

An exploration of factors that are perceived to create parenting stress among mothers for whom pregnancy was mistimed or unintended: An object relations perspective

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DECLARATION

Unless otherwise specified to the contrary, this dissertation is the result of my own work.

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THESIS SUPERVISOR'S APPROVAL OF THIS THESIS FOR SUBMISSION

As Cindy Coleman's supervisor I have approved this dissertation for submission.

Dr. Beverley Killian

Date

ABSTRACT

It is a novel experience for a woman to enter into motherhood. While she may have some familiarity with basic methods of childcare, the experience of caring for her own child is a new one. Becoming a mother elicits a transformation for a woman, from a 'self as a self' to a 'self as a mother'. When the pregnancy is unplanned, this transformation may be particularly complicated. This study explored this transformation by focusing on the stressors and supports mothers reported during pregnancy and in early motherhood, for women whose pregnancies had been unintended. The study utilized a psychoanalytic perspective, particularly object relations theory (ORT), to understand how the mother's object relations have been influenced by her perceptions and her stress levels, in her transition into motherhood. A qualitative approach was adopted in this study, so that the researcher could gain a "rich" description of the participants' experiences of pregnancy and motherhood. Five mothers, whose eldest was four years or younger and who had not intended to conceive, participated in focus groups and individual interviews. The data gained was analysed by means of thematic analysis, which brought about a list of perceived stressors and support factors. These stressors were categorized and discussed in relation to child-specific factors, factors specific to parenthood, environmental factors, and factors specific to the unintended nature of the pregnancy. The perceived supports included psychosocial support, allomaternal support, financial support, and information.

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TABLE OF CONTENTS

<u>DECLARATION</u>	i
ABSTRACT	ii
ACKNOWLEDGEMENTS	iii
TABLE OF CONTENTS	iv
LIST OF DIAGRAMS	viii
LIST OF TABLES	viii
LIST OF ABBREVIATIONS	viii
 <u>CHAPTER ONE: INTRODUCTION</u>	1
1.1 Aims and questions of the research.....	2
1.2 Methodology.....	2
1.3 Overview of the Chapters.....	3
 <u>CHAPTER TWO: REVIEW OF THE LITERATURE</u>	4
2.1 Parenting.....	4
2.1.1 Attachment.....	4
2.1.2 Parenting stress.....	6
2.2 Psychoanalysis.....	7
2.2.1 Object Relations Theory	7
2.2.2 Internal self-representation.....	9
2.2.3 The ‘Perfect Mother’ Internal Object.....	9
 <u>2.3 Perceived Maternal Stress Factors</u>	12
2.3.1 Child-Specific Factors.....	13
2.3.1.1 <i>Child Temperament</i>	13
2.3.1.2 <i>Child Development</i>	13
2.3.2 Parent-Specific Factors.....	14
2.3.2.1 <i>Age</i>	14
2.3.2.2 <i>Education</i>	14
2.3.2.3 <i>Marital Status</i>	15
2.3.3 Factors specific to parenthood.....	17
2.3.3.1 <i>Physical demands</i>	17
2.3.3.2 <i>Guilt</i>	18

2.3.4 Environmental factors.....	19
2.3.4.1 <i>Social undesirability</i>	19
2.3.4.2 <i>Safety</i>	19
2.3.4.3 <i>Finance</i>	19
2.3.5 Pregnancy intention.....	20
2.3.5.1 <i>Unintended pregnancy</i>	21
2.3.5.2 <i>Mistimed pregnancy</i>	21
<u>2.4 Perceived maternal support</u>	26
2.4.1 Informational support.....	26
2.4.1.1 <i>Education programmes</i>	27
2.4.1.2 <i>The Media</i>	28
2.4.1.3 <i>Professional consultation</i>	28
2.4.2 Psychosocial support.....	28
2.4.2.1 <i>Family and friends</i>	29
2.4.2.2 <i>The Partner</i>	29
2.4.2.3 <i>Other expectant and new mothers</i>	31
2.4.3 Allomaternal care.....	31
2.4.4 Financial support.....	31
<u>CHAPTER THREE: METHODOLOGY</u>	32
3.1 Aims and questions of the research.....	32
3.2 Theoretical perspective.....	32
3.3 Research Design.....	33
3.4 Sample.....	34
3.4.1 Sample size.....	34
3.4.2 Sampling method.....	35
3.4.3 Recruiting.....	36
3.5 Data collection.....	37
3.5.1 Focus groups.....	38
3.5.2 Interviews.....	39
3.5.3 Research process.....	39
3.5.3.1 <i>Focus groups</i>	39
3.5.3.2 <i>Interviews</i>	40
3.5.4 Keeping a record.....	40

3.5.5 Data Storage.....	41
3.6 Data Analysis.....	41
3.6.1 Thematic Analysis.....	41
3.6.1.1 Comparing data bits.....	41
3.6.1.2 Categorizing data bits.....	42
3.6.1.3 Refining categories.....	43
3.7 Validating the findings.....	43
3.7.1 Generalisability.....	43
3.7.2 Trustworthiness.....	43
3.7.3 Reflexivity.....	44
3.8 Ethical Considerations.....	44
3.8.1 Confidentiality and anonymity.....	44
3.8.2 Informed consent.....	45
3.8.3 Beneficence and non-maleficence.....	45
<u>CHAPTER FOUR: RESULTS AND DISCUSSION</u>	46
4.1 Stress factors.....	46
4.1.1 Child-specific factors.....	46
4.1.1.1 Development.....	47
4.1.1.2 Discipline.....	49
4.1.1.3 Information.....	50
4.1.2 Factors specific to parenthood.....	54
4.1.2.1 Physical demands.....	54
4.1.2.2 Guilt.....	55
4.1.2.4 Negative effect on the marriage.....	56
4.1.2.3 Change in lifestyle.....	57
4.1.3 Environmental Factors.....	59
4.1.3.1 Safety.....	59
4.1.3.2 Finance.....	60
4.1.4 Factors Specific to the Unintended Nature of the Pregnancy.....	61
4.1.4.1 Age.....	61
4.1.4.2 Unexpected point in partner's life.....	62
4.1.4.3 Social undesirability.....	63
4.1.4.4 Being alone.....	64

4.1.4.5 <i>Disappointing others</i>	66
4.1.4.6 <i>Change in life course</i>	66
4.1.4.7 <i>Stressors specific to single mothers</i>	68
4.1.4.7.1 Termination of the relationship.....	69
4.1.4.7.2 Allomaternal support.....	70
4.1.4.7.3 Absent father figure.....	71
4.1.4.7.4 Future romantic partners.....	71
4.2 Perceived Supports.....	72
4.2.1 Psychosocial support.....	72
4.2.1.1 <i>Family</i>	73
4.2.1.2 <i>The Child</i>	74
4.2.1.3 <i>The Partner</i>	74
4.2.2 Allomaternal Support.....	77
4.2.3 Financial Support.....	79
4.2.4 Information.....	80
4.2.5 Support that was not useful.....	80
4.3 Summary of key points and recommendations for practice.....	81
<u>CHAPTER 5: RECOMMENDATIONS AND LIMITATIONS</u>	83
<u>CHAPTER 6: CONCLUSION</u>	85
<u>REFERENCES</u>	86
APPENDICES	98
Appendix A: Recruiting letter to mothers	98
Appendix B: Information letter to principals	99
Appendix C: Focus group schedule	100
Appendix D: Interview schedule	102
Appendix E: Information sheet for focus groups	104
Appendix F: Informed consent and recording consent form	107
Appendix G: Confidentiality contract	108
Appendix H: Interview information sheet	109
Appendix I: Data categorization	110
Appendix J: Individual interview transcript sample	111

LIST OF DIAGRAMS

Diagram 1: Internal and External Object Relations.....	8
Diagram 2: Internal and External Object Relations of Maternal Stress Factors.....	12
Diagram 3: Pregnancy Intention, Perceived Stress Levels, and Self-Representation....	20
Diagram 4: Self-Representation Adjustment in Relation to Unintended Pregnancy.....	23

LIST OF TABLES

Table 1: Details of Participants.....	37
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LIST OF ABBREVIATIONS

ORT: Object Relations Theory

CHAPTER ONE

INTRODUCTION

When a woman falls pregnant for the first time she is faced with the novel experience of entering into motherhood. While she may have some familiarity with basic methods of childcare, the experience of caring for her own child is a new one. Becoming a mother elicits a transformation for a woman, from a ‘self as a self’ to a ‘self as a mother’. If the pregnancy was unplanned this transformation may be particularly complicated. This study explored this transformation by focusing on the stressors and supports mothers reported during pregnancy and in early motherhood, for women whose pregnancy had been unintended.

Parenthood involves numerous demands. Dealing with these demands can prove stressful. Although a degree of stress is healthy for an individual’s functioning, high levels of stress in a mother, or expectant mother, can prove problematic (Chen, Hou, Chuang & TBPS Research Group, 2010; Guajardo, Snyder, & Peterson, 2009; Secco & Moffatt, 2003). The factors that are perceived to create stress in motherhood have been widely studied (see Chen *et al.*, 2010; Gewirtz, Forgatch, & Wieling, 2008; Wiggins, Sofronoff, & Sanders, 2009), with a range of factors offered to account for the stress and support women experience during pregnancy and motherhood.

In addition to these factors, some investigations have suggested that a parent’s attitude, and ultimately their level of stress, can be influenced by their initial intention to conceive (Barber & East, 2009). There are two forms of pregnancy intention, with one having two subtypes: “Intended” pregnancy refers to instances where the parent planned to conceive a child (Barber & East, 2009, p. 921); while “unintended” pregnancy refers to a pregnancy which was not planned, and thus unintended. Within the unintended category, Barber and East (2009) discriminate between “mistimed” pregnancy, where the parent did not intend to conceive, and felt that the pregnancy occurred earlier or later than they had planned (p. 921), while, “unwanted” pregnancies refer to situations in which parents do not want the pregnancy altogether (Barber & East, 2009, p. 921). Stress in relation to these types of pregnancy intention occurs along a continuum: mothers who experience an intended pregnancy have been found to experience less stress than women with a mistimed pregnancy (Barber & East,

2009), while mothers who had a mistimed pregnancy seem to experience less stress than mothers who altogether did not want their pregnancy (Barber & East, 2009).

A wealth of international studies has therefore investigated the experience of motherhood. Despite this seeming interest, however, none of these investigations have used a psychoanalytic, particularly object relations theory, perspective. Object relations theory offers an in-depth understanding of an individual's experience of the world. According to this theory, a person's experience of the world is made up of both external and internal realities, with these two realities in constant interplay with each other. Furthermore, the importance of relationships, and how the individual develops in relation to other people is a central aspect of this theory (Hamilton, 1989). This study, therefore, adopted an object relations theory approach to understanding the experience of motherhood, as it allowed the researcher to consider the mother's internal and external reality, and the relationship between the two.

1.1 Aims and questions of the research

The aim of this research was to investigate the stressors and supports women perceive during pregnancy and motherhood. The study aimed to understand these factors from an ORT perspective. The research questions of the study were as follows:

- What factors do women perceive to contribute to their stress levels during pregnancy?
- What supportive factors do women perceive as useful during pregnancy?
- What factors do women perceive as stressful during motherhood?
- What factors do mothers perceive as supportive during motherhood?

1.2 Methodology

The researcher was interested in the lived experiences of the participants in the study, therefore an interpretative, qualitative approach was utilised. This allowed for rich descriptions from the participants of the stressors and supports they had experienced during pregnancy and currently. Five mothers participated in the study, all of whom did not intend to conceive, and whose children were younger than four years old at the time of data collection. These women offered descriptions of their experiences in focus group or individual interview sessions. This information was then transcribed and analysed using thematic analysis. The factors that emerged were then interpreted according to object relations theory.

1.3 Overview of the chapters

Chapter one, Introduction: This chapter introduces the topic of the dissertation, as well as the basic context of the study.

Chapter two, Review of the literature: This section presents and discusses theories and empirical literature relevant to the study.

Chapter three, Methodology: The aims and research questions of the study are presented here, as well as the theoretical perspective, and research design adopted by the dissertation. Details of the sample, data collection, and data analysis, in addition to validity and ethical issues in the study are also discussed here.

Chapter four, Results and discussion: The results of the study are presented and discussed in this chapter. Explanations for the findings are offered from an object relations theory perspective.

Chapter five, Limitations and recommendations: Any limitations and recommendations that became apparent in the study are mentioned here.

Chapter six, Conclusion: The findings of the study summarized.

References: All references used in the dissertation will be listed in this chapter according to APA guidelines.

CHAPTER 2

REVIEW OF THE LITERATURE

Extensive information is available supporting the significance of “early relational experiences” on the development of an individual’s personality, and their enduring cognitive, emotional and social ability (Schore, 2001, p. 9, Shaffer & Kipp, 2007). Psychoanalysis stresses the central nature of relationships, specifically the mother-child relationship, on an individual’s experience of the world (Summers, 1994; Winnicott, 2006). As such, numerous studies have been conducted investigating the experience of parenthood, particularly motherhood (see Gewirtz *et al.*, 2008; Wiggins *et al.*, 2009).

2.1 PARENTING

A parent’s role entails numerous demands. There are a number of ways of conceptualizing these demands. For instance, according to The Children’s Act, No 38 of 2005, parents, or primary caregivers, are required to provide appropriate living conditions for the child, support him/her financially, provide physical protection, as well as protect the child’s rights. In addition to these, The Children’s Act 2005 also stipulates that parents should discipline and monitor their children, as well as facilitate cognitive and emotional development (The Children’s Act, 2005).

2.1.1 Attachment

An important aspect of parenting is, therefore, the emotional development of the child. One lens through which a child’s emotional development can be understood is attachment. Three key theorists have conceptualized the idea of attachment. These include Mary Ainsworth, John Bowlby, and Donald Winnicott.

Mary Ainsworth

Mary Ainsworth developed three types of attachment, namely secure attachment, insecure-avoidant attachment, and insecure-ambivalent attachment (Barnett & Vondra, 1999). Of these, secure attachment is optimal. The type of attachment that is formed depends on the interaction between mother and child (Ainsworth, 1979, 1989). Secure attachments are

determined by maternal sensitivity and responsiveness, while insecure attachments are generally dependant on the infant's temperament (Sadock & Sadock, 2007). A child with good maternal interaction develops a secure base from which he/she can explore confidently (Sadock & Sadock, 2007). Furthermore, this attachment also serves as a basis on which the child can form further positive relationships (Ainsworth, 1979, 1989).

John Bowlby

John Bowlby maintained that people are able to enjoy their interactions and feel reassured by their partner's presence during times of anxiety if they are securely attached (Bowlby, 1969, 1973). Alternatively, in situations where such a relationship is lacking, the child may become weary and emotionally unresponsive to other individuals (Bowlby, 1969, 1973). Moreover, this child is likely to learn from early experiences of maternal inattentiveness and neglect that other caregivers and future companions are unreliable and untrustworthy (Bowlby, 1969, 1973). Such a perception may result in that individual becoming avoidant of developing relationships altogether (Bowlby, 1969, 1973).

Donald Winnicott

Like Ainsworth and Bowlby, Donald Winnicott also conceptualized the important role of attachments during the early stages of life (Winnicott, 2006). Of particular interest to Winnicott was the mother-child relationship (Winnicott, 2006). While Winnicott maintained that children possess a "natural", "innate tendency" to develop, he argued that this development only occurs when the conditions, or environment, which the child is in, is adequate (Hamilton, 1989; Winnicott, 2006, p.5). Specifically, the mother should provide the child with "optimal closeness while allowing adequate room for development of autonomy" (Hamilton, 1989, 1554). Winnicott referred to this mother as the 'good enough mother' (Hamilton, 1989). With that, he maintained that mothers are "particularly suited to their children" (Winnicott, 2006, p.3):

There is something about the mother of the baby, something which makes her particularly suited to the protection of her infant in this stage of vulnerability, and which makes her able to contribute positively to the baby's positive needs (Winnicott, 2006, p.3)

According to this theory, mothers therefore only have to be good enough for their children to develop optimally.

2.1.2 Parenting stress

Dealing with these demands can prove stressful for parents. Although a degree of stress is healthy for an individual's functioning, high levels of stress in a mother, or expectant mother, can prove problematic (Chen *et al.*, 2010; Guajardo *et al.*, 2009; Secco & Moffatt, 2003). For new mothers, this stress could even be exacerbated, as they are also faced with the physical changes, tiredness, and soreness of pregnancy and caring for an infant (Chen *et al.*, 2010; Tisdall, 1997). Often new mothers find early motherhood more stressful than they previously anticipated (Seefat-van Teeffelen, Nieuwenhuijze, & Korstjens, 2009).

Stress during pregnancy has been found to adversely influence a woman's behaviour during pregnancy, and in turn, result in harmful pregnancy outcomes. A study by Lobel, Cannella, Graham, DeVincent, Schneider, and Meyer (2008), found that stress during pregnancy was associated with unhealthy eating, smoking, and caffeine consumption. Such behaviours, specifically smoking, have also been found to be predictors of preterm delivery and other physical and potential emotional complications (Lobel *et al.*, 2008).

During parenthood, mothers who experience high levels of stress are generally not able to perform their parenting duties as effectively as those with lower stress levels (Guajardo *et al.*, 2009). Guajardo *et al.* (2009) maintain that mothers with high stress levels are generally less affectionate and responsive; instead they tend to be power assertive. High parenting stress also disrupts the development of the mother-child relationship, often causing dysfunction (Chen *et al.*, 2010). Such stress has also been linked to child maltreatment and abuse (Guajardo *et al.*, 2009; Secco & Moffatt, 2003). High stress levels in motherhood have also been linked to major depression (Iranfar, Shakeri, Ranjbar, NazhadJafar, & Razaie, 2005).

The factors that are perceived to create stress in motherhood have been widely studied. These investigations range from stress among parents of autistic, or Down syndrome, children (Dabrowska & Pisula, 2010), and children with eczema (Faught, Bierl, Barton & Kemp, 2007) to "typically developing children" (Dabrowska & Pisula, 2010, abstract). This study aims to explore maternal stress in children considered to be typically developing.

2.2 PSYCHOANALYSIS

Although a number of studies have investigated the factors that are perceived to create stress for mothers, very few have done so from a psychoanalytic perspective. This paradigm may seem unusual for a study investigating the experience of motherhood. Motherhood is often now regarded predominantly from a feminine perspective. A common criticism feminists offer is the “mother-blaming” nature of psychoanalytic theory; in fact, they have even argued psychoanalysis to be impractical for this reason (Parker, 1997, p.18). Although the mother figure and maternal behaviour are evident throughout developmental and psychoanalytical theory, their place is based on the developmental outcome of the child, and hardly from a maternal perspective (Parker, 1997). Contemporary psychoanalyst, Rozsika Parker has, however, demonstrated that one could “reframe, realign and rewrite” psychoanalytic theory from the mother’s perspective (Parker, 1997, p.18). As such, this study has considered the mother’s perspective using a psychoanalytic frame.

Psychoanalysis holds that a person’s experience of the world is made up of both external interpersonal and internal intrapersonal experiences, both of which are mediated by the ego (Ogden, 1983). The internal and external worlds are in constant interplay with each other: external objects are internalized, and internal objects externalized thereby constantly influencing each other (Hinschelwood, 1994; Ogden, 1983). (See Diagram 1)

2.2.1 Object relations theory (ORT)

Object relations theory (ORT) is a theory within the psychoanalytic paradigm that focuses on the significance of individuals’ relations with other objects, and how individuals develop as a result of these relations (Hamilton, 1989). ORT maintains that we have a “need to seek objects and attach to other people” (Hamilton, 1989, p. 1554). In classical psychoanalysis, objects were considered the mode through which drives or instincts were satisfied (Reber, Allen, & Reber, 2009). ORT does not subscribe to the concept of drives, rather an object, which could essentially be anything, is something that individuals relate to (Lemma, 2003). As mentioned earlier, individuals experience the world externally and internally, therefore, have both external and internal objects. External objects exist in physical reality. These external objects are internalized, so that there is an internal representation of them (a psychic representation of these objects) (St. Clair, 1996). As St Clair (1996) explains, “Individuals interact not only with an actual other but also with an internal other, a psychic representative

that might be a distorted version of some actual person” (p. 2). Internal objects therefore develop as a result of being internalized. They are then in constant relation with, and therefore influenced by, other internal and external objects. In nature, internal objects are able to generate meaning, they are “capable of thought (and) feeling”, therefore it is through the relations between our internal and external objects that our perception of the world is formed (Ogden, 1983, p. 227) (See Diagram 1).

