of mother and child for both working and stay-at-home mothers; however, when making suggestions she often refers to her clinical work as a psychoanalyst in private practice (in New York), resulting in her advice being applicable for a small few. She does recognize the difficult and conflicting feelings associated with mothering but the child-centred perspective to her approach appears to be blinded to some women's realities and challenges, especially since she mostly focuses on career women. Drawing from attachment theory, Komisar (2017, p. xiv) claims that often childhood symptoms are related to premature separation from the mother and suggests that children are at risk because "too often, mothers are putting their work and their own needs ahead of children's". According to Komisar (2017), the feminist movement which aimed to free women from choiceless lives resulted in devaluing traditional female activities like mothering. Komisar (2017) challenges a social system that entraps working mothers arguing it prioritises economics over emotional health of children. Contrary to Komisar (2017), Stone (2014) describes contemporary mothering as more demanding and intensive where mothers are expected to selflessly give their undivided attention to their children. Stone (2014) argues that, despite more mothers working, mothers are still the primary caregiver of children and are still expected to be devoted.

When discussing mothers who must or desire to work, Komisar (2017) describes an inevitable loss or fracture that happens to the mother-child bond. In these cases, she argues that the next best option is individual surrogate care over day-care or institutional care. The complication with this model is finding a surrogate who, as described by Komisar (2017), cares for the child just the way the mother would, while promoting the mother-child bond in the mother's absence. Although this comes across as an idealistic childcare arrangement, Komisar (2017) does acknowledge that it is not without difficulties as it may give rise to feelings of jealousy, guilt, relief, loss and she cautions mothers about acting defensively such as feeling threatened and ambivalent. Her emphasis on the family is evident in her advocating for an 'alloparental model'; a model that comprises of multiple caregivers (usually family members) invested in the well-being of the child and present throughout the child's life. In this model, the mother is still regarded to be the centre of attachment for the child and remains present in spite of other carers.

As shown in Komisar's (2017) individually-focused narrative, which minimises the impact of contextual factors and is at risk of blaming mothers who have to or even want to work, the typical psychoanalytic gaze of evaluation on mothers and maternal capacity has crept into literature on working mothers. Olarte (2000) calls for psychoanalytic thinkers to interrogate their prejudices about mothering and support a mother's capacity to adapt to changes. Child-centred approaches, such as Komisar's (2017) views on ideal mothering, run the risk of problematizing working mothers and pathologizing childcare arrangements that do not follow the traditional mother-child dyad (Olarte, 2000). Research focusing on a working mother's maternal capacity appears to be driven by the assumption that mother's work will impinge on a child's development (Arendell, 2000). Psychoanalysis can provide in-depth insights of a mother's individual and internal subjectivity but it is not critically aware of its own power in monitoring mothers' capacities and it runs the risk of being used as an authority of what is considered to be normal or pathological – this is especially the case with thinking about working mothers. This results in mothers feeling conflicted about what is traditionally acceptable and the personal realities of being a working mother (Olarte, 2000); yet, according to Barnett (2004), there is a considerable amount of systemic research showing the positive effects of employment. This echoes an earlier argument by Spitze (1988) that there is no consistent evidence of deprivation experienced by children as a result of mothers' employment. The stress from multiple roles, however, may negatively impact a mother's ability to be responsive and sensitive to her children (Clark, Hyde, Essex & Klein, 1997). Nevertheless, Olarte (2000) argues that a mother's job satisfaction has a positive impact in

the home environment. Stuckey, McGhee and Bell (1982) concluded that attitudes towards maternal employment had more impact on parents' behaviour than the maternal employment status alone by finding that the majority of childcare was still the mothers' responsibility and little change had occurred in their role as a mother. Similarly, Hoffman (1963, cited in Stuckey et al., 1982) found that a mother's attitude to her employment status predicts some of her child-rearing behaviour – mothers who were satisfied with their employment status had more positive interaction with their children.

This is evident in longitudinal observations of mothers and children by Chang (2013): mothers with a positive attitude towards employment had better psychological well-being, and better maternal well-being was positively related to a child's socio-emotional development. Little research has explored the impact of a mother's paid work on the mother-child *relationship*, some, such as Hoffman (1984) as well as Crockenberg and Litman (1991, as cited in Clark et al., 1997), have noted how employed mothers may be more interactive with their children such as with verbal stimulation, positive guidance and promoting agency. In exploring women's work and childcare in South India, Sivakami (2010) found employed mothers spending less time playing with children was the only difference between employed and non-employed mothers' activities.

2.5.2. *To mother or to work*

As I previously discussed in my review of literature on maternal conflict and maternal desire, mothers experience conflict between their own desire to advance socially outside the home and their desire to care for their children in the home. Motherhood and social or public advancement (such as work) is often regarded to be mutually exclusive but, according to Hoffman (2003), the two actually overlap psychologically. Child-centred literature implies that work and mothering are incompatible (Chodorow, 2014) but more recent literature has investigated the tension, conflict and anxieties that mothers may experience between the two roles (Olarte, 2000). Literature (such as Buzzanell, 2003) suggests this tension may begin at maternity leave but little research has examined how women make sense of or construct the experience of maternity leave and, in addition, how it is constructed differently for women from different backgrounds (Buzzanell, 2003). According to de Marneffe (2004), the desire to mother is particularly difficult for working mothers because if they want to balance their time to be with their children, their relationship to work has to change. In her book, "Maternal desire", de Marneffe (2004) illustrates how work has been equated with personal

fulfilment and independence while mothering has been equated with self-sacrifice and loss of control. In a materially-driven society, many fear the loss of control and economic sacrifice that is associated with mothering. Despite this tension, de Marneffe (2004) argues that mothers believe they gain personally from looking after their children. Based on observations of a group of professional mothers, Kestenbaum (2004, p. 19 - 20) argues that women who wish to work and mother need to develop a dual identity: “one that is related to maternal behaviour, nurturance, empathy, and altruism, and one that is related to competition, assertiveness, and achievement”. Stuart (2007) suggests that working mothers, just like children, have to negotiate the developmental tensions between attachment and autonomy in order to feel both securely attached and free to explore the world autonomously. Negotiating this tension, however, is influenced by a mother’s attachment experience with her own mother (Stuart, 2007).

In an analysis of case-studies, Turkel (1996) argues that some mothers may hide behind motherhood – these women had feelings of incompetence in their career almost bordering on feeling as if they were a fraud; thus, they used motherhood as a reason not to return to work. They were also fearful that they will not be able to deal with the additional demands of work and mothering. This is consistent with de Marneffe’s (2004) argument that an emphasis on economic needs may be a way to deny feelings. The denying of difficult feelings may be underlying representations of work as an adult retreat, a place of accomplishment and autonomy. According to Chodorow (2014) and informed by Kleinian theory, for some mothers motherhood may act as a threat of regression, to being merged with one’s child or fantasies of triumphing over one’s mother. On the flipside, de Marneffe (2004) points out how some women struggle to acknowledge that they miss their babies due to work commitments and, rather than verbalize this longing, it may manifest as concerns about adequate care and their child’s safety. Chodorow (2014) suggests that conflicts between work and motherhood may be an attempt to mask deeper conflicts or ambivalence about motherhood itself. Some mothers may use the workplace as a space where they can voice their difficulties of the dual roles and rely on the adult support of their work colleagues – this allows mothers to have a sense of individuality (Guendouzi, 2006). But this experience of individuality can give rise to feelings of guilt. In interviews with female teachers, who were also mothers, at a British high school, Guendouzi (2006) revealed how balancing domestic and professional roles resulted in feelings of guilt where mothers experienced a tension between accessibility (being there for their children) and separate spheres such as achieving one’s own individual needs. Mothers in this group tended to attribute any difficult behaviour

of their children to a result of receiving a lack of attention due to work commitments and the responsibility to be a good mother was more important than their own self-needs (Guendouzi, 2006).

According to Kestenbaum (2004), the ‘having it all’, professional women is being disputed in popular literature and couples (not just mothers) are together managing work and family commitments. In a group of professional mothers, facilitated by Kestenbaum (2004), mothers proposed a list of rules to achieve this balance of work and family, as well as balance of individual desires and children’s needs. These rules made suggestions about choosing the ideal emotional and social support, equal parenting and responsibilities as well as choosing the ideal ‘substitute mother’ no matter the cost. Other rules concentrated on making compromises and compartmentalizing life domains, as well as accepting that one cannot be perfect and something has to give.

In interview and survey research investigating subjective experiences of mothers, Stuart (2007) identified ‘maternal identification’ as a clear pattern across working mothers’ responses. According to Stuart (2007, p. 455), for these ‘accomplished women’, maternal identification refers to “a woman's ability to live comfortably within the realistic constraints of her arrangements around work and motherhood is strongly influenced by the quality, extent, and management of her identification with her own mother”. Stuart (2007) claims that a mother’s emotional experience of balancing work and mothering is not dependent on her own mother’s employment status; rather, a mother’s emotional experience is dependent on whether a deep and pleasurable or disturbing identification to her own mother has developed. Mothers who struggle to balance work and mothering may have experienced impaired attachments to their own mothers or impeded autonomy. In considering how maternal identity is tied to cultural expectations that are rooted in family and social institutions, Johnston et al. (2008) examined how a mother’s choice to work was influenced by her own mother’s work identity. Beliefs around what was considered to be a ‘good mother’ were based on their own worker-mothers’ identity and cultural or societal norms. These beliefs, or what Johnston et al. (2008) termed as ‘conscious evaluations’, shaped the construction of maternal identity; thus, identity was defined and redefined in response to identification with or rejection of one’s mother’s maternal ideologies.

Mothers who are unable to pleurably identify with their mothers creatively find substitutes or alternative methods (Stuart, 2007). Similarly, Stern (1995) suggested that when seeking reassurance and validation, employed mothers or mothers who do not have a relationship with their own mother may search for surrogate mothers and at times may use

nannies or home-help to take on the role of the expert or ‘competent mother’. Stuart (2007) explains that mothers, whose own mother is absent, find creative ways in altering their psyches to develop as working mother. For these mothers, mothering may be understood as a second chance.

Psychological research, informed by psychoanalysis, has found cultural beliefs, economic factors and socio-historical factors to play a role in how working mother’s value or define their role: Chowdhury (1995) examined how working mothers in India worked out of financial necessity rather than desire and de Villiers (2011) discussed how a South African community of poor working mothers worked due to familial responsibility to support their family and thus felt they had to compromise their mothering role where other communities of working mothers in South Africa saw benefits in playing dual roles.

2.5.3. *Paucity of literature*

Psychoanalytic literature on working mothers is steadily growing but, in comparison to other areas of focus in maternal research, it is still limited. Published psychoanalytic research is yet to highlight the individual differences and unique experiences of working mothers as well as include the voices of mothers from a variety of socio-economic groups. Reviewing literature on mothers who work showed a trend of focus being placed on mothers pursuing careers and largely based on Western studies of White women; few, from a psychoanalytic perspective, have explored the experiences of mothers who are under financial pressure and have little choice but to work. There is a clear emphasis on ‘career’ or ‘professional work’ rather than the kinds of labour that women in working classes engage in as work. Consequently, psychoanalytic literature on working mothers tends to decontextualize a mother’s experience (Bueskens, 2014). The most obvious gap in the literature is the lack of psychoanalytic thinking about internal experiences and unconscious dynamics of semi-skilled employed mothers in scarcely-resourced communities.

2.6. Conclusion

To conclude, there are three significant gaps in the psychoanalytic literature on mothering. The first is the lack of a mother’s voice as traditional psychoanalytic thinking has centred on child development and needs; thus, prioritising maternal acts and silencing maternal subjectivity. In traditional psychoanalysis, mothers have been regarded as an object to the infants’ desires and needs. The mother as her own person, and her own conscious and

unconscious experience, has largely been absent within psychoanalytic theory (Raphael Leff, 2010a). Although more recent theories (contemporary attachment theory in particular) have expanded this, by considering the mother as a subject who is her own person (van Doorene, 2009), it is an area of research that still requires further development.

The second gap is the absence of the examination of social factors. Contemporary psychoanalytic theories acknowledge the significance of contextual factors and social meanings but this is still mostly from an internal, individually-focused frame; thus, limiting our understanding of maternal subjectivity. There is also the question about the transferability of Western approaches to parent-infant interventions in the South African context with practitioners arguing there is a need to be mindful of cultural, social and contextual factors. Despite this, Dugmore (2012) argues a psychoanalytic orientation can be valuable in developing a capacity for reverie and generating adaptive responses to contextual challenges.

The last - but most relevant - gap to this study is the limited psychoanalytic literature on working mothers. This review has highlighted an obvious gap in the psychoanalytic literature of mothering with regards to the emotional and subjective experience of mothers having to play dual roles, particularly in a disadvantaged context. There is a particular neglect when it comes to thinking about Black or Coloured mothers and semi-skilled, low income earning mothers.

CHAPTER 3

MOTHERING AND SOCIAL CONSTRUCTIONISM: A Review of the Relevant Literature

3.1. Introduction

Focusing on intrapsychic dynamics alone narrows our understanding of a variety of maternal experiences. Subjective experience does not take place in a social vacuum; hence, this thesis now explores a body of work that addresses social influences on maternal subjectivity. Social constructionism argues that meaning is an activity that is shared and constructed socially. A particular approach within the paradigm of social constructionism is discursive psychology. Discursive psychology regards discourses to be shared, social resources of meanings present in our conversations and talk (Edley, 2001). Investigating ‘motherhood’ as a construction (which is shaped by discourses) opens up a space for diverse and social meanings to be acknowledged (Edley, 2001).

This chapter reviews social constructionist literature, specifically in the field of discursive psychology, in order to comment on what has been written about mothering from the ‘outside’. This review of social constructionist literature in maternal studies focuses on three areas: 1) Research that points to dominant discourses of mothering; 2) South African research on the constructions of mothering; and 3) Social constructionist literature on working mothers.

3.2. Social constructionist literature on mothering: Dominant discourses

By examining motherhood as an institution, social constructionists challenge the notion of one truth (Ennis, 2014): mothering takes place within and between different groups so it cannot be considered to be a universal experience (van Doorene, 2009). Analysing discourses of mothering can illustrate which constructed bodies of knowledge and shared social meanings are informing a mother’s subjective experience. Social constructionist literature on mothering investigates the dominant discourses mothers employ to construct their maternal experience. Each mother draws from discourses in different ways to make sense of her experience (Kruger, 2006; van Doorene, 2009) but, according to the social constructionist literature, one common trend is mothers perpetuating dominant and traditional discourses,

such as intensive mothering, to take on the subject position of a ‘good mother’. In this section I present a review of the maternal literature, within a social constructionist paradigm, to demonstrate four distinct but interlinked trends: 1) The ideology of intensive mothering; 2) The ideology of the marketplace; 3) Ideologies of development and psychoanalysis; and 4) Feminist ideology in maternal studies.

3.2.1. *The ideology of intensive mothering*

Although published almost three decades ago, Hays’ (1996) book, “The cultural contradictions of motherhood”, still serves as a seminal source that both informs and inspires understanding of maternal subjectivity today. In her book, Hays (1996) examines three forms of data by reviewing a history of ideas about child-rearing, conducting a textual analysis of child-rearing manuals as well as analysing data from in-depth interviews with mothers from a range of different backgrounds. Based on her analysis, she argues that historically ‘good mothering’ is constructed as a particular socially appropriate model of mothering, named ‘intensive mothering’. According to Hays (1996, p. x), the ideology of intensive mothering is “a gendered model that advises mothers to expend a tremendous amount of time, energy, and money in raising their children”. Hays (1996, p. 8) argues that, similar to historical notions of mothering, all the childcare manuals perpetuate notions that mothers are primarily responsible for childcare and that “methods of appropriate child-rearing are construed as child-centred, expert-guided, emotionally absorbing, labour-intensive, and financially expensive”. In other words, mothering is constructed as caring intensively, where the child’s needs are a priority to which a mother must respond at every stage of development. Despite coming from different backgrounds, constructs of mothering uncovered in Hays’ (1996) interviews mirrored the ideology of intensive mothering in historical ideas and present in childcare manuals. This is a result of the concept of universality which is promoted by intensive mothering; it is assumed that mothers are universal as they engage in shared maternal practices of activities across cultures and contexts (Arendell, 2000).

In 2014, Huisman and Joy published results from a study that partially replicated Hays’ (1996) study. Their investigation on shifts in constructions of motherhood concluded that there are both continuities and changes in the use of intensive mothering. A content analysis of popular books and blogs on mothering demonstrated a shift from the essentialism of mothering to challenging intensive mothering in the form of promoting empowered, feminist mothering and maternal autonomy. Nevertheless, intensive mothering remained a dominant

feature in the content when analysing the structured interviews with White, low income to middle income mothers mostly from rural and small towns in Maine, USA. Huisman and Joy (2014) concluded that although mothers both adopted and resisted aspects of intensive mothering, mothers perform or ‘do’ mothering in such a way that is consistent with the constructs of a ‘good mother’ as an ‘intensive mother’. Some examples of the continuities and changes include mothers still constructed as the primary caregiver but fathers and day-care also regarded to play a role in child-rearing; mothering was still assumed to be child-centred but mothers also employed feminist and empowering discourses. Huisman and Joy (2014) identified a divergence where mothers speak about their needs being equally important as their child’s.

Brown (2014) demonstrates how employing intensive mothering is an adaptive response to a competitive and unsafe environment. Expanding Hays’ (1996) argument, Brown (2014) investigated the role of larger cultural forces perpetuating intensive mothering. Based on survey data and in-depth ethnographic interviews (with middle to high income, White, stay-at-home and working mothers) in America, Brown (2014) claims that intensive mothering has evolved and intensified as a result of child-rearing taking place in a market-driven, competitive society. Here, it was assumed that mothers must buffer their children from market forces and foster deeper connections.

Today intensive mothering remains a powerful ideology that shapes mothers’ experiences and maternal acts; however, a review of the literature illustrates the presence of multiple and particular strands of intensive mothering. This suggests that although still the most dominant ideology, a number of ideological ‘offshoots’ have sprung from intensive mothering in the last thirty years. As I argue in the review below, this includes literature focusing on inherent mother, discourses of gendered parenting, child-centred mothering and expert-guided parenting.

3.2.1.1. Inherent mothering

According to Arendell (2000), motherhood and constructs of femininity are traditionally intertwined, where being a woman and being a mother are treated as identical identities. Inherent mothering is closely tied with ideologies of intensive mothering. The social constructionist paradigm – especially with a feminist orientation - challenges how knowledge is made (Worrell, 1996) arguing that mothering is a *constructed* performance. Subsequently, literature has focused on discourses of inherent mothering rather than mothering as an inherent practice.

Within inherent mothering discourses, mothering is constructed as an innate or instinctual act for women. Through interviews with tertiary educated, pregnant women in South Africa, Kruger (2006) argues that although mothers-to-be view motherhood as a personal sacrifice and experience ambivalence towards their mothering role, they revert to dominant ideologies that being a mother is part of womanhood and sacrifices are expected to be made. As a result, mothers employ inherent mothering discourses to position themselves as the ‘good mother’. The notion of inherent mothering was also apparent in van Doorene’s (2009) research where the use of semi-structured interviews explored how tertiary educated South African (Black, Coloured, Indian and White) mothers subscribed, altered or resisted Western ideologies of motherhood. Here, mothers were regarded to be the natural parent to care for children. According to van Doorene (2009), the discourse of inherent mothering had a powerful impact on maternal practices with mothers constructed as the parent who is primarily responsible for the development of their children. The mothers in van Doorene’s (2009) study also employed ideologies of maternal desire – which assumes that mothering is an innately fulfilling activity for women – by describing mothering as an enriching role which brings love into their lives. Kawash (2011), however, argues many mothers struggle with the discrepancy of the social idealization of motherhood – that motherhood is a fulfilling and pleasurable role that women naturally accomplish - and the complicated *reality* that it involves a great deal of emotional work and actual labour.

3.2.1.2. Discourse of gendered parenting

The social construct of inherent mothering is based on the assumption that it is biologically natural for a female to care for an infant and that once a mother, she will instinctually know how to care for that infant (Ennis, 2014). Subsequently, inherent mothering is intertwined with gender essentialism and discourses of gendered parenting. The ideology of patriarchy plays an influential role in constructions of mothering – the fantasy of the ‘perfect mother’ was borne from the Western ideal of the nuclear family where the mother’s primary role is to be the sole provider of the emotional needs of the children (Editor, 1990). Woollett (1987, cited in Nicolson, 1999) argues that the normalization of the nuclear family and two parent (mother and father) families influence what women feel they should be doing. Motherhood may seem attractive to women because it is regarded as normal and they will be fulfilling the expectations of others increasing their value as a woman. From this perspective, although the maternal is an idealised feminine role in Western narratives, in reality mothers are powerless because patriarchy constructs femininity as inferior to masculinity (Raphael-Leff, 2015).

Hays (1996) argues that the ideology of intensive mothering persists in contemporary society because it serves the interest of men and patriarchy. In more recent literature, Huisman and Joy (2014) conclude that although there was ambiguity about the mother as the primary caregiver, majority of these American low to middle income mothers perpetuated gendered roles and parenting in stating it was best for mothers to stay at home caring for their children. This was also reflected in the popular parenting literature and blogs. According to Cowdery and Knudson-Martin (2005), meanings of motherhood are constructed and perpetuated in the context of interpersonal gendered relationships between mothers, fathers and children. In their study examining the meaning of motherhood in intimate heterosexual couple relationships, two dominant, but opposing, constructs were present: mothering as a gendered talent and mothering as a 'conscious collaboration'. Where mothering was viewed as a female's task, childcare tasks were divided unequally – here couples believed that mothers had a natural bond to children and innate knowledge about care. This study demonstrates the influence of inherent mothering, resulting in fathers stepping back and mothers taking continual responsibility and organising their time around their children. Some couples challenged the gendered parenting norm - labelled as 'conscious collaboration' - by taking active steps to ensure equal responsibility of tasks and involvement with children and both parents developed direct relations with their children. This study also reveals how both fathers and mothers played an interactive role in maintaining discourses of gendered parenting as fathers would step back and mothers would act as gatekeepers to paternal roles by stepping forward or unintentionally leaving men out (Cowdery & Knudson-Martin, 2005).

Feminist researchers uphold and critique the status and positioning of women in society and have argued that psychology has a history of reflecting a male reality (Worrell, 1996). Feminist thought offers a valuable approach to social research, challenging discourses of maternal subjectivity that are taken for granted and assumed to be fixed ways of being. The feminist movement has shifted the focus of psychology to viewing women as subjects; thus, created a space for her own experiences and meanings to be considered (van Doorene, 2009). Garey and Arendell (2001) point out how feminist approaches alert us to be sensitive of power relations and different social situations. Feminist critiques have increased awareness of the gendered nature of parenting and challenge the assumption that mothers should take on primary responsibility for childcare (Garey & Arendell, 2001).

With the introduction of feminism, there have been some shifts in contemporary gendered roles. These shifts have been particularly influenced by the different feminist perspectives: romantic feminism and rational feminism. Romantic feminism highlights the

difference between men and women by viewing mothering as a rewarding experience for women. Rational feminism places emphasis on equality of men and women by rejecting mothering as a woman's primary role (van Doorene, 2009). These newer discourses also place expectations on mothers: Romantic feminism celebrates the role of being a mother; that it is something that fosters growth, empowers women and that women find fulfilment in being a mother – again, women are viewed as natural nurturers or carers. This perspective places mothering at the centre of emotional fulfilling adult activities (Conrad, 2009; Nicolson, 1999). Rational feminism stresses the multiple roles women play in society and views motherhood as of equal importance to additional roles, positioning women as the 'be it all' woman playing multiple roles. Idealising the subject position of being an independent woman who is expected to be great in all spheres of life tends to reduce mothering to just another role, neglecting the significant challenges and rewards of mothering (Kruger, 2006). For example, the experience of Winnicott's (1960) term 'primary maternal preoccupation' and maternal desire are described as a "culmination of feminine experience" for some mothers (Raphael-Leff, 2010a, p. 8) and viewing mothering as just another role, neglects the range of emotional states and the complexities of a mother's experiences. This dichotomy in feminism of reducing mothering to good or bad, disguises the real complexity and ambivalence of maternal experience (Nicolson, 1999; van Doorene, 2009).

Feminist critiques have opened up space for different voices and experiences of motherhood to be heard. This way of thinking is especially valuable to this study which hopes to create a space for multiple voices and constructs to be heard rather than speaking for mothers. Feminist approaches hoped for more voices to be heard but a common concern with feminism, both within the feminist school and from other disciplines, is that perspectives are predominately drawn from and promoted by White, Westernised, middle-class women and, as a result, other maternal experiences are still excluded (van Doorene, 2009).

3.2.1.3. Child-centred mothering and expert-guided parenting

In a decade review of research on motherhood in North America, Arendell (2000) argues that intensive mothering is the dominant ideology. The review highlighted how 'good mothers' are regarded to be emotionally devoted to their children, self-sacrificing and do not have their own needs (Arendell, 2000). This child-centred mothering shapes the maternal experience to involve *only* acts of mothering or how the mother is to be of use for the infant; rather than the mother being seen as a person with her own emotional states. In a more recent South African study, van Doorene (2009) argues intensive mothering perpetuates the belief that 'good

mothering' involves a mother who is *solely* devoted to and centred on her child. The intensive mothering ideology regards mothering as a woman's primary role and that it is this type of mothering that promotes healthy child development.

In a historical review of mothering, Hays (1996) points out that at the end of the 19th century maternal instinct was no longer regarded to be sufficient when caring for a child. The rhetoric, "doctor knows best" (Hays, 1996, p. 39) was quickly gaining traction and a trend developed requiring mothers to be scientifically trained about child development and optimal rearing. The literature (Hays, 1996; Miller, 2005) shows how mothers are expected to keep up to date with child development theories and implement maternal practices that are recommended by experts – this is evident in the vast amount of popular literature on child development and parenting techniques. An example of the construct of expert-guided parenting is noted by Miller (2005): 'good mothers' are those who receive medical services for infants while those who do not seek out such services are constructed as being irresponsible. Huisman and Joy (2014), however, recorded a shift where the opinions of the American interviewed mothers came into conflict with expert views. At times these mothers tended to reject expert advice on child-rearing methods but experts still had a prominent feature in their talk and mothers would seek expert advice online. The reference to experts, though, was not one of the idealised, all-knowing doctor; rather these mothers constructed their own conditions of a 'valuable expert' being one who is educationally trained and a mother (Huisman & Joy, 2014).

3.2.2. *Ideologies of the marketplace*

A number of writers (Ennis, 2014; Hays, 1996; Takševa, 2014) have demonstrated how the ideology of the marketplace, more specifically the discourse of consumerism and neoliberalism, shape mothering. Hays (1996) first identified 'cultural contradictions' between ideologies of intensive mothering and ideologies of the marketplace. Describing how mothers are now being positioned as neoliberal subjects, Ennis (2014) writes about a contradiction between unselfish nurturance and self-interest gains. Below I explore the sub-narratives of the ideology of the marketplace, consumerism and neoliberalism, as well as how economic contexts influence these narratives.

3.2.2.1. Consumerism and the neoliberal subject

Hays' (1996) definition of intensive mothering included financial expenses of childcare; thus, constructing 'good mothers' as consumers who invest in expensive goods and services for their child. The literature (Ennis, 2004; Huisman & Joy, 2014) also shows the maternal subject shifting to a neoliberal subject. This subject follows the narrative of choice, independence as well as individualism and agency. Contemporary mothers are mostly positioned as subjects of autonomy – one way of performing autonomous mothering is with a mother's work identity. Takševa (2014) argues that even though this privileged ideology is not easily available to working-class or mothers in poverty, these mothers still constructed it as an ideal form of mothering. In addition to serving as a means to autonomy, work serves as a means to purchasing power allowing mothers to join the age of consumerism and financial providing. In other words, mothers may try obtaining power and status in society by having financial means and displaying purchased goods.

Takševa (2014) argues that maternal practices and the mother-child relationship is shaped by consumerist ideology and defined on commodity value. Huisman and Joy's (2014) results, which were contrary to Hays' (1996) conclusions, indicated a lack of reference to the financial-expense condition of intensive mothering in the interviewee's talk. There was no evidence that these mothers were spending extreme amounts of money on their children. Instead these mothers would forego consuming goods for their children in order to offer quality time or purchase beneficial products for themselves. Huisman and Joy (2014) propose this discrepancy could be related to the economy in the United States at the time, the local economy and the social class of the participants.

3.2.2.2. Economic contexts

Recent feminist influences in research have stressed the various perspectives mothers come from by pointing out that economic contexts, such as employment or poverty, shape the activities that mothers perform (Arendell, 2000). Consequently, 'deviancy discourses' of mothers not conforming to the ideology of intensive mothering have developed; some examples are single mothers, welfare mothers, mothers of colour, and lesbian mothers (Arendell, 2000). The portrayal of the 'good mother' as White, Western, heterosexual and middle-class has pushed poor, women of colour or unmarried mothers into stereotypes of being incompetent carers or 'unmotherly schemers' who use their children to obtain welfare benefits (Kawash, 2011). Mothers on the margin are then often constructed as 'bad mothers'. On the contrary, Kawash (2011) points out how some poor women view mothering as a

joyful experience and an achievement; and these communities view the journey of becoming a mother as a development of a woman's maturity, gaining respect in their communities. Despite this, intensive mothering as a privileged discourse polices what types of mothers and maternal practices are acceptable. Although ideologies of intensive mothering and ideologies of the marketplace are in contradiction, Hays (1996, p. xiii) argues that intensive mothering persists because it serves the interests of, not only patriarchy, but also capitalism, the state and the middle class as it is the last defence against "the impoverishment of social ties, communal obligations, and unremunerated commitments". This suggests intensive mothering is a form of exclusivity and 'othering' which includes or excludes mothers based on class, social status and privilege.

3.2.3. Ideology of healthy development

In a review of historical literature, Gary and Arendell (1999) argue that society tends to blame mothers for any child problem, from illness to behaviour. This not only puts a great deal of guilt on mothers but also tends to ignore the social influences and contexts on child development, other than the mother. As pointed out by Gary and Arendell (1999), children's problems are usually related to the *social situations* that mothers are found to be mothering in. Social constructionist literature has also interrogated assumptions of development arguing that an ideology of healthy child development is dominant. Rather than take these assumptions for granted, writers (Gary & Arendell, 1999; Thurer, 1993; van Doorene, 2009) have scrutinised psychoanalytic and medical discourses in particular to show how these discourses - similar to intensive mothering - play a hand in constructing 'good mothering' and promoting mother-blaming. According to van Doorene (2009), both medical and psychological theories, including psychoanalysis, have been used to support the belief that intensive mothering is what makes a 'good mother'. Mothers who do not fit into this 'ideal' are seen as defiant, pathological or 'bad mothers' who are not committed to their child's development (van Doorene, 2009). The psychoanalytic discourses and medical discourses found in the literature are explored below.

3.2.3.1. Psychoanalytic discourses and the 'good mother'

Psychoanalysis has played a powerful role in the production of knowledge about the mother-infant relationship (Lazarus, 2007). Psychological concepts, such as what is believed to be a 'good mother', have filtered into everyday life perpetuating discourses of inherent mothering

and intensive mothering which influence how professionals, lay persons and mothers *themselves* evaluate motherhood and mothers (van Doorene, 2009). With its authoritative claims on normality and pathology, psychoanalysis and child-centred approaches to parenting have become their own influential and dominant discourses which are assumed to be the ideal approach to mothering (Tomlinson & Swartz, 2002). In a review of the historical conception of the ‘good mother’ in psychoanalytic thinking, Thurer (1993) argues that there is no norm for the ‘good mother’ as it is a construct that is historically specific and culturally bound. Yet psychoanalysis, with its evaluative gaze, perpetuates the notion of mother-blaming implying that unhealthy child development is due to the mother failing to be all-present and all-giving (van Doorene, 2009).

Shining a light on hegemonic discourses, discursive psychology unveils power relations and explores how discourse informs institutes of knowledge (Edley, 2001). This brings me to a particular strength of social constructionism when examining maternal subjectivity: early schools of psychoanalysis became a powerful body of knowledge which claimed authority on maternal ways of being; there is still the risk of a psychoanalytic approach positioning itself as the expert of maternal subjectivity but social constructionism’s critical stance can act as a safeguard to this.

3.2.3.2. Medical discourses and the maternal body

Medical and child development discourses have informed the more instrumental mothering branch of intensive mothering. According to van Doorene (2009), the mother is positioned as an ‘object’ who is responsible for the instrumental care of an infant. It is her responsibility to rear healthy children by fulfilling physical and psychological needs of the child. A significant part of medical discourses is reducing the maternal body to a physical body who must ‘supply’ for her baby’s survival and nurture an infant’s physical growth. The literature (Miller, 2005; van Doorene, 2009) demonstrates how medical discourses and the ideology of inherent mothering prioritise a woman’s reproductive role: the woman’s reproductive body is medicalised with medical or psychological knowledge taking authority over mothers’ actual experiences. Medical intervention with childbearing has become an acceptable practice with most mothers assuming that medical and professional health care is a necessary part of the process. Experiences of pregnancy, child-birth and breastfeeding become objectified, mechanical occurrences which require monitoring and intervention (van Doorene, 2009). Subsequently, medical discourses have a profound effect on the maternal body constructing

the body as a physical object; yet Miller (2005) argues that a woman's body plays a significant part in constructing her social self when becoming a mother.

In a critical ethnographic study conducted in two maternity units in the UK, Dykes (2005) discusses how the influence of the factory and ideologies of efficient production in the 19th century are incorporated in representations of motherhood; thus making motherhood a mechanical experience where it is a woman's responsibility to *produce* adults. With an increase of hospitalization during childbirth in the 20th century, birth and labour is viewed as a process to manage where women are incorporated into the industrial factory: "labour is a production process, the woman is the labourer, her uterus is the machine, her baby is the product" (Dykes, 2005, p. 2285). Dykes (2005) argues that these 'mechanical' and medical assumptions impact on a mother's experience resulting in her feeling disconnected from the birthing process. Dykes (2005) showed how breastfeeding is an experience of labour for some mothers (rather than relational) where feeding their infants is viewed as a 'productive' project. In interviews with mothers in hospitals, themes of providing, controlling, 'supply' and 'demand' were present. Mothers made a decision to breast-feed as it was believed to be natural and viewed as the 'correct' behaviour. Themes of supply placed pressure on mothers to provide the correct quantity and quality of milk and some mothers lacked confidence and trust in the efficacy of their bodies to be able to supply. Mothers having to 'supply' on demand experienced anxiety and confusion around the irregularity of feeding; and would try to resolve this anxiety by implementing controls such as schedules or by expressing and giving milk by the bottle (Dykes, 2005). Dykes' (2005) research findings are evidence of how medical discourses construct mothers as selfless objects, such as feeding objects, who are expected to supply for the child.

3.2.4. Summary

As discussed by van Doorene (2009), mothering is a socially constructed practice influenced by socially constructed notions of mothering. A consideration of how maternal subjectivity is mediated through social discourses (Shefer, 2001) could offer a rich understanding of maternal subjectivity. A review of social constructionist literature on mothering highlights the dominant ideologies that have been interrogated within social constructionist maternal literature. The literature points to a number of discourses constructing notions of mothering by shaping what it means to be a mother. These include the ideology of intensive mothering, the ideology of the marketplace, and the ideology of healthy development. The majority of

the literature focuses on the ideology of intensive mothering by investigating the different but linked dimensions of intensive mothering. Literature specifically focuses on discourses of inherent mothering, gendered parenting and child-centred mothering. As discussed, social constructionism is a valuable perspective because it draws attention to social meanings but most importantly, it challenges the universal truths and taken for granted assumptions of normality. In this review, I illustrated how discursive psychology and a social constructionist theoretical framework can assist in understanding maternal experiences as it draws our attention to how shared, social meanings mediate maternal subjectivity.

Social constructionist theories of motherhood can contribute greatly to research on maternal subjectivity; however, it has been criticized for denying a mother's personhood. Based on this criticism, social constructionism could be at risk of constructing mothers as figures mostly shaped by social meaning, and void of thoughts and feelings; thus, denying complexities of the maternal identity. Although social constructionism acknowledges mothers actively engage with social discourses, it does not question why mothers *choose* particular subject positions.

3.3. South African research on constructions of mothering

In this section, I focus on literature about the mothers who feature in my study by exploring the link between discourses of mothering in South Africa and contexts which are regarded to be scarcely-resourced. South African literature (Dale, 2012; Magwaza, 2003; Maiello, 2001; Mamabolo, 2009; van Doorene, 2009; Walker, 1995) indicates that motherhood has been constructed in multiple but context-specific ways. It also shows that the availability and variety of discursive positions can be dependent on the context in which a mother is situated. Based on a review of relevant South African literature, I will argue that South Africa's apartheid history and continued economic disparity has a significant impact on which discursive positions are available to different mothers. I will then review literature that has examined discourses of mothering in scarcely-resourced communities in South Africa.

3.3.1. Contextual and historical factors in South Africa

The following section will explore the link between contextual factors and social constructions of mothering, with particular reference to the South African context. The repositioning of mothers during the apartheid era continues to shape maternal practices and constructs of motherhood in South Africa today. The literature (Magwaza, 2003; Maiello,

2001; van Doorene, 2009; Walker, 1995) shows that our history of apartheid structures and power relations along with various cultural scripts influence how a mother constructs her maternal experience. In turn, social categories of race, class and gender influence how a mother constructs her environment.

Over twenty years ago, Walker (1995) described the dominant discourse for White and middle-class women as a ‘good mother’ who cares physically and emotionally for their children; in contrast, discourses of motherhood in Black, working-class communities did not emphasize a mother’s everyday care of her infant but rather her responsibilities for financial support and discipline. These types of constructions are fundamentally racist and demonstrate constructions of motherhood developing along racial lines (van Doorene, 2009).

Mothering in South Africa today still takes place amongst the shadows of apartheid where some mothers – particularly Black and Coloured mothers – remain positioned in a socio-political history of racial and class inequality resulting in them having to cope with constructs that are shaped by deprivation and poverty, influencing maternal practices and experiences (van Doorene, 2009). According to Maiello (2001, p. 13), all South Africans have been affected by apartheid - directly or indirectly - by having to live in a “social environment of racial discrimination and persecution”. Not all South Africans, however, have been equally affected: Black and Coloured women were directly affected as they were repositioned in a lower social economic status as well as being secondary to men (Walker, 1995). Along with financial hardships, Black families, and women in particular, were regularly exposed to ongoing community violence and the constant threat of danger (Gubb, 2010) as well as racism in all forms. As shown by Mamabolo (2009), there have been some transitions and different spaces for mothering have opened up in a post-apartheid South Africa. This has resulted in different subject positions being available to mothers such as Black mothers in executive positions who maintain discourses of inherent mothering alongside a desire to work (Mamabolo, 2009).

Although mothering takes place in a context of social, political, historical and sexual factors, discourses do not necessarily map directly onto contextual factors. Nevertheless, the self is always situated in a particular context at any given time; thus, shaped by material, cultural and political circumstances. Although not South African, Miller (2005) makes a compelling argument that class, race and culture always underpin individual experiences of mothering. According to Miller (2005), contextual factors play a crucial role for mothers in developing countries shifting a mother’s main concern from autonomy and individualism to that of survival. Therefore, when understanding constructs of maternal subjectivity it is

necessary to account for the environment in which a mother lives. Concentrating on contextual and social influences, however, can result in individual factors being ignored. It is of particular importance to consider psychological factors in communities of poverty as parenting is an emotionally driven activity and the emotional states that are necessary for parenting are the very states that are impacted by stresses of poverty (Richter, 2004b). Parents may be preoccupied with concerns of their situation and thus, may be too tired or overwhelmed to invest a great deal into their parenting role (Richter, 2004b).

3.3.2. *Discourses of mothering in scarcely-resourced communities*

Magwaza (2003) discusses how social and political factors such as apartheid impact the acts of mothering and a mother's social economic status as it influences her access to resources as well as her approach to mothering. In deprived or rural communities in South Africa, mothers are located in a socio-political and socio-economical history that is marked by inequality creating racial and class differences (van Doorene, 2009). The political, social and economic ordering of society during the apartheid era repositioned women economically, more specifically Black and Coloured women, in a lower social economic status while also situating mothers in scarcely-resourced communities (Walker, 1995). Different social settings lead to different subject positions being made available to mothers; there are some similarities across settings with mothers still engaging with traditional discourses of mothering but the way mothers adapt the construct of the 'good mother' depends on the social setting. Reviewing literature focusing on discourses of mothering in South African scarcely-resourced communities highlighted two trends: 1) The dominance of discourses of inherent mothering, maternal desire and motherhood as empowering; and 2) The environment constructed as dangerous and deprived in mothers' talk.

3.3.2.1. *Discourse of inherent mothering: Maternal desire and motherhood as empowering*

Sharpe (1984, cited in van Doorene, 2009) found that limited educational and employment opportunities for girls, especially Black and working-class girls, resulted in motherhood being perceived as a fulfilling and satisfying role. More recently, Arnfred (2003, cited in van Doorene, 2009) also showed that motherhood is constructed as an empowering, honoured role in most societies including societies where women are positioned as subordinate as it offers relative freedom. Black South African and working-class women perceived

motherhood as a more empowering role than White women (van Doorene, 2009). Walker (1995) points out how mothers are 'the pivot(al) of family life' in townships but the influence of patriarchy results in this respect strictly falling within the household only. Walker (1995) argues great value is placed on fertility in these contexts and Black African women may feel fertility gives them a sense of self-worth and power. Although mothers of Black and Coloured families are highly valued, Walker (1995) notes this is only within traditional gender roles.

This is evident in the South African literature that examined maternal experiences of mothers from a variety of contexts. When interviewing Black, Indian, Coloured and White mothers, van Doorene (2009) found the construct of mothering to be an empowering role, separate from other aspects of womanhood, amongst Black women with a tertiary education and professional occupations. While White and Indian mothers negotiated the decision to become a mother, Black mothers felt this was their independent decision. van Doorene (2009) reports that for Black women, in her study, maternal identity was associated with an ability to conceive and bear children where for other mothers, their maternal identity was tied to performing ongoing maternal practices. van Doorene (2009) argues it is likely that Black mothers use their unique ability as women to conceive and bear children to elevate their status because Black women usually endure triple oppression of race, gender and class. Although some mothers altered or resisted the discourse of inherent mothering, being accessible to one's child was a key feature of what was regarded to be an ideal mother and due to work demands, mothers struggled to improve their accessibility resulting in feelings of guilt and inadequacy. In examining the experiences of Black and White mothers, Magwaza (2003) found that Black mothers were more likely to rely on other women to challenge notions of inherent mothering. These mothers would broaden the concept of mothering from a biological understanding to childcare being a 'collective responsibility' shared with aunts, grandmothers and female community members. These results were consistent with Orderson (2011, cited in Dale 2012) where Coloured mothers, residing in townships in Cape Town, also relied on other women for support and for the care of their children.

3.3.2.2. Environments constructed as dangerous and depriving

Using individual semi-structured interviews, Dale (2012) interviewed Black mothers in a township in Johannesburg to allow for the development of individual stories of motherhood. Her narrative analysis technique showed how constructs of race and culture played a significant role in these mothers' stories. A dominant theme identified was the impact of the

context on mothering and mothers' experiences; sub-narratives that fall within this theme were the influence of other family members on the mothering experience as well as the difficulties and deprivation of mothering in a township. Race and culture had a permeating influence in all these themes (Dale, 2012). In a close analysis, it was revealed how the environment was regarded to be both empowering and upsetting as it was constructed as a dangerous and undesirable place to live. Mothers also described the importance of being a provider for their children; yet being located in an environment that was constructed as deprived, made it difficult to fulfil a child's needs. Mothering was constructed as comprising of personal sacrifices in order to meet the needs of their children and ward off any harm caused by a depriving environment. In environments that were constructed as dangerous, mothers told stories of needing to protect and constantly supervise their children but this was not always possible due to their working hours. Contrary to this narrative, mothers talked about being able to provide an empowering environment where their children can thrive in spite of deprivations. In spite of personal sacrifices, these particular mothers constructed motherhood as a stage of growth where they were admired by both their children and community. Mothers also described feelings of pride and empowerment because they took responsibility in providing for their children instead of relying on the greater community (Dale, 2012). In addition to dangerous and deprived constructed environments, the South African space is constructed as one of racial, class and gender divides. These constructed divisions are associated with White privilege and deprivation which, according to Altman (2006), has real effects on one's experience (such as access to resources and opportunities).

3.3.3. Summary

Kruger (2006) argues that mothering in South Africa needs to be considered within a context where roles of race, class, religion and gender play a part. A social constructionist perspective comprises of exploring social meanings attached to contextual factors and social categories. When drawing from this approach, the role contextual and historical factors, such as apartheid and contexts of poverty, play in shaping social constructs of motherhood can be examined. This opens up a space to hear what mothers in the South African context construct as struggles and accomplishments. Reviewing literature on discourses in scarcely-resourced communities in South Africa suggests a dominance of discourses of inherent mothering, maternal desire and motherhood as empowering as well as environments constructed as dangerous and deprived.

3.4. Social Constructionist literature on working mothers

By exploring how mothers are active participants in constructing meanings, in this section I will pay particular attention to literature that examines how working mothers engage with competing discourses to negotiate dual roles of work and mothering. Many individuals, including women, feel that motherhood and professionalism are incompatible (Chodorow, 2003) – this is evident in representations of mothers who are employed (Johnston & Swanson, 2003). Social representations of the ‘good mother’ along with ideologies of intensive mothering and the marketplace influence how working mothers negotiate this role and may have an impact on the mother-child relationship.

A consistent trend in the literature is how the position of the working mother - as both mother and provider – produces contradictory or competing discourses. The way in which we conduct our lives, such as making decisions about work, will depend on the discursive positions available to us. Having dual roles will give rise to multiple discourses and mothers can actively participate with these discourses in different ways (Edley, 2001). Similar to Hays (1996), Edley (2001) argues that discourses are not necessarily coherent and integrated; rather they can be inconsistent and contradictory. Billig et al. (1988) termed contradictions in discursive positions ‘ideological dilemmas’. This concept highlights how ideologies are flexible sources of social meaning; and thus, there is no definite answer to anything. This is a helpful way to think of maternal subjectivity because it retains an awareness of the diverse and ever-changing constructs that feature in different encounters and conversations. Subsequently, a crucial part of this section will be to examine the literature on ideological dilemmas of working mothers and how this informs our understanding of maternal subjectivity of mothers who work. In addition, this section will review the varied literature of working mothers in well-resourced and under-resourced communities.

3.4.1. Literature of working mothers in well-resourced communities

Literature of working mothers in well-resourced communities follows three trends. The first of these focuses on comparing employed mothers to stay-at-home mothers (Bridges, Etaugh & Barbes-Farrell, 2002; Etaugh & Gilomen, 1989; Hays, 1996). The second trend examines the tensions between discourses of mothering and discourses of employment (Buzzanell et al., 2005; Garey, 1995; Hattery, 2001; Hays, 1996; Johnston & Swanson, 2006). The third, and more recent, trend in the literature (Bailey, 2000; Campo, 2005; 2009; Evans, 2002;

Mamabolo, 2009) describes the bridging of discourses of mothering and discourses of employment.

3.4.1.1. Comparisons of employed mothers to stay-at-home mothers

Hays (1996) argues that cultural ambivalence about appropriate maternal behaviour pitted ‘traditional’ mothers and ‘supermoms’ – intensive mothers and working mothers – against each other. This formed the basis for, what Darnton (1990, cited in Hays, 1996) termed, the ‘mommy wars’. Inspired by the social comparisons of employed mothers to stay-at-home mothers, research investigated constructs and representations of the two.

Etaugh and Gilomen’s study (1989) asked college students to rate female stimulus persons and found that employed mothers, who were viewed as being more independent, reliable, influential and intelligent, were believed to be less family-orientated as well as more selfish and less sensitive to the needs of others when compared to non-employed mothers. More recently, similar results were found by Bridges et al. (2002) where stay-at-home mothers were viewed as being more communal and more effective parents than employed mothers. These representations perpetuate the assumption that a mother being employed has a negative impact on children. Negative social constructs of mothers who work also play out in the work environment with mothers being viewed as unreliable workers by some employers because mothers shape their work commitments according to family needs (Thompson & Walker, 1989), and taking maternity leave is often perceived as a woman being less committed to her employment (Buzzanell, 2003).

In comparison, Hays (1996) showed that the interviewed mothers in her study actually did not compete but respected each other. Here, both stay-at-home moms and working moms reconstructed the qualities of a ‘good mother’ to deal with cultural ambivalence. Paid working mothers referred to their work as being good for their children because it teaches children good work ethic and offers mothers breaks from their children. Work was also constructed as a tool which makes mothers more organised and effective, implementing more quality time with children. Children were still regarded as a mother’s primary concern but work was referred to as a means to provide financially and offer mothers happiness.

In a content analysis of the portrayals of motherhood in magazines and media, Johnston and Swanson (2003) discussed how employed mothers were underrepresented in the media but when they were present, they were portrayed as putting family relations at risk by neglecting their children and failing to meet their needs in comparison to stay-at-home mothers who were constructed as living a life of blissfulness. But not all was glorious for

stay-at-home mothers as they were viewed as being inadequate adults who suffer from ‘mommy mush brain’ and lack intellectual stimulation. The majority of these representations of women were depicted with White women – Black women who were positioned in employment were not considered as having maternal qualities; perpetuating a racist myth that it is White women who value family and parenting (Johnston & Swanson, 2003). This difference of representations of White and Black mothers also reflects class divisions.

3.4.1.2. Tensions between discourses of mothering and discourses of employment

As discussed earlier, Hays (1996) has argued for the presence of ‘cultural contradictions’ between ideologies of intensive mothering and ideologies of the marketplace. The literature has shown that working mothers are particularly caught in this tension as they employ competing discourses of mothering and employment. Arguing for the potency of this contradiction, Hays (1996) even suggests that it may have been the reason why women ‘abandoned’ the home. Mothers from Hays’ (1996) interviews employed both ideologies of mothering and ideologies of the marketplace expressing both a desire to mother and to work. These mothers also took this tension for granted by stating that they *must* juggle both because mothering is regarded as requiring large quantities of time, energy and money.

In interviewing working and stay-at-home mothers in Wisconsin, USA, Hattery (2001) illustrated that constructions of a ‘good mother’ and discourses of intensive mothering influence how women negotiate the tensions between work and motherhood. Two primary goals were identified amongst mothers: a ‘good mother’ lives up to the intensive mothering ideology and provides a comfortable standard of living for her family. Based on how mothers accepted or rejected these goals, Hattery (2001) identified four groups: The *Conformist* prioritised intensive mothering over a standard of living and would leave work to take care of their children. Mothers who worked full-time fell into the *Nonconformist* group as they rejected the belief of intensive mothering by accepting ‘deviancy discourses’ and pursuing a full-time career. The *Pragmatics* aimed to find strategies to balance their roles rather than having to adhere to one ideology. While the *Innovators* also accepted both the dominant ideology and the goal of a comfortable standard of living by finding new ways to balance the demands of work and home such as participating in employment without relying on paid childcare. This research suggests that mothers employ and negotiate discourses differently; hence, mothers are active agents in the construction and employment of ideologies. Mothers are not passive recipients in a world of social meaning, rather mothers have shown their

agency by ‘doing’ mothering and performing the role of a ‘good mother’ in different ways. If mothers have agency then one can assume that the way they invest in particular positions is motivated by individual and internal dynamics; however the presence of internal dynamics is not taken up in social constructionist approach.

Other employed mothers, such as nurses, use their night shifts at work to maintain the construction of intensive mothering as they constructed themselves as ‘stay-at-home moms’ by staying in the home during the day making their mothering role (Garey, 1995) more publicly visible than their occupational role, enabling them to remain in the ideal traditional family as well as preserve these dominant discourses. By working night shifts, these mothers were able to be involved in their children’s activities – these activities became indicators of how much a mother is providing for her children and whether the mother’s work is interfering in the children’s activities (Garey, 1995). But this commitment resulted in personal, occupational and marital sacrifices – mothers lacked sleep and personal time, they felt they were not likely to receive promotions and interacted less with other health professionals, and spent little time with their partners (Garey, 1995).

Johnston and Swanson (2006) also investigated how mothers negotiate tensions between work demands and the expectations of being a ‘good mother’ who is constantly present and attuned. In their study, which compared constructions of intensive mothering amongst middle-class full-time employed mothers, part-time employed mothers, and stay-at-home mothers, Johnston and Swanson (2006) demonstrated that mothers altered constructs of intensive mothering instead of altering their work status to meet conditions of intensive mothering. This was particularly noticeable with part-time working mothers, who applied a strategy to deal with this tension by compromising their careers while full-time working mothers found that these spheres would spill into each other and struggled with the ambivalence of being able to do everything, realizing that this was not a possibility (Johnston & Swanson, 2006). To relieve this tension, Buzzanell et al. (2005) demonstrated that some mothers – more specifically, mothers in managerial positions - reframe the construct of a ‘good mother’ into a ‘good working mother’ – a role that would fit into their lifestyle and activities. This was achieved by meeting three criteria: firstly that ‘good working mothers’ arrange good, quality childcare, secondly ‘good working mothers’ are equal partners and lastly that they feel pleasure in this role. As shown by Johnston and Swanson (2006) mothers can engage in cognitive rationalization by reframing the construction of intensive mothering, by altering themes of accessibility, mother-child happiness and separation of spheres, or their career expectations in order to eliminate this tension. For full-time employed mothers,

accessibility was reconstructed as being emotionally and psychologically accessible for children and promoting empowerment in their children, rather than mothers having to constantly be there for their children (Johnston & Swanson, 2006). Mothers would take pride in being able to accomplish both a career role and family role (Buzzanell et al., 2005) and employed mothers followed the belief of “happy mother, happy child” in order to allow themselves to have an identity outside of motherhood (Johnston & Swanson, 2006). Nonetheless, mothers still had a desire to be more present for their children (Johnston & Swanson, 2006) and Buzzanell et al. (2005) notes how mothers did not seem to be aware that taking on the sole responsibility of childcare came into conflict with the belief of being an equal partner. Although these working mothers in managerial positions found ways to reframe and comply with these roles, these constructions of the ‘good working mother’ are fragile - if a mother was to fail in any one of the three criteria the ‘good working mother’ image could be shattered (Buzzanell et al., 2005).

3.4.1.3. Bridging discourses of mothering and discourses of employment

Ideologies shift over time and a significant shift in the construction of the working mother took place in, and has continued to develop since, the 1980s (Campo, 2009). With the position of the career women being portrayed as one of desire and aspiration, the construct of women ‘having it all’ is gaining traction. This ‘24 hour woman’ is depicted as one who is financially independent and career-oriented. According to Campo (2009), women magazines encourage women to delay having children arguing that being an older mother with an established career and financial means makes you a better mom. The construct of a ‘good mother’ is adapted to include mothers who can provide financially and afford better goods or services for their children (Campo, 2009). Bridging discourses of mothering and discourses of employment results in the development of new discourses and subject positions, such as ‘having it all’ and the ‘supermom’. The discourse of ‘having it all’ and the subject position of ‘supermom’ imply that women can pursue their career as well as remain feminine and have children. Although this construct allows women to take on new roles outside of the home, women are still expected to maintain their old roles such as the primary carer of children. Campo (2005, p. 64) argues that in this position, women feel they can have the “ultimate trifecta of career, children and marriage”; these women wish to be the primary caregiver but also want a right to economic independence and maintain their feminist belief in equality for women. This position, however, places high expectations on women to *do* it all and still maintains gendered parenting where fathers continue to remain less involved or absent

(Campo, 2005). This position is also one of privilege, yet it is under the guise of equality for women. Campo (2005) argues that 'having it all' is not a construct that working-class women can choose as these women have already been combining the roles of mother, home-maker, partner as well as worker. It seems that working-class mothers' combining of roles is taken for granted as there is little said about what it is like for these mothers to have to do it all.

Findings from a discursive study conducted by Bailey (2000) suggested that White, middle-class, first-time mothers in the UK do not necessarily experience a conflict between discourses of motherhood and discourses of employment; rather these interviewed mothers demonstrated a degree of agency when negotiating a relationship between the two. While still acknowledging the tensions experienced by employed mothers, Bailey (2000) proposes that the concept of 'interspaciality' challenges the traditional split between work and home as mothers brought work home with them and vice versa. This concept of 'interspaciality' seems to also be a characteristic of the 'having it all' or 'supermom' subject positions as multiple roles are less distinguishable. Bailey (2000) argues there were continuities between how mothers talked about mothering and employment. For example, mothers would talk about mothering as a form of work or employment while talking about their jobs in more caring ways, rejecting traditional hierarchies and competitiveness. Mothers also constructed both mothering and work as a personal project where they have the opportunity to develop their self. Differences between the two domains are still present in their talk: the baby was still a priority over work and when talking about returning to work, descriptions of guilt surfaced more frequently than guilt about leaving work. Motherhood was also described as passive and other-centred in contrast to work being described as active and individually-focused.

In a thematic and content analysis of the subjective well-being and experience of life roles of White employed married mothers in South Africa, Evans (2002) showed that although employed mothers identified benefits of playing dual roles, mothers also felt that combining these roles to construct the notion of a 'good, working mother' was demanding and physically exhausting. In addition, mothers experienced guilt and conflict about having dual roles as they were not always available for their children and felt they did not spend sufficient time with their family. Another difficulty for these mothers was the little time they had for themselves. In order to help cope with these dual roles, these mothers were able to employ the services of childcare or could turn to family members for support; however, mothers still felt sole responsibility fell to them. In spite of the difficulties, mothers felt that their work brought satisfaction and enjoyment to their lives as it provided self-enrichment by giving them the opportunity to interact with other adults, as well as additional income and

intellectual stimulation. Overall, the majority of mothers felt that being employed enhanced their emotional well-being. The minority of mothers had a preference to not work and be a full-time mother. Consequently, positive orientation to employment helped mothers to negotiate their dual roles (Evans, 2002).

Mamabolo (2009) conducted semi-structured interviews with Black employed mothers in executive positions in South Africa. In maintaining discourses of inherent mothering, these women did express motherhood as being an ultimate expression of womanhood believing that they possessed an inherent capacity to be the primary caregivers but still maintained a desire to work as it improved life satisfaction. Although these mothers felt pressure from the two roles and experienced some ambivalence with their roles, they felt they had achieved a successful balance (Mamabolo, 2009). Mamabolo (2009) identifies how these women moved away from discourses of gendered parenting by rejecting the traditional belief that a woman's main role is that of a mother but this was different for men, who tended to reinforce the traditional roles. Mamabolo's views are consistent with McClintick's (1991, p. 117) argument that in society women's work is undervalued and underpaid as it is usually viewed "as temporary departures from women's manifestly maternal destiny".

3.4.2. Literature of working mothers in under-resourced communities

The first prominent trend in the literature on working mothers in under-resourced communities slightly deviates from literature of working mothers in resourced communities as it examines the tensions between ideologies of intensive mothering and the position of the family provider. The second trend in the literature demonstrates how, due to financial circumstances, mothers in under-resourced communities tend to adapt the subject position of the 'good mother'.

3.4.2.1. Tensions between intensive mothering and family providing

Some mothers may prefer to spend time with their children and not work but women in deprived communities and blue-collar occupations do not necessarily have a choice due to financial pressure (Gerhardt, 2011). In examining employed mothers' reasons for working in India, Chowdhury (1995) found that the majority of mothers worked due to economic necessity; these mothers were unhappy with work outside of the home and felt guilty for neglecting their children.

de Villiers (2011) shows, in her interviews with mothers in poor South African communities, that it was a family expectation that mothers find employment and contribute financially to the extended family. Mothers from this poor community reported that they felt forced to make compromises on childcare. In spite of a preference to spend more time with their children, these women had to take on the role of the breadwinner; therefore, extended family members became substitute mothers of care (de Villiers, 2011). Although mothers found it difficult to carry this responsibility, they admitted that they enjoyed having the opportunity to socialize and interact in adult relationships at work. This is reverberated in a review of multiple, early research on gender by Thompson and Walker (1989). Thompson and Walker (1989) note that a variety of women, participating in multiple studies on gender, take pride in their work and find satisfaction in being recognized in the form of a pay check.

3.4.2.2. Adapting the subject position of the 'good mother'

Not only do women living in rural and poor communities not always have the choice to care for their children full-time or to negotiate occupational responsibilities, these mothers also have few discursive resources to draw on to construct a more favourable notion of a working mother. Although there appears to be limited subject positions of the 'good mother' available to them, the literature (Hays, 1996; Moore, 2013; Walker, 1995) suggests that every day working mothers in deprived communities are grappling with competing discourses as they try to position themselves as a 'good mother' and re-negotiate their social identities.

In her study in America, Hays (1996) notes that, although the interviewed mothers from all social backgrounds regarded intensive mothering as an ideal form of mothering, mothers from different backgrounds had different standards for the 'good mother'. All interviewed mothers wanted to do what is best for their children but emphasized different ways of achieving this. Mothers with working class backgrounds in Hays' (1996) study regarded 'good mothering' as providing formal education and stricter rules in order to develop obedient children. Hays (1996) argues that this particular construction may be a result of these mothers having limited time and finances.

In conducting life history interviews of families in a peri-urban settlement in Cape Town, Moore (2013) discussed how the concept of 'good mothering' had changed over generations from being only a role of care and good provision to include the importance of achieving personal goals. Mothers who believed in working on themselves as well as being a good provider were all employed full-time and had achieved high school education (Moore, 2013). For many mothers in resource poor communities, economic provision becomes an

integrated part of motherhood (van Doorene, 2009) and the different choices mothers make will impact on how she constructs the role of a ‘good mother’ and the role of work (Walker, 1995).

3.4.3. Summary

Social constructionist literature on working mothers concentrates on the competing discourses of mothering and employment as well as how mothers negotiate this contradiction or ideological dilemma. Literature also investigates how competing ideologies of intensive mothering and ideologies of the marketplace, along with the influence of feminist ideology, produce new subject positions for mothers. The literature demonstrated how women negotiate the tension between these discourses or, at other times, bridged them. Managing this tension, however, is dependent on the context of mothering with different contexts having different discursive resources available. Literature on mothers with careers and resources has illustrated how their context allows them to reframe the notion of intensive mothering and alter the demands placed on them; while negotiating the demands of work and mothering is more complicated for mothers in under-resourced communities due to more limited subject positions. The limited discursive research that has investigated discourses in these areas has demonstrated how these mothers adapt the constructs of the ‘good mother’ in various ways. This array of research indicates that there can be multiple constructs of the ‘good mother’ and there are a variety of ways in which mothers adapt this construct to fit in with competing discourses of work and mothering

Research from a discursive approach has acknowledged the active role mothers play in adopting or resisting particular discourses by ‘doing’ mothering (Garey, 1995). A strength of the social constructionist approach, pointed out by Edley (2001), is recognizing that discourses are productive in organising subjective experience. Discursive psychology emphasizes *how* mothers construct discourses but, as it does not examine individual and emotionally-driven motives, it does not question *why* mothers construct particular discourses or choose particular subject positions. Consequently, focusing on identifying maternal constructions has resulted in mothers mostly being viewed as individuals with ‘empty subjectivity’ or no personhood (van Doorene, 2009; Walker, 1995).

3.5. Conclusion

A review of social constructionist literature illustrates that discursive psychology can offer a valuable contribution to studies of maternal subjectivity. A social constructionist orientation argues that 'motherhood' is an ideology, or a construction, that does not signify a woman's biological relationship to her child but rather shared social meanings of mothering (Kruger, 2006). In other words, social discourses inform constructs of mothering - especially what is regarded as a 'good mother'. Discourses shape how we distinctively talk about and understand objects or events in the world (Edley, 2001); thus, mothering is not universal or fixed (van Doorene, 2009) but shaped by dominant discourses in particular contexts. These contexts include race, class and gender relations (Seekings, 2010). Ideological meanings and power relations are necessary to consider in South Africa as maternal experiences and subjectivities are positioned in a particular socio-political and socio-economical history (van Doorene, 2009).

Nevertheless, a review of the literature identified a limit with the discursive turn in maternal studies. This perspective does not provide enough detail about the unique inner world of a mother and one cannot assume that discourses affect all mothers in one way (Hollway, 2001); individuals tend to position themselves in different discourses for individual and emotional purposes, not only for social reasons. This suggests that in order to have a better understanding of maternal subjectivity, one should consider the relationship between social discourses of mothering and a mother's inner life (Hollway & Jefferson, 2013).

CHAPTER 4

THEORETICAL FRAMEWORK: A Psychosocial understanding of maternal subjectivity

4.1. Introduction

In reviewing psychoanalytic and discursive literature on mothering, I have argued that there is a tendency to neglect the relationship between social and individual meanings of experiences within each of these bodies of work. A psychoanalytic framework, with an internal and intrapsychic lens, does not sufficiently examine the ‘outside’, or the social, in its own right. On the other hand, social constructionist research on mothering has identified how mothers employ discourses but the psychological reasons for why they employ maternal constructions are absent. In order to address the shortcomings in each of these bodies of work, this study adopts a psychosocial perspective which argues that maternal subjectivity is shaped by the interplay of individual *and* social factors. A psychosocial approach considers the interaction of social discourses and emotional investment in particular subject positions (Hollway & Jefferson, 2013) – in other words, it is interested in *how* mothers are ‘doing’ mothering and *why* they are ‘doing’ mothering in a particular way. In this approach, the maternal subject is conceptualized as both a discursive and defended subject (Hollway & Jefferson, 2013).

The word, ‘psychosocial’, broadly refers to any situation where both social and psychological factors are present. Key to a psychosocial theoretical framework is the synchrony of multiple modalities. One such example of synchronizing multiple modalities, which also acts as the theoretical framework for this study, is the discursive alongside affective, embodied experience (Taylor & McAvoy, 2015). Concerns with ideological issues in psychology and valuing theoretical pluralism in psychosocial research promotes an awareness of multiple discourses, including those that may have been marginalized in psychology, and challenges the idea of an absolute truth (Frosh & Baraitser, 2008).

In this chapter, I aim to introduce my theoretical framework by describing my specific psychosocial approach to maternal subjectivity informed by existing research in this area. In adopting a psychosocial approach, my decision making regarding which psychoanalytic and which discursive schools of thought are more fitting for examining maternal subjectivity is explicated. I will argue that a psychosocial orientation, comprising of discursive psychology

alongside psychoanalytic thinking, specifically informed by contemporary attachment theory and intersubjectivity theory, is a useful approach to investigating maternal subjectivity.

4.2. Literature on mothering informed by a psychosocial orientation

New ways of thinking influenced by psychoanalysis and post-structuralism have opened up a space to think of motherhood in different ways and for diverse experiences of mothers to be heard (Kawash, 2011). One such way of thinking is the psychosocial approach which includes psychoanalytic with discursive influences. Two prominent thinkers on the maternal within this field are Wendy Hollway and Lisa Baraitser. Informed by both a discursive framework and psychoanalytic framework links can be made between a participant's words and behaviour and their underlying emotional investments (Willig, 2013). The approaches by Hollway (2010, 2015) and Baraitser (2009, 2014), however, are informed by different psychoanalytic orientations – these differences are discussed in further depth in the following section.

According to Hollway, (2010), becoming a mother can be a difficult experience as old, established parts of one's identity are challenged or come into conflict with new expectations and practices. In her book, "Knowing mothers", Hollway (2015) examined the changes in identity for women transitioning to motherhood. Over approximately eighteen months, three individual interviews and weekly observations were conducted with an ethnic and socio-economic mixed group of mothers in the UK. Both the observation and interview method, which elicited free associations, were informed by psychoanalysis. Reflective field notes of the researchers' subjectivity were also analysed for co-constructions of interview accounts, researchers' own insights and blind spots. Hollway's (2015) psychosocial approach draws from social constructionist ideas alongside an object relations perspective which focuses on the internal world. The subject of the research - in this case, the mother - is conceptualised as both defended and discursive. Subsequently, the analysis goes beyond the text to uncover the mothers' anxieties and defences. Holding both the social and psychological, Hollway (2015, p. 18) aimed to think about identity transitions through discourse and "unthought modes – unconscious, preconscious and embodied". According to Woodward (2015), Hollway's (2015) approach offers mothers a space and way to speak for themselves, expressing the complexities and contradictions experienced when transitioning to motherhood.

Prior to this research, and already using a psychosocial approach, Hollway (2008a) examined maternal identities of first-time mothers by exploring unconscious dynamics *and*

social relations using the free association narrative method and infant observation techniques. Her interpretive analysis, based on object relations theory, revealed how mothers feel primarily responsible for their dependent, new-born babies and this creates a conflict for mothers between their own needs and those of their babies (Hollway, 2008a). Although Hollway's psychosocial approach provides a richer understanding of maternal subjectivity, according to Curk (2009), feminist critiques argue that the object relations approach focuses predominately on the infant's perspective. Critiques specific to Hollway's approach argue it is too separate from social relations, relying too heavily on a psychoanalytic understanding of the subject; hence, risks taking a 'top-down', expert-knowledge interpretative approach (Frosh & Baraitser, 2008; Wetherell, 2003).

Baraitser (2014) also investigates maternal subjectivity from a psychosocial perspective. She is specifically interested in how becoming a mother shapes the self but, from a Lacanian perspective, she emphasizes the impact of social structures and argues for a constant critical assessment of how psychoanalysis impacts understandings of the maternal. Baraitser (2014) tends to focus on the productive quality of talk and how maternal subjectivity is established by social structures such as patriarchy. According to Bueskens (2014), Baraitser conceptualises the maternal subject as one of 'interruption' because her attempts of autonomy, mastery and completion are always disturbed. Key to Baraitser's argument is the loss that a mother experiences in the form of losing herself, her autonomy and freedom (Bueskens, 2014). In her book, "Maternal Encounters", Baraitser (2009) explores 'interruptive' moments of one mother but resists conceptualising the maternal as a coherent subject arguing that, due to both psychic and social demands of her children, the maternal identity is fractured. This fractured identity, however, gives rise to a new, yet monotonous, subjectivity (Baraitser, 2009; Bueskens, 2014). Rodgers (2014) described Baraitser's challenge to a unified maternal subject as offering a more authentic and varied definition of the maternal subject.

Baraitser (2006, p. 221) argues for maternal subjectivity to be understood as "a fundamentally changed state" which contains constant tensions and difficult feelings that may be unconscious. Mothers move through states of hatred, failure, remorse and empowerment but this does not occur in a fluid way that has no impact on her well-being and mental health. Drawing from Kraemer (1996), Baraitser (2006) discusses how the maternal experience is one of transformation and crisis – transformations that may be exhilarating but also daunting.

Baraitser and Hollway identify their work as specifically psychosocial; however, there are many other researchers (Frost, 2012; Frost et al., 2012; Honikman & Mande Ilunga, 2013;

Kruger, 2014; Landman, 2002; C. Long, 2009; van Doorene, 2009) who, although not strictly psychosocial, have drawn from both psychoanalytic and discursive orientations to understand how individual and social factors impact a mother's experience. This body of work which I will briefly review below demonstrates the value of combining psychoanalysis and discursive perspectives for a psychosocial investigation of maternal subjectivity. My argument is that we could better inform mother-infant interventions in South Africa by examining how the social and the individual are interconnected.

Elliott (1994) argues that psychoanalysis has made contributions to theoretical debates on modern and post-modern identity in making connections between self-organization and cultural trends. One such example is the similarity between the psychoanalytic conceptualization of wondering or reflective functioning and "Umdlezane" - an Nguni term referring to the time where the mother's relationship with her infant is prioritised and encouraged by other women (Frost et al., 2012). The link between self-organization and cultural trends was also identified in *The Baby Mat Project* (Frost, 2012) which is one of a number of psychoanalytic interventions that have drawn parallels between psychoanalytic concepts and traditional or social beliefs. Lazarus and Kruger (2004) argue that psychoanalysis holds that social contexts live within us in powerful ways. For example, objects relations theory highlights that objects and whole object relations live in our internal world and attachment theory proposes that the internalization of our early relational experiences influence how we engage with the social world (Lazarus & Kruger, 2004). The impact of social contexts on our internal world is apparent with mothers in communities of few resources who feel emotionally and materially unprepared for motherhood and may then be vulnerable to 'primary maternal persecution' (Gerhardt, 2011).

Berg (2003) argues that African 'culture' requires research to look beyond the mother-child dyad and pay attention to personal and collective fantasies, conscious and unconscious factors as well as cultural beliefs that surround the significant event of a birth of a child. The African worldview believes that personhood is rooted in the existence of collective living and the ancestral community. Although a predominantly psychoanalytic study, Landman's (2009) results from an analysis of mothers' and counsellors' accounts of the process of the *Thula Sana Project* suggested an interweaving of both social and psychological factors: these mothers were not passive recipients of constructed discursive positions; rather, mothers actively participated with both Western knowledge and traditional beliefs to shape their maternal experiences. If mothers felt conflicts between these two worlds, they would choose what they believed to be helpful features from either world. Psychoanalysis helps to

understand conscious and unconscious forces, such as intent and motivations, behind these choices but alone, it too fails to explore the constant interaction of intrapsychic dynamics and social discourses.

An example of the bidirectional relationship of social discourse and internal fantasies is evident in C. Long's (2009) research on HIV-positive mothers and maternal identities. C. Long (2009) shows how social discourses of what is believed to be a 'good mother' impact on mothers' internal representations of themselves but in turn mothers who were HIV-positive entered the social world of mothering with fantasies of infection, blame and guilt. Mothers living with HIV who participated in C. Long's (2009) study, experienced a form of maternal persecution and drew on contradictory discourses of mothering such as creation and destruction, hope and despair, good and bad and finally, the conflict of the mother's self with the baby. These mothers also placed themselves second by positioning the child as the primary subject and developing an orientation of selflessness (C. Long, 2009), possibly as an attempt to adopt discourses of intensive mothering. With medical and biological discourses prioritising the inherent acts of mothering a baby, the maternal body for these women was usually constructed as ungendered and desexualized; yet motherhood is a very bodily experience that undergoes a number of transformations (C. Long, 2009). According to C. Long (2009), for these mothers the infant's body is a site where a mother's greatest fears could become real or it could act as a site of salvation when mothers are reassured with bodily evidence that their care has been adequate. Assessing maternal capacity was especially prevalent with these mothers who were preoccupied with infection as this was their reality with their HIV-positive status. C. Long's (2009) study demonstrates the ways in which employed discourses are infused with both social and affective functions for these particular women. C. Long (2009) also noted that a significant part of being a 'good mother' for these mothers was the importance of seeking medical attention and regularly taking their infant to the doctor.

Kruger (2014) examined how psychoanalytic understandings of depression were expressed in language or talk. In focusing on the emotional world of low income South African mothers, Kruger (2014) demonstrates how bringing together psychoanalytic feminist and post-modern theoretical frameworks can help in gaining a greater understanding of what depression means to these mothers and how it is *affectively* experienced by these women. Interestingly, mothers constructed depression to mean angry and murderous feelings towards their children rather than depressive symptoms of sadness and hopelessness. By considering both a psychoanalytic and discursive framework, Kruger (2014) points out how women's

anger is usually medicalized and may be diagnosed as depression rather than acknowledged as rage. Kruger (2014) notes how it is more acceptable for women to exhibit depression than anger; denying a mother's aggression, however, is denying a mother's agency. According to Kruger (2014), diagnosing a mother's emotional state can result in difficulties being located in a women's biology or mental health, and can risk neglecting the difficult and deprived contexts in which they may be situated. Drawing from psychoanalysis, it was understood how anger can manifest as depression for women; therefore often anger may have been expressed in forms of depressed symptoms such as internal anger, self-blame and self-doubt (Kruger, 2014).

When re-examining the discourses of intensive mothering thirty years on from Hays (1996), Ennis (2014) shows how the ideology of intensive mothering shapes mothers' lives and experiences. From an attachment and object relations lens, Ennis (2014) is also interested in why mothers of today would continue to make reference to an intensive mothering discourse and be willing to make sacrifices to perpetuate this ideology. Drawing from a discursive and psychoanalytic approach to mothering, Ennis (2014) investigates what is being said about mothering and why mothering is being talked about in this way. When revisiting Hays' (1996) concept of the 'intensive mother', Ennis (2014) argues that the perpetuation of this ideology was not only the result of patriarchy and capitalism but also due to individual reasons, such as mothers maintaining this ideal because it offers them a sense of worth and belonging in the 'good motherhood club'. Ennis (2014) also argues that by mothers perpetuating this ideology themselves, they may feel like an active agent in defining the conditions of a 'good mothering'; thus deny their powerlessness in a patriarchal system.

In South Africa, Berg (2002, p.6) argues that one must be mindful of not repeating "the Western colonization" of becoming preoccupied with only psychological and individual factors. It is important to be aware that a psychoanalytic understanding is only *one* form of thinking (Berg, 2003). Although it is crucial to keep cultural beliefs in mind, Berg (2002) also points out that cultural differences can be used as a defence to remain unknown by the 'other'. When interviewed by Dugmore (2012), Berg distinguishes between culture and custom saying that some acts of custom, such as sending infants to be cared for by grandmothers, are habits that could be psychoanalytically regarded as a repetition compulsion. By understanding intrapsychic elements, one can be aware of internal experiences of denial and shame. South African interventions along with their contextual adaptive responses have clearly shown that *both* internal and social factors have a significant impact on the mother-infant relationship. Dugmore's (2012) research shows that it is

important for us to constantly be wondering about cultural and social meanings as well as to report maternal meanings in order to help relevant stakeholders to be more knowledgeable when setting up interventions. This research aims to contribute to further developing mother-infant interventions by maintaining an awareness of the reality of the other by exploring how the individual and social intersect to form maternal subjectivity for particular mothers in particular contexts. In using a psychosocial approach, this study aims to gain a greater understanding of the unique experiences of mothers and their interactions with their infants within the South African setting.

4.2.1. Summary

If used separately when thinking about maternal subjectivity, psychoanalytic and discursive thinking cannot acknowledge the *relationship* between the individual and the social; hence, neglecting the interplay of collective and individual factors of maternal identity and subjectivity. Research should not attempt to unify mothers' experiences as this is perpetuating dominant discourses that ignore diversity; rather research should aim to hear the diverse voices of women's experience of motherhood (Kruger, 2006; Miller, 2005). Dominant ideologies and social expectations can have an impact on an individual's experience and women's perceptions of motherhood (Kruger, 2006). Discursive approaches guard against psychoanalytic assumptions of universality and expert claims when researching maternal subjectivity in talk.

When combined, the strength of psychoanalysis and discursive approaches as applied to understanding maternal experiences emphasize how individual and social meanings of maternal subjectivity are linked. A psychosocial orientation offers a theoretical framework where these two approaches can co-exist with mutual value; psychoanalytic thought and social constructionist perspectives can connect based on similarities while remaining aware of the tension between the two in order to prevent the two collapsing into one another.

4.3. Which psychoanalytic theory?

Before conducting a psychosocial study, a series of decisions is required to establish my theoretical orientation within the field of psychosocial studies. To apply theoretical pluralism, I have decided to draw from both a psychoanalytic school of thought and discursive school of thought. My next decision centres on the question, *which* psychoanalytic theory? Within the psychosocial school of thought, there are debates about which psychoanalytic theory is most

fitting with discursive theory. Schools of psychoanalytic thought, in psychosocial research, have different views on the production of knowledge: should research contribute to discovering something unknown but internal or should it play a role in unsettling assumed knowledge (Frosh & Saville Young, 2010)? The different ways of using psychoanalytic interpretation in psychosocial research has led to a debate between Kleinian and Lacanian psychosocial theorists, each arguing that their particular school of psychoanalysis is more compatible with discursive approaches (Frosh & Baraitser, 2008).

These debates centre on issues of ‘sense making’ within psychosocial studies: those drawing on Klein, such as Hollway and Jefferson (2013), value depth of interpretation by emphasizing the internal while Lacanian thinkers, such Frosh and Baraitser (2008), rather value a linguistic understanding which argues that individuals do not have full control over their talk as language itself is productive. Hollway and Jefferson (2013) aim to understand the subject while Frosh and Baraitser (2008) aim to disrupt the illusion of a coherent understanding of the subject. This has resulted in conflict, specifically around how the social and individual are intertwined, how concepts such as unconscious motives and emotional investment should be understood, what should constitute notions of truth as well as ideas of how experience is constructed or represented in talk. In this section, I will describe both the Kleinian and Lacanian approaches to psychosocial research in order to identify how each of these psychoanalytic orientations could be problematic when examining meanings of maternal subjectivity. This will be followed by discussing how a relational psychoanalytic approach in psychosocial studies would fare in a psychosocial examination of maternal subjectivity.

4.3.1. *Kleinian psycho-social approach*

Hollway (2006) assumes the presence of a psychoanalytic subject where internal resources are primarily drawn on to make sense of experience and subjectivity (Frosh & Baraitser, 2008). Based on her argument that post-structural theories lack a developmental understanding of subjectivity, Hollway (2006) uses object relations theory alongside discursive psychology in her psycho-social approach. From her perspective, defensive activities involve affect and are affected by material conditions and discourses (Frosh & Baraitser, 2008). By referring to ‘psycho-social’ processes with the hyphen, Hollway (2006) maintains the distinction between the psychological and social but the link between these processes remains.

Klein and Lacan had contrasting theories about the development of the self. From a Kleinian perspective, or object relations approach, the self is seen as emerging from the development of interpersonal relationships; the interaction of one's real objects and internal objects play a role in the everyday emotional states of "paranoid anger and personal despair" (Elliott, 1994, p. 27). From this perspective, narrative sense is gained by viewing the unconscious as playing a significant role in an individual either being split or integrated (Frosh & Baraitser, 2008). In object relations theory, an individual is usually regarded to be split as the result of the paranoid-schizoid position, which is characterised by a fragmented mind that projects unwanted parts of the self into the object; an individual is believed to be integrated and in the depressive position once the whole object – good and bad – has been introjected allowing for a move towards reparation (Klein, 1946).

In psychosocial theory, the function of the 'discursive' and as to whether anything exists outside of language is debated between Kleinians and Lacanians (Frosh & Baraitser, 2008). Discursive psychology assumes identity positions are constructed by broader cultural discourses and that talk is mediated through discourses in the social and political world (Frosh & Baraitser, 2008). Hollway's object relations approach assumes that talk is determined by discourses, as well as by relational dynamics and unconscious processes, and that an individual's unconscious drives discursive expression. Hollway and Jefferson (2005) value an interpretive understanding that goes *behind* the text to understand the underlying anxieties and defences which organize an individual's world and are involved in subject positioning. If not done cautiously, this approach can result in assuming that the researcher knows the *whole* mother better than herself; thus, claiming authority of the mother's meanings (Frosh & Baraitser, 2008). Kleinians assume that meaning pre-exists and is projected externally. When examining maternal subjectivity in talk, this approach may be problematic as it neglects how the presence of the researcher impacts meaning-making. Hollway (2008b) aims to hold the tensions that arise when applying psychoanalysis to psycho-social research by both knowing and not knowing, through interpretation and deconstruction as well as having the confidence in analytic data but also recognizing that it is impermanent.

Frosh and Baraitser (2008) argue that this approach takes a top-down interpretative stance assuming an expert role. This approach ultimately aims to make sense of the subject, finding coherence amongst all different parts and it assumes that integration in the depressive position is the norm. Frosh and Baraitser (2008) argue that this is incongruent with a deconstructive approach. They are critical of psychoanalytic perspectives trying to discover

truths from texts, rather arguing for a psychoanalytic approach that disrupts certainty by withstanding the urge to understand (Frosh & Saville Young, 2017).

Hollway (2001) aims for a theory of maternal subjectivity that emphasizes unconscious intersubjectivity by paying attention to the tension between different subjectivities as well as how a mother's unconscious is shaped by the relational space with her infant. Maternal identity is a relational identity which involves the intermixing of a child's powerful emotions and separate experience (Hollway, 2001). This gives rise to negotiations of the self in relation to others as well as processes of identification, regulation and positioning (Hollway, 2008a; 2010). According to Hollway (2001), the mother-infant relationship is established through unconscious dynamics such as fantasies of maternal omnipotence, defences against anxiety and conflicts of control. It is a relationship which contains ruthless infantile needs resulting in feelings of ambivalence such as the integration of love and hate. The mother-child relationship requires recognition and containment but these capacities depend on a robust sense of one's differentiated subjectivity (Hollway, 2001).

As the psycho-social subject is social and biographical, adopting or rejecting subject positions is based on the concept of investment. Hollway and Jefferson have a different concept of investment to Frosh and Baraitser. Hollway (2011) draws on psychoanalytic interpretative strategies - that include unconscious intersubjectivity, dynamic conflict, embodiment and habitual practices - to understand mothers' investment in different identities or subject positions. Hollway (2011) argues that the paranoid-schizoid and depressive positions can contribute to understanding how and why people invest emotionally in particular discursive positions. Hollway draws from these theories to make narrative sense of the text by telling a story of the subject's unconscious life and investments in particular positions (Frosh & Baraitser, 2008). According to Kleinian thought, anxiety – resulting from threats to the self - is the principal source of investment (T. Jefferson, 2008) but one may also be motivated to invest in a position based on desires. From this approach, the psycho-social subject is viewed as a “defended subject”: individuals are psychically defended because unconscious motivations, instincts and impulses are constrained by the social world they occupy. In addition to engaging in defence mechanisms (Hollway and Jefferson, 2000) a subject will invest in particular discourses in order to defend against anxiety and maintain one's inner worldview and subjectivity (Hollway and Jefferson, 2013). Unconscious defensive acts are impacted on by discourses and take place in systems of social meaning (Hollway and Jefferson, 2013); thus, defences are intersubjective as they come into play in interactions with others. This concept of a psycho-social subject, which aims to facilitate an

awareness of how internal dynamics (defences and desires) influences individual investment in social discourses (Hollway & Jefferson, 2013), could aid in developing a deeper understanding of the complex psychological processes mothers experience when engaging with social discourses (Walker, 1995).

A Kleinian psycho-social approach to maternal subjectivity is helpful in acknowledging a mother as her own subject with her own internal, unconscious investments but heavily relying on ‘discovering’ pre-existing internal structures repressed in talk ignores how the presence of another, such as the interviewer, shapes the construction of maternal experience. Although Hollway’s psycho-social approach provides a rich understanding of maternal subjectivity, Frosh and Baraitser (2008) argue that the Kleinian approach in psycho-social studies continues to perpetuate the danger of using psychoanalytic theory as an expert system of knowledge. This top-down interpretative approach could be incompatible with deconstructive concepts as it leans too heavily on an individual, internal understanding and places the researcher in a powerful position of authority over a mother’s subjectivity (Frosh & Baraitser, 2008). There is the risk of pathologizing subjects and neglecting social factors. This is of particular concern – if not an ethical issue - when working with individuals from scarcely-resourced communities whose subjective experience is significantly impacted by their social circumstances. Mostly focusing on internal dynamics of an individual mother could result in social discourses – particularly the intersectionality of racial, gender and class discourses – being ignored.

4.3.2. *Lacanian psychosocial approach*

Drawing from the image of a ‘Moebius strip’, Frosh and Baraitser (2008, p.354) argue for psychosocial studies where “underside and topside, inside and outside flow together as one”. Conceptualizing the psychosocial subject as both social and psychological, they refer to the term ‘psychosocial’ as one concept without a hyphen. Here, the subject is considered to be in flux and neither ‘in’ or ‘out’, psyche or social. With this approach, there is the risk of social and individual meanings of maternal subjectivity collapsing into one.

Lacanian theorists assume that meaning or “the process of anchoring” takes place retrospectively; hence, meaning is constituted afterwards in order to make sense of an event and experience (I. Parker, 2005, p. 170). For example, Lacan (1977, p.306) states:

“In a narrative of life history the appearance of trauma is something that is constituted after the event as an attempt to give sense to an event that could not be comprehended by the subject, as a ‘retroversion effect’”

This approach, which assumes narrative is determined ‘after the event’, aims to unsettle assumptions of knowledge - such as assuming that we have conscious control over our internal experience (I. Parker, 2005). This is evident in Baraitser arguing that the maternal self is fictional (Bueskens, 2014). From this approach, meaning is built by disrupting sense by looking for ‘non-meaning’ elements (Frosh & Baraitser, 2008).

For a Lacanian approach, the subject can never be fully known because the subject is constantly being made retrospectively. This approach of ‘not knowing’ has been argued for as an ethical necessity for understanding subjectivity (Saville Young, 2009); however, Hollway (2008b) states that this approach of ‘not knowing’ defeats the purpose of empirical research. A Kleinian approach engages with the affective qualities of talk by regarding our emotions as sources of information but the Lacanian approach dismisses the affective component claiming affective states are not to be trusted (Frosh & Saville Young, 2017).

Lacan challenges theories that centre on internal objects arguing that these types of approaches reproduce essentialist and individualistic characteristics of psychology (Georgaca, 2005). According to Lacan, the ego is created only in relation to something outside of itself – this theory points to how subjectivity is structured by cultural forces which impact individual experience (Frosh, Phoenix & Pattman, 2003). The notion of a whole and cohesive self is regarded to be fiction, rather the self is fragmented. It argues that the unconscious and knowledge only come into being in the presence of an other and are mediated through the other such as the researcher and researched (Frosh & Baraitser, 2008). The Lacanian approach, however, neglects how a mother is still a separate, real subject with her own mind and affective states; thereby running the risk of only thinking about a constructed mother.

Frosh and Baraitser (2008) argue for a linguistic understanding of subjectivity stating that an individual does not have full control over their talk and language; thus, there is no essential self to be discovered in talk. Frosh et al. (2003) emphasize how language has a performing or productive quality as it upholds and challenges identities but the subject also has agency in this process of producing and receiving language. According to I. Parker (2005, p. 45), “it is the activity of speaking itself that positions the subject in relation to another”; thus, the subject is both structured in and by discursive relations that take place in culture and

linguistic practice (Frosh et al.,2003; Malone, 2000; I. Parker, 2005). Lacanians hope to open up the text by ‘fragmenting’ narratives into multiple levels of interpretation and produce various new discourses rather than discovering a fixed meaning (Saville Young & Frosh, 2009). Individuals are viewed as ‘split subjects’ because the language we use to be understood is not our own – it is reproduced and reconstructed through historical, cultural and social contexts. In fragmenting narratives in psychosocial studies, Lacanian psychoanalysis is used to hold the incoherent accounts of a subject who is never whole or complete (Saville Young & Frosh, 2010).

According to I. Parker (2005, p. 170), this approach is more compatible with theories of social constructionism and social discourse because understanding takes the form of a “moment-by-moment reconstruction of consciousness and what has become structurally unavailable to it”. Therefore, an interpretation is seen as an interruption. In trying to create sense and order, interpretations create a new movement and subsequently, always give rise to something else, such as a different version of the unconscious. According to this theory, the unconscious is created when relating with another, it is a product of that relationship (Frosh & Baraitser, 2008).

Although this Lacanian approach may risk reducing experiences to meaninglessness, Frosh and Baraitser (2008) argue that its ‘non-sensical’ stance helps to create a distinction between the therapeutic and analytic components of psychoanalysis because it leads to an attitude of not knowing in research; therefore moving away from a stance which assumes certainty in interpretations and is closed off to different possibilities. Frosh et al. (2003) argue that individuals’ narratives show both the forces of social discourses and agency as well as the struggles associated with subjects positioning themselves in relation to discourses; based on this, the unconscious is described by Frosh et al. (2003, p. 42) as “both generated by this struggle and generative of its consequences”. Psychosocial approaches challenge the notion of an absolute or universal truth and value an awareness of variability in accounts or multiple discourses (I. Parker, 2005). In drawing from Lacan, Frosh and Baraitser (2008) argue that one can never know the truth as narrative sense is only made retrospectively and once it interacts with something outside of itself, such as interacting with another, it becomes something else.

The Lacanian psychosocial approach is helpful in pointing out how the unconscious is ever-changing but overemphasizing retrospective constructs of social and individual meanings can result in a collapse of the one into the other neglecting the mother as a separate subject with her own mind and affective states. T. Jefferson (2008) argues that the approach

taken by Frosh and Baraitser (2008) disregards the psychic dimension of subjectivity and that the aim of psychosocial studies should be to explain both social and psychological concepts without losing the distinction and unique dimension of each level. By Frosh and Baraitser using the analogy of a Moebius strip, there is a danger that the psychic and social collapse into one another leaving no in-depth explanations of either the psychic or social. Its discursive and deconstructive emphasis implies that our thoughts are not our own but rather come from social discourses; this approach of a non-distinguishable internal world risks reducing subjective experience (Frosh & Baraitser, 2008). The Lacanian approach to disrupt meaning and focus on social influences may result in mothers' deep feelings or forms of suffering being ignored. The Lacanian approach, which highlights subjectivity being structured in discursive relations and manifested in linguistic practice, may lose sight of the unique and emotional attributes of individual mothers (Frosh et al., 2003).

4.3.3. *Relational school and psychosocial research*

While Kleinian perspectives risk positioning mothers as silent objects who are subjected to 'expert' and all-knowing interpretations, the Lacanian perspective refers to a 'constructed' mother rendering her real experience of suffering and contentment meaningless. I argue that relational psychoanalysis may offer a way out of this impasse. A key principle in relational psychoanalytic thought is the significance of both intrapsychic and interpersonal elements – in other words, in this approach the individual and social do not outweigh each other. Rather than mental life being lived internally, it is viewed as being intersubjective (Benjamin, 1995; Elliott, 1994) and within particular, significant contexts. The relational school of psychoanalysis is also known for its consideration of social factors, including dynamics with regard to social and political identities (such as race, gender and sex). It is my argument that acknowledging the influence and impact of the relational and social context *outside* of the individual is more fitting with discursive thinking. Although some psychoanalytic perspectives that take a more relational approach focus on subjective experiences that are influenced by internal representations of the 'out-there', there is the risk of psychoanalysis reducing research to internal dynamics (I. Parker, 2010) and claiming to have authority on ways of being. In attempts to find coherence and structure, psychoanalysis can fall into the trap of a top-down approach. Consequently, psychoanalysis still needs to take a broader focus on social issues (Swartz et al., 2002).

An emphasis of relational psychoanalysis is how the presence of another subject, outside of ourselves, interacts with our internal world to shape experiences, meaning and perceptions. More specifically, contemporary attachment theory and intersubjectivity theory have a number of similar assumptions with discursive approaches as both shifts the focus from the individual mind. Both theories consider what impact the actual relating with a real other has on one's internal representations. Both assume a representation system is formed and activated when relating with others. As discussed, language both represents and constructs social and individual meanings of subjectivity; thus in order to adequately answer these question, I require a psychoanalytic way of thinking that can provide insight into a mother's emotional investment in specific constructs but also a psychoanalytic perspective that suitably fits with a discursive perspective. Keeping in mind Benjamin's (2004) concept of surrendering to the 'third', I require a combination of theories that allow for the uniqueness of both the individual and the social to co-exist. In this section, I will argue that intersubjectivity theory and contemporary attachment theory (located in a relational school of psychoanalysis) are suitable psychoanalytic approaches to draw from when attempting a psychosocial understanding of maternal subjectivity. These approaches, which emphasize the construction of meaning through language, are compatible with discursive thought as they encourage a critical awareness of each subject's own subjectivity as well as challenge notions of expertise and 'absolute' truth while maintaining the affective component in relationships.

In this section I will discuss how the key concepts of the relational nature of subjectivity, intersubjectivity and co-authoring of meaning as well as the opacity of another's mind - a key concept from contemporary attachment theory - can provide insight into a mother's emotional investment. In the sections below, I argue how each of these schools of thought can provide key concepts for a theoretical framework to explore how maternal subjectivity is not only a 'meeting of minds' in the mother-infant relationship but is also mutually produced in the *mother-researcher* intersubjective encounter (Benjamin, 2004).

4.3.3.1. Contemporary attachment theory and mentalization

Contemporary attachment theory can provide some insight into a mother's world of internal representations, this acknowledges how past experiences may influence why mothers reject or accept particular subject positions. Contemporary attachment theory stresses that the representation system, the internal working model, can distort future interpersonal encounters. Early relational and social experiences form an internal working model which an

individual draws on to understand and construct present interactions - this is similar to the conceptualization of transference (Fonagy, 2001).

The concept of mentalization, a key concept in contemporary attachment theory, takes this further by considering how individuals impact each other and shape each other's meanings in the immediate now. Mentalization involves the capacity to think about our own minds as well as the minds of others (Wallin, 2007). It is the capacity to reflect on thoughts, feelings, beliefs and intentions (Scholtz, 2017) underlying behaviour, yet remaining aware of the opacity of minds. It involves acknowledging that our minds are mediated by experience; thus, we can never truly know a mother's mind (Fonagy et al., 2007; Scholtz, 2017). This approach helps maintain the awareness that interpretations should remain tentative. Moreover, one's capacity to mentalize is influenced by affective states and defences which diminish mentalizing in situations that arouse anxiety, anger or shame (Scholtz, 2017). Fonagy et al. (2007) describes mentalizing modes and non-mentalizing modes, as discussed already in chapter two. To briefly recap: mentalizing or reflective modes recognize that mental states are representations of reality; thus, internal and external realities are linked but also separate. In the reflective mode, individuals can acknowledge that internal processes both affect and are impacted on by actual, external events (Wallin, 2007). Fonagy et al. (2007) named 'psychic equivalence' and 'pretend mode' as two non-mentalizing modes. Psychic equivalence describes a mental state that equates the 'inner' and the 'outer' resulting in limited capacity to imagine other ways of feeling or thinking. Pretend mode involves dissociating the inner and the outer where feelings and thoughts have no relation to or impact on external, objective facts (Scholtz, 2017).

For contemporary theory of attachment, individual and interpersonal dynamics are equally acknowledged and viewed as being intertwined with each other. Contemporary attachment theory conceptualizes how real and external relational experiences are internalized and how these internal representations repeatedly engage with actual relationships; it offers an understanding of how a mother's internal representations shapes her participation with social constructs of maternal subjectivity (Wallin, 2007). The understanding of how types of early secure relationships shape different ways of relating in adult relationships (Fonagy, 2001) could also shed some light on a mother's representational system; while an intersubjective approach facilitates an awareness of how this may occur in different ways in different interactions.

Although intersubjectivity theory provides a rich understanding of subjectivity, it does not explore further how subjectivity is formed developmentally. Contemporary attachment

theory conceptualizes the self as a physical agent and a social agent who is developing amongst others (Fonagy et al., 2004). Acknowledging a subject's agency, or what Benjamin (1998) refers to as 'authorship', allows for questions about why and how subjecthood developed, namely asking what purpose they serve, what anxieties are defended against and what desires are fulfilled (Frosh et al., 2003).

With a focus on the impact of early relations on an individual's internal working model, contemporary attachment theory maintains a developmental lens. Emphasizing how early relations play a role in present interactions (Fonagy, 2001; Fonagy, Target, Gergely, Allen & Bateman, 2003) runs the risk of pathologizing a mother. Attachment theory has been criticized for its biological and reductive understanding of drives but arguments have been made that intersubjectivity lacks a developmental perspective (Fonagy, 2001). As there are similar underpinnings between contemporary attachment theory and intersubjectivity theory, these gaps could be addressed by converging the two.

4.3.3.2. Intersubjectivity theory

Intersubjectivity theory views interpersonal interactions as a form of subject-to-subject relating or "the interplay between two different subjective worlds" (Benjamin, 1995, p.2). This theory with an interpersonal focus acknowledges the importance of mutual recognition and identification (Frosh et al., 2003) between two subjects. The 'other' is not merely a representation or object of the ego's needs, drives or perceptions; hence, it allows for questions about the impact of the external, distinct other (Benjamin, 2004), which can facilitate a more critical or reflective awareness. Consequently, it moves away from the Kleinian and Lacanian divide which either places emphasis on the impact of internal unconscious dynamics or social structures. It rather focuses on how subjects in a relationship identify unconsciously but also possess a self of separate existence.

According to this theory, one's personhood or subjectivity is formed from aligning oneself with the other, and the other acknowledges one's separate existence as a subject with another mind and separate feelings or perceptions (Benjamin, 1995; 2004). Subsequently, the presence of the other modifies or co-constructs subjectivity (Benjamin, 2007) – this assumption is aligned with the psychosocial idea of the Moebius strip. In other words, an individual's subjectivity can only be fully experienced in recognizing the other (Diamond & Marrone, 2004; Fonagy, 2001) but this is not without constant tension or conflicting feelings between recognizing the other and asserting the self (Benjamin, 1990). From an intersubjective approach, subjective meaning is constructed by two subjects in moment to

moment meetings; this moves away from the possibility of an essentialist view to acknowledging how the researcher is also a co-author of subjectivity and that understandings or meanings of subjectivity should be located in the interpersonal context. In relation to this particular study, intersubjectivity theory enables engaging with how a mother's subjectivity is constructed in a particular way with a particular other, such as the researcher, in a particular context.

Benjamin (2004) discusses how the self and other co-construct a third position where they can project themselves as one and it is in this intersubjective space that unconscious dynamics occur around connection and separateness (Hollway, 2006). By recognizing the third - or by surrendering to the third – in psychosocial research, the researcher can let go of the self and connect with the mother's mind while accepting the mother has a separate centre of self (Benjamin, 2004). As there are two separate subjectivities interacting, taking this approach allows this study to examine how both mother and I are co-constructors or co-authors in meanings of maternal subjectivity. The researcher is an “involved interpreter” whose own internal experiences can shape meanings, which includes meanings about the findings (Taylor & McAvoy, 2015, p. 3). Focusing on language and conversation can prevent ‘expert’ claims on knowing as it facilitates a reflective awareness of the active participation of both the mother and the researcher in meaning-making (Fonagy, 2001). This assumption of meaning being co-constructed is more compatible with a deconstructive approach but these particular psychoanalytic approaches still maintain an emphasis on affective states by valuing listening, recognition and affective bonds (Fonagy, 2001; Fonagy et al., 2004).

Benjamin (2004) refers to the ‘intersubjective space’ as the third; the presence of the third prevents the relationship of twoness collapsing or merging into oneness; it prevents difference or uniqueness being eliminated (Benjamin, 2004). Keeping this thirdness in mind in psychosocial research can also prevent a collapse of the social and psychological into one another, losing the uniqueness of each. This concept of subjectivity is similar to the contemporary attachment theory concept of subjectivity which understands subjectivity through the concept of reflective functioning; here, the capacity to mentalize is regarded to be a key determinant of a psychological sense of self. Reflective functioning or mentalizing involves an ability to regulate the self which involves cognitive and affective regulation in relation to others. Mentalizing – the awareness of our own mental states and how these are separate to others’ mental states - occurs in subject to subject relating (Fonagy et al., 2004); thus, it involves an emotional *intersubjective* experience (Diamond & Marrone, 2004).

This study's psychoanalytic points of departure are from contemporary attachment theory and intersubjectivity theory. By understanding maternal subjectivity of working mothers, from scarcely-resourced communities, through this particular lens, this study aims to create an opportunity for mothers to be viewed as autonomous subjects with their own intrapsychic dynamics who actively engage with discourses. Consequently, I hope to address why a particular mother is 'doing' mothering in this way? Why is she employing a particular discourse of maternal subjectivity? Why is she employing it in this way – be it by reinforcing or resisting a particular discourse? And why has this mother invested in particular discursive positions in the talk of the interview encounter?

4.4. Which discursive theory?

Although more contemporary psychoanalytic theories consider a more constructionist approach of subjectivity, Wetherell (2008) argues that this approach is only partial as it ignores how narrative and meaning-making is a social action. Taylor (2015) cautions against the 'oversubjectivity' of talk which is the result of overemphasizing affect; thus disconnecting from a discursive awareness. This divergence in views of meaning-making creates a rift between the social and individual resulting in the two struggling to meet. When researching maternal subjectivity of an individual mother in a context that is impacted by difficult social circumstances and powerful discourses, it is crucial that both the individual and social are equally considered. Cultural and historical events can hold power in one's mind (Berg, 2003); considering contextual and cultural factors can answer how a mother constructs maternal subjectivity and thus, further our understanding of subjectivity (Maiello, 1998). The interviews in this study would like to offer a space for multiple and contradictory discourses to surface in order for the real complex social constructs of mothering to be heard. A discursive perspective draws attention to the discourses and subject positions available to mothers in a particular context. A discursive perspective turn to language creates a space where the discursive construction of social reality can be analysed (Willig, 2013).

Similar to discursive thought, intersubjectivity assumes each subject plays an active role in constructing and co-constructing subjectivities in a relationship (Benjamin, 2007). By focusing on how experiences are co-constructed in the here and now, intersubjectivity theory and mentalization move away from claiming expertise and using interpretations that mostly focus on an individual's internal world; similar to a social constructionist perspective, the 'truth' here is not assumed to be pre-given or essential (Frosh et al., 2003) but rather is seen

to be subjective (Fonagy, 2001). The self and subjectivity are not viewed as absolute, they are constantly being altered and thus, the notion of a coherent and stable self is challenged (Benjamin, 1995).

Although intersubjectivity theory is aware of how interpersonal relationships are mediated by the social, Dalal (2001) argues that this is not enough and it is vital to maintain a discursive perspective. Contemporary attachment theory has also been criticised for failing to acknowledge how attachment patterns, relationships and the psyche may be influenced by powerful social constructs such as cultural traditions (Minde et al., 2006). But discursive thought can guard against the risk of ethnocentrism. Subsequently, the next question in the series of theoretical decisions: Which discursive theory? The following section will explore the two prominent discursive theories: Discursive Psychology and Foucauldian discursive theory to illustrate the strength of a 'twin discursive approach' (Willig, 2013) when conducting a psychosocial study to maternal subjectivity.

4.4.1. *Discursive psychology*

Discursive psychology and Foucauldian discursive theory share common elements but there are noticeable differences (Willig, 2013). Introduced by Potter and Wetherell (1987) and later labelled by Edwards and Potter (1992) (cited in Willig, 2013), discursive psychology concentrates on what individuals 'do' with language as well as the performative nature of talk and discourses. In other words, focus on discursive *practices* investigates *how* individuals are 'doing' particular discourses or identities in their talk (Willig, 2013). The aim of discourse analysis from a discursive psychology approach is to investigate how individuals use language to achieve interpersonal objectives. According to Willig (2013), discursive psychology assumes individuals have a stake in interactions and they will arrange interpretative repertoires, discursive constructions and discursive devices strategically in conversations in order to achieve their objectives.

There are two limits to this approach. The first lies within the focus of discursive psychology: this approach concentrates on how language constructs experience and meanings so it does not address subjectivity. Willig (2013) argues this is a problem because the theory of discursive psychology relies on the notion of motivation to construct meanings but is unable to conceptualise notions of motivation and desire. Discursive psychology research of mothering can identify what discourses mothers accept or resist but this neglects how mothers are emotionally invested in particular discourses (T. Jefferson, 2008). A

psychosocial approach which aligns discursive analysis with psychoanalysis to think about emotional investments of speakers can address this gap. The second limit with discursive psychology is its assumption that meaning is only constructed in text. This narrow focus neglects practices as well as social and material structures outside of the text which shape meanings and ideologies (Willig, 2013). This shortcoming could be countered by applying a relational psychoanalytic approach which draws our attention to dynamics and structures outside of language.

4.4.2. Foucauldian discursive theory

In comparison to discursive psychology, Foucauldian Discursive theory, which was influenced by Michel Foucault and post-structuralist writers, examines the relationship between language and subjectivity. An analysis from this perspective focuses on what discursive *resources* – such as subject positions - are available to individuals and how discourses construct subjectivity, selfhood and power relations (Willig, 2013). Another significant aspect to Foucauldian discourse analysis is investigating the bidirectional relationship between discourse and institutes – for example, this approach questions how particular discourses legitimize and perpetuate the institute of motherhood but also how the institute of motherhood validates discourses such as intensive mothering.

Attributing power to discourses, a Foucauldian discursive approach assumes discourses and subject positions impact talk - an analysis investigates how discourses “enable and constrain what can be said, by whom, where and when” (Willig, 2013, p. 380). A focus on discursive resources can aid in answering *why* speakers employ particular discourses in particular ways. Considering that a Foucauldian discursive approach addresses the question why, one could argue for doing away with the psychosocial approach to apply Foucauldian discourse analysis. However, as argued by Willig (2013, p. 402), there are still concerns with Foucauldian discourse analysis’ ambitious task of examining “the relationship between symbolic systems (including language), human subjectivity and social relations”. Examining the relationship between discourses and subjectivity does not erase the typical concern that plagues all discursive analysis: to what extent can a theory of discourse alone understand subjectivity? Some discourse analysts argue that thinking about discourses alone cannot offer an understanding of individual, and varied, emotional investments in subject positions (Willig, 2013). There are also questions about the relationship between discourse and material reality, and whether we can think of a ‘reality’ outside of discourse. Assuming

whether the production of discourses is dependent on material conditions or “the interdependency between discourses, institutions and social practices” (Willig, 2013, p. 406) results in different theories about power.

Although there are obvious differences between discursive psychology and Foucauldian discursive theory, Potter and Wetherell (1995, cited in Willig, 2013, p. 375) caution against making a sharp distinction between the two, arguing that a combined focus is more suitable:

“to produce a reading that pays attention to *both* the situated and shifting nature of discursive constructions as well as the wider social and institutional frameworks (of meaning, of practices, of social relations) within which they are produced.”

This study, which explores the wider, social and institutional meanings of motherhood in a particular context, applies Wetherell’s (1998) ‘twin focus’ of combining the two discursive approaches. This approach, which acknowledges both discursive practice and resources, can address the questions: What does this mother’s talk about mothering ‘do’? And which subject positions are available to these mothers in this interview encounter? How are mothers ‘doing’ mothering? How are they constructing discourses of maternal subjectivity? How are they reinforcing or resisting different social roles and expectations that were generated by social discourses? And how are mothers positioning themselves in relation to social constructs of mothering?

4.5. Key concepts for a psychosocial approach to maternal subjectivity

Up to this point, this chapter has described the series of decisions made regarding the theoretical orientation of this study. A review of ‘psychosocial’ examinations of mothering has shown how mothering is an individual but complex experience that takes place in a social world of meaning. My first decision entails thinking about which approach can hold both the psychic and social: with reference to psychosocial studies of the mother, I have illustrated that a psychosocial approach to maternal subjectivity can provide an understanding of how mothering is discursively performed within a particular social context (social) and why a mother is emotionally invested in particular subject positions (psychic). The next decision centred on which schools of thoughts are most suitable to investigate the social and psyche. I applied the concept of theoretical plurality of the psychosocial approach by drawing from

both discursive and psychoanalytic perspectives. This psychosocial study uses both discursive and psychoanalysis to address the neglect of the psyche in discursive studies of mothering and the neglect of the social in the psychoanalytic studies of mothering. The last stage of my decisions entailed deciding which psychoanalytic theory and which discursive theory to apply. I have demonstrated how I have chosen psychoanalytic orientations, contemporary attachment theory and intersubjectivity theory, which are amenable to considering the ‘outside’ as well as a social constructionist approach – a ‘twin focused’ discursive analysis - that is amenable to considering the ‘inside’.

In using a psychosocial approach drawing from contemporary attachment theory and intersubjectivity theory alongside a discursive analysis, different tools from each are applied in order to understand maternal subjectivity of mothers who work in a scarcely-resourced South African community. The section to follow describes the five key concepts of this study’s psychosocial approach to maternal subjectivity: 1) A psychosocial subject as social and psychic, 2) Talk as productive, 3) The ‘intersubjective third’: Mutual recognition and co-construction, 4) The concept of power, and 5) A reflexive focus. After introducing each theoretical point of departure, I will describe how each concept was used in this study and to what purpose.

4.5.1. *Psychosocial subject as social and psychic*

The first key concept from a psychosocial framework that is pertinent to this study guards against reducing the social to the psyche or vice versa (Taylor & McAvoy, 2015) by conceptualising the psychosocial subject as both social and psychic. Psychosocial research allows for the complex link between the political and personal elements surrounding motherhood to be addressed (Lazarus, 2002). In moving away from the dualism of inner or outer, individual or society, this psychosocial study acknowledges how both the social and psychological are constructed in relation to each other (Saville Young, 2009) and thus, both will mutually inform maternal identity and subjectivity (Hollway, 2011). The two are intertwined and part of the same thing. As previously stated, the psychosocial approach attempts to help one become aware of what was previously outside of our awareness; knowledge is not viewed as either social or internal, rather it is constructed by both. Frosh (2003) notes that a key concept of psychosocial studies is a concern for the human subject as a social entity; conceptualizing the subject in this way calls for an interest in how subjectivity emerges in the social domain. Psychosocial studies assume that discourses construct

available identities or subject positions and in doing so, may promote or marginalize positions (Frosh, 2003). Psychosocial approaches assume individuals position themselves in relation to particular social discourses based on emotional investment; thus, the subject is one of agency and conscious or unconscious motives (Frosh & Baraitser, 2008). T. Jefferson (2008) states that individuals maintain or reject different discourses based on internal anxieties and desires. In turn, individuals draw from discourses to make sense of or find meaning in their experiences. Consequently, personal investment, an individual's psychic life and discourses are constantly interacting and impacting each other (Hollway, 2011).

Drawing from Hollway and Jefferson's (2013) concept that a subject is both defended and discursive, I apply a psychoanalytic understanding to think about psychological processes or conscious and unconscious reasons motivating a mother's emotional investment in discursive positions (Frosh & Baraitser, 2008) as well as apply a discursive analysis to explore which subject positions are available and what discourses a mother employs to construct her experience of mothering. Psychoanalytic ideas about emotional investment offers a 'thickening' or enriched interpretative understanding (Frosh & Saville Young, 2017) of why mothers engage with particular constructions by providing some insight into a mother's unconscious motives. Maintaining a discursive and intersubjective perspective helps the researcher to be mindful of individual differences in the relationship; these differences – such as race, class, culture and background – hold powerful, social meanings which impact the intersubjective space.

The psychosocial subject is conceptualized as both social and psychological; therefore, maternal subjectivity should be located in social, cultural and historical contexts (Frosh & Saville Young, 2017). In paying attention to how mothers construct meanings of motherhood, the subjective dimensions and its interaction with other identities, such as a working or professional identity, can be explored. With an awareness of meaning-making, social constructionist thoughts alongside psychoanalytic ideas can help provide further explanations as to why women in the same population group 'do' mothering differently (Kruger, 2014). It allows for the intersectionality of identities to be considered where "social categories are inextricably inter-linked and mutually articulated...how identity categories are related to and defined through each other" (Wetherell, 2008, p. 78). Discursive perspectives facilitate an awareness of issues of power that play out in relationships and dominant ideologies. Discourses influence how mothers are evaluated and perceived; thus, socially positioned (Saville Young, 2009).

Subjectivity is *constructed*, not discovered, in contexts; thus, every setting is a place for new identity positions to be formed. One such setting is the research setting, where meaning and narrative is actively created between researcher and participant (Frosh & Baraitser, 2008). The psychosocial approach acknowledges that both social and individual meanings are imbued in narrative truths, (Frosh & Saville Young, 2017); thus, it is necessary to be aware that both mother and I speak from a particular position or ‘truth’.