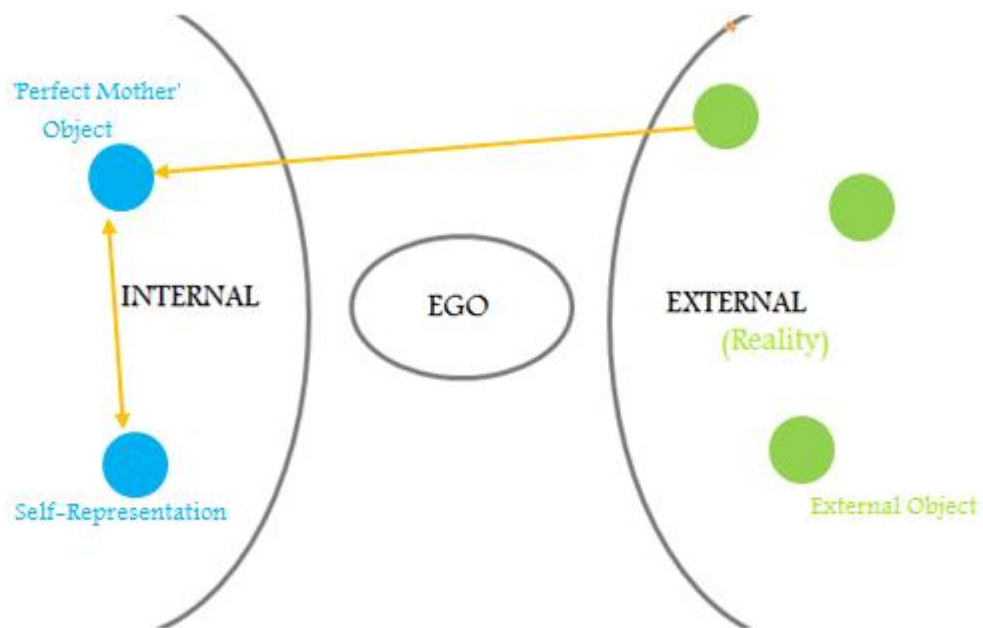


Diagram 1: Internal and External Object Relations

Each individual, therefore, perceives the world in a unique way, based on how experiences are internalized. One quickly assumes that the amount of information we require from both of these areas (external objects and internal objects) decreases respectively, in order for a “perception” to be formed. On the contrary, we require very little external information before we attribute a meaning to a circumstance. Segal (1985) explains “All perceptions, so neurologists tell us, are in a sense ‘interpretations.’ We receive very limited data in terms of signals picked up by our eyes, ears and other sensory organs: it is the brain which puts two and two (external and internal objects) together ... and makes not only five but fifty (conclusions)” (p. 23). Everyday we are therefore constantly making unjustified assumptions about other people and our relationships based on very limited information. Segal (1985) describes this process very simply:

“Quite unconsciously, without turning our attention to it, we search around for an existing pattern or phantasy which has sufficient points of similarity for it to be used as a ‘completion’ for the new data.” (p. 23)

2.2.2 Internal self-representation

Therefore, in the individual’s internal world, there exists a range of internal objects. Amongst these objects, the individual has a representation of him/herself. This object is how the individual sees him/herself in the past, present, and future. Bearing in mind that all objects are influenced by this internal world and external reality, the internal self-representation alters when the external reality changes. For example, consider a case where a student completes his studies and is employed as a businessman. Externally he is no longer in a university setting but rather a business setting where he is considered a professional. As a result, internally his self-representation will shift from a student to a professional. With regard to pregnancy and the transition into motherhood, a woman’s self-representation shifts from being a self as a self, to a self as a mother (see Diagram 4).

Part of internal self-representation is also the way in which the individual would like to be perceived by others. For example, a young woman may want her parents to perceive her as a good, responsible individual. A healthy self-representation is one believed to be desirable to others.

2.2.3 The internal ‘perfect mother’ object

This internal self-representation shift is a difficult one. A new mother has no previous first-hand experience of motherhood, although she does have some idea, based on various sources such as relationships with other mothers, the media’s depiction of motherhood, and her own mother’s role in her upbringing, to name a few. On the note of her mother’s influence, it is particularly interesting to consider Rosemary Balsam’s (2000) concept of the ‘mother within the mother’, which she described as the manifestation of a mother in her daughter, which becomes apparent when the daughter becomes a mother herself. Over time, these ideas integrate to form an idea of what a perfect mother is. Considering ORT, various external and internal objects contribute toward a ‘perfect mother’ object. Therefore, although these women had no first-hand experience of motherhood, this ‘perfect mother’ object is a representation of the mother she would like to become, and the mother she believes would be the best

influence on a child. It is important to keep in mind that while this object is referred to as the ‘*perfect* mother’ it does not signify a faultless, or flawless mother, as this would more suitably fit the media’s construction of the idealized mother. Instead, it is based on the sources named above. As such, some women may perceive their ‘perfect mother’ object as a woman who makes mistakes, or who is flawed. With that, this ‘perfect mother’ object would be different for every woman, due to the unique way people experience the world.

On the one hand, this object can be useful for the prospective or new mother, as it serves as a goal for her to strive toward in motherhood. Some woman could place higher importance on trying to relate entirely with this ‘perfect mother’ object, while others may be more flexible, using it as a template, in a sense. Either way, when a mother is able to relate to this ‘perfect mother’ object, her self-representation of a self as a mother is positively influenced. When she is able to assume a characteristic of this object she feels that she is a ‘good’ mother.

On the other hand, the ‘perfect mother’ object could also serve as a stress contributor for the mother. Consider Millon’s biosocial learning theory, which focuses on the reciprocal and circular nature of parent-child relationships (Millon, 1973). Millon highlighted that every child is different, with a unique temperament and personality. Although parents have a significant influence on their children, children also influence their parents. Parents, therefore, respond and adapt to their children’s temperament. With that in mind, the ‘perfect mother’ object women create is developed in relation to children other than their own. The generalizability of this ‘perfect mother’ object to her own child is, therefore questionable. In addition to temperament, society’s contribution to the ‘perfect mother’ object should also be considered. Western society and media have placed huge emphasis on the idea of an ‘ideal mother.’ Throughout history, motherhood has been characterised as an idealized, “joyful” experience (Douglas & Micheals, 2004, p.18). An idealised view of motherhood could prove problematic, as the impossibility of achieving such a goal would likely be stressful for the mother. Douglas and Micheals (2004) highlight the portrayal of this perception in the media:

“You leaf through *People* magazine. Inside, Uma Thurman gushes ‘Motherhood Is Sexy.’ Moving on to the *Good Housekeeping*, Vanna White says of her child, ‘When I hear his cry at six-thirty in the morning, I have a smile on my face, and I’m not an early riser.’ Another unexpected source of earth-mother wisdom, the newly maternal Pamela Lee, also confides to *People*, ‘I just love getting up with him in the middle of the night to feed him or soothe him.’ ” (p. 1)

For mothers who considered this 'perfect mother' object as a goal, achieving such a goal could be impossible and, therefore, stress provoking. This is an idealistic perspective when considering the flexibility needed by parents to adapt to their children.

This study has tried to look at the meanings that mothers give to their experience of and adjustment to an unintended pregnancy and early motherhood. It has tried to explore how these meanings are derived from these mothers' internal and external objects.

2.3 PERCEIVED MATERNAL STRESS FACTORS

As previously mentioned, the demands of parenting can prove stressful for new mothers. This stress can become harmful for the mother and/or the child if it reaches excessive levels. A wealth of studies have, therefore, investigated the various factors that are perceived to create stress for mothers (Chen *et al.*, 2010; Dabrowska & Pisula, 2010; Guardo *et al.*, 2009; Lobel *et al.*, 2008; Secco & Moffat, 2003), although none of these have done so from a psychoanalytic perspective. Some of the reported stressors include: child-specific factors, parent-specific factors, factors that are specific to parenthood, environmental factors, and pregnancy intention.

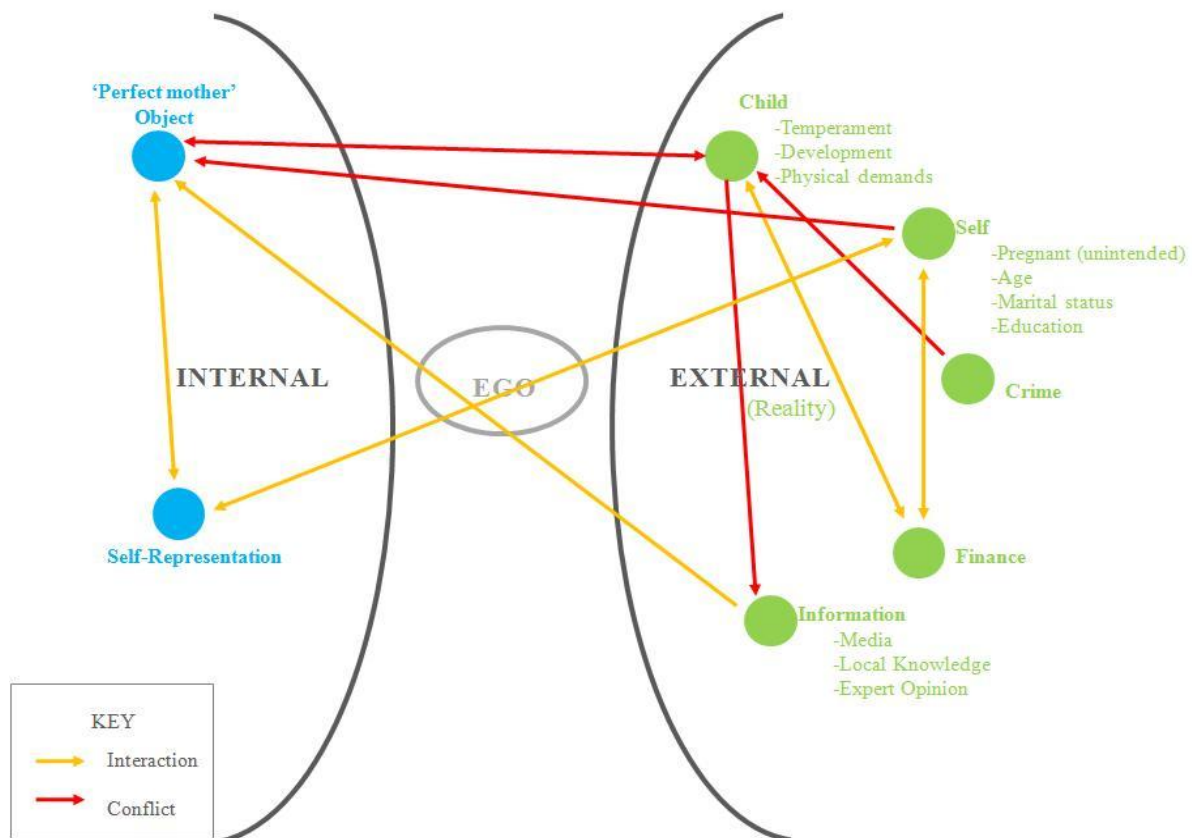


Diagram 2: Internal and External Object Relations of Maternal Stress Factors

2.3.1 Child-specific stress factors

2.3.1.1 Child temperament

Temperament is a major factor that has been investigated with regard to the perceived causes of parental stress. Temperament refers to the characteristic ways in which an individual reacts to the environment both emotionally and behaviourally (Shaffer & Kipp, 2007). With regard to children, the unique way a child responds to being bathed, changed, put to sleep or fed is his/her temperament (Fox, 1998). Shaffer and Kipp (2007) mention six aspects which constitute infant temperament: a) Fearful distress (the degree of distress, caution and withdrawal the child exhibits when faced with a novel situation or stimuli), b) attention span (the duration the child spends adjusting to and focussing on something of interest), c) positive affect, or sociability (the child's readiness to approach and cooperate with others, as well as his/her frequency of smiling or laughing), d) irritable distress or frustration (the amount of distress, crying or irritability displayed when the child's wishes or desirable activities are disrupted), e) rhythmicity (the regularity or consistency of the child's bodily functions), f) activity level (the child's "gross motor activity") (Shaffer & Kipp, 2007, p. 430).

Consider Millon's previously mentioned biosocial learning theory which focuses on the reciprocal and circular nature of parent-child relationships, maintaining that parents have to adapt to their child's unique temperament. Often new parents are presented with substantial advice regarding how to care for their new infant (Fox, 1998). This information usually refers to the "average" child (Fox, 1998, p. 1230). However, due to temperamental differences, most parents do not have an "average" child (Fox, 1998, p. 1230). As a result, managing a child with a difficult temperament can prove particularly challenging and stressful for parents if they are aware that their child does not respond as a 'normal child' (Secco & Moffatt, 2003).

This theory may account for the findings presented in the Gross *et al.* (1994) study, where mothers who perceived their children to have difficult temperaments also perceived their parenting self-efficacy to be low (Gross *et al.*, 1994). Similarly, Secco and Moffatt (2003) concluded a child's temperament to be "the strongest and sole significant predictor of total parenting stress" (p. 116). These results must, however, be viewed with caution, as convenience sampling as well as a small sample size (N=78) were employed in this study (Secco & Moffatt, 2003).

This apparent impact that a child's temperament seems to have on a mother's stress levels could also be considered from an ORT perspective, particularly in relation to the 'perfect mother' object. As discussed earlier, as a woman enters into motherhood she is faced with a novel situation. To facilitate this transition, she may develop a 'perfect mother' object with which she can aim to relate. For some mothers, a characteristic of this 'perfect mother' object may be a mother who has a well-behaved child. With that, a mother whose child is easy tempered is able to relate with that aspect of her 'perfect mother' object, thereby positively contributing to her representation of herself as a mother. Alternatively, when mothers do not have a good-tempered child, it would limit her ability to relate with her 'perfect mother' object. From this perspective, it makes sense that the mothers in the Gross *et al.* (1994) study felt like they were not good mothers due to their children's difficult, or out of the usual, temperament.

2.3.1.2 Child development

A child's development has also been seen to contribute to parents' perceived stress levels. Parents often worry about whether their child is developing (psychologically, socially and intellectually) at an appropriate rate for their age. According to Tisdall (1997), the most common source of anxiety present during pregnancy is that of "whether or not she is carrying a normal fetus" (p. 17). Similarly, Chen *et al.* (2010) found that anxiety with regard to normal, or atypical, development is one of the most important factors in detecting parenting stress.

Like temperament, some mothers may perceive their 'perfect mother' object as one whose child is typically developing. If these mothers have a child who is developing outside of the expected rate, the ability these mothers would have to relate with their 'perfect mother' object is constrained.

In addition to the 'perfect mother' object, it is also important to note that the mother generally has a significantly close relationship with her child, as Winnicott argues that some mothers become more interested in their children than themselves. In this light, Tisdall (1997) and Chen *et al.*'s (2010) findings do not seem unusual.

2.3.2 Parent-specific factors

2.3.2.1 Age

It is difficult to assume that one individual finds parenting more stressful than another based solely on their age. An individual's level of resilience is not dependant on their age, but rather their previous life experiences. A sixteen year old, for example, may be more resilient and possess a more sophisticated ability to cope with parenthood than a thirty-five year old. This issue can, however, be approached by considering the resources available and challenges faced by individuals at different ages.

Adolescence has traditionally been viewed as a "crisis of development" (Osofsky, Osofsky & Diamond, 1988, p.209). If one were to consider Erikson's stages of development, for example, an adolescent is in the process of discovering their identity (Sadock & Sadock, 2007). In adolescence, one's self representation therefore converts from a 'self as a child' to a 'self as an adult'. He/she is in the process of having to discover and develop characteristics about their new self-representation. If this woman were to fall pregnant, she would have to undergo a double transformation, into an adult but also into a mother (Osofsky *et al.*, 1988; Shereshefsky & Yarrow, 1973). Trying to deal with this would, therefore, significantly contribute toward the stress perceived by such a young parent.

Adolescent parents are also generally economically disadvantaged, due to the disruption, or discontinuation of their schooling (Barratt, 1991). With these aspects in mind, adolescent parents are considered to have higher stress-levels than older mothers.

2.3.2.2 Education

Education also plays an important role in maternal stress because of its major influence on an individual's career. A person with a low level of education has limited skills, and therefore, limited career opportunities. Someone with such skills would likely be given low-level positions that generate little financial income. Financial difficulties would thus contribute to the stress of trying to provide for one's family, so much so, that it has been considered a trigger for antenatal depression (Raymond, 2009). In their study on first pregnancy and early parenthood adaption, Shereshefsky and Yarrow (1973) found that one third of their participants experienced anxiety with regard to the financial stress of having a child.

2.3.2.3 Marital status

In addition to education, a mother's marital status, or degree of social support, can contribute to or detract from stressors she may perceive during pregnancy or parenthood. Numerous studies (Byrne *et al.*, 1998; Kahn, Wise, Kennedy, & Kawachi, 2000; Perez & Beaudet, 1999) have found that single parents perceive higher stress levels than parents who were married, or in a serious relationship. Moreover, the nature of the stressors single mothers perceive have also been found to differ from those of married mothers (Weinraub & Wolf, 1983).

A major contributor to ORT, Melanie Klein developed the notion of primitive splitting (Hamilton, 1989; Sadock & Sadock, 2007). According to Klein, infants have a relationship with their primary caregiver from "the beginning" (Klein, 1975, cited in Hamilton, 1989, p. 1553). Specifically, the infant does not differentiate between herself and this individual, perceiving her caregiver as part of her (Hamilton, 1989). The infant endeavours to protect this relationship by "projecting their innate destructiveness onto the environment and introjecting its good aspects" or vice versa (Hamilton, 1989, p. 1553). As a result, they "split their self-and-object world into all-good and all-bad camps" (Hamilton, 1989, p. 1553). With time, the infant learns that the individual who she loves is also the individual she hates. She therefore learns to work through the guilt evoked by this, resolving the initial split (Hamilton, 1989). The infant begins to understand that "the self is loving and also somewhat destructive. The object is loving and also a bit destructive. The self and object are separate, yet related. This is whole object relatedness" (Hamilton, 1989).

Single parents often lack the emotional support of their partner, as well as the continued social attention or stimulation of another adult (Weinraub & Wolf, 1983). Lacking the emotional support of her partner could negatively impact on a new mother's internal representation of herself, as he is not frequently available to challenge the possibility of splitting herself as all-bad. Considering the tiring demands of early motherhood, which serve as a negative external reality, it would be easy for the mother to develop such a negative split. A partner, or other supportive individual, is also likely to help with the demands of motherhood, thereby making the external reality perceived by the mother a more positive one.

A marriage itself, however, can also become a source of stress for a parent. Feeney, Alexander, Noller, and Hohaus (2003) and Shapiro, Gottman, & Carrere (2000) found that 50% of the couples both studies investigated perceived a decline in relationship satisfaction after the birth of their first child. This could be due to the high demands and levels of stress parents perceive following their entry into parenthood. Specifically, a new mother may become fearful or feel guilty of her feelings of stress, anger or sadness (Feeney *et al.*, 2001). This is often due to the traditional belief of the ‘ease’ of pregnancy, and motherhood as feminine (Nortman & Lester, 1988). As a result, the mother is likely to split these negative and unbearable aspects from her self, and project them onto her husband. Her husband thus consequently becomes a “bad” object. This would lead to the deterioration of the quality of their relationship. According to Petch and Halford (2008), parenting stress levels are higher when marital satisfaction is low, or has decreased.

2.3.3 Factors specific to parenthood

2.3.3.1 Physical demands

Another factor perceived to create stress for new mothers is the physical demands of early motherhood. According to Thorpe, Krause, Cukrowicz, and Lynch (2004), the physically demanding nature of motherhood is the most common factor associated with postpartum stress. Similar results were found in Horowitz and Damato’s (1999) study that investigated a group of mothers’ postpartum perceptions of stress and satisfaction.

Some women may not anticipate the physically demanding nature of motherhood. As Seefat-van Teefelen *et al.* (2009) maintain, new mothers often find early motherhood more stressful than they had previously anticipated. As such, it would be reasonable to assume that women would perceive a characteristic of their internal ‘perfect mother’ object as able to manage the physical strain of motherhood. With that, the physically demanding nature of motherhood may make it difficult for mothers to relate with their ‘perfect mother’ object. Thus, the physical tiredness may make some mothers feel as though they are not good enough mothers.

2.3.3.2 Guilt

In her book, Colette (1990) states “I doubt that genuine maternal feeling ever rids itself, even momentarily, of all hostile feeling” (p. 183). Guilt has been found to play a tremendous role

in the experience of motherhood. It is an interpersonal moral emotion that seeks to “restore or inhibit behaviour that causes harm to others” (Rotkirch & Janhunen, 2009, p. 92). With regard to parenting, neglectful behaviour, aggression, and impulsivity could be restrained by feelings of guilt, thereby encouraging the best interests of the child and healthy maternal investment of the mother (Rotkirch & Janhunen, 2009).

Considering ORT, maternal guilt also has a crucial role in childrearing as it elicits a sense of ambivalence in the mother. Where alternatively the mother could have felt accepting and happy with a certain behaviour, a feeling of guilt creates some doubt in her that what she is doing is altogether correct. It elicits the idea that perhaps there are two opposing, yet equally relevant, possibilities.

The notion of splitting is an integral aspect of ORT (see Diagram 3). In splitting, an individual splits off either good or bad parts of him/herself and projects it onto the environment. If a bad part is split off and projected, the individual will view the world as all-bad; and vice versa, if he/she splits off and projects a good part (Hamilton, 1989). Although splitting allows the individual to “maintain intactness and object relatedness” (Hamilton, 1989, p. 1554), with time it can prove harmful as viewing an object or oneself as entirely good or bad can “injure” or destroy the object or self (Hinschelwood, 1994, p. 119). With that, ORT stresses the importance of relating to the object as a whole, accepting both its good and bad qualities (Hamilton, 1989).