4.5.2. *Talk as productive*

According to Stone (2013), the maternal space expands into language as language is used as a way to connect; thus, a speaking subject is a relational subject. Language is regarded to be a tool that is used to both express or represent internal affective experiences and construct subjectivity: through communication and the co-construction of the mind, the self comes into being; in this interaction conscious and unconscious lives are formed and influenced by relational experiences with others (V. Parker, 2014).

Considering this, my second point of departure is the assumption that language is productive, that talk constructs and mediates meaning-making. According to the psychosocial approach, talk is mediated through power and social discourses as well as unconscious defences. Frosh and Saville Young (2008) identify how talk can be repressive; thus, there is a defensive function to conversations which could be better understood by drawing from psychoanalytic theories. A psychoanalytic framework draws attention to parts of talk such as absences and inconsistencies that represent meaning and possible defences while, as argued by Billig (1997), discursive psychology draws attention to how defences such as repression are socially produced, interpersonal activities.

Both contemporary attachment theory and discourse theory focus on language, talk and communication as the medium individuals use to compose themselves (Saville Young & Berry, 2016). This psychosocial examination of a mother’s talk can provide an understanding of *how* these particular mothers are ‘doing’ or performing mothering in their talk as well as *why* each individual mother is ‘doing’ mothering in this way. The psychoanalytic question ‘why’ thickens interpretative understandings of a mother’s narrative by going beyond the text to investigate the investment in a particular discursive position (Frosh & Baraitser, 2008). The debate between discursive psychology and psychoanalysis of ‘ground up’ versus ‘top-down’ analysis of talk could actually offer a rich understanding of maternal subjectivity. Instead of offering only a description of what mothers are saying about maternal subjectivity

in their talk, using a psychosocial approach in this study opens up space for the discourses present in a mother's talk to be identified as well as sheds light on the psychological processes 'behind' a mother's investment in discursive positions (Frosh & Saville Young, 2017).

There is a risk of psychoanalysis being regarded as a 'metalanguage' with its own privileged perspective but the discursive perspective draws attention to how psychoanalytic discourses of knowledge are also culturally and historically grounded. In social research, a discursive perspective reminds us to think about what we are thinking and thus, to disrupt assumed notions of normality (I. Parker, 2015). Discursive perspectives can help one to remain aware of the multiple social discourses and what talk 'does' or what action it achieves. A discursive perspective stresses that there are no full and absolute truths as it challenges what is considered to be normal or pathological (Frosh & Emerson, 2005; Frosh & Saville Young, 2008). A reflexive approach demonstrates how my interpretations can also be regarded to be 'productive' because these produce meaning too. This will be explored further when I described the key concept of a reflexive focus. Excessive emphasis on the affect, be it overemphasizing individual motives or overstating the concept of a 'feeling subject' (I. Parker, 2015), follows the route of individualising, essentialism and pathologizing; hence, ultimately claiming authority on a subject's 'truth' and disempowering participants. To guard against this, interpretations in psychosocial studies are viewed first and foremost as *discursive* meanings (Frosh & Emerson, 2005) co-constructed by both researcher and participant (Saville Young, 2009).

4.5.3. The 'Intersubjective third': Mutual recognition and co-constructing

As discussed, Benjamin (2004) refers to the 'intersubjective space' between two subjects as the 'third'; acknowledging the presence of the third prevents the relationship of twoness collapsing or merging into oneness. The third point of departure for this psychosocial study is keeping 'intersubjective thirdness' in mind and how maternal subjectivity is the product of the intermixing of a mother's and my own subjectivity. Unconscious defences take place in systems of social meaning and are regarded to be intersubjective as they come into play when interacting with others (Hollway & Jefferson, 2013).

Subjectivity is regarded to be dynamic, multi-layered and situated within particular social contexts. In order to have a richer understanding of maternal subjectivity, it is necessary to explore how maternal experiences are co-constructed or co-authored by social

constructs and intrapsychic dynamics. These psychoanalytic theories draw attention to how a mother is a subject with her own separate emotional experience and internal representations but interacts in an intersubjective space by connecting with a real other – be it the infant or the researcher - who co-constructs subjectivity. As this study examines how maternal subjectivity is constructed in a mother’s talk, the concept of intersubjectivity suggests that both myself and the mother mutually produce maternal subjectivity in our talk. Intersubjectivity and mentalization highlight how subjectivity is a fluid and ever-changing way of being that is created with an other. Mentalization takes this concept further by considering how individuals impact each other and shape each other’s meanings in the immediate now. Taking this approach, meanings of maternal subjectivity, that are present in conversations with the mothers, is only specific to that particular interview encounter and my understanding of a mother is only one way of knowing her.

Saville Young (2009) argues that in order to have a more ethical view of the subject it is necessary to use psychoanalysis in this way as it unsettles coherence rather than offering prescriptions. The key concept from mentalization of the opacity of the mother’s mind can be helpful to disrupt assumed understandings of maternal subjectivity; the concept of mentalization reminds the researcher how ‘knowing’ of the other fluctuates, is incoherent and incomplete. The idea of knowing and not knowing a mother is aligned with Benjamin’s (2004) concept of mutual recognition. This key concept calls for an approach where I, as a subject, recognize the mother as a separate subject with whom I can identify; and thus develop some understanding of her experience but also remain mindful that as a separate subject, I never know her absolutely. In this type of encounter, rapport and identification can be established but also be disrupted by moments of separation when subjects are aware of different roles and power dynamics (Willig, 2013).

For this study, mentalizing is conceptualized as an intersubjective concept related to the affective bond with others (Saville Young & Berry, 2016; Scholtz, 2017). Mental states are mediated by both interpersonal contexts and the socio-historical context – what Saville Young and Berry (2016) have termed the ‘here and now’ and ‘then and there’; hence, our capacity to mentalize can be restricted or facilitated depending on the social context and relational dynamics (Scholtz, 2017). Mentalizing develops in attachment relationships situated in a variety of contexts (Fonagy et al., 2004); thus, it takes place between individuals as well as between individuals and their context (Saville Young & Berry, 2016). Straker (2006) argues that harmful social discourses, such as discourses steeped in racial and class divisions, can be ‘performed’ in an intersubjective encounter and result in the ‘anti-analytic

third'; this 'anti-analytic third', that undermines mentalizing capacity, is a mindless interaction (or destruction of the other) generated by both social and personal histories.

4.5.4. *The concept of power: The 'doer' is also the 'done to'*

Using a psychosocial approach that draws from contemporary attachment theory and intersubjectivity theory alongside discursive approaches places attention on the intermixing of subjectivity (Frosh et al., 2003) and the interpersonal nature of defences (Hollway & Jefferson, 2013) between the mother and the researcher taking place in powerful social structures. The fourth point of departure for this study is the concept of power. Drawing from Benjamin (2004), power in the interview encounters is understood as both the mother and I caught in a push-me/pull-me or doer/done to dynamic as we co-create a subjective reality. Each subject is regarded to be powerless to the other but each subject also acts as the 'doer' who is actively engaging with discursive positions (Benjamin, 2004).

Nevertheless, my concept of power also incorporates a traditional discursive awareness of how social and political categories are associated with power. This includes noting both mother's and my position of power in the South African context. My discursive reading of the text is informed by the assumption that power is both made of discursive features and material reality (Willig, 2013). For some in South Africa, mothering takes place in a context of high unemployment, material deprivation and powerlessness; thus it is important to be aware of the real impact of this particular environment on subjectivity (Berg, 2002). The theoretical orientation of this study acknowledges how social structures result in some groups being in positions of power and privilege but also that all subjects play a role in perpetuating social structures of power.

4.5.5. *Reflexive focus*

Taking a reflexive focus, the researcher remains aware of the interpersonal interaction between two subjects in the here and now (Benjamin, 2004). Reflexivity, with the underpinnings of contemporary attachment theory and intersubjectivity theory, facilitates an awareness of how both the mother and the researcher are co-constructing meanings of maternal subjectivity when in dialogue. This brings me to the fifth, and last, point of departure for this psychosocial study: A reflexive focus. In this approach, subjectivity is regarded to be a resource (Frosh & Saville Young, 2017) as it provides a space where a researcher's emotional investment in the research, and particular discourses, can be

considered as well as how a researcher's subjectivity may play a role in how findings are understood. As our talk involves the intermixing of both subjectivities, both are engaging in unconscious defences and desires. Incorporating concepts of transference and counter-transference – the flow or transfer of unconscious dynamics in the research relationship - in reflexivity, instructs the researcher to check their responses to the research and the participant as well as to think how the researcher's position might be impacting these responses (Frosh & Saville Young, 2017). Gibson (2002) stresses the importance of reflexivity in research and intervention as it is vital for clinicians and researchers to be aware of their own internalizations of the politics in South Africa. The researcher is not separate from participation (Fonagy, 2001). C. Long (2002) adds that a continued process of self-reflection is necessary in order to recognize the practical, social and emotional complexities of a multicultural community setting and its interaction with psychoanalytic theory. In understanding both subjectivity and the social world, the psychosocial approach facilitates this reflexivity.

Reflexivity in psychosocial studies – a process of critically reflecting on how subjects actively participate in meaning-making and constructing their own experiences (Frosh & Baraitser, 2008) - aims to guard against objectivism as it challenges the notion of an absolute 'truth' that is separate to the practices and context that gives rise to it. According to Benjamin's (2009) argument, surrendering to the third or maintaining an intersubjective space allows for multiple voices and parts of self to be recognized. Consequently, this study does not take an expert approach that claims one universal truth of maternal subjectivity; rather it surrenders to the third to hear the diverse meanings that mothers attach to their identity (I. Parker, 2005). Analysing the intersubjective space between the mother and me provides the opportunity to ask the question what is happening when an 'expert', like me, interacts with these mothers. Keeping in mind that I can never fully know these mothers, it is crucial for me, as the researcher, to ask what are my constructions and blind spots of maternal subjectivity. The aim of this study is to attempt to understand the diverse meanings of maternal subjectivity but also to disrupt or interrupt this understanding through critical awareness. Based on this, it is assumed that multiple interpretations can be made and that this study's analysis is only one of those interpretations.

This study aims to both understand and disrupt these mother's constructs of maternal subjectivity by drawing from Fonagy et al.'s (2004) concept of the opacity of minds. By recognizing that mothers and I have separate mental states, I can reflect on my own mind as well as that of mothers. We create a meaningful connection with others through recognition

and identification but by accepting the opacity of a mother's mind, I allow for unexpected moments of incoherence or disconnection to disrupt my understanding of maternal subjectivity in a specific interview encounter (Saville Young & Berry, 2016). If the researcher remains in a place of not knowing - where psychoanalytic interpretations are regarded to be wavering and uncertain - psychoanalytic interpretations can become a strength which thickens our understanding of meanings of maternal subjectivity while dismissing the notion of an absolute truth (Frosh & Saville Young, 2017). This requires engaging in a reflexive stance in data collection and analysis (Saville Young, 2009) which includes critically and openly reflecting on positions and negotiations of power (Tomlinson & Swartz, 2002). One needs to keep in mind that a psychoanalytic interpretation of a particular discursive text is linked to that *specific* encounter between the researchers and researched. In this approach, the researcher risks exposure as well as the participant (Saville Young, 2009) rather than adopting the expert role. Being reflexive is a critical practice in qualitative research; there is a need to constantly reflect back on the research (Frosh & Baraitser, 2008) and how I am a co-author of maternal subjectivity in this particular intersubjective encounter.

4.6. Conclusion

Both the individual and collective processes that occur in mothering must be considered if we wish to have a better understanding of maternal subjectivity (Walker, 1995). In this chapter I have discussed the value of combining the modalities of psychoanalysis and discursive psychology when examining maternal subjectivity. Using this form of inquiry allows for affective and discursive features to be recognized in constructs and subject positions of maternal subjectivity (Wetherell, 2015). A discussion of the psychosocial approach illustrated how a mother can be seen as a psychological and social subject - both a discursive and defended subject (Hollway & Jefferson, 2013) - with her own unique internal dynamics who is an active agent 'doing' mothering. I have unpacked theoretical points of departure for this study and reviewed maternal research which takes a psychosocial approach. By discussing the criticisms and debates, I have grappled with which psychoanalytic theory and which discursive theory is suitable to investigate mothers' emotional investments and discursive positions. In describing my own psychosocial approach to investigate maternal subjectivity, I have illustrated how a psychosocial approach which draws from contemporary attachment theory and intersubjectivity theory alongside discursive psychology can contribute to a rich

understanding of the maternal subjectivity of employed mothers living in scarcely-resourced communities.

CHAPTER 5

METHODOLOGY

5.1. Introduction

The present research falls under the broad umbrella of qualitative research which values the study of unique and subjective meanings taking place in a natural setting (Willig, 2013). This interpretative and explorative study uses a psychosocial methodology to examine maternal subjectivity of particular mothers who work. This psychosocial methodology is informed by a theoretical orientation which draws from both discursive psychology and psychoanalysis to interpret the interview text, field notes and reflexive notes. In this chapter I will describe the methodology of this research study by firstly addressing the aims and research questions. This is followed by a description of the research design. Secondly, I detail the sampling and recruitment phase before describing the participants. Thirdly, I explain the processes of the data production: the free association narrative interview as well as the field and reflexive notes. The fourth section of the chapter explicates my data analysis as I provide a stepwise description of each tier for processing the material. The final points of this chapter address methodological rigour and ethical considerations of the study. Throughout this chapter, I identify the contextual challenges to the implementation of my methodological decisions, along with the necessary adaptive responses.

5.2. Aim and research questions

Using a psychosocial research method, the aim of this study is to investigate how maternal subjectivity of working mothers, who were returning from maternity leave and living in scarcely-resourced Cape Town communities, is understood from a psychosocial perspective. Drawing on contemporary attachment theory and intersubjectivity theory alongside discursive psychology, the study intends to explore how these individual working mothers construct particular maternal subjectivities by employing social discourses in their talk as well as exploring the conscious and unconscious defensive reasons for investing in particular discourses over others (Hollway & Jefferson, 2013). The study hopes to contribute to mother-infant research and to inform clinical interventions with this particular population group by creating a space where individual voices of mothers can be heard. This study aims to contribute to a richer understanding of the discursive positions mothers may take up as well as the possible desires and anxieties that may motivate their take up of particular positions.

This study aims to address how these mothers express and make sense of their identity as a working mother. Taking a psychosocial approach, these mothers are viewed as both defended and discursive subjects. Forming a maternal identity involves a woman's own constructions informed by the interplay of individual and collective processes (Walker, 1995). This includes socio-political and socio-economic factors. Influenced by intrapsychic processes, mothers play an active role in positioning themselves in relation to discourses of mothering through language; in other words, talk is action and hence, according to Garey (1995), mothers are 'doing' motherhood. I hope to examine the unconscious forces that are influenced by past residues of each individual mother and how these complex psychological and personal factors motivate each mother to engage with dominant ideologies in particular ways – be it through maintaining, adjusting or resisting pre-existing discourses or creating new ideologies of motherhood. Therefore, my research questions are *How are these mothers who work 'doing' motherhood? And why are these mothers 'doing' mothering in this way?* Multiple identities and roles come with their own anxieties and conflicts; therefore, one of many tensions these women have to negotiate is the tension between motherhood and work (Buzzanell, 2003; Johnston and Swanson, 2006). I would like to explore how these particular working mothers engage with discursive and intrapsychic dynamics to negotiate this tension.

Subjectivity is a form of unconscious intersubjectivity (Hollway, 2001); consequently, semi-structured interviews – specifically the free association narrative interview method - comprise of subject-to-subject relating where conscious and unconscious subjective experiences are shared but ever-changing. Meanings and subjectivities are constantly being co-constructed by interviewer and interviewee as they co-exist (Diamond & Marrone, 2004) in moments of meeting with another (Fonagy et al., 2008). Subsequently, the study also aims to interrogate how my presence – consciously and unconsciously - influences the construction of subjectivity as well as how each mother and I co-construct maternal subjectivity in this particular encounter.

5.3. Research design

A research design of a study is regarded to be the plan or procedure implemented to answer the research question (Willig, 2013). The design of this psychosocial study takes the form of interpretative and critical qualitative research. The research design is consistent with a psychosocial theoretical framework because of its interest in thick description and meaning-making behind the text; this design that values openness and construction of meaning is

consistent with psychoanalysis and discourses analysis (Hollway & Jefferson, 2013). According to Willig (2013), qualitative research is interpretative because it is read through a chosen lens – in this case a discursive and psychoanalytic lens – in order to gain meaning. Consequently, the aim is to enrich understanding and not discover objective fact. Assuming subjectivity is shaped by unconscious elements *and* social discourses, a qualitative research method, such as a psychosocial methodology, assists one in gaining a deeper and richer understanding of real experiences unfolding naturally, while remaining critically aware of interpretations (Durrheim, 1999). A key aspect of my design is critical and open reflection of my role in the co-construction of maternal subjectivity in this particular research context. Critical and interpretative studies require an open and flexible method (Babbie & Mouton, 2005), such as a semi-structured interview method like the free association narrative interview. Using this interview method for this study allows for unconscious intrapsychic meanings and discursive positionings emerging naturally in a social interaction (Durrheim, 1999).

According to Babbie and Mouton (2005), qualitative research follows the principle of ‘*verstehen*’ where it aims to describe and empathically understand rather than explain human behaviour. It focuses on processes rather than outcome; subsequently, this type of research usually takes place in an individual’s natural setting and the individual’s ‘insider’ perspective is emphasized (Babbie & Mouton, 2005; Willig, 2013). This study aims to understand what it *means* to these mothers to be a woman who both mothers and works in a disadvantaged context; using a qualitative approach helps reveal these meanings and experiences. Interpretation is a process which is about making sense of something by bringing meaning to the surface (Willig, 2013); thus, this study uses interpretative and explorative qualitative techniques to understand these mothers’ meanings of being a mother. Qualitative approaches value the natural unfolding of real experiences; this emphasis on openness and process allowed for the emergence of spontaneous and unconscious dynamics in the interviews and the analysis (Durrheim, 1999).

In studies exploring the dynamic conflict in identity changes for first-time mothers, Hollway (2008a; 2010; 2015) illustrated how the psycho-social method can enrich understandings of maternal experience without reducing identity to either a psychological or social concept. Similarly, the present study on maternal subjectivity links the psychological and the social by drawing on a combination of psychoanalytic concepts derived from relational traditions alongside social discursive concepts. A psychosocial approach informed by psychoanalysis and social constructionism brings together different ontologies of the

nature of reality; nevertheless both emphasize how meaning is reproduced in language - with social constructionists arguing that meaning is constructed in language by social discourses and power relations and psychoanalysis focusing on how individuals use language to express or cover up subjective understandings. Combining these approaches allows for thoughts, feelings and experiences to be treated both as the origin of intrapsychic elements and products of social systems of meanings (Terre Blanche & Durrheim, 1999).

Drawing from Saville Young and Berry's (2016) interpretative methodological approach, a concentric reflexive approach, this study employs top-down interpretations informed by this study's specific theoretical framework alongside a bottom-up approach which grounds interpretations in the interview text and research encounter. This research approach also views the researcher as the 'main instrument' (Babbie & Mouton, 2005); hence, reflexivity plays an important role. Based on the premise that both participants and the researcher are defended, discursive and meaning-making subjects, reflexivity is vital in psycho-social research (Hollway & Jefferson, 2013). Based on this principle, this study assumes that the interviewer and interviewee may have different meaning frames and positions which will impact our feelings and actions. Reflections of the intersubjective space of the research relationship are discussed in-depth when describing the field and reflexive notes taken during the data production process.

5.4. Sampling and recruitment

Sampling for this study comprised of both convenience and criterion sampling. As the researcher, I had access to the participants by providing therapeutic interventions at the clothing factory where they work, therefore convenience sampling was applied (Marshall, 1996). The decision to focus on a sample with pre-determined characteristics or criterion was theoretically motivated (Marshall, 1996) by a review of previous studies of motherhood, detailed in chapter two, three and four, which exposed a gap in understanding the experiences of mothers who are from scarcely-resourced contexts in non-professional work. In case of any confusion in therapeutic and researcher boundaries, employees who had received counselling from me as a Counselling Psychologist in the last twelve months were not included in the study. Participants were drawn from approximately 540 male and female workers at the factory (of which 30% have received counselling). In personal correspondence with Human Resources (HR) I was informed that on average, ten women go on six months maternity leave every three months and about 90% of these women return to work.

The sampling inclusion criteria was mothers who had returned to work after maternity leave and were living in scarcely-resourced communities. My sampling inclusion criteria also required semi- and unskilled factory workers who work for at least 25 hours per week and are mothers of infants. Initially, another inclusion criterion was first-time mothers but during the recruitment process, it became apparent that most mothers who worked at the factory were not first-time mothers. Most mothers had their first child before starting work or when they were working on a temporary basis; subsequently, when mothers started working full-time (approximately 45 hours a week), most of them had more than one child. Taking this into consideration - and that one of the aims of the study is to inform mother-infant interventions in particular contexts in South Africa, it was decided to use a combination of purposive and convenience sampling which would include *all* mothers. There is already a gap in the literature of working mothers in disadvantaged contexts and I did not want to further perpetuate this discrimination by only focusing on first-time mothers. The context and interview method remained the same, this expansion just allowed for more variety in age and number of children.

Participants were recruited through the HR department at the factory who provided me with a list of mothers who had returned from maternity leave in the last two to six months. Mothers are given six months for maternity leave and would return at different dates throughout the year. I approached each mother individually to introduce the study and enquire about her interest in participating. While I was making contact with the mothers, a member of the HR team acted as the informer of the study to management. I provided an information page describing the aim and data collection procedure which was dispersed by HR to managers (**Appendix A**). The HR team valued involvement in the community in a variety of ways and they felt that through this study the company could further contribute. HR wanted to encourage management to be more aware of personal and social difficulties and they hoped they could achieve this by a part of the study (the interviews) taking place at the workplace. Kruger (2016) argues that contextual factors can be internalized by individuals resulting in an impact on the intersubjective space. When conducting research, it is necessary to be aware of contextual challenges and the individual's practical difficulties, especially when working with individuals living in adversity (Kruger, 2016). A contextual challenge particular to this study was restricted access to the mothers which resulted in delays in setting up the study while negotiations with 'gate-keepers' and forms of 'authority' took place. After numerous discussions between HR and management, managers were willing to offer an additional thirty minutes away from production if mothers attended the interview

during their thirty minute lunchbreak (allowing for a 1 hour interview) but only one interview per day was allowed to take place.

Within the timeframe of data collection, eight mothers who returned from maternity leave met the inclusion criterion. I approached a total of eight mothers who fitted the inclusion criteria; I met with them informally at their workplace to introduce myself and tell them about the study and to ask if they would be interested in being involved. Of the eight women who were approached, seven agreed to take part. Of the seven mothers who expressed an interest in participating, one did not attend the interviews, leaving a sample of six participants. The mother who did not initially agree to take part felt the interviews would be too time-consuming for her. As mothers returned from maternity leave at different times, some interviews were conducted while simultaneously recruiting other mothers.

The study originally aimed to have a sample size of twelve participants. This relatively small sample size was chosen as the research methodology requires an in-depth engagement that would enrich understandings of working mothers' individual maternal subjectivity. After eleven interviews (two interviews for five mothers and one interview for one mother), it was clear that similar issues were arising and that more participants would probably continue to add to the main themes rather than add to new themes. Furthermore, the aim was to explore individual experiences and gain in-depth understanding rather than make generalisations (Marshall, 1996). Although the sample size was reduced, the data set, comprising of two one hour interviews, was large and I felt that six mothers had already provided rich, in-depth but unique data sets. Being guided by the research I therefore decided to stop recruiting new participants.

A number of contextual challenges, requiring adaptive responses, surfaced as a result of the interviews occurring at the participants' place of work: I encountered some resistance from management (most of whom were women) when trying to arrange the interviews. As the interviews were an hour long, we had anticipated some difficulties with the 'gate-keepers' as they may have felt the interviews were disruptive to production. Managers expressed that they would like to be supportive of the study but were not able to accommodate in allowing an employee off the production line for an hour. They explained that if one operator is off the line, the whole production stands still. The difficulties in reaching a compromise could be representative of the difficulty in integrating work and personal needs for women working at factories. I felt that I had to be accommodating to both management's priorities (which is production) as well as mother's individual needs so I suggested three options to management: completing the interview during lunchtime at work so mothers are only away from the line

for thirty minutes, completing the interview after work on Fridays when they finished early or arrange for the interviews to take place at mothers' homes over the weekends.

Although management stated the concern was with the duration of the interviews, some statements made by management suggested more personal and emotional factors played a role. Some of these factors included management's concerns about being excluded from the intimate conversations, disappointment at not having their own space to talk about their multiple roles as well as issues around power and hierarchies in the workplace. Issues of power also took the form of mothers fearing they would be in trouble if they were away from the manufacturing line. Through this process, I was left wondering who spoke for who as there were no discussions about the interview times between the mothers and me. Similar to these mothers' positions in society, these mothers were positioned as the powerless and voiceless employees. In this situation, I was positioned as helpless as I was unable to go ahead with any research while I waited for the managers to give their permission; yet unlike the mothers I was not left entirely voiceless because I was given opportunities to communicate my wishes and requests via HR.

Once making contact with mothers, I felt that for me to be considerate of the mothers' needs (whom I felt were being silenced in the negotiations), I must be able to adapt to their needs so I offered each mother directly the three options which were presented to management. One mother preferred to meet after work and five mothers were happy to meet over lunch as long as they could eat their lunch during the interview. At a later stage, one mother did not return for the interviews and another mother, Khethiwe, did not return for the second interview. After making attempts to contact the two mothers (and as I did not know why they had not responded), a sealed letter stating that they were welcome to speak to me about the study was given to each of them by the secretary (**Appendix B and C**). In spite of my attempts, to date I have received no correspondence or feedback from them. Considering this, I can only speculate the reasons for the one participant not returning for the second interview: it is possible that she did not return out of concerns about missing work, even though she was reassured that permission was obtained and there would be no repercussions for her participation. It is possible that this mother did not return due to practical difficulties but I suspect that her absence was more likely a result of us failing to establish a rapport – but whether this was due to mistrust towards a 'White expert' or her waning interest in the topic of discussion, I am not sure.

5.5. Participants

Of the six interviewed participants, five are categorized as Black and one as Coloured and all fall within the age range of 33 to 37 years old. All participants had obtained a basic level of education (a grade ten exit) and were employed in semi- and unskilled occupations such as packers, ironers and machinists in a clothing factory. According to the South African Department of Labour National Bargaining Council for the Clothing Manufacturing Industry (2014), the monthly income for these occupations in 2016 ranged between R4218.00 and R6550.00. As a result, their socio-economic status would be regarded as working class. Participants had between one to three children. Their babies aged between six and thirteen months. All participants were fluent in English but varied in first language classifications: five named their mother-tongue as isiXhosa and one as Afrikaans. Further details about the participants and their characteristics are listed in Table 1 below:

Table 1. Participants and their Characteristics.

Participant	Age (years)	Racial Category	Number of Children	Age of Children	Individuals in household (and circumstances)
Ntombentsha	34	Black	1	12 month old son	1 Child Husband Niece (9 years) Nephew (17 years)
Grace	33	Coloured	2	11 year old daughter 12 month old son	2 Children Boyfriend (father of children) Mother (Living in mother's house)
Khethiwe	37	Black	2	9 year old daughter 13 month old son	2 Children Boyfriend (father of son)

Thandiwe	35	Black	3	11 year old son 8 year old daughter 6 month old daughter	3 Children Husband (father of children)
Eleanor	34	Black	2	10 year old daughter 9 month old son	2 Children Niece (5 years) Adult Brother Mother (Living in mother's house; husband and father of son lives and works away from home)
Nomthandazo	34	Black	2	8 year old son 10 month old son	2 Children (5 months prior, she and her children left her husband's home due to conflict over her first born from previous relationship)

One participant lived in an industrial area close to her place of work. The remaining participants either lived in suburbs based on the outskirts of the Northern Suburbs of Cape Town or in the 'Cape Flats'. The 'Cape Flats' is a vast, flat-land comprising of a number of 'townships' of Coloured and African residents; it is regarded to be an overcrowded space with deteriorating buildings and riddled with gang activities (Spinks, 2001). As described - when contextualizing this study - in chapter one, these suburbs in the 'Cape Flats' and Northern Suburbs are a far distance from the factory, resulting in most participants having long travel times to and from work. The participants' scarcely-resourced communities have limited resources in childcare and medical care. Furthermore, these neighbourhoods have a reputation of violence and most residents harbour feelings of disappointment and mistrust in state structures such as the police service and social services (Opperman Lewis, 2016; Spinks, 2001).

5.6. Data production processes

It is important to select a data production method that will generate data in order to adequately address the research questions (Willig, 2003). This psychosocial study required a method of data collection that elicited talk but was also compatible with multiple data analysis methods, namely discourse analysis and psychoanalytic approaches to text (Saville Young & Berry, 2016; Willig, 2013). One such data generation method is semi-structured interviews in the form of the free association narrative interview (Hollway & Jefferson, 2013) – this was the primary method that was used. To guard against claiming the position of the expert and to strengthen the validity of interpretations, I had hoped to also include psychoanalytically-informed observations (Hollway, 2008a) of mothers interacting with their infants in their homes. When attempting to arrange these observations, however, a number of practical difficulties surfaced and it became obvious that we would not be able to go ahead with observations. Although this was unfortunate, there were affective forces, such as feelings of suspicion towards the study and feelings of exclusion, playing out when attempting to arrange these meetings that are relevant to this research. These emotional and unconscious dynamics were all recorded in field and reflexive notes which were used as another data source to highlight discursive positions, intrapsychic dynamics and intersubjective relating. I will discuss this in more detail when describing ‘Field notes and Reflexive notes’.

5.6.1. *The free association narrative interview*

Face-to-face semi-structured interviews are a common qualitative method to investigate individuals’ experiences and meanings (Hollway & Jefferson, 2008). As this study explored these mothers’ discursive and unconscious meanings, semi-structured interviews with open-ended questions were used to elicit mothers’ stories and significant details (Hollway & Jefferson, 2000). Using semi-structured interviews (such as the free association narrative interview) as a form of data gathering allows the researcher to hear participants talk more freely about a particular aspect of experience (Willig, 2013) and to elicit meanings attached to this experience (Hollway & Jefferson, 2008). This style of interviewing aims to be non-directive but it is important to acknowledge the researcher’s own investment in the research and how the researcher’s questions drive the interview (Willig, 2013). Similar to Hollway and Jefferson (2013), the focus of this study’s analysis is the individual mothers’ meanings in

their stories. Different to a typical semi-structured interview, the free association narrative interview (Hollway and Jefferson, 2013) is guided by the principle of psychoanalytic free association: “that emotional significance, often unconscious, is contained in the links between one idea and the next as they are produced in a specific relationship to the listener” (Hollway & Jefferson, 2008, p. 359). The interview style of this study aimed to encourage participants to talk freely and thoughtfully about their experiences (Frosh & Saville Young, 2008) while remaining aware that mothers unconsciously choose how to tell their stories; hence stories are constructions rather than representations of a pre-existing reality (Hollway & Jefferson, 2008).

Each mother had agreed to attend two one hour audio-recorded interviews which would either be scheduled during lunch time or after work depending on their needs. In the first interview, each mother also agreed to an observation. Having two interviews allows for rapport to develop as well as provides an opportunity for both myself and the mothers to reflect on what may have surfaced in the first interview. As the study hoped to be adaptive to the context, I offered the participating mothers the choice of where and when they would like the interviews to take place. In hopes of being considerate of their practical difficulties, I was willing to adapt to an interview setting that mothers felt was comfortable and secure. Interviews taking place at the mother’s work place within working hours led to time and scheduling challenges; however, there were also contextual challenges in meeting at the mothers’ homes as mothers expressed a concern for my safety in their neighbourhoods. I was left wondering if they were also frightened for themselves, possibly scared that they will be treated badly by the community for allowing in a White woman. Contextual challenges from both environments tended to hamper the mothers’ commitment to the study. In the end, all the interviews took place in the consulting room (which is shared with other consulting professionals) based at the clothing factory and planned within two to six months of mothers returning to work so data was collected over four months in 2016. Each interview was recorded and transcribed by myself, the researcher, and then checked for accuracy. Gestures and non-verbal communications were recorded in the interviewer’s notes during the interviews and then included in the transcribed notes.

The initial interview followed an Interview schedule (**Appendix D**) based on collecting biographical information to ground the data in their actual living and social situations as well as mothers’ experiences as a mother who works. I planned to ask five open-ended questions in the first interview in order to elicit a mother’s unique narrative of being a mother who works: 1) Tell me about yourself? 2) Could you tell what it was like growing up? 3) Tell me

about your baby? 4) Tell me about your experience of being a mother? And 5) what is it like being a working mother? In keeping with the free association narrative method, these were the only planned questions asked. Follow up questions were only asked if clarification or prompting was needed to encourage affective expression or further reflection. This first interview aimed to establish a preliminary reading of themes and emotional tones (Hollway & Jefferson, 2013).

Before the second interview, the researcher listened to recordings of the first interview to identify significant parts of the mothers' narratives. Particular attention was paid to the interview text and non-verbal behaviour in order to critically question contradictions, tensions or hesitations (Hollway & Jefferson, 2013) as well as wishes or desires. I was also aware of linguistic variability as English was these mothers' second language; this is crucial in the South African context as the meaning of words are dependent on the context and may differ between the interviewee and the interviewer (Willig, 2013). Based on notes taken from this examination, questions were constructed for the second interview (Hollway & Jefferson, 2013). Preliminary interpretations and reflections from the first interview of how each mother was positioning herself and how constructions of maternal subjectivity were being co-produced were then explored in the second one hour interview (Hollway & Jefferson, 2000). In free association narrative interviews it is important for the interviewer to be aware of how their questions and their role will impact what data is generated (Willig, 2013). In psycho-social research, positioning is regarded to be a conversational phenomenon that is influenced by unconscious investments (Hollway, 2011). In the interview context, positioning and the production of data develops from the relationship between the interviewer and the interviewee – both are defended subjects who bring their own anxieties, defences and histories which constructs the information that is given (Hollway, 2011). In this non-intrusive but ruminative approach, the researcher maintains an awareness of the relational process of meaning-making (Scholtz, 2017) and interpretations remain tentative and open to change. Reflections of my role and impact on the process and data production are detailed closely in the section, 'Field notes and reflexive notes'.

All mothers were fluent in English (this is a requirement for their employment). I decided not to use a translator because of concerns around trust, privacy and possible complications with transference and countertransference dynamics. In this environment, employees are suspicious of others betraying their trust and I felt bringing in an 'outsider' would result in mothers censoring themselves due to the general mistrust of outsiders; while recruiting an 'insider' could censor mothers as they might fear being exposed to their

colleagues. I was also conscious of the data being mediated through a translator's unconscious and how the presence of another could give rise to complications in transference and countertransference dynamics that could shape the data (Hemp, 2013).

As previously discussed, I was guided by the research; therefore when the research suggested a repetition of themes, and time constraints in recruiting (fewer mothers were returning from maternity during the tail-end of the time period for data collection), it was decided to conclude data collection.

5.6.2. *Abandoning the observations*

This study had aimed to conduct an infant observation with each mother over a weekend within two weeks after the second interview. Attentive observations with detailed descriptive notes of the mother and her relating to her child would have offered additional understandings for the information and dynamics in the interviews. Infant observation involves a non-intrusive observer witnessing the emotional, relational and lived experience of mother and infant; and discussing what was observed helps the observer to transfer this experience into thinking (Hollway, 2011). To strengthen validity of psychoanalytic interpretations, it was arranged that observations would be discussed with my PhD Supervisor as well as the facilitator and group members from an Infant Observation course, offered in association with the Tavistock Clinic (London) and Institute of Psychodynamic Child Psychotherapy, which I had completed.

Significant practical difficulties and feelings of anxiety surfaced when attempting to set up and meet for the infant observations: two mothers were quite concerned about my safety as a White woman visiting their home. The areas these mothers lived in are contexts that continue to be impacted by a socio-political history of racial and class inequality as well as actual deprivation, poverty and lack of resources (van Doorene, 2009). Their neighbourhoods have a reputation of threat and violence due to ongoing community violence, gang warfare and vigilantism (Spinks, 2001) – rage is directed both to insiders and outsiders. Subsequently, I arranged for the observations to take place at a more neutral location (such as a park or shopping mall) with the idea of the observation taking the form of ‘go-along interviews’ (Kusenbach, 2003) or ‘walking interviews’ (Evans & Jones, 2011). Here, interviews take the form of walking and talking in a particular space and conversations are shaped by the social or environmental factors of where the interview takes place (Evans & Jones, 2011). Due to issues around transport or family obligations, four mothers cancelled these ‘go-along

interviews' at the last minute on seven separate occasions. For other mothers, observations had to be rescheduled or cancelled due to work demands as mothers were informed the day before that they would be working over the weekend or mothers took up opportunities of overtime as this meant additional earnings. One mother was very excited for me to meet her baby but we had to reschedule the observation five times due to work or family demands – this mother's interest suggests there were real structural barriers to setting up the observations and not always a mother's anxiety about me visiting her home and community. The high frequency of rescheduling and cancelling the observations also sheds light on the busyness of these mother's lives and the lack of agency they have over their own personal time. Eventually, both the mother and I felt that it was best to accept these practical difficulties and we agreed to not go ahead with the observation.

It is possible that there were also more personal and unconscious forces playing out when attempting to arrange these meetings. It is helpful to wonder about the mothers' reasons for being concerned about my safety, what concerns they had for their own safety and how their concerns interacted with my anxiety or fear for the safety of both of us. Other feelings or defences, such as shame of one's home environment or social class, could also have played a role. An examination of these factors along with how this can inform mother-child interventions is considered in the Findings and Discussion chapters.

As the research developed I felt that for these mothers to commit to the observations or meetings, I was placing further demands on their time. I was not comfortable with creating an extra burden for mothers who were already overwhelmed and after great deliberation, it was decided that we would not be able to conduct this type of meeting. It was an unfortunate loss to not have this additional data but the factors and dynamics that took place around these arrangements was recorded in my field notes and provided additional information about these mothers' experiences and responsibilities as well as about the context in which they lived and worked. I feel these field and reflexive notes will offer helpful insight about the sustainability of and withdrawals that take place in mother–infant interventions.

5.6.3. *Field notes and reflexive notes*

An important aspect of qualitative research, especially one that is concerned with meaning-making in the intersubjective encounter, is not assuming that the interviewee's words are a direct reflection of their thoughts and feelings but rather being mindful of both verbal meanings and non-verbal communications. Both verbal and non-verbal communications can

give insight into participants' meanings. These communications take place in a particular context and play a role in research interaction and positioning (Willig, 2013). Soon after the interviews, I recorded field notes that described the interview encounter noting emotional dynamics and mental states as well as verbal and nonverbal communication. In psychosocial studies, to guard against pathologizing participants it is necessary for the researcher to risk the same exposure as the participant (Saville Young, 2009). In field notes, the researcher records thoughts on countertransference and transference – in other words, I noted the possible flow or transfer of unconscious dynamics in the research relationship by making multiple interpretations about communications as well as tracking my own emotional states and investments in particular constructions and positionings. The researcher uses his or her own feelings as a guide about the dynamics in the interview relationship yet remains aware that one can never really know the participant (Hollway & Jefferson, 2013). Maintaining a discursive and intersubjective perspective in these records also helps the researcher to be mindful of individual differences and power relations in the interviewee-researcher interaction; these differences – such as race, class, culture and background – hold powerful, social meanings which impact the intersubjective space. Therefore, throughout the data collection process and again during the data analysis, reflexive notes of my subjective experience and my own personal reactions to the text and the surrounding contextual factors were made in free association style. As the data is being co-produced by both mother and I in the research relationship, my feelings acted as a guide for further information around emotional and mental states (Hollway & Jefferson, 2013).

Recording reflexive notes throughout the study nurtured a critical awareness. Being reflexive is a critical practice in qualitative research and a psychosocial approach aims for deep reflection by employing subjective knowing based on a psychoanalytic tradition. To guard against 'psychoanalysing' participants, my reflexive approach was mindful of the critique of an individual focus pathologizing or claiming expertise on participant's meaning. By constantly reflecting back on itself (Frosh & Baraitser, 2008), my psychoanalytic understandings of a discursive text is linked to the specific encounter *between* the researcher and researched (Saville Young, 2009). In psychosocial interviews, subjectivity is regarded to be dynamic and multiple; thus, interpretations are themselves discursive constructions (Frosh & Emerson, 2005) where both the interviewer and interviewee are co-constructing meaning rather than meaning being discovered (Saville Young, 2009). By applying reflexive techniques, the researcher's feelings, actions and interpretations can also be understood as unconscious content or transferences occurring in an intersubjective encounter and become a

valuable tool (Saville Young, 2009). In being aware that one's own fantasies may be projected onto the data, the researcher recognizes that he or she is not an impartial or objective observer (Clarke, 2008).

Reflexivity is a key concept of the psychosocial theoretical framework that challenges the idea that there is a 'truth' that is separate from the practices that give rise to it and encourages an approach where the conditions around how knowledge emerges and the objects of knowledge itself are analysed (Frosh & Baraitser, 2008). Reflexivity, as a vital part of all qualitative research, promotes validity. From a qualitative perspective, reflexivity is reflecting – prospectively and retrospectively - on the inner workings of the research process. Reflexivity with the underpinnings of contemporary attachment theory and intersubjectivity theory adds further understanding of how both the mothers and I are co-constructing meanings when in dialogue. Frosh and Baraitser (2008) encourage researchers to recognize their pre-existing investments in discursive positioning and the research encounter as well as acknowledge how they draw from their own subjectivity in the research process and for interpretations. In other words, the researcher needs to view him or herself as a separate subject that contributes and influences the construction of subjectivity in the here and now (Benjamin, 2009). As the subject of this study is the participant *in relation to* the researcher, it is necessary to analyse the intersubjective encounter of two separate but connected subjectivities.

Reflexive notes recorded my feelings and fantasies – imaginary and speculative thoughts about a person or situation - in order to be more aware of my own modes of mentalization as well as possible transference and countertransference dynamics that took place in the interview relationship. As field notes form part of the data set, they were subjected to data analysis alongside the interview. In the form of recoding notes in my reflexive diary and re-listening to the interviews, I tracked my own unconscious motives behind my talk in the first interviews. In the second interview, I would then look for further evidence for the provisional hypotheses drawn from the first interview (Hollway & Jefferson, 2013). In my reflexive notes and discussion with my supervisor, I reflected on the possible effects I, as a researcher, may have on the study (prospective reflexivity) as well as how the study may have had an effect on me (retrospective reflexivity) (Attia & Edge, 2017). Maintaining this type of critical reflection or subjective knowing assists me to be aware of how my own experiences and reality – a reality of being a White, middle-class woman who is not a mother - may have influenced the production, process and analysis of the data material (Terre Blanche & Kelly, 1999). Nevertheless, I also kept in mind that, from a psychoanalytic

perspective, I may not be able to fully engage with my own unconscious – it will, by definition, remain unconscious to me. Saville Young and Berry (2016, p. 5) suggest a concentric reflexive approach which involves multiple readings of the text and research relationship but for each reading, the researcher steps outside of the previous one in a “concentric outward movement”. As argued by Frosh and Baraitser (2008), a concentric reflexive approach acknowledges how we as researchers can never fully know the other as we are always restricted by one perspective – our own perspective. My interpretations are tentative because I can only know these mothers through myself (Hollway & Jefferson, 2013; Saville Young & Berry, 2016).

For some interviews, it is possible that I, as the interviewer, was playing a dominant role in constructing meanings as it was necessary for me to be slightly more directive with questions than I hoped – in some interviews, mothers found it difficult to answer open-ended questions. Some were unsure about what exactly I was seeking, some viewed me as a form of authority and looked to me to take the lead asking what I wanted and others struggled with some English words as English was not their first language. According to Willig (2013), researchers can encourage more open talk and increase their understanding of the talk if they consider the possible impact of their social identity – in this case, being a White, middle-class, professional female who was employed as a contractor. In this study, I had to often reassure mothers that the interviews were confidential and had no link to their work position; in other moments, I felt it necessary to point out our differences (such as culture and language) in order to normalize any misunderstandings. My social position as a White, young female professional interacting with Black or Coloured working-class mothers often resulted in mother’s assuming that I had more authority or power than them. These thoughts along with the actual interview data are all considered in the overall analysis.

My own position and feelings in and around the interview creates an awareness that my interpretations are constrained by one perspective and are thus, tentative. Consequently, the purpose is to gain a greater understanding of maternal subjectivity in this encounter and, in recognizing the opacity of others’ minds, it also disrupts the assumption that we already have complete understanding of maternal subjectivity (Saville Young & Berry, 2016). If we remain aware that we can never fully know the other, we cannot have a coherent narrative of the subject; rather we can have multiple layers of interpretations which take a researcher's investment and, thus meaning- and knowledge-making into account (Frosh & Saville Young, 2017).

5.7. Data analysis

Being a psychosocial study, the analysis of the text was both discursive and psychoanalytic; thus, this method of analysis deconstructs meanings as well as interprets meanings. Qualitative studies with a critical interpretative design aim to stay close to the data and interpret from a point of empathic understanding. The purpose is to provide a thick description of subjective meanings which can be built through thorough descriptions of dynamics, processes and contexts (Terre Blanche & Kelly, 1999). A psychosocial analysis, which is based on gestalt principles, pays close attention to the whole narrative of the transcribed interview and links between different parts of accounts as well as to meanings unconsciously constructed in the researcher-participant relationship. Alongside this interpretative emphasis was a deconstructive emphasis: in order to understand these mothers' meanings of being a mother, social discursive concepts about the constructive role of social discourses, power relations and contextual factors in maternal identity were analysed in the talk of both the interviewer and interviewee.

In an attempt to pinpoint psychological structures and social mechanisms, the analysis drew from contemporary attachment theory, intersubjectivity theory and discursive theory. This interpretative approach is a hybrid approach of the already established psychosocial approaches described by Saville Young and Frosh (2009) and Saville Young and Berry (2016). Firstly, to identify the social discourses and power relations present in the interview talk, discourse analysis was used. Secondly, to process the psychoanalytic elements of the material, a contemporary attachment theory and intersubjectivity lens was used to understand the affective components in each interview. Echoing my earlier emphasis on deconstruction and interpretation, it is my aim to try gain a deeper understanding of these mothers' experiences but then to also disrupt my understandings (Saville Young & Berry, 2016).

In the following section I will describe the step-wise process of analysing this data. I describe the two level analysis of the data: the first was a discursive reading of the text and the second level was a psychoanalytic reading of the text. Before commencing these steps, though, it is custom in qualitative research design to be acquainted with data; this was achieved in the form of a pro forma for each participant. I will describe this initial step before moving on to the process for the discursive reading and then the psychoanalytic reading. I then conclude with an explanation of the final step: 'Capturing understandings and disruptions of maternal subjectivity'.

5.7.1. *Becoming acquainted with the data and pro formas*

The psychosocial analysis of the data from the interviews took an in-depth and layered approach involving a number of steps. This first phase of any data analysis is to become familiar with the data and this was achieved by making detailed and verbatim descriptions of the interviews (Dugmore, 2012) in the form of transcribing. The transcription notation (see **Appendix E**) used for this study was developed by G. Jefferson (2004). This transcription notation was applied because it pays close attention to verbal and non-verbal communications where symbols are used to represent non-verbal activities such as pauses, intonations and volumes of speech. It also takes note of interpersonal communications such as gazes, interruptions and gestures (Atkinson & Heritage, 1999; Willig, 2013).

Following Hollway (2010), an initial summary, a two page pro forma, (for more details, see **Appendix F**) was first created based on biographical data and themes that emerged from the interview. Biographical data and the relational history of each case was examined to hypothesize how unconscious and conscious forces, present in the interview (Hollway & Jefferson, 2005), were influenced by each mother's past residues and patterns of relating. A mother's description of her relationship with her baby as well as others in her present life provided insight into how her personhood comes into being with others. Combining this with interview data of the relational encounter between the mother and I contributed to understanding how her subjectivity is constructed in the interview encounter. A mother's description of her past relationships, her relationship with her baby as well as others in her present life were understood as shedding some light into her investments in the discursive positions she took up in the interview encounter. As multiple identities can give rise to conflict and tension, focus was also placed on how each mother negotiated her own particular tension of mothering and working in this context (Buzzanell, 2003; Johnston & Swanson, 2006), and the discursive and intrapsychic elements present when grappling with this tension. By doing this, I shifted my attention away from socially shared discourses to considering what is each individual mother's emotional 'pay-off' when investing in these positions. As illustrated by Saville Young and Berry (2016), gaining an understanding of a mother's investment is also achieved by paying attention to symbolic and emotional representations taking place in the research context. A list of questions, **Appendix G**, guided both levels of analysing the text.

5.7.2. Discursive reading: Identifying discourses and subject positions

According to Willig (2013, p. 352), the first step of psychosocial analysis involves a discursive reading as it helps one become aware of “*what* a text is doing”; analysing the text helps establish *how* it achieves this. Following the discourse analysis technique, the text is read to answer *what is both the mother’s and my talk ‘doing’* and how are social discourses mediating maternal subjectivity. A discursive analysis of the text identifies what social discourses - what socially constructed notions, shared ideologies and cultural meanings - of mothering are present. It also aims to identify what power relations are present, how discourses are positioning mothers, what subject positions are available to participants and the researcher as well as whether mothers and I accepted, adapted or resisted these positionings.

When processing this data, it was necessary to first read each interview separately without analysing so the researcher could experience the discursive effects of the text as a whole (Willig, 2013). Following this, the text was read through repeatedly to allow for the multiple layers of meaning to emerge (Saville Young & Frosh, 2009). In order to identify underlying discourses, repeated themes were listed and labelled according to the language used in the text (Kelly, 1999). Significant parts of data were highlighted in order to code data and file it under the identified and labelled themes for analysis; this coding of phrases, lines, sentences and paragraphs helped to cluster similar ideas under one discourse or shared social meaning. A variety of meanings were often present in one text so codes were not regarded as final and unchanging (Kelly, 1999); thus, coding was done in reference to the purpose of the study (Willig, 2013). As discursive theory aims to gain an understanding of how processes are ‘talked into being’, discourse analysis examines language in context (Willig, 2013). To identify diverse constructs, particular attention was paid to the mothers’ use of terminology, stylistic and grammatical features as well as figures of speech and metaphors (or what Kelly (1999) terms as ‘world of meaning’ discourses). Identifying what discourses were present helped to address what function the talk was serving and how discourses were constructing maternal subjectivity: how were discourses defining and limiting what can and cannot be said? What dominant discourses were being perpetuated and what discourses were being marginalised in the text?

5.7.3. *Psychoanalytic reading*

The next step involved the psychoanalytic analysis which goes ‘beyond’ the text to point to the affective functions and investments in particular discourses (Saville Young & Berry, 2016). This stage of the analysis - that draws from contemporary attachment and intersubjectivity theory - aimed to address *why* these mothers unconsciously invest in particular discursive positions. As mothers were ‘doing’ motherhood, mothers actively positioned themselves and invested in particular discourses of mothering (Garey, 1995) based on unconscious motives and specific affective processes occurring in and outside the interview context (Saville Young & Berry, 2016; Willig, 2013). These specific affective processes and motives were understood as rooted in a mother’s particular socio-historical context and the particular intersubjective encounter, the here and now, of the interview exchange (Saville Young & Berry, 2016). The psychoanalytic reading comprised of three stages: firstly, tracking affect regulation alongside discourses, secondly the intersubjective space was analysed, and thirdly, the second level of this psychosocial analysis was concluded by writing a pen portrait for each participant.

5.7.3.1. *Tracking affect regulation alongside discourses*

I tracked a mother’s affect regulation alongside discourses employed to identify fluctuations in capacity of mentalizing and what modes of mentalization were present in her and my talk. When identifying mentalizing modes, I noted when ideas present in the interview text were regarded as representations of both internal (psychic) and external (actual) reality (Schmeets, 2008). I also explored when there was a sense that mental states were underlying behaviour, when my mental state may have influenced a mother’s mental state and/or when there was a level of tentativeness or not knowing in our talk. When recognizing non-mentalizing modes, I noted moments of psychic equivalence and moments of pretend mode in the talk. More specifically, I identified when little differentiation was made between fantasy and reality (Fonagy et al., 2007; Schmeets, 2008) and when internal states showed no relation to objective fact or external reality (Fonagy et al., 2007; Scholtz, 2017). Taking into consideration that mentalization is an intersubjective concept that is dependent on context (Scholtz, 2017), I specifically analysed how the interview context and the power dynamics inherent in our different positions may have impacted the ebb and flow of mentalizing capacity in both the participant and I.

In order to track this affect regulation and mentalizing modes, the text was read repeatedly with attention concentrated on heightened emotions and affect regulation. Points of absences, tensions and inconsistencies in the text were also identified as possible moments of heightened emotion. Tracking affect regulation alongside the discourses employed provided insight into the relationship between discursive and affective components. This helped the researcher to become aware of what intrapsychic dynamics – such as anxieties, desires, and inner conflicts - might be underlying the material (Hollway & Jefferson, 2005; Kelly, 1999). This in-depth analysis allowed for subtle meanings such as associations, symbolism and displacement of meaning to become more obvious (Kelly, 1999; Terre Blanche & Kelly, 1999). Based on a psychological ‘pay off’, some mothers were understood to maintain dominant ideologies while others resisted or constructed alternative discourses of motherhood.

As discussed in chapter two, mentalization is the mental activity of thinking about our own minds and the minds of others (Wallin, 2007); this involves reflecting on one’s thoughts, feelings, beliefs and intentions in the research encounter (Scholtz, 2017). It involves attempting to interpret intentional mental states underlying behaviour and affect but also recognizes that we can never really know the other’s mind (Fonagy et al., 2007) as our mind always mediates our experiences (Scholtz, 2017). Saville Young and Berry (2016, p. 6) argue that mentalization is an intersubjective concept and thus, the affective processes that enable investment in particular positions “are rooted in this particular intersubjective exchange (‘here and now’) and the particular socio-historical context (‘then and there’)”. In this psychoanalytic analysis, the interpersonal context and the socio-historical context were understood to facilitate or restrict one’s capacity to mentalize and thus, the context was also understood to facilitate or restrict one’s interpretation (Scholtz, 2017).

5.7.3.2. Analysing the intersubjective space

Although the mother’s internal representations are located in the text, they are also part of the interviewer’s construction and subjective knowing (Saville Young & Berry, 2016). Drawing from an intersubjective approach, the interpersonal context - which includes enactive representations such as transference and countertransference - were considered. In the interview context, two separate subjectivities are interacting and thus, co-constructing or co-authoring meanings of maternal subjectivity in the text. This open and critical reflection of my presence helped facilitate an awareness of how these mother’s subjectivity in these moments was also a form of unconscious intersubjectivity (Hollway, 2001) where both

mother and I were co-constructing meanings (Diamond & Marrone, 2004). To follow this process, the social context and the intersubjective space of a mother and I was analysed. The analysis of the intersubjective space was analysed by reflecting on my own emotional investments and my role as the ‘expert’ – both as researcher and therapist – and what happens when an ‘expert’ like myself interacts with these mothers; what is being opened up and what is being shut down? Based on Benjamin’s (2004) concept of ‘mutual recognition’, I recorded moments of identification and recognition but also points of divergences, difference or gaps in our recognition that may have provoked tensions, rifts and unconscious defences.

5.7.3.3. Writing pen portraits

The final stages of the analysis tried to capture both understandings and disruptions in meanings of maternal subjectivity. When mentalizing, we gain understanding through thinking about our own and others’ states of mind but there also disruptions or disjointedness to this understanding due to the opacity of the others’ mind and how we can never really know the other (Saville Young & Berry, 2016). This final stage is achieved by incorporating all the significant data and insights from the analysis into a pen portrait: here, the mother is viewed as an individual person with contradictions and unconscious dynamics and links are made between a mother’s intrapsychic, interpersonal world and the identified discourses present in the interviews (Hollway, 2010). Field notes and reflexive notes of the interpersonal encounter were also incorporated to illustrate the co-constructive nature of maternal subjectivity.

5.7.4. *Capturing understandings and disruptions of maternal subjectivity*

It was necessary to be immersed in the interview texts but throughout the process I tried to maintain a critical distance by reflecting on my own thoughts, possible blind spots and how my involvement impacted the meaning of data (Saville Young & Frosh, 2009). To keep aligned with the deconstructive emphasis, I tried to remain open and reflexive without reaching a final conclusion. These interpretations are one way of understanding and having only one conclusion forecloses on alternative understandings as well as denies how particular understandings reveal the researcher’s intent (Saville Young & Berry, 2016).

The final tier of the analysis took the form of questioning what the particular reading of the findings produced; in other words, I turned to whether the interpretations moved our understanding of maternal subjectivity along. Here, I question what the findings tell us about

maternal subjectivity that was different to our previous understanding and whether it disrupts our previous theories (Saville Young & Berry, 2016). Throughout the analysis, I attempted to disrupt my understanding of the mothers' talk by allowing for moments of incoherence. Reflecting on my own affective and mental state helped me to be aware of how my interpretations could be constrained by my own perspectives; thus, what may be unconscious about the psychoanalytic reading of the text.

5.8. Methodological rigor: Evaluating the quality of the research

According to Tracy (2010), traditional criteria like generalisability, objectivity as well as notions of reliability and validity are incompatible with qualitative research. Qualitative studies, however, still need to illustrate that methods have been applied rigorously and appropriately (Willig, 2013). An alternative way of evaluating the quality of this qualitative psychosocial research is necessary. As qualitative studies are open-ended and flexible, validity can be addressed throughout the research process. Many researchers have proposed a multitude of ways to ensure quality in qualitative research (Lincoln & Guba, 1985; Schwandt, 2007; Tracy, 2010). For the purposes of this study, I address the following criteria for methodological rigor: 1) Addressing credibility, reliability and dependability; 2) Offering sincerity by employing reflexivity and evaluating confirmability; and 3) Evaluating resonance, transferability and external validity.

5.8.1. Addressing credibility, reliability and dependability

Traditional reliability is evaluated based on a study's levels of consistency and repetition of results (Hollway & Jefferson, 2013); however this assumes that objects of study remain fixed when qualitative research is interested in unique experiences and focuses on change or process (Willig, 2013). Information which is assumed to be reconstructed and co-constructed in psychosocial studies creates problems for traditional notions of reliability. This study did not aim for absolute truths but rather an account of reality that is trustworthy and credible (Dugmore, 2012) but also dynamic and changing. As noted by Hollway and Jefferson (2013), reliability is an invalid criterion in psycho-social studies because meanings that arise in interviews are particular to contextual factors, not only to the individual but also to the research relationship at the time. Knowledge is temporally and interpersonally positioned (Frosh & Baraitser, 2008); consequently, it will not follow the conventional form of validity

which assumes that research should accurately and consistently represent the social phenomena it studies (Silverman, 2010).

The criteria, credibility and dependability, refer to findings that are trustworthy, consistent and replicable; hence, it is likened to notions of reliability. With this study focusing on unique meanings and subjective experiences of particular mothers, establishing dependability of the findings is complex. The trustworthiness of this study was established through well-documented notes of the research procedure, including interview transcripts, field notes and reflexive notes, being made available to my supervisor for additional examination. The dependability of interpretations was established through a form of 'external audit' (Lincoln & Guba, 1985) where my supervisor reviewed whether my interpretations were supported by evidence. I also refer to my data and provide interview extracts throughout my findings, allowing readers to judge for themselves. This study rests on the assumption that meaning is co-constructed; consequently, there is always the possibility for alternative interpretations.

According to Guba and Lincoln (1994), credibility is likened to internal validity and refers to the level of confidence of 'truth' of the data. The psychosocial method of binocular vision safeguarded credibility of the text as top-down interpretations were supported by bottom-up evidence from the data (Frosh & Saville Young, 2008). In this study, more specifically, credibility was achieved in the form of thick descriptions: the reader is provided with in-depth presentations of the findings as well as complex details both through interview extracts and pen portrait.

Thick descriptions were also obtained through the practice of immersion in the form of prolonged engagement and persistent observation. Prolonged engagement is regarded to be spending sufficient time observing and engaging with the setting of the study in order for the researcher to gain a broader understanding. I have been working for this clothing factory as a Counselling Psychologist offering counselling and assessment for eight years. In this time, I have built a number of relationships on different levels and observed a number of changes. In forming a therapeutic alliance with some of the employees, I have been given the opportunity to challenge my own preconceptions and to understand their culture, struggles and ways of life. Although I have been welcomed into the community, my profession and being employed as a contractor also means that I am somewhat of an objective observer on the outskirts. Subsequently, I have also been undertaking persistent observation for some time. In the interviews, skills of observation and attention developed from my training in infant observation (based on the Tavistock Clinic Model) allowed me to provide depth to my

understandings by identifying characteristics and subtle, non-verbal communications that were relevant to the research question. Observation also took the form of tape-recording and detailed documenting of interview transcripts and field notes. This helped to create thicker descriptions of the intersubjective encounter between mothers and me.

Some psychosocial studies follow the practice of ‘member checks’ allowing participants to read the final work of analysis. This can be a helpful approach in addressing expert and universal assumptions; nevertheless, after reviewing the critiques and concerns with member checks, I decided not to implement this practice for this study. This decision was based on the concern that in spite of applying this practice to avoid power differentials, traditional power relations still play out where participants may feel they are not actually able to disagree with an expert (Saville Young, 2009). I thought this would be a particular issue in this context where I, as a White ‘expert’ and perceived authority, am presenting a formulation of sorts to mothers. The process of member checking in this research context would not offer the same containment and relational experience as the therapy context. Taking this into consideration, as well as power dynamics, the practice of member checks in this study was of ethical discomfort for me - I felt that it could actually be damaging to mothers with them possibly leaving the research accepting what is perceived to be expert opinion and not having a voice to express any discontent or disagreement. Although I did not apply the practice of member checks, the study still included member reflection. Throughout the interviews, I would state some of my interpretations out loud, to give participants the opportunity to elaborate and correct my perceptions. Interpretations in the second interview were also based on understandings drawn from the first interview; these interpretations could be considered as a form of providing mothers with feedback of provisional findings. Occasionally, mothers would correct my understandings but it is possible that given the power differential in our relationship, mothers did not always feel comfortable to openly disagree with my comments.

Triangulation was used to ensure a rich, robust and well-developed account of analysis. Initially, the study hoped to triangulate data by using multiple data sources: the interview transcripts, field and reflexive notes and observations. But due to contextual restrictions (discussed in ‘Abandoning the Observations’) it was not possible to triangulate the data with observations. In spite of this, a deeper understanding was facilitated by engaging with ‘analyst’s triangulation’ (Denzin, 1978; Patton, 1999; Tracy, 2010): the interview transcripts along with the field and reflexive notes that I analysed were reviewed for the analysis. This helped to facilitate multiples ways of understanding the data as well as highlight blind spots and selective perception (Denzin, 1978; Patton, 1999).

5.8.2. *Sincerity: Employing reflexivity and evaluating confirmability*

According to Tracy (2010), sincerity is achieved through self-reflexivity, honesty, transparency and data auditing. I have discussed reflexivity in detail in my presentation of the data production and analysis so I will concentrate on confirmability, transferability and honesty in this section. To prevent the imposition of my own meanings, I reviewed my role in the form of reflexive notes tracking my countertransference throughout the research process (both during and after interviews as well as the analysis process) and any thoughts, feelings and experiences were well-documented and scrutinized. Yet, throughout the process I kept in mind how the power dynamics of a research relationship is asymmetrical (Saville Young, 2009) and how my presence may have impacted data production (Tracy, 2010). Confirmability aims to evaluate possible researcher bias and motivation as well as countertransference in order to establish how this may have influenced interpretations of the findings. As noted, the whole research process, including challenges, was well-documented - this technique is similar to ‘data auditing’ or the ‘audit trail’ technique of confirmability which emphasizes transparency (Lincoln & Guba, 1985; Tracy, 2010). Drawing from a psychoanalytic understanding, subjective experience is regarded to be a legitimate form of knowledge rather than researcher bias (Scholtz, 2017). Transparency is about acknowledging my bias as well as honest reflections of the research process and challenges (Tracy, 2010). My subjective experience was recorded in my reflexive diary which was used to provide a richer and deeper understanding of how maternal subjectivity was co-constructed between each mother and me but also to acknowledge my strengths and shortcomings (Tracy, 2010). These reflexive notes are woven into the reports on the findings.

5.8.3. *Evaluating resonance, transferability and external validity*

Resonance, which refers to a “research’s ability to meaningfully reverberate and affect an audience” (Tracy, 2010, p. 844) can be attained through transferability. Guba and Lincoln (1994) refer to transferability, or external validity, as the ability to illustrate that findings are applicable in other contexts. As this study focused on the subjective meanings of a small sample of mothers, I did not aim to generalise the findings in the formal sense; rather, as suggested by Lincoln and Guba (1985), a form of external validity was achieved by thick descriptive data. The study aimed to produce historical and culturally situated detailed data

specific to the interview encounter and context (Tracy, 2010). Detailed accounts of my personal and field experiences were documented to contextualize the intersubjective encounter of the interview relationship. According to Lincoln and Guba (1985), by describing the experience in detail the researcher can evaluate the extent to which the conclusions are transferable to similar sample groups.

The use of psychoanalysis as a valid methodological approach in research is complicated, leading to a series of debates in the literature (Frosh & Baraitser, 2008; Hollway & Jefferson, 2008). These debates are concerned with what happens when psychoanalysis is taken out of a clinical context into a research context and the concept of unconscious intersubjectivity has generated doubt in the validity of psychoanalytic knowledge in the research setting (Hollway & Jefferson, 2013). In the clinical setting, interpretations are made in the therapeutic encounter with the patient present but in the research setting interpretations are made outside the interview separate to the participant. Hollway and Jefferson (2013) argue that interpretations must be based on the available 'evidence' in the interview; however, interpretations must also remain tentative and open to multiple meanings in order to avoid pathologizing the participant (Frosh & Baraitser, 2008). Research must also remain sensitive to culture differences. As a result, this study remained cautious in making absolute statements but rather made tentative interpretations and made use of open-ended questions in the interviews which followed a free association style to allow for themes of culture, values and traditions to surface spontaneously.

5.9. Ethical considerations

In qualitative studies, ethical issues are present from the start when formulating the research question until the findings are distributed. Ethical issues remain relevant and present throughout interactions with participants; thus Kvale (2008, cited in Willig, 2013) calls for 'ethical research behaviour' where the researcher acts ethically throughout the process. Subsequently, two forms of ethical consideration were necessary for this study. The first form of ethical considerations that I address are universal procedural ethics, such as obtaining institutional permission, negotiating consent, avoiding harm as well as ensuring privacy and confidentiality (Tracy, 2010). The second form involves more complicated ethical considerations that are associated with psychoanalytic studies and specific to this psychosocial study, such as situational ethics and ethical relating.

5.9.1. Procedural ethics

This study received ethical approval from the Ethics Committee of the Department of Psychology at Rhodes University (See **Appendix H**). My process of consent comprised of two stages: first obtaining institutional permission and second, obtaining informed consent from mothers. Permission was obtained firstly from stakeholders to recruit the organisation's employees and to conduct the interviews with employees on their premises (See **Appendix I**). The HR department liaised with factory floor managers to inform them of the study's aims and arrange which times would be most suitable during working hours and least disruptive to the operating line. Following this, I approached mothers returning from maternity leave to inform them of the study and those that were interested completed a sign-up sheet (See **Appendix J**). As I approached mothers, it was necessary to be aware of the risk of coercion so the voluntary nature of the study was emphasized and mothers were informed that their choice to participate or not would have no impact on their employment. One mother did decline to participate in the study, suggesting there was no coercion. In the first interview, mothers were again informed of the aim of the study and what their involvement required. They were again informed that involvement was voluntary and declining to participate would have no effect on future access to services or employment. Those who were still interested completed the Informed Consent form (**Appendix K**) to participate and for interviews to be recorded (see **Appendix L**). To maintain confidentiality, mothers were informed that the recordings were only available to the researcher and supervisor of the study. The HR department did have access to maternity leave records and were aware of those returning but they did not have access to any interview recordings and data. At the end of the second interview, participants were reminded of what the observation would entail and completed the Informed Consent for Observation (**Appendix M**) but since the observations did not take place, this consent was no longer applicable. To respect mothers' anonymity and ensure a good quality of 'exiting ethics' (Tracy, 2010), identifying details of participants and their workplace have been omitted or changed and the names used in the thesis are pseudonyms. Exiting ethics is concerned with the sharing of results (Tracy, 2010) and I was careful in this thesis to present the participant's stories in such a way that cautions against exposure, mother-blaming, and does not stigmatize or pathologize them.

As openness is important, and to avoid any possible confusion with my role as a therapist in the organization, it was also stressed to mothers that the context in which these interviews take place is a research context and not a therapeutic relationship. Consequently,

only after the completion of the data collection, would mothers be able to attend consultations with myself if they felt the need and this could be done by contacting the HR Department to schedule an appointment. As there was the possibility of emotional distress arising for participants, the emphasis in the interviews was to provide a containing experience in a safe context where mothers felt recognized and respected (Hollway & Jefferson, 2013). One mother was quite emotional in the first interview and I was concerned about her struggling with depression as a result of her difficult family circumstances. In cases where mothers required support, such as this one, during data collection, mothers were informed of the services and contact details of Lifeline or FAMSA (Family and Marriage Association of South Africa). I had discussed these options in detail with this particular mother in the first interview; she was also given the option to withdraw from the study but she explained that although it was difficult to talk about her circumstances, she found it helpful to have someone listen and she wished to remain involved. In the second interview, her mood improved and she was interested in seeking additional support.

Requirements such as informed consent and confidentiality are not always straightforward in qualitative research (Willig, 2013). When free association techniques are applied, there is also the question of consent: it is unclear what the participant is consenting to because they do not know what will come up in the interview (Saville Young, 2009). Hollway and Jefferson (2013) argue that consent is not only a conscious, cognitive process but rather needs to be an emotional awareness with which we continue to engage in every interaction. Considering that participants and researchers cannot predict what will emerge in free association interviews, Hollway and Jefferson (2013) argue that research actually only involves preliminary consent, rather than informed consent; consequently, Hollway and Jefferson (2013) suggest that this type of research should predominately focus on guarding against harm.

As interpretations of another's experience come across as claims of knowing something about that 'other' (Willig, 2013), the psycho-social approach raises ethical concerns around the use of the researcher's subjectivity and power relations in the research relationship (Hollway, 2008a). This raises an ethical debate of how psychoanalytic concepts are used in research and what constraints on interpretation are necessary (Frosh & Emerson, 2005). An interviewee may lack psychoanalytic knowledge and if she is not made aware of the interpretations, findings may be influenced by the researcher's own subjective interpretations or taken from an expert stance that has the danger of pathologizing participants (Saville Young, 2009). Given this, throughout the research, I tried to remain mindful of the possible

impact of making interpretations about someone else's experience (Willig, 2013). There are concerns about using psychoanalysis outside of the consulting room; therefore, as suggested by Clarke (2002), caution was taken to only use interpretative techniques for data analysis but also to refrain from using interpretations that may diagnose or pathologize mothers. I also refrained from making absolute interpretative claims about mothers' attachment styles or capacity for mentalization by constantly reflecting on my role as an expert and interrogating my own defensive reasons for or investments in particular interpretations. I questioned my investments in positioning mothers in particular ways through individual reflection as well as by discussing my blind spots in supervision and individual therapy. Frosh and Saville Young (2008) argue that throughout the analysis, psychoanalytic ideas should be grounded in the research relationship. Consequently, in this reflective methodology, dynamics were analysed from a critical perspective where my own emotional experiences and unconscious forces, that took place in the interpersonal communication, were considered.

5.9.2. *Situational ethics and ethical relating*

Research ethics requires the researcher to recognize others for what they are rather than what the researcher needs. According to Hollway (2008a), however, psychoanalytic theories of unconscious forces reveal that engaging ethically does not just involve cognitive and conscious decisions or acts of consent or confidentiality. One example that creates tension is psychoanalytic theories of identification: we require identification to recognize another's experience but this form of unconscious relating can create confusion in distinguishing our own situation from that of another's (Hollway, 2008a). I implemented situational ethics by maintaining an awareness of circumstances, both in the mother's workplace and personal lives, throughout the study and by questioning my ethical decisions regarding changes in the data collection (such as considering mothers' obligations and not pursuing the observations) (Tracy, 2010). In psycho-social studies, Hollway (2008a) argues for a form of ethical relating that is beyond formal ethics structures: where it is the researcher's responsibility to create a safe context that centres on issues of honesty, sympathy and respect. This 'ethics of care', as referred to by Tracy (2010), also includes researchers being mindful of their behaviour and impact on others.

5.9.2.1. Honesty

Honesty means approaching data openly and fairly, considering all evidence and basing interpretations on evidence. An honest researcher is one that interrogates his or her own responses to the data (Hollway & Jefferson, 2013). Drawing from Hollway (2008a) and Hollway and Jefferson (2013), the following measures (about how the researcher's subjectivity may impact the study) were put in place: only interpretations that were supported by evidence were used and the analysis along with potential dilemmas was discussed with the supervisor of this study. In any research relationship, an imbalance of power is inevitable as the researcher is seen as the expert – and in this case, possibly viewed as being aligned with management (including HR) and privilege. Power relations between the researcher and researched were acknowledged and when possible, attempts to reduce this were made; for example, mothers were reminded of my role as a researcher who is employed for other services but is not affiliated to management in any way; another example was having to remind mothers that the interviews would remain confidential and that what they disclosed would have no impact on their work status. Interviews that take place in the South African context also need to take into account power dynamics that lie within social categories such as race, class and gender. To maintain an ethical perspective, a reflexive stance was cultivated by the researcher recording reflexive notes of the many layers and facets of power, and the role of Whiteness, taking place throughout the interview process.

5.9.2.2. Sympathy

A researcher needs to be sensitive to a participant's situation and emotional state but also remain capable of managing distressing feelings. A review of the literature has already shown that conflicting and difficult feelings may be experienced by mothers in the interviews. This raised the question of how mothers could be ethically engaged to consider such experiences (Hollway & Jefferson, 2013). Open interviews with these mothers could have involved some risk of experiencing psychological distress evoked through intense and difficult feelings. There is an ethical assumption that participants should be left unchanged by their experience of the research (Hollway & Jefferson, 2013) but when adopting an intersubjective perspective, this is impossible. When exploring their experiences, it was inevitable that feelings of discomfort would surface. On the surface, experiencing emotional distress in this way may appear harmful but Hollway and Jefferson (2013) argue that it can actually be therapeutic to talk about difficult events in a safe space. This was illustrated in some mothers expressing their appreciation of having someone listen to them. Having the capacity to be

open to or sharing the feelings of another is offering sympathy and understanding to participants rather than making stereotypical judgements. When mothers expressed their maternal experience, mothers admitted to conflicting feelings of love and hate and ambivalence about their roles – rather than judge mothers from restrictive and dominant discourses, I aimed to understand the inconsistencies, confusions and anxieties with which mothers were grappling. Another example of offering understanding was not pursuing the infant observations. The interviews revealed a number of demands and pressures placed on these mothers and in order to be considerate of their experiences, it felt unethical to persist with the infant observations. Subsequently, my decision to not go ahead with the observations was an ethically informed decision.

It was vital for me to reflect on my own subjective experience because as argued by Hollway (2008a, p. 16), “it is unprocessed, uncontained intersubjective dynamics that are liable to compromise objective knowing of external reality.” By processing my own feelings or discomfort (in the form of journaling and recording my affective experience in a reflexive diary), I was able to better contain and better recognize the mothers’ separate experience (Hollway, 2008a) – this facilitated the principle of sympathy but also reflective functioning or mentalization.

5.9.2.3. Respect

According to Hollway and Jefferson (2013), respect involves paying close attention or carefully observing - even what may usually be overlooked. It is our primary ethical responsibility to respect research participants. This means recognizing the other, which Benjamin (1995) regards as necessary for psychological survival. This offer of understanding and respect in a containing relationship of recognition allows for a shift away from the possibility of exercising power to being aware of its effects in context (Hollway & Jefferson, 2013). Throughout the process, I reflected on my position and behaviour to evaluate how I was engaging with mothers and to ensure that I was acting in a respectful way. Examples of this is evident in being respectful of the mothers’ circumstances, time and needs when setting up the interviews and when cancelling the observations; rather than expecting mothers to fit to the requirements of the interviews and the observations, I followed Berg’s (2007) approach of respectfully adapting to these mothers’ context.

5.10. Conclusion

This chapter has outlined the research design, methodology, sampling as well as the data production process and method of data analysis of the present study. In the interest of transparency, challenges in the research process were also described throughout. I discussed the relevance of the contextual challenges which provided a first-hand experience of the context and how this experience was used when thinking about these mothers in their contexts. In describing the data collection and data analysis process, methodological rigor and ethical considerations were addressed. The chapter has described the methodological framework for the in-depth investigation of the interview text and reflexive notes that was conducted.

CHAPTER 6

INSTRUMENTAL MOTHERING AND 'MOTHER TROUBLE':

The discursive construction of maternal subjectivity

6.1. Introduction

This chapter presents the findings from the first level of analysis which focused on key discourses emerging across all interviews. Based on the findings, I argue that as working mothers the traditional position of a 'good mother' – one that mothers intensively – was unavailable to these mothers as evidenced in their talk. Rather in the interviews, these mothers positioned themselves as 'good mothers' who mother instrumentally by providing material provision, attending to the infant's body, finding substitute carers and being preoccupied with their child's well-being. With the help of interview extracts, I begin this chapter by demonstrating *how* these mothers 'do' mothering by employing instrumental mothering. Thereafter, I argue that employing this discourse, while dominant in these women's talk, was not without 'trouble'. The second part of this chapter describes how despite their best attempts at employing these discourses, 'mother trouble' is present in three ways in their talk. Firstly, their talk reinforces the construction of an evaluative gaze where the infant's body is constructed as a site of maternal competency. Secondly, the precarity of their working mother position – these mothers position themselves as the valued and empowered breadwinner but their socio-economic status and particular working role means these mothers are actually powerless and vulnerable. The third 'trouble' was evident in the ways in which mothers were pulled into discourses of intensive and inherent mothering, depicts their attempts to shore up instrumental mothering, which often left them with a dilemma as a 'good mother' cannot be both always there and never there. Some mothers would try to be both instrumental and intensive mothers, which lead to narratives depicting themselves as exhausted and stressed.

6.2. Employing an instrumental mothering discourse

A discursive reading of the data suggests these mothers positioned themselves as 'good mothers' but this was different to the 'good mother' construct traditionally informed by the ideology of intensive mothering. I argue that as a result of their working role, the subject position of the intensive mother is not readily available to these mothers. Subsequently, these

mothers emphasized *instrumental* acts of mothering in their talk. I argue in the following section that an instrumental mothering discourse is employed in a number of ways: 1) To construct ‘good mothering’ as primarily material provision; 2) To emphasize the baby’s physical body and ‘good mothering’ as ensuring its survival in a dangerous world; 3) To construct ‘good mothering’ as finding suitable, substitute caregivers; and 4) To construct ‘good mothering’ as maternal preoccupation with a child’s well-being in the absence of the baby. Each of these will be discussed in turn below, drawing on evidence from the data.

6.2.1. *Mothering as material provision*

Across the interviews, the discourse of instrumental mothering was intertwined with the construction of material provision. A ‘good mother’ is one who instrumentally, through financial means, provides for her child; thus, work was constructed as the means to ‘good mothering’. In their talk, mothers positioned themselves as capable of meeting a child’s instrumental and material needs through financial providing. In some of the mothers’ talk, providing was extended to the whole family where mothers spoke about the whole family – including partners and parents – expecting mothers to provide for their needs. In these mothers’ context, a ‘good mother’ and a ‘good woman’ is someone who, in spite of a lack of external resources, provides instrumental care and material provision for her children and her family.

When reflecting on being a mother, Ntombentsha tells me that she wishes to be the “right mother” (Int. 2, p. 38, line 3) and employs discourses of instrumental mothering and material provision, making frequent reference to providing food and clothes as a form of care. Discussions about her parents who “give me money” (Int. 1, p. 12, line 45) revealed how care was expressed through instrumental parenting when she was a child; care and love in her talk was constructed as giving children material goods. Subsequently, being the “right mother” means constructing herself as a parent who can provide for her children’s material needs. Grace also prioritises acts of instrumental mothering, physical care and material providing in the form of “BUY CLOTHES AND STUFF [food]” (Int. 1, p. 6, line 47). Constructing mothering in this way, Grace emphasizes the actual acts of mothering a baby, rather than emotional interaction:

Siobhán: It sounds like you give a lot of thought to her [**older daughter**], try to really think what is going on for her. What she needs in those moments (...) Do you find you do the same with your baby?

Grace: No::, not really because he can't talk or say what he wants to say. He only needs the breast. So give him something nice to eat and then he is ok playing. (Int. 2, p. 40, line 29 – 38).

In the above extract, Grace's emphasis on the actual acts of mothering is clear with her constructing her son as a subject who "only needs the breast". Drawing on instrumental mothering, Grace attempts to reconstruct the notion of a 'good mother' into a good financial and material provider; and thus, creates links between her dual roles of mothering and working:

Grace: OH YES, ↓oh. It's providing for your kids, working mother providing for your kids. And the other thing is – ah - maybe want to stay °but you can't stay because you have to work°. So that's the other side of being a working mother – but it's nice to work and to provide for your kids, you can't depend on other people even though the other person gave you (SS: hm) he or something but you still have to work for yourself. To feel you can do something for yourself. (Int. 2, p. 36, line 32 – 42).

Grace's talk suggests the dual roles of mothering and working are not without tensions: work offers her financial independence which is in conflict with patriarchal-informed discourses, such as inherent mothering and gendered parenting. In turn, being positioned as a 'good mother' with material provision is at the expense of her individual pursuits and work is then constructed as a means to an end:

Grace: You have a baby, and you must go work to support them. That's just it – there's no other way! It's providing for your kids, working mother providing for your kids. (Int. 1, p. 27, line 1 - 2).

Similarly, for Khethiwe, ‘work’ is constructed as a means to provide for her children because she “can’t stay without money”:

Khethiwe: Ya because eh, ah, I didn’t work before that time so I get a job so, so I feel right, man. I see the difference, you see? Ya. (...) ‘Cause you can’t stay without money, you see? You can’t stay without money ((looks around the room)). (Int. 1, p. 21, line 42 – 48).

For both Khethiwe and Grace, ‘work’ is not about a mother’s own and separate experience but an act that a sacrificing and devoted mother participates in to provide for her children. In the extract below, Grace’s talk constructs a lack of financial resources and work as reasons that result in her missing the assumed maternal pleasures such as not being her children’s primary carer, resorting to her mother caring for her children and then having to “miss the stuff” her children achieve or enjoy:

Grace: ((laughs)) Like if I had more money I would’ve stayed at home and not worked. BECAUSE YOU ARE 8 HOURS HERE – more than 8 sometimes and you miss the stuff, man. You see? Because when I get home tonight, then they are words, tooth or things. Something different that I didn’t see him enjoying. You see? (Int. 1, p. 22, line 10 - 13).

The ‘demands’ of being a working mother coupled with the reality of financial need are taken for granted as Grace assumes there is no thought or feelings allowed in her role, rather it is just about action:

Grace: [*firmly*] No feelings involved! I must work, I must work! The money is needed so there is no like feelings [*dismissively and vehemently*]. And angry feelings and what. (Int. 1, p. 22, line 29 – 30).

Grace’s dismissive and vehement expression, however, suggests the contrary to what she is saying; that there are many feelings (including anger) about being a mother who works but a good mother prioritises material provision over her own affective experiences. Mothers drew on discourses of instrumental mothering, rather than intensive mothering acts, to suggest that a ‘good mother’ is a ‘good financial provider’ who meets her child’s instrumental needs

through material goods such as food, clothes, toys and books. I argue that mothers emphasize the importance of instrumental mothering in order to subjugate the narrative of intensive mothering, as having a constant physical and emotional presence is a position that is not available to them.

Ntombentsha repeatedly attempted to alleviate the tension between intensive mothering and poverty by adapting discourses of instrumental mothering to positioning herself as a ‘good mother’ who provides:

Ntombentsha: ↑I’m worried! ((nervous giggle)) (SS: hm) I DON’T even buy something for me bec-because of food for my baby. (...) Clothes, o:::r. I pay a-I work for food and a:::, my baby’s food. I didn’t buy nothing for me. (Int. 1, p. 10, line 46 – 47 and p. 11, line 1 - 9).

Through her talk, Ntombentsha is at pains to show that financially providing for her children means sacrificing personal time to work, it also means sacrificing what she needs financially; thus positioning herself as the all-sacrificing mother and ‘good mother’ who cares intensively by meeting a child’s physical and instrumental needs through financial providing. For Nomthandazo, providing financially for her children is also an opportunity to break from the past:

Nomthandazo: Really don’t want that ‘cause they suffered a lot, we suffered that, so I don’t want my babies to suffer, want having to grow up like that where I was growing up (...) oh that’s why I have to work. (Int. 2, p. 30, line 10 – 14).

The women’s talk draws on an instrumental discourse to construct themselves as responsible for financial provision – often this is not only for their child/children but also for their extended family. This subject position is frequently constructed as a lonely and isolated one. Grace’s talk constructs the position of the ‘family provider’ as an isolating role where she is primarily responsible for her extended family: “I have to pay. I have to work now, moes, alone and then it stresses me out” (Int. 1, p. 30, line 24 – 25). Grace takes on the role of the primary caregiver or provider in her relationships and rarely looks to others for help. She must remain strong and do it herself: “I MUST DO A LOT, A LOT” (Int. 1, p. 11, line 9).

This was also evident in Eleanor's talk when she spoke about how little financial help she gets from her child's father:

Eleanor: (...) I'm gonna try to take him to court because eh his wife don't want nothing to do with the child, even the money he don't nothing to, the money came out (SS: ya) you see? SO I TOLD HIM what must I do, what must I support my child, even if she sick, he don't do nothing (SS: ya) °about it°. (Int. 1, p. 9, line 26 – 31).

It is possible that constructing 'good mothering' as material provision, mothers drew on discourses of consumerism and the neoliberal subject. There may be social status benefits to being constructed as independent and needed by others. In contrast to Ntombentsha, Thandiwe positioned herself in the first interview as an independent subject with individual needs at work and work was constructed as the means to do things for herself:

Thandiwe: Because I get money – at the end of the day. I buy clothes. If I want something, I buy me something. I buy. (Int. 1, p. 13, line 18 – 19).

Positioning herself an independent, neoliberal subject who has the means to buy is also present in how Thandiwe resists assumptions of child-centred discourses by not only focusing on fulfilling her children's needs - sometimes her children are "waiting" for her (Int. 1, p. 14, line 11). Yet Thandiwe also employs discourses of consumerism to position herself as a 'good mother' who buys clothes for her children. Subsequently, this independence is permitted because working and providing for her children means she is also adapting traditional discourses of intensive mothering to include the role of 'good providing'. In this section, an analysis of the text suggested material provision as a dominant construct of 'good mothering' and as a construct which positioned mothers as financial providers for their children but also for their extended families.

6.2.2. *Mothering as ensuring a thriving and surviving baby's body*

Drawing from developmental discourses, the 'good mother' in these mothers' talk was constructed as one who attends to her baby's physical body by being attentive to her infant's physical health. This produces the subject position of the baby as a 'physical body' and mothers as an object to the needs of the infant's physical body. It also leads to an emphasis

on the physical development of the baby over emotional and relational development. In this section, I present findings that support these claims including evidence of the construction of the environment as dangerous, which bolstered mothers' employment of discourses that emphasized baby's physical body.

6.2.2.1. The baby as primarily a physical body

The intensive mothering construct perpetuates the belief that 'good mothering' involves a mother who is *solely* devoted to her child's well-being and it is this type of mothering that is believed to promote healthy child development – both physical and emotional (van Doorene, 2009). Traditionally, this promotion is expected to take place in the form of constant physical presence and emotional availability. As working mothers, these mothers resisted this social expectation and emphasized attending to their child's physical well-being and being the physical carers when their children were ill:

Nomthandazo: (...) I just stay at home when the baby's sick (SS: hm)
'cause he was very sick last month (Int. 1, p. 13, line 27 – 28).

In this extract, Nomthandazo employs the instrumental mothering discourse and positions herself as the 'good mother' who will not allow her work to negatively affect her child's physical well-being and development – that she will "stay at home when the baby's sick" as if to inform me that she takes her responsibility for her child's health and safety seriously. In the second interview, however, it becomes clear that work is at times an obstacle to her ability to take up this position:

Nomthandazo: AND even now, he's sick – I have to ask somebody else tomorrow when I come to work to send him to the doctor. (Int. 2, p. 23, line 10 – 11).

Emphasis on the baby's body is also apparent in Grace's talk which was predominately about her baby's health and safety. With both her children having a history of illnesses, discourses of physical health are present in her talk of difficult pregnancies, her daughter having cerebral palsy and needing regular occupational therapy sessions as well as her son suffering from jaundice in the first month. In her talk, she describes being particularly preoccupied during her pregnancy with concerns about having "incompatible blood" (Rh

incompatibility) (Int. 2, p. 42, line 51) to her son and with how she was worried about whether her body might harm her son's health during delivery:

Grace: [*firmly*] It was mostly fears for-for the baby or what can happen to the baby. Maybe miscarriage or-or-or being handicapped or disabled. That was the biggest fear because you didn't know [SS: yes] how the child would come out [SS: yes] because I was stressing the whole few months (...) Anxious about the blood (Int. 2, p. 43, line 12 – 31).

Both pregnancies for Grace were challenging as there were concerns about her children's health and, emphasizing physical thriving and surviving, she feared having a disabled child or losing her baby. In this talk Grace is constructed as an anxious mother but also as a mother who attends to her child's physical needs. Throughout the interviews, Grace was preoccupied with being the 'good mother' who attends to her children's "safety and their health" (Int. 2, p. 31, line 3) and often made reference to her role and responsibility in maintaining her children's physical well-being by seeking out medical intervention; thus, 'good mothering' was constructed as providing the appropriate and necessary medical and physical care for one's child. One of the consequences of this was that at times Grace positioned her baby as a physical body with only physical needs to be satisfied and I was left wondering about her baby as I felt I did not really know him as a person with emotional needs:

Grace: Hm no, she [**her mother**] only say I mustn't spoil him too much, sitting with him the whole weekend on your hip, like that. Or when he cries for something, I give it to him – >I mustn't do that<.

Siobhán: And when she says that how do you feel?

Grace: Ah I say it's fine, he's just a baby ((waves hand dismissively)). (Int. 1, p. 18, line 5 – 10).

In the extract above, Grace's talk suggests the idea that babies are (immature) subjects with thoughts and feelings is resisted by her mother; for example, the idea that she is spoiling her baby points to a tendency to construct a baby as someone who might manipulate a mother if he is given too much attention. Similarly, while Grace constructs herself as an object to her

baby's needs, at the same time in her comment, "he's just a baby", she positions her baby as a personless figure.

These mothers' talk tended to centre on their infants' *bodies*; thus maternal subjectivity was constructed as an experience that centred on a child's *physical* development. Drawing from medical discourses and discourses of child protection, mothering was an experience where a child's physical safety and health was a priority. A shared meaning across the interviews was that the health and safety of baby is the most important element of good maternal care. The discourse of instrumental mothering, which emphasizes physical bodies and health, present in these mothers' talk challenges psychoanalytic ideologies - that chiefly focus on the mind - and informs us that concern over the baby's physical body is a significant part of maternal subjectivity. An emphasis on medical health and physical bodies meant that the body of the baby in this study frequently represented these mothers' competency; in these interview encounters, a physically thriving baby represented a 'good mother'.

For one particular mother, Eleanor, her talk was a bit different to the other participants, in that alongside a focus on baby's bodies, Eleanor also acknowledged the importance of looking after a child's mind. She hoped to break the generational pattern of 'failed parents' by remaining mindful of her daughter's internal world and removing her from harmful situations, including from her own mother because her daughter's mind is "recording everything":

Eleanor: Yes, that's why I decided I must take my daughter ah-uh. I must take her the state she is in now, she is recording everything (SS: ↑hm), yes (Int. 2, p. 26, line 30 – 31).

Eleanor's emphasis on being a 'good mother' was underpinned by constructions of her own developmental past:

Eleanor: Because sometimes the thought of what our parents did in the past ((voice breaking, more tears)), ah, they just came to us (SS: hm) and now, we MUST solve their problems that THEY DID, you see? BUT if they were the ones who make uh, uh a path for us, we will be ok. (Int. 1, p. 11, line 4 – 8).

When making reference to intergenerational transfer, Eleanor constructed some parents as ‘good’ or ‘failed’ caregivers because she, as a child, “must solve their problems” rather than following a “path” made by her parents. Eleanor constructed her mother, as well as other mothers in the community, as failed parents who left their children to suffer by failing to meet their children’s needs both emotionally and financially. Eleanor’s construction of these parents as different to her - as individuals “who is out there and go jolling” (Int. 2, p. 44, line 20) - bolsters her own position as a ‘good mother’ by contrast. Through othering, Eleanor tends to split her family, as well as her community, into those that are mindless and those who are mindful; she distances herself from those who “don’t think (...) they do know but they ignore” (Int. 2, p. 44, line 40). In this context of deprivation, and as a way to distance herself from this position of a ‘failed mother’, Eleanor positions herself as the ‘good family protector’ who draws on child-centred discourses: she constantly remains aware of how children can be negatively affected by their parents. In order to be different to her mother and to be the ‘good mother’, Eleanor constructs herself as focusing on her children:

Eleanor: Even now, the way-why I say that, because the age I’m in, I’m 34 years now so I cannot go back doing some other stuff. (...) I’m passed that. I’m focusing on my, my children (Int. 2, p. 36, line 15 – 18).

This way of talking about her baby, was quite unusual in the data set as dominant in the talk was a construction of the ‘good mother’ as one who ensures that her child’s physical development thrives. Ultimately, a ‘good mother’ is constructed to be responsible for her infant’s physical survival. An instrumental mothering discourse was drawn on by these mothers and bolstered by talk of an environment constructed as dangerous and deprived.

6.2.2.2. Environment constructed as dangerous and deprived

In these mothers’ talk, environmental factors were constructed as powerful, life-defining constructs. Constructs of poverty and deprivation were quite prominent in these mothers’ talk reinforcing that a ‘good mother’ is one who protects her child’s physical health and safety. In the interviews, conversations centred on how infants are at risk in the environment they reside in; these mothers performed ‘good mothering’ by working to meet material needs *and* protect physical needs in a dangerous and impoverished environment. Mothers talk about how they cannot depend on family because they are not working and if they do not work,

they will be deprived too. This is evident in Thandiwe's talk as she talks about the consequences of living in a community of poverty and unemployment:

Thandiwe: Because I was not working. NO-ONE. No-one was in work at that time. (...)↑Yho:!! I was crying (SS: yes) because I was – I didn't know if I eat tonight. I don't know or wh-what where am I go'na get my food again. How can I get my food again. (Int. 1, p. 5, line 12 – 16).

In the above extract, Thandiwe is positioned as a powerless mother in a deprived community. She is constructed as emotionally distraught as she faces an uncertain future in a deprived community. Ntombentsha's construction of the world as a dangerous place is evident in fears her neighbour will hurt or take away her baby since she is unable to mother her child full-time and intensively because she is at work:

Siobhán: Are there things you worry about with your baby? Or when your baby grows older?

Ntombentsha: °I worry°.

Siobhán: Ok, what do worry about?

((Pause))

Ntombentsha: I'm worried, I thinks-think maybe my neighbour like my baby because he see me I'm not here, he always take my baby. I don't know.

Siobhán: So you're worried someone will hurt your baby?

Ntombentsha: Ya ((nervous laugh and moves in chair)). (Int. 2, p. 36, line 41 & p. 37, line 1 – 2).

In this extract, Ntombentsha and I construct her neighbourhood as mistrusting and one where she could be punished, or stripped of her title and rights as a mother, for not taking up

intensive mothering by offering constant presence and availability for her son. What is particularly interesting here is that her talk constructs this danger as a possible punishment for not being physically present with her child.

Nevertheless, the environment as a dangerous place was also constructed as existing independently of these mothers' actions. Thandiwe worried about my safety when I would visit her home for the infant observation:

Thandiwe: (...) I was saying you mustn't visit me by my house because the space, there's a lot of skollies.

Siobhán: ↑oh, no, no, no (...) you were saying that I THAT I MUSTN'T come into [Place name].

Thandiwe: Yes.

Siobhán: So you were worried about me coming to [Place name]?

Thandiwe: Yes ((nervous laugh)). (Int. 1, p. 34, line 11 – 17).

Thandiwe draws on a discourse of maternal care to position herself as a 'good mother' who is concerned with others' safety, including my own, in a dangerous environment. The extract above regarding my safety shows parallels with an infant's safety. Constructions of the outside world as a dangerous place rationalize, and perpetuate, the employment of instrumental mothering with an emphasis on the baby's body. A 'good mother' in this particular environment is one who keeps her child safe by protecting her child from any form of physical harm. With the assumption that the world is a dangerous place, the construct that the mother must focus on her baby's vulnerable body is perpetuated.

While most mothers who participated in this study constructed the environment as dangerous, Grace, constructed her environment as a "close-knit community" who values working mothers and when talking about her neighbourhood, she frequently positioned herself in a world where "THEY SUPPORT ME" (Int. 1, p. 16, line 13):

Grace: No! They support working mothers - Yes. (...) It's because, 'cause we are a close-knit community and everybody is going through the same

thing. Daughter having a baby and maybe married, not married ((waves hands on either side to indicate difference)). And so there for each other.

Siobhán: And do you find that at work? Do the moms that work here talk to each other?

Grace: Yes, we do talk because the children go through the same stuff - most of them. (Int. 2, p. 38, line 5 – 28).

As shown in the extract above, connections were constructed based on similarities as mothers “go through the same stuff”. By talking about maternal similarities, in spite of difference in relational status, Grace constructs her community as one who she identifies with, challenging notions that the environment is mistrusting and dangerous. Grace refers to a sense of belonging as she talks about a community who is “there for each other” both at work and in her larger community. This positions her in a community that is constructed as safe. In addition, she constructs her community as one that supports mothers who work as well as a community that promotes instrumental mothering over intensive mothering. By Grace constructing her community as one that is accepting of her as a working mother, she positions herself in a safer and more secure social position because she is then an accepted and valued working mother; thus, a ‘good mother’ from a ‘good’ community. Her construction of her community as socially safe and accepting, however, is contradicted by constructing the community as dangerous to her reputation because it is evaluative and judgemental of mothers. I will discuss this in more detail when describing the evaluative gaze in the mothers’ talk.

6.2.3. *Finding substitute carers*

In these mothers’ talk, the position of the ‘good mother’ was a position with little support emotionally, socially and financially. Mothers positioned themselves as the caregiver who is primarily responsible for their children; and could meet this primary responsibility by being the main breadwinner, through financial provision, but their working role did not allow them to be present full-time. Consequently, a ‘good mother’ was constructed in their talk as a mother who finds suitable, substitute care for her infant. For example, Thandiwe constructs

motherhood as an act of finding a substitute carer, who is approved or accepted by the community, when she is unable to care for her children:

Siobhán: A crèche – is that hard for you to send your baby to crèche?

Thandiwe: Ah-uh I know this lady. (...) Yes, I'm ok. I'm trusted because all those kids that was there are near. (Int. 1, p. 12, line 26 – 29).

In the extract above, Thandiwe suggests that substitute carers are appropriate if they are known to you and if the children in the community in which you live (“near”) are also entrusted to their care. Similar to Thandiwe, Grace positions herself as a ‘good mother’ who has authority over who is the ideal carer for her baby; as shown below she chooses her mother to take care for her child:

Siobhán: So not feeling very worried when you are at work.

Grace: Yes, my mom is with him (...) We do things differently like ((laughs)) she will hit him ((pause)) and I won't do that. Or shout and I won't do that. You see ((pause)) but, ah, he loves her very much, man, you see?

Siobhán: Does it upset you sometimes?

Grace: ↓No because we used to knowing that thing. She got to say what she wants to say, you see and you just accept it and - ya. (Int. 1, p. 22 – 23, line 51, 1 – 22).

In the above extract, Grace positions herself as the ‘good mother’ who has found the ideal carer – a family member – but she is also constructed as passive and powerless to how this care is conducted as she must “just accept it”. Therefore, the extent to which this substitute carer is a real choice or an affordable option becomes less clear.

Mothers in this study constructed social and structural problems (such as a lack of childcare resources) as a restriction on their choices about care for their children. In the

extract below, Eleanor also constructs the ‘good mother’ as someone who needs to find adequate, substitute care in spite of limited resources and challenges:

Eleanor: No, IT’S FINE because I I-I think I start on July. My baby was on the crèche I took her to the crèche. (SS: Hm) So I decided the way they treat her. There it was not nice so I decide to take her, my mother must look after. Her (SS: Hm) and then my mother say because she is not working, she can look after her. (Int. 1, p. 3, line 10 – 19).

While in the above extract Eleanor constructs herself as making a decision, it is also evident from the following extract in interview two that Eleanor’s choices are restricted. Below, Eleanor informs me that she had to take her child back to the crèche because of her mother’s drinking:

Eleanor: I TAKE HER TO THE CRECHE OVER MY MOTHER, MY MOTHER WAS DRINKING THIS WEEKEND and then she shout at me “take your baby to the crèche” so I decide ok. A person if-if you are drunk, you saying stuff that you always think of that time when you are not drunk (SS: hm). So I say ok, she want me to take my baby to the crèche. She’s fed up now to see my baby anymore (SS: no) so I-I don’t want the excuse that she don’t work because she is looking after my child so now, I must take my child and then I decide to call my granny-the one I told you about? (SS: Ya) I decided to ask her to – take my eldest one, to °to go to school that side°. When we go in December (...). I-I don’t feel right but-but it’s a better way for me to-to do it. (Int. 2, p. 23, line 12 – 26).

In the above extract, Eleanor begins by suggesting that she needs to find alternative care for both her children because of her mother’s drinking. As she continues, however, her narrative suggests that it is not so much the drinking but her mother’s complaining about the childcare when drunk that offends her. Eleanor constructs herself as not wanting to be blamed for her mother’s position in life (for not being able to work). Eleanor’s talk positions herself as having no other choice but to find alternative forms of care for her children, such as taking her baby to crèche and asking her “granny” in the Eastern Cape to care for her eldest daughter. These childcare options are largely family based, demonstrated by her decision to

approach another family member to look after her older child. Eleanor expresses her worry about these childcare arrangements in the extract above, and repeatedly in the interview expressed her concern about sending her baby to crèche. What is important for the purposes of the analysis, however, is that Eleanor, and the other mothers in this study, constructed finding substitute care as an important part of their mothering role. Their talk, however, positioned them as having very little choice in who they chose as ‘substitute carers’.

Even if it was not their first choice, all mothers constructed motherhood, as a working mother requiring the assistance of ‘other mothers’, be it grandmothers, family members or crèche-mothers. For some mothers, this included having to send their children to family members in other provinces. As shown in the extracts, however, this was not a straightforward task for mothers.

6.2.4. *Maternal preoccupation in the absence of baby*

Maternal preoccupation is also constructed as an act of good mothering. These mothers, however, reconstructed the traditional notion of maternal preoccupation to emphasize thinking about one’s baby while physically separated from them, and, drawing on an instrumental discourse of being preoccupied with their children’s needs and physical well-being. Mothers resolved the tension of work and ‘good mothering’ by resisting the subject position of accessibility – the concept of being physically present for their children – to maternal preoccupation in the absence of their child. In spite of a lack of close and frequent proximity, mothers spoke about how they would wonder how their children are doing and that they would phone their child’s caregiver during working hours to hear how their baby’s day has been.

In the extract below Eleanor explains that although she cannot be physically present for her child, she is maternally preoccupied with her well-being:

Eleanor: It is hard ne? (SS: hm). It is hard to be a mother that’s working because you wh-whatever, NOW I’m at work and I’m worried how is my baby reacting to those people there at home (SS: hm). See now she is at the crèche, how’s-I’m thinking about her. Otherwise, sometimes if you’re a mother, you always want to contact that (SS: Ye:::S), listen to us: how is she doing? How is she doing? ((asks question in an animated way))

(...)You checking ((laughs)) every time how is she doing. (Int. 2, p. 45, line 17 - 26).

In the extract above, Eleanor is able to position herself as a ‘good mother’, despite a lack of physical proximity to her child, by constructing her mind as present, even in the baby’s absence. Below, Grace makes reference to moments of quiet at work, when her mind turns to her child, again constructing herself as a ‘good mother’ while resisting the intensive mothering discourse:

Grace: Yes, I do miss it ((looks down)) – but here you are working the whole time so your - mind don’t have time to think home, you see? ‘Cause you forever busy for the next hour, for the next hour but when you quiet then you thinking what he doing? Did he drink the bottle? Did he do that? How’s he’s mouth? ((points to teeth)). (Int. 2, p. 49, line 6 – 10).

Importantly, this maternal preoccupation was not evident in all the mothers' talk. Khethiwe’s narrative smoothed over any personal difficulties or challenges in being a work-mother and did not signal any maternal preoccupation in the absence of baby though clearly resisted an intensive mothering discourse:

Siobhán: Are there, are there any other times when things are a bit tough? Where it gets a bit difficult having to look after your baby and work at the same time?

Khethiwe: °hmm, no°.

Siobhán: So you feel you manage both?

Khethiwe: Yes.

(...)

Siobhán: Hmm, hmm. When you leave him there and you get to work, how are you feeling?

Khethiwe: Yoh-oh. I feel right. (Int. 1, p. 12, line 21 – 45).

The extracts above show mothers' talk constructing maternal preoccupation as a quality of 'good mothering' while working. Constructions mostly concentrated on a baby's physical well-being but mothers, while resisting the intensive discourse of mothering, still positioned themselves as 'good' by representing their babies as a priority in their minds, positioning themselves as self-less mothers, secondary subjects.

6.2.5. Summary

Drawing on extracts, in this first part of this findings chapter, I have demonstrated that mothers draw on specific shared meanings of instrumental mothering to construct themselves as a 'good mother'. The qualities of 'good mothering', in these cases, included material provision, attending to the infant's body, finding substitute carers and maternal preoccupation in the absence of baby, concentrating specifically on physical well-being. These particular mothers position themselves as 'good mothers' in less traditional ways and employing a discourse of instrumental mothering enabled them to do this.

6.3. 'Mother trouble'

Employing a discourse of instrumental mothering may function as a way to position mothers as 'good mothers' but came with 'trouble' for these particular women. I argue that this 'mother trouble' is evident in three ways in the interview text: 1) Through the construct of an evaluative gaze which saw mothers constantly having to shore up their positions as 'good mothers'; 2) through the precarity of their position as 'good mothers' by virtue of their socio-economic status and working role; and 3) through the pull of discourses of inherent and intensive mothering, which often meant trying to 'be it all' while grappling with ideological dilemmas. Each of these is closely examined below.

6.3.1. *Under an evaluative gaze: Infant's body as a site of maternal competency*

Mothers often made reference to an evaluative gaze in their talk when positioning professional and healthcare practitioners as scrutinizing subjects, as well as other women or mothers as judgemental subjects. This evaluative gaze is constructed as focusing on maternal competency, where the infant body is constructed as a site to evaluate maternal competency.

Firstly, figures of scrutiny featured in these mothers' talk in the form of medical experts. Professionals, such as doctors and nurses, were often constructed as judgmental experts who adopted an evaluative gaze. The following extract is an example of this talk which suggests a preoccupation with being judged by nurses:

Thandiwe: I-I, she was a problem before because the other mothers give the babies three months, if the baby is crying, you think the babies want the pap because her stomach is not full (SS: yes) and then I was buying the pap. She was three month, four months and then, she was sick after ((looks worried)). I was at [**Hospital name**], No, >take it back, take it back<. It was not [**Hospital name**] [*anxiously*] (...) Yho:::, I was fe-I was angry because she was very sick and ((slight laugh)) I wasn't tell nurse I was giving pap, I say I don't know why she was crying. I didn't know I was doing wrong (Int. 1, p. 15, line 12 – 21).

In the extract above, Thandiwe describes not being able to be honest with the nurse, out of fear of getting into trouble for giving her baby solid food earlier than what the guidelines recommend. Extracts like this show how it may be hard for mothers to be honest with experts because they are construed as characters that may pathologize or blame them for their child's suffering. Through this talk, infant illness, and by extension infant's bodies, are necessarily a reflection on women's mothering abilities. Another extract from Thandiwe, further illustrates this point:

Thandiwe: (...) the other babies they, they – my baby right back ((lowers hand to show small height)). Ya, she was quite, um, small. Ya, I was, I-I-I was eight and half months (...) Ye:::s so the other baby maybe she gotta a mother that only give, get ↑ten month pregnant (SS: hm) so yes, it was bad-the baby is big because, because already finish moes and then my baby wasn't finish then that time back. (...) NO, I was worried because my baby was small and the other one was ↑big, yes (Int. 2, p. 35, line 11 – 37).

In the above extract, Thandiwe constructs her infant's body as a site of her competency when talking about other babies being "bigger than my one" (Int. 1, p. 16, line 17 – 20), also suggesting maternal competition in her environment where mothers compare their babies'

physical appearance and health; thus, comparing their ability to mother. This suggests that the evaluative gaze was not only located in professionals but also in other mothers. Thandiwe tells me how a physically big baby represents a baby that is growing:

Thandiwe: (...) because the other babies are grown like you know the other babies are not the same – so my baby that was born-that one that as born was so small (SS: yes) and then other babies, maybe boy is getting 400 grams, 400 it's big (SS: ye:::s) so when she see the others, the other babies, so when I put my baby back it looks like this ((shows a low height with hands)) but it is not like that, it is just the eyes. (Int. 2, p. 34, line 34 – 40).

In the extract above, Thandiwe stresses to me that her child is not small, and thus not an unhealthy child of an unfit mother, but that her child *looks* small to judging eyes (“it is just the eyes”). Later Thandiwe challenges the evaluative gaze on her baby’s body, and thus her maternal competency, by positioning her child as a relatively lower-weight baby and not a small, unhealthy baby:

Thandiwe: Ya, but was, was three::, also. Three point something so wasn't so small. (...) The other one is 400. He was already finished to grow moes then ten months (SS: yes, ya) and my one eight and half (SS: Ok.). Yes (SS: Hm). And my one eight and half, yes. (Int. 2, p. 36, line 32 – 41).

Here, she further tries to challenge this form of evaluation by reminding herself and me that, as a result of a premature birth, her child seems smaller because the other full-term and longer-term pregnancy children are “finished to grow”.

Aside from talk representing health professionals as untrustworthy and judgemental, threatening the subject position of a ‘good mother’, interview talk also constructed healthcare professionals as unhelpful and demanding:

Khethiwe: Sho, you know ‘cause sometimes you are in a lot of pain. You don't know why. You don't know – they want you, they want this, they want this. (SS: Hmm). Then what?! ((pause)) And on that day when you are going to get them, yoh! It's a lot of pains (SS: Hmm, ya). I've done that. It was alright. (Int. 1, p. 14, line 14 – 16).

In this extract, where Khethiwe is talking about her experience of labour, professionals are not positioned as supportive but rather as demanding and insistent as “they want” something from her as she goes through this stressful and painful time. I was also aware in the interview that in her talk Khethiwe could possibly be positioning me – a healthcare practitioner – as one of these demanding professionals, who wants time and information from her. Aside from being demanding, healthcare professionals were also depicted as unhelpful because they withhold guidance and information. When her baby was unwell, Thandiwe positioned herself as the not knowing mother who had to seek guidance and vital information from the all-knowing experts who “don’t want to tell you”. This is illustrated in the extract below, where Thandiwe positions herself as the not knowing, and possibly wrong, mother needing assistance from nurses constructed as all-knowing experts who intentionally withhold information from mothers:

Thandiwe: Yes, she started pap eh five months. (...) Yes, I was scared because I was doing wrong. (...) Yes, I was telling the nurse THERE IS SOMETHING WRONG HERE ((laughs)). There is something wrong here.

Siobhán: Yes, so you thought just as a woman, she would =

Thandiwe: ((laughs)) BUT they don’t want to tell you. (Int. 1, p. 15, line 35 - 38).

Representations of healthcare professionals as judgemental, untrustworthy, demanding and unhelpful emphasized that mothers were under the scrutiny of an evaluative gaze where the baby’s body was understood to be a physical site that reflected their maternal competency, determining whether they were ‘good mothers’ or not. These representations of these healthcare professionals possibly fuelled the subject position of helpless, unknowing mothers for these women. Similarly, Nomthandazo described constantly seeking advice from others based on the assumption that ‘experts’, such as the sister (nurse), the social worker and her pastor, will be able to solve the problems she struggles with thereby positioning herself as the not knowing mother and wife because “he’s gonna say what I must do or what I must”:

Nomthandazo: At the clinic, I was at the clinic- [Place name]. SO there was a sister there talking about the childrens (SS: ya). So I called the sister there, I told her about my-about my situation and she say, she gave me the number to go to the social worker is that the social worker can – he’s gonna say what I must do or what I must-so I did go there. (...) My pastor and then the pastor phone-there was a thing for marriage people. (SS: Oh, ya.) So I told, I don’t think, my husband he’s gonna go, he’s gonna come here. She say ok, give me his number and then he phoned (SS: ya) and after that, he phoned and I was there, here at my-my pastor’s house. (Int. 1, p. 16 - 17, line 32 – 42 & 1 – 12)

As already mentioned briefly above, in these mothers’ talk, the evaluative gaze did not only come from health professionals but also from their community, including other mothers and women in particular. The mothers in this study mostly constructed their community as one to be avoided as it was depicted as being a community of judgement, generating suspicion. This talk justified extracting themselves from the communal space but also meant that they were inevitably positioned as isolated mothers. In the extract below, Grace’s talk demonstrates this finding:

Grace: (...) I was just working and at home, this child at home. I didn’t even take her to the neighbours – that time – when she was still small. She only got out when she was about eight months or nine months because - and I never walked with her because I never believed in taking a child out of this house (...) I wanted the child for myself. (...) but you know with some people, they–they-they very jealous man. You see? And then-then they see the child and they want to talk all their own stuff [**their own children**] and how looks the child. Like this one – and the hair and the colour ((points to own hair and skin)) and the eyes – and they talking, you know the talking! They ask a lot of questions [*suspiciously*]. So I felt, no why must I take this child out – NOT because of that, you see, it’s because I was never sitting out at other people’s house. You see, that was the reason and most of the time, me and she was at home and so. So. (...). Yes.

Siobhán: When they did that, how did you feel?

Grace: I was just laughing and ugh whatever, whatever. They all say oh the child has nice hair, green eyes. Where does this child get these eyes. SO YOU SEE but you don't, the child don't have to look like you or the dad [*irritated*]. They just maybe look like, like somebody in the house. (...) Or the extended family but you know you get some, some little people who don't think. (...) ↓they only think about how the dad looks and how you look ↑but they don't about, maybe the father, the father of him was you know, Black or so. (...) I didn't give them ammunition to say something bad, you see? Because they don't know my stuff, hm. You see, to talk about. (...) Yes, yes or the, you know, the young girls are like that. Not the old ones. (Int. 1, p. 27 – 28, line 25 – 51 and 1 - 51).