As mentioned previously, maternal guilt elicits a sense of ambivalence. If guilt, and therefore ambivalence, does not arise, a mother may view her maternal experience as altogether good or altogether bad. It is unlikely that both would arise. At the same time however, when ambivalence does occur, a mother realizes that she is not entirely a good mother, or the ‘perfect mother’ object she has internalized, nor is she an entirely bad one. This could cause her to split her self-representation as a mother into all-good or all-bad. Guilt and ambivalence thus produce a ground for the mother to eventually accept her maternal experience as both good and bad, as a whole. The mother is able to accept her ambivalence regarding her ability as a mother, which ORT regards to be mental maturity.

Despite the function of maternal guilt, this feeling is often experienced as stressful for a mother (Parker, 1997). This is probably due to the apparent socially unacceptable nature of

such guilt (See media's construction of the ideal mother in "The Internal 'Perfect Mother' Object" in the previous chapter). Maternal guilt or ambivalence is therefore often viewed as shameful, even taboo. In their study, Rotkirch and Janhunen (2009) described five categories which they found to contribute to maternal guilt. These included 1) actual or imagined actions of aggression toward the child, 2) thoughts of not wanting or leaving the child, 3) physical or mental absence, 4) preferring one child over the other, and 5) the motherhood myth.

2.3.4 Environmental factors

2.3.4.1 Social undesirability

A number of factors such as age, marital status and unintended pregnancy can contribute toward the stress of social undesirability. Situations of young parents, single parents or unplanned pregnancies have long been regarded as socially undesirable (Banerjee, Pandey, Dutt, Sengupta, Mondal & Deb, 2009; Smith, 1980). Social stigma leaves one feeling devalued as an individual, and at times, even dehumanised (Crocker & Quinn, 2003). This can prove extremely stressful for individuals as they strive to maintain their self-esteem and sense of self-worth (Crocker & Quinn, 2003).

The socially undesirable nature of an unintended pregnancy could make a woman internalise this belief of her self. She could therefore represent her self-object as socially undesirable.

2.3.4.2 Safety

Crime is one of the major challenges South Africa faces. Between 2008 and March 2010 there has been an increase of 36.1% in sexual offences against children (South African Police Service, 2010). Within this period, the murder rate of children has also increased by 14.5% (South African Police Service, 2010). Unsurprisingly, many South Africans live with a sense of impending danger. With that, it is very likely that a contributor of stress for mothers in South Africa is in regard to safety. Unfortunately, no studies investigating the influence of crime in South Africa on mothers' perceived levels of stress appear to be available.

2.3.4.3 Finance

In addition to the problem of safety, South Africa also faces the issue of poverty. Cadzow and Armstrong (1999) conducted a study that investigated the relationship between child physical

abuse, and numerous possibly adverse psychosocial and demographic characteristics. In this study, Cadzow and Armstrong (1999) found financial stress to be the most powerful predictor of child physical abuse. Financial stress overshadowed characteristics such as single parenting, low levels of maternal education, a history of parental childhood abuse, parental psychiatric or substance abuse, young parenthood, and social isolation (Cadzow & Armstrong, 1999). Considering the high level of poverty in South Africa, the degree of financial stress among mothers is likely to be common.

2.3.5 Pregnancy Intention

In addition to these factors, some investigations have suggested that a parent's attitude, and ultimately their level of stress, can be influenced by their initial intention to fall pregnant (Barber & East, 2009). There are two forms of pregnancy intention, with one having two subtypes: "Intended" pregnancy refers to instances where the parent planned to conceive a child (Barber & East, 2009, p. 921); while "unintended" pregnancy refers to a pregnancy which was not planned, and thus unintended. Within the unintended category, Barber and East (2009) discriminate between "mistimed" pregnancy, where the parent did not intend to conceive, and felt that the pregnancy occurred earlier or later than they had planned (p. 921). While, "unwanted" pregnancies refer to situations in which parents do not want the pregnancy altogether (Barber & East, 2009, p. 921).

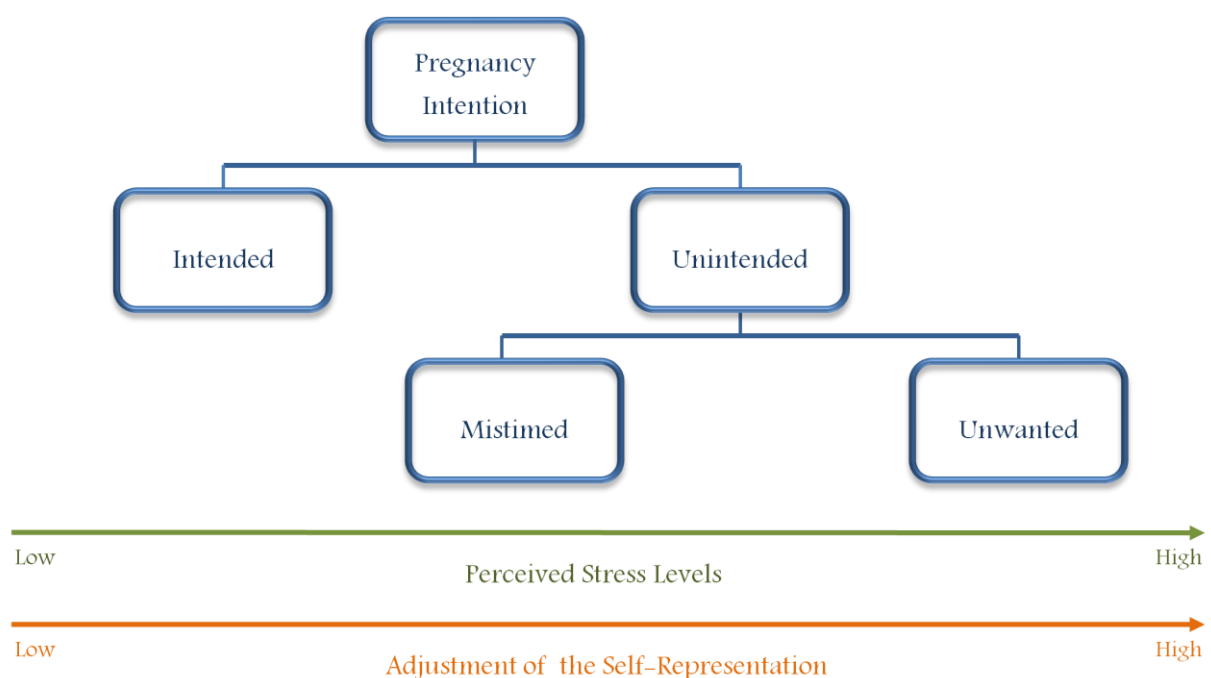


Diagram 3: Pregnancy Intention, Perceived Stress Levels, and Self-Representation

2.3.5.1 Unintended pregnancy

In situations of unintended pregnancy (including both mistimed and unwanted pregnancy) feelings of resentment towards the child may develop (Barber & East, 2009). As a result, the parents' enthusiasm about becoming, or being, a parent will be undermined. In terms of ORT, the unexpected nature of an unintended pregnancy could render the expectant mother vulnerable to splitting her internal representation of herself as a mother, or even her child, as entirely bad. Coupled with the stressors of pregnancy, the split thereby predisposes the mother to perceive motherhood as a negative, stressful experience. Where there is a marriage this could also exacerbate the stress, as the mother may not feel satisfied with her partner's support (Hildingsson, Tingvall, & Rubertsson, 2008).

When considering the two subtypes of unintended pregnancy (see Diagram 3), the stress perceived in these subtypes differ. In situations specific to mistimed pregnancies, women have been shown to perceive "exacerbated" stress levels (Barber & East, 2009, p.937). Whereas, mothers of unwanted pregnancies reportedly perceive the highest levels of stress, when compared to wanted or mistimed pregnancies (Barber & East, 2009; Orr & Arden Miller, 1997). Orr and Arden Miller (1997) also found that one in every five participants who had an unwanted pregnancy indicated depressive symptoms by their first prenatal care clinic visit.

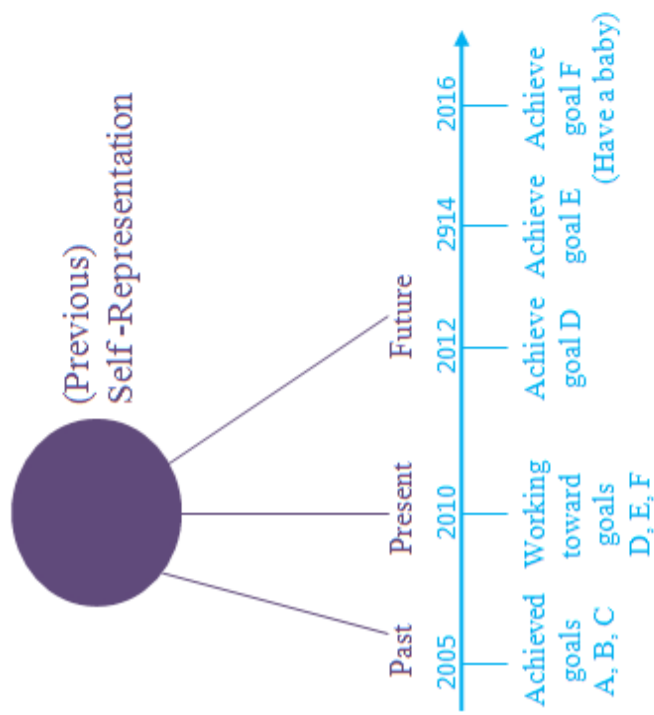
A mother's perceived stress levels in relation to pregnancy intention, therefore, occur along a continuum, with stress levels increasing as pregnancy intention decreases (see Diagram 3). Considering ORT, mothers who plan to fall pregnant have 'becoming a mother' incorporated into their self-representation. As discussed earlier, part of individuals internal self-object is the way in which they psychically represent themselves in the future. For mothers who planned to fall pregnant, this pregnancy formed part of her vision for her future self. Mothers who experience a mistimed pregnancy also visualised becoming a mother in their future self-representation; however, the event occurred before (or at times, later) than they had planned (see Diagram 4, below). Such a pregnancy is likely to meet with more strain than the previous type, as the mother's effort at achieving other goals she had set for her future are disrupted. Finally, for mothers who never wanted to become mothers, but experience an unintended pregnancy, this pregnancy occurs completely outside of her vision of her future self-

representation. It, therefore, causes a disturbance of everything she is currently working towards to achieve her future self-representation. Instead of becoming the self she had planned, she is now going to become a self she had not wanted.

2.3.5.2 Mistimed pregnancy

Mothers of mistimed pregnancies, therefore, have to adjust their previous self-representation; particularly how they psychically represent themselves in the present and future, to a new self representation (see Diagram 4).

Before unintended pregnancy



Adjustment



Unintended pregnancy occurs

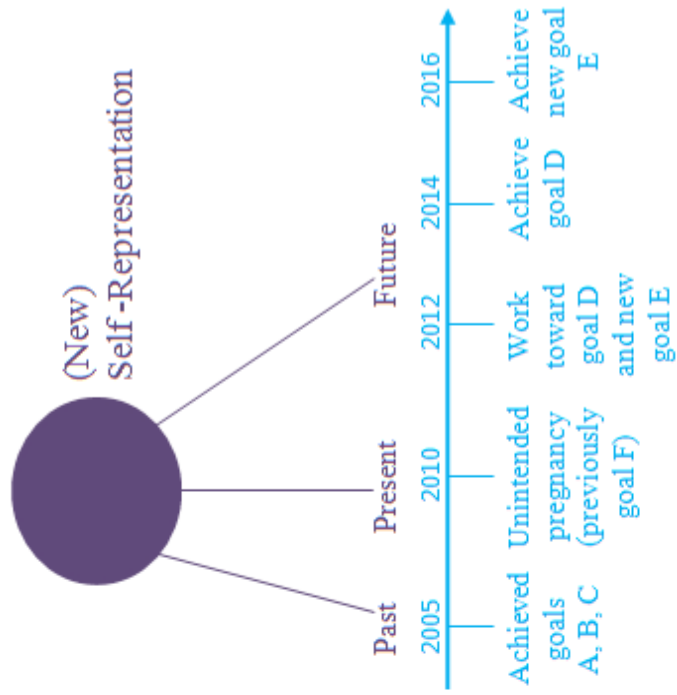


Diagram 4: Self-Representation Adjustment in Relation to Unintended Pregnancy

In addition to the woman's self-representation, the degree of guilt experienced by mothers of unintended pregnancies also seems to be more intense than that of mothers who planned to conceive. While maternal guilt is a common occurrence, the degree of maternal guilt in pregnancies that were unplanned is often higher (Jejeebhoy, Kalyanwala, Xavier, & Kumar, n.d.). Jejeebhoy *et al.* (n.d.) reported that 70 percent of their participants reacted to their unintended pregnancy with guilt. Possibly, mothers who unintentionally fall pregnant blame themselves for the situation. While an unintended pregnancy causes an adjustment to her self-representation, conceiving unexpectedly is probably not a characteristic of her 'perfect mother' object. Consider that the woman would deem her 'perfect mother' object as the optimal mother for a child. Unintentionally falling pregnant may be one of the earliest experiences she has of resistance when trying to relate with her 'perfect mother' object. From the point of realising that she is pregnant, the mother may also perceive that already she is not the 'perfect mother' she believes would be best for her child. This is likely to be stressful for the mother, possibly leading to feelings of self-blame and guilt. While some mothers may be able to accept the ambivalence of finding it difficult to relate with their 'perfect mother' object, others may find such an acceptance more challenging. For the latter women, this feeling of self-blame and intensified maternal guilt would carry through into motherhood.

The relationship status of the mother who did not intend to conceive is another aspect that is likely to be a major contributor to the stress she experiences. In the study by Cheng *et al.* (2009), 67% of the participants who were unmarried had either mistimed or unwanted pregnancies. Specifically, 50% of the unmarried participants had mistimed pregnancies. Similarly, 51.1% of the participants with mistimed pregnancies in D'Angelo, Gilbert, Rochart, Santelli, and Herold's (2004) study were not married. It therefore appears that many, but certainly not all, unintended pregnancies occur outside of marriage. Possibly, the likelihood of being outside of a stable relationship or marriage increases when the pregnancy is mistimed. These women are often in a relationship or even in a casual relationship

In situations where the father remains an active part of the mother and child's life, he too has to undergo a self-transformation. Like the woman who has to suddenly adjust her self-representation, the partner also has to deal with a disruption of his efforts toward achieving his future self-representation. As previously discussed, as pregnancy intention decreases, the individual's level of self-adjustment increases (see Diagram 3). The man who is faced with an unintended pregnancy is thus more likely to have to endure a higher level of self-

representation adjustment and therefore stress, than a man who is faced with a planned pregnancy. With higher stress levels, this partner is therefore less available as a support for the mother, than the latter-discussed partner. As mentioned earlier, partners serve as a significant support for new mothers' self-representation as a good mother.

Of the many investigations studying parental stress, few have included the aspect of pregnancy intent. Due to its influence on stress, this study investigated the factors that were perceived to create stress among individuals for whom motherhood was mistimed.

2.4 PERCEIVED MATERNAL SUPPORT

“The mother is able to fulfil (her) role if she feels secure; if she feels loved in relation to the infant’s father and to her family; and also feels accepted in the widening circles around the family which constitute society.” (Winnicott, 2006, p. 4)

Mothers, and expectant mothers, require and often have access to various types of support. These include informational support, psychosocial support, financial, and allomaternal support.

2.4.1 Informational support

Informational support refers to information offered by experts and professionals within a specific field. This can be in person, or via media such as magazines, books, television programs, internet sites, or information booklets. A woman’s first pregnancy and first child is a novel experience for her. Although some have more experience of childcare than others, caring for a child that is her own is new to her. In addition to the novelty of the situation, the previous section highlights that there are also a number of stressors involved in parenting. Information can serve as a support during pregnancy, child-birth, and parenthood because it equips the mother with knowledge about what is happening currently, and what can be expected (Gagnon & Sandall, 2009). Having an understanding and good factual knowledge of her child’s development could facilitate a positive development of the internal representation of motherhood, as she is more aware of the reality of the situation. This corresponds with Waterston, Welsh, Keane, Cook, Hammal, Parker, and McConachie’s (2009) findings that mothers perceived less stress after regularly reading a childcare newsletter for a year. Waterston *et al* (2009) mention that this “may relate to greater understanding of the meanings of infant behaviour” (p. 246).

This knowledge therefore helps the mother to prepare, and to gain a sense of ability for the coming or current situation. Considering ORT, this information contributes to the mother’s internal ‘perfect mother’ object. The more she reads, the more she internalizes what a ‘perfect mother’ does.

Informational support during pregnancy is commonly available in the following forms:

- Education programmes
- The media
- Professional consultations

These sources are not mutually exclusive, in that often they inform each other (Szwajcer, Hiddink, Koelen, & Woerkum 2005). Generally women will draw from more than just one of these sources for information (Szwajcer *et al.*, 2005).

2.4.1.1 Education programmes

One source of informational support is via education programmes. During pregnancy, antenatal programmes are often available, while postnatal parenting programmes are generally available for new parents.

During the pregnancy period, a range of antenatal education programmes are often used internationally, including weekly antenatal classes, intensive one-day workshops, or regular antenatal discussion groups (Gagnon & Sandall, 2009). According to Gagnon and Sandall (2009) the demand for structured education programmes regarding antenatal care developed because “traditional methods of information sharing [such as the descent of information from mother to daughter] have declined” (p. 2). The goal of these programmes is to assist expectant parents in their preparation for childbirth and parenthood (Gagnon & Sandall, 2009). The content of such programmes differ, depending on the specific aims of the programme (Gagnon & Sandall, 2009). Some methods include videos, self-learning programmes, discussions, and informative presentations (Gagnon & Sandall, 2009). A survey conducted by Gagnon (1995) in Montreal found that the main reason women attended these classes was to lessen feelings of anxiety or stress about birth. Interestingly, a meta-analysis by Gagnon and Sandall (2009) shows that there is no clear evidence indicating that antenatal education reduces the stress of mothers during labour and thereafter.

Later, following the birth of their child, parents can attend postnatal parenting programmes. According to Moran, Ghate, and van der Merwe (2004) postnatal parenting programmes aimed at educating parents have been offered almost universally. Such programmes generally offer factual information with regard to parenting, and related professional advice (Moran *et*

al., 2004). These kinds of programmes have been found to enhance parents' understanding and factual knowledge of child development (Moran *et al.*, 2004).

2.4.1.2 The Media

In addition to education programmes, the media also provide information for expectant and new mothers which is available by means of magazines, books, television programs, internet sites, and informative emails, to name a few. All of these sources are available in South Africa, although their access is limited, and generally based on financial requirements. No information regarding the degree of use or success of this form of support could be located. The escalating use of the World Wide Web however, especially as a source of information, suggests that it will become, and could possibly already be, an important influence on the health-related decisions of expectant mothers (Enkin *et al.*, 2000).

2.4.1.3 Professional consultations

As mentioned earlier, expectant and new mothers generally draw information from more than one source. According to Szwajcer, Hiddink, Koelen, and Woerkum (2005) information gleaned from health care professionals is regarded as most credible due to their specialized knowledge and trustworthiness. Interestingly, it has been documented that the degree to which mothers seek parenting information decreases with time and experience. In her study, Miller (2005) highlights that "gradually most women do become more confident in their own abilities to meet the needs of their children" (p. 114). As one of the participants stated,

"I don't feel I need information as much now, I don't know it all, obviously, because he is still only 8 months old, ... but I do feel that most of the stuff is common sense. The stress goes out of you ... you become less dependent on others because your own confidence builds" (Miller, 2005, p. 114).

2.4.2 Psychosocial support

Psychosocial support on the other hand, reinforces a sense of being a "cared for and loved, esteemed and a member of a network" within the mother, as well as motivating and sustaining her confidence (Cobb, 1976, p.379). Psychosocial support is commonly available through the woman's family and friends, her partner, and professional counsellors or therapists.

From a psychodynamic perspective, psychosocial support facilitates a positive internal self-representation for the mother-to-be. As discussed in the previous section, in some situations an unintended pregnancy is perceived as socially undesirable. In these situations, the woman is faced with having to adjust her self-representation to one which may not be as socially attractive, or acceptable, as her previous one. Psychosocial support often facilitates this adjustment and acceptance of her new self-representation, by reinforcing that, despite the situation, she is still “cared for (...), loved (and) esteemed” (Cobb, 1976, p.379).

Despite theory, it is difficult to comment on the effect of social support, as the relationship between such support and health, or well-being, has empirically been inconsistent (Rini, Dunkel Schetter, Hobel, Glynn, & Sandman, 2006). Limited studies have shown positive effects of social support (Rini *et al.*, 2006). Regardless of this limited evidence, this form of support during pregnancy has commonly been regarded as an essential aspect of good health care during the antenatal period (Langer *et al.*, 1995). Access to this form of support has traditionally been done through the expectant mother’s family, her partner, or through other pregnant women and mothers.

2.4.2.1 Family and friends

As mentioned above, psychosocial support can be accessed from the expectant mother’s family. Sjostrom, Langius-Eklöf, and Hjertberg (2004) maintain that both mother and father to-be often have a sense of helplessness and inadequacy. With that, the support of a greater social support network is generally required. The strength of family or friends as a support can be significant. Rini *et al.* (2008) found that women who reported low partner support but high support from family or friends had good functioning. So much so, that “[t]heir functioning compared to the functioning of mothers with high social support” (Rini *et al.*, 2008, Abstract).