In this extract, Grace's talk positions herself and her infant as helpless and powerless victims to "jealous" people in an accusational and intrusive outside world. It is unclear from the extract what exactly Grace is trying to get at, but arguably she is hinting at other people questioning the paternity of her children by asking questions about who they look like. This certainly hints at Grace having to resist constructions of herself as promiscuous. Unlike in the previous section on discourses of instrumental mothering, where the environment is depicted as physically dangerous, here 'danger' centres on damaged reputations. In this, Grace's talk suggests that she can do nothing but withdraw from the community. Thandiwe's talk below also locates this kind of 'danger' outside of her family:

Thandiwe: Oh, I'm not outside. °I don't have friends outside°.

Siobhán: Oh, ok – is there a reason for that?

Thandiwe: Ya, I don't like because the mother outside go to the – men, she expect you to speak your problems and-so I don't like to speak my life problems or my, my STUFF or house stuff.

Siobhán: If you do, what do you think will happen if you tell them what is going on?

Thandiwe: Maybe it is gonna fight with me, yes. (Int. 1, p. 18, line 24 – 31).

And later:

Thandiwe: ‘Cause sometimes your friend is jealous about your marriage or your husband is loving you too much and then he [**friend**] is jealous. (Int. 1, p. 19, line 28 – 29).

In the above extracts, Thandiwe constructs a clear divide between ‘inside’ (her home) and ‘outside’ (her community). She constructs outside people as wanting to fight and specifically of being jealous of her as the ‘good woman’ who is married and loved. Constructing her female friends as jealous subjects, she employs othering discourses and positions the ‘other’ women as ‘bad women’. By contrast, while she is isolated, she is also a ‘good woman’ protecting herself.

Similar to Thandiwe, Ntombentsha also narrates a tendency to keep to herself because she feels she cannot trust others. She describes not feeling understood by others resulting in her maternal experience being constructed as one of isolation in a mistrusting world:

Ntombentsha: [*confidently*] No – when you talk something the other one hear then everybody ((stretches arms out)) knows. (Int. 2, p. 27, line 44).

Ntombentsha explains how she cannot be open to other mothers about her challenges because she cannot trust them not to gossip about her.

Some mothers tended to split the maternal community into ‘good’, competent and supportive moms and ‘bad’, incompetent and judging moms in order to shore up their positions as ‘good’ and ‘competent’. Thandiwe’s talk often split the female community into good versus bad dichotomies; as a result, her talk suggests uncertainty and constructs a tense maternal community: a space where one can identify with other mothers, “I like because we are discussing about the baby” (Int. 1, p. 16, line 24), but it is also a “judge me” place. In the extract below, Thandiwe tells us how she remains silent in her mothers group and avoids telling the other mothers about her problems. In this extract, we can see how Thandiwe positions herself as a mother who is suspicious of other mothers who she constructs as judgemental:

Siobhán: So they won't really understand, they might be quite mean=

Thandiwe: Or maybe judge me, ya, yes (SS: ya). If-if I tell them my problems then they are going to go to the other house to tell these things.

Siobhán: You feel they would spread gossip and things.

Thandiwe: Ye:::s, I don't like that.

Siobhán: It feels like outside of the church, you feel you can't trust people.

Thandiwe: But I'm not talking, even in the church I'm not talking-not talking my problems. I'm talking the small things.

Siobhán: Even at the church it feels you can't trust people completely?

Thandiwe: If I want to talk my serious, I can go-go to me pastor, yes to ask.
(Int. 1, p. 18, line 38 – 41).

Positioning themselves as socially isolated due to the environment, adds to the construction of their vulnerability. In this section, I have argued that despite mothers' talk positioning themselves as 'good mothers' by employing instrumental mothering, this positioning was frequently depicted as 'under attack' or at least a target of judgmental evaluation by health professionals and community members. This talk worked to create 'mother trouble' as it often eroded representations of the 'good mother', though by demonizing professional helpers and community members, mothers were able to uphold their own goodness by contrast.

6.3.2. *Working mother: A position of power or vulnerability?*

I have been arguing that although mothers employed an instrumental discourse in order to position themselves as 'good mothers' when an intensive discourse was not available to them by virtue of their work, at times their talk got them into 'mother trouble'. I argue that one way

in which this trouble was instigated was through the ‘breadwinner’ role, a valued subject position constructed by these mothers but nevertheless a precarious one. Despite working long hours, these mothers are in low income positions earning little money and having limited power associated with their position in their social system. Despite employing an instrumental mothering discourse to construct themselves as ‘good mothers’, this construction required constant bolstering against the reality that they are ‘struggling breadwinners’ who are dependent on their employers for income.

This is evident in Grace’s talk where the position of a working mother does not equate to that of a “rich mother” who can act independently or provide in excess of basic necessities:

Grace: ((laughs)) Maybe I wanted to be a rich mother, GIVING THEM WHAT THEY WANTED” but unfortunately I’m not that rich so we are happy with having what we have - yes. (Int. 1, p. 25, line 10 - 14).

Mothers in this study positioned themselves as the ‘good mother’ within instrumental mothering but given that they ‘do’ mothering in an impoverished context with little support for mothers in terms of affordable childcare, and limited financial means, mothers often found themselves in vulnerable positions as struggling breadwinners. This is shown in the extract below with Eleanor:

Eleanor: Yes, it is sometimes even this morning I was so upset because everything is under my shoulders because I can’t afford and now I have a lot of credits and I must pay those things, you see and now, I have nothing left for me (SS: ya), you see, even to go to-to shopping and then I must buy something for me. (SS: ↑hm, hm.) Every time I think of them, I put them first. (...) And even now, I must save now to go to the Eastern Cape. All of them want to go but there is not enough because each one of us must have, have R1310 (SS: It’s a lot of money) so it’s R5000 for them. (Int. 1, p. 5, line 6 – 22).

Eleanor positions herself as the struggling and overburdened breadwinner as she tells me that the care and welfare of her family is all on her shoulders but due to her low income and being the only breadwinner in the home, she cannot afford to financially maintain this role and her debt (“credits”) is accumulating. In this extract, Eleanor could also be employing a

particularly gendered role where it is assumed that as a woman and a mother she must put others first as well as sacrifice her needs and “have nothing left for” herself. Eleanor’s position as provider may appear to offer her power and authority over the family, however, the extract above illustrates how her position as a working mother is tenuous and burdensome, pushing her into a position of vulnerability. This is also evident in the extract below where Ntombentsha talks about having little money:

Ntombentsha: ((Shyly smiles)) °No° ((pause)) but I’m struggling with my baby now. My husband is working now, is working BUT the money is ve:::ry little. (...)‘Cause I buy, I buy everything (...) Ya, little money. He want another-he want another job because that, (SS: ok) that f-don’t pay the right money (...).↑I’m worried! ((nervous giggle)) (SS: hm) I DON’T even buy something for me bec-because of food for my baby. (Int. 1, p. 10, line 23 – 47).

Similar to Eleanor, Ntombentsha is positioned as a struggling breadwinner who is worried about her finances. She explains how her husband is working but due to him earning “very little”, the responsibility to financially provide for the family and “buy everything” still falls to her. As the struggling breadwinner, Ntombentsha also constructs herself as the all-sacrificing, ‘good mother’ who does not buy things for herself. In the above extract Ntombentsha positions herself as both powerful and powerless: Ntombentsha tells me how her husband is working but she points out how he is only earning “little” money, possibly positioning herself as the primary provider in the household. The position of the primary provider is usually assumed to be the father’s role and is often associated with a position of authority – in this way, Ntombentsha is in a position of power. Nevertheless, Ntombentsha is still powerless to her circumstances because she is still restricted by her low income and limits on her ability to provide for both herself and her family. This position of vulnerability is evident in her talking about her being “worried”.

In her talk below, Nomthandazo positions herself as a vulnerable working mother and struggling breadwinner because the withdrawal of her husband’s support results in her solely depending on her income:

Nomthandazo: Because now it’s almost easy to spend money –and then I have to work. I don’t get money from the fathers ne? (SS: hm) and then I

have to spend a lot of money and then they still working. (SS: hm). I don't know. (SS: Hm, hm). Whether I'm thinking stupid or not, I dunno. 'Cause these are boys and the old one is eight years moes so when he see the clothes-I used to buy him expensive clothes in December (SS: hm) but now he's suffering and I'm thinking °I dunno°. (Int. 2, p. 22, line 24 – 40).

In the extract above, Nomthandazo explains the difference between having two incomes and one income as she tells me that previously she was able to better provide for her son in the form of expensive clothes but since she no longer receives money from either her son's father or husband, she is now positioned as a struggling mother and her son as a suffering child. Nomthandazo's powerless and helpless position is particularly evident in her saying that she does not know what to do or what she can do about her and her children's challenging circumstances.

The extracts above indicate that in broader contexts of power, the social system has power and individual mothers are positioned as powerless and helpless. This subject position of vulnerability was echoed in the participants' fear of being in trouble at work. This fear was evident in how the interviews were set up with the factory with managers being constructed as an uncompassionate authority, me as the 'expert outsider' and mothers as the powerless and passive workers. This is demonstrated in my field and reflexive notes below:

Field and reflexive notes, 11 November 2015:

Getting permission from managers/supervisors: some resistance and difficulties surfacing. They are concerned about time, production and that an hour long interview will be disruptive. It is as if there is a clash of needs, such as between work and personal needs as well as practical demands and the emotional world.

I feel we (myself included!) are all making decisions and choices for mothers but they are not actually getting a say. Where is the mother's voice? Who is speaking for whom? And is this ok?

There seems to be little willingness from the work environment to adapt or make adjustments; I feel pressured to compromise the study in order to meet work demands and not get mothers in trouble. There are difficulties around compromise, trying to allow the two worlds to exist and work together – this is possibly the mothers' experience. Also difficulties

around integration – almost hard to think of a solution without feeling something must be sacrificed.

Mothers are put in the middle of this tension between my/the research needs and supervisors'/work's needs. But where would mothers position themselves (even if not aware of it)?

As seen in the extract from my field and reflexive notes, management was constructed as a resisting authority who prioritised work responsibilities. This is to be expected in a work environment but it also reflected the tension between work and 'other' demands. Allied with HR, I felt I was constructed as an advocate for emotional and psychology well-being but this came into conflict with manufacturing and production. Throughout the negotiations, I was very aware of the mothers not having a voice as management, HR or I 'spoke' for mothers, pursuing our own agendas and not asking mothers directly about their desire to be involved in the study. In our talk, we positioned mothers as powerless and passive workers who cannot speak for themselves.

This was evident in mother's constructing authority as something to be feared. In spite of being permitted to attend the interview during working hours, mothers were still concerned that they would be reprimanded for leaving the production line, often resulting in mother's needing reassurance about coming or arriving late to the interviews. I recorded this as a repeated theme in my field and reflexive notes:

Field and reflexive notes, 12 May 2016:

A letter was given to management and after a number of discussions between HR and head of manufacturing, we managed to find suitable times. But throughout the study, mothers still seemed to be worried that they would get into trouble. I'm not sure if they were being pressured or guilt-tripped by supervisors or if there is a general fear of authority.

Positioning management and supervisors as a fearful authority to powerless, passive workers featured in Thandiwe's talk as she told me, "I'm worried about my, about my supervisor" (Int. 2, p. 38, line 17 – 18). Although not openly expressed in the actual interview, similar positionings were present in Eleanor's exchanges with me:

Field notes, 3 October 2016:

There was lots of SMS correspondence with Eleanor because she was fearful of getting into trouble with supervisors – not sure if it is real or imagined fear because I have been told that they have permission.

In spite of HR making supervisors aware of the interviews, Eleanor requested that I ask HR to inform her supervisor of the interview again.

It is also likely that mothers were unconsciously resisting the encounter; this may be especially so for the two mothers who 'fled' without speaking to me about their intentions or any possible concerns. Nevertheless, family obligations and responsibilities made it difficult for mothers to commit to some of the interviews and the infant observations. These challenges surrounding the interviews point to their particular circumstances, often circumstances of poverty, highlighting the lack of control mothers have over their environment.

Dominant themes of financial and contextual deprivation in these mothers' community resulted in limited constructions of themselves as an active subject. For example, due to their deprived and impoverished 'physical space', the mothers positioned themselves as having little choice but to work in order to survive:

Nomthandazo: YES it's hard (SS: hm) but I don't have a choice (SS: hm).

I-I have to come to work (SS: hm, hm). I just stay at home when the baby's sick (SS: hm) 'cause he was very sick last month. (Int. 1, p. 13, line 27 – 28).

Positioning oneself as a choiceless – and helpless – mother is evident in Nomthandazo's talk above as she explains that that she has no choice but to work in her 'physical space' and mother instrumentally – be it through material provision or attending to her baby's physical health. Throughout our talk, both mothers and I neglected to challenge the system in which they work and mother, and in my Reflexive Diary I had noted how I too

had not given enough thought about these mothers' difficulties and numerous demands (Reflexive Diary, Interview Process, 19 August 2016). One could interpret this as positioning mothers as the 'failed mother' rather than acknowledging how the social system is failing working mothers. Against constructs of a social system that is not supportive of mothers employed in low income or semi-skilled occupations, mothers are in positions of helplessness and powerlessness.

Participants would counteract their vulnerability within this system by positioning themselves as gaining independence and self-fulfilment from work. While participants positioned themselves as passive subjects who "must work" (Grace, Int. 1, p. 22, line 29), the flip-side to this position was that work was also constructed as a means that allowed mothers to challenge their positions of helplessness and powerlessness. Work was a space of agency where individual needs could be met for these mothers. For example, Thandiwe constructs work as a retreat from home stressors and demands:

Thandiwe: Because eh, it [work] keep, keep my, keep it fresh ((points to head)). When I'm at home I keep everything, I start to think (SS: ya). When I'm at work, I don't think (...) yes and when you work, you feel young. (Int. 1, p. 12, line 33 - 38).

At work, she positions herself as an independent subject – different to a maternal subject - with individual needs and work as giving her the means to do things for herself:

Thandiwe: Because I get money – at the end of the day. I buy clothes. If I want something, I buy me something. I buy. (Int. 1, p. 13, line 18 – 19).

Nevertheless, there is a contradiction in the working mother role: work allowed mothers to draw from discourses of empowerment and independence but, as discussed in 'Mothering as material provision', work was also constructed as a means to provide and care for children (and not mothers). In other words, work was a space of independence but it was also a means to 'serve' others. Moreover, as discussed in detail above, the participants' social circumstances and context, meant that this position of working mother as empowered and independent was constantly under threat making their 'good mother' construct quite precarious.

6.3.3. *The pull of intensive and inherent mothering discourses: Ideological dilemmas*

As I have argued in the first part of this chapter, across the interviews, the mothers would perpetuate the notion that a ‘good mother’ cares instrumentally for her child. While this instrumental mothering discourse was dominant, discourses of intensive and inherent mothering, influenced by traditional gendered parenting assumptions, were nevertheless still present and mothers often found themselves caught between the two which came with its own ‘trouble’ of maternal sacrifice and exhaustion. Both the mothers and I perpetuated the traditional construct of the ‘good mother’ by maintaining taken-for-granted inherent assumptions that a mother’s (and woman’s) primary responsibility is the well-being of her child. Inherent mothering discourses were employed in constructions of traditional gender roles and assumptions of maternal desire. As discussed in the literature review, patriarchal discourses position women as inferior and submissive to men; thus, these discourses are at the centre of confining women to feminine roles, which are assumed to be powerless and helpless, such as motherhood. At the same time, inherent mothering constructs ‘good women’ as those who mother and act within gendered roles of parenting; more specifically, a ‘good mother’ is one who prioritises her role as a mother, centring her life around her children by intensively *and* instrumentally caring for them.

Throughout her talk, Ntombentsha described herself as the only one responsible for taking care of others because “My family don’t help me” (Int. 1, p. 20, line 8). Grace also engages with discourses of gendered parenting:

Grace: I must do this and that and juggle around making food and cleaning.
(Int. 2, p. 48, line 12 – 13).

Grace constructs herself as the main caregiver of her children and her boyfriend (her son’s father) is mostly absent from her talk. Grace took for granted that mothering is her sole parenting responsibility. During anxious and chaotic situations - including when she was pregnant with her son - Grace maintains the discursive position of being a solely responsible, but isolated mother as she struggled alone in a world of absent assistance, accepting little help from anyone. Khethiwe engaged with discourses of inherent mothering and gendered parenting in her talk in suggesting that emotional and relational parenting is only the mother’s role in the home while her boyfriend contributes financially:

Khethiwe: He, uh, he gives ↓thing for the baby. Ya, money for food, shopping. Everything (SS: Hm). Nappies and all. (Int. 1, p. 16, line 14 – 15).

Thandiwe assumed childcare was her responsibility, and not that of her husband's, resulting in her having to mother with very little support. Thandiwe's talk constructs the stress of having to engage with both working and mothering - playing both roles results in high demands being placed on her:

Thandiwe: Because there is no-one that is gonna support. Because if you want a baby like that, that baby is lot-is too much, ne! It's three ((shows with fingers)). And my husband also, and my house also. I supposed to have someone to help me (...). (Int. 1, p. 12, line 1 – 4).

Although assuming gendered roles of parenting, Thandiwe also challenges these norms when saying "I supposed to have someone to help me" suggesting she does not want to be the only carer. In the interviews, mothers narrated stories of sacrificing their own needs, feeling overworked and, at times, overwhelmed in trying to manage the ideological dilemma of how to be a 'good mother' between competing discourses. These working mothers spoke about mothering being an experience that is stressful as they were expected to provide for the whole family on their own. There were numerous examples of Eleanor, a working mother in a house of six people, constructing herself as a mother who has to do it all for a number of family members because she is the only one working:

Eleanor: It's, eh, ya, it's not full house but the thing is there is challenges because it is only me who is working. (Int. 1, p. 2, line 41 – 42).

Eleanor continues to explain that she is also expected to look after other children, such as her niece, but she has to do this without any support and little gratitude:

Eleanor: (...) and then my brother work and then I was looking after his daughter. His daughter came to us when she was nine months, now she is five years. (SS: OK.) So she grows up under our roof. (SS: Hm, hm). Just that daughter now is ungrateful (SS: ok, ok) There is no support now even

to her mom, her father also don't support her and my, my, my baby, the father, they are separated fathers. (...) he stays at work. He is working at **[Place name]**. (Int. 1, p. 3, line 1 – 29).

Eleanor's talk may be referring to how mothers and their acts of mothering are often taken for granted and it is socially assumed that as a mother (and a woman) she inherently should be taking care of others. Her talk points to the emotional demands of 'doing' instrumental mothering while also employing inherent mothering. Similarly, in the extract below, employing both discourses takes an emotional toll on Eleanor with her feeling very stressed about having bought everything for each family member, including her baby:

Eleanor: Yes, yes it is very **[stressful]** (SS: hm) – because my mother also she's drinking and sometimes you-you-you in a situation where you can't afford everything in the house (SS: hm) because ah I came here in **[month, day]** , **[day]** of **[month]** after maternity leave then, now everything is looking to me and I must do everything, I can't- and the money we get here is not enough (SS: not enough) to, to support. Even my baby don't have a grant moes, it is only the eldest one. (...) because we must buy everything for them, clothes, food and then now. I have BABY (smiles) the baby also need (SS: hm) and stuff is expensive. (Int. 1, p. 3 – 4, line 35 – 42 and 1 – 14).

Nevertheless, also present in Eleanor's talk is some resistance to "Every time I think of them, I put them first" (Int. 1, p. 5, line 14 – 15) or "just focusing on other people than myself" (Int. 2, p. 31, line 19) as it is a role that comes with "no thanks" and thus, she has a wish to be "selfish" and to rather engage in individualistic or independent positions that allow her to "JUST DO WHAT I WANT TO DO":

Eleanor: I just focusing on other people than myself. (...) I'm feeling sad because there are sometimes I just want to be selfish. (SS: ↑Hm, ya.) You see? Sometimes I feel like that, even now because I, I'm feeling now OK, I- I sacrificed for those people but there's no thanks (SS: ya, ya) coming from them so now I'm, I'm tired. I MUST JUST DO WHAT I WANT TO DO. (Int. 1, p. 31, line 19 – 29).

Grace also constructs herself as the all-sacrificing mother who sacrifices her own needs for her children in line with discourses of intensive and inherent mothering. In the extract below, Grace tells me how she is exhausted from having to do so much. She constructs herself as the mother who is willing to sacrifice her time and sleep in order to give for her children. In addition to the all-sacrificing mother she also constructs herself as the all-giving, all-doing mother who works as well as is expected to make food and feed her baby all at the same time:

Grace: (...) it's tiring because sometimes till 11 'o clock. I wake up at half past five then he still laying on the breast ((holds her hands to her breast as if cradling a baby)) (...). Then I must go wash and I must take him with me – he is everywhere! Then, when I finish, dressing myself and everything before seven 'o clock then I start get my daughter and him dressed [SS: Ya] Then I come to work. (...) ((smiles)) IN THE MORNING I MUST DO A LOT, A LOT. I must do the bread and this and that ((moves hands arounds)) and the afternoon stuff and then I must make it, his bottle but while I'm busy doing this bread stuff, I'm sommer do the bottle stuff in the same breath. You see? (Int. 1, p. 10, line 45 – 50 and p. 11, line 1 – 16).

Possibly as an attempt to conform with more traditional notions of a 'good mother', Grace draws on traditional constructs of mothering and gendered parenting as she dismisses individual adult needs, such as adult interaction or relationships, in favour of caring for her children. It is also possible that Grace positioned the researcher, who is employed as a professional in her workplace, as an expert with an evaluative gaze and thus frees herself from scrutiny by positioning herself as a 'good mother' who conforms to more traditional constructs. 'Good mothers' in this discourse are emotionally devoted to others, self-sacrificing and do not have their own needs. The presence of this discourse in these mothers talk conflicted with constructions of 'good mothers' as those who provide instrumentally for their children leading to an ideological dilemma: when expected to do and be it all, how do these mothers maintain their subject positions of being 'good'?

Ideological dilemmas were also present in how the mothers talked about childcare. Below, Ntombentsha talks about how it is hard to leave her baby at crèche, suggesting that discourses of intensive and inherent mothering fuel her difficult feelings:

Ntombentsha: Ya I have been spending, I have been with my baby-the WHOLE day. My baby's happy, happy when he see me. (...) I feel good!

Siobhán: Hm, hm, hm. And when you have these nice days together, these days together is it hard to come back to work?

Ntombentsha: Ya, it's hard. (...) was thinking about my baby, maybe when, when he stayed there, he not happy. I don't know (...) 'Cause sometimes, I don't know. When I leave my baby crying, sometimes, just stay (...) I feel ((pause)) ((crunches face)) I not feeling right. (Int. 2, p. 23, line 22 - 37).

Some mothers negotiated this dilemma by fantasising about being a mother who was constantly there for their child: although Ntombentsha was negotiating dual roles of working and mothering, she wished her primary and only role was that of being a mother who is constantly there for her child meeting all his demands. Consequently, she attempts to engage with the intensive mothering discourse but is restricted by work demands and thus, "I don't have time (...)" (Int. 1, p. 5, line 15) from mothering – in other words, she positioned herself as being restricted by her position as a 'working mother':

Ntombentsha: When I was stay at home, I want to stay-if I, I didn't struggle I say-I,I,I stay at home.(...) I didn't, didn't want to come back.

Siobhán: So you actually didn't want to work, you wanted to stay with your baby?

Ntombentsha: Hm. (Int. 1, p. 18, line 3 – 7).

Westernised ideology usually separates a mother's financial and nurturing roles (van Doorene, 2009). Mirroring Western ideology, in most of the mothers' talk there was a tension between discourses of inherent mothering and instrumental mothering which could threaten their 'good mother' position. Some mothers managed this threat by holding both positions of the 'good mother' and the 'good worker' in separate spheres. Mothers employed traditional gendered discourses such as being the only one who is responsible for the children and the

home while also constructed work as an independent space which was free of difficulties of mothering or of difficulties at home. This was particularly evident in Thandiwe's 'split' narrative where she constructed herself as both a working mother who acts independently of her children but also as sacrificing mother who is solely responsibility for her children and the home. As shown in the extract below, she explains that she has to do all these things even if she does not want to because "I'm a mother, no-one, no-one is helping me":

Thandiwe: I worry-sometimes I want to stay, I don't want to do it, I don't want to cook. I want to STAY but I can't. I'm a mother, no-one, no-one is helping me. Please. (Int. 1, p. 9, line 11 – 13).

By engaging with discourses of intensive mothering, her maternal experience becomes all-consuming: "I never stay without my kids" (Int. 1, p. 7, line 17) and I was left wondering if her "please" in the extract above was her pleading for some form of help or support. In spite of maternal and work obligations, she does take pride in fulfilling the expectations of this role. Her sense of worth is intertwined with being positioned within discourses of intensive mothering telling me "I feel right, for them" when she "do everything for my kids" (Int. 2, p. 32, line 33 – 36).

Similarly Eleanor's talk about how she negotiates two different roles emphasizes them as separate spheres:

Eleanor: Because you-you are-the other things, you don't think. There is something that took that stuff in your mind, you just work (SS: ↑a::h, ok) and then you think, now I'm going; ok, this is my duty at home and this is my duty at work. (Int. 2, p. 45, line 36 – 39).

As discussed in review of literature by Campo (2005), the 'having it all' social construct is usually one of privilege because working-class mothers have little choice but to 'be it all' – mother, home-maker, lover and worker – and 'do it all'. In their talk, these women constructed 'having to do it all mothers' as mothers who are expected to be fine with these high levels of demands. Grace, in particular, constructed herself as a strong mother who mothers instrumentally in spite of difficulties and whose "mind-set is right" (Int. 2, p. 13, line 20); thus, distancing herself from 'vulnerable' women. Constructing herself as positive and strong results in maternal ambivalence being neglected in Grace's talk and thus, restricts her

from engaging with the difficult aspects of being a mother and working. In the extract below, Grace explains how a clear head, rather than emotions, allows her to face the world and that it is in her child's best interest to put her feelings aside:

Grace: (...) ONLY SOMETIMES but when my head is clear, I can, I can. When my head is clear, I can face the world, you see? When I relax, and she relax then we can ↑take on the day. ((Pause)) [*Confidently*]. Then there is no problem, you see? That's the thing ((pause)) it is all in the mind. See >when your mind-set is right, we can do it< but when we all on the edge then, then nothing is going to work.

Siobhán: So having to really keep positive =

Grace: ((coughs loudly)) yes most of the time. (Int. 1, p. 13, line 17 – 26).

These more contemporary positions of mothering, which fall under the construct of 'having it all' (Campo, 2005), come at a cost. For these mothers to 'have it all', they must 'do it all': Thandiwe's talk constructs the stress of having to engage with both working and mothering; playing both roles results in sacrifices and high demands on her which, as stated by Thandiwe, "is too much, ne!" (Int. 1, p. 12, line 1 – 4).

Similar to the other mothers, Nomthandazo constructs work as a place where her individual needs of growth (learning and developing) can be met and work also acts as a distraction from her personal worries: "I'm just-I'm just I'm happy when I'm here at work" (Int. 1, p. 7, line 12). Positioned as a working mom, Nomthandazo can construct herself as a competent adult who connects with her peers; however, this contradicts her position as the helpless wife and mother who is grappling with the positions of compliant wife and sacrificing mother. In a position of powerlessness, Nomthandazo swayed between her 'duties' as 'good, all-sacrificing mother' and 'compliant, silent wife' due to her husband not wanting her first born from a previous relationship to live with them and her new baby:

Nomthandazo: They take [**her son**] one year there. He stay there – so it was nice that time but it was not nice for me (SS: Ye:::S) because I know how to grow up with other people (SS: ya) and I dunno these people (SS: ya) – so last year when he come back last December >my husband and I say

when you come back<, you must come back with my son please (SS: hm). And then he didn't like that, he really didn't like – he was want my son to stay there. (SS: ya) So I was-I didn't want because I also was growing up in Eastern Cape so I know °the life there° (SS: ya). You see? (Int. 1, p. 7, line 7 – 14).

The extract above illustrates an ideological dilemma for Nomthandazo. Her husband (the father of her new-born) was insisting that she send her first-born (from a previous relationship) to his 'grandparents'. Nomthandazo was caught between providing the best care for her child needs - because she knew the difficulties of living "with other people" - and following her husband's request to send her child away. With the competing discourses of gendered norms (as the traditional wife) and child-centred care, Nomthandazo did not know which 'sacrifice' she should make. Often Nomthandazo debated what she should do but the tension between compliant wife and all-sacrificing, intensive mother, along with the fear that someone may "take the children" (Int. 1, p. 6, line 33), resulted in her collapsing into a position of the 'helpless mother'. In the extract below, Nomthandazo struggles to position herself as a confident woman who makes her own decisions because she "dunno whether I'm thinking right or wrong" and "dunno what to do". She expresses how she feels helpless to this difficult situation as well as powerless as to keeping her own child:

Nomthandazo: I'm feeling better BUT (SS: hm?) I dunno whether I'm thinking right or wrong. I'm just thinking the first-born of sending him to his daddy. Dunno if it's right or not but I just want to let to know first that I can send the baby to him but then when I want him – he give me the baby back (SS: hm) or else I go to sign at the police station that I give the baby because he don't support the baby and he is working (SS: hm:::, hm). So I dunno what to do. (Int. 2, p. 22, line 7 – 13).

Within cultural and gendered constructs as well as inherent mothering, Nomthandazo positions herself as the powerless women, wife or mother. Nevertheless it is important to also note that by her trying to position herself as the 'good mother' who will not abandon her son, she is also challenging gendered norms of having to abide by her husband's wishes; this challenging was met by fears of being constructed as a deviant woman who does not abide or fulfil her duties as a wife:

Nomthandazo: And then if I say no, I-I feel guilty. Even now I'm stressed. I'm too much stressed. (Int. 1, p. 5, line 10 – 11).

At the same time, challenging traditions runs the risk of positioning her as the 'failed mother' who is "too soft" and prevented her son from following traditional norms and customs. In the extract below, Nomthandazo drew from traditional Xhosa norms that emphasize the importance of a paternal or male figure to guide a son into manhood by going "to the bush". Positioned as a 'single mother' with no male support, she cannot meet these expectations; thus, she fails to ensure her son's development:

Nomthandazo: The boy, yho, he is not right. (SS: ↓hm) Sometimes you need a helper because >maybe I'm too soft< (SS: hm) I don't know. (SS: Hm, hm). 'Cause he don't listen, I can't beat him. And then to my culture, he's growing, he's growing up he is gonna want to go to the bush. (Int. 2, p. 32, line 32 – 38).

Mirroring Nomthandazo's tension of multiple roles, these mothers' talk highlight the push-pull between competing discourses, instrumental, intensive and inherent mothering. In the extracts above, I have shown how this ideological dilemma gave rise to new positions, such as being empowered, independent and competent, but it also came with its own troubles. The position of the 'good provider', intertwined with inherent and intensive mothering, is at a physical and emotional cost where mothers frequently feel the burden of being solely responsible for the material and emotional needs of their family as well as the upkeep of the home.

6.4. Conclusion

In this chapter, I have interrogated *how* these mothers are 'doing' mothering by discussing the key discourses present in their talk as well as illustrating the 'trouble' within their talk. I have explored how in these particular shared encounters maternal subjectivity is constructed as an experience that involves primarily tending to a child's physical development and bodily health. Employing the discourse of instrumental mothering the women in this particular study construct themselves as 'good mothers' who are primarily concerned with their children's

ability to physically thrive and survive, in an environment that is largely constructed as dangerous, harmful and judgmental. This position, however, is not unproblematic as in their talk these women are positioned as subjects to an evaluative gaze where the infant's body is a site of maternal competency, requiring them to constantly shore up their 'goodness' as working mothers. This was often particularly difficult for these mothers, given their socio-economic status and specifically their low earning power and positions of passivity within the organisation that they work. Despite being working mothers who provided for their children and families, this provision was precarious creating 'mother trouble'. Finally, mothers were also frequently drawn back into adopting an inherent and intensive mothering discourse, influenced by notions of gendered parenting, which left very little room for anything else. Employing competing discourses, these mothers' narratives conjured up images of themselves as overworked and exhausted. Adopting instrumental mothering as a dominant discourse in their talk may position these working mothers as 'good mothers'; however, this position is an unstable one, constantly under threat.

CHAPTER 7

PSYCHOANALYTIC READING OF EMPLOYING INSTRUMENTAL MOTHERING

7.1. Introduction

In the previous chapter, I argued that the mothers in this study ‘do’ mothering by predominantly employing an instrumental mothering discourse to construct themselves as ‘good mothers’. Yet, this was not a straightforward endeavour, frequently leading to ‘mother trouble’ as they negotiated this subject position in a deprived context, with competing discourses and an evaluative gaze. In this chapter, the psychoanalytic framework that I outlined in chapter four is employed analytically to go beyond the text to analyse the affective component in interview encounters with one particular mother, Thandiwe. This second level of analysis is interested in the ‘psychological pay off’ of employing instrumental mothering and constructing ‘good mothering’ in this specific way. In this chapter, I argue that Thandiwe positions herself in this way to defend against angst and anxiety. The psychoanalytic reading emphasizes the toll taken on this mother’s psyche when the system makes it difficult to be a ‘good enough mother’. By analysing particular interview extracts from Thandiwe, I address *why* this mother and I invested in adopting this particular subject position of the ‘good mother’ as a ‘good provider’ despite this position being precarious in her context. I argue that this mother and I both employ instrumental mothering yet invest in this ‘good mother’ position for different psychological reasons.

7.2. Case Study: Thandiwe

The following section is a psychosocial reading that builds on the previous chapter. Thandiwe was chosen for the in-depth case analysis of this thesis because the intersubjective encounter demonstrates clearly the co-construction of the instrumental mothering discourse alongside changes in modes of mentalization. The psychoanalytic reading below is presented in two parts: the first is the pen portrait which describes Thandiwe’s background and dominant themes in her talk; the second part presents a fine grained psychoanalytic reading of the interview extracts to illustrate Thandiwe’s and my emotional investment in instrumental mothering.

7.2.1. Pen portrait

Thandiwe is a 35 year petite, Black woman who was easy-going and gave the impression of a contained, all-together person. She lives with her husband and three children (eleven year old son, eight year old daughter and six month baby girl). Her baby girl was born two to three weeks premature and Thandiwe expressed a concern about her small size and not being able to breastfeed. Apart from suffering hypertension when she was pregnant, there were no other difficulties during the pregnancy and birth. She described her child as a healthy baby but who was smaller than other babies and struggles to sleep. A striking quality to Thandiwe's talk is the emphasis on her infant's physical body and health. At the time of the interview, Thandiwe's husband (of eleven years) was not able to work after being injured in a motor vehicle accident; hence, Thandiwe is the sole provider working at the factory. She has an older brother and sister with whom she is emotionally close but is unable to see them frequently as they reside outside of Cape Town.

Dominant themes of loss and 'substitute mothers' are present when Thandiwe talks about moving at the age of fourteen years from the Eastern Cape to Cape Town. Thandiwe had multiple caregivers, including her grandmother and maternal aunt from the age of three years until she moved to Cape Town to live with her mother. This time away from her mother was painful for her as she tells me: "I didn't like it because it wasn't my mama" (Int.1, p. 3, line 21). It is evident in Thandiwe's talk how not having her mother care for her was a great loss and at the age of nineteen years, her mother passed away. In spite of having limited time with her mother, Thandiwe tended to refer to her mother as the ideal, strong mother that she identified with, and she continued to pursue activities that interested her mother such as being involved with the church. Thandiwe also spoke about her mother-in-law as "like my mother" (Int. 2, p. 30, line 25) yet the two mothers were represented quite differently with her biological mother constructed as maternal and nurturing while her mother-in-law was the matriarch - a form of authority - in the family.

Throughout her first interview there was ambivalence in her talk as she shifted between talking about being the parent who is solely responsible for and focused on her child, drawing on intensive and inherent mothering discourses, to how her husband helps with childcare and how she is an independent, working woman, drawing on instrumental mothering discourses. She expressed some wish to follow her dreams (such as starting her own catering business) but, as she at other times positions herself as the 'good mother' who draws on intensive mothering discourses, she is unable to fulfil these dreams. Nevertheless, she enjoys her work

and uses it as a retreat from home stressors as it is a space where she “don’t think” (Int. 1, p. 12, line 37). Both the working and mothering roles had high demands on her time and this was evident in her not being able to attend two scheduled interviews. In the second interview, Thandiwe was not able to meet the ideals of ‘working woman’ *and* ‘good mother’ due to her work demands and after her infant falls ill again, she decides to “give my baby to mom [mother-in-law] in the Eastern Cape because I don’t have time for her” (Int. 2, p. 24, line 18). Following this, she tries to adapt her ideal of a ‘good mother’ to include a mother who finds a suitable, trustworthy ‘substitute carer’.

Two characteristics stood out for me about Thandiwe in these interviews. The first was her commitment to her religious practices and the second noteworthy characteristic were the striking contradictions about her independence that were present in her talk. Thandiwe drew from religious discourses to position herself as a ‘good’ woman who devotes her time to prayer: “I pray twelve ‘o clock, eight ‘o clock, and three ‘o clock” (Int. 1, p. 10, line 1). This, however, is often at the expense of her experiencing her own individual and separate self as Thandiwe explained how she would not offer her opinions to the church group and struggled to develop her own ideas about mothering as a result of the group’s opinions. Nonetheless, being involved in activities and mother groups at the church gives her a sense of inclusion. She was hesitant to talk about her family, constantly shifting in her chair when I asked about her family – she seemed quite uncomfortable, as if it was not acceptable to talk about family matters with an ‘outsider’. In addition, Thandiwe’s life appears to centre around her nuclear family as she told me that “I don’t have friends. My husband is my friend. And my kids” (Int. 1, p. 19, line 11) because she cannot trust friends. Thandiwe tended to split the female community into good versus bad dichotomies and there seemed to be a sense of uncertainty about whether the maternal community was one of support or judgement. Judgement centred on maternal competency and her baby’s body – physical health and appearance – represented whether she was a ‘good mother’ and she feared that she had failed in some way by having a smaller baby who was born prematurely.

Another frequent theme present in the two interviews with Thandiwe was that of powerful authority and constructing herself as powerless. The church and mothers’ group are constructed as forms of authority who can judge Thandiwe and thus, she mostly remains silent. Thandiwe tries to challenge this silence by voicing her own truth and by not being “worried about judging baby” (Int. 2, p. 37, line 34). Her positioning as the powerless, voiceless mother is also evident in her talk about her relationship with her mother-in-law, her supervisors at work and medical experts. Within the interview context itself, in spite of being

given permission, she was especially concerned about punishment for being away from the lines due to the interview. In contrast to what seemed like dependent relationships on her family and the church, she would talk about her independence by positioning herself as a neoliberal subject who has money to “buy me something” (Int. 1, p. 13, line 19). She also expressed her independence in her mothering practices as she would resist assumptions of child-centred discourses by not only focusing on fulfilling her children’s needs but by also focusing on her own needs; sometimes her children are described as “waiting” for her rather than her waiting for them (Int. 1, p. 14, line 11).

7.2.2. Interview Extracts

To closely explore Thandiwe’s emotional investment in the discourse of instrumental mothering, I have chosen these two specific extracts from the interviews to illustrate the affective component in our talk and moments of co-construction. These particular extracts illustrate Thandiwe’s construct of the ‘good mother’ as one who prioritises her infant’s physical health and survival. Our talk about her infant’s body and health positions her baby as a physical body and her as the ‘provider’ to the needs of this physical body. I have chosen an extract from interview one where Thandiwe first talks about the importance of an infant’s physical health; the second extract illustrates a significant event in her life of having to send her baby away and, I argue, illustrates why she invests in an instrumental discourse of mothering - as a way to defend against difficult feelings.

Before the extract below, Thandiwe was telling me that for the first five months her baby struggled to sleep; she explains this was difficult for her because she did not know why her baby was crying and not sleeping. She added that there was some improvement in the last month but it was particularly difficult in those five months where she herself was also not sleeping and some nights she would just cry with her baby. Before she moved on to talk about her baby’s physical health, she explained how she could not solve what was causing the sleeping problem and she had to seek out help from a pharmacist. We then move to the extract below where we chat about her initial concerns about her baby’s eating and physical health.

Extract 1: Taken from Interview 1 (Transcript 1: p. 15, line 12 to p. 18, line 13)

- 1 **Thandiwe:** I-I, she was a problem before because the other mothers give
2 the babies three months, if the baby is crying, you think the babies want

3 the pap because her stomach is not full (SS: yes) and then I was buying
4 the pap. She was three month, four months and then, she was sick after
5 ((looks worried)). I was at [**Hospital name**], No, >take it back, take it
6 back<. It was not [**Hospital name**] [*anxiously*] (...) Yho:::, I was fe-I
7 was angry because she was very sick and ((slight laugh)) I wasn't tell
8 nurse I was giving pap, I say I don't know why she was crying. I didn't
9 know I was doing wrong.

10
11 **Siobhán:** Because the other mothers do this and it was ok.

12
13 **Thandiwe:** YES! The other babies were ok but my one wasn't ok.
14 Because I want my baby must eat because I want my baby, must be big
15 ((laughs)).

16
17 **Siobhán:** Ya, ya. Wanted to make sure she was healthy, she was getting
18 everything she needs. But then she wasn't well.

19
20 **Thandiwe:** Yes, she started pap eh five months. (...) Yes, I was scared
21 because I was doing wrong. (...) Yes, I was telling the nurse THERE IS
22 SOMETHING WRONG HERE ((laughs)). There is something wrong
23 here.

24
25 **Siobhán:** Yes, so you thought just as a woman, she would =

26
27 **Thandiwe:** ((laughs)) BUT they don't want to tell you.

28
29 ((Both laugh))

30
31 **Siobhán:** That was very hard. (T: Yes). SO, you wanted her to be a big
32 baby?

33
34 **Thandiwe:** NO, she is not-not big. (...)Yes, ah, I wanted her to be big
35 because I see the other babies and they are BIG. °And this one ((points to
36 self)) is small°.

37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70

Siobhán: Hm, hm. Does-does that bug you? That she's small?

Thandiwe: Yes! ((laughs)) It upset me ((laughs)) when I see my one, ((show low height)) and see the other one, it's big. Sometimes I don't like that one, I must stay next to my baby because when I see my baby it looks like it's not growing.

Siobhán: Ye:::s, sho! And then do you wonder if there is something wrong with your baby because she is not growing?

Thandiwe: Yes, I was thinking is there something wrong.

Siobhán: Hm, hm – so does the mothers in the community sometimes compare their babies?

Thandiwe: Yes, yes

Siobhán: What is that like for you? (...) Or does-sometimes we worry about asking for help because we are worried people will judge us. Do you sometimes feel that?

Thandiwe: YES! Yes

Siobhán: You feel that. What do you think they will think of you if you ask for help?

Thandiwe: No, I-the thing is-my. No I didn't think but I feel like my baby's small, yes.

Siobhán: This is something you are-are quite, ya, quite worried about. About her size. (...) Are you worried-or is there something-do you have fears about that, that something will happen to her if she stays small?

71 ((Pause))
72
73 **Thandiwe:** Yes, I was worried (...) But now, she is right now, that time
74 she was two months, three months, yes.
75
76 **Siobhán:** Did you think she would get hurt because she was small?
77
78 **Thandiwe:** Uh-ah.
79
80 **Siobhán:** You just wanted her to be the same as the other babies. (...)
81 You didn't want her to be different?
82
83 **Thandiwe:** ah-huh. ((laughs loudly))

Thandiwe rescheduled her second interview due to her having to go home after work to be with her ill baby. As she told me about this, she was quite worried about her child and our conversation centred on her baby's needs and her duties as a mother (such as being physically present to care for her sick child). The extract below is from the beginning of interview two where we follow up on her child being ill.

Extract 2: Taken from Interview 2 (Transcript 2, p. 24, line 7 to page 25, line 30).

1 **Thandiwe:** NO, it was nothing. I think, he was sick. ((puts hand on
2 forehead))
3
4 **Siobhán:** Had a bit of a temperature, oh. And how is your baby now?
5
6 **Thandiwe:** Alright now.
7
8 **Siobhán:** Because you seemed quite worried?
9
10 **Thandiwe:** No, it is alright now.
11

45 **Siobhán:** When you think of it, what you-what is going on inside?
46 What are you feeling?
47
48 **Thandiwe:** No::: nothing.
49
50 **Siobhán:** Ok.
51
52 ((Pause))
53
54 **Siobhán:** And when you leave your baby there, how do you think you
55 will feel?
56
57 **Thandiwe:** I feel like – everything is going to be better. Yes.
58
59 **Siobhán:** I wonder if you will be sad?
60
61 **Thandiwe:** Me?
62
63 **Siobhán:** Ya, when you leave your baby there?
64
65 **Thandiwe:** Oh, uh-ah.
66
67 **Siobhán:** °Not sad°.
68
69 **Thandiwe:** °because my mother is° - (...) Because my mom is going to
70 look better than me, because I’m busy now.

7.3. **Analysis**

By analysing these extracts from a psychoanalytic perspective, I hope to offer some understanding of both Thandiwe’s and my own emotional ‘pay offs’ for investing in an instrumental discourse in these texts; thus, address the question *why* Thandiwe and I are invested in a discourse of instrumental mothering in this particular interview encounter. I explore fluctuations in this mother’s and my capacity to mentalize alongside the employment

of discursive positions. In this study, mentalizing is understood to be mediated by both interpersonal and socio-historical contexts; thus, mentalizing is conceptualized as an intersubjective concept (Saville Young & Berry, 2016; Scholtz, 2017). My interpretation suggests that both Thandiwe and I are invested in this particular discourse to: 1) Deny fearful feelings of failure; 2) Defend against feelings towards the baby; 3) Defend against feelings of powerlessness; and 4) Repress ambivalence.

7.3.1. *Denying fear of failure: Being the 'good mother' and 'good woman'*

By positioning herself as both a 'good mother' and 'good woman' (at work and at home), both Thandiwe and I are able to deny the fear of maternal failure. Throughout her talk in the interviews, Thandiwe positioned herself as the good, Christian woman and the perfect mother in order to fit within the norm and be accepted by society. Nonetheless, the two chosen extracts indicate that she was not coping and it is possible that it became too hard to face this reality when her child fell sick.

In the first extract, universal mothering – as in mothering the same as other mothers - represented 'good mothering' while anything unique or different represented 'bad mothering'. We see this at the end of extract one (line 76 – 83) where Thandiwe indicates that she was worried about her daughter being different ("small"); if her baby is different to other babies then she too could be different to other mothers. In our talk (and demonstrated in my question: "fears about that, that something will happen to her if she stays small?" Extract 1, line 69), a crying baby represented a small and sick baby or a hungry and not-growing baby; and these 'types' of babies are regarded to be different, possibly even 'failing' babies. This may have resulted in her questioning whether she is a 'good mother' because she no longer 'does' mothering the 'normal' way; thus, her baby's body puts her at risk of being perceived as a 'failed mother'. It is possible that some of this anxiety was associated with her diagnosis of high blood pressure during pregnancy and having an emergency caesarean; and I wondered if Thandiwe feared there was a risk of her baby being different as a result of these events. It is possible that in her mind, her baby's small size indicates prematurity and an abnormal birth; hence, her daughter's small size shows the other mothers how Thandiwe and her baby are, in fact, different. Her baby's small body, within an instrumental discourse, is indicative of her positioning in this discourse as a 'failed mother' – her baby was not thriving. To defend against fears of failure, Thandiwe's talk aligns herself with other mothers by "buying the pap" (Extract 1, line 3 - 4); by positioning herself similar to other mothers, she is

positioning herself to fit in with the ‘norm’ and thus, by default, could be positioning herself as the ‘good mother’. Thandiwe expresses her wish for her child to be big like the other big children; her talk suggests that a small baby is a baby that is “not growing” (Extract 1, line 46) as well as a vulnerable baby who she must protect by staying “next to my baby” (Extract 1, line 42). Thandiwe is invested in her baby eating well and in her growing big and healthy (Extract 1, line 14) in order for her baby’s body to show that she has fulfilled her instrumental duties. Talk about meeting her child’s physical and material needs was an attempt to deny feelings of failure as a mother as Thandiwe would explain how she is still a ‘good mother’ in spite of not being present for her child.

Thandiwe is not alone in this process of positioning herself as the ‘good mother’ as I also position her as the ‘good mother’ who meets the conditions of instrumental mothering by stating she wanted to “make sure she [**her infant**] was healthy” (Extract 1, line 17); thus, I point out how she is taking responsibility for her child’s health and development. When her baby is ill from eating pap; the feelings of failure resurface as she tells me “I didn’t know I was doing wrong” (Extract 1, line 8 - 9); however, Thandiwe is still concerned about her maternal competency being judged based on her baby’s physical health because she does not tell the nurse about feeding her child pap (Extract 1, line 7). This could illustrate psychic equivalence as Thandiwe may believe that her own thoughts of being a ‘bad mother’ may actually be true and therefore there is the risk of being exposed to others, such as the nurse.

Thandiwe’s talk suggested a preoccupation with being judged by other mothers and as a result, her ability to think about her baby’s needs (such as food options other than pap) was constrained. Thandiwe’s concern about being judged as a ‘bad’ or ‘failed’ mother could be interpreted as a form of anti-mentalization: Thandiwe’s preoccupation with her baby’s body and physical health (“I want my baby must eat because I want my baby, must be big” Extract 1, line 14) being identical to the other babies - and thus, with herself as a mother who ‘fits in’ – may have resulted in her initially not being able to think about her child’s individual and unique needs. Nevertheless, interpretations must be grounded in the research context which means representations are reconstructions from both the interviewer and the mother (Saville Young & Berry, 2016). To avoid pathologizing Thandiwe, we must consider the interpersonal encounter of the interview relationship and note that I played a role in the construction of the binary ‘mother support versus mother competition’ by asking questions that focused on contrasting babies in mother groups (Extract 1, line 50 – 51). Her talk constructed the maternal community as one of support but also of comparisons; by showing concern for her baby’s physical health and appearance similar to the mothers in this group, she is not one of

the ‘other’ mothers outside of the norm which represent ‘failed parents’ in the community. I reiterate the notion of staying within the norm in my statement: “Because the other mothers do this and it was ok” (Extract 1, line 11).

Together, Thandiwe and I construct her as the good providing mother in the interview encounter – one that is an all-sacrificing mother and happy to be in a position of instrumental mothering. Yet at the same time we also perpetuate the assumption that a ‘good mother’ should be present for her children and rather than finding a more adaptive discourse, the two roles (worker vs. mother) remain split, they cannot come together in this encounter. This is evident when her baby is sick and she cannot attend to both her maternal and work responsibilities. Thandiwe is confronted with an ideological dilemma of competing discourses of the ‘good worker’ versus the ‘good mother’ and her talk suggests that a ‘working mother’ cannot be a ‘good mother’. This seems particularly the case because the discourse of instrumental mothering has failed – she has not managed to keep her baby fat and healthy. Holding this dualism was at a huge emotional expense to herself as she would tell me, “I FEEL STRESSED” (Int. 1, p. 8, line 40) and by the second interview, she is unable to fulfil both roles and decides, just like her own mother, to send her baby away to her mother-in-law (Extract 2, line 19 – 20). To resolve the tension between the two competing discourses of the ‘good worker’ and the ‘good mother’, she adapts the notion of a ‘good mother’ to one who seeks out and *provides* adequate care for her daughter; such as sending her daughter to a safe place where her health can be protected by a suitable and acceptable ‘substitute mother’. The position of the ‘provider’ relieves the tension of both roles because she does not “have time for her” (Extract 2, line 20) and she is “busy now” (Extract 2, line 70). By doing this, she can maintain her position of the ‘good worker’ who is not distracted by maternal duties as well as the ‘good woman’ who follows family customs and traditions; yet at the same time, she is still a ‘good mother’ because she ‘provided’ more suitable care for her child in the form of sending her baby to her mother-in-law. This wards off the fear of maternal failure or inadequacy. In her statement: “Because my mom is going to look better than me, because I’m busy now” (Extract 2, line 69 - 70), Thandiwe is rationalizing that she is being a ‘good mother’ because she is offering her child something better – she is ‘providing’ a suitable and “better” substitute carer and she affirms this – or reassures – herself by stating: “everything is going to be better. Yes” (Extract 2, line 57). In this statement, however, one could interpret the possible presence of feelings of failure or inadequacy in her saying that she is not good enough and her mother-in-law will “look better than me”.

Her talk suggests a split between working and mothering, individual and family needs, and it was not possible to adopt both discursive positions. It became too difficult for Thandiwe to be both a ‘good mother’ *and* a ‘good worker’; and she was unable to integrate these two roles. It is possible that this collapse was almost adaptive as it would relieve her from the tension of dual roles in an environment that does not support her playing both roles. She was not able to be the perfect mother who intensively cares for her child but letting go of this role opened up a space for the position of ‘independent woman’ who now “have [sic] the time” (Int. 2, p. 45, line 36).

To summarize, our preoccupation with judgement in extract one suggests a fear of being perceived by others as a failure. This preoccupation, however, made it difficult to think about the baby’s needs. By ensuring that her baby’s body was the same as others, Thandiwe could be attempting to deny any fear of maternal failure.

Her baby’s health and safety appears to be a real concern for her but it is also likely that this discourse was prominent in this particular intersubjective encounter because Thandiwe was speaking to a healthcare practitioner. Across the interviews, preoccupation with health and child development was a crucial part of being a mother; Thandiwe may be invested in these discourses in this encounter to show a professional that she is taking on what is expected to be her responsibility to ensure that her child survives and thrives. In other words, it is a moment where she can demonstrate that she is the ‘good mother’ by exhibiting her strengths and capabilities to a ‘scrutinizing’ professional. Thandiwe tells me that although she was angry about her baby being ill, she still did not tell the “nurse I was giving pap” (Extract 1, line 7 - 8). This may suggest a defence against the anxiety of being judged as a ‘bad mother’ who was “doing wrong” (Extract 1, line 9) by a professional; subsequently, Thandiwe’s talk ensures that she presents as a ‘good mother’ to me - another professional who has the expertise that could be used to evaluate her maternal competency. Thandiwe goes on to tell me how she “didn’t know I was doing wrong” (Extract 1, line 8 - 9) – her use of the word “wrong” could symbolically be read as a fear that doing this *does* make her a bad mother. In her later statement, “I was scared because I was doing wrong” (Extract 1, line 20 – 21), she suggests that she does fear she did not protect her baby from harm.

Thandiwe also maintains a split narrative and positions herself as both a ‘good mother’ and ‘good worker’ to defend against her fearful feelings of being a ‘failed mother’ and ‘failed worker’. Constructing herself as ‘good’ and competent in these roles, she denies any sense of failure. Moreover, by maintaining a split between the two roles and not allowing any demands or stressors from either role to spill over into the other, she curtails any possibility

of being overwhelmed and thus also any possibility of not being able to meet role expectations. When her baby fell ill, the tension between work and mothering threatens the ‘good’ of these two roles and she expels her anxiety of failing by rejecting her maternal role.

Although there was a sense of connection in the interview encounter, through my perpetuation of the discursive position of the intensive ‘good mother’, we struggled to maintain mutual recognition in the interview which possibly resulted in Thandiwe being silenced. I struggled to surrender to the third as I collapsed Thandiwe and my mind into one, not recognizing the other as having a separate mind. Only by holding the tension of difference – be it between Thandiwe and me or competing discourses - can a space open up for a new way of being to take place. Her work identity and mothering identity were both present in her talk but the co-existence of the two was tenuous; similar to other differences in our talk, I was not able to hold onto the two resulting in a collapse where it was only possible for her to be either a ‘good mother’ or ‘good worker’. I really struggled to see that Thandiwe’s circumstances only allowed for the subject position of the ‘good provider’ who meets her child’s material needs and provides suitable care from another caregiver.

7.3.2. Defending against feelings towards the baby: Emphasizing the baby’s body

The significance attached to bodies in this South African maternal community is shown in this extract. Mothers constructed the infant’s body as a site that evaluates their maternal competency; thus, a baby’s body represents whether a mother is a ‘good mother’. Both Thandiwe and I construct the body as a site of evaluation by suggesting that “there is something wrong with your baby because she is not growing” (Extract 1, line 45 – 46).

In the first few months of having a baby, it is common for mothers to experience anxiety about their child’s health (C. Long, 2009): Thandiwe expresses her fear and sense of urgency when talking about her conversation with the nurse and her loudly saying “THERE IS SOMETHING WRONG HERE” (Extract 1, line 21 – 22). It is likely that her talk centred on instrumental mothering as well as positions of physical bodies because discourses of the ‘good mother’ instruct mothers to be ultimately responsible for her child’s survival. This is likely perpetuated by the context of collective trauma added to by high infant mortality rates. We defended against anxious feelings by focusing our talk on physical needs and bodies; rather than relational and emotional experiences. Valuing physical well-being is consistent with discourses of instrumental mothering and it also defensively shifts the focus from one’s

emotional experience of fear and vulnerability to being preoccupied with the body such as Thandiwe telling me about her worry of her small child and then quickly – and possibly defensively - shifts to telling me “she is right now” (Extract 1, line 73). This rapid shift (from admittance of “worry” to everything is alright now, Extract 1, line 73) could be interpreted as a moment of anti-mentalizing for us as we failed to recognize emotions. Thandiwe struggled to express or verbalize her feelings; this is especially evident when I asked her what it was like for *her* to be in a community that compares babies and Thandiwe responds by talking about body sizes rather than her own experience (Extract 1, line 64 – 65). This response may have been due to English being her second language; yet she struggled to verbalize when she mostly spoke about feelings. In this analysis of the affective component in the interview encounter, one could interpret this as Thandiwe defending against anxious feelings. Similar to her discussion with the nurse, Thandiwe may have hidden more vulnerable parts of herself by not fully disclosing her experience; thus, preventing me from knowing her in full.

Considering the reality of Thandiwe’s circumstances, as I argued in the previous chapter, it is possible that Thandiwe was invested in discourses of instrumental mothering because it is the only position available to her. Nevertheless, I would also argue there is a ‘psychological pay-off’ when investing in this position (as well as positioning her infant as a physical body) as it acts as a defence against difficult, painful feelings and constrains our capacity to mentalize. The interview with Thandiwe was usually one of good engagement and mutual recognition but when there were feelings of sadness and loss, our capacity to mentalize diminished as if we could not think about the loss of her baby. For example, Thandiwe informs me that “it is fine” (Extract 2, line 24) to send her child away and that she feels “nothing” (Extract 2, line 48) as we talk about it. Throughout the interview, Thandiwe and I struggled to mentalize as we denied the real challenges and difficult feelings she experiences as a mother. Rather than discussing the associated feelings with this change, we tended to slip into pretend mode by focusing on the practicalities and plans of sending her child away, such as her telling me when to send her child (“Yes, so I think Friday”, Extract 2, line 33), and me wondering how she will go about this (“Are you going to go with your baby?”, Extract 2, line 35).

Possibly as a way to not think about the loss of her baby, Thandiwe tells me “no it is fine” (Extract 2, line 24) to send her baby to her mother-in-law; yet during this conversation, Thandiwe appeared to be sad with her head lowered and talking in a softer voice. When I mention that this is similar to her having to leave her mother as a young child (“You also had to go away when you were younger.” Int. 2, p. 27, line 25), Thandiwe laughs at my comment;

this could symbolically suggest that, again, she would rather not hold the loss of a child and a mother in mind. I, however, felt quite sad about this loss and in spite of there being a heaviness and helplessness in the room, Thandiwe struggled to express her feelings or to mentalize. She remained in pretend mode as she was unable to think what this loss would mean for her and her baby. Focusing on the infant body shifted our focus from Thandiwe's own emotions. In line with the all-sacrificing, child-centred mother, it felt difficult to know Thandiwe: "No I didn't think" (Extract 1, line 64). A mentalizing conceptualization could argue that Thandiwe engaged with modes of non-mentalizing, specifically the pretend mode and teleological mode, as there is a split between affective states and reality (pretend mode) as she focuses on concrete phenomena (teleological mode) (Fonagy et al., 2007) to displace her anxiety and concerns onto her infant's body.

Although she looked sad, she was unable to verbally reflect and think about how it feels to lose her baby instead she expressed contentment arguing that it was in the best interest of her baby's health (Extract 2, line 57). When first hearing this news, I was very surprised, if not shocked, that she would be sending her baby away. Our difficulty in knowing how to talk about such an event is evident in the heavy, long pause (Extract 2, line 52). I fell into an anti-mentalizing mind space where I could not think or know how truly difficult it is for these mothers to play both the working and mothering roles and the demands that are placed on them. This is evident in my use of the word "feels" (Extract 2, line 39) as I was not accepting the reality that this child *is* being sent away and that this *is* a tough decision for her to make. Rather, I felt concern about the continuation of the intergenerational pattern of children losing their mothers and mothers losing their children. My ability to truly reflect on her experience was limited; I propose that I adopted a form of pseudo-mentalization or false 'analytic' attitude. In spite of verbally acknowledging that it is challenging for Thandiwe to balance both work and mothering (Extract 2, line 30 – 31) and that this is a tough decision for her (Extract 2, line 39), in the back of my mind I was still denying Thandiwe's reality by secretly (and selfishly) hoping that sending her child to her grandmother could be avoided.

My psychoanalytic theoretical background also acted as a blind spot as I interpreted the act of sending her baby away as likely to be a result of an intergenerational (dysfunctional) pattern. This blind spot is illustrated in my reflexive notes stating:

Reflexive notes, 16 August 2016:

After the interview, I was still secretly hoping that she would change her mind or some miracle would happen so this baby did not have to suffer the same fate as all the other babies before her.

Based on the psychoanalytic, child-centred premise that good child development is mostly the result of a mother being physically and emotionally present and available, I assumed that this separation from Thandiwe (as the biological mother) would be detrimental to her baby. In other words, I too did not want to think about the loss of her child. Unknowingly, I was perpetuating the inherent mothering discourse and failed to recognize her position of providing. Later when reflecting on my countertransference, I had to admit to being resistant to including ‘substitute mothers’ in the care of children. It is likely that I unconsciously drew from traditional psychoanalytic and attachment theories as well as child-centred discourses and inherent mothering (that argue that it is in the best interest for a child to have their mother as their primary attachment figure) to justify why Thandiwe should remain the primary caregiver of her child and defend against feelings of loss and separation in this family.

While analysing the second extract and my statement, “I wonder if you will be sad.” (Extract 2, line 59), I wondered if I was trying to develop a sense of mentalizing between us where we could think and recognize her feelings. I do try to access her feelings when I ask her if it has been difficult to work and mother (Extract 2, line 30 - 31) but Thandiwe responds in the pretend mode by splitting and suppressing feelings associated with the loss of her child and rather predominantly talking about the practicalities of sending her child away and wondering when she should do this (Extract 2, line 33). I then too slip into the pretend mode by forgetting the emotional impact of such as situation and rather wondering how she will send her child, assuming that she will be travelling with her child (Extract 2, line 35). It is also possible that Thandiwe is conflicted between her own experience as a child and her present experience as a mother; it may not be possible for Thandiwe to know how she will feel about a future event as she presently focuses on making a choice that she believes is in her child’s best interest.

I have argued that emphasizing the baby’s body in this text serves two defensive functions: as a site to show her capacity as a ‘good mother’ and to defend against feelings of loss and anxiety about her maternal competency. By prioritising instrumental care and her child’s physical health, Thandiwe and I defend against feelings associated with the loss of

attachment and separation. Thandiwe also uses her baby's current body as a 'site of salvation' telling me her baby is "right now", that she is big enough now (Extract 1, line 73 -74). This talk may have been motivated by the wish to redeem her from any judgement and to show me, as the evaluative gaze, that she is the 'good mother' in spite of her small child and unavailable physical presence.

7.3.3. *Defending against powerlessness*

In the extracts above, we positioned Thandiwe as an object who has little power and agency as we both assume that the best form of mothering is doing what the other mothers do (Extract 1, line 11 – 14), rather than mothering in her own, and possibly unique, way. Interestingly, by unconsciously neglecting her individual experience we were ensuring that she was positioned as the all-sacrificing and needless 'good mother' in this intersubjective encounter. My position of power was a reminder of the position of vulnerability and powerlessness Thandiwe occupied. I defended against these feelings by denying my position – if I did not think of the power I hold, I did not have to recognize Thandiwe's powerlessness. I could deny how I was the bad doer and Thandiwe was the helpless done to subject in this encounter.

Thandiwe's anxiety about being powerless was expressed in her repeatedly saying "I'm worried about my, about my supervisor" (Int. 2, p. 38, line 18) as she feared being reprimanded. When I carefully tracked these statements, I noticed a pattern where Thandiwe would make these comments about authority after talking about difficult feelings and I wondered if it was an attempt to get away from the discussion as well as to introduce the external authority to challenge my perceived authority as the White, English-speaking 'expert'. In our interactions, I was also positioned as the 'White outsider' as Thandiwe often left me waiting for her and only a member of staff had the authority to call her. In my reflexive notes, I recorded feelings of irritation, helplessness and exclusion. By engaging in discourses of difference in this way, we maintained a gap between us where I could only know her discursively and not necessarily interpersonally. In spite of this, there were moments when Thandiwe and I would try overcome this difference of power by identifying with feelings of powerlessness in being located in a factory where we were both anxious about being reprimanded by management:

Thandiwe: I think my supervisor didn't take it, I'm gonna come here.

Siobhán: [*Anxious*] Oh-oh-oh no, no. They know, they know.

(...)

Thandiwe: [*Nervous*] ((giggle)) Yes, I didn't tell my supervisor. (Int. 1, p. 11, line 1 – 7).

When Thandiwe confided in me that she did not know if her supervisor knew she was with me for the interview, my countertransference was one of anxiety and fear that we were both doing something secretive and wrong for which we would be punished by a powerful authority.

I felt protective of Thandiwe and, upon reflection, I noticed that I would try to reassure her that she would not be punished (by her supervisors) for taking part in the interview. This positions her as helpless and powerless (like a child). Unconsciously, it is likely that I was also protecting myself and the study. Taking on the position of the 'protector' of another appeared to be a mutual act as Thandiwe also worried about my safety when visiting her home for the infant observation "because the space, there's a lot of skollies" (Int. 1, p. 34, line 11 – 12) but, again, she may have also been worried about herself - possibly worried about how she, as a vulnerable subject, will be treated for bringing a White woman into her community or defending against what she assumed might be an evaluative gaze.

I, in turn, attempt to defend against the position of the 'bad', White professional. Thandiwe speaks of being excluded from medical information about her baby's health and, unconsciously, I attempted to create an identification between the three of us – which includes the nurse, a medical expert on the outside – in assuming that Thandiwe thought that as a woman, and possibly a mother, a professional would understand a mother's concern and feel connected to another woman or mother (Extract 1, line 25). It is possible that this identification was motivated by me not wanting medical professionals – myself included - to be perceived as unhelpful and unkind to mothers. Thandiwe says again that the nurse tells her nothing and we then problematize and 'other' the nurse entirely. Together we laugh (Extract 1, line 29) about a female medical practitioner withholding information from her. In a moment of overidentification, we collude to position (and scapegoat) the nurse as the 'bad woman'; thus, positioning herself innocent of any fault and I dissociate from 'bad' female practitioners. In other words, we maintain the split of good women/good mothers versus bad women/bad mothers in order to ensure that Thandiwe and I are positioned as the 'good mother' and 'good woman' respectively; thus, we are protecting ourselves by defending

against the fear of failure and possibly against shame. I, in particular, am defending against the shame associated with my position of privilege and power in this context.

7.3.4. *Repressing (maternal) ambivalence: Silencing 'bad' feelings*

A psychoanalytic reading of the text identifies an absence of maternal ambivalence, more specifically feelings which are often perceived as 'bad' such as anger, frustration or resistance about the maternal role, the working role and the challenges of these roles. For example, in extract two we both assumed that Thandiwe should make the sacrifice of giving up her child rather than feeling frustrated with the demands and responsibilities associated with her working and maternal roles or expressing some resistance towards the social expectation of her having to be the 'good mother' and the 'good worker'. One interpretation is that we unconsciously expected her to change or adapt rather than expect her working, relational and physical environment to change. This is again evident in us quickly shifting our conversation from the challenges about being a working mother to focusing on the logistics and plan to send her child to her mother-in-law (Extract 2, line 30 – 37). Both Thandiwe and I failed to express and acknowledge any anger towards the social system or any frustration about her having to give up on her wish to be with her child; rather we rationalized her act of sending her child away as an option that is in the best interest of her child: "Because my mom is going to look better than me, because I'm busy now" (Extract 2, Line 69 – 70). Another example of silenced 'bad' feelings is both Thandiwe and I not verbally expressing any frustration or resistance towards authorities, such as feared supervisors at work and her mother-in-law's recommendations about childcare. Here, we fail to challenge her position of powerlessness and voicelessness by positioning her as the woman who has no agency to challenge the system and thus, complies with forms of authority in her social system.

It is possible that we maintained this non-mentalizing state to defend against feelings of loss and helplessness. Acknowledging any anger or disappointment with the social system would result in having to face the reality of difficult experiences. Another interpretation for defences of denial may be one of self-preservation: women expressing angry feelings are often problematized, stigmatised and even pathologized. It is possible that we both failed to acknowledge or express feelings of frustration to protect our 'good woman' position; expressing these 'bad' feelings runs the risk of being positioned as a 'bad woman', 'bad healthcare worker' or 'bad mother'.

There was also a silencing of ‘bad’ feelings towards her baby, other mothers and me. A reading beyond the text from extract one suggests two possibly concealed examples of frustration: the first is the possibility of suppressed anger towards the mother group and the second is anger about her child’s physical health. Thandiwe’s inconsistency about the mothers’ group being a space of guidance and judgement (Extract 1, line 50 – 59) could suggest repressed frustration towards this group of mothers. This was also noted in my field and reflexive notes:

Field and reflexive notes, 22 July 2016:

(...)Inconsistency about community competition and community support – as if she can talk but not alright to outwardly ask for help. Overall, I’m unsure if she is alone or together with others. I find her place in the maternal community confusing (...)

Thandiwe’s talk about the significant meaning of her baby’s physical size in this group alludes to underlying competition amongst the mothers and possibly a dislike towards the other mothers. Expressing these feelings openly, however, could (in Thandiwe’s mind) result in rejection or exclusion from the group or in being perceived as the ‘bad’ woman and mother.

The second example of repressed frustration and maternal ambivalence is present in Thandiwe’s talk about her child’s physical health. Thandiwe tells me how she was “angry because she [**her baby**] was very sick” (Extract 1, line 6 - 7) but, possibly out of shame, she does not confide in the nurse about her feelings or why she was angry (Extract 1, line 7). There are a number of possible interpretations of this anger: Thandiwe’s anger may be a defence against her fear for her child’s health and survival but, since Thandiwe does not elaborate on her anger, one is also not certain who or what she is angry with - is she angry with herself, or her child or even the illness? Thandiwe’s decision to send her baby away may also be an unconscious aggressive wish to annihilate the demands of her small, ill infant who demands her time and presence. Another possible interpretation is that she is angry about her baby not fitting into the group norm of being a physically big and healthy baby and subsequently, *she* does not fit the group norm of being a ‘good mother’. There is no allowance for a ‘different’ baby (such as one who cannot digest pap) and thus, no challenging of the social norms that a physically big and healthy baby is the results of ‘good mothering’ while an ill baby is the consequence of ‘bad mothering’. Furthermore, Thandiwe does not

challenge the social system and perpetuates an individual narrative of mother blaming and the assumption that the health of a baby's body is a result and reflection of a mother's competency or failure of her own body to produce a healthy child. Her appeared compliance with the social system is possibly suggestive in her statement later in extract one where Thandiwe tells me "she is right now" (Extract 1, line 73) as if to redeem herself as the 'good mother' and to suggest that now her child is normal like the other children.

Thandiwe was not alone in silencing 'bad' feelings in the interview encounter: as noted in my reflexive diary extract below, I felt frustration about the occasions when Thandiwe left me waiting for her but failed to openly speak of or acknowledge these frustrations:

Field and Reflexive notes, 5 August 2016:

Some irritation about being left to wait for mothers and not having direct access to mothers – very strict divides of who is allowed in and who isn't. But feel torn because I know they have other commitments and little say in the factory. Maybe I should've expected this because we differ in how we value this research – what is important to me is not the same as what is important to them. (...) Had an interview scheduled with Thandiwe but no-one came – feel quite disheartened. Not sure what to do, maybe after work on a Friday is an impractical time? Are mothers resentful about having to give up their free/personal time? (...)

As shown in the extract above, while reflecting on my countertransference feelings of irritation, I wondered if I was identifying with the mothers' irritation or resentment about wasting valuable personal time. One could interpret Thandiwe's act of leaving me waiting as a non-verbal, and possibly unconscious communication, of resistance towards me as a White outsider and/or her work organisation; both the work and I could be associated with power and authority; thus Thandiwe's communication of resistance may also be an act of agency.

In this intersubjective space, I had to analyse what I may be 'doing' to Thandiwe: it is possible that me being a White woman made it difficult for Thandiwe to express her true and, what is perceived to be, 'bad' feelings (such as anger and disagreement). Positioning me as an outsider may have, in turn, constructed me as one who cannot truly understand her situation. My presence as a White woman as well as being perceived as a form of authority may have silenced her anger; as a Black employee she may have felt that it was too risky to demonstrate any form of agency as well as resistance or difference.

As shown in the extract below from my reflexive diary, it was painful to recognize how I played a hand in ‘doing’ something destructive to Thandiwe. Nevertheless, this process was necessary as this form of recognition facilitates a stance of not knowing and openness to truly ‘see’ this mother:

Reflexive Diary, 28 September 2018:

How could I have not known what and who you are? I took for granted what ‘you’ should’ve been.

I see my shadows, my reasons for maintaining a certain way of being. I don’t like it, I don’t like it at all – what I see in me and what I see in you. But now I’m trying to see, trying to listen, knowing that I don’t really know you. You will always be you, and I can only hold one idea of ‘you’.

I thought I knew you, I assumed my image was real. I thought I lost ‘you’. I’m sorry, I accept now I can never truly know you. So now I can see you. Now, I have found you.

Taking my ‘blindness’ into consideration and that one can never truly know the ‘mother’, it is also important to interrogate what might be unconscious to the psychoanalytic reading provided in this chapter.

7.4 What is unconscious to this psychoanalytic reading?

Psychoanalysis can support us to remain mindful of the ‘other’ but I would argue this is only possible if psychoanalysis – including psychoanalytic informed researchers - also interrogates its own investment in particular interpretations. I will address this by questioning what is unconscious to the psychoanalytic reading presented in this chapter so far. Below I argue the unconscious elements to this psychoanalytic reading are: 1) Denying faults in the social system, mother-blaming and pathologizing and 2) denying my own/psychoanalysis’ vulnerability and investment in a problematic system.

7.4.1. Denial of faults in the social system: Mother-blaming and pathologizing

I argue that a particular blind spot of psychoanalysis is assuming that mothering that prioritises an infant’s physical needs over emotional and relational needs is not good enough

mothering, and there is a danger that the preceding psychoanalytic reading reinforces this. In South Africa, it is necessary to acknowledge that meeting instrumental and physical needs of their infants, in impoverished contexts, is a noteworthy achievement. In other words, these mothers providing for the survival of their babies in the contexts they reside in *is* a form of good mothering. Failing to acknowledge that the value and success of providing instrumental care - and taking for granted that mothers can and will provide material care and naturally meet physical needs – could result in us failing to interrogate how a particular social system (such as one that is not supportive of mothers who work in semi- and unskilled occupations), only makes one position – the ‘good, instrumental mother’ - available to mothers and thus, it is almost impossible for these mothers to be regarded as the traditional ‘good mother’. Parent-infant interventions which blindly apply traditional psychoanalytic and attachment theory, and ignore the real challenge of providing, may actually induce guilt or shame in mothers, from disadvantaged contexts who work, feeling that they can never meet the expectations of being a ‘good mother’; thus, running the risk of problematizing forms of substitute childcare as well as pathologizing mother-infant relationships where mothers are not constantly present and emotionally attuned.

Furthermore, the psychoanalytic reading tended to construct these mothers as vulnerable. For example, in arguing that Thandiwe is defending against feelings of fear and failure, the psychoanalytic reading is claiming that there is a vulnerable part and that it is this part that she needs to protect or hide from others, such as me as the researcher. Focusing on emotional investments shifts my focus away from the powerful and damaging social systems within which Thandiwe actually finds ways to adapt, such as being resourceful in finding a suitable, albeit distant, caregiver in a context where suitable and available childcare is scarce.

Focusing attention on why mothers are emotionally invested in particular discourses or positions allows for the unique constructions as well as shared meanings of maternal subjectivity to be recognized. Nevertheless, the analytic reading in this chapter is a ‘typical’ psychoanalytic reading which mostly interprets *individual* meanings and *internal*, unconscious dynamics. This type of reading which focuses only on the individual is problematic because it individualises our focus which assumes that the issue is mothers denying their feelings and that I, as a researcher or ‘expert’, try and provide insight into their feelings in the analysis. This work at the individual level, supported by psychoanalysis, risks neglecting Thandiwe’s strength and ability to overcome her difficult environment and claims Thandiwe expressing little frustration is indicative of her not challenging or changing her circumstances. This type of reading deems her as helpless and passive to external factors and

functions to blame her for the difficult and deprived circumstances she and her children live in; rather than acknowledging her agency to find suitable childcare as well as aggressing against the vulnerability and neediness of her infant that threatens her identity, independence and freedom. A specific example is the psychoanalytic reading claiming that to defend against feelings of anxiety and angst, Thandiwe reinforces the shared social meaning that the health of a baby's body is a result and reflection of a mother's competency. These types of interpretations insinuate that a mother, like Thandiwe, is in fact the problem; rather than the social system.

7.4.2. *Denying vulnerability and investment in a problematic system*

Although the powerful impact of social systems on mothering must not be ignored, one also must not forget how both mothers and I appeared to be individually invested in supporting a problematic system. This denial of a problematic system is a defence mechanism and defences work to maintain the status quo as well to avoid something that is believed to be quite frightening. Positioned as the 'good provider' who ensures the physical thriving and surviving of her child, these mothers could deny vulnerable feelings of powerlessness and helplessness in a system which offers them little support or acknowledgement. This position allowed mothers to feel a sense of value while also countering feelings of failure and loss; it also meant that I could deny any of their difficulties. Seeing mothers as 'good providers' allows me to displace feelings of power onto them and then ignore how my position of power plays a role in them being powerless in our society; by seeing them as empowered women, I can deny both their helplessness as well as my guilt about privilege. I was left with questions with which I did not want to engage: Did my White privilege stop me from challenging the system? Did it blind me to the real problems? Did I not want to challenge the social system (and not needing to) because I am located in a context with support and resources?

In addition to my Whiteness, I wondered about my position as a woman in a patriarchal system and how this may have resulted in me taking for granted that women – mothers, in particular – must just adapt and cope in a problematic system. By individually investing in supporting a problematic system, we reinforce social systems of power such as patriarchy, othering, as well as racial divides of 'haves' and 'have-nots'. Furthermore it maintains experts, such as health professionals, as a form of authority on experience rather than mothers having a voice on their own experience. It is also possible that, as South Africans, we were trying to deny the real extent of suffering in some South African communities and that our

mothers are not all-powerful beings who can soothe any form of distress. It was painful to hear parts of these mothers' stories and maybe we all struggle to face the reality of deprivation that some mothers and children experience every day in our country. We often look to our parental figures to resolve issues and maybe, unconsciously, we are still looking to mothers to comfort us, looking to them to individually take responsibility for bettering the lives of children and protect us from the true reality of powerlessness, unfairness and shame.

In some moments of these interview encounters, I, employing psychoanalysis in a research context, fell into this trap by not challenging my assumptions that mothers are primarily and solely responsible for the care of infants. Along with the mothers, I said very little and thought very little about how things could be different for these particular mothers, how the system could be better for mothers. Afterwards, I wondered if we feared some form of collapse or disintegration if we, both as privileged researchers/therapists and as disadvantaged participants, truly faced all the suffering in South Africa. Does psychoanalysis enable the denial of the importance of the social setting and the external container - both the body and the social system - to defend against inevitable feelings of helplessness in an impoverished and unsupportive environment? Just like a child, do we too look to mothers to single-handedly protect and provide a good-enough container of care?

A premise of psychoanalysis is to help individuals accept their reality but is this a reality that these mothers should be expected to accept? If psychoanalysis is employed in order to deny the real challenges of mothering and the value of instrumental care in this context, the consequences mean denying these mothers' reality and failing in the therapeutic use of psychoanalysis by neglecting to hold, digest and transform feelings of helplessness. Despite myself, when employing psychoanalysis to analyse the data, I slipped into a non-mentalizing state, denying these mothers' real challenges and problematizing their behaviour. It is possible that employing psychoanalysis as a system allows those who use it to not think about these mothers' real experience as a defence against feelings of guilt, shame as well as inadequacy. It is always unnerving to face how, as a system of expert knowledge, the employment of psychoanalysis has played a role in subjugating some individuals, while at times maintaining its assumed unquestioned privilege by claiming to have authority on individual's lived experiences and disagreements with psychoanalytic interpretations being minimized to defensive reactions. To conclude, applying psychoanalytic thought while remaining unaware of its shadow and vulnerabilities perpetuates splitting and othering as well as maintaining the status quo of an unsupportive, problematic social system by denying inequality, prejudice and deprivation.

7.4.3 *Summary*

A psychoanalytic reading of the text provided illustrates that the psychic function of investing in instrumental mothering discourses defends against feelings of failure, anxiety, loss and powerlessness. Within this particular encounter, we were also invested in repressing maternal ambivalence. As the ‘good mother’, ‘good daughter’, ‘good wife’ or ‘good worker’, Thandiwe and I denied the feelings and difficulties associated with having to both work and mother. Nevertheless, this anxiety and tension heightens when her baby is ill. In a state of pretend mode, Thandiwe gets rid of the tension as well as the anxiety about her baby’s health by sending her baby to her mother-in-law in the Eastern Cape and by constructing this act as part of ‘good, instrumental mothering’. ‘Getting rid’ of her baby and her intensive maternal role functions as a way to not hold or think of the tension of her dual roles. Finding a ‘substitute carer’ serves as a way to ensure that she remains a ‘good worker’ *and* a ‘good mother’, as well as bolsters an instrumental mothering discourse. In the intersubjective encounter, both Thandiwe and I co-constructed her as the ‘good mother’, who sacrifices her own needs and feelings as well as a mother who only has feelings of love for her children and does not experience angry or hateful feelings. In my reflexive notes I wondered if my psychoanalytic training, which tends to be child-centred, played a role in keeping Thandiwe’s difficult emotions mostly silent.

I have also explored the possibility that emphasizing Thandiwe’s baby’s health and body - over both her baby’s and her own emotional and relational needs - may have been an attempt to not think of loss; rather, by focusing on her baby’s physical health, Thandiwe was possibly more able to make the decision to send her baby away, thereby protecting and providing for her baby. This act takes for granted that she, as a mother, must make this kind of sacrifice and thus, we silenced maternal ambivalence and feelings of frustration and anger at the failing social system. I have argued that investment in the discourse of instrumental mothering may be a way to defend against feelings of helplessness and powerlessness in an inflexible, unsupportive social system. Together, Thandiwe and I construct her as the ‘good providing mother’ in the interview encounter – one that is an all-sacrificing mother and happy to be in a position of instrumental mothering. Yet at the same time we also perpetuate the assumption that a ‘good mother’ should be present for her children and rather than finding a more adaptive discourse, the two roles (worker vs. mothering) remain split, they cannot come together in this encounter.

My position as the White expert, who due to privileged circumstances, would not have to consider sending my child away; subsequently, my psychoanalytic theoretical background and Western ideals may have clouded my ability to hold Thandiwe in mind as her own person as well as disrupted Benjamin's (2004) concept of the third resulting in a difficulty to hold the tension of difference between each of our own needs. The long pause in extract one (Extract 1, line 68) shows another temporary rift in our mutual recognition as I momentarily struggle to understand what a small baby-body represented in this mother's group. Without knowing, I previously established a relationship of overidentification with Thandiwe: with the use of words, "we" and "us", I repeatedly assumed that we are the same and feel the same: "Or does-sometimes we worry about asking for help because we are worried people will judge us" (Extract 1, line 55 – 56). Thandiwe participates in this overidentification with her loud and animated "YES!" (Extract 1, line 59). Although we re-connected, we were no longer in mutual recognition and rather, I argue that we develop an 'anti-analytic third' that prevented us from thinking about one another (Straker, 2006). My final analysis attempts to regain this analytic third by thinking through what might be unconscious to my analytic reading.

7.5. Conclusion

The focus of this chapter was to consider the possible conscious and unconscious 'reasons' for these mothers investing in an instrumental discourse positioning themselves as 'good mothers'. By analysing the interview text with Thandiwe, I have demonstrated the particular ways in which this investment offers this mother and me something psychologically protective, such as allowing us to defend against difficult feelings, in particular feelings towards her baby, denying maternal ambivalence as well as denying the tensions between work and mothering. My key argument is that the 'psychological pay off' of employing an instrumental mothering discourse defends against feelings of powerlessness, helplessness and fear of maternal failure or incompetency as well as loss and separation. These mothers' maternal role is one of vulnerability because there is the possibility of their babies not surviving. A psychoanalytic reading suggests Thandiwe expels her anxiety about her child's physical well-being by splitting off her maternal self and sending her baby away; thus, getting rid of her fear of not being a 'good mother' or 'good worker'. She reconstructs her role as mother to include finding suitable, substitute mothers in order to preserve her maternal subjectivity. Part of this preservation requires not getting overly attached to her baby, which

might explain why baby's body becomes a defensive focus of maternal care. Throughout this chapter, I have demonstrated the value of a psychoanalytic reading but also the value of including myself *and* my analysis in a psychoanalytic reading. The reflexive step of analysing the analysis itself reveals a denial of the social system by psychoanalysis, mothers and me. In questioning what is unconscious about this psychoanalytic reading, I have argued that psychoanalysis is part of the problematic social system that perpetuates individual blame rather than interrogating and challenging mothers' social systems; hence, a 'typical' psychoanalytic reading, that is unconscious of its own defensive reasons, runs the risk of mother-blaming and pathologizing. Psychoanalysis has its own blind spots that need to be interrogated and in this chapter I have included a reflexive move that enables a critical engagement with psychoanalysis as a body of work with its own prized assumptions that resist change.

CHAPTER 8

DISCUSSION

8.1. Introduction

The aim of this chapter is to bring together the findings from the two levels of analysis and compare the findings to the literature reviewed in chapters two, three and four. In the following section, I discuss the implications of the findings for the discursive literature and the implications of the findings for psychoanalytic literature as well as mother-infant interventions, in turn. In each section I explore how the key findings of this study are similar but also differ to previous literature. This chapter also concentrates on what these findings add to the psychosocial literature on mothering, more specifically to the psychosocial literature of low income earning, working mothers who are living in scarcely-resourced communities. By exploring how these findings may disrupt our assumptions about working mothers in South Africa, I describe how the findings contribute to a psychosocial understanding of maternal subjectivity.

8.2. How are mothers 'doing' mothering?

A discursive reading of interview texts identified instrumental mothering as a dominant discourse in these mothers' talk. I have argued that since the traditional construct of the 'good mother', drawing on intensive and inherent discourses, is not available to these mothers, these mothers have reconstructed a 'good mother' position that predominately draws on an instrumental discourse of mothering. This creative construction emphasizes instrumental acts as 'good' mothering. Subsequently, mothers are constructing and re-constructing positions to enable themselves to be viewed in a positive light. Instrumental mothering is constructed to encompass four qualities: mothering as material provision, attending to the infant's physical body, finding substitute carers and maternal preoccupation in the absence of baby.

A reconstruction of the 'good mother' allowed these mothers to be seen positively in spite of their working role and constructs of dangerous, deprived environments assumed to be incompatible with 'good mothering'. These mothers tended to construct their care for their infant as being mostly instrumental: this preoccupation with physical needs shifted focus from emotional needs as well as positioned the mothers as an object to the infants' desires and needs. Nevertheless, I also argued that 'doing' mothering in this way generates 'mother

trouble' which was evident in these mothers' narratives. The first of these 'troubles' emerged in the construct of the evaluative gaze of maternal competency. Scrutinizing professionals (usually doctors) and judgemental community members often featured in these particular maternal stories. Mothers frequently made reference to others being judgemental, mistrusting or unhelpful. This evaluative gaze centred on the infant's physical body, constructing it as a site of maternal competency, thereby reinforcing the position of the 'good mother' as one who is primarily concerned with her child's ability to physically thrive and survive.

The second 'mother trouble' could be seen in mothers constructing themselves as being in a role of power which was always threatened by the opposite position of vulnerability. These mothers constructed their role as working mothers as one of value and power because their work offers them agency, independence and money. Despite this, the reality of being a working mother with a low income – and thus, with very little power and privilege - means these mothers are actually vulnerable to contextual factors over which they have little control. For example, these mothers are dependent on their employers for income and their position of a 'good mother' who works; should they lose their working role at the hands of their employer, they are rendered powerless and no longer have access to agency and financial independence.

The third 'trouble' mothers confront is an ideological dilemma between competing discourses of inherent and intensive mothering, and that of instrumental mothering. Despite mothers largely employing an instrumental mothering discourse, discourses of inherent and intensive mothering - wishing to be present constantly for their children, a desire to stay at home with their family and wishing to be able to solely care for children instead of relying on substitute carers – were nevertheless present in their talk. Often because of significant contextual factors, such as low income, lack of support and environmental concerns about a child's safety, mothers were caught in an ideological dilemma: how do they position themselves as a 'good mother' when they are unable to be an intensive, ever-present mother? Due to the tensions between intensive, inherent mothering and instrumental mothering, mothers often positioned themselves as overwhelmed and exhausted, and were always engaged in constantly shoring up their positions as 'good mothers'. Mothers were also expected to just manage these personal, physical and emotional costs that were the result of employing instrumental mothering and intensive, inherent mothering.

I have argued that, despite their attempts and hard-work, this particular construct of the 'good mother', drawing largely on an instrumental mothering discourse, is a precarious position which constantly encounters threats. Although mothers employed discourses of

empowerment and independence in their role as working mothers, their talk of agency and ability is contrasted with the reality of being helpless and powerless in a patriarchal and economically oppressive social system that is not supportive of working mothers.

When comparing this study's findings to the literature discussed in chapter three and four, I will focus on the following significant findings: 1) The 'good mother' and instrumental care; 2) The providing mother challenging traditional gender roles; 3) The significance of physical spaces and physical bodies; and 4) Precarious maternal positions.

8.2.1. *The 'good mother' and instrumental care*

In a decade review of research on motherhood in North America, Arendell (2000) argues that intensive mothering is the dominant ideology. 'Good mothers' in this discourse are emotionally devoted to others, self-sacrificing and do not have their own needs (Arendell, 2000). Although this review was conducted almost twenty years ago, a similar argument has been made in more recent research: Brown (2014) argues that intensive mothering has evolved and intensified acting as a buffer to market driven forces. In their study replicating Hays' 1996 study, Huisman and Joy (2014) claimed that although there have been ideological changes (such as feminist mothering and maternal autonomy), intensive mothering continues to be dominant in the content of popular books, blogs and interviews with US White mothers with low to middle-income. The mothers in my study did position themselves as self-sacrificing but rather than emotional devotion and constant presence, mothers spoke about maternal preoccupation in the absence of baby and prioritising material provision. While these mothers were not immune to the ideology of intensive mothering which constructs the inherently 'good mother', they nevertheless predominately employed discourses of instrumental mothering to adapt the construct of the 'good mother' to emphasize instrumental care. Drawing from Mayo and Moutsou's (2017) conceptualisation of maternal subjectivity discussed in chapter two, one could argue that this adaptation was a creative response to what they term 'matricide' – the symbolic silencing of a mother's talk - in social circumstances where the traditional 'good mother' position is not easily available. This adaptive response, and emphasis on material provision and self-sacrifice, is akin to the 'family provider' construct described in de Villiers' (2011) study. In interviews with de Villiers (2011), mothers (from a poor community) spoke about the family (and extended family) expecting them to financially contribute resulting in mothers having to take on the breadwinner role and feeling forced to make compromises about childcare.

The responsibility of childcare, including financial care, fell solely to the mothers of my study. Substitute carers and alternative childcare often featured in these mothers' talk as a form of 'good mothering'. Similarly, Black mothers in Magwaza's (2003) study broadened the concept of mothering to include childcare as a collective responsibility and Orderson (2011, cited in Dale 2012) argues that Coloured mothers often relied on other women for support. For both Magwaza (2003) and Orderson (2011, cited in Dale 2012) other women and mothers played an active role in caring for children. This is similar to the mothers of this study; however, in spite of this childcare support, the mothers of my study constructed the 'maternal community' as a split community that can be supportive but also judgemental.

8.2.2. *The providing mother: Challenging traditional gender roles*

At times, employing instrumental as well as inherent and intensive mothering discourses produced an ideological dilemma for these mothers resulting in mothers complying with but also challenging traditional gender roles. Mothers positioned themselves as a 'good mother' who provides for her children. Their position as the 'provider', however, is a role that is traditionally assigned to males. As a working mother, these mothers employed feminist discourses of empowerment, as seen in Huisman and Joy (2014); this, nevertheless, was contrasted by discourses of gendered parenting and inherent mothering. In spite of their role as a financial provider, childcare (which included finding suitable, substitute carers) and household chores were still constructed as their primary responsibility. These findings may reflect van Doorene's (2009) argument that gender division of labour – and employing discourses of gendered parenting - is not necessarily a universal experience as working-class, Black and Coloured mothers have for some time been playing dual roles being employed while remaining the main caregiver and home-maker.

Similar to the Black mothers in Mamabolo's (2009) study rejecting the traditional belief that a woman's main role is that of a mother, in some ways these mother rejected norms of gendered parenting while still employing inherent mothering practices. Mothers rejected traditional gendered parenting by positioning themselves as providers – a role usually assigned to the father of the family - yet mothers were still primarily responsible for childcare and paternal caregivers were absent from their talk. The findings of this study, however, also differ from that of Mamabolo's (2009) because these mothers did not reject gendered norms entirely. These mothers tended to live a contradictory double life where individual achievement and recognition was obtained in the workplace while the less powerful position

of sacrificing-mother and dutiful partner was occupied at home. The discourse of ‘having it all and doing it all’, as a way of negotiating competing subject positions of the instrumental and intensive mother, also resulted in mothers being positioned as exhausted and overwhelmed. As argued by Walker (1995), mothers who act within traditional gender role generally are respected by the community. As a result of this, Black and Coloured mothers living in ‘townships’, who are usually in a position of little power, construct the role of a mother as a feminine role that is highly valued by most. The mothers in my study continue to employ traditional norms of gendered parenting and the assumption that ‘good women’ caring for others is a valuable contribution to the family and the community. Nevertheless, I have also illustrated how employing discourses of inherent mothering and gendered roles often came into conflict with the discourse of instrumental mothering, so central to their positioning of themselves as ‘good mothers’. Although these mothers spoke of the value of the mother, they also spoke of there being something ‘not good’ about the ‘good mother’ and ‘good woman’ in their community such as the physical burden and emotional toll of having to ‘be it all’ and ‘do it all’ for everyone. Different to Walker’s (1995) argument about the role of mothers as one of value and power, some of these mothers’ talk pointed to the maternal role being one that is taken for granted in their community and one that they wish they could escape from for a life of independence and freedom.

8.2.3. The significance of physical spaces and physical bodies

Constructs of physical spaces and physical bodies were dominant theme in the findings of this thesis. Mothers justified acts of instrumental mothering by constructing their environment as dangerous and deprived. The review of the social constructionist literature argued for the significant role context plays in shaping experiences as well as for how constructions are influenced by South Africa’s particular socio-political and socio-economic circumstances. This was quite evident in these mothers’ talk as they engaged with contextual concerns of deprivation and loss. According to van Doorene (2009), previous South African research on mothering demonstrates how mothers are positioned in a socio-political and socio-economical history of racial and class differences. In this study, these mothers’ subjectivities was intertwined with their socio-economic status and impoverished physical space which are the result of South Africa’s history of racial and class divisions. In her narrative analytic study, Dale (2012) showed how constructs of race and culture played a significant role in mothers’ stories. Similarly, mothers from this present study employed

discourses of sameness and difference in their talk; yet different to previous research (Frost et al., 2012; Landman, 2009; Lazarus, 2007; Magwaza, 2003; Maiello, 2001; van Doorene, 2009; Walker, 1995), no obvious themes of apartheid (such as pain, loss and the legacy of racial and class inequality) or even reference to apartheid were present in the talk of these mothers. Despite this, their talk of difference and sameness represented the fragmented South African community described by Spinks (2001). This was especially the case when referring to the other mothers and women. The 'maternal community' space was also split into one of support or competition where a common theme in these mothers' talk was the fear of being exposed or judged by other women. Discourses of difference were also present in our talk as mothers would make reference to their cultures and race implying that I, as an outsider, may not understand. This is consistent with Altman (2006) arguing race is a social construction that has real effects on our experiences.

Apart from in the work of Dale (2012) and C. Long (2009), the significance of spaces and bodies features less in the reviewed literature. In my study, the baby's body played an important function in representing maternal competency and positioning mothers as 'good mothers'. The mothers of this study constructed attentiveness to the baby's body as a form of 'good mothering'. In an impoverished context, it was their responsibility to ensure that their babies physically survive and thrive. In C. Long's (2009) study, the baby's body was used to evaluate HIV-Status; consequently, depending on whether an infant contracted the infection from the mother, the infant's body was a site that either could save or condemn the mother's body. Similar in my study, the infant's body was constructed as a site that could reassure mothers or judge mothers: the physical health, size and appearance of their babies served as conditions to being a 'good mother'. The body of the baby acted as site to evaluate a mother's competency and, in some cases, moral standing. Associated with this – which was also evident in C. Long's (2009) findings - was the assumption that a 'good mother' seeks medical attention and regularly takes her infant to the doctor. In this study, mothers often informed me that, although they were unable to be constantly and physically present, they did take their ill child to the doctor or clinic. These findings are significant because they are consistent with Berg's (2007) argument that there is little differentiation between medical (physical), social and emotional problems in South African community health care. Mirroring this ethos was these mothers expressing little differentiation between physical and emotional care – caring medically (via healthcare practitioners) and physically for their child was no less important than caring emotionally. This mirrors Rothbaum and Morelli's (2005) argument that in dangerously constructed contexts maternal sensitivity is concerned with protecting the

infant's health and safety. The mothers of this study challenged psychological narrow-mindedness by constructing 'good mothering' as primarily attending to her infant's body. It is therefore very important that contextually responsive interventions take this up; yet, as noted by Bueskens (2014), bodies and instrumental care are fairly absent in psychoanalytic literature.

8.2.4. Precarious maternal positions

A key finding of this study is the precariousness of the 'good mother' in this context. A review of the literature in South Africa shows how the social setting in which a mother is situated influences subject positions (Dale, 2012; Magwaza, 2003; Maiello, 2001; van Doorene, 2009; Walker, 1995) such as whether mothers maintain or challenge traditional discourses of mothering and how mothers construct notions of the 'good mother'. I would add that a context like South Africa results in another layer of tension to manage: social assumptions about mothering promote discourses of inherent and intensive mothering, emphasizing the naturalness and pleasure of the maternal role for mothers, but this script is incongruent with the real difficulties, such as poverty, deprivation and lack of social support, that many South African mothers face each day.

According to Kawash (2011), mothers situated in deprived communities are usually constructed as problematic mothers as they are assumed to be irresponsible and failing to meet their children's needs. In reality, some South African mothers – like the mothers from my study - are ill-equipped to meet every need of their children due to a lack of financial and social resources. In other words, the problem is a lacking environment rather than a 'failing mother'. The mothers in this study constructed their environment as one of danger and deprivation; thus, creating a great challenge for them to be traditional 'good mothers'. In their talk the 'good mother' position in this study was constantly under threat because if they were not able to overcome the environmental dangers or compensate for the deprivation, they would be 'failed mothers'. Yet due to their low income, and little agency as women in their community, these mothers possessed little power to change or impact external, environmental factors. The tension between opposing discourses of instrumental mothering and inherent, intensive mothering as well as the reality of these mothers' powerless position culminates in the precariousness of their creative adaptation of the 'good mother'.

As working mothers, mothers in this study drew on discourses of empowerment and independence yet this is problematic because in reality mothers remain in a position of

helplessness and powerlessness. The precariousness of the ‘good mother’ position in this study, which is informed by the discourse of instrumental mothering, is similar to Buzzanell et al. (2005) describing the ‘good working mother’ construct as one of fragility. Consistent with Buzzanell et al.’s (2005) study is if mothers in my study fail to meet conditions of these constructs, the ‘good’ image will collapse. There was a difference, however, between the two studies in what constitutes a ‘good mother’ who works. The criteria of a ‘good working mother’ in Buzzanell et al. (2005) comprised of arranging good, quality childcare, having equal partnerships and feeling pleasure in this role. Mothers in my study emphasized the ability to provide material provision as well as meet the physical needs of their babies as a result of their earnings. If a mother fails to meet the conditions of providing material and physical comfort while maintaining her authority in the home and childcare, she can no longer be regarded as the ‘good mother’.

The dichotomy of mothers being constructed as good or bad disguises the real complexity and ambivalence of maternal experience (Nicolson, 1999; van Doorene, 2009) as well as the complexities of the system in which they mother. My research study adds to the conversation on maternal subjectivity by highlighting that, in reality, the delicate position of the instrumental mother is the only position available to these mothers. As a result of the social status quo and problematic context these mothers could do little about their situation but work. According to Dale (2012), motherhood research in South Africa does not speak to the multifaceted nature of mothering. This study has shown that a significant facet of the experience of mothering in South Africa is the complex *interaction* of individual and social factors which take place when constructing maternal experiences and, most importantly, our understanding of maternal subjectivity is the result of the act of *co-construction* and joint meaning-making. The discussion now turns to this dual emphasis.

8.3. Why are mothers ‘doing’ mothering in this way?

In this thesis, I have argued that despite the precariousness of the ‘good mother’ position, these mothers invest in a discourse of instrumental mothering to defend against feelings of failure, loss and powerlessness in the face of a problematic social system. The psychoanalytic reading conducted in this study adds to the discursive reading by offering an interpretation of a particular mother’s ‘psychological pay off’ for investing in instrumental discourses to ward off feelings. More specifically, warding off feelings towards their baby and feelings towards themselves as a mother as well as denying maternal ambivalence. An in-depth psychoanalytic

interpretation of interview extracts with Thandiwe explored our emotional investment in the positioning of the 'good mother' employing an instrumental discourse. Being preoccupied and anxious about her maternal competency being negatively judged by others (such as other mothers and healthcare practitioners) diminished our capacity to mentalize; rather we positioned Thandiwe as both the 'good mother' and 'good worker' to deny fearful feelings of failure and to repress maternal ambivalence. 'Good mothering' which emphasizes the baby's body and physical health defended against feelings of loss; these feelings were defended against by relating to her baby as a physical body in her talk rather than a relational being to whom she is attached. If Thandiwe does not admit to being emotionally attached to her baby, she does not have to acknowledge the inevitable feelings of loss that occurs when separating. Feelings of loss were pervasive in the second interview resulting in her engaging in the pretend mode and I in a mode of pseudomentalization.

Both the mother and I did not fully engage with distressing feelings associated with the tension of playing dual roles. As demonstrated in my case study, Thandiwe and I – as defended subjects - repressed 'bad' feelings such as anger and frustrations. Maternal ambivalence was absent in the text as no feelings of frustration were directed towards the roles or expectations of mothering and working. This includes ambivalent feelings towards her baby and the threats to her 'good mother' position. Yet it is possible that this absence suggests a repression of anger and frustration. I illustrated with examples in the case study where both Thandiwe and I felt feelings of frustration and communicated these non-verbally or acted these out unconsciously (such as Thandiwe leaving me waiting); however in an anti-mentalizing mode these feelings were not present and mentalized in our talk. Often Thandiwe positioned herself as the silent woman who complies with the 'feared authority' (both her supervisors and mother-in-law). I have argued that her resistance towards me may have been acts of agency and power to overcome her position of powerlessness and helplessness as well as resist my expert position of assumed power, authority and judgement.

Frustrations and ambivalent feelings about mothering remain silent where Thandiwe and I take the structures of social systems for granted, by not interrogating how social systems have 'failed mothers' and how this failure is impacting on their experiences. In other words, I have argued that despite my psychoanalytic reading offering a more subjective understanding of the 'psychological pay off' of employing a particular discourse, it nevertheless reinforces an emphasis on an individual mother's failure and neglects my/psychoanalysis' investment in a problematic system.

To summarise then, a psychoanalytic reading of the employment of specific discursive positions aimed to gain an in-depth understanding of the defensive reasons underlying their investment. A psychoanalytic reading of the findings proposed that investing in the ‘good provider’ position for a particular mother, Thandiwe, was a result of denying feelings of failure and powerlessness. I have also argued that positioning infants as physical bodies was a defence against feelings of loss and separation. Mirroring traditional theories of the mother-infant relationship, our talk in the interviews employed these discursive positions to deny the affective component of mothering. Yet the dominant presence of social factors disrupts psychoanalytic understandings of maternal subjectivity. When discussing the intersubjective encounter, I argued that both mothers and I were invested in co-constructing a particular notion of maternal subjectivity that denies the failures of the social system. The following section examines the similarities and difference between the findings of this study and the psychoanalytic and psychosocial literature (discussed in chapter two and four respectively). I focus on the following key findings: 1) The defensive function of talk; 2) Silencing maternal ambivalence; and 3) Adopting individually-focused versus co-constructed narratives.

8.3.1. The defensive function of talk

Although mothers found adaptive ways to hold both roles of mothering and working, a psychoanalytic reading suggests these discursive positions are employed for defensive purposes. In their talk, childcare takes the form of instrumental care and being working mothers gives these women the opportunity to earn money and thus fulfil their children’s physical needs. In this, infants were positioned as physical bodies so feelings of loss and separation could be denied. Stern (1998) argues an important part to motherhood is the unavoidable responsibility of ensuring a baby is physically thriving and surviving. This task gives rise to expected anxieties but, for these mothers, these anxieties may be exasperated by how the baby’s body is used to evaluate maternal competency in an environment that is particularly challenging. In a psycho-social study with mothers, Hollway (2001) discussed how negotiating roles of work and mothering may give rise to anxieties and conflicts for mothers but previous research (Medved, 2004) has shown how mothers may tend to focus on time management and organizational skills rather than the emotional experience of mothering. A reading of a mother’s talk in my study showed evidence for both Hollway’s (2001) and Medved’s (2004) arguments: the instrumental and practical acts of mothering were dominant in the mother’s talk but a psychoanalytic reading of the text also showed the

tension experienced from managing both work and maternal responsibilities. The mother that was the focus of the psychoanalytic reading pointed to the practical and logistical difficulties of having to be present at work *and* home. Moreover, the analysis suggested that the emotional conflict and toll of having to be both a ‘good mother’ and ‘good worker’ was too burdensome, resulting in Thandiwe having to get rid of her maternal role to her infant; and thus, the anxieties attached to this role.

In the interviews, both mothers and I maintained a divide between external and internal factors resulting in a neglect of their emotional and relational experiences as a mother; however, the absence of affective states may have been a result of the defensive function of talk and an example of Raphael-Leff’s (2010b) theory of how mothers may hide conflictual feelings from a professional. Hadley (2015) explored how due to our history South Africans tend to mistrust any forms of authority. The interview relationship of my study tended to be one of ambivalence with mothers mistrusting and resisting me as a form of ‘authority’ but also identifying with me as another woman and appreciating my expert position as one that can offer them a much-needed space to express themselves. It is also possible that mothers were aware of me not being a mother and hence cautious of being misunderstood. As Hollway’s (2001) ‘defended subjects’, these mothers challenged the imbalance of power within the research relationship and feelings of powerlessness and vulnerability. Contrasted to this power struggle, mothers also expressed gratitude in having this opportunity to talk and be recognized as their own person. Progressive discourses of empowerment, survival and repair were also present in these mothers’ talk. Engaging with these discourses allowed mothers to construct themselves as strong, empowered women who are going through a developmental phase of motherhood and who can access their internal resources as well as overcome challenges.

Tracking our capacity to mentalize showed that undermentalizing of themselves and baby is not due to an inability to think about their children but rather a defence to not think or acknowledge feelings of powerlessness and helpless, as well as feelings of loss and fears of failure, that are the result of a particular social system and environment. I have argued that applying psychoanalytic thinking should be done tentatively and to facilitate a sense of understanding of emotional investment of mothers *and* researchers rather than pathologizing mothers. The results of this study demonstrate the value of a psychosocial way of thinking as an approach which can be mindful of the risk of pathologizing mothers, always holding the ‘social’ in mind while also interrogating the researcher’s own emotional investments. When employing discourses of financial and contextual deprivation, mothers also warded off

feelings of helplessness. According to Hadley (2015), the capacity to think and hold the other in mind is restricted when confronted with substantial poverty and deprivation as well as limits one's ability to reflect on possible resolutions. Based on my own moments of diminished mentalizing capacity to hold mothers in mind when confronted with these mothers' difficult social situations, I agree with Hadley's (2015) argument. Similar to the absence of social concepts of mothering in psychoanalytic theory, both the mothers and I tended to deny these mothers' social reality by not holding the *real* poverty and deprivation of their environment in mind. As argued by Frost et al. (2012), this anti-mentalizing may have been a result of environmental and social factors constraining our capacity to mentalize and generating 'mindlessness' where it was difficult for conversations to take place at an emotional and symbolic level.

Talk about bodies and context, particularly, defended against feelings of loss and anxiety. I have suggested that mothers invested in positioning their babies as physical bodies to deny feelings of separation and loss. Most of these mothers had to confront frequent and long separation from their babies due to having to provide and thus, be an adequate and 'good mother'. Similar to Frost et al. (2012), a 'typical' psychoanalytic reading of the text assumes mothers were preoccupied with material needs, struggling to think emotionally. This approach suggests a mode of anti-mentalizing but, from a psychosocial approach, I would argue that this interpretation is an example of psychoanalytic narrow-mindedness because a preoccupation with material needs represents these mothers' reality – which is one where we need to think about concrete problems and needs. Despite dominant themes of dangerous and deprived environments, the analysis of these mothers' talk highlighted the creative solutions (such as finding substitute mothers and adapting notions of maternal preoccupation) that mothers employed in order to challenge and compensate for potentially damaging environmental factors.

8.3.2. *Silencing (maternal) ambivalence*

Employing discourses which are informed by the ideology of intensive mothering, these mothers 'do' mothering by constructing themselves as objects to the infant's desire and needs. Interestingly, this pattern is similar to traditional psychoanalytic theories where mothers having mostly been kept 'mum' (Baraitser, 2008). Consistent with Raphael-Leff's (2010a) argument, the ambivalent feelings about motherhood were mostly silent and the challenges of mothering were superficially acknowledged by both the mothers and me. In the interviews, mothers tended to create a split between home and work life where work was

constructed as a reasonable distraction from difficult circumstances and feelings. The silencing of maternal conflict and ambivalence in this study was similar to Hoffman's (2004) study. Based on the findings of my study, I argue that the absence of maternal subjectivity – which includes feelings of pleasure and conflict - in our talk is due to both social and psychological elements. Drawing from a psychoanalytic reading, this absence is the result of defending against feelings of angst and anxiety but a psychosocial reading also points to the influence of social systems and ideologies. An example of social systems influencing African traditional beliefs is where mothering is believed to be a shared activity in the community. Subsequently, drawing from Maiello's (1998) claim pointing out the difference between Western knowledge and traditional beliefs, it is possible that the absence of maternal subjectivity in my study was also a reflection of mothers practicing traditional beliefs (over Western traditions) where the uniqueness of the mother as a person is less important than in the Western culture.

In addition to ambivalence towards their maternal role, ambivalence was also evident when talking about their working role. Engaging with discourses of employment gave mothers a sense of agency allowing them to feel capable and empowered. Similar to Guendouzi (2006), these mothers constructed work as a space where their own needs could be met. The work environment provided mothers with a space where it was acceptable for them to have a voice and a sense of individuality. Nevertheless, this is contradictory to them constructing themselves as self-sacrificing mothers who, as women, have little power and say in their social context. I have argued that mothers invested in the position of the 'good, instrumental mother' to defend against feelings of helplessness and powerlessness. In their work position, agency, capability and empowerment are available to these mothers. This particular construction of the working mother is different to previous literature that assumes work may hinder a mother's responsibility to care for her child (Arendell, 2000). Instead these mothers spoke about how work gives them the means to provide and thus, fulfil maternal responsibilities and expectation. Consequently, ambivalent feelings about working was often set aside or minimized. This could suggest unbearable feelings for and about working mothers that we do not want to think about. Both mothers and I took for granted that mothers must just make do and not challenge a failing system; we surrendered to the assumption that mothers must make do with little support. In this, we failed to position her as a subject with her own wants, wishes and desires as well as fully acknowledge she is also a subject who is powerless and choiceless in her social system. Rather, we maintained the status quo and power dynamics of the situation these mothers find themselves in.

Considering this, I was left interrogating myself as to whether I was also perpetuating this desire to not know these mothers' actual struggles and dilemmas. Reflections of this type suggest the value of researchers and clinicians being aware of our own emotional states and how our inner world shapes what we see or think we know.

8.3.3. *Individually-focused or co-constructed narratives*

I argue that the discourse of intensive mothering, which is believed to be 'doing' mothering 'right', ensures that blame is directed individually, rather than towards the social system; in our talk and psychoanalytic reading, failure is frequently constructed as the mothers' failure (such as not being constantly available for their children, not having enough financial means to provide nice things or having to rely on family members who are not adequate carers for childcare), as opposed to the social system that fails to provide appropriate, affordable childcare, flexible hours for working mothers and/or sufficient pay in order for work to adequately provide for mothers and children. Contrary to previous literature, such as Bain (2014) and Frost et al. (2012), mothers and I neglected to express any frustration about social system failures. Rather both mothers and I assumed that they must just 'make do' and our talk failed to challenge the assumption that nurturing and providing for a child is ultimately a mother's responsibility. Consequently, there were moments in our talk when we adopted an individually-focused narrative.