2.4.2.2 The Partner

The father of the expected child has been found to play a significant role in supporting the expectant and new mother (Thorpe *et al.*, 2004). The fact that she engaged in the intimate act of sexual intercourse means that this man could be a significant object for the woman. His influence on her internal representation of the pregnancy would, therefore, be greater than that of most other sources of psychosocial support. This is consistent with Rini *et al.*’s (2006)

finding that “people in better quality relationships demonstrate better well-being at least in part because the support they receive from their partners is perceived to be more effective” (p. 222). Raymond’s (2009) study on antenatal depression observed partner support to have a “crucial” role in the woman’s psychological health (Abstract).

Perceived support from her partner can have a positive effect on a mother’s behaviour. For example, breastfeeding has been found to be more accepted among women with marital support than those without (Ekstrom, Widstrom, & Nissen, 2003; Ingram, Johnson, & Greenwood, 2002).

In addition to the possibly significant relationship the woman and her partner may have, the “crucial” effect the father, as a psychosocial support of the child, seems to have, may also be connected to the woman’s self-representation. Consider that the woman whose pregnancy was mistimed has to undergo a considerable self-representation adjustment (see Diagram 4). While the partner could facilitate this adjustment, he may also play a significant role in the representation the woman had of what her pregnancy and motherhood would be like. Like the ‘perfect mother’ object, the woman is likely to have had a representation of her ideal experience of pregnancy and motherhood, even before the unplanned pregnancy occurred. An important aspect of this representation is likely to be the role of the father. The woman may, therefore, expect him to adopt the role she had envisioned. If the father fulfils this expectation he eases her ability to relate with the representation she held of pregnancy and motherhood. His contribution would therefore be unique, compared to that of others, because his role is a specific aspect of the mother’s representation of pregnancy and motherhood.

It is unsurprising that on some occasions men do not fulfil the expectation their partners place on them, as the expectation is predetermined, leaving limited room for his individuality. This may account for Hildingsson, Tingvall, and Rubertsson’s (2008) findings that 5% of their pregnant participants were not satisfied by the quality of their partners’ support. In fact, they concluded that separation or divorce were more likely to occur within the first year after the child’s birth, for women who were not satisfied with their partner’s support (Hildingsson *et al.*, 2008).

2.4.2.3 Other expectant and new mothers

Other expectant and new mothers have also been demonstrated as a support for mothers. This form of support has been accessed personally, through antenatal support groups, or virtually, via online discussion groups. According to a meta-analysis conducted by Elborne, Oakley, and Chambers (1989), pregnant women who attended psychosocial support groups perceived less worry and anxiety during their pregnancy, in addition to feeling more in control for that duration. Mothers have also reported the unique benefit of social support from other mothers (Miller, 2005), as their advice is grounded in experience.

2.4.3 Allomaternal care

Allomaternal care is another important support for new mothers (Seefat-van Teefelen *et al.*, 2009). Allomaternal care refers to non-maternal caregiving, or child-care from individuals other than the mother (Hewlett & Lamb, 2005). This additional help is often available through the father, siblings, other offspring, grandparents, other family and friends. According to Rotkirch and Janhunen (2009), mothers with allomaternal care are more invested in their maternal role. Moreover, this support also offers strategies for successful childrearing (Rotkirch & Janhunen, 2009). While this definition can include formal childcare programmes, such as playgroups or crèches, in this thesis it refers solely to informal allomaternal care, from significant individuals in the mother's life.

2.4.4 Financial support

As the previous section highlighted, concern around providing for one's child is a very real stressor for mothers. Financial support concerns the availability of finances to raise a child. This form of support is available if the mother, or parents are in a financially stable situation that can afford the costs of a child. This form of support is also occasionally offered by family members or friends, as well as the government via grants, or free public health services.

Although mothers and expectant mothers need all of the above forms of support, the source and degree of support needed varies based on the period of parenthood the mother is in (for example, late pregnancy or two years into motherhood).

CHAPTER THREE

METHODOLOGY

This chapter presents the methodology employed in this study. The aims of the research are presented below, with the theoretical perspective adopted by the study, as well as the process by which the data was collected, organized and analysed to follow.

3.1. AIMS AND QUESTIONS OF THE RESEARCH

The aim of this research was to investigate the stressors and supports women experience during pregnancy and motherhood for mothers whose pregnancy was unintended. The study aimed to understand these factors from a psychoanalytic approach, specifically from an ORT perspective. The research questions of the study were as follows:

- What factors do women perceive to contribute to their stress levels during pregnancy?
- What supportive factors do women perceive as useful during pregnancy?
- What factors do women perceive as stressful during motherhood?
- What factors do mothers perceive as supportive during motherhood?

3.2 THEORETICAL PERSPECTIVE

The study employed a psychoanalytic, specifically an ORT, perspective to analyse the data. Although a number of studies have investigated the factors that are perceived to create stress for mothers, very few have done so from a psychoanalytic perspective. This paradigm may seem unusual for a study investigating the experience of motherhood. Motherhood is often now regarded predominantly from a feminist perspective. A common criticism feminists offer is the “mother-blaming” nature of psychoanalytic theory; in fact, they have even argued psychoanalysis to be impractical for this reason (Parker, 1997, p.18). Although the mother figure and maternal behaviour are evident throughout developmental and psychoanalytical theory, their place is based on the developmental outcome of the child, and hardly from a maternal perspective (Parker, 1997). Contemporary psychoanalyst, Rozsika Parker has, however, demonstrated that one could “reframe, realign and rewrite” psychoanalytic theory

from the mother's perspective (Parker, 1997, p.18). As such, this study has considered the mother's perspective using a psychoanalytic frame.

Object relations theory (ORT) is a theory within the psychoanalytic paradigm that focuses on the significance of our relations with other people, and how we develop as a result of these relations (Hamilton, 1989). ORT maintains that we have a "need to seek objects and attach to other people" (Hamilton, 1989, p. 1554). In classical psychoanalysis, objects were considered the mode through which drives or instincts were satisfied (Reber, Allen, & Reber, 2009). ORT does not subscribe to the concept of drives, rather an object, which could essentially be anything, is something that we relate to (Lemma, 2003). As mentioned earlier, we experience the world externally and internally, therefore, we have both external and internal objects. External objects exist in our physical reality. We internalize these external objects, so that we have an internal representation of them (our psychic representation of these objects) (St. Clair, 1996). As St Clair (1996) explains, "Individuals interact not only with an actual other but also with an internal other, a psychic representative that might be a distorted version of some actual person" (p. 2). Internal objects therefore develop as a result of being internalized. They are then in constant relation with, and therefore influenced by, other internal and external objects. In nature, internal objects are able to generate meaning, they are "capable of thought (and) feeling", therefore it is through the relations between our internal and external objects that our perception of the world is formed (Ogden, 1983, p. 227) (See Diagram 1 in Chapter 2).

This study has tried to look at the meanings that mothers give to their experience of, and adjustment to, an unintended pregnancy and early motherhood. It has tried to explore how these meanings are derived from these mothers' internal and external objects.

3.3 RESEARCH DESIGN

The study utilized a qualitative research design to explore the stressors and supportive factors mothers perceived during pregnancy and motherhood. It is an interpretive approach that relies on participants' subjective accounts to understand social life, as well as meanings that people attach to their everyday live. A qualitative approach thus enabled an examination of the meanings mothers attribute to the stressors and supports they experience in their transition into motherhood (Starks & Brown Trinidad, 2007). The techniques available in qualitative design allowed for the generation of "thick" descriptions of motherhood experiences and

opinions from the perspective of the participants (Babbie & Mouton, 2005, p.272). Alternatively if quantitative methods were employed for the study only descriptive statistics, such as the frequency of various stress or support factors, would be possible (Babbie & Mouton, 2005). Such a design would therefore not allow for an understanding of mothers' experience of pregnancy and motherhood. A qualitative design was thus optimal for this research project.

3.4 SAMPLE

The sample used in this study consisted of five mothers who were selected based on non-probability, purposive, and snowball sampling. The snowball sampling method meant that an element of convenience sampling was also used. The details of each participant are available in Table 1 below.

3.4.1 Sample size

When compared to quantitative research, the sample size required in qualitative studies is relatively small. This is due to the large amount of data that is gained from each participant, as well as the numerous concepts a single person can produce on a particular topic (Miles & Huberman, 1994). One must also consider the goal of qualitative research, as “the illumination and understanding of complex psychosocial issues” (Marshall, 1996, p. 522). Unlike quantitative research designs, qualitative studies do not seek to be generalisable, but rather to “reflect the diversity within a given population” (Barbour, 2001, p. 1115). With that, Marshall (1996) maintains that any sample that “adequately answers the research question” is of suitable size (p.523).

The data collection methods for this study included both focus group sessions and interviews. A sample size of eight participants was sought for each focus group based on Stewart and Shamdasani's (1998) argument that a focus group involving at least eight participants can generate a lucrative discussion. From these groups, it was envisaged that a small number would be identified for in-depth individual interviews. Due to limited volunteer response, however, the total sample used in the study consisted of five participants. The details of each participant are available in Table 1, below.

3.4.2 Sampling method

To acquire the above-mentioned sample size, non-probability purposive, and snowball sampling were employed. According to Durrheim (2006) this approach is appropriate in such a study which aimed to conduct in-depth qualitative research, as it selected participants based on the purpose of the study (Terre Blanche & Durrheim, 2006). While qualitative research does not seek to be statistically generalisable, Mason argues that,

Qualitative researchers should (not) be satisfied with producing explanations which are idiosyncratic or particular to the limited empirical parameters of their study... Qualitative research should produce explanations which are generalisable in some way, or which have wider resonance. (1996, p. 6, cited in Silverman, 2010, p. 140)

Purposive sampling was therefore useful, as it enabled a “close up, detailed or meticulous view of particular units which may constitute ... cases which are relevant to or appear within the wider universe” (Mason, 1996, p. 92, cited in Silverman, 2010, p.145). Such a sampling method therefore allowed for generalisation “in relation to the theoretical proposition of the study, rather than the population” (van der Riet, 2009, p. 96).

Purposive sampling involved selecting a sample based on specific criteria or characteristics which would “help to develop and test (the study’s) theory” (Mason, 1996, p. 94, cited in Silverman, 2010, p.144). In this study, only individuals who had experienced an unintended pregnancy and were currently in early motherhood were included, as they were likely to offer information that would contribute to the topic under question. Participants were identified on the basis of the following criteria:

- Mothers
- Whose eldest/only child was four years old or younger
- Who did not intend to conceive

The aim of the dissertation to investigate the experience of the transition into motherhood during an unintended pregnancy meant that the target sample had to consist of mothers who had not planned to conceive. Because the study aimed to investigate both pregnancy and early motherhood, the pregnancy aspect of the study had to be retrospective. Retrospective questioning can be problematic because the quality of the data collected may have deteriorated due to issues regarding distortion, recall, and post-event rationalisation (Lewis,

2009). The researcher tried to limit this deterioration by restricting the sample only to mothers who had experienced their pregnancy fairly recently (within the previous four years).

Due to time limitations in the study, all participants were asked to suggest any additional individuals who fit the above criteria to be included in the sample. This convenience, accumulative method is referred to as snowball sampling (Henry, 1998). After advertising the study (to be discussed in detail in the following section) there was limited volunteer response. Every volunteer who showed an interest in the research was asked to recommend any further possible volunteers who also fit the above criteria. Because sample members were generated from recruited participants the diversity of the sample may have been compromised, as participants would have been more likely to have come from similar contexts (Ritchie, Lewis, & Elam, 2009).

3.4.3. Recruiting

In order to recruit this target sample, the researcher looked for crèches throughout Pietermaritzburg. Using the Pietermaritzburg Yellow Pages, and Google search engine she searched for crèches, playschools and pre-primary schools across the Pietermaritzburg area. This method may have biased the sample, as it would have limited crèches to those that had the resources to advertise online or in the Yellow Pages. Crèches that could not afford such advertising were likely to be those that catered to the lower socio-economic sector. Consequently, recruiting for the current study probably did not reach these individuals. Moreover, the fact that the schools targeted were likely to cater to individuals of higher socio-economic status', means that these individuals were likely to have more resources available to them, therefore their experience of their transition into motherhood may differ from that of individuals in the lower socio-economic sector.

Letters were distributed to identified preschools and crèches throughout Pietermaritzburg (see Appendix A). The researcher met with, and gave letters to the principals of these schools (see Appendix B), to gain permission to distribute the recruiting letters. Recruiting letters were sent home with children aged four years and younger.

Any mothers interested in participating then contacted the researcher either via email or cellular-phone. The researcher confirmed with each woman that she was suitable for the

study. All participants were offered transport (which would be supplied by the researcher) and childcare for the duration of the session. Directions to the venue were given, and participants were reminded of the length and time of each session. Finally, each confirmed participant was also asked to suggest any other potential suitable participants.

	Source	Age	Age of Child	Gender of Child	Relationship Status	Education/ Occupation	Status of Studies	Race
Participant 1	• Focus group	25	2	Male	Married	Studying masters full-time	Continued studying	Black
Participant 2	• Focus group • Interview	23	3.5	Male	Single	Working every second week	Stopped studying	Indian
Participant 3	• Focus group • Interview	25	2	Male	Married	Working full-time	Was not studying during pregnancy	Coloured
Participant 4	• Focus group	26	2	Female	Married	Working full-time	Was not studying during pregnancy	Coloured
Participant 5	• Interview	23	3	Male	Single	Studying honours full-time	Continued studying	White

Table 1: Details of Participants

3.5 DATA COLLECTION

Once the sample was recruited, data was collected by means of focus groups and interviews. In doing so, the study strengthened triangulation, and therefore the validity of the research (Babbie & Mouton, 2005). Babbie and Mouton (2005) argue that “by combining methods... the study... can partially overcome the deficiencies that flow from one method” (p.275). A major issue in qualitative validity is the ‘trustworthiness’ of respondents’ answers, or “the extent to which respondents’ answers really relate to what they do outside the interview” (Silverman, 2010, p. 270). To a degree, triangulation dealt with this issue, as it enabled the researcher to draw information from two contexts, namely interviews and focus groups

(Silverman, 2010). She could thus assess for a “true state of affairs by examining where the different data intersect” (Silverman, 2010, p.302).

3.5.1 Focus groups

A focus group is a group of selected individuals who engage in a guided group conversation conducted by a researcher (Brink, 1996; Brink & Wood, 1994). Focus groups therefore enabled the creation of discussion amongst participants, allowing for the facilitation of a space in which individuals could form meaning between themselves (Babbie & Mouton, 2005; Kelly, 2006). Other methods of data collection, such as surveys and interviews, involve isolating the participant to express their opinion (Babbie & Mouton, 2005). The range of participants involved in a focus group however, and the interpersonal dynamic that was created, meant that a multitude of perspectives on the experience of motherhood were contributed (Babbie & Mouton, 2005; Kelly, 2006). Participants’ opinions could therefore be contradicted or changed by other participants who may have introduced ideas not considered before. There was thus a constant developing and redeveloping of the groups’ opinions, while not losing the opinion of dissenting voices (Babbie & Mouton, 2005; Seidman, 1991). Focus groups were also time effective, as they offered the opportunity to acquire data in a relatively limited period of time (Babbie & Mouton, 2005).

Two focus group sessions were conducted in the study, one contained two participants, and the other included three participants. In order to structure the focus group sessions, a focus group schedule was prepared prior to the first session (see Appendix C). To develop this schedule the study’s research questions were expanded on and translated into colloquial, open-ended questions (Kvale, 1996). Expanding on the research questions ensured that knowledge production was directly related to the relevant topics (Stewart & Shamdasani, 1998), while translating these questions facilitated understanding and encouraged interaction (Kvale, 1996).

The researcher also hoped that both focus group sessions would serve as valuable for the participants, by providing a supportive environment for mothers to share their experiences with other mothers.

3.5.2 Interviews

In addition to the focus group sessions, three individual interviews were also conducted to glean more detailed, personal information. When considering other methods of data collection, such as surveys or experimental conditions, interviews offer a “more natural form of interaction” (Kelly, 2006, p. 297). This reasonably natural environment contributed toward an atmosphere wherein participants could feel safe and comfortable (Kvale, 1996). Such an atmosphere allowed the conversation to be considerably intimate, as participants appeared to express their feelings and experiences unreservedly.

Interviews also offered considerable time for participants to elaborate on factors they presented as stressful or supportive (Babbie & Mouton, 2005). This served as a valuable supplement to the focus groups, in which participants were limited in the time they had to respond, as other participants also tried to speak (Babbie & Mouton, 2005).

Like the focus group, an interview schedule was developed in order to facilitate structuring in the interview, by providing the interviewer with an outline of the study’s topics and some suggested questions (Kvale, 1996) (see Appendix D). These questions were developed in such a way that they encouraged participants to interact, although focus was placed on ensuring that questions promoted the production of information relevant to the topics of the study (Kvale, 1996). Once the questions were developed they were translated into colloquial English so that participants could easily understand and respond to them (Kvale, 1996).

3.5.3 Research process

3.5.3.1 Focus groups

Participants met at the Child and Family Centre for the focus group sessions. To begin these sessions, the researcher read through the focus group information sheet (see Appendix E). Participants were then asked to sign the informed consent and recording consent form (see Appendix F). Confidentiality can prove problematic when running focus groups due to the number of participants in contact with each other during the session. In order to try to maintain confidentiality, the researcher stressed the importance of confidentiality but also had participants sign a confidentiality contract (see Appendix G). The discussion then commenced. Half-way through the session participants were offered a break, although in both

focus groups participants declined this offer. At the end, participants were thanked for their participation and asked if they would like to add anything further.

3.5.3.2 Interviews

As with the focus groups, participants met at the Child and Family Centre for the interview sessions. Each interview commenced with the researcher reading the interview information sheet (see Appendix H). Participants then signed the informed consent and recording consent form (see Appendix F). The interview was then conducted, followed by a thank you from the researcher.

3.5.4 Keeping a record

Information that was collected in the study was audio recorded to ensure accurate recording, as well as to allow for the ability to replay sections of the sessions (Silverman, 2010). Audio recording also offered a public record of the focus groups and interviews, for possible use in future studies (Silverman, 2010). Whilst the tape was recording, the researcher also made written notes of qualitative observations such as expressions of excitement or interest as various topics were introduced. Audio recorded information was then transcribed verbatim by the researcher. The researcher developed a number of transcribing indicators that were used in these transcripts, these were:

... indicated a pause

“ ” indicated the change of voice to imitate another individual

() indicated additional sounds such as laughter

: indicated that the participant hung onto the previous letter, eg. I a::lways have to do it.

CAPITALS indicated emphasis on the word by a raised voice

(...) indicated that some data is missing

[] indicated comments added by the researcher

All identifiable information, such as names and workplaces, were replaced with randomly selected pseudonyms.

3.5.5 Data storage

All transcribed research data will be stored in a locked cabinet under the researcher's supervision for use in further research projects. Participants were made aware of this future

use in the information sheet they were given. They also consented to this in the consent forms they were required to sign.

3.6 DATA ANALYSIS

3.6.1 Thematic analysis

The data collected was analysed by means of interpretative thematic analysis. The analysis was approached by means of thematic analysis, by which patterns, or “themes,” are identified and analysed in a given set of data (Boyatzis, 1998; Dye, Schatz, Rosenberg, & Coleman, 2000). This is a common method in qualitative research, as “thematizing (of) meanings” is a generic skill across all forms of qualitative analysis (Holloway & Todres, 2003, p. 347). Thematic analysis has thus often been defined as a “tool” to be used in different methods of analysis (Boyatzis, 1998; Braun & Clarke, 2006, p. 78). The method by which this was carried entailed the breaking down of the focus group and interview data into smaller data fragments to be compared and inspected. This technique resembles the grounded theory analytic technique called the constant comparison method (Silverman, 2000).

3.6.1.1 Comparing data bits

This and the second phase of the method were not sequential in the study, as the researcher was constantly comparing and forming tentative themes. In this phase, the researcher compared bits of data to identify similarities or differences (Dye *et al.*, 2000). As Dye *et al.* (2000) point out, “data is organised by grouping like with like: data bits with data bits” (par. 13). The researcher read and re-read the transcripts of the focus groups and interviews, separating and grouping data bits that were alike by cutting them out and physically grouping them together. Themes were therefore constantly revised in the analysis, as the grouping of similar bits would influence provisional themes. Specifically, the themes looked for were the stress and support factors in pregnancy and motherhood. For example, all of the incidences where mothers spoke about the worry they perceived in relation to the social undesirability of their unintended pregnancy were grouped together into a category. Once categories had been developed (this will be discussed in more detail in the following section) the data bits that had been placed in these categories, or factors were further compared to interpret accordingly within object relations theory (see Appendix I for a breakdown of the data categorization process, and Appendix J to view a section of the transcription that has been colour coded).

3.6.1.2 Categorizing data bits

In this phase, data was constantly categorized into provisional themes, or factors. Bruner, Goodnow, and Austin (1972) define categorizing as the “render(ing of) discriminately different things equivalent, to group the objects and events and people around us into classes, and to respond to them in terms of their class membership rather than their uniqueness” (p. 16). In doing so, categorization reduced the complexity of the data, as once these tentative categories had been developed the researcher could conceptualize and organize the data into these groups (Dye *et al.*, 2000). It is notable that at times a single bit of data fit into two or more categories. During such instances data bits were copied, and categorised in more than one category. Therefore, if necessary, data bits were not be categorised exclusively into one category (see section B in Appendix I).