The method of this study uses the researcher as the tool rather than only analysing the mothers' talk. As I was also the object of study, publishing data on my experience, my position, impact, and involvement was also interrogated. Different to other studies, bringing myself - as well as my psychoanalytic reading of the text - into the analysis as an object of study helps to identify when a relationship of twoness collapses or merges into oneness; and thus, eliminating any difference and independence between myself and the mother. A collapse into oneness could be regarded as a non-mentalizing state where I fail to recognize the mother as a co-creating subject who has a separate mind to my own. According to Lacan, the concept of the third can be recognized in the domain of language and talk if different viewpoints are permitted and heard (Benjamin, 2004). While analysing my psychoanalytic reading of the text, I drew from this assumption of the third to monitor and guard against assuming authority and universalizing maternal subjectivity. This study - as a psychosocial study which uses the researcher as a tool - has highlighted how the researcher, as well as mothers, are active participants in the process of making meaning about maternal

subjectivity. Interrogating both a mother's and my own unconscious motives behind the process of meaning-making moves away from an individual narrative centred on the mother to understanding how both a mother and a researcher are individually invested in promoting and destroying particular meanings.

Straker (2006) stresses the importance of acknowledging the possible damage to the 'other' and the findings of this study suggest that a position of power, such as myself as the White 'expert' and researcher, is and continues to be destructive to these mothers' own constructions. The psychoanalytic reading conducted in this study which also analysed my own emotional experience and internal world demonstrated how my *own* anxiety and guilt about my position of privilege constrained my capacity to mentalize about a mother's own process of meaning, especially when confronted with feelings of helplessness and powerlessness. I had great discomfort with this position of power and privilege but it is a reality and something that I would argue has not been explored sufficiently in maternal research. By using myself as a tool and analysing both the impact of my emotional investment and social positioning on constructions of maternal subjective experiences, this study contributes to maternal research by offering another facet to understanding maternal subjectivity.

As I was positioned as the White, educated authority of expert knowledge, mothers were positioned as the helpless, silent mothers. I argue that an example of Straker's (2006) anti-analytic third was present in the intersubjective encounter of the interview as mothers and I frequently failed to recognize or hold the other in mind as well as reflect on our own performativity of power relations. Straker (2006) argues that the anti-analytic third could be understood to be a symbol of shared transgenerational trauma from power relations; and thus, it is important to consider the role of social constructs in this dynamic, such as race, gender, class and maternal status. In this study's interview encounters, it could be considered a symbol of the transgenerational trauma from our country's history of apartheid and unequal power relations that both mothers and I are unconsciously carrying. Our difference was quite apparent, and in some moments it would create a rift in our connection where we were unable to understand, and thus think, about each other. The results of this study also suggest the significant impact of Whiteness. Reflexive notes reveal how I occasionally fell victim to Altman's (2006) claim that Whiteness blinds Whites from understanding; an example of this is feeling irritated when waiting for some of the participants and frequently my White privilege blinded me from understanding these mother's struggles and commitments. As argued by Altman (2006), it is possible I used my Whiteness, or assumed sense of

omnipotence, as a defence against feelings of lack or ordinariness and helplessness. Nevertheless, it is also important to point out that although there were moments of disconnect, this study also demonstrated the potential moments of connection that can occur between an interviewer and interviewee, such as the mothers and I identifying as being women in a patriarchal society as well as a voiceless member in the factory's community. As discussed by Benjamin (2004), both the mothers and I were in a doer-done-to dynamic as we co-constructed subjective reality; our identification or mutual recognition helped us to recognize each other's experience but it also created confusion in differentiating experiences.

Similar to Straker (2006) and Altman's (2006) arguments, this present study illustrated the significant impact of both historical and current social systems, such as apartheid and structures of privileged, but it also highlights the significance of unique individual histories and how one's individual experiences shape the way one thinks about the world and one's capacity to mentalize about others. Inspired by Opperman Lewis's (2016) interrogation of herself and position as a White Afrikaans woman researching psycho-historical factors of apartheid in South Africa, I was left wondering if as a White woman, whose own family history and legacy is one of poverty and oppression, talking to mothers who are presently in a position of poverty and powerlessness, resulted in mothers and I identifying based on our historical experience of humiliation and oppression. Although this generational and early experience helps me to understand, I had to admit that this very identification may have also been a destructive force in actually recognizing mothers as separate individuals with different experiences. This again suggests the value of researchers carefully scrutinizing the impact of their social positioning as well as their internal world on research findings.

8.4. Conclusion

This chapter has discussed how significant aspects of this study's findings relate to theories of mothering and previous research about maternal subjectivity; more specifically, how this study can contribute to psychosocial research on mothering. I have particularly explored how these findings may disrupt previous understandings – especially psychoanalytic thinking – of maternal subjectivity. I have argued in this thesis that, used critically, psychoanalytic thinking can help us to be mindful of each individual mother's unique emotional experiences and meanings of mothering as well as possible reasons why mothers and researchers may be invested in particular meanings of mothering. Nevertheless, considering how financially vulnerable the participants in this study are and how this has real implications for their daily

lives, I have also argued that, if not applied tentatively, there is a risk of psychoanalytic thinking underplaying the real economic, structural context and real needs of physical bodies as well as its own unconscious investments in problematic systems that blame mothers. As discussed in the literature review, psychoanalysis was born in the consulting room, not in the social world (Clarke, 2002; Tomlinson & Swartz, 2002), so it has a tendency to take an individual, internal focus of the mind and psyche rather than holding onto the physical body located in the outside world. This is in spite of interventions like Kangaroo Care and Winnicott's (1960) theory of how infants require holding that not only holds and manages experiences of the mind but also of the body. This research has demonstrated that psychoanalysis tends to have a blind spot when keeping in mind physical bodies and physical spaces; and through this act of anti-mentalizing psychoanalysis can pathologize mothers. Nonetheless, I have also tried to show how psychoanalysis can be retained as a way of thinking if we remain critically reflexive of its blind spots.

CHAPTER 9

CONCLUSION: BECOMING CONSCIOUS

9.1. Introduction

With psychoanalysis mostly taking a child-centred approach (Benjamin, 1990; Raphael-Leff, 2010a; van Doorene, 2009), unique maternal experiences have largely been silenced – this is especially the case for maternal experiences of employed mothers who are in scarcely-resourced communities and positioned in low income occupations (Arendell, 2000; Kruger, 2006). Drawing on psychoanalysis and discursive psychology, this psychosocial study explored how these mothers position themselves within social discourses to construct themselves as mothers and how this positioning serves conscious and unconscious purposes. Rather than uncovering ‘truths’ (Frosh & Saville Young, 2008) my hope was to contribute to breaking the silence around maternal subjectivity by creating a space for the individual voices of these mothers to be heard. In this concluding chapter, I scrutinize this study by identifying its limitations and strengths. I describe how understandings from this study could guide future research as well as inform mother-infant interventions in South Africa, and in similar contexts. I explain how these mothers’ construction of the ‘good mother’ and employment of instrumental mothering alerts us to sites of ‘blindness’ in psychoanalytic thinking and discursive thinking, respectively. By reflecting on how this research impacted on me personally, I discuss the need for research and interventions to hold in mind the discursive *and* defended subject – both in the researcher and researched. I critically reflect on how both mothers and I defensively co-constructed meanings of maternal subjectivity; that there were moments of mutual recognition but also moments of defending against knowing. I argue that one particular site of not knowing is the failure of these particular women’s social system. Finally, I argue for the value of advocacy work in this area by making recommendations for social and workplace policies and urge researchers, practitioners *and* mothers to call social systems to account.

9.2. Strengths and limitations of this study

Most importantly, this study offered a space where unique and different voices of maternal subjectivity could be heard. As some of these mothers’ constructed their experience of talking in the interviews as a beneficial experience, I believe one of this study’s contribution was

offering these mothers a space where they could be recognized as themselves by another, such as myself. Benjamin (1995) regards this recognition necessary for psychological survival. This study has shown how a psychoanalytic reading alongside a discursive reading – which pursues an open and reflective, yet critical, mindfulness when listening to talk - has the strength of acknowledging these individual mothers and social systems. This study addresses the absence of working mother's own experience in literature by understanding mothers as a subject with their own subjective knowing as well as understanding emotional investments in particular discursive positions such as the 'good mother'.

Given that I was positioned as the expert, who was presumed to be some form of authority, mothers may have consciously or unconsciously censored parts of their stories. As argued by Landman (2009), it is possible that mothers may have felt intimidated in the interview setting. Scheduling two interviews hoped to counter this by establishing rapport and familiarity; however, historical and socio-political factors around difference, race and privilege were inevitable. These differences resulted in rifts in relating as well as disruptions in understanding or recognizing each other's subjectivity; however, these disruptions were a helpful reminder of the opacity of these mothers' minds and the need for a tentative approach to interpretations. It also gave insight into co-constructions where difference is present; and this is significant because difference is part of South Africa's reality.

An obvious and unfortunate limitation of this study is the neglect of fathers' voices and that of other caregivers such as grandparents, other extended family members and community members. When reviewing the literature, I was left wondering about mothers; as literature predominately focused on the infant in the attachment bond with a mother, I was curious about the mother in the mother-infant dyad. While conducting the interviews, I was mindful of how absent fathers were in our talk and did wonder if this was a representation of parenting in these mothers' communities or whether it reflects psychological assumptions about parenting. Mothers usually are the primary caregivers (Stone, 2014); thus the absence of fathers in the interviews may represent the assumed gendered roles of parenting. Due to limits of time, resources and accessibility I was not able to include the voices of fathers and other caregivers - this is an opportunity for future studies which could offer more insight into the subjective experiences and social constructs of paternal subjectivity and 'collective parenting'.

One may argue that a limitation of this study is the lack of generalizability to another population group (Hollway, 2011; Landman, 2009). Nevertheless, qualitative studies are transferable and a particular strength of qualitative studies is providing insight into unique,

individual experiences. Although Hollway (2011) notes the value of studies that can offer generalizations, she argues that if the researcher fails to acknowledge the uniqueness within findings there is the risk of making misleading assumptions of generalizations. The findings of this study only represent the constructed maternal experiences of these six mothers but following a psychosocial methodology demonstrated how the findings are *co-constructed* subjectivities that are located in this particular interview encounter. Rather than offering generalized results, this study's contribution lies in expressing the unique, rich maternal subjectivities and demonstrating the potential for further research of constructs of maternal subjectivity (Dugmore, 2013).

The setting of this research was both a limitation and strength. Every attempt was made for the interview setting to be established in such a way so the mothers' narratives could unfold naturally and spontaneously but contextual factors that may have restricted the mothers' stories remained present. As discussed in chapter five, contextual challenges were associated with the interviews taking place at the mothers' work environment. The number of interruptions that occurred during the interviews may have acted as disruptions to the mothers' stories natural unfolding but it is important to note that mothers were mostly not perturbed by this. The work context may have also played a role in limiting representations of these mothers' personal and home lives in their talk as well as restricting physical access to this sphere of the mothers' lives. Mothers also did not spontaneously offer information about their mothering role and their child – it is possible that this was influenced by the work context where it is assumed that those matters are not to enter the workplace. This gave the impression of a clear divide between work and home, between worker and mother. Nevertheless, mothers were given the choice of setting and it is likely that mothers preferred interviews to take place at work as it was more convenient but also less of an intrusion or threat to their privacy. Interviews located at the work place may have offered mothers more comfort but it ensured that I remained outside of their *real* contextual and financial struggles. In spite of these contextual challenges, the interviews taking place at work may have also created an opportunity for other constructs of the working mother to be recognized. This may not have been so prominent if interviews were conducted at home.

Although the challenges to setting up the infant observations did provide helpful insights about possible unconscious forces at play, another limitation of this study is the failure to triangulate the interview findings with observational data outside of the interview context. I would suggest that future research include observational methods of data collection in order to improve credibility. It is possible that infant observations in the home may be too

threatening for mothers so future research may benefit from earlier discussions with mothers about setting up ‘go-along interviews’ or ‘walking interviews’ that take place in a familiar and comfortable place (Evans & Jones, 2011). Following this method, future research could investigate the impact of context on discursive resources and practices, such as in the workplace or home. Another possible limitation of this study is related to the methodology where interpretations and the final analysis made from these interviews were not presented to or further explored with the mothers; subsequently, claiming some kind of expert authority on these mothers’ subjectivity. If research hopes for mutual recognition where identification and acknowledgement of separateness occur, it requires scrutinizing and constant reflection on the researcher’s role as well as their own mental and emotional state.

As the interviews were conducted in English, which was not the mothers’ first language, it is possible that some meaning may have been lost in translation. The presence of a colonial element (such as a White person requesting an African woman to express herself in English instead of her preferred language), along with the shadow of apartheid, occasionally resulted in Straker’s (2006) anti-analytic third limiting both the mother’s and my reflective capacity. It is very possible that racial differences and representations of Whiteness played a role in mothers feeling silenced. Although this is a significant finding (because it illustrates how maternal subjectivity was co-constructed in this particular context), it may have also played a role in silencing different stories of maternal subjectivity as well as positioning mothers in a particular way due to racial differences. Altman (2006) argues that Whites are usually blind to the meaning of Whiteness; and thus, to address his concerns about deeper reflexivity of White researchers and clinicians, I have offered some reflections after painful, and shameful, self-scrutinizing. There is also the question as to whether mothers only engaged with feminist and empowered discourses because they were talking to a White female therapist and would these discourses have been absent if they were talking to a female therapist from another race group or to a male therapist. Significant findings could also be obtained from new research studies that included an interviewer with a similar cultural background to the mothers examining which positions are constructed as a result. It would have been interesting to explore how the intersubjective encounter would change if the interviewer was regarded to be from a racial group that is different to Whites. I would also suggest that future research makes provisions for this by including an interviewer who is at least semi-fluent in the mother’s first language. It is also possible that mothers would have engaged differently with a researcher who was not also a therapist – especially one that was not employed as a professional at their workplace. This raises the question as to whether there

would have been less fear of scrutiny or the evaluative gaze and hence, less of a desire to position the self as a traditional ‘good mother’ in interviews encounters. There is also the question as to how my occupational position as a contracted healthcare professional in these mothers’ place of work produced dominant maternal discourses prioritising infant health and development as well as material provision and providing. Future studies could investigate if an interviewer with different associations and a study in a different context (such as a community member from a mother’s home) would yield different findings.

This study has shown that in order to practice ethically, it is crucial for research of subjectivity to recognize the complexities of individual constructions and to acknowledge the inconsistencies and contradictions that take place in an intersubjective encounter. Drawing from a psychoanalytic perspective offers an in-depth understanding of inconsistencies and contradictions in subjectivity but it could also be regarded as a limitation. As argued by Hadley (2015), psychoanalysis can complicate talk because it is of European origin (Hadley, 2015) and thus, may restrict researchers from seeing other worldviews, such as an African worldview which plays a significant role in these mothers’ lives. Incorporating psychoanalytic understandings in a psychosocial study may risk engaging in a top-down or expert approach (Saville Young, 2009); consequently, it is crucial that psychoanalytic researchers recognize and reflect on their power of their position (C. Long, 2002) and Associated with this limitation is my role as a practicing therapist with a psychoanalytic orientation – although I made every attempt to remain aware of my role in the interview, distressing feelings associated with mothers’ real life struggles acted as a challenge and a risk of the boundaries of therapist and researcher being blurred. My training and ethical responsibility as a psychologist to offer some form of intervention when an individual is in distress, and possibly at risk, clashed with a qualitative researcher’s approach of allowing phenomena to unfold naturally. I cannot state that there was a complete separation in my multiple roles (Dugmore, 2013) but my psychoanalytic non-directive, yet mindful approach, provided a sense of reverie and proved to be useful in containing both my anxiety and mothers’ anxieties during stressful moments.

9.3. Defended and discursive subjects in research and practice

This study applied a psychosocial approach to acknowledge how the psychological and social are intertwined, how the mothers in this study and I are both defended and discursive subjects. The study hoped to address how these mothers are expressing, performing and

making sense of their identity as working mothers in their talk. Nevertheless, what took me by surprise was the extent of our ‘defendedness’ and ‘discursiveness’; how both mothers and I performed as defended and discursive subjects who challenge and/or accept social constructs as a result of our emotional investment in maternal subjectivity being constructed in particular ways within the intersubjective encounter.

Combining Benjamin’s (2004) theory of mutual recognition with discursive theory, the analysis of this study considered how each subject is a doer who is done to by the other subject. It was necessary for me to honestly reflect on what I - as an emotional, social and political subject - brought to the research process and how my actions may have influenced the meaning-making of maternal subjectivity in this setting (Frosh & Baraitser, 2008). As a psychoanalytically-inclined therapist a large part of my role is reflecting on the therapeutic encounter and tracking my own countertransference. I am not unfamiliar with reflexivity but, as illustrated in excerpts from my reflexive diary in chapters six and seven, through the process of this research I had to become aware of (and come to terms with) my blind spots. I have realised that, unconsciously, I went into this investigation with a sense of knowing. Throughout the interviews I was confronted with my position of power (as an expert) and privilege (as a White, middle-class woman) and I tried negotiating my way out of this by over-identifying with mothers. Discomfort with my role intensified as a result of the racial and class differences between mothers and me, mirroring South Africa’s severe, and unfair, divisions of ‘goods’. Despite my aversion to the expert role, I later had to accept that I still played some form of expert and authority as I entered these mothers’ space assuming I knew them. I also have had to grapple with the ways in which these mothers influenced my positioning.

A contribution of this study is highlighting the extent to which a ‘psychoanalytic mind’ – both of the theory itself and in its thinkers – as a defended and discursive entity, shapes maternal subjectivity. In addition to the ‘defendedness’ I have just spoken about, this study illustrated the powerful impact of discourses and ideologies; the impact of ideologies such as intensive mothering and neoliberalism as well as the psychoanalytic discourse of individualism on maternal subjectivity. The significant, and novel, contribution of this study to maternal research is applying a psychosocial methodology and theoretical framework – a framework that facilitates a mind which holds both the social and psyche - to a marginalised group of mothers in a marginalised context with a complex socio-political history. At times, both mothers and I perpetuated an individual-focused narrative which centred on how they were coping psychologically in the face of social challenges at times drawn to pathologizing

some of their coping strategies. This highlights that if we are unaware of our investments and neglect to hold a dual focus on the psyche and the social, we may take ways of being and social institutes for granted – such as mothers and I not interrogating, or expressing any frustration towards the failures of social systems for working mothers in scarcely-resourced communities.

Intersubjectivity theory provided me with the insight that we are born with an innate ability for intersubjective relatedness; thus, we are constantly co-creating and re-enacting subjectivities (Fonagy et al., 2004). I have explored how intersubjectivity is a form of interpersonal communication of sharing conscious and unconscious subjective experiences with another (Diamond & Marrone, 2004). I have made reference to intersubjective perspectives of meaning-making to draw our attention to how maternal subjectivity is the product of co-construction. Extending Hollway and Jefferson's (2013) concept of the psycho-social subject, I have argued that a 'psychoanalytic mind' – in the form of theory, researcher and practitioner – is both defended and discursive. I argue that in order to offer mothers something valuable, we need to facilitate an awareness of our emotional investment in the status quo as well as our role in co-constructing social and shared meanings. In this process, the value of Benjamin's (2004) concept of surrendering to the 'intersubjective third' came alive for me and I surrendered to having to hold and acknowledge it all - holding the tension between the difference of a mother and me while still being attuned to myself, I held the 'third in the one' (Benjamin, 2004). I surrendered to the space between us by accepting the reality of what was going on between us. By surrendering, I could hold these mothers' suffering but also acknowledge their strengths and ability to overcome challenges. I could see their agency, their investments along with my investments and moments of 'blindness'. Ironically, psychoanalysis – when used critically - facilitated this awareness; just as psychoanalysis facilitated an awareness of my defences and destructiveness in the process of meaning-making, providing a framework to examine my unconscious motives.

I have argued for the value of interrogating our defences and discursive role when working with mothers. If we neglect to do this, we fail to call social systems - and ourselves – to account and risk perpetuating notions of mother-blame.

9.4. Sites of 'blindness'

Our assumed expertise and authority on ways of 'being' can blind researchers from what mothers are saying and doing. As subjects who defend, there is the possibility of sites of

'blindness' developing. Some examples include a neglect of maternal strength and capability, a neglect of social systems and ignoring the complicit role of psychoanalysis in this social system. It is necessary for clinicians and researchers to acknowledge how they may contribute to but also damage the other. In other words, it is crucial that psychoanalytic researchers recognize the power of their position (C. Long, 2002) and interrogate how incorporating psychoanalytic understandings in research and interventions may also risk engaging in an expert approach (Saville Young, 2009). One way that we as psychoanalytic thinkers and practitioners may damage the other is with our blind spots, and through denying the complexities and realities of another's experience. I have suggested that one possible reason for the absence for maternal subjectivity in the literature – especially the maternal subjectivity of working mothers in scarcely-resourced communities – may be an unconscious defence against knowing a mother's suffering and powerlessness. I have argued that both psychoanalysis and discursive psychology are blind to the significance of the body in the mother-child relationship and maternal experience. Psychoanalysis also has a tendency to be blind to the impact of physical spaces. As shown in this study's findings, however, both the thriving and surviving baby-body and the impact of physical spaces were significant to mothers. Another site of blindness is the adaptation of instrumental mothering in order to construct the 'good mother' in this context.

In this thesis, I have demonstrated that although a key finding from these interview encounters, the significance of physical bodies and context is rarely thought about in psychoanalysis. I have also argued that in failing to think about our power – to both create and destroy meanings, we fail to recognize and learn from mothers. In order to prevent the perpetuation of mother-blaming and pathologizing, I have suggested that we, as practitioners (positioned as 'experts' situated within psychoanalysis - a powerful system of knowledge), continue to interrogate our own defences and investment in the positioning of subjects. Being positioned as the expert, I remained hyperaware of how my position of power may be destructive to these mother's own constructions. In the research I pointed to numerous times when I would reflect in a hyper-active manner or 'pseudo-knowledge of minds' (Fonagy et al., 2007) that would constrain my capacity to fully recognize the mother. Admitting that I too occasionally fell into the blind spot of neglecting the real impact of context and the significance of bodies, I have presented these findings as one way of understanding these mothers' maternal subjectivity but also as an understanding that still remains open to further interpretations. In doing this, I hope to facilitate reflective thinking in maternal studies that does not subscribe to a final resolution or to absolute assumptions.

9.5. Directions for future research

I have explored how as a system of knowledge, psychoanalysis has been invested in the absence of maternal subjectivity but also how we as individuals – including practitioners and mothers - may be invested in not knowing about the layered and different experience of being a mother in South Africa. I have illustrated how a psychosocial approach can try to counter this defence and to interrogate investments in uncritical psychoanalytic analyses. Nevertheless, this neglect in psychoanalysis may actually represent a more global neglect of how we think about mothers and how we take their experiences for granted. This raises the question: what does this mean for future maternal studies – more specifically, what does this mean for psychoanalytic thinking in future maternal studies?

The findings of this study identified significant blind spots in psychoanalytic theory: the powerful impact of context and the importance of the ‘physical body’ in maternal care. Traditionally, psychoanalysis has a history of neglecting the ‘outside’ - be it social contexts or bodies - overlooking diverse ways of being. The infant body was central to these mothers’ talk, thus I would recommend that future research investigate how constructs of bodies play a role in meaning-making. I have argued that neglecting the body and context in psychoanalytic thinking could result in pathologizing mothers as this thinking fails to acknowledge how attending to the physical needs and health of infants in an impoverished environment is a great achievement for these mothers and a form of ‘good mothering’. Consequently, to avoid playing a role in silencing mothers (Baraitser, 2008) psychoanalytic research needs to be more accommodating of these types of mothers by asking questions that centre on what mothers are doing rather than what mothers are failing to do. For example, research could question what are mothers ‘doing’ with bodies and environments rather than only investigating how environments and physical bodies are shaping a mother’s emotional and mental state.

I argue that it is crucial for us, as researchers, to be mindful of how we may be invested in supporting problematic systems or maintaining blind spots; thus we must also interrogate what is our ‘psychological pay off’ as researchers in seeing mothers in a particular way and maintaining the status quo. The particulars of this South African context points out the need for studies to apply a theoretical orientation which can remain mindful of the practical and political issues that research participants may be experiencing. A critical reflexive approach to the interview text of both the mothers and I showed how traumatic, social histories

continue to play a significant role in constructing experiences but also how a researcher's own perspective will always play a role in the ways a another's experience is recognized. Keeping in mind that positions were a result of co-constructions in our talk, undermentalizing and anti-mentalizing was a result of us *both* defending against these feelings. Subsequently, I would suggest that future research studies also aim to include the researcher in the frame. Researchers could question the significant impact of their own presence and what they represent on meanings of maternal subjectivity. As the researcher, I was inevitably positioned in the more powerful position of 'expert'. It was evident in the mother's talk how we as practitioners and researchers are constructed as forms of authority; we are constructed as forms of authority that lack compassion and understanding, that would rather scrutinize mothers and withhold vital knowledge about infant health and care. I think this is a significant point for research and interventions going forward: we may think we are being driven by altruism but it is necessary for research to question how are our wishes of help are being interpreted by the community we are servicing (Dugmore, 2012) as well as to interrogate what we, as experts, could be defending against or invested in.

Although I aimed to inform theories of mother-child relations, an in-depth psychosocial analysis limits the number of voices I can hear so I hope that this study will also inspire others to listen intently and openly to the diverse voices – such as low income earning parents and caregivers from scarcely-resourced communities - that are talking about what it uniquely means to parent in South Africa.

9.6. Learning from the mothers

The claims of this thesis are relevant because it offers insight into what these particular mothers may be telling us about psychoanalytic interventions in South African communities and the impact of traditional mother-infant interventions in these communities, which aim to promote secure attachment from a Westernized approach. Interventions which prioritise a mother being constantly, physically present and attuned, as well as constantly emotionally responsive, may come across as implying that mothers are failing. Interventions which only focus on the mother-infant attachment bond fail to acknowledge the challenges of having to be a working mother as well as the failing system in which mothering may take place. Instead of being therapeutic and supportive, these interventions risk being guilt-inducing for mothers as interventions with an individual focus fail to recognize how mothers may be doing the best they can in a difficult system. Child-centred discourses claim to have authority over the ideal

way of mothering and mothers who fall outside of this norm – by choice or by circumstance - run the risk of being pathologized or blamed. These discourses shape a working mother's experiences as well as erode the value of what these mothers are doing: in spite of contextual difficulties, these mothers have provided the best care possible for their babies. The mothers of this study have alerted us to the necessity of practitioners acknowledging working mothers' achievements or strengths (such as finding more adaptive acts of good-enough mothering in scarcely-resourced contexts) as well as the importance of interrogating the unsupportive social systems in which mothers find themselves. Guided by what I have learnt from these mothers, I will discuss detailed recommendations for parent-infant interventions in the following section.

9.7. Recommendations for practice: Informing parent-infant interventions

Psychoanalysis, as a therapeutic approach for mothers, could actually help mothers to confront the difficult reality of their social situations, rather than deny it, as well as build their individual selves – and not just their infant's. This could facilitate the development of agency and possibly facilitate action to challenge the problematic social systems. Consequently, I am not arguing that we should do away with psychoanalysis in mother-infant interventions; on the contrary, I am arguing psychoanalysis has a valuable place in mother-infant interventions but we must think about *how* we use psychoanalytic theories in order to avoid silencing mothers and claiming authority on maternal subjectivity. To prevent this in future interventions, I propose a psychosocial understanding that is mindful of how individuals are embedded in social meanings and cultural contexts while also recognizing their conscious and unconscious wishes which motivate subjects to uniquely invest in particular positions (Saville Young, 2009).

Based on the process and findings of this study, I offer insights on four areas which could inform future parent-infant interventions and facilitate a mindfulness of holding both the individual and social system in mind: 1) Acknowledging contextual challenges; 2) The significance of physical bodies and physical spaces; 3) Facilitating a 'psychosocial mindfulness'; and lastly, 4) How meanings are co-constructed and mentalization is intersubjective.

9.7.1. *Acknowledging contextual challenges*

The contextual challenges confronting this study provided valuable insights with regards to contextual factors when implementing interventions. Similar to other studies (Bain, 2014; Frost, 2012; Landman, 2009), this study suggests that mothers are in need of ongoing support, but when scheduling the interviews and observations, I was aware of the demands placed on these mothers and the reality of their social circumstances. Given the number of responsibilities these mothers carry, it is necessary for interventions – just as it was for me as a researcher – to be flexible about when and where the interventions take place. If psychoanalytic interventions do not think of a mother’s actual context, we could lose these mothers, failing them in our responsibilities to offer relevant help (W. Long, 2017a). If we hope to provide a useful, suitable and ethical service for mothers and infants in deprived communities, it is vital that interventions are both convenient and accessible. This could be achieved in the form of offering services within the mothers’ communities or at their homes and workplaces. Interventions and services could also be made more accessible by adapting the traditional analytic frame to be more flexible about session times and frequency around mothers’ commitments (Dugmore, 2012). As noted by Dugmore (2012) and Landman (2009), interventions could be more suited to mothers’ cultural contexts by involving ‘cultural counsellors’ or ‘lay counsellors’. Community counsellors may also be able to address issues of culture, language and accessibility to mental health service, making interventions more accessible to mothers in the form of talk, familiarity and physical location. Given the dominant presence of substitute carers in these mothers’ talk, I would also suggest implementing interventions and services that are directed at carers other than biological mothers.

In addition to being aware of the practical difficulties in setting up an intervention, it would also be beneficial for practitioners to be aware of socio-political factors – such as power dynamics around race, gender and class – as well as the unconscious forces surrounding these social categories. As argued by Kruger (2016), frequently challenges and ‘resistances’ are unconscious communications about a mother’s experience of her own environment. If interventions hope to be sustainable and reduce drop outs, it may be necessary for practitioners to openly explore with mothers their anxieties and concerns both about the broader context and the intervention setting (Swartz, 2010). I would also suggest that developing a greater awareness of socio-political factors, as well as engaging with contextual issues, begins with the training of psychologists. Moreover the need for

psychologists to be aware of socio-political and contextual issues is an argument for training more Black psychologists and psychologists from working class backgrounds.

Exploring contextual and financial difficulties is in line with key components of the therapeutic process such as validating and recognizing the extreme circumstances of mothers as well as these mothers' powerless feelings (Kruger, 2016). Interventions hope to facilitate parental reflective functioning where mothers are able to think of their infants, but drawing from key findings of this study I would suggest addressing mothers' anxieties about contextual challenges and deprivation while also thinking about the mother-infant attachment. Often it is assumed that these types of issues need to be 'gotten rid of' before one can focus on the mother-infant attachment and mentalization; however, it is possible that this is where the real – and messy - work can be done

Frost et al. (2012) illustrated how mothers in adverse situations are preoccupied with financial and contextual deprivation and this limits reflective functioning in her talk. Nevertheless, I have also argued that a particular blind spot of psychoanalysis, and possibly interventions, is neglecting the real impact of financial and contextual deprivation on mother's experiences; thus, it is necessary for both practitioners and mothers participating in interventions to acknowledge such forms of deprivation by reflecting on and openly talking about the reality, and associated feelings, of deprivation. Although it is not the conventional approach of psychoanalysis, it may be necessary for practitioners (rather than waiting for the mother) to bring up and reflect with a mother on her actual reality and the contextual challenges she may face each day. I suggest that practitioners introduce this conversation because it is possible that mothers may assume that, since these matters are not directly related to an infant's emotional health, physical and contextual factors have no place in a psychological intervention. There is also the possibility that if the practitioner is from outside the community (which is often the case in South Africa), mothers may assume that practitioners (especially ones who are affiliated with privilege) may not understand or be interested in a mother and infant's actual environment. By introducing the topic for discussion, a practitioner is communicating to a mother that he or she is interested and wishes to learn more from the mother.

This study contributed to insights into the cultural and social notions of key concepts of attachment, such as sensitivity and security. A key finding of this South African study is how sensitivity and security centre on physical health and safety in contexts which are constructed as dangerous and deprived. In their talk, these mothers adapted traditional discourses of 'good mothering' to prioritise infant's physical safety and well-being. The findings of this

study suggest that mothers in this context tend to value instrumental mothering that provides in order to ensure the thriving and surviving of her baby. I recommend future interventions to expand their notion of good-enough mothering to a concept that includes acts of instrumental mothering and providing. In addition to acts of physical presence, sensitive attunement and appropriate responsiveness, it would be helpful for practitioners to be on the look-out for mothers' descriptions of instrumental acts of mothering and how these acts also represent a mother who is thinking about her baby's needs and well-being rather than only defending against the affective experience.

9.7.2. *The significance of physical bodies and physical spaces*

Dugmore (2012) has argued that in order for interventions to be applicable for mothers, therapy needs to be based on what mothers need rather than offering a prescriptive approach. This study has shown the significance attached to bodies in this South African maternal community. As therapists we need to remain mindful of how mothers are promoting medical discourses over psychoanalytic, child-centred discourses. Both Dugmore (2012) and Berg (2007) have pointed out how 'help' is defined differently between therapists and clients in these South African communities. As seen in my findings, mothers are seeking concrete help; consequently, I suggest that practitioners hold both the psyche and soma in mind if we wish to offer working mothers suitable help. I would add that it is also necessary for practitioners and therapists to think about what meanings are being attached to bodies - such as bodies being a site of maternal competency in this study - as well as how mothers may use bodies (like prioritising physical health) to defend against feelings. Clearly, the physical body and physical space are significant to some mothers and maybe, as therapists, we have been too narrowly focused on the verbal and symbolic aspects of therapeutic interventions. It may be beneficial if future interventions also incorporate theories of embodiment and possibly include clinical techniques, such as 'body awareness' (see Anderson, 2007 and Music, 2015) and Kangaroo Care (see Bergman, n.d. and Olanders, 2004) in our psychological parent-infant interventions.

As previously discussed, when considering the physical context of the intervention, practitioners may want to consider how mothers construct notions of security, sensitivity and responsiveness. It would be beneficial for interventions, located in South African contexts with adverse circumstances, to avoid only engaging with traditional constructs of attachment, which promote physical proximity and emotional attunement; and rather engage with how

mothers involved in these interventions may be constructing these terms. For example, in this study mothers adapted physical presence to maternal preoccupation in the absence of the baby, adapted traditional acts of nurturing to financial provision and sought suitable, substitute carers who could offer a constant physical presence. There is an assumption in psychoanalysis that if a mother is not physically present, she is not psychologically present yet the mothers of this study overcome physical distances by keeping their infant in mind while working. They are thinking about their babies but in a way that is different to psychoanalytic assumptions. While psychoanalysis focuses on physical proximity for a sense of security, these mothers focused on the impact of *types* of physical spaces on their mothering and child development. Considering this, it would be beneficial for psychoanalytic theory and parent-infant interventions to be aware of how mothers may be ‘doing’ mothering differently in particular spaces. This could be achieved by therapists and practitioners, firstly, monitoring their own blindness, and possible resistances, towards the significance of bodies and spaces in some communities. My second suggestion (which I have noted above) is for practitioners to always be mindful about physical needs and physical spaces as well as providing a therapeutic space where mothers feel these issues can be spoken about. The third recommendation, which draws from both discursive and psychoanalytic thinking, is to reflect with mothers about the symbolic meanings of their physical spaces and bodies in their talk. Together, mothers and therapists can wonder why these elements are important to mothers, how mothers feel these elements play a role in their everyday lives, and how they feel these elements shape what they ‘do’ as a mother and who they are.

9.7.3. *Facilitating a ‘psychosocial mindfulness’*

In order for interventions to promote reflective functioning or mentalization it is necessary for practitioners to reflect on their *own* biases and recognize the mother as a unique subject. I would urge interventions to facilitate an attitude of openness and understanding rather than using psychoanalysis as an authority or expertise over experience and thus, risking pathologizing mothers. In other words, I suggest that therapists and practitioners approach interventions with an attitude to listen carefully and learn from mothers – it is important to be aware that maternal experiences and challenges may not be what we think they are. Recent theorists have called for a different approach which does not assume what is ideal and rather, endures a stance of not knowing (Tomlinson & Swartz, 2002). Although working in a setting with a number of unknowns can give rise to anxieties, I would agree with Dugmore (2012) in

stating that a 'psychoanalytic mindfulness' and capacity for reverie can help therapists transform emotions into alpha-elements. A stance of not knowing - such as me approaching each mother's story in this study with openness, resisting coherence and constantly reflecting back on my interpretations in a reflexive and critical way - would also help us to remain open to learning from another. Based on the methodology of this study, I recommend that practitioners maintain a state of critical reflection where they question their own presumptions and possible biases as well as consider their own involvement in problematic social systems. This would allow for interventions to be open to different 'types' or constructs of mothers and mothering as well as maternal agency rather than unconsciously perpetuating notions of intensive mothering and child-centred discourses. Ultimately, it would also facilitate recognizing the mother as a subject.

Hollway (2011) argues that contradictions indicate the co-existence of old and new discourses; since dominant discourses are being challenged, rather than perpetuated, these contradictions could offer a site for social change. Taking the findings of this study into consideration, future interventions may benefit from identifying ideological dilemmas of traditional mothering and more progressive discourses in a mother's talk. For example, by challenging gendered practices mothers constructed themselves as strong, capable women. In some instances, this was used defensively against feelings of vulnerability and powerlessness but in other moments, the independent working mother position allowed mothers to transition from feelings of helplessness to agency. In future interventions, therapists could read therapeutic dialogues to identify repeated discourses and competing discourses. This kind of analysis of the interventions could be taken further by noting how discourses and social positions are being promoted, adapted or challenged in therapeutic moments. This could provide therapists with insight into a mother's ways of being and the possibility of new positions being constructed in the intervention setting. Analysing these new positions could also guide therapists to think of these positions as being created defensively or as signs of new development and change.

To guard against the stance of pathologizing and scrutinizing, interventions should maintain this stance of not knowing but constantly reflect on the power held by psychoanalysis as a system of knowledge and not disavow this power or expertise (C. Long, 2002). Using discursive psychology - as was done in this psychosocial study - can help guard against this blindness and shift thinking from essentialism to constructionism. As shown in this study, discursive psychology points to how social systems and meanings are *constructed* by all participating role-players. Consequently, I would suggest that future interventions do

not take social systems and positions at face value but question why a particular mother in a particular context with her infant may be thinking or feeling this way? And then for therapists and practitioners to reflect back on their answers to this question by asking why would I, as a therapist participating in this intervention setting with this particular mother, come to this particular conclusion? In order for psychoanalysis and psychoanalytic therapists to ethically and mindfully contribute to communities, we must recognize and reflect on our positions as socio-political subjects and defended subjects while writing about thoughts and feelings about maternal subjectivity. I argue that a ‘psychosocial mindfulness’, holding both a discursive and psychoanalytic understanding, can help facilitate this reflection. I would also argue that taking this approach especially helps White practitioners to be aware of their position and of whether they are unconsciously hoping to deny their guilt about their privilege, by ‘saving’ others in communities. In failing to recognize the different positions taken up to construct subjectivity – for both mothers and practitioners - we risk destruction of a mother’s agency and power as well as her internal resources which may offer support and strength. The process of interrogating our own involvement in the unsupportive social systems, in which mothers find themselves, could be conducted in the form of reflection groups such as peer supervision groups. In these groups, therapists could also interrogate the supportive and unsupportive social systems in which mothers are situated. Therapists could question why particular social systems exist by asking what the ‘pay off’ is for all role-players – therapists included – who are invested in such a system: How does it maintain or challenge the status quo? Does it serve to defend against unbearable feelings? Does it promote social change for mothers? It is also important for therapists to reflect on possible unconscious wishes to maintain the status quo by “acknowledging deeply held class interests and an unconscious opposition to the material progress of impoverished patients” (W. Long, 2017b, p. 86).

9.7.4. Meanings as co-constructions and mentalization as intersubjective

This study hoped to inform mother-infant interventions with this particular population group; hearing the individual voices of these mothers and exploring how maternal subjectivity is co-constructed in an intersubjective encounter provided a rich understanding of discursive and defended positions. A key finding from this study is how maternal subjectivities and meanings are co-authored and co-constructed discursively and defensively. I would like to encourage practitioners to intently listen to a mother’s talk for *co-constructions* and

acknowledge that both practitioners and mothers play an active role in meaning-making. This will allow mothers to be seen as subjects, rather than objects, and help practitioners to surrender to the intersubjective third (Benjamin, 2004) by remaining mindful of the impact of their own presence in the interventions.

A mother's own internal representations influence how she relates to her infant but since mentalization or reflective capacity is an intersubjective concept (Wallin, 2007), it is also vital for practitioners to be mindful of their own role in these constructs and how they may be positioning mothers in the interventions. In this study, when engaging with traditional discourses of mothering, mothers struggled to reflect on their own experience. Mentalization is an intersubjective concept and when confronted by feelings of loss and deprivation, it may be difficult for both mothers and clinicians to hold the difficulties in mind; consequently resulting in what Kruger (2016) terms 'mutual abandonment' to the feelings associated with interventions. It is important for these positions to be considered when implementing interventions; as argued by Swartz (2010) it is necessary for practitioners and the public to negotiate how they see the world.

There has been a tendency for interventions of reflective functioning and mentalization to neglect the presence of the therapist (Saville Young & Berry, 2006). Yet subjectivities are constructed in the presence of another; thus, to recognize the mother as her own person, therapists have to recognize their role in co-constructing subjectivities when working with mothers. In psychoanalytic psychotherapy, the therapy relationship is one of the key components and this study confirms how both the therapist and mother are doers who are being done to in the therapeutic encounter (Benjamin, 2004). Straker's (2006) concept, the anti-analytic third, was also evident in this study's findings; this suggests that therapists can influence both the construction and destruction of subjectivities. Therapist's need to be aware of and process their own feelings; this may mean having to admit one's prejudices, biases and blind spots (Saville Young & Berry, 2016) as I had to admit how both my privilege and overidentification with 'historical suffering' may have restricted my understandings. Work about parenting and children can be sensitive work, resulting in the experience of raw emotions; emotions become especially intense in adverse situations where both the mother and therapist carry feelings of fear and helplessness. Saville Young and Berry (2016) argue that in order for clinicians and researchers to disrupt what we think we know it is necessary to step outside of ourselves. Both therapists and mothers can be positioned as defended subjects and therapists may require support, supervision and therapy to help them become aware of any blind spots and process their own difficult feelings; analysing one's own feelings and

reflective notes can provide some insight into transference and counter-transference dynamics as well as avoid using theory and techniques defensively.

Psychoanalytic therapists tend to focus on one's suffering and vulnerability in order to help them come to terms with the loss and make the unbearable acceptable. Discussions in the literature reviews and the findings of this study both suggest that mothers could benefit from a space where they feel heard and recognized as their own person. As therapists can both construct and deconstruct identities and subjectivities, our search for vulnerabilities plays a role in continuing to position mothers, from adverse circumstance, as helpless and incapable. With mothers positioned as helpless patients in interventions, therapists and clinicians are positioned as all-knowing, powerful experts. For example, facilitating an awareness of maternal ambivalence opens up a space for difficult and vulnerable feelings to be acknowledged but mostly focusing on vulnerable and 'bad' feelings could lead to experts perpetuating discourses of helplessness. Consequently, we must listen intently for the diverse discursive - and possibly more empowered - positions mothers may take up. Providing a space where mothers can be given the opportunity to recognize their own upliftment and empowerment may contribute to positive outcomes of interventions being more sustainable as mothers recognize their position as an active subject in their own life and that of their baby's life.

9.8. Advocacy work

In addition to the recommendations for future research and interventions, another recommendation of this study is for more advocacy work by psychologists. Some of us (myself included) may tend to limit ourselves to the therapy room as it feels safer, familiar and less overwhelming. This is possibly an attempt to defend against the inevitable feelings of helplessness and powerlessness associated with living and working in scarcely-resourced communities. I suggest that we need to expose ourselves to these contexts, experiences and feelings more frequently if we are to become equipped therapists in holding and bearing these difficult feelings. This could take place through advocacy work. Some acts which could serve as advocating for mothers and working mothers can be accomplished in the form of research, such as this study, and generating knowledge that could guide or inform policies on work, child development and mental health. Research on maternal experiences in marginalized communities could also question the soundness of specific policies. In addition to research, I think it is necessary for psychologists and all mental health practitioners to extend beyond

academia and therapeutic spaces to also participate in advocacy work. Below I suggest two ways in which we could advocate for working mothers: the first of these involves making recommendations for social and workplace policies, while the second involves calling social systems to account.

9.8.1. *Recommendations for social and workplace policies*

While talking to these mothers who work and live in scarcely-resourced communities, it was obvious how a lack of resources, support and childcare fed into their difficulties in mothering. Nevertheless, we failed to interrogate these social system failures in the interview room and I would urge relevant stakeholders in maternal and infant care to not fall into the same non-mentalizing state but rather to consider how the social system can be adapted into a system that is more supportive of mothers and infants. Some possible areas of focus that featured in this study but are likely a reflection of other mothers in this level of work and residential areas, is childcare, earnings and work environments. There is a clear need for appropriate, affordable childcare as well as support and psychoeducation for substitute or alternative carers. Mental health and social policies could address this by offering training and psychoeducation on child development to alternative carers, including family members. It may also be beneficial to also offer some form of social and emotional support for these caregivers by setting up carer groups and regular meetings. Social policies could also assist in challenging gender assumptions that assume childcare is only a woman's or mother's job. As seen in the recently revised policy of paternity leave (SA Department of Labour, 2018), the notion of equal parenting is gradually forming in South Africa and is encouraging both parents to be present for childcare.

The findings of this study have highlighted the uniqueness of each mother's experience; hence, I would recommend revising policies so mothers are given the choice to mother in a way that they prefer. This approach would contribute positively to both a mother's and a child's development. Policies should put resources in place which allows mothers to choose their own work-mother balance and that allow this balance to be changed or adjusted when needed during their infant's first two years. There is also the need for government and workplaces to revise policies on maternity leave; for many of these mothers six months is not sufficient and it appeared that a minimum of eight months full paid maternity leave (a month before they are due to give birth, six months of uninterrupted time with their baby and one month to prepare for the separation and transition to work) would be

more ideal. If mothers wish to stay at home and are willing or able to not rely on their income, companies should also be willing to negotiate unpaid leave after maternity leave. For mothers who require the income or have a desire to resume their work, another suggestion is allowing mothers who have returned from maternity leave to work on a part-time or flexi-time basis for the next year. Policies for labour and the workplace should consider more flexible work environments that offer flexible hours for working mothers as well as address concerns about low income earning mothers' pay and give them opportunities where their work can really provide. Some mothers may choose for their child to be cared for by community or family members but I would also advise employers to offer crèches at the workplace – this would offer mothers the opportunity to spend more time with their children if they wish. It may also be beneficial for companies to elicit the services of healthcare practitioners such as paediatricians, nurses, social workers, psychologists and family counsellors. This would give mothers access to services that are often not available in their community or accessible after working hours but could also curb high rates of absenteeism which is costly to both employees and mothers.

Structural changes would provide support for these mothers but this psychosocial study has also drawn our attention to mothers' investment in specific social structures and systems. Consequently, when implementing policies, I would recommend that policy-makers are mindful of some mothers and stakeholders being invested in policies which maintain the status quo.

9.8.2. *Calling social systems – and ourselves - to account*

Reflecting on these particular interview encounters, I have argued that mothers and I may not have called these systems to account and expressed any frustration towards the social challenges of mothering in these South African contexts as a way of denying feelings of guilt, shame and helplessness that are associated with the social reality of privilege and disadvantage (the haves and have-nots) as well as power and powerlessness. In the moment, this acted as a form of protection but it inevitably further develops an individually-focused narrative which directs attention away from social systems, but also away from researchers and therapists, to the mother. This shift often results in mothers' competency being evaluated; consequently, it is possible that researchers and practitioners fail to question social systems because we ourselves fear being scrutinized or exposed. If we continue to develop only an individually-focused narrative, we do not allow the social context to come into the frame and

thus, we cannot bring about change. O'Loughlin (2013) argues that social activism and community service is an important part of psychoanalytic practice. Discursive psychology which already analyses taken-for-granted assumptions could assist in this. I propose a stance of knowing and not knowing, which refrains from evaluating; a stance which recognizes the whole mother and is aware of an 'expert's' impact in shaping meaning; and thus, interrogates social systems. It is in this approach that we can begin to call social systems and ourselves to account.

9.9. Conclusion

To conclude this thesis, I have presented pertinent points for working mothers and those working with mothers who work, living in resource scarce contexts. I have discussed the value of acknowledging how internal and social meanings are intertwined as well as how both mothers and researchers/practitioners are defended and discursive subjects. As defended subjects we can be invested in not knowing or not thinking and I have demonstrated how this can result in sites of 'blindness'. I have noted the need for research and interventions to recognize the significance of physical bodies and spaces, the strengths and vulnerabilities of mothers as well as the social systems in which they mother. Considering how this research had a powerful impact on me personally, I have called for openness and honesty where we face our ghosts and shadows – both within ourselves and in our theories. To offer something of value to mothers, it is necessary for practitioners and researchers to acknowledge how they may contribute to but also damage the other. I have argued that if we fail to think about our power to both create and destroy meanings, we fail to fully recognize mothers. By acknowledging my position of power, and moments of mindlessness that limited me from truly knowing these mothers, I recognize that I was not only a constructive force in these mothers' maternal subjectivity but also a destructive force. This type of honest and critical reflection - that disrupts assumed understandings - further provides mothers with the opportunity to be their own separate person with their own subjective knowing. Subjectivity can never truly be known as it is constantly co-constructed and re-constructed in different intersubjective encounters. This was quite evident in this study when analysing these mother's talk. I urge interventions and practitioners to subscribe to a stance of not knowing, without judgement, and knowing so we are not blinded by our position of assumed expertise. Rather than pursuing our individual-narratives, there is a need for practitioners to urge more strongly for social change. I implore researchers and practitioners to become conscious and

pursue a 'psychosocial mindfulness' state of openly and reflectively listening to what *mothers* are telling us about themselves and their social systems.

APPENDIX A: Information page for Management

Rhodes University
Department of Psychology
PhD Research Study

Researcher: Siobhán Sweeney

Maternal subjectivity of working new mothers in a scarcely-resourced South African community: A psychosocial study

Becoming a mother can involve identity changes and this is especially complex for mothers who work but there is little research that considers what this means for South African mothers or explores a working mother's own beliefs and thoughts. In other words, maternal subjectivity has largely been neglected. If women are asked what it means to be a mother, views of motherhood can shift to mothers being viewed as their own persons who experience both uplifting and conflicting emotions (Kruger, 2006; Raphael-Leff, 2010a). In South Africa, social and economic factors which influence expectations of motherhood also need to be considered in research (van Doorene, 2009). This study aims to address this gap in the literature by investigating maternal subjectivity of mothers returning to work who live in scarcely-resourced communities (communities lacking in resources such as childcare and health care). The study hopes to create a space where mothers can talk about their strengths and struggles as a working mother in South Africa.

This study uses a psychosocial approach to address both the psychological and social to show that both individual and social dynamics influence a mother's experience. The aim is to explore a working mother's experience in the form of two 1 hour individual interviews which will be conducted by myself, Siobhán Sweeney (a registered Counselling Psychologist and PhD Candidate). The study requires that 12 mothers are interviewed individually and two interviews are necessary to build a sense of trust and encourage detailed stories. In addition, a 1 hour home visit will take place where I observe the mother with her baby. In discussing and observing these experiences, this study aims to provide a richer and deeper understanding of the unique experiences and meanings of being a mother who works in South Africa.

This study hopes to allow for individual voices of mothers to be heard to encourage mother-child interventions and research to be more thoughtful of maternal experiences. Therefore, it may contain information about personal experiences but all identifying details will be changed so participants and stakeholders are not recognized. Involvement is voluntary as mothers are free to decline or withdraw at any stage and reporting data will only be used for educational purposes. All those involved will be informed that the researcher is conducting this research project (which has been approved by the Research Projects and Ethics Review Committee) as part of the requirements for a PhD degree at Rhodes University and is working under the supervision of Dr Lisa Saville Young.

If you have any questions or concerns, please feel free to contact me at 084 799 0901 or siobhan@humannature.co.za.

APPENDIX B: Letter 1

12 October 2016

Dear [REDACTED]

I hope you are well.

We had completed one interview for the study about working mothers but it seems that it has been difficult to meet for the second interview – I'm not certain if you no longer would like to take part in the study or if it has been difficult to attend due to other commitments.

If you would like to talk about this further, please contact a member of HR to let them know or you can speak to me directly on any Thursday morning while I'm at **[factory name]**.

I wish you all the best and please feel free to come see me at any stage in the future.

Warm regards

Siobhán Sweeney

Counselling Psychologist

PhD Candidate

APPENDIX C: Letter 2

12 October 2016

Dear [REDACTED]

I hope you are well.

We had discussed the possibility of you being interested in taking part in the study about working mothers but it seems that it has been difficult to meet lately – I'm not certain if you no longer would like to take part in the study or if it has been difficult to attend due to other commitments.

If you would like to talk about this further or would still like to take part, please contact a member of HR to let them know or you can speak to me directly on any Thursday morning while I'm at [factory name].

I wish you all the best and please feel free to come see me at any stage in the future.

Warm regards

Siobhán Sweeney

Counselling Psychologist

PhD Candidate

APPENDIX D: Interview Schedule

(Adapted from Hollway & Jefferson, 2013, p. 35 & Long, 2009, Appendix).

1. Identifying data of the mother: *“Tell me about yourself?”*

Possible follow up questions:

- Initials
- Location
- Age
- Race
- Work Title
- Relationship/Marital Status

2. Maternal History: *“Could you tell what it was like growing up?”*

Possible follow up questions:

- Tell me about your family?
- Tell me about your parents?
- Tell me about your relationship with them?
- Did they work? If so, tell me about their work?
- What was life like for you when you were growing up?

3. Identifying data of the most recently born infant and relevant background information:

“Tell me about your baby?”

Possible follow up questions:

- Tell me about your baby?
- Tell me about your pregnancy?
- Tell me about the birth your baby?
- Tell me about your relationship with your baby?
- Tell me how you feel about returning to work?

4. Sense of self: *“Tell me about your experience of being a mother?”*

“What is it like being a working mother?”

Possible follow up questions:

- How do you see yourself as a mother?
- What is it like being a mother in your community?
- What hopes do you have as a mother? What fears do you have about being a mother?
- What does motherhood mean to you?
- What dreams do you have for yourself?

APPENDIX E: Transcription Notation

The transcription notation used for the interviews was based on the transcription system developed by G. Jefferson (2004).

o-o-other	A dash signals a sharp cut-off of the previous sound (like a stutter) or of the previous word
(SS: ya)	Initials and word within brackets represents the speech of the other speaker
[SS: ya]	Initials and word within square brackets denote overlapping talk
((nods))	Description in double brackets details non-verbal aspects, various characterizations of the talk, intonation or other details of the conversational scene
()	Unclear speech where no hearing could be achieved
:	Indicates an extension of the sound or syllable it follows
::	More colons indicates a prolonged stretch of the sound or syllable
?	A rising inflection
!	An animated tone
.	An ending of the sentence
,	A comma-like pause
-	Stand-alone dash represents longer pauses in the speaker's speech
((Pause))	Pause in double brackets represent long pauses or silence between both interviewer and interviewee
<u>Yes</u>	Underlined text indicates emphasis
LOUD	Upper case text indicates marked increase in volume of speaker's speech
°soft°	Degree signs indicate talk that is quieter
↑↓	Indicates marked rising and falling shifts in intonation
>fast<	Indicates part of an utterance that is delivered at a pace quicker than the surrounding talk
=	Indicates an interruption by another speaker

In addition, the following notations were used for quotes:

(...)	Omitted section of speech (not omitted in full transcript)
-------	------------------------------------------------------------

[Bold text] Researcher's insertion of additional details about what is being said to provide context

[firmly] Italicized text in square brackets is additional information about the researcher's observations of feelings

APPENDIX F: Pro Forma

(Adapted from Hollway & Jefferson, 2013, p. 168)

A. Identifying data of the mother:

- Initials
- Location
- Age
- Race
- Work Title
- Relationship/Marital Status

B. Relationship with infant:

- Relevant background information of infant
- Circumstance around returning to work
- Perception of child (discursive and affective)
- Description of relationship with child: discursive and affective (how mother's attachment history plays into this, intersubjective understanding of mother-child relationship)

C. Maternal History

- Childhood and Family History including attachment experiences
- Relationship with own parents

D. Maternal subjectivity (discursive and affective)

- Constructed meanings of motherhood
- Constructed meanings of being a working mother
- Constructed meanings of motherhood in the community
- Unconscious motives, Hopes/Desires and Fears/Anxieties

E. Interviewee/Interviewer Relationship: transference and countertransference, intersubjective space, interviewer's own constructions of maternal subjectivity, mutual recognition, identification and tensions (unconscious defences) provoked from separateness/ rifts.

F. Field notes: Other comments/Themes/Summary

APPENDIX G: Analytic Questions

What is these mothers' talk 'doing'?

How are these particular mothers 'doing' mothering?

■ **How social discourses mediate maternal subjectivity?**

- What social discourses are present?
- Particular attention is paid to the mothers' use of terminology, stylistic and grammar features, metaphors and figures of speech.
- How are discourses defining and limiting what can and cannot be said about maternal subjectivity?
- How does power relations of this context play into which dominant discourses are being perpetuated and which discourses are being marginalised in text?
- What discourses are accepted, adapted or resisted in the talk?
- Which discursive or subject positions in relation to the talk on maternal subjectivity are mothers taking up?

Why each individual mother performs mothering in this way?

■ **Why invest in particular discourses or positioning?**

- Pay attention to absences, heightened emotions, tensions and contradictions
- Pay attention to associations, symbolism and displacement of meaning
- Awareness of intrapsychic dynamics: anxieties, desires, inner conflicts, defences
- Track affect regulation alongside discourses.