The researcher developed these categories inductively, meaning that themes and categories “emerged out of the data rather than being imposed on (...) prior to data collection and analysis” (Patton, 1990, p. 390). Therefore, while the researcher cannot claim to have approached the data independent of her own theoretical framework, the themes and factors were derived primarily from the data and not predetermined.

The emerging of these themes was not immediate, as generally, in the process of thematic analysis, the researcher is in constant backward and forward movement between the hypothesised, or emerging, themes and the data itself in order to identify meaningful patterns (Braun & Clarke, 2006; Dye *et al.*, 2000). During data collection, the researcher served as the facilitator and interviewer in the focus groups and interviews. This enabled the researcher to become engrossed in the data, and essentially begin analysis from the earliest stages of the data collection (Silverman, 2001). She was thus able to identify, and familiarize herself with, emerging trends, as well as relate participant responses to hypothesised themes (Silverman, 2001). This process continued when the researcher transcribed the data, and then read, re-read and compared it.

3.6.1.3 Refining categories

The themes were then further refined, as data bits were continuously compared and assigned into categories. Data that did not fit into these themes were placed to the side, and then

compared again to identify any further factors which may have been more subtle (Dye *et al.*, 2000).

3.7 VALIDATING THE FINDINGS

Achieving validity in qualitative research designs is not easy. Unlike quantitative investigations which are able to express validity empirically, using a validity coefficient (van Rensburg, Landman, & Bodenstein, 1994), Silverman (2010) points out that “(q)ualitative researchers have no ‘golden key’ to validity” (p. 275). Nevertheless, a number of techniques were included in this dissertation to deal with validity issues.

3.7.1 Generalisability

As discussed earlier, while qualitative research does not aim to be statistically generalisable (Marshall, 1996; Barbour, 2001; Silverman, 2010), it should seek to be “generalisable in some way, or ... have wider resonance” (Mason, 1996, p. 6, cited in Silverman, 2010, p. 140). Purposive sampling accommodated for this by providing “close up, detailed or meticulous view of particular units which may constitute ... cases which are relevant to or appear within the wider universe” (Mason, 1996, p. 92, cited in Silverman, 2010, p.145).

3.7.2 Trustworthiness

Another major issue in qualitative validity is the ‘trustworthiness’ of respondents’ answers. To a degree, triangulation dealt with this issue, as it enabled the researcher to draw information from two contexts, namely interviews and focus groups (Silverman, 2010). She could thus assess for a “true state of affairs by examining where the different data intersect” (Silverman, 2010).

The interview as a technique also contributed toward the study’s validity as it facilitated the alleviation of fear many females had of admitting to their sexual experiences. In line with this, the sensitivity of the topic studied may have created biases, as students may have sought to give socially desirable answers, thereby reducing reliability in the study.

3.7.3 Reflexivity

As a single mother who also did not intend to conceive, the researcher's experience may have influenced the way that she viewed the data. It may have been easier for her to identify stressors that she could relate to and stressors that she had not perceived personally may not have been recognised.

This personal experience could have also influenced the data collection process, as the researcher could have steered the discussion toward factors she felt strongly about. The researcher thus kept this risk in mind during focus group and interview sessions, placing careful attention on acting solely as a facilitator, avoiding disclosing personal opinions. This was also inspected for by the thesis supervisor, Dr. Beverley Killian, who read over all of the transcripts.

Finally, the researcher adopted a non-judgemental approach when dealing with participants. Rapport was built with all of the members of the sample, allowing the researcher to empathise with and understand the participants' perspective.

3.8 ETHICAL CONSIDERATIONS

3.8.1 Confidentiality and anonymity

Although participants were made aware that personal experiences were not necessary in the focus group sessions, the researcher aimed to keep all participants' opinions confidential. Prior to the commencement of each session all participants were required to enter into a confidentiality contract (attached as Appendix G).

To ensure anonymity participants were offered the option of providing a pseudonym. Additionally, all names mentioned during data collection were changed in the transcription. Any identifiable information, namely recordings and consent forms have been stored in a private locked space.

3.8.2 Informed consent

Before commencing the focus group and interview sessions each participant was given and read an information sheet which outlined the purpose of the study, the expectations of participants, and the voluntary nature of their participation with the option to withdraw at any time. Participants were then required to sign an informed consent form. Below this form, participants also signed a consent form for the recording of the discussion via tape-recorder.

3.8.3 Non-maleficence

To ensure that participants were not harmed as a result of the study all participants were supplied the contact number of the Child and Family Centre where they could access therapy to work through any issues that arose during the focus group or interview sessions.

CHAPTER 4

RESULTS AND DISCUSSION

In this section, the findings of the analysed data will be presented and discussed. Due to the qualitative approach of the study the results and discussion have been combined into a single chapter. The analysis identified several themes in relation to stressors and supports experienced by the participants. In such an approach there are no separable, distinct results to describe and later discuss. The stressors perceived by the mothers in the study are discussed first, followed by the supports they experienced during their pregnancy and motherhood.

The following themes were generated using thematic analysis, and interpreted according to ORT. As described in the previous chapter, transcribed data bits were grouped together, and categorized according to factors. The extracts presented throughout this chapter are selected data bits from these categories, as presenting all data bits would have been impractical. The input of each participant has been identified using ‘Participant 1’, ‘Participant 2’ and so on; and any identifiable information (such as names or workplaces) has been replaced with randomly selected pseudonyms. For details about each participant see Table 1.

4.1 STRESS FACTORS

Participants in the study reported a number of factors, which they perceived as stressful in their experiences of motherhood. These factors have been separated and discussed according to four groups, these are: child-specific factors, parenthood-specific factors, environmental factors, and factors specific to the unintended nature of the pregnancy. In the section to follow, each of these main themes will be presented and discussed respectively.

4.1.1 Child-specific factors

One group of stressors mothers perceived in the study were those specific to the child itself. Worry about the child’s development was one of these factors, as were the effectiveness of discipline, and the acquiring of information regarding child care.

4.1.1.1 Development

One of the more commonly reported stressors in the study was a specific concern that the child received age-appropriate cognitive stimulation for the promotion of appropriate development. In an interview, one mother stated:

Participant 5: I worry a lot about how he's developing. You know, I'm always trying to think of toys that would (...) ... enhance or stimulate his intelligence ... I'm also very worried about him being affectionate and loving. But at the same time he must be confident and like, you know. ... so ya ... And then I always worry about like, oh is he healthy? Constantly looking out for funny sores or growths or you know, signs of illness.

In a focus group, another mother said:

Participant 1: I buy him age-appropriate toys. I buy him developmental toys. For my boy I have to say "should I buy cars"? He's a boy he can take anything and say "vroom vroom mummy" but at the same time I feel like a toy car is not developmentally fitting for him. And then you end up buying him these blocks, or anything that is educational. But at the same time I'm thinking like, am I expecting too much... out of him? Because he takes pleasure in playing with his cars. He takes pleasure in building up with blocks. I feel like am I doing the right thing? Psychologically it's the right thing, to developmentally start. But for him, as an individual, he's going to get bored at the end of the day.

The above extracts illustrate the ruminative thought processes that these mothers generate from concern around their children's development. Both of these mothers mention that they actively try to "enhance" their children's development by buying "appropriate" toys. This effort the mothers commit to facilitating optimal development, highlights the pressure they appear to perceive with regard to development. This pressure could come from their 'perfect mother' object, and their close attachment with their child.

Consider the internal 'perfect mother' object discussed in the review of the literature. As a woman enters into motherhood, she is faced with a novel experience. To facilitate this transition, the woman may develop a 'perfect mother' object with which she can aim to relate. In the above extracts, these participants appeared to perceive their 'perfect mother'

object as a woman with a perfectly developing child. In actively assisting their child's development they are trying to increase the possibility that the development will occur, thereby easing their ability to relate with their 'perfect mother' object.

In addition to relating with the 'perfect mother' object, Participant 1 also demonstrated a need to satisfy her son, as she felt she had to choose between what is "developmentally fitting" and her son's enjoyment. As discussed in the review of the literature, the attachment a mother develops with her child is generally a significantly close one. Therefore, although she is likely to want to relate with her internal 'perfect mother' object, she also wants to maintain a good relationship with her child. In the current extract, "developmentally fitting" is what Participant 1's 'perfect mother' object would do, although such a route would consequently conflict with her child's enjoyment, and possibly the maintenance of their relationship. She was thus confronted with the anxiety-provoking dilemma of having to choose between the two objects.

It seems, therefore, that participants in the study placed considerable emphasis on their 'perfect mother' object. It is important to consider the factors that influence this 'perfect mother' object, in order to appreciate the perception mothers have of the object. It seems that one of the major contributors to this internal object, as will be discussed in more detail later, is external information regarding correct ways to parent, which mothers are often bombarded with (Fox, 1998). Two mothers highlighted the effect of expert opinion:

Participant 2: I had a book. Once I gave birth. At hospital they gave me this book, week-by-week for the first two months, and then month-by-month for the next two years of his life. And I would read it and I would be like, oh no but he didn't turn over, what is wrong?

Another mother said:

Participant 1: He crawled for three weeks before standing up. What he would do, he would just sit there and grab everything around him. So we had to bring everything to him. And I was so paralysed with fear that he's never going to be able to walk because the book says he should be walking at that time.

Although in the review of the literature "information" was categorized as a "support," throughout the data the acquiring of information demonstrated as a stressor for mothers.

Participants seemed to internalize and place high regard on information that appeared expert (from books, baby magazines and television shows). Evident in the above texts, these participants seemed to regard expert opinion as absolute truth. The information presented to parents usually refers to the “average” child, although most parents do not have the average child (Fox, 1998). Deviations from these guidelines, which are thus not uncommon, could prove stressful for mothers as their ability to relate with their ‘perfect mother’ object is challenged.

But for this group of mothers who were anxious, and motivated to raise a perfect child, variations from the norm (i.e. what is considered normal) created stress and fear because it served as a barrier for them to related with their perfect mother object.

4.1.1.2 Disciplinary methods

In addition to development, the study also found that issues around disciplinary procedures contributed to the stress levels of the participants. In an interview, one mother communicated the intensity of this frustration:

Participant 5: I always told myself “I’ll never hit my children” and I still feel that way. I feel like all it can do is damage. Hmm... but sometimes Josh can just drive me mad. Oh my God. You know, when you’re pregnant (...) of make up scenarios for if “my child does this I’ll discipline him like that” (laughing), it’s quite funny because when I think about that (it just shows that) I really had no idea (...), he can be so naughty. Sometimes he’ll just get into this outrageous mood where he’s kicking and hitting, sometimes he even tries to pinch me. Agh. And I just think, oh my gosh I’ve been trying so hard not to raise a hooligan, but that’s what he’s acting like. It’s weird because sometimes he’ll be an angel. He’ll listen and be patient and mannerly. But then at other times he’ll be going off the roof. You know and when you’re tired because you’ve been working all day or something and you’ve got a headache and now you’re son is smacking and pinching you and it’s flipping sore, you just get to this point of like AGHH! And then you smack them... it’s horrible.

This mother highlights three sources for her stress: her strong desire to have a problem-free child, her thoughts and beliefs around discipline, and the physical strain of working all day and then finding the energy to parent to the standards she has set for herself. On the one hand

she gives a good idea of her internal representation of discipline, particularly the high standard she has for good behaviour, or rather that a ‘perfect mother’ has a disciplined child. Even before she became a mother she had an idea that to be a perfect mother she had to have some form of discipline, that a perfect mother does not raise a “hooligan”. Her perception that sometimes he acts like a hooligan limits her ability to relate to the perfect mother representation. On the other hand, she is in physical pain. While she may be thinking that she is not a good mother because she is battling to relate with her ‘perfect mother’ object, her child’s pinching and smacking confirm are an external confirmation of such an internal self-representation, and create stress, self-blame, and guilt.

4.1.1.3 Information

As was evident in the previous factors, information demonstrated as a stress factor for mothers in the study, particularly following the birth of their child and during motherhood.

All but one of the mothers in the study mentioned that they sought informational support during their pregnancy, ranging from reading material to television programmes. A mother in an interview explained:

Participant 1: I read. I’d read all types of magazines, all the baby magazines to know the ins and outs of being a mom. But then I still think, as much as you know, you really aren’t prepared for when the baby really comes. But I tried to get as much knowledge as I could. I’d ask people around me, like what they did, and how to deal with circumstances and whatever. I tried to get as much knowledge as I could. [Referring to the prenatal phase]

In another interview a mother said:

Participant 2: I’d watch it (a childcare TV programme) everyday at 11:30 to know what it’s about. I’d read (parenting magazines) or whatever, you know those baby magazines? And all the time... if I had any friends or a family or whatever, I’d try to know more, like what they did... How to deal with issues with kids.

As discussed in the review of the literature, the transition into motherhood is difficult as the mother’s reality and self-representation is shifting from a ‘self as a self’ to a ‘self as a mother’. The mothers quoted above, illustrate how they used information to help them gain a

sense of preparation for their coming situation. From an object relations theory perspective, the information mothers gained contributed toward their internal ‘perfect mother’ object. Keep in mind that this object could have a valuable role for the mother, as it can serve as a template for her to work off, or a goal for motherhood.

Unsurprisingly, on a number of occasions mothers expressed the usefulness of information. One participant commented on the value of practical knowledge:

Participant 2: My mum was there with me, she took a couple of weeks off to show me the ins and outs of being a mother... which you need. Like how to bath the baby, and how to do this and whatever. And she was with me in that sense... like I had somebody to show me what needed to be done and how to do it.

Another mother said:

Participant 5: When I found out I was pregnant, and well through my entire pregnancy, I just wanted information. I wanted to know what was happening with my baby. And it was so great when I’d read that he’s got a heartbeat now, or his fingernails have developed. It made me feel like I could connect with him, like the pregnancy was more real.

The above discussions indicate that there is some support in gaining information with regard to helping the mother feel prepared, as well as to facilitate her bond with the child by making the experience “more real.”

Irrespective of the novelty of the experience, a desire to acquire information may also have been influenced by the unintended nature of the pregnancy. In an interview a mother said:

Participant 5: I don’t think I would have looked for so much information if I had planned to fall pregnant. I don’t know why... like it was like I felt guilty that I hadn’t planned to fall pregnant. Almost like my pregnancy was tainted or something... so ya it was like I tried to un-taint it by making myself as prepared as I would have been if I had planned it, you know.

The “tainted” perception of her pregnancy gives the impression that this mother’s ‘perfect mother’ object is a mother who had planned to conceive. The fact that hers was unplanned makes it difficult for her to relate with the ‘perfect mother’ object. If she could not meet one

of the 'perfect mother' criteria, by focusing on another criteria, it would make it easier for her to relate to her 'perfect mother' object. As discussed in the review of the literature, the information the woman gains contributes to the mother's internal 'perfect mother' representation and therefore by gaining information, the mother can learn how to master another criteria and hopefully relate with the representation.

Despite its apparent value, the study found that as women progress through motherhood their desire to seek information seemed to decrease. One mother mentioned:

Participant 2: When I got out of hospital they gave me a book that went through the first two years (of the child's life). I read that book for the first year of his life, I used it like it was the Bible, to see if he was growing at the right rate. But like now (two years later), I don't use it anymore. I haven't used it for a long time. I just know what I'm doing now.

In an interview another mother said:

Participant 5: When I was pregnant I looked for as much information as possible. Literally anything I could get my hands on that looked like it knew what it was talking about I would read. I wanted to know as much as possible about what was happening. [...] After I gave birth I still read. But it was more about like what am I supposed to do you know like with the injections and that kind of stuff... not really educational stuff but like rather just practical what injections he must have, how often he must have check-ups. I did a little reading on like how he should be developing, but not close to as much as I did when I was pregnant. Now:: (two years later) I don't do any reading really. Only if he's sick or there's something new. But I'm quite confident with my own judgement now.

It is difficult to say why this apparent decrease occurred. One explanation could be that with time the novelty of the situation decreased thereby decreasing the new mother's anxiety. As she gained more experience and practice as a mother, and, therefore, became more confident in her self-representation as a mother, she no longer required information to prepare her or to contribute toward her 'perfect mother' object.

Alternatively, one could consider Fox's (1998) argument which maintains that the substantial information new parents are presented with refers to the "average" child. However, due to

temperamental differences most parents do not have an average child (Fox, 1998, p. 1230). Numerous participants expressed this problem. In focus groups mothers said:

Participant 1: Everyone compares... Even with yourself, you'll compare to like a book. You'll read a magazine and it will say, ok your child is ten months now, he should now, he should be standing up and walking. But if your child isn't you get paranoid. You get scared. You'll automatically go out and buy something, a walking ring, to try help him to do that. It does affect you because you think is my child progressing too fast, too slow? ...Either or is a problem.

Participant 2: When he was only two months (...) I'd read all of these books which gave me so much pressure because it would be like "well when they're six weeks they're supposed to be doing this" and I'd be like but my son doesn't do that. Or like, if he's doing it early I'd be like why is he doing it so early no he's only supposed to be doing it now. All of that put more stress on me... Like no kid is the same and like those books were written for average child.

As their children grew older mothers may have noticed more and more that the information was not adequate for their children. This ungeneralisable nature of the information could have decreased the desire mothers had to gain information.

The notable interest in information by the participants that this section has illustrated also highlights the seeming desperation these mothers felt with regard to refining their 'perfect mother' object. Maternal ambivalence encourages a mother to act in the best interests of the child, thus maternal ambivalence is likely to encourage her to acquire childcare information. As discussed in the review of the literature, mothers of unintended pregnancies seem to experience intensified maternal ambivalence (Jejeebhoy *et al.*, n.d.). This is possibly because mothers who unintentionally fall pregnant blame themselves for the situation. While an unintended pregnancy causes an adjustment to their self-representation, conceiving unexpectedly is probably not a characteristic of their 'perfect mother' object. Consider that these women would deem their 'perfect mother' object as the optimal mother for a child. Unintentionally falling pregnant may be one of the earliest experiences they have of resistance when trying to relate with their 'perfect mother' object. From the point of realising that they were pregnant, these mothers may also perceive that already they are not the 'perfect mother' they believed would be best for their child. This, therefore, explains why

these women might feel almost desperate to refine and be able to relate to their ‘perfect mother’ object so much.

Moreover, this intense desire also seems to have made the mothers in the study quite uncritical consumers of expert opinion, as all the above extracts demonstrate.

4.1.2 Factors specific to parenthood

In addition to issues specific to the child, a number of factors that are specific to parenthood also contributed to the stress levels of the participants in the study. These factors included the physically demanding nature of parenthood, maternal guilt, the negative effect becoming a parent can have on one’s marriage, as well as the change it elicits in lifestyle.

4.1.2.1 Physical demands

Almost all the participants in the study mentioned the physical stress of parenting as demanding, coupled with an inability to keep up with the child’s energy level. The child’s energy level is regarded as normal and the parent’s fatigue as unacceptable. In one of the focus groups mothers said:

Participant 1: They always have that energy. And like when you’re tired you’re just like, can’t we just sit and watch TV? ‘Coz they’ve got so much energy.

Participant 2: It’s tiresome, you have to bath them, then dry them and put the lotion on them, then feed them, then make them sleep. It’s a long process.

The common occurrence of this stressor in the data corresponds with the findings of both the Horowitz and Damato (1999) and Thorpe *et al.* (2004) studies, which found the physical demands of motherhood to be the most common factor associated with postpartum stress. Even routines can be physically tiring due to the amount of time that is concerned in single parent situations.

Considering ORT, some women may not anticipate the physically demanding nature of motherhood. As Seefat-van Teefelen *et al.* (2009) maintain, new mothers often find early

motherhood more stressful than they previously anticipated. As such, it would be reasonable to assume that women would perceive a characteristic of their internal 'perfect mother' object as able to manage the physical strain of motherhood. With that, the physically demanding nature of motherhood may make it difficult for mothers to relate with their 'perfect mother' object. Thus, the physical tiredness may make some mothers feel as though they are not good enough mothers.

4.1.2.2 Guilt

Another major area that participants perceived as stressful during motherhood was that of guilt. The sources of guilt ranged from not enjoying children's programmes to the different life decisions they have made. In a focus group, a mother illustrated the high expectation she placed on relating with her internal 'perfect mother' object:

Participant 1: I should be putting more enjoyment into what we're doing, I should be putting more effort into everything. (...) I worry that I'm not doing enough.

Another said:

Participant 2: He loves to watch children's programmes... Although I hate them, we'll just lie down together and watch them. I just pretend to enjoy it.

In one of the focus groups one of the mothers summarised the inevitability of maternal guilt:

Participant 2: Like right now there [are] two opposite cases, where you (Participant 1) left your son and carried on studying, and I was the one who left studying and looked after my son. It's opposite cases, but we both feel guilt. Like I'll feel guilt that I can't provide everything for him because I still have to study. And you feel guilt because you studied and you weren't with him. So it's a very good point because we're both in opposite cases here, but we both feel guilty for different things.

Guilt is necessary for a woman's development as a mother, as it keeps her invested in her maternal role (Rotkirch & Janhunen, 2009). The above extracts demonstrate the unavoidable nature of guilt in motherhood. This is in line with Rotkirch and Janhunen's (2009) claim that maternal guilt encourages the best interest of the child and healthy maternal investment. The third extract illustrates how the mother's sense of guilt motivated her to carry out an otherwise undesired task which she perceived to be in the best interest of her child.

When exploring these feelings of guilt and their effect on the mother, one mother explained the following in an interview:

Participant 5: You know at first I hated it [not being able to enjoy playing with her child more]. It would make me think I'm a bad mother, why don't I enjoy this stuff more? A good mother loves to sit and play blocks for hours on end, or push a toy car or something. It worried me quite a lot. After some time though I thought about it and realised that before I had him I didn't like doing those things. You know, sitting in a sandpit wasn't exactly at the top of my enjoyment list. So it's not really weird that I don't love it now. I mean, I do want to be a good mother, so I will do it because I do end up feeling guilty if I don't, but I don't feel as bad that I'm not having the time of my life.

This mother illustrates her internal representation of a 'perfect mother' as a woman who "loves to sit and play blocks for hours on end". Guilt developed from her inability to relate with that 'perfect mother' object, therefore she split herself as an altogether bad mother ("it would make me think I'm a bad mother"). After some time she came to accept her "badness" of not enjoying the activities, she could accept her whole maternal self, as both good and bad. This extract demonstrates the importance object relations theory places on maternal ambivalence in its role in allowing the mother to accept her maternal self as a whole (Hamilton, 1989). For this mother, her maternal guilt, therefore, lead to ambivalence, which lead her to split herself as bad and later accept her maternal self as a whole. This was done at the cost of shedding the need to self-enlightenment.

At the same time, in line with Rotkirch and Janhunen's (2009) argument, this mother's guilt encouraged her to carry out the task anyway. Her feelings of abandoning her child's activity was restrained by this ambivalence, thereby encouraging her to act in the best interests of her child (Rotkirch & Janhunen, 2009).

4.1.2.4 Negative effect on the marriage

Participants also mentioned that their relationship changed for the worse during their pregnancy, or following the birth of their child. This is consistent with Feeney *et al.* (2001) and Shapiro *et al.*'s (2000) studies, which found that 50% of the couples both studies

investigated perceived a decline in relationship satisfaction after the birth of their first child. In the current study, participants specified that sexual activity with their partners had decreased:

Participant 3: I was looked at as a mummy, not as a girlfriend, or my wife, or my sexy beast. He never touched me. It was like the last thing away from his mind, how can I associate the woman who gave birth to my child with the same woman that I want to sleep with, it's just not cool. I'm quoting what he said.

Although the mother is undergoing a difficult transformation of her self, this extract shows that the father also has to shift his internal representation of his partner from a wife, or "sexy beast", to a mother. The quote illustrates how difficult this transformation can be for the father, and the negative effect it can have on the marriage.

4.1.2.3 Change in lifestyle

Another stressor participants reported was in relation to the extreme change in lifestyle becoming a mother required. In a focus group a mother described this conversion:

Participant 2: Because before you have your kid you've got this social life and you're doing this, you're going here and you're doing that or whatever. And then as soon as you're a mom it's like your whole world changes... and it's like your life's focussed on this little being and it's difficult.

On the one hand, participants mentioned the adjustment of their daily routine following the birth of their child as challenging. The following extracts of mothers in interviews highlight this routine change:

Participant 3: So he'll wake up at 7.30 or 8 o'clock or whatever, and Jo (her husband) is already long gone. But he needs someone to feed him, and somebody to make the food. So I have to be awake. So I suppose every Saturday it's the hard thing to do.

Participant 5: I think the hardest thing has been sleep. Wow I miss sleep so much. You know everyone talks about how much sleep you lose when you're baby is just born, but

you know I still (two years later) don't sleep the way that I used to. Waking up at five in the morning... I still battle with that.

On the other hand, participants also reported the loss of social accessibility as taxing. Mothers gave the following accounts in a focus group session:

Participant 2: Personally I'm tired of being cooped up. That's probably why I get so irritated. But anyway, I don't want to be with Charlie (her son) tonight, I want to go out. I wanna go out and shoot pool, I want to go to a movie, I want to go out. And I'm tied down, not only by Jo but by Charlie. I refuse to let him go and sleep out. So:: I've got to wait... I've got to wait my time... so that's just it.

Participant 1: I also realised I was withdrawn from people (...) when you go shopping he has to be there, you can't just leave him with someone else... no... and I wished I could have some time alone, some time to myself... Sometimes I wished I could just lock myself in the room, but I can't do that.... maybe you want to go shopping to go buy yourself a pair of shoes or maybe go visit a friend, you know, and you have to have this child with you, or either you don't go shopping at all or:: so in my case I've noticed that most of my activities and most of what I used to do doesn't happen.

Participant 2: A month or so before he was born until he was like a year old I literally stayed home. I had this whole thing about I'm supposed to be a good mom... I'm supposed to do this, I'm not supposed to go anywhere. And then suddenly I started (...) going out again... and I realised you know what, life doesn't just end here. (...) But it is, it's hard to find time for yourself... to just go out for that cup of coffee or go out with your friends... and even when you do have that time to go out you're permanently looking at your phone.

The above extracts illustrate the difficulty mothers' face when attempting to engage in social activities. Although none of these women indicate whether they have the support available for them to leave their child with someone else, it is interesting that all of these mothers show a sense of responsibility to stay with their child, as though they would consider leaving their child as 'bad' or 'wrong.' For these mothers, a characteristic of their internal 'perfect mother' representation is likely to be a mother who does not put her social activities before her child.

ORT places central importance on the need individuals have for relationships (Summers, 1994). When engaging in social activities, and thus engaging in relationships, an individual's self-representation is often reinforced as 'good,' as she receives external evidence that other people are interested in her.

Thus, while staying with the child would allow the mothers above to relate with their internal 'perfect mother' object, it would be at the cost of a potentially self-enriching experience. Mothers are, therefore, forced to have to choose between satisfying their self object, or their ability to relate with the 'perfect mother' object.

4.1.3 Environmental factors

Two factors emerged in the data that were specific to the mothers' environments, these were safety and finance.

4.1.3.1 Safety

As discussed in the review of the literature, crime is a major challenge that South Africa faces. Unsurprisingly, many mothers in the study raised their children's safety as a stress factor. In focus groups mothers mentioned:

Participant 2: It's like when you go to the mall I'm always holding his hand, or he's in the trolley not moving at all.... Because it's the world that gives us this paranoia... with kidnapping and drunken driving and all of these things. I mean you worry about the safety of your child.

Participant 1: There's not a single day that goes by without me saying am I going to get a phone call today? (...) You know all those 'what if's' that you think about.

Participants also mentioned that the degree of stress they perceive from this worry is significant enough to influence their parenting behaviours. One mother said:

Participant 1: I remember when we were young we used to walk around the street at like eight o'clock at night. But now it affects the way I am raising my child. I have this

perfect plan for my house that has locked doors because of the safety issue... it's to the extent where I feel like I will restrict him too much because I want to protect him, but on the other hand I know that's not good for him... so even it's good to assure security I feel like you also have to say developmentally this is what my child needs.

This mother highlights the fact that her fear of crime impinges on her desire for her child to develop optimally. Earlier, the high degree of stress that development appeared to cause for mothers in the study was discussed. If worrying about safety limits developmental opportunities it is challenging that mother's ability to relate with her 'perfect mother' object which may be characterised by a mother with a well-developed child. Worry over her child's safety therefore may contribute to the stress perceived by development.

4.1.3.2 Finance

Another perceived environmental stressor in the study was finance. In a focus group, a mother said:

Participant 2: Am I going to have enough money? Because it is... it's all materialistic in a way. But you need to know there's nappies, there's milk, there's clothes. All those things all the time.

Although this form of stress is not exclusive to unintended pregnancy, the unplanned nature of such a pregnancy means that the mother had not prepared financially for the pregnancy and the child. There seemed to be two perceptions of stress that participants experienced in terms of finance. On the one hand, mothers worried about the practicality of money, the need for money to survive. The unexpected timing of the pregnancy meant that participants were not necessarily at the most ideal place in their life financially. In a focus group, a mother said:

Participant 2: I was studying then... financially I would worry. Can I afford a child?

On the other hand, participants also spoke about their financial stress as a contributor to a more sentimental problem.

Participant 1: I was sad 'coz it came like when I couldn't provide everything for my son... I couldn't do everything I would have hoped to have given him and whatever.

Participant 5: It wasn't nice knowing that I didn't have the money to give him everything I would have liked to. You know it's so nice to take your child on holidays or little trips to exciting places and you need money for that. I always wanted my children to be able to look back on their childhood and think yoh I had so much fun. [...] It's still quite a big stress, the money thing... he's just so expensive. But I do make an effort to do fun things with him so that despite financial problems he can still be happy you know?

The above mothers indicate that they had a perception of how they would mother, even before they fell pregnant. This would have been their internal 'perfect mother' object. For the second participant, her ideal mother would be someone who provided a joyful childhood for her children. For this participant, finance was not solely related to a need to keep the child alive, but rather her ability to relate with that internal 'perfect mother' object.

4.1.4 Factors specific to the unintended nature of the pregnancy

The factors discussed above are generally common for most mothers. As was argued in the review of the literature, however, mothers of mistimed pregnancies are likely to perceive these factors to be more stressful than mothers who planned to conceive (see Diagram 3). In addition to these general factors, the study also found some perceived stress factors that were specific to the unintended nature of the pregnancy.

4.1.4.1 Age

One of these factors was that of age. Consider one aspect of the internal self-object as the internal representation of the self in the future. Women who experience a mistimed pregnancy visualise becoming a mother in their future self-representation, however, the event occurs before (or at times, later) than they had planned. In the current study, participants conceived at an earlier period in their life than they had envisioned. It was, therefore, unsurprising that many mothers in the investigation expressed their age as a concern. In an interview a participant said:

Participant 2: You're so young... you're not qualified yet... financially you know, you're not independent.

This woman illustrates her internal future self-representation as a person who is qualified and independent. The unexpected pregnancy occurred at a time in her life when she was “young” and still striving toward that future representation. Her reality of becoming pregnant thus means that she is forced to adjust this future representation. The above extract demonstrates the difficulty of facing the realisation that this adjustment must occur (see Diagram 4: Self-Representation Adjustment in Relation to Unintended Pregnancy).

In addition to the mother’s future self-representation, the internal ‘perfect mother’ object could also be taken into account when considering the stress induced by age. In a focus group, a mother said:

Participant 2: And then you see like a happy couple going out to buy nappies and clothes for their kids or whatever.... and you feel it. ‘Coz they’re older, they’re more mature, they’re more stable, they’ve got their money, and they’re planning everything. And you didn’t plan.

Here, this participant illustrates her ‘perfect mother’ object. She seems to deem the characteristics of a ‘perfect mother’ dependent on the age of the mother: if she is older she is more mature, more stable, she has got more money and a partner, and she has planned everything. For this mother, the ‘perfect mother’ object is someone whose pregnancy occurred as part of her future self-representation. The participant’s unexpected pregnancy occurring at an earlier period in her life than she had envisioned makes it difficult for her to relate with her ‘perfect mother’ object who is old enough and had planned. Thus, as mentioned earlier, barriers to relating with the ‘perfect mother’ object is stress provoking for the mother.

4.1.4.2 Unexpected point in partner’s life

The unintended nature of the pregnancy is unexpected for both the mother and her partner. As discussed in the review of the literature, although there are occasions where the father is not involved in the mother or child’s life, in situations where the father remains an active participant he too has to undergo a self transformation from a ‘self as a self’ to a ‘self as a father’. This adjustment is likely to be more stressful than that of a father who planned to become a father. In an interview a participant said:

Participant 3: He (her partner) was no support at all (...) I didn't have his support...ummm... (...) it was "oh am I going to be a good father?" and he's in tears ... and I'm thinking you know what dude, I'm carrying the kid, YOU emotional, it's not cool. So umm... he just wasn't supportive at all.

This extract demonstrates the degree of stress the father is experiencing as his self-representation is adjusting. He is faced with insecurities due to the novel and unexpected role he is entering into. As a result he seeks support from the expectant mother, making himself less available as a support for her. The participant therefore was likely to have perceived less support from her partner than she would have if her pregnancy had been planned. Furthermore, she is also faced with the stress of having to support him through his self-adjustment.

4.1.4.3 Social undesirability

The most frequent stressor to be mentioned throughout the data was the socially undesirable nature of the mother's pregnancy or parenthood, and the negative feedback perceived from society. This was demonstrated in an interview, as follows:

Interviewer: Scared of what?

Participant 2: Of everything... of what people are going to say... Scared of society

New mothers create an internal 'perfect mother' object which is unique to each mother, based on external and internal objects. The huge impact society has on influencing that 'perfect mother' object due to the idealization of mothers has also been discussed. Therefore, society plays a significant role in developing that object. However, after its conception, society helps to maintain it by reinforcing those ideals. Naturally, if the ideal mother is socially desirable, then anything outside of that is socially undesirable.

For most of the mothers in the study their reality conflicted with their internal 'perfect mother' object. In an interview a participant said:

Participant 5: It's just that you're not married, you're young, you're not really financially stable. When you think of a mother you picture a happy mother in a big house with a loving husband you know. And that's what everyone expects. I was very scared of the

fact that I met none of those criteria. You walk in public and just feel everyone looking at you thinking “she’s so young, and ah she’s not married” it freaks you out a little. For this mother, a socially desirable and acceptable mother is one who is married, not young, and who is financially stable. The fact that she is none of these means that she is socially undesirable, therefore, being present in social arenas proves stressful for her.

Consider that as one’s external reality changes so self-representation shifts to accommodate that change. For this mother, her internal self-representation had to shift from a ‘self as a self’ to a ‘self as a young, single, financially unstable mother’. Not only was her reality socially undesirable, but she may internalize this and represent her self-object as socially undesirable too. As previously mentioned, her internal ‘perfect mother’ representation would have socially desirable qualities. Therefore, if her self-representation is undesirable it conflicts with her internal ‘perfect mother’ object, thereby making it difficult to relate with. This would likely create a sense of not being a good enough mother.

Although a perception, or internal representation, has a significant influence on a person, as the above discussion illustrates, a person is able to distinguish between their internal and external world. Therefore, at times an individual knows that his/her perception may be skewed. Instances where internal representation is confirmed by an external event reinforces this belief. In a number of instances, mothers mentioned situations where this social undesirability was externally reinforced:

Participant 1: And I’ve learnt that one of my... classmates told me that when I was pregnant they used to talk about me like, “ah look at her, she’s so tiny and her belly is so big”... so people judge, people talk.

Participant 5: When I see a pregnant girl on campus I feel pity for her, oh my God you have to go through this. Probably you are all alone and all that stuff. Umm... people are actually... it’s not resentment.... it’s like a mentality that actual just judging you, like “ok what were you thinking? You are pregnant and alone, what were you thinking?”

The first participant received external confirmation that her thoughts of others talking about her were true. For the second, although she did not have any external confirmation, the fact

that she judges others in a similar situation is confirmation enough for her to believe that others do the same.

4.1.4.4 Being alone

For some women who experience an unintended pregnancy, the pregnancy occurs when the woman is outside of a stable relationship (Chen *et al.*, 2009, D'Angelo *et al.*, 2004). At times, although certainly not always, when an unintended pregnancy occurs the father of the child may not be involved in the mother and child's life. A number of participants in the study mentioned that such were the circumstances during their pregnancy. The lack of a stable relationship, or for some participants, a marriage, meant that there was no certainty that the father of the child would remain in a relationship with the participant. In one of the focus groups, a mother mentioned that at the time of conception, despite being in a stable relationship, she remained worried:

Participant 1: You're not married and you have a child it's... you become confused... you ask yourself questions like is the father going to be with me through the whole process? Worry around the father's commitment could stem from a number of sources. On the one hand, one could consider the central importance object relations theory places on relationships in individuals' lives. The stress many women in the study perceived, with regard to being left alone, highlighted this need individuals have for relationships. In a focus group, a mother said:

Participant 2: Even though he was physically abusive I decided to stay with him for most part of my pregnancy because I felt that (...) I don't want to be alone... I'm going to have a kid and nobody's going to look at me in that way again, no guy is ever going to like me, it's like it really bothers you. I know it sounds so stupid but you always think about that, like you're not gonna have someone to spend your life with or whatever.

Participant 5: In most cases what you're saying about not being able to leave the father... in most cases when a girl is pregnant and in that kind of a relationship you feel like, ok now I'm pregnant nobody is going to look at me.

The above mothers both demonstrate a belief that a single mother is less desirable as a partner, than a woman who is not a mother. Naturally this creates an impression that the father of the child could be their last possible romantic partner. One could consider her self-representation, which is the way in which she represents herself in the past, present, and

future. Prior to falling pregnant, the participants in the study may have represented themselves in the future as someone with a committed romantic partner. A belief that single mother's are undesirable as partners conflicts with this future self-representation. Therefore, this participant highlights her need for a life-long relationship by mentioning that she would have rather remained in a relationship with someone who would abuse her, than remain alone for the rest of her life.

On the other hand, with regard to the 'perfect mother' object, mothers could have a representation of a 'perfect mother' as one who has a loving and committed partner. As such, leaving the father, or fearing the father's betrayal could be stress provoking for mothers with such a representation.

4.1.4.5 Disappointing others

The central importance of relationships in our lives, as ORT stresses, was also highlighted in the concern participants mentioned they perceived during their pregnancy regarding disappointing the significant individuals in their lives. In an interview, a mother said:

Participant 5: I was the most afraid of telling my parents. It was like... what were they going to think of me? I don't think they even thought I had been having sex, and now I was telling them I'm pregnant. You know:: to my parents I was always the good, responsible little girl, I never really did anything wrong. Now all of a sudden they're going to find out I'm like a whore or something, I got pregnant? Hmm:: it was scary.

An aspect of self-representation is how the individual would like to be perceived by others. A healthy self-representation is one the individual believes others would find desirable. During an unintended pregnancy, a woman's self-representation has to adjust to accommodate her unexpected reality (see Diagram 4). As previously discussed, this reality that the woman is faced with, is generally socially undesirable. She must, therefore, face a transformation from a self who she may have deemed desirable, to a self who she could consider socially unattractive. It is therefore likely that exposing this less desirable self is considerably stress provoking. In the above extract, this participant describes the desirable perception her parents had of her, as a "good" and "responsible" individual. She also demonstrates the extreme unattractiveness she perceives of her new self as a "whore". It is thus unsurprising that she found it stressful telling her parents that she was pregnant, as she concluded that their entire perception of her would change from her as a good object into her as a bad one.

4.1.4.6 Change in life course

In addition to the worry of disappointing others, participants in the study also mentioned that the sudden change in their life-course played a role in the stress they perceived during pregnancy as well as during motherhood.

As this thesis has discussed, the internal self-representation and the internal ‘perfect mother’ object play a major role in a woman’s unplanned transformation into becoming a mother. Generally, a woman’s self-representation prior to realising that she has unexpectedly conceived does not include becoming a mother at that point in time. Her self-representation thus has to adjust to her reality. Simultaneously, the internal ‘perfect mother’ object she holds on to is one who conceives when she plans to, thus playing out the ‘perfect mother’ role means that previous goals set for her self-representation must have been achieved. Her self-representation prior to the pregnancy and the internal ‘perfect mother’ object therefore conflict. With that, in her adjustment the woman must decide the degree to which she is invested in these two objects (her previous plans for her self and her internal ‘perfect mother’ object).

A mother in a focus group discussed her decision to invest more in her ‘perfect mother’ object than her previous self-representation:

Participant 2: I did give up studying, that was my fault... that I gave up studying on my basis. Like I didn’t want someone else to look after him, I wanted to like grow him up, and I could always go back to studying.

A few participants mentioned the stressful effect their decision had in motherhood at times. In an interview, a mother said:

Participant 5: It’s still hard you know... I chose to study and try to be a good mother at the same time, because I do believe you can do both... but it’s hard. You know, you have to do well at varsity and it takes up time and at the same time there’s always people in my family like my mother saying “you have to be a mother, you can’t just chase your dreams and leave your child without you for the whole day” and then I think oh no, I’m making the wrong decision.

This mother expresses the conflict between being a “good mother”, or relating with her ‘perfect mother’ object, and pursuing previously set goals, her previous self-representation for her future. Although she had made the decision to invest more in her previous self-representation for her future, she remains doubtful about her decision. As discussed in the review of the literature, however, ambivalence does motivate the mother to retain a healthy investment in her child (Rotkirch & Janhunen, 2009). Therefore, although the decision remains stress provoking, this stress may be useful in the maintenance of the mother-child relationship.

This extract also highlights the influence external objects, such as other people, have on the stress mothers perceive in relation to their decision. Although the participant above may have been able to deal with the decision alone, reinforcement from an external object appeared to exacerbate the stress she perceived. There is no evidence in the above text, however, that the participant had a sense of ambivalence regarding her decision in the absence of her mother. If no ambivalence was present, her mother’s evoking of such guilt feelings could thus have been useful. Alternatively, if ambivalence already existed for that participant, her mother’s reinforcement of such feelings could have unnecessarily exacerbated her stress levels.

In the case of the above participant, it appears that her mother did not agree with the decision she had made, thus the mother tried to impose the option of leaving university on the participant. Another participant had a similar experience, as her mother also did not agree with the decision she had made:

Participant 3: It was the “oh what now”, ‘coz that was the what now stage. I looked at her and I said I’m not going to have an abortion, you, Jo, everyone, you’ll can all go stuff yourselves, I’m not going to have an abortion. Well she started to cry, something about “I grew you up better than that, you can do so much better than that.” And I said I don’t want to have an abortion, I’m just tired of hearing the ‘and now’ question (...) so when she flipped out she literally threw me out... so I took my bag, not a bag of clothing my little hand-bag, and (left).