- *What is the emotional investment/ pay-off?*
 - Based on Contemporary attachment theory (CAT), note the affective components: attachment history, affect regulation
 - How did the capacity to mentalize fluctuate in the talk? (Hyperactive mentalization, undermentalization or pseudomentalization)
 - What mode of mentalizing is evident in the talk? (Mentalizing or non-mentalizing: psychic equivalence [fantasy=reality/feelings/fact] or pretend mode ["as-if"/"faking it"/constitutional self is absent/ external world is shut

out] or teleological stance [focus on concrete such as observable behaviour and actions])

- How does the interview context and the power dynamics inherent in our different positions contextually, impact on affect and mentalizing?
- How did particular discourses facilitate or constrain mentalization? How did discourses influence thoughts about the self and others?
- Tension of mothering and working (discursive and intrapsychic elements present)
- Transference and countertransference dynamics
- How are we co-constructing/co-authoring maternal subjectivity in this space? (What is *our* 'pay-off'?)

- *Intersubjective space between myself and the mother:*
 - What is happening when an 'expert', like me, interacts with these mothers?
 - What are my constructions and blind spots of maternal subjectivity?
 - What is being opened up and what is being shut down?
 - What are the points of identification/mutual recognition between us?
 - What are the points of divergences /gaps between us? What tensions and unconscious defences are provoked from our separateness and difference?

- *Disrupting a previous understanding or assumptions:*
 - How did points of divergences /gaps between us challenge my previous assumptions about mothers, about working mothers and about these mothers?
 - Were there moments of confusion? Do these moments represent a difference in ideas or assumptions between mothers and me?
 - Were there moments of uncertainty? Were these moments the result of not knowing?
 - What do I know now or are aware of now that I did not know before? What is new about how I understand these mothers and/or working mothers?
 - What is still unknown about these mothers and/or working mothers?

APPENDIX H: Rhodes University Ethical Approval



RHODES UNIVERSITY
Grahamstown • 6140 • South Africa

DEPARTMENT OF PSYCHOLOGY

Tel: +27 (0)46 603 8500 • Fax: +27 (0)46 622 4032 • Website: <http://www.rhodes.ac.za/academic/department/psychology>

RESEARCH PROJECTS AND ETHICS REVIEW COMMITTEE

13 March 2013

Siobhan Sweeney
Department of Psychology
RHODES UNIVERSITY
6140

Dear Siobhan

ETHICAL CLEARANCE OF PROJECT PSY2013/07

This letter confirms your research proposal with tracking number PSY2013/07 and title, 'Maternal subjectivity of working new mothers in a scarcely resourced South African community: A psychosocial study', served at the Research Projects and Ethics Review Committee (RPERC) of the Psychology Department of Rhodes University on 11 March 2013. The project has been given ethics clearance.

Please ensure that the RPERC is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators.

Yours sincerely

A handwritten signature in black ink, appearing to be a stylized name, written over a horizontal line.

CHAIRPERSON OF THE RPERC

APPENDIX I: Consent to Conduct Research

Rhodes University
Department of Psychology
PhD Research Study

Researcher: Siobhán Sweeney

Intention of study:

This research study intends to examine working mothers' experiences of mothering in scarcely-resourced communities. This examination will be conducted in the form of two 1 hour interviews which will be recorded by discussing mothers' experiences as a first-time mother as well as being a working mother. Interviews intend to take place at **[factory name]** in the Consulting Room, 1st floor. In addition, a 1 hour home visit will take place where the researcher observes the mother with her baby. The report may contain information about personal experiences, attitudes and behaviours, but all identifying data will be changed and it will not be possible to be identified by the general reader.

The researcher is a Registered Counselling Psychologist and PhD Candidate conducting the research as part of the requirements for a PhD degree at Rhodes University. Information and recordings will only be used for educational purposes. The research project has been approved by the Research Projects and Ethics Review Committee, and is under the supervision of Dr Lisa Saville Young in the Psychology Department at Rhodes University.

By signing this document, I provide consent for the employees of **[factory name]** to be interviewed and for the interviews to take place at **[factory name]**:

Name and Surname: _____

Position: _____

Signed: _____

Date: _____

Name and Surname: _____

Position: _____

Signed: _____

Date: _____

Researcher: _____

Signed: _____

Date: _____

APPENDIX J: Sign-up Sheet

Rhodes University
Department of Psychology
PhD Research Study

Researcher: Siobhán Sweeney

Intention of study:

This research study intends to examine working mothers' experiences of mothering in scarcely-resourced communities. This examination will be conducted in the form of two 1 hour interviews, which will be recorded, by discussing your experiences as a first-time mother as well as being a working mother. Interviews will take place at [**factory name**] in the Consulting Room (off HR office), 1st floor. In addition, a 1 hour home visit will take place where the researcher observes yourself with your baby. Questions asked may be of personal nature but you may choose to not answer particular questions. The report may contain information about your personal experiences, attitudes and behaviours, but all identifying data will be changed and it will not be possible to be identified by the general reader.

The researcher is a Registered Counselling Psychologist and PhD Candidate conducting the research as part of the requirements for a PhD degree at Rhodes University. Information and recordings will only be used for educational purposes. The research project has been approved by the Research Projects and Ethics Review Committee, and is under the supervision of Dr Lisa Saville Young in the Psychology Department at Rhodes University.

If you agree to take part in this study, please provide your name, surname and contact details below and the researcher will be in contact with you to arrange an interview appointment.

Name and Surname: _____

Cell: _____

Tel: _____

APPENDIX K: Informed Consent

**RHODES UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
AGREEMENT BETWEEN STUDENT RESEARCHER AND RESEARCH PARTICIPANT**

I (*participant's name*) agree to participate in the research project of Siobhán Sweeney examining working mothers' experiences of mothering in scarcely-resourced communities.

I understand that:

1. The researcher is a Registered Counselling Psychologist and PhD Candidate conducting the research as part of the requirements for a PhD degree at Rhodes University. The researcher may be contacted on 084-799-0901 or s.sweeney@ru.ac.za. The research project has been approved by the Research Projects and Ethics Review Committee, and is under the supervision of Dr Lisa Saville Young in the Psychology Department at Rhodes University, who may be contacted on 046-603-8047 or l.young@ru.ac.za.
2. The researcher is interested in working mothers' experiences of mothering.
3. My participation will involve myself being interviewed for two 1 hour interviews.
4. I will be asked to answer questions of a personal nature but I can choose not to answer any questions about aspects of my life which I am not willing to disclose.
5. Interviews will be recorded and I realise that this information and recordings will only be used for educational purposes and will only be available to the researcher and the supervisor. At any point, I can request that the interviews are not recorded.
6. In addition to participating in the interviews, the researcher will conduct an at home 1 hour visit to observe me with my new baby.
7. I am invited to voice to the researcher any concerns I have about my participation in the study, or consequences I may experience as a result of my participation, and to have these addressed to my satisfaction. Further support is offered by the researcher as a Counselling Psychologist or by contacting Lifeline [021 461 1111], FAMSA [447 7951021] and Social Development Department [080 022 0250].
8. I am free to withdraw from the study at any time - however I commit myself to full participation unless some unusual circumstances occur or I have concerns about my participation which I did not originally anticipate.
9. The report on the project may contain information about my personal experiences, attitudes and behaviours, but that the report will be designed in such a way, with identifying data being changed, that it will not be possible to be identified by the general reader.

Signed on (*Date*):

Participant: _____ Researcher: _____

APPENDIX L: Informed Consent for Tape Recording

Rhodes University – Department of Psychology

**USE OF TAPE RECORDINGS FOR RESEARCH
PURPOSES**
—
PERMISSION AND RELEASE FORM

<i>Participant name & contacts (address, phone etc)</i>	
<i>Name of researcher & level of research (Honours/Masters/PhD)</i>	
<i>Brief title of project</i>	
<i>Supervisor</i>	

Declaration <i>(Please initial/tick blocks next to the relevant statements)</i>		
1. <i>The nature of the research and the nature of my participation have been explained to me</i>	verbally	
	in writing	
2. <i>I agree to be interviewed and to allow tape-recordings to be made of the interviews</i>	audiotape	
	videotape	
3. <i>I agree to take part in and to allow tape-recordings to be made.</i>	audiotape	
	videotape	
4. <i>The tape recordings may be transcribed</i>	without conditions	
	only by the researcher	
	by one or more nominated third parties:	
5.1 <i>I have been informed by the researcher that the tape recordings will be erased once the study is complete and the report has been written.</i>		
5.2 <i>OR I give permission for the tape recordings to be retained after the study and for them to be utilised for the following purposes and under the following conditions:</i>		

Signatures		
<i>Signature of participant</i>		<i>Date</i>
<i>Witnessed by researcher</i>		

APPENDIX M: Informed Consent for Observation

Rhodes University
Department of Psychology
PhD Research Study

Researcher: Siobhán Sweeney

Intention of study:

This research study intends to examine working mothers' experiences of mothering in scarcely-resourced communities. This examination will be conducted in the form of two 1 hour interviews which will be recorded by discussing mothers' experiences as a first-time mother as well as being a working mother. In addition, a 1 hour home visit will take place where the researcher observes myself together with my baby. The report may contain information about personal experiences, attitudes and behaviours, but all identifying data will be changed and it will not be possible to be identified by the general reader.

The researcher is a Registered Counselling Psychologist and PhD Candidate conducting the research as part of the requirements for a PhD degree at Rhodes University. Information and recordings will only be used for educational purposes. The research project has been approved by the Research Projects and Ethics Review Committee, and is under the supervision of Dr Lisa Saville Young in the Psychology Department at Rhodes University.

By signing this document, I provide consent for the 1 hour observation of myself and my infant to be conducted within my home:

Name and Surname: _____

Address: _____

Signed: _____

Date: _____

Researcher: _____

Signed: _____

Date: _____

References

- Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of love*. Baltimore: Johns Hopkins University Press.
- Altman, N. (2006). Whiteness. *Psychoanalytic Quarterly*, LXXV, 45 – 72.
- Amoateng, A. & Richter, L. (2003). The state of families in South Africa. In J. Daniel, A. Habib & R. Southall (Eds.), *The State of the Nation: South Africa 2003-2004* (pp. 242 - 267). Cape Town: Human Science Research Council.
- Anderson, F. S. (Ed.). (2007). *Bodies in treatment: The unspoken dimension*. New York: The Analytic Press/Taylor & Francis Group.
- Arendell, T. (2000). Conceiving and investigating motherhood: The decade's scholarship. *Journal of Marriage and Family*, 62, 1192 - 1207.
- Atkinson, J.M. & Heritage, J. (1999). Transcript notation: Structure of social action: Studies in conversation analysis. *Aphasiology*, 13, 243 - 249.
- Attia, M. & Edge, J. (2017). Be(com)ing a reflexive researcher: A developmental approach to research methodology. *Open Review of Educational Research*, 4, 33 - 45.
- Babbie, E. & Mouton, J. (2005). *The practice of social research*. Cape Town: Oxford University Press.
- Bailey, L. (2000). Bridging home and work in the transition to motherhood: A discursive study. *The European Journal of Women's Studies*, 7, 53 – 70.
- Bain, K. (2014). “New beginnings” in South Africa shelters for the homeless: Piloting of a group psychotherapy intervention for high-risk mother-infant dyads. *Infant Mental Health*, 35, 591 – 603.
- Balbernie, R. (2003). The roominess of language: Mothers’ descriptions of their infants and a discourse analysis approach to reflective function. *Journal of Child Psychotherapy*, 29, 393 - 413.
- Baraitser, L. (2006). Oi mum, keep ye’ hair on! Impossible transformations of maternal subjectivity. *Studies in Gender and Sexuality*, 7, 217 – 238.
- Baraitser, L. (2008). Mum’s the word: Intersubjectivity, alterity, and the maternal subjectivity. *Studies in Gender and Sexuality*, 9, 86 – 110.
- Baraitser, L. (2009). *Maternal encounters: The ethics of interruption*. New York: Routledge.

- Baraitser, L. (2014). Maternal publics time, relationality and the public sphere. In P. Bueskens (Ed.), *Mothering and psychoanalysis: Clinical, sociological and feminist perspectives* (pp. 473 - 496). Canada: Demeter Press.
- Barnett, R.C. (2004). Women and multiple roles: Myths and Reality. *Harvard Review of Psychiatry*, 12, 158 – 164.
- Benjamin, J. (1990). An outline of intersubjectivity: The development of recognition. *Psychoanalytic Psychology*, 7, 33 - 46.
- Benjamin, J. (1995). *Like subjects, love objects: Essays in recognition and sexual difference*. New Haven: Yale University.
- Benjamin, J. (1998). *Shadow of the other: Intersubjectivity and gender in psychoanalysis*. New York: Routledge.
- Benjamin, J. (2004). Beyond doer and done to: An intersubjective view of thirdness. *Psychoanalytic Quarterly*, 73, 5 – 46.
- Benjamin, J. (2007). *Intersubjectivity, thirdness, and mutual recognition*. Paper presented at the Institute for Contemporary Psychoanalysis, Los Angeles, CA. Retrieved June, 26, 2013 from <http://icpla.edu/wp-content/uploads/2013/03/Benjamin-J.-2007-ICP-Presentation-Thirdness-present-send.pdf>
- Benjamin, J. (2018, December). *Thinking about repair in light of recognition theory and the third: collective and clinical dilemmas*. Paper presented at Cape Town Psychoanalytic Self Psychology Group, University of Cape Town Lung Institute, Cape Town.
- Berg, A. (2002). Talking with infants: A bridge to cross-cultural intervention. *South Africa Journal of Child and Adolescent Mental Health*, 14, 5 – 14.
- Berg, A. (2003). Beyond the dyad: Parent-infant psychotherapy in a multicultural society- reflections from a South African perspective. *Infant Mental Health Journal*, 24, 265 - 277.
- Berg, A. (2007). Ten years of parent–infant psychotherapy in a township in South Africa. What have we learnt? In M.E. Pozzi-Monzo & B. Tydeman (Eds.), *Innovations in parent–infant psychotherapy* (pp. 215 - 230). London: Karnac.
- Bergman, J. (n.d.). Grow your baby’s brain: The importance of skin to skin contact for every newborn. Retrieved August, 6, 2018, from <http://www.kangaroomothercare.com/jill-articles.aspx>
- Billig, M. (1997). The dialogic unconscious: psycho-analysis, discursive psychology and the nature of repression. *British Journal of Social Psychology*, 36, 139 – 159.

- Billig, M., Condor, S., Edwards, D., Gane, M.J., Middleton, D. & Radley, A. (1988). *Ideological dilemmas: A social psychology of everyday thinking*. London: SAGE Publications.
- Bion, W. (1963). *Elements of psycho-analysis*. London: Heinemann.
- Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psycho-analysis*, 39, 350 – 373.
- Bowlby, J. (1969). *Attachment and loss, volume 1*. London: Pimlico.
- Bozalek, V. (2006). Analysing a text on the prevailing paradigm of 'family' in the 'psy'. In T. Shefer, F. Boonzaier & P. Kiguwa (Eds.), *The gender of psychology* (pp.151 – 163). Cape Town: UCT Press.
- Bridges, J.S., Etaugh, C. and Barbes-Farrell, J. (2002). Trait judgments of stay-at-home and employed parents: A function of social role and/or shifting standards? *Psychology of Women Quarterly*, 26, 140 – 150.
- Brown, S. (2014). Intensive mothering as an adaptive response to our cultural environment. In L.R. Ennis (Ed.), *Intensive mothering: The cultural contradictions of modern motherhood* (pp. 27 - 46). Canada: Demeter Press.
- Bueskens, P. (2014). Introduction mothering, feminism, psychoanalysis, psychotherapy and sociology: Intersections and antinomies. In P. Bueskens (Ed.), *Mothering and psychoanalysis: Clinical, sociological and feminist perspectives* (pp. 1 – 72). Canada: Demeter Press.
- Buzzanell, P.M. (2003). A feminist standpoint analysis of maternity and maternity leave for women with disabilities. *Women and Language*, 26, 53 – 65.
- Buzzanell, P.M., Meisenbach, R., Remke, R. Liu, M., Bowers, V. & Conn, C. (2005). The good working mother: Managerial women's sensemaking and feelings about work – family issues. *Communication Studies*, 56, 261 - 285.
- Caldwell, L. & Joyce, A. (2011). *Reading Winnicott*. London: Routledge.
- Campo, N. (2005). "Having it all" or "Had enough"? Blaming feminism in the age and the Sydney Morning Herald, 1980–2004. *Journal of Australian Studies*, January 2005, 63 – 237.
- Campo, N. (2009). *From superwomen to domestic goddesses: The rise and fall of feminism*. Berlin: Peter Lang.
- Chang, Y.E. (2013). The relation between mothers' attitudes toward maternal employment and social competence of 36-Month-Olds: The roles of maternal psychological Well-being and sensitivity. *Journal of Child and Family Studies*, 22, 987 – 999.

- Chodorow, N. (1979). *The reproduction of mothering: Psychoanalysis and the sociology of gender*. USA: University of California Press.
- Chodorow, N.J. (2000). Reflections on the reproduction of mothering - Twenty years later. *Studies in Gender and Sexuality, 1*, 337 - 348.
- Chodorow, N.J. (2003). "Too late": Ambivalence about motherhood, choice, and time. *Journal of the American Psychoanalytic Association, 51*, 1181 – 1198.
- Chodorow, N. (2014). Too late the reproduction and non-reproduction of mothering. In P. Bueskens (Ed.), *Mothering and psychoanalysis: Clinical, sociological and feminist perspectives* (pp. 219 – 242). Canada: Demeter Press.
- Chowdhury, A. (1995). Employed mothers and their families in India. *Early Child Development and Care, 113*, 65 – 75.
- Clark, R., Hyde, J.S., Essex, M.J. & Klein, M. (1997). Length of maternity leave and quality of mother-infant interactions. *Child Development, 68*, 364 – 383.
- Clarke, S. (2002). Learning from experience: Psycho-social research methods in the social sciences. *Qualitative Research, 2*, 173 – 194.
- Clarke, S. (2008). Psycho-social research: Relating self, identity and otherness. In S. Clarke, H. Hahn, & P. Hoggett (Eds.), *Object relations and social relations: The implications of the relational turn in psychoanalysis* (pp. 113 – 136). London: Karnac.
- Conrad, R. (2009). Desiring relations: Mothers' and children's agency, subjectivity, and time – Commentary on Daphne de Marneffe's maternal desire. *Studies in Gender and Sexuality, 10*, 12 – 20.
- Cooper, P.J., Tomlinson, M., Swartz, L., Landman, M., Molteno, C., Stein, A., McPherson, K. & Murray, L. (2009). Improving quality of mother-infant relationship and infant attachment in socioeconomically deprived community in South Africa: A randomized controlled trial. *BMJ: British Medical Journal, 338*, b974.
- Cowdery, R.S. & Knudson-Martin, C. (2005). The construction of motherhood: Tasks, relational connection and gender equality. *Family Relations, 54*, 335 – 345.
- Curk, P. (2009). Maternal studies: Beyond the mother and the child. *Studies in the Maternal, 1*(1), 1 – 5.
- Dalal, F. (2001). The social unconscious: A post-Foulkesian perspective. *Groups Analysis, 34*, 539 – 555.

- Dale, L. (2012). *A narrative understanding of the maternal experience of urban Black South African mothers*. Unpublished Master's thesis. University of Witwatersrand, Johannesburg.
- de Marneffe, D. (2004). *Maternal desire: On children, love and the inner life*. New York: Little, Brown and Company.
- Denzin, NK. (1978). *Sociological methods*. New York: McGraw-Hill.
- de Villiers, S. (2011). *Mothering as a three-generational process: The psychological experience of low income mothers sharing childcare with their mothers*. Unpublished PhD. University of Stellenbosch.
- de Wolff, M.S. & van Ijzendoorn, M.H. (1997). Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child Development*, 68, 571-91.
- Diamond, N. & Marrone, M. (2004). *Attachment and intersubjectivity*. London: Whurr Publishers.
- Dlamini, Y. (2019, April 9). *Rural communities should have 'dignified access' to healthcare – report*. IOL News, Retrieved September, 25, 2019 from <https://www.iol.co.za/news/south-africa/rural-communities-should-have-dignified-access-to-healthcare-report-20844338>
- Dugmore, N. (2012). The development of psychoanalytic parent-infant/child psychotherapy in South Africa: Adaptive responses to contextual challenges. *Journal of Child & Adolescent Mental Health*, 24, 73-88.
- Dugmore, N. (2013). *Psychoanalytic parent-infant psychotherapy in South Africa: Opening ports of entry and flexing*. Unpublished PhD Thesis. University of the Witwatersrand, Johannesburg.
- Durrheim, K. (1999). Research design. In M. Terre Blanche & K. Durrheim (Eds.), *Research in practice* (pp. 72 – 95). Cape Town: University of Cape Town Press.
- Durrheim, K., Mtose, X. & Brown, L. (2011). *Race Trouble: Race, identity and inequality in post-apartheid South Africa*. UK: Lexington Books.
- Dykes, F. (2005). 'Supply' and 'demand': Breastfeeding as labour. *Social Science & Medicine*, 60, 2283 – 2293.
- Editor, (1990). Editorial. *Signs*, 15, 441 – 446.
- Edley, N. (2001). Analysing masculinity: Interpretative repertoires, ideological dilemmas and subject positions. In M. Wetherell, S. Taylor & S.J. Yates (Eds.), *Discourses as data: A guide for analysis* (pp. 189 – 227). London, UK: Sage Publications.
- Elliott, A. (1994). *Psychoanalytic theory: An introduction*. Oxford: Blackwell.

- Ennis, L.R. (2014). Intensive mothering: Revisiting the issue today. In L.R. Ennis (Ed.), *Intensive mothering: The cultural contradictions of modern motherhood* (pp. 1 – 24). Canada: Demeter Press.
- Etaugh, C. & Gilomeny, G. (1989). Perceptions of mothers: Effects of employment status, marital status, and age of child. *Sex Roles, 20*, 59 – 70.
- Evans, A. (2002). *The subjective well-being and experience of life roles of White employed married mothers*. Unpublished thesis. University of Port Elizabeth, Port Elizabeth.
- Evans, J. & Jones, P. (2011). The walking interview: Methodology, mobility and place. *Applied Geography, 31*, 849 – 858.
- Fonagy, P. (2001). *Attachment theory and psychoanalysis*. UK: Karnac.
- Fonagy, P., Gergely, G., Jurist, E.L. & Target, M. (2004). *Affect regulation, mentalization and development of self*. London: Karnac.
- Fonagy, P., Gergely, G. & Target, M. (2007). The parent-infant dyad and the construction of the subjective self. *Journal of Child Psychology and Psychiatry, 48*, 288 – 328.
- Fonagy, P., Gergely, G. & Target, M. (2008). Psychoanalytic constructs and attachment theory and research. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications 2nd Edition* (pp. 783 - 810). New York: Guilford Press.
- Fonagy, P. & Target, M. (2005). Bridging the transmission gap: An end to an important mystery of attachment research? *Attachment and Human Development, 7*, 333 – 343.
- Fonagy, P. & Target, M. (2007). The rooting of the mind in the body: New links between attachment theory and psychoanalytic thought. *Journal of the American Psychoanalytic Association, 55*, 441 – 456.
- Fonagy, P., Target, M., Gergely, G., Allen, J.G. & Bateman, A.W. (2003). The developmental roots of borderline personality disorder in early attachment relationships: A theory and some evidence. *Psychoanalytic Inquiry: A Topical Journal for Mental Health Professionals, 23*, 412 – 459.
- Fraiberg, S., Adelson, E. & Shapiro, V. (1975). Ghosts in the Nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of American Academy of Child Psychiatry, 14*, 387-421.
- Frosh, S. (2003). Psychosocial studies and psychology: Is a critical approach merging? *Human Relations, 56*, 1545 – 1567.
- Frosh, S. (2006). *For and against psychoanalysis*. UK: Routledge.
- Frosh, S. and Baraitser, L. (2008) Psychoanalysis and psychosocial studies. *Psychoanalysis,*

Culture & Society, 13, 346–365.

- Frosh, S. & Emerson, P.D. (2005). Interpretation and over-interpretation: Disputing the meaning of texts. *Qualitative Research*, 5, 307 – 324.
- Frosh, S., Phoenix, A. & Pattman, R. (2003). Taking a stand: Using psychoanalysis to explore positioning of subjects in discourse. *British Journal of Social Psychology*, 42, 39 – 53.
- Frosh, S. & Saville Young, L. (2008). Psychoanalytic approaches to qualitative psychology. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 109 – 126). London: Sage.
- Frosh, S. & Saville Young, L. (2010). Using psychoanalytic methodology in psychosocial research. Researching brothers. In J. Mason & A. Dale (Eds.), *Understanding social research: Thinking creatively about method* (pp. 49 – 61). London: Sage.
- Frosh, S. & Saville Young, L. (2017). Psychoanalytic approaches to qualitative psychology. In Willig, C. & Stainton Rogers, W. (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 124 – 140). London: Sage Publications.
- Frost, K. (2012). The Ububele baby mat project: A community-based parent-infant intervention at primary health care clinics in Alexandra Township, Johannesburg. *South African Journal of Psychology*, 42, 608 – 616.
- Frost, K., Esterhuizen, M., Bain, K. & Rosenbaum, L. (2012). Thinking about contextual deprivation in mother-infant work in South Africa. *Psycho-analytic Psychotherapy in South Africa*, 20, 33 – 62.
- Garey, A.I. (1995). Constructing motherhood on the night shift: “working mothers” as “stay-at-home moms”. *Qualitative Sociology*, 18, 415 – 437.
- Garey, A. I., & Arendell, T. (2001). Children, work, and family: Some thoughts on ‘mother blame’ In R. Hertz and N. Marshall (Eds.), *Working families: The transformation of the American home* (pp. 293 – 303). Berkeley: University of California Press.
- Georgaca, E. (2005). Lacanian psychoanalysis and the subject of social constructionist psychology: Analysing subjectivity in talk. *International Journal of Critical Psychology*, 14, 74 – 94.
- Gerhardt, S. (2011). *Why Love Matters: How affection shapes a baby’s brain*. London: Routledge.
- Gibson, K. (2002). Healing relationships between psychologists and communities: How can we tell them if they don’t want to hear? In L. Swartz, K. Gibson & T. Gelman

- (Eds.), *Reflective practice: Psychodynamic ideas in the community* (pp. 9 – 22). Cape Town: Human Sciences Research Council Publishers.
- Goldberg, S. (2005). And what about the Nanny? *Psycho-analytic Psychology in South Africa*, 13, 74 – 111.
- Goodman, G. (2009). The impact of parent, child, and therapist mental representations on attachment-based intervention with prepubertal children. *Clinical Social Work Journal*, 38, 73 – 84.
- Guba, E.G., & Lincoln, Y.S. (1994). Competing paradigms in qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). Thousand Oaks, CA: Sage.
- Gubb, K. (2010). Reflections on society as borderline mother. *Psycho-analytic Psychotherapy in South Africa*, 18 , 40 – 57.
- Guendouzi, J. (2006). “The guilt thing”: Balancing domestic and professional roles. *Journal of Marriage and Family*, 68, 901 – 909.
- Hadley, D. (2015). Finding a place for working with children in South African communities. *Psycho-analytic Psychotherapy in South Africa*, 23, 1 – 33.
- Hattery, A. (2001). *Women, work, and family: Balancing and weaving*. USA: Sage Publications.
- Hays, S. (1996). *The cultural contradictions of motherhood*. USA: Yale University Press.
- Hemp, V. (2013). Some psychoanalytic reflections on a project working with HIV orphans and their caregivers. In C. Smith, G. Lobban & M. O’Loughlin (Eds.), *Psychodynamic Psychotherapy in South Africa* (pp. 218 – 241). Johannesburg: Wits University Press.
- Hoffman, L. (1977). When daughter becomes mother: Inferences from multiple dyadic parent-child groups. *Psychoanalytic Inquiry*, 24, 629 - 656.
- Hoffman, L. (2003). Mothers' ambivalence with their babies and toddlers. *Journal of American Psychoanalytic Association*, 51, 1219 – 1240.
- Hoffman, L. (2004). When daughter becomes mother. *Psychoanalytic Inquiry*, 24, 629 - 656.
- Hollway, W. (2001). From motherhood to maternal subjectivity. *International Journal of Critical Psychology*, 2, 13 – 38.
- Hollway, W. (2006). Paradox in the pursuit of a critical theorization of the development of self in family relations. *Theory and Practice*, 16, 465 – 482.
- Hollway, W. (2008a). The importance of relational thinking in the practice of psycho-social research: Ontology, epistemology, methodology and ethics. In S. Clarke, O. Hoggett

- & H. Hahn (Eds.), *Object relations and social relations: The implications of the relational turn in psychoanalysis*. (pp. 137 – 162). UK: Karnac Books.
- Hollway, W. (2008b). Doing intellectual disagreement differently? *Psychoanalysis, Culture & Society*, 13, 385 – 396.
- Hollway, W. (2010). Conflict in the transitions to becoming a mother: A psycho-social approach. *Psychoanalysis, Culture & Society*, 15, 136 - 155.
- Hollway, W. (2011). Through discursive psychology to a psycho-social approach. In N. Bizatzis & T. Dragonas (Eds.), *Social psychology: The turn to discourse* (pp. 209 – 240). Athens: Metaixmio.
- Hollway, W. (2015). *Knowing mothers: Researching maternal identity change*. UK: Palgrave Macmillan.
- Hollway, W. & Jefferson, T. (2000). *Doing qualitative research differently*. London: Sage Publishers.
- Hollway, W. & Jefferson, T. (2005). Panic and perjury: A psychosocial exploration of agency. *British Journal of Social Psychology*, 44, 147 – 163.
- Hollway, W. & Jefferson, T. (2008). Free association narrative interview. In L.M. Given (Ed.), *The SAGE encyclopaedia of qualitative research methods* (pp. 296 – 315). California: SAGE Publications.
- Hollway, W. & Jefferson, T. (2013). *Doing qualitative research differently: A psychosocial approach*. London: Sage Publications.
- Honikman, S. & Mande Ilunga, C. (August, 2013). *Nurturing the baby by seeing the mother*. Paper presented at Western Cape Association for Infant Mental Health, Red Cross Child and Family Unit, Cape Town.
- Howa, R. (2017, October 25). #WeCareWednesdays: Prioritising the emotional well-being of mothers. IOL News, Retrieved November, 23, 2017 from <https://www.iol.co.za/news/south-africa/western-cape/wecarewednesdays-prioritising-the-emotional-well-being-of-mothers-11698898>
- Huisman, K. & Joy, E. (2014). The cultural contradictions of motherhood revisited: Continuities and changes. In L.R. Ennis (Ed.), *Intensive mothering: The cultural contradictions of modern motherhood* (pp. 86 – 103). Canada: Demeter Press.
- Ignatiev, N. (2009). *How the Irish became white*. New York: Routledge Classics.
- Irigaray, L. (1985). *This Sex Which Is Not One*. Translated by Catherine Porter with Carolyn Burke. Ithaca: Cornell University Press.

- Jefferson, G. (2004). Glossary of transcript symbols with an introduction. In G.H. Lerner (Ed.), *Conversation analysis: Studies from the first generation*. Philadelphia, PA: John Benjamins.
- Jefferson, T. (2008). What is “the psychosocial”? A response to Frosh and Baraitser. *Psychoanalysis, Culture & Society*, 13, 366 – 373.
- Johnston, D.D. & Swanson, D.H. (2003). Invisible mothers: A content analysis of motherhood ideologies and myths in magazines. *Sex Roles*, 49, 21 – 33.
- Johnston, D.D. & Swanson, D.H. (2006). Constructing the “good mother”: The experience of mothering ideologies by work status. *Sex Roles*, 54, 509—519.
- Johnston, D.D., Swanson, D.H. & Luidens, D.A. (2008). Mother's work history in the construction of adult daughter's worker-mother discursive strategies. *Sociological Focus*, 41, 159 – 176.
- Kathree, T., Selohilwe, O.M., Bhana, A. & Petersen, I. (2014). Perceptions of postnatal depression and health care needs in a South African sample: The “mental” in maternal health care. *BMC Women's Health* 14, 140, 1 – 11.
- Kawash, S. (2011). New directions in motherhood studies. *Journal of Women in Culture and Society*, 36, 969 – 1000.
- Kelly, K. (1999). Hermeneutics in action. In M. Terre Blanche & K. Durrheim (Eds.), *Research in Practice* (pp. 398 – 420). Cape Town: University of Cape Town Press.
- Kenny, D. (2014). The “Mother” in attachment theory and attachment informed psychotherapy. In P. Bueskens (Ed.), *Mothering and psychoanalysis: Clinical, Sociological and Feminist Perspectives* (pp. 113 – 138). Canada: Demeter Press.
- Kestenbaum, C.J. (2004). Having it all: The professional mother's dilemma. *Journal of American Academy of Psychoanalysis and Dynamic Psychiatry*, 32, 117 - 124.
- Kestenberg, J.S. (1956). On the development of maternal feelings in early childhood – Observations and reflections. *Psychoanalytic Study of the Child*, 11, 257 – 291.
- Klein, M. (1946). Notes on schizoid mechanisms. In R.E. Money-Kyrle (Ed.), *The writings of Melanie Klein, vol. 3: Envy and gratitude and other works, 1946 – 1963* (pp. 1 - 24). New York: The Free Press, 1975.
- Klein, M. (1959). Our adult world and its roots in infancy. In *Envy and Gratitude and other works 1946 – 1963* (pp. 247 – 263). London: The Hogarth Press, 1975.
- Kohut, H. & Wolf, E.S. (1978). The disorders of the self and their treatment: An outline. *International Journal of Psycho-Analysis*, 59, 413 - 425

- Komisar, E. (2017). *Being there: Why prioritizing motherhood in the first three years matters*. New York: Tarcher Perigree.
- Kraemer, S.B. (1996). "Betwixt the dark and the daylight" of maternal subjectivity: Meditations on the threshold. *Psychoanalytic Dialogue*, 6, 765 – 791.
- Kristeva, J. (1982). Powers of Horror: An essay on abjection. Translated by Leon S. Roudiez. New York: Columbia University Press.
- Kristeva, J. (2005). *Motherhood today*. Retrieved July, 3, 2015, from <http://www.kristeva.fr/motherhood.html>
- Kruger, L. (2006). Motherhood. In T. Shefer, F. Boonzaier & P. Kiguwa (Eds.), *The gender of psychology* (pp.182 – 197). Cape Town: UCT Press.
- Kruger, L. (2014, June). *Melancholy and murderous mothers*. Paper presented at Western Cape Association for Infant Mental Health, Red Cross Child and Family Unit, Cape Town.
- Kruger, L. (2016). When virtuous ('deugsame') women flee: A reflection on dread and flight in group therapy in one South African setting. *Psycho-analytic Psychotherapy in South Africa*, 24, 35 – 78.
- Kusenbach, M. (2003). *Street-Phenomenology: The go-along as ethnographic research tool*. Unpublished PHD thesis. University of California, Los Angeles
- Lacan, J. (1977). *Ecrits: A selection*, transl. A. Sheridan. New York: Norton.
- Landman, M. (2009). *Inside the black box of a successful parent-infant intervention in a South African informal settlement: Mothers' and counsellors' accounts of the process*. Unpublished PHD thesis. Stellenbosch University, Cape Town.
- Layton, L. (2014). Maternally speaking: Mothers, daughters, and the talking cure. In P. Bueskens (Ed.), *Mothering and psychoanalysis: Clinical, sociological and feminist perspectives* (pp. 161 – 176). Canada: Demeter Press.
- Lazarus, J. (2007). *First contact: An exploratory of the role of psychoanalytic infant observation in South African community psychology interventions*. Unpublished PHD thesis. Stellenbosch University, Cape Town.
- Lazarus, J. & Kruger, L. (2004). Small meetings: Reflections on the application of psychodynamic thought in community work with low income South African children. Part 1: Reflections on the literature. *Psycho-analytic Psychotherapy in South Africa*, 12, 48 – 73.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. London: Sage.

- Lobban, G. (2013). Subjectivity and identity in South Africa today. In C. Smith, G. Lobban & M. O'Loughlin (Eds.), *Psychodynamic Psychotherapy in South Africa* (pp. 54 – 76). Johannesburg: Wits University Press.
- Long, C. (2002). Psychoanalytic community psychology: Crossing worlds or worlds apart. In L. Swartz, K. Gibson & T. Gelman (Eds.), *Reflective practice: Psychodynamic ideas in the community*. (pp. 113 – 124). Cape Town: Human Sciences Research Council Publishers.
- Long, C. (2009). *Contradicting maternity: HIV-positive motherhood in South Africa*. South Africa: Wits University Press.
- Long, W. (2017a). Alienation: A new orientating principle for psychotherapists in South Africa. *Psycho-analytic Psychotherapy in South Africa*, 25, 67 – 90.
- Long, W. (2017b). Essence or experience? A new direction for African Psychology. *Theory & Psychology*, 27, 293 – 312.
- Lund, C. Schneider, M., Davies, T. Nyatsanza, M., Honikman, S., Bhana, A., ... Susser, E. (2014) Task sharing of a psychological intervention for maternal depression in Khayelitsha, South Africa: Study protocol for a randomized controlled trial. *Trials*, 14, 1 – 11.
- Magwaza, T. (2003). Perceptions and experiences of motherhood: A study of black and white mothers of Durban, South Africa. *Jenda: A Journal of Culture and African Women Studies*, 4, 1 – 14.
- Maiello, S. (1998). Cultural differences and psycho-analytic perspectives. *Psycho-analytic Psychotherapy in South Africa*, 6, 16 – 29.
- Maiello, S. (2001). On the transgenerational transmission of trauma and violence. *Psycho-analytic Psychotherapy in South Africa*, 9, 13 – 31.
- Malone, K. R. (2000). Subjectivity and the address to the other: A Lacanian view of some impasses in theory and psychology. *Theory and Psychology*, 10, 79 – 86.
- Mamabolo, I. (2009). *An exploratory study of black women in executive positions and their sense of balance between motherhood and career*. Unpublished Master's thesis, Wits University, Johannesburg.
- Marshall, M. (1996). Sampling for qualitative research. *Family Practice*, 13, 522 – 525.
- Mayo, R. (2017). Not-so great expectations: Motherhood and the clash of private and public worlds. In R. Mayo and C. Moutsou (Eds.), *The mother in psychoanalysis and beyond: Matricide and maternal subjectivity* (pp. 145 – 155). Now York: Routledge.

- Mayo, R. & Moutsou, C. (2017). The maternal: An Introduction. In R. Mayo and C. Moutsou (Eds.), *The mother in psychoanalysis and beyond: Matricide and maternal subjectivity* (pp. 1 – 20). Now York: Routledge.
- McClintock, A. (1991). No longer in a future heaven: Women and nationalism in South Africa. *Transition*, 51, 104 - 123.
- Medved, C.E. (2004). The everyday accomplishment of work and family: Exploring the practical actions in daily routines. *Communication Studies*, 55, 128 – 145.
- Miller, T. (2005). *Making sense of motherhood: A narrative approach*. USA: Cambridge University Press.
- Minde, K., Minde, R., & Vogel, W. (2006). Culturally sensitive assessment of attachment in children aged 18 – 40 months in a South African township. *Infant Mental Health Journal*, 27, 544–558.
- Moore, E. (2013). Transmission and change in South African motherhood: Black mothers in three-generational Cape Town families. *Journal of Southern African Studies*, 39, 151 - 170.
- Mposo, N. (2016, May 20). *Pregnant and depressed? Get help!* IOL Lifestyle, Retrieved November, 23, 2017 from <https://www.iol.co.za/lifestyle/parenting/pregnant-and-depressed-get-help-2023982>
- Muir, E. (1992). Watching, waiting, and wondering: Applying psychoanalytic principals to mother-infant intervention. *Infant Mental Health Journal*, 13, 319 – 328.
- Music, G. (2015). Bringing up the Bodies: Psyche-Soma, Body Awareness and Feeling at Ease. *British Journal of Psychotherapy*, 31, 4 – 19.
- Ndalana, L. (2016, June 6). *New push to revive SA textile industry*, fin24 Retrieved November, 30, 2017 from <https://www.fin24.com/Economy/new-push-to-revive-sa-textile-industry-20160606>
- Nicolson, P. (1999). The myth of the maternal instinct. *Psychology, Evolution & Gender*, 1, 161-181.
- O’Loughlin, M. (2013). Reclaiming genealogy, memory and history: The psychodynamic potential for reparative therapy in contemporary South Africa. In C. Smith, G. Lobban & M. O’Loughlin (Eds.), *Psychodynamic psychotherapy in South Africa: Contexts, theories and applications* (pp. 242 – 271). Johannesburg: Wits University Press.
- Oberman, Y. and Josselson, R. (1996). Matrix of tensions: A model of mothering. *Psychology of Women Quarterly*, 20, 341 – 359.

- Olanders, M. (2004). Article by Marit Olanders, Retrieved August, 6, 2018, from <http://www.kangaroomothercare.com/olanders.aspx>.
- Olarte, S.W. (2000). The female professional: Parenting, career, choices and compromises. *American Journal of Psychoanalysis*, 60, 293 – 306.
- Opperman Lewis, H. (2016). *Apartheid Britain's bastard child*. South Africa: Reach Publishers.
- Osofsky, J.D. (2005). Ghost and angels: How can we find them in the nursery and beyond? *Infant Mental Health*, 26, 525 – 528.
- Parker, I. (2005). *Qualitative Research: Introducing Radical Research*. UK: Open University Press.
- Parker, I. (2010). Psychosocial studies: Lacanian discourse analysis negotiating interview text. *Culture & Society*, 15, 156 - 172.
- Parker, I. (2015). Walls and holes in psychosocial research: From psychoanalysis to critique. *Qualitative Research in Psychology*, 12, 77 – 82.
- Parker, R. (1995). Maternal ambivalence. In L. Spurling (Ed.), *Winnicott studies* (pp. 3 – 17). London: Karnac Books.
- Parker, R. (1997). The production and purposes of maternal ambivalence. In W. Hollway & B. Featherstone (Eds.), *Mothering and ambivalence* (pp. 17 – 36). London: Routledge.
- Parker, V. (2014). An exploration of the concept of the social unconscious and its application to clinical understanding. *Group Analysis*, 47, 30 – 41.
- Patton, M.Q. (1999). Enhancing the quality and credibility of qualitative analysis. *HSR: Health Services Research*, 34, 1189 - 1208.
- Petersen, I., Fairall, L., Bhana, A., Kathree, T., Selohilwe, O., Brooke-Sumner, C., Faris, ... Patel, V. (2016). Integrating mental health into chronic care in South Africa: The development of a district mental healthcare plan. *The British Journal of Psychiatry*, 56, 29 – 39.
- Raphael-Leff, J. (2010a). Healthy Maternal Ambivalence. *Studies in the Maternal*, 2, 1 – 15.
- Raphael-Leff, J. (2010b). Mother's and fathers' orientations: patterns of pregnancy, parenting and the binding process. In S. Tyano M. Keren, H. Herman & J. Cox (Eds.), *Parenthood and mental health: A bridge between infant and adult psychiatry* (pp. 9 – 22). UK: John Wiley & Sons.
- Raphael-Leff, J. (2015). *Dark side of the womb*. London: the Anna Freud Centre.

- Richter, L. (2004a). *The importance of caregiver-child interactions for the survival and healthy development of young children. A review*. China: World Health Organisation.
- Richter, L. (2004b). *Poverty, underdevelopment, and infant mental health*. *Infant Mental Health Journal*, 25, 440 – 452.
- Robinson, G.S. (2014). *Attitudes to motherhood and working mothers in South Africa: Insights from quantitative attitudinal data*. Unpublished Master thesis. University of KwaZulu-Natal, KwaZulu-Natal.
- Rodgers, J. (2014). Exploring the possibility of a positive maternal subjectivity: An introduction to Lisa Baraitser's *Maternal encounters: The ethics of interruption*. In P. Bueskens (Ed.), *Mothering and psychoanalysis: Clinical, sociological and feminist perspectives* (pp. 375 – 390). Canada: Demeter Press.
- Rothbaum, F. & Morelli, G. (2005). Attachment and culture: Bridging relativism and universalism. In W. Friedlmeier, P. Chakkarath & B. Schwartz (Eds.), *Culture and development. The importance of cross-cultural research for the social sciences* (pp. 99 – 123). New York: Psychology Press.
- Sadler, L.S., Slade, A. & Mayes, L.C. (2006). Minding the baby: A mentalization-based parenting program. In J.G. Allen & P. Fonagy (Eds.), *Handbook of Mentalization-Based Treatment* (pp. 271 – 288). UK: John Wiley & Sons.
- Safran, J.D. & Kriss, A. (2014). Psychoanalytic Psychotherapies (pp. 19 – 54). In R.J. Corsini & D. Wedding (Eds.), *Current psychotherapies (10th edition)* (pp. 19 – 54). USA: Thomson Brooks/Cole.
- Saville Young, L. (2009). Not knowing: Towards an ethics for employing psychoanalysis in psychosocial research. *Psycho-analytic psychotherapy in South Africa*, 17, 1-26.
- Saville Young, L. & Berry, J. (2016). Slipping and holding minds: A psychosocial analysis of maternal subjectivity in relation to childhood disability, *African Journal of Disability*, 5, 1- 9.
- Saville Young, L. & Frosh, S. (2009). Discourse and psychoanalysis: Translating concepts into “fragmenting” methodology. *PINS: Psychology in Society*, 38, 1-16.
- Saville Young, L. & Frosh, S. (2010). ‘And where were your brothers in all this?’: A psychosocial approach to text on ‘brothering’. *Qualitative Research*, 10, 1 – 21.
- Schmeets, G.J. (2008). Theoretical concepts. In J. E. Verheugt-Pleiter, J. Zevalkink, & M. G. J. Schmeets (Eds.), *Mentalizing in Child Therapy: Guidelines for Clinical Practitioners* (pp. 7 – 21). London: Karnac.

- Scholtz, B. (2017). *A psychosocial reading of novice clinical psychologists' talk about whiteness*. Unpublished Master thesis. Rhodes University, Grahamstown.
- Schwandt, T.A. (2007). *The SAGE Dictionary of Qualitative Inquiry (3rd Ed)*. USA: Sage Publications.
- Seekings, J. (2010). Race, class and inequality in the South African city. *Centre for Social Science Research Working Paper No. 283*, 1 – 20.
- Seekings, J. & Nattress, N. (2006). Class, race, and inequality in South Africa. South Africa: University of KwaZulu-Natal Press.
- Shefer, T. (2001). Ordering gender: Revisiting the role of psychology. *Psychology in Society*, 27, 34-45.
- Shore, J.R. & Shore, A.N. (2008). Modern attachment theory: The central role of affect regulation in Development and Treatment. *Clinical Social Work*, 36, 9 – 20.
- Sibanda-Moyo, N., Khonje, E. & Brobbey, M.K. (2017). *Violence against women in South Africa: A country in crisis*. Johannesburg: Centre for the Study of Violence and Reconciliation. Retrieved September, 26, 2019, from <https://www.csvr.org.za/pdf/CSVr-Violence-Against-Women-in-SA.pdf>
- Silverman, D. (2010). *Doing qualitative Research: A practical handbook (3rd Ed)*. London: Sage.
- Sivakami, M. (2010). Are poor working mothers in South India investing less time in the next generation. *Asian Population Studies*, 6, 99 -120.
- Slade, A. (2005). Parental reflective functioning: An introduction. *Attachment and Human Development*, 7, 269 – 281.
- Slade, A., Grienenberger, J., Bernbach, E., Levy, D. & Locker, A. (2005). Maternal reflective functioning, attachment, and the transmission gap: A preliminary study. *Attachment and Human Development*, 7, 283 – 298.
- South Africa. Department of Labour. (2018). Act No. 10 of 2018: Labour Laws Amendment Act (Government Gazette 42062, Notice 1305, 27 November 2018). Retrieved September, 26, 2019, from <http://www.labour.gov.za/DOL/downloads/legislation/acts/labour-laws-amendment/labourlawasamendment2018.pdf>
- South Africa. Department of Labour. National Bargaining Council for the Clothing Manufacturing Industry. (2014). *National Main Collective Agreement Part F: Provisions for the Western Cape Region (Clothing)* (Government Notice No. R. 252, 14 April 2014). Retrieved January, 31, 2019 from <http://www.nbc.org.za/>

- South African National Department of Health (NDoH), Statistics South Africa (Stats SA), South African Medical Research Council (SAMRC), & ICF. (2019). *South Africa Demographic and Health Survey 2016: Report*. Pretoria: National Department of Health. Retrieved September, 26, 2019, from <http://www.health.gov.za/index.php/component/phocadownload/category/539-sadhs-south-africa-demographic-and-health-survey-report?download=3325:sadhs-2016-report>
- South Africa Police Service Crime Registrar. (2017). *Addendum to the SAPS Annual Report 2016/2017*. Retrieved September, 26, 2019, from https://www.saps.gov.za/about/stratframework/annual_report/2016_2017/gpw_crim_e_stats_2017.pdf
- Spezzano, C. (1993). A relational model of inquiry and truth: The place of psychoanalysis in human conversations. In S.A. Mitchell & L. Aron (Eds.), *Relational psychoanalysis volume 1: The emergence of a tradition* (pp. 425 – 458). New York: Routledge, 2013.
- Spinks, C. (2001). A new apartheid? Urban Spatiality, (fear of) crime, and segregation in Cape Town, South Africa. *Working paper 01-20, Development Studies Institute, London School of Economics*, 1 – 42. Retrieved November, 23, 2017 from <http://www.lse.ac.uk/internationaldevelopment/pdf/wp/wp20.pdf>
- Spitze, G. (1988). Women's employment and family relations. *Journal of Marriage and the Family*, 50, 595 – 618.
- Statistics South Africa. (2016a). *Quarterly Labour Force Survey Quarter 4: 2016* (Statistical Release P0211). Pretoria. Retrieved September, 26, 2019, from <http://www.statssa.gov.za/publications/P0211/P02114thQuarter2016.pdf>
- Statistics South Africa. (2016b). *Mid-year population estimates 2016* (Statistical Release P0302). Pretoria. Retrieved September, 26, 2019, from <https://www.statssa.gov.za/publications/P0302/P03022016.pdf>.
- Statistics South Africa. (2016c). *Mortality and causes of death in South Africa, 2016: Findings from death notification* (Statistical Release P0309.3). Pretoria. Retrieved September, 26, 2019, from <http://www.statssa.gov.za/publications/P03093/P030932016.pdf>.
- Stern, D. (1995). *The Motherhood constellation: A unified view of parent-infant psychotherapy*. London: Karnac.

- Stern, D. (1998). *The birth of a mother: How the motherhood experience changes you forever*. New York: Basic books.
- Stone, A. (2013). *Feminism, psychoanalysis, and maternal subjectivity*. New York: Routledge.
- Stone, A. (2014). Psychoanalysis and maternal subjectivity. In P. Bueskens (Ed.), *Mothering and psychoanalysis: Clinical, sociological and feminist perspectives* (pp. 325 – 342). Canada: Demeter Press.
- Stuart, J. (2007). Work and motherhood: Preliminary report of a psychoanalytic study. *Psychoanalytic Quarterly*, 76, 439 – 485.
- Stuckey, M.F., McGhee, P.E. and Bell, N.J. (1982). Parent-child interaction: The influence of maternal employment. *Developmental Psychology*, 18, 635 – 644.
- Straker, G. (2006). The anti-analytic third. *Psychoanalytic Review*, 93, 729 - 753.
- Swartz, L. (2010). Contextual issues. In I. Petersen, A. Bhana, A.J. Flisher, L. Swartz & L. Richter (Eds.), *Promoting mental health in scarce-resource contexts* (pp. 49 – 59). Cape Town: HSRC Press.
- Swartz, L., Gibson, K. & Gelman, T. (2002). *Introduction*. In L. Swartz, K. Gibson & T. Gelman (Eds.), *Reflective practice: Psychodynamic ideas in the community*. (pp. 1 – 8). Cape Town: Human Sciences Research Council Publishers.
- Swick, K. J., & Hassell, T. (1990). Parental efficacy and the development of social competence in young children. *Journal of Instructional Psychology*, 17, 24-32.
- Takševa, T. (2014). How contemporary consumerism shapes intensive mothering practices. In L.R. Ennis (Ed.), *Intensive mothering: The cultural contradictions of modern motherhood* (pp. 211 – 232). Canada: Demeter Press.
- Taylor, S. (2015). Discursive and psychosocial? Theorizing a complex contemporary subject. *Qualitative Research in Psychology*, 12, 8 – 21.
- Taylor, S. & McAvoy, J. (2015). Researching the psychosocial: An introduction. *Qualitative Research in Psychology*, 12, 1 – 7.
- Terre Blanche, M. & Durrheim, K. (1999). Social constructionist method. In M. Terre Blanche & K. Durrheim (Eds.), *Research in practice* (pp. 147 – 172). Cape Town: University of Cape Town Press.
- Terre Blanche, M. & Kelly, K. (1999). Interpretive methods. In M. Terre Blanche & K. Durrheim (Eds.), *Research in practice* (pp. 123 – 146). Cape Town: University of Cape Town Press.

- Thompson, L. & Walker, A.J. (1989). Gender in families: Women and men in marriage, work, and parenthood. *Journal of Marriages and the Family*, 51, 845 – 871.
- Thurer, S. (1993). Changing conceptions of the good mother in psychoanalysis. *Psychoanalytic Review*, 80, 519 – 540.
- Tomlinson, M., Cooper, P. & Murray, L. (2005). The mother-infant relationship and infant attachment in a South African peri-urban settlement. *Child Development*, 76, 1044 - 54.
- Tomlinson, M. & Swartz, L. (2002). The ‘good enough’ community: Power and knowledge in South African Community Psychology. In L. Swartz, K. Gibson & T. Gelman (Eds.), *Reflective practice: Psychodynamic ideas in the community*. (pp. 99 – 112). Cape Town: Human Sciences Research Council Publishers.
- Tracy, S.J. (2010). Qualitative quality: Eight “Big-Tent” criteria for excellent qualitative research. *Qualitative Inquiry*, 16, 837 – 851.
- Tugwell, S. (2013). *Imagining the Unimaginable: Theorising maternal subjectivity through the representation of breastfeeding*. Unpublished Research Dissertation. University of London, Birkbeck.
- Turkel, A.R. (1996). Hiding behind motherhood. *Journal of American Academy of Psychoanalysis*, 24, 163 - 177.
- Tuval-Mashiach, R. & Shaiovitz-Gourman, S. (2014). Maternal ambivalence and “Ideal Mothering”: Can the two go together? In P. Bueskens (Ed.), *Mothering and psychoanalysis: Clinical, sociological and feminist perspectives* (pp. 357 - 374). Canada: Demeter Press.
- United Nations, Department of Economic and Social Affairs, Population Division. (2017). *World Mortality 2017: Data Booklet*. New York: United Nations. Retrieved September, 26, 2019, from <https://www.un.org/en/development/desa/population/publications/pdf/mortality/World-Mortality-2017-Data-Booklet.pdf>
- van Doorene, S. (2009). *Narratives of motherhood*. Unpublished thesis. University of Witwatersrand, Johannesburg.
- Walker, C. (1995). Conceptualizing motherhood in the twentieth century South Africa. *Journal of Southern African Studies*, 21, 417 – 437.
- Wallin, D.J. (2007). *Attachment in psychotherapy*. London: The Guilford Press.
- Waters, E. & Cummings, E.M. (2000). A secure base from which to explore close relationships. *Child Development*, 71, 164 – 172.

- Wetherell, M. (1998). Positioning and interpretive repertoires: Conversation analysis and post-structuralism in dialogue. *Discourse & Society*, 9, 387 – 412.
- Wetherell, M. (2003). Paranoia, ambivalence and discursive practices: Concepts of position and positioning in psychoanalysis and discursive psychology. In R. Harre and F. Moghaddam (Eds.), *The self and others* (pp. 99 – 120). Westport, CT: Praeger.
- Wetherell, M. (2008). Subjectivity or psycho-discursive practices? Investigating complex intersectional identities. *Subjectivity*, 22, 73 – 81.
- Wetherell, M. (2015). Tears, bubbles and disappointment – New approaches for the analysis of affective-discursive practices: A commentary on “Researching the Psychosocial”. *Qualitative Research in Psychology*, 12, 83 – 90.
- Willig, C. (2013). *Introducing Qualitative Research in Psychology (3rd Ed)*. Berkshire, England: Open University Press.
- Winnicott, D. (1949). Hate in the countertransference In L. Caldwell & A. Joyce (Eds.), *Reading Winnicott* (pp. 70 – 82). London: Routledge, 2011.
- Winnicott, D. (1960). The theory of the parent-infant relationship. *International Journal of Psycho-analysis*, 41, 585 – 595.
- Winnicott, D. (1965). The maturational processes and the facilitating environment: Studies in the theory of emotional development. *The International Psycho-Analytical Library*, 64, 1 - 1276. London: The Hogarth Press and the Institute of Psycho-Analysis.
- Winnicott, D. W. (1975). *Through paediatrics to psycho-analysis*. London: The Hogarth Press and the Institute of Psycho-Analysis.
- Woodward, K. (2016). Book reviews: Knowing mothers: Researching maternal identity change Wendy Hollway. *Feminism and Psychology*, 26, 229 – 242.
- World Health Organisation (WHO) Department of Information, Evidence and Research. (2018). *Summary tables of mortality estimates by cause, age and sex, by country, 2000–2016*. Retrieved September, 26, 2019, from https://www.who.int/healthinfo/global_burden_disease/estimates/en/
- Worrell, J. (1996). Feminist identity in a gendered world. In J.C. Chrisler, C. Golden & P.D. Rozee (Eds.), *Lectures on the psychology of women* (pp. 359 – 370). New York: McGraw-Hill.
- Zeanah, C.H. & Anders, T.F. (1987). Subjectivity in parent-infant relationships: A discussion of internal working model. *Infant Mental Health Journal*, 8, 237 – 248.