The mother of this participant obviously did not agree with the decision her daughter had made to keep the baby. This mother wanted the participant to invest completely in the self-representation she had for her future, by motivating her to give up the baby to achieve it. For this participant, the tension around the decision she had to make was so high that she had to

leave home. She, therefore, was not only confronted with the stress of the decision itself, but also extreme pressure from external objects.

4.1.4.7 Stressors specific to single mothers

Other stress factors that participants perceived that were specific to the unintended nature of their pregnancy revolved around their single marital status. As previously discussed, many unintended pregnancies occur outside of a marriage or serious relationship (Chen *et al.*, 2009, D'Angelo *et al.*, 2004). As such, many women with unintended pregnancies become single parents. Two of the participants in the current study were single mothers. Both of these participants were individually interviewed, thus considerably intimate details regarding their experience could be gained. While the romantic separation itself proved stressful, the absent biological father meant a deficiency in allomaternal support, as well as the missing presence of a father figure. Additionally, participants also reported anxiety regarding future romantic partners.

4.1.4.7.1 Termination of the relationship

Both of the single mothers in the sample reported that they chose to terminate the relationship they had with the biological father. Naturally, both mothers mentioned numerous factors which contributed to their decision to end the relationship. Three major reasons were consistent between the two women: both mothers maintained that they believed the father had not been, or would not be a positive influence on their child, although they also worried about their child not having a father, and the possibility that they may never have another romantic relationship. The following extracts illustrate this:

Participant 2: Into the pregnancy he became abusive. Like, he was really, really bad. He dislocated my jaw. It was terrible. ...This was all like while I was pregnant. (...) My son was born at seven months. He was stillborn, he was dead and then he was born. All because of what my ex did. (...) But I stayed with him because my son was like ... I wanted my child to have a dad, I didn't want to be alone.

Participant 5: It was hard (deciding to leave the father). I would think, my baby needs a father, all children need a father and a mother. But then I'd also think about the kind of person he (the father) was. Did I really want an alcoholic raising my child?...(deep breath) And then also, I would have to ask myself if I'm really ready to give up what

could possibly be the last guy I would ever date. I mean lets be honest, not many guys are dying to date a mother. And eventually it got to the point where I did think you know what, I'm just going to take my chances. So you know, it wasn't easy.

From an ORT perspective, three objects seem to play a major role in the above extracts: the child, the perfect mother, and the self. Considering the significant attachment a mother often has with her child (Winnicott, 2006), it is not surprising that a key influence on the afore-quoted mothers' decisions would be their child. As previous sections have discussed in detail, mothers, and perhaps particularly mothers of unintended pregnancies, generally perceive intense necessity for their child to develop and essentially grow up optimally, in a safe and favourable environment. For these mothers, an abusive or alcoholic father did not contribute toward a favourable environment for their child: rather, he could endanger them. This, therefore, results in a pull toward removing him from the environment.

In contradiction to removing him from the environment, the participants also assert a perceived need for the father. Although the mothers do not elaborate on this, both maintain a 'need' for the father's presence in their child's life. Despite the apparent negative effect he could have, these mothers remained attached to this belief. This leads to the impression that this perception may be originating from the mothers' 'perfect mother' object. Specifically, these mothers may consider a characteristic of their 'perfect mother' object as a mother who can provide a father for her child. Keep in mind that the woman deems the 'perfect mother' object as a representation of a mother who would have the best influence on her child. Thus with regard to these participants, maintaining a relationship with the father would allow them to relate with their traditional 'perfect mother' object. While at the same time, it would contradict one of the purposes of the object as being beneficial to the child.

In addition to the 'perfect mother' object, the participants were also anxious about their perceived decreased chances of entering another romantic relationship. As discussed in the section 4.1.4.4 *Being alone*, these participants may have represented themselves in the future as individuals with committed romantic partners. In the extracts above, these mothers illustrate that they perceive single mothers to be less socially desirable than women who are not mothers. Such a belief, therefore, creates a considerable boundary for that future self-representation. These women's statements thus highlight the need ORT considers that individuals have for relationships. These mothers would consider maintaining a relationship with men they consider unacceptable rather than possibly face a life "alone."

The maintenance of the relationship with these three objects (the child, 'perfect mother,' and self) were, therefore, in contradicting positions, thereby creating a considerably anxiety-provoking situation for these mothers.

4.1.4.7.2 Allomaternal support

While terminating the relationship proved stressful for both single mothers in the study, these participants reported that their relationship status also influenced their stress levels during motherhood. The lack of a partner was stress provoking for mothers in relation to the childcare requirements of parenthood:

Participant 5: It's so tiring looking after a child. You have to run after him, check that he's not going to get hurt, or doing something dangerous. You have to bath, feed, and just look after this whole other person... It's a lot of work... And ya I have a lot of support from my family, but it doesn't feel right you know, asking someone to look after your child, it's YOUR child. At least if the father was around you wouldn't feel guilty making him do it, because he's as much his child as he is mine.

4.1.4.7.3 Absent father figure

These mothers also reported concern regarding the future effects on their child due to an absent father. In an interview, a participant said:

Participant 2: Ah, on the whole, is he going to be a boys-boy, is he going to be a girly-boy because he stays with his mom? (...) Is he going to be independent? Is he going to like, shy away from the world? When he goes to school and other kids are like, this is my dad, will he be like, where is my dad? Or, I've only got a mom.

4.1.4.7.4 Future romantic partners

Finally, the single mothers in the study also reported concern regarding future romantic relationships, and it's impact on their child. The following mother describes the worries she perceives:

Participant 2: Because I'm still young, I'm single, if I had to date what is he going to think? What is going to go through his head? How do I bring people to meet him? (...)

It worries me... because you can't just bring everybody home and be like this is my boyfriend. This is a little kid who doesn't know about that.

4.2 PERCEIVED SUPPORTS

This study also investigated the various factors participants experienced, or would have liked to have received, as a support during their pregnancy and motherhood. Four forms of support arose in the study, namely psychosocial support, allomaternal support, financial support, and maternal instinct.

4.2.1 Psychosocial support

Mothers stated that they received psychosocial support from their family as well as their child. Interestingly, most of the mothers in the study mentioned that they would have liked their partners to have been more of a psychosocial support.

Many of the mothers in the study described psychosocial support as one of the more valued supports they received. This positive influence of psychosocial support contradicts Rini *et al.* (2006), who state that limited studies have shown positive effects of psychosocial support. The following extracts illustrate the effect of this support on participants during their pregnancy:

Participant 5: Just having my family and friends there for me was the biggest help, I think that's what really got me through the whole thing so confidently. You know, just having them there telling me that it's going to be ok. When they were excited for the baby it made me excited for the baby. It made me feel like, ok it may not have happened the way you wanted but it's ok, it's still an exciting thing.

Participant 2: With my family it was just like, (...) if I ever needed someone to talk to, which I did all the time, they were there. They were always caring and like supportive. (...) always telling me little things that would, like, make me feel better about myself and about my situation ... It was just supportive, they were really, really supportive.

As discussed in the previous section, in some situations an unintended pregnancy is perceived as socially undesirable. In these situations, the woman is faced with having to adjust her self-representation to one which may not be as socially attractive, or acceptable, as her previous one. For the mothers in the above extracts, the psychosocial support they received from their family and friends (such as excitement) seemed to facilitate this adjustment, and acceptance of this self-representation change. Moreover, this support also influenced the internal

representation these mother had of their approaching motherhood. By reassuring her and encouraging her excitement toward the situation, these individuals were moulding her internal representation of motherhood into a 'good' one, and protecting against her splitting it as all 'bad'.

The amount of psychosocial support mothers perceived to require, appeared to decrease following the birth, and as the child grew. A participant in a focus group stated:

Participant 2: I think I needed more emotional support when I was pregnant. It's like you're more independent now (when the child was three and a half years old). You feel, just more liberated. You're stronger now, you're more independent.

With time, a woman who experiences an unintended pregnancy may become more used to, and accepting of, her new self-representation. The mother in the extract above thus may have come to accept her situation, and the self-representation she has now employed. She has also had three and a half years of experience as this self-representation, thus she may have developed coping strategies for the fears she had during her pregnancy.

4.2.1.1 Family

Psychosocial support, therefore, demonstrated as a significant support for the mothers in the study. The source of this support seemed to come predominantly from the family of participants, as the extracts below highlight:

Participant 2: Emotionally, all my family were there. They really helped me through everything. Like when I needed someone to talk to they were always there.

Participant 1: (They were there) guiding you through the whole process, especially my mother. She would be like, "ok, today you're eight months" or "you are seven months, you should expect this and this and this." All that material stuff, and stuff about pregnancy. And then my father would say, you know what, I can't wait to hold him in my hands. ... Emotionally (...) I mean somebody who's not going to say here's the money, buy some nappies and leave. Emotionally is somebody who says, we are in this together.

Participant 5: My family were definitely the strongest support I had. My mother and father especially, (they) were there whenever I needed them.

This considerable influence the family, particularly the mother and father of the pregnant woman, have is consistent with Sjostrom *et al.*'s (2004) argument. This argument maintains that a greater social circle, beyond the woman and her partner, is generally required, as the mother and father to-be often have a sense of helplessness.

4.2.1.2 The Child

In addition to the woman's family, participants in the study also reported their child as a source of psychosocial support.

Participant 2: When you felt like your whole world is going to cave in, you literally look at your baby's face and it's all worth it. And that's the feeling I get when I look at George. When he says "MUMMY" (...) all my problems go away. But ya, he definitely did give me the strength through everything.

Participant 5: Nothing makes me happier than when I get home and he comes and kisses me, and tells me he loves me. You know, he just makes me so happy, I feel like "ah I can do this," it's all worth it for him.

The above extracts highlight the significant attachment between mother and child (Winnicott, 2006, Summers, 1994). Although mothers play an important role in the child's development (Winnicott, 2006), these quotes illustrate the major influence the child has on the mother.

Considering the 'perfect mother' object, when a child displays positive behaviours to his/her mother, such as enthusiastic greetings, the mother may perceive this as confirmation of her ability as a good mother.

4.2.1.3 The Partner

The father of the child also demonstrated as another significant source of psychosocial support for mothers in the study. The extracts below capture the importance mothers' placed on the role of the father as such a support:

Participant 2: I was ... only nineteen and I was going to do this all on my own. Although I had support from my parents, and my entire family, they were very supportive, they'd always said they'd be there, never ever rejected me or pushed me away... But like you needed (him) there.

Participant 5: It's because he's the father. He's the one who is also having a baby, you know? It's OUR baby. ... But you know there's also the fact that he's the father, he was supposed to be there, that was his role. You always see on movies how the father is making sure the woman's ok. (...) It's like he was a PART of the process, that's what makes his support so much more important than like other outsiders.

Both women in the above extracts highlight the unique value they perceived of their partner's support. Participant 2 seemed to regard the partner as an object with unique supportive ability, that regardless of everything her family could have done; there remained a space that only he could fill. On some instances, the father of the child is a significant object in the woman's life (Thorpe *et al.*, 2004). As discussed in the review of the literature, the woman whose pregnancy was mistimed has to undergo a considerable self-representation adjustment (see Diagram 4). While the partner could facilitate this adjustment, he may also play a significant role in the representation the woman had of what her pregnancy and motherhood would be like. Like the 'perfect mother' object, the woman is likely to have had a representation of her ideal experience of pregnancy and motherhood, even before the unplanned pregnancy occurred. An important aspect of this representation is likely to be the role of the father. The woman may, therefore, expect him to adopt the role she had envisioned. If the father fulfils this expectation, he eases her ability to relate with the representation she held of pregnancy and motherhood. His contribution would, therefore, be unique, compared to that of others, because his role is a specific aspect of the mother's representation of pregnancy and motherhood.

In contrast, Participant 5 appeared to view her partner's support as a unique responsibility he had, based on his position as the father of the child. It is difficult to identify the source of this belief, although it could be approached from two perspectives, considering the 'perfect mother' object, as well as her internal self object.

A characteristic of the 'perfect mother' representation Participant 5 held, may have been a woman whose partner is a constant support. For this mother, having a partner who fulfilled this characteristic may have made it easier for her to relate with her 'perfect mother' object.

Interestingly, many mothers in the study reported that they were not satisfied with the support they received from their partners.

Participant 1: He was happy that I was pregnant. He was happy, he was thrilled... But... ah... to me it wasn't enough. I needed, I don't know what kind of support, ya emotional support. Somebody telling me, it's going to be alright. (...) Not somebody who I had to drag into the labour room. He didn't want to be a part of that... I needed emotional support. Financially we were ok, but emotionally I felt like he was not really available.

Participant 2: (I needed him to) just be there. Just be there to hold my hand. Walk with me through the mall with my big belly. Or like, just say, everything's going to be ok, you're a good mom, don't fear. You know, like the little things matter.

This dissatisfaction with partner support is consistent with Hildingsson *et al.*'s (2008) findings that 5% of their pregnant participants were not satisfied by the quality of their partners' support. In fact, they concluded that separation or divorce were more likely to occur within the first year after the child's birth, for women who were not satisfied with their partners' support (Hildingsson *et al.*, 2008).

As previously discussed, mothers who did not intend to conceive are likely to have an idea of what they would like their pregnancy and motherhood to be like, part of which includes the role of the father. The woman may, therefore, expect her partner to adopt the role she had envisioned. If the father fulfils this expectation, he eases her ability to relate with the representation she held of pregnancy and motherhood. His contribution would, therefore, be unique, compared to that of others, because his role is a specific aspect of the mother's representation of pregnancy and motherhood. In the above extracts, Participant 1 seems to have considered the role of her partner as eager for the birth and emotionally available. For Participant 2, the role she appeared to envision for her partner was someone she could walk through the mall with. As discussed in the review of the literature, this predetermined vision of the partner's role may leave limited room for the father's individuality. As such, the fact that these women's partners didn't fulfil their expectation is not entirely surprising. At the same time, however, these extracts also highlight the important influence this expectation has for the mother, as these mothers seem to portray a need, as opposed to a want, for it to be fulfilled.

Psychosocial support, therefore, aids mothers' acceptance of their unexpected self-representation adjustment. Moreover, it facilitates the development of a 'good' internal representation of motherhood.

4.2.2 Allomaternal support

In addition to psychosocial support, mothers in the study also reported value in the allomaternal support they received. Allomaternal support care refers to non-maternal caregiving, or child-care from individuals other than the mother. While this definition can include formal childcare programmes, such as playgroups or crèches, in this thesis it refers solely to informal allomaternal care, from significant individuals in the mother's life. This support seemed to come predominantly from the mothers of participants, although some also mentioned the father of the child as such a support. This finds evidence in the following extracts:

Participant 5: My mother will sometimes take Ben and play with him. She loves him so much so she likes having time with him. But during that time it's just so nice to have some time alone. You know, it's a chance to just relax, do something I'd like. Sho, I think that makes such a big difference in my life, even now.

Participant 2: I used to find that me-time, that comfort time when my mom used to come in the afternoon. I used to take a shower for like an hour and a half. She would be with my son, I would make my bed and go and shower. I would just have that relaxing time. Because ultimately you're just going to be driven more crazy if you don't.

Participant 3: When your hands are busy you've got that person to pick your baby. Or (...) there's times when I can't handle Charlie crying and all I want him to do is shut up. Not keep quiet, shut up... and Jo (her husband) will just take Charlie and just "don't worry baby, everything is fine" and literally I have to divorce myself from the situation and go outside, have a smoke, stay there for half an hour if I have to, but I need to calm down.

Participant 2: If I have a problem, they're (her parents) are always there to look after him, see to him, or whatever. If I didn't have that I think I would feel really low, and that would automatically impact on how I parent my boy.

The extracts cited above indicate that the value these women seem to perceive in allomaternal support lies in the availability of alone-time it creates. All these extracts state that this support allows them a moment to rejuvenate. Considering Rotkirch and Janhunen's (2009) argument, allomaternal support enables a mother to be more invested in her maternal role. For these participants, the revitalizing effect this form of support seemed to have had for them, may have allowed them to maintain their investment in their maternal role.

Also indicative of the apparent value of allomaternal support was the difficulty some participants reported when this form of support was absent:

Participant 2: I didn't have somebody else to like, if I was tired, just to say (...) could you please watch him?

Participant 5: Being a single mother is difficult because when you're tired or irritated or angry you can't just pass your baby on to his father. He's (the child) just there, always there. And ya my mother does take him sometimes, but that's if SHE wants to take him. I can't just go up to her and ask her to watch him. So it's hard.

The participants above indicate that a major aspect of allomaternal support is its timing. While both of them had reported (in the previous section) that they did receive allomaternal support and that it was valuable, it seemed that it would have been more valuable if mothers could ask for that support at a time they most needed it.

These mothers also seem considerably anxious about asking others to look after their child, as Participant 5 states, "I can't just go up to her and ask her to watch him". This could relate to intensified maternal guilt mothers who have had unintended pregnancies seem to experience, as a result of self-blaming. Specifically, these mothers may have felt that they brought on the situation, therefore, it is for them to deal with, alone. As a result, soliciting allomaternal help from others would be understandably difficult.

Despite its value, allomaternal support also appeared to contribute to participants' stress. In a focus group a mother said:

Participant 3: I don't want my son to go to my mother in-law anymore because when he's there he's suddenly scared to go outside. He doesn't want to go outside 'coz a bee's ginna sting him. He's been stung by a bee twice... and my mother in-law uses the bee as something to keep him inside when the door's open. (...) And then also I noticed that when he'd drop a cup he'd start to cry. Now I've never disciplined him for dropping anything, it's an accident. And yet he would cry. So I started getting the idea that my mother in-law was disciplining him for it. She was teaching him things I didn't want him to be taught.

Although allomaternal support gives the mother a time to herself, she is no longer in charge of her child. Although she could tell the other carer how she would like her child to be treated, she ultimately has no control over what that carer does.

4.2.3 Financial support

The previous section, specifically finance as a factor of stress, highlighted the degree of stress finance can create for mothers. Therefore, it follows that financial support would likely be valuable for mothers. This finds evidence in the following extracts:

Participant 1: For me, my parents did tell me that everything would be taken care of. Financially, everything. Like whatever I wanted was there for me. Even for my son ... until now he never wanted anything because he always had everything.

Participant 2: Well my parents were financially there for me all the time, so I didn't have to worry about that. It was such a relief.

Interestingly mothers in the study indicated that they required more financial support after the birth and at the time of the study, compared to during pregnancy:

Participant 1: You need more financial support now.

Participant 5: I think now I need more financial support than emotional. During pregnancy I definitely needed more emotional support, even just after he'd been born. But no, now I don't really need emotional support, it's more just financial.

While they do not rule out financial stress during pregnancy and just after the birth of their child, participant 5 describes it as less stressful than the emotional issues that needed support. During pregnancy and soon after the child's birth may be periods where the mothers' self-representation has to undergo the most transformation. At the time of the study, all of the participants had been mothers for at least two years. They therefore could have learnt to deal with, and possibly become more accepting of the self-representation transformation they had undergone. Thus, while financial stress would have been present during pregnancy and very early motherhood, emotional strain was probably higher. Now that they have learnt to deal with and possibly become accepting of the situation, emotional strain has probably decreased, below financial stress.

4.2.4 Information

Although it demonstrated as a stressor for the mothers in the study, information also served a supportive role. This has been discussed in more detail in the previous section, under the child specific stress factors.

4.2.5 Support that was not useful

Finally, while the above support factors seemed to have been valuable for the participants in the study, mothers were also reported forms of support that they did not find useful, presented in the following extracts:

Participant 1: My boyfriend's grandmother, she used to say, you need to wear a jacket ... even when it's thirty-two degrees outside, "you need to wear a jacket, you can't eat this, you can't eat that".

Participant 2: For Indian people, aunties and uncles always get involved. And because they've had five or six kids or whatever, they know better. And they (say), "no:: I'm the one with three children, I've been through this". So they think every thing is like that, is by the book.

Participant 5: It was annoying that as soon as people could see that you were pregnant, other mothers would think they needed to tell you how to be a mother, what to do, how to do it. And most of the time it was rubbish. Like when I was pregnant, my family and my ex's family would tell me not to wear jeans, coz I'll squash the baby. I mean really what nonsense.

It seems that all of the support mentioned above was information that these mothers did not believe. It is interesting that traditionally, this form of information sharing, from other mothers and relatives, was the primary source of information (Gagnon & Sandall, 2009). These extracts correspond with Gagnon and Sandall's (2009) argument that new mothers are moving away from traditional sources of information toward more structured education programmes.

4.3 SUMMARY OF KEY POINTS AND

RECOMMENDATIONS FOR PRACTICE

- New mothers do not seem to have an accurate perception of the experience of motherhood prior to their transition into it. The unexpected degree of stress may exacerbate their stress levels. Psychosocial support systems for these mothers is recommended.
- The nature of maternal stress seems to adjust when the new mother has completed the transition into motherhood.
- When an active father is present, he too has to undergo a stressful transition into fatherhood.
- Mothers of unexpected pregnancies seemed to place considerable emphasis on the ‘perfect mother’ object, so much so that it impacts on their stress levels as well as their parenting behaviour. New mothers, particularly mothers of unintended pregnancies, could be psycho-educated about the notion of the ‘perfect mother’ object, and that deviating from or being unable to relate to this object does not make them bad mothers. Therefore, these mothers should be made aware of the use of the object, but also that not achieving this ideal is not failure.
- Mothers of unexpected pregnancies seem to place amplified stress on gaining information in order to compensate feelings of guilt due to the unexpected nature of their pregnancy. Consequently, they seem to become less critical of the information, therefore amplifying their levels of stress when information is inaccurate or inappropriate. New mothers should be psycho-educated about the nature of information, as a guideline and not a definite fact.
- Mothers who experience unintended pregnancies appear to experience augmented levels of maternal guilt due to self-blaming regarding the unexpected nature of their pregnancy. psychological support to help these mother’s explore their situation would be useful. Such support should highlight the use and importance of imperfections in the experience of motherhood, as it allows for the presence of maternal guilt.
- New mothers often are not satisfied with the quality of their partner’s support. Psycho-education for partners around the transition the woman is experiencing is recommended so

that they may have more insight into her experience. Suggestions regarding ways in which he could support her may also be useful.

- The child and mother's family seem to play a major role in supporting the mother psychosocially.

CHAPTER FIVE

LIMITATIONS OF THE STUDY AND RECOMMENDATIONS FOR FURTHER STUDY

Limitations

Time

Time demonstrated as a major limitation in this thesis. The following aspects were negatively influenced by this limitation:

- A more detailed and in-depth understanding of the various theories used in the study would have been useful.
- Additional theorists, such as Erikson, and Falkman and Lazarous would have been interesting to include in gaining an understanding of motherhood.
- Snowball sampling had to be employed as a result of the limited time. The opinion of participants could therefore be biased, as participants are more likely to have come from similar contexts.

Sample

- Interestingly, all but one of these participants had sons. The stressors mentioned could, therefore, have been biased based on the sex of the child. As children, boys tend to be more hyperactive, therefore, findings regarding the physical demands of parenthood for example could have been biased.

Literature

- Very few studies investigating the experience of motherhood have been conducted within the South African context. As such, most of the literature cited in this thesis was conducted in foreign countries.

Recommendations

- As mentioned above, very limited investigation has been conducted in the South African context regarding the experience of motherhood. Future research on the following issues within the South African context is recommended:
 - Social stigma in relation to pregnancy
 - The influence of the high crime rates in South Africa on mothers' levels of stress seem to be available. This study indicates that the anxiety mothers perceive with regard to the safety of their children is great enough to influence their mothering behaviours. Further exploration of this topic is recommended.
- Personality has been found to play a role in an individual's ability to cope with life stressors, specifically postnatal adaption (Shereshefsky & Yarrow, 1973). Further studies could include the use of personality assessments (such as MMPI-II), to investigate any correlation between an individual's personality and their adaption to motherhood.

CHAPTER SIX

CONCLUSION

To conclude, the current dissertation explored the stressors that mothers of unintended pregnancies experience in their transition into motherhood. The study focused on the stressors and supports these mothers experienced during their pregnancy and early motherhood, from an ORT perspective.

The stress factors found in this study were sorted into four groups, including factors that were specific to the child, to parenthood, to the environment, and to the unintended nature of the pregnancy. Child-specific factors included development, disciplinary methods, and information. Physical demands, guilt, negative effect on the marriage, and change in lifestyle were the factors that were specific to parenthood, while safety and finance were environment-specific factors. Finally, the factors that participants reported in the study that were specific to the unintended nature of their pregnancy comprised of the mothers' ages, the unexpected point in their partners' life, social undesirability, being alone, disappointing others, change in their life course, and stressors that were specific to single mothers.

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Appendix A

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South Africa
Phone: +27 33 2605371
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Dear Parent

My name is Cindy Coleman, I am a student from the University of KwaZulu-Natal currently completing my masters degree in Clinical Psychology. As you may be aware, at such a level I am expected to complete a dissertation. For my study, I have chosen to explore the issues that are perceived to cause stress for mothers of young children.

To conduct such an investigation, I require volunteers who are willing to participate in my research. I also, however, have to ensure that my study is reliable, therefore the participants I am looking for are very specific. The literature I have reviewed has indicated that the intention a parent had of conceiving a child influences their attitude, and ultimately, the level of stress they perceive in parenting. For this reason, the participants I hope to recruit must have fallen pregnant unintentionally. In particular, they must have conceived at a period in their life earlier than they had hoped. In order to keep constant the age of children, I would like all participants whose eldest child is four years old or younger.

Participants will be asked to take part in a group discussion which will be conducted on a Saturday morning (24 April 2010) at the university. The session will last approximately two hours. The information gleaned during the focus groups will be treated as strictly confidential and this information will not be disclosed to your child's school. The focus groups will also be audio recorded so that I can later obtain an accurate record of the discussion.

Child care facilities will be available at the site for the duration of the session, free of charge.

I would greatly appreciate your participation in my study. If you are interested, or have any further queries, please feel free to contact me.

Thank you for your time and consideration,

Cindy Coleman
071 508 9060
206517886@ukzn.ac.za

Appendix B

School of Psychology
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To _____

I am Cindy Coleman, a psychology masters student from the University of KwaZulu Natal. For my dissertation I have chosen to explore the factors that are perceived to cause stress for parents of young children.

To gain information I will hold two focus groups in which mothers will discuss the various stressors they experience regarding child rearing. In order to recruit participants I would like to distribute letters to the parents of all the children aged 2 to 4 at your school. I would greatly appreciate if you would allow me permission to send these letters. Some of the parents who meet the required selection criteria may not have disclosed to you that they had an unintended pregnancy and I will need to keep all information disclosed during the research process strictly confidential. It would thus be best, if parents who fit the criteria as set out in my letters to them, contact me directly.

If you would like to discuss any of the details of the project, please contact me, or my supervisor: Dr Beverley Killian at 033 2605371.

Thank you for your time and consideration,

Cindy Coleman
Master's Psychology Student
071 508 9060
206517886@ukzn.ac.za

Dr Beverley Killian
Head: Child and Family Centre

Appendix C

Focus Group Schedule

Introduction

Information sheet

Informed consent forms

Unintended Pregnancy

Please be aware that I am interested in your past and present experiences or opinions as mothers. Therefore, although you probably will naturally want to, please avoid giving advice to other mothers who explain any problems or worries they experience. Feel free to stay behind after the session to swap any tips.

To begin the session I would like to talk about your pregnancies. Often conceiving a child does not happen intentionally. Finding out that you're having a baby at a time in your life that you did not plan can be quite traumatic. In the first part of this discussion I would like us to talk about your experience of pregnancy and then have a tea break. After tea the focus will shift onto your experiences and worries about being a parent.

1. How did you think women react when they learn that they're pregnant and they haven't planned it?
2. Generally, how do you think other people react when women say they're pregnant and they didn't intend to fall pregnant?
 - 2.1. How do you think that makes them feel?
3. Do you think the woman's reaction and other people's reaction would have any repercussions, in terms of her confidence, as a parent?
 - 3.1. How?
4. Do you think that her reaction could influence her ability as a parent today?
 - 4.1 How?
5. When women fall pregnant unintentionally, what do you think some of their fears are?
6. What are some of the difficulties women who don't plan their pregnancy face during this time?
7. What worries do you think they may expect to face in parenthood?
8. What are some of the things women do during pregnancy to deal with some of these worries/fears?
 - 8.2. Do you think these things help women accept their unintended pregnancy?
 - 8.3. How?

Support during the pregnancy

9. What support do women have during their pregnancy?
 - 9.1. Who?
 - 9.2. How did these people support them?
10. How do you think this kind of support could affect ones confidence levels?
11. What kind of support do you think would have been useful?
12. What kinds of support are not useful?

*tea break

Parenthood

13. How do you feel about parenting?
14. What are some of the worries mothers are faced with?
15. How do you think these worries influence how mothers parent?
16. Being a mother is not easy,
 - 16.1 What do you think is rewarding about parenting?
 - 16.2 what do you think is difficult about being a parent

As we have seen, there are countless issues to worry about as a mother.

17. Do you think these issues influence mothers' parenting confidence?
 - 17.1. How?
 - 17.2. Why?
18. Do you think they affect a woman's actions as a mother?
 - 18.1. How?
 - 18.2. Why?

Support

19. Who do mothers get support from?
20. How do these people support mothers?

Thank you

Appendix D

Interview Schedule

1. How did you react when you learnt that you were pregnant?
2. How did other people react to your pregnancy?
 - 2.1. How did that make you feel?
3. When you were pregnant, what were your biggest fears/worries?
 - 3.1. Did you have any others?
4. What were some of the difficulties you faced during the pregnancy itself?
5. What worries did you expect to face in parenthood?
6. Did you do actively do anything to deal with the worries you had (read more, find support groups)?
 - 6.1. What did you do?
 - 6.2. Did this help you accept your unintended pregnancy?
 - 6.3. How?
7. Do you think this reaction had any repercussions, in terms of your confidence, as a parent?
 - 7.1. How?
8. Do you think this reaction has influenced your ability as a parent today?

Support during the pregnancy

9. Did you have any support during your pregnancy?
 - 9.1. Who?
 - 9.2. How did these people support you?
10. How did the support you received affect your confidence levels?
11. What kind of support would you have liked?
12. What kinds of support were not useful?

Parenthood

13. How do you feel about parenting?
14. What are some of the worries you are faced with?
15. How do these worries influence how you parent?
16. Being a mother is not easy, what do you find rewarding and difficult about parenting?

As we have seen, there are countless issues to worry about as a mother.

17. Do you think these issues influence your parenting confidence?

17.1. How?

17.2. Why?

18. Do they affect your actions as a mother?

18.1. How?

18.2. Why?

If married/ with the partner:

Being married when you have a baby can be both useful and challenging.

19. Did your marriage/ relationship change after your child was born?

19. How?

20. Does being married help you in terms of raising a child?

20.1. How?

21. Do you ever think that being married while raising your child actually has its drawbacks?

21.1. Why/how?

22. Finally, could you give me an idea of how well you feel you are coping currently?

1- You cannot cope, and you wish your situation had never happened,

10- You have all the support you need. Life never seems to get out of hand, all problems are always sought out without excess stress.

Support

23. Who do you get support from?

24. How do these people support you?

25. Do get support from anywhere else (reading, support groups)?

25.1. Where?

25.2. How does this help you?

27. What is your opinion about going to see a professional counselor for support?

26. What kind of support would you like?

Thank you

Appendix E

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South Africa

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Information Sheet: Focus Group

An exploration of the factors that are perceived to create parenting stress among mothers for whom pregnancy was mistimed

Hello, I am Cindy Coleman, a clinical psychology master's student at the University of KwaZulu Natal. For my research dissertation I am asking mothers of young children to participate in a focus group session. I hope that the information generated will benefit your community and possibly other communities in the future. Thank you very much for wanting to help me conduct this study. Before we can get started, I need to inform you about what we will be doing and how we will be doing it.

Firstly, please understand that your participation is voluntary and you are not being forced to take part in this study. The choice of whether to participate or not is your alone. However, I would greatly appreciate it if you do share your thoughts. If you choose not to take part in this discussion you will not be affected in any way whatsoever. If you agree to participate, you may stop at any time and discontinue your participation. If you refuse to participate or withdraw at any stage, there will not be penalties and you will not be prejudiced in any way.

This project will be exploring the issues that are perceived to create or amplify stress levels in parents. I have chosen you to participate in this investigation because you are a mother of an only child who is between the ages of two and four. Furthermore, the fact that you state that you did not plan to conceive a child at the time has also influenced this decision.

Please note that you are welcome to provide a pseudonym or withhold your name for the duration of the focus group. I will be recording the discussion with the use of an audio recorder. Any names mentioned will be excluded or changed when the results are published.

The focus group session will last approximately two hours. I will be asking you a few questions that need to be answered in a group setting. Some questions will be personal, and/or sensitive, and you may wish not to answer these. When it comes to answering these questions, there are no right or wrong answers. The discussion will be an informal one, wherein personal references and stories are not mandatory. I am not looking for what you think the appropriate reaction or opinion might be, but rather your own experiences, opinions and values on the subject.

The information that is gained during the project will be stored in a locked cabinet under my supervision. Only I will have access to this information. After the study has been completed, any information that links your identity to the data will be destroyed. The data will remain in with me for possible use in further research projects.

The results of the study will be presented in a report that will be assessed by three examiners, and be presented at the School of Psychology Postgraduate Conference. My supervisor or I may also present the results of the research at other conferences. The findings may also inform the basis of future journal articles. The project, however, will be stored in the School of Psychology's Archives. Please know that no details signalling your personal identity will be released.

If we ask you a question which makes you feel uncomfortable or embarrassed, we can stop and talk about it at a later stage to discuss the issue, or you may contact us (details at the bottom of the page). There are also people from the university who are willing and available to talk to you about issues which may emerge during the research process. The Child and Family Centre's number is 033 260 5371.

If you have any complaints or questions about any aspect of the study, you may contact Dr Beverley Killian by killian@ukzn.ac.za or 033 2605371. If you have a complaint about any aspect of the study, you may also contact the SoP Higher Degrees Committee (033 260 5853) or the Social Science Research Ethics Committee (031 260 3587 or XIMBAP@ukzn.ac.za).

Thank you,

Cindy Coleman

071 508 9060

206517886@ukzn.ac.za

Appendix F

Informed Consent Form

I hereby consent to participate in this study regarding parental stress. I understand that I am participating freely, and without being forced to do so in any way. I also understand that I can withdraw and stop the interview at any point should I not want to continue, and that this decision will not in any way affect me negatively.

The purpose of this study has been explained to me, and I understand what is expected of my participation.

I have received the telephone numbers of professional people whom I can contact, should I need to speak about any issues or difficulties that arise in this interview.

I understand that the information gleaned in this session will be stored for possible use in further research projects or journal articles.

I understand that this consent form will not be linked to the taping, and that my answers will remain confidential.

Signature of participant

Date

Recording Consent

I hereby agree to the tape recording of the focus group for the purposes of data capture. I understand that no personally identifying information or recording concerning me will be released in any form. I understand that these recordings will be stored in a locked space once data capture and analysis is complete.

Signature of participant

Date

Appendix G

Confidentiality Form

I _____ (full name) swear that I will not repeat anything discussed in this focus group session and that I will not identify anyone in this focus group to outsiders as being a participant in this research study.

Signature of Participant

Date

Appendix H

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Information Sheet

An exploration of the factors that are perceived to create parenting stress among mothers for whom pregnancy was mistimed

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This project will be exploring the issues that are perceived to create or amplify stress levels in mothers. I have chosen you to participate in this investigation because you are a mother of an only child who is four years or under. Furthermore, the fact that you state that you did not plan to conceive a child at the time has also influenced this decision.

Please note that you are welcome to provide a pseudonym or withhold your name for the duration of the interview. I will be recording the discussion with the use of a audio recorder. Any names mentioned will be excluded or changed when the results are published.

The interview session will last approximately one hour. I will be asking you a few questions that need to be answered in a private setting. Some questions will be personal, and/or sensitive, and you may wish not to answer these. When it comes to answering these questions, there are no right or wrong answers. The discussion will be an informal one, personal references and stories will be appreciated. I am not looking for what you think the appropriate reaction or opinion might be, but rather your own experiences, opinions and values on the subject.

The information that is gained during the project will be stored in a locked cabinet under my supervision. Only I will have access to this information. After the study has been completed, any information that links your identity to the data will be destroyed. The data will remain in with me for possible use in further research projects.

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Thank you,

Cindy Coleman

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Appendix I

Data Categorization

A) The two dominant themes were separated by means of the researcher physically cutting out and grouping data bits. Data bits were therefore placed in either a “Stress factor” pile or a “Support factor” pile.

B) Once data bits had been separated into these two dominant themes, data bits were further grouped into more refined themes. Namely:

Stress factors -Child-specific factors
 -Factors specific to discipline
 -Environmental factors
 -Factors specific to unintended pregnancy
Supportive factors -Psychosocial support
 -Allomaternal support
 -Financial support
 -Support that was not useful

C) The data bits within these more refined themes were then categorised further into specific factors using colour coding. For example, in the “Child-specific factors” theme, factors included development, discipline, and information. Presented below is an example of the colour coding system used in for the “Stress factors” section:

Child-Specific Stress Factors:

Purple bold: Discipline
Red: Sickness or Development
Pink Bold: Information

Parent-Specific Stress Factors:

Orange bold: Age
Blue bold: Education

Marital status:

Green: losing the partner/being left alone/ not in a marriage
Violet: single parent: dating
Purple: Fear of failure/ competence as a parent
Pink: opinion of the child

Parenthood-Specific Stress Factors

Purple: Boredom
Red bold: physical demands
Red: Change of lifestyle/ less time to do what they enjoy

Environmental-Specific Stress Factors

Blue: Society as judging (socially undesirable)

Appendix J

Individual Interview Transcript Sample

C: do you think it had any influence on your confidence during your pregnancy, or maybe your stress?

P: Ya it did, it made me much stronger and it made me feel like I can DO this, I'm going to show all of you, I can do this. I felt like I really wanted to prove them wrong and make them feel like cakes. Coz when you get pregnant when you're young and out of wedlock people start saying things like, "oh that's the end of her life" or like "oh she's not going to manage"

C: did people really say that to you?

P: yes! Well like people would say to me, oh so-and-so said you'll never manage this, but I told them you'd be fine. You know, it was like in a round-about way I heard what people were saying. And at first it would get me down. Like the day you hear that, for like that whole day I'd be sad, surprisingly sad. But then I would have to tell myself, those people are just idiots. They're weak and they get their pleasure from other people's pain, and also, their lives are obviously intensely dull, that's why they have nothing better to do than to talk nonsense about me.

C: sho that sounds quite hard

P: ya, you know, ... it was. It was like there were little spots of ugliness in my pregnancy. but I think that even married and older people get funny comments. I mean I know this girl, she fell pregnant when she was 24, married for 2 years, and even with her everyone was saying "oh she got pregnant to keep her husband, or to save her marriage" I mean, it really bugs me that people can't just be excited about someone getting pregnant instead of psychoanalysing it.

C: hmm, and while you were pregnant, what were your biggest fears?

P: I don't know. There were lots. I think my biggest stress was financial. Well: **before I told my parents my biggest worry was telling them and also wondering about where my life would go. Because I didn't know if they would say I can stay there with them or if they'll say I must go and marry Dane. I didn't know if they were going to going to pay for me to finish my studies or if I'd have to find a job. You know, that time before I told them was like being stuck in limbo, and having no idea where life was going to go.** But then after I told them my mother said she'd like me to study, that they'd support me for as long as I could go with my studies. So it was such a relief to know well I had financial support from them, like a place to stay and my studies would be taken care of. And then after that **my biggest worry was finance.** Although I'm sure my parent's would have paid for anything I wanted for my baby, it was really important to me that I paid for everything he had. It was like, I wouldn't feel like his mother if I didn't take responsibility for that. **I didn't want to have to ask my mother and father if they could buy my child nappies or a top or something. That would make me feel like a child with a toy that needs accessories. No, I wanted to be his mother, take full, full responsibility for him. And I have. I pay for everything for him. So ya when I was pregnant I made sure I saved every cent I had. I bought nappies and clothes from the day I told my mother I was pregnant. I was petrified of there being a day when I have my baby and I can't afford to get him something. Every time I had money I spent it on the baby, just in case I'd blow it later on something rubbish. And it really was a big thing. I mean wow, babies are so expensive! A cot costs almost the**

same as a bed! Ben's cot cost R4000! Then I wanted a set of drawers, that would have been another R3000.

C: so was it just you buying all the stuff, were you still with his father?

P: I was still with him, but he was an asshole. He kept saying no we don't have to buy the stuff now, we can get it when he's born. And I'd kill myself saying, but where would we get the money? He had some lame job and I was going to study. We needed all the money we had for the baby. He was just so irresponsible, agh it was so frustrating. So then I thought well to hell with you, I'll save and buy for my baby by myself. Oh wait but no, he was even worse coz he would also take my money. He took all of my savings at one point, that was like R2000 for some stupid business thing. He always said he'd pay me back but he never did. Agh he was terrible. So ya, on the one hand I knew I was naturally going to battle coz I was doing the buying alone but also I was being robbed blind by that asshole.

C: wow, and were there any other stressors you had?

P: ya well I think every mother worries about their child's health. I was so so paranoid. I even changed my obstetrician.

Laughing

C: why?

P: well one day I had a pain or something an I went to him and he said something like, pain is very common during pregnancy, take a panado, but if it gets worse go strait to the hospital and call me

C: oh my gosh!

Laughing

P: ya so I was like, what the hell?! Luckily it ended up being nothing, but I just thought geez so it's either nothing at all, or it's an emergency. So ya I moved doctors.

C: sho that is hectic, and those pains you get during pregnancy are scary hey?

P: ya! You know it's bad because nobody likes to seem like a hypochondriac. So on one hand if you feel a pain you don't do anything about it because the doctor is just going to treat you like an ignorant child that keeps complaining. But on the other hand you're also thinking, oh my gosh what if something really is wrong and I loose my baby just because I didn't want the doctor to mock me. And they really do mock you. Both of the gynies I had would say "you're pregnant dear, you have to deal with some pain" agh.