A cross-sectional, qualitative exploration of the lived experiences of South African mothers in 2020 using Higgins' self-discrepancy theory

Amber Holmes

17748378

Supervisor: Dr Sam Thomas

Module: Research Methodology

Module Code: RESE8419

Qualification: BA Honours in Psychology

Word Count: 12000

Declaration:

I hereby declare that the Research Report submitted for the BA Honours in Psychology degree to The Independent Institute of Education is my own work and has not previously been submitted to another University or Higher Education Institution for degree purposes.

Abstract

Maternal guilt and shame are seemingly universal and inescapable features of motherhood. It's universality, however, does not minimize the negative impacts which these emotions may have on an individual's mental and physical health. Furthermore, the impact which the Coronavirus pandemic and subsequent nationwide lockdown have had on the lived experiences of South African mothers and their emotional states is a topic which has yet to be explored or published at the time of writing this study. This research, therefore, attempted to gain an understanding of the lived experiences of South African mothers during the Coronavirus pandemic. To do this, the researcher engaged in individual, online semi-structured interviews with 6 South African mothers. An interpretive, phenomenological analysis was then conducted and three predominant themes emerged from the data. A common thread throughout each of the participants' experiences was the influence (both direct and indirect) of social norms and predominant mothering discourses such as intensive mothering. The participants discussed a desire for the support systems they had lost access to during the nationwide lockdown as well as a 'time out'. Feelings of shame and guilt in terms of self-doubt and self-blame were also found to be a general feature of the participants' mothering experiences. Ultimately, this study's findings will contribute to the body of literature concerning the lived experiences of middle-class, suburban South African mothers from a new contextual perspective.

Keywords: South Africa, intensive mothering, self-discrepancies, Coronavirus

Table of Contents

A cross-sectional, qualitative exploration of the lived experiences of South African mothers in 2020 using Higgins' self-discrepancy theory

Within South Africa, the government placed the country on a nationwide lockdown from the 26th of March 2020 in an attempt to flatten the curve and reduce the spread of the Coronavirus (South African National Health Department, 2020). The lockdown, despite slowing the rate of infection, resulted in various consequences which South Africans had to deal with such as a requirement to do home-schooling, a change in daily functioning and family roles, a loss of employment or reduced income, limited social interaction and self-isolation and generally heightened feelings of fear and uncertainty (Cameron, Joyce, Delaquis, Reynolds, Protudjer & Roos, 2020; South African National Health Department, 2020). It was the intention of this study to explore the lived experiences of South African motherhood from an interpretivistic, phenomenological standpoint with a specific focus on maternal guilt and shame and the potential influence which the Coronavirus pandemic may have had on maternal well-being. The concept of self-discrepancies or belief incompatibility leading to various negative emotional vulnerabilities is one which has been studied within the field of psychology for many years (Higgins, 1987). With Higgins' (1987) self-discrepancy theory forming the foundation of this study, maternal guilt and shame in terms of the lived experiences of South African mothers in 2020 during the Coronavirus pandemic was explored through 6 individual semi-structured interviews.

Rationale & Relevance

The primary reason as to why this research topic was selected was due to the gap in recent South African literature concerning the lived experiences of mothers with a specific focus on the effects of self-discrepancies on women's emotional states. Within the literature there also seemed to be a tendency for researchers to focus on the lived experiences of mothers with children under the ages of 5 to 8 (Miller & Strachan, 2020; Liss, Schiffrin & Rizzo, 2012; Chae, 2015) with suggestions for further research to be conducted with mothers of slightly older children (Prikhidko & Swank, 2018). Furthermore, the global Coronavirus pandemic and resulting lockdown within South Africa provided a unique contextual factor from which the lived experiences of mothers could be understood. Based on previous studies concerning epidemics and pandemics, it was evident that mothers in particular face a high risk of experiencing mental health difficulties (Cameron et al., 2020). The Coronavirus pandemic may, therefore, be considered to be an influencing factor in terms of maternal guilt and shame. An exploration into the various factors which contribute to maternal guilt and shame

such as mothering paradigms and the nationwide lockdown, therefore, needed to occur to fill a gap in current literature and expand upon current knowledge within the field of social psychology regarding the lived experiences of South African mothers.

Problem Statement

Maternal guilt and shame are seemingly universal and inescapable features of motherhood (Seagram & Daniluk, 2002; Brown, 2006; Chae, 2012). It's universality, however, does not minimize the negative impacts which dejection-related and agitation-related emotions may have on an individual's mental health (Higgins, 1987). Contemporary maternal ideals as represented in the media, as well as various cultures, often create unattainable standards for mothers, which, through conscious or unconscious internalisation may result in mothers experiencing a discrepancy of the self (Liss et al., 2012; Prikhidko & Swank, 2018). Within South Africa, there has been little research conducted in recent years concerning the lived experiences of mothers with a specific focus on the influence of perceived self-discrepancies on women's emotional states. It is also important to acknowledge the impact, both negative and positive, which the Coronavirus pandemic and resulting nationwide lockdown may have had on the lived experience of South African mothers (Cameron et al., 2020). The effects which the Coronavirus pandemic has had on the lived experiences of motherhood is a topic which had, at the time of writing, yet to be explored or published in the South African context (South African National Department of Health, 2020). This lack of recent, South African research concerning the lived experiences of mothers using Higgins (1987) self-discrepancy theory, therefore, needed to be addressed.

Purpose Statement

The purpose of this research is to gain a qualitative understanding of the lived experiences of South African mothers during the time of the Coronavirus pandemic in 2020 through an interpretivistic, phenomenological approach.

Research Question

What was the lived experience of South African mothers during the time of the Coronavirus pandemic?

Research Objective

To determine what the lived experiences of South African mothers were during the time of the Coronavirus pandemic.

Literature Review

Higgins (1987) self-discrepancy theory served as the theoretical foundation for this study and was used to further understand the influence of self-discrepancies on mothers' emotional states. The researcher conducted a thematic literature review, identifying gaps within previous studies concerning the lived experiences of mothers in terms of current, South African studies. Within this literature review, the researcher first explored previous literature concerning various mothering paradigms, predominantly intensive mothering and how the conscious or unconscious internalisation of cultural and societal mothering ideals may impact one's mothering experiences. Maternal guilt and shame as a result of perceived discrepancies between one's domains of self were then explored in relation to Higgins' (1987) self-discrepancy theory.

Theoretical Foundation

The self-discrepancy theory was developed by psychologist E.T. Higgins in 1987 as a way of expanding upon previous psychological theories which acknowledged the influence of belief incompatibility on one's emotional state but did not consider the distinct emotional vulnerabilities which may arise from various self-discrepancies (Higgins, 1987; Maroiu & Maricutoiu, 2017). This theory, therefore, built upon social psychological theories such as those developed by Freud, Adler, Rogers, Cooley and Beck, which suggested that emotional problems may be attributed to perceived self-inconsistencies. Within this theory, Higgins (1987) proposed that there were two dimensions of self-beliefs which underlie various self-state representations: the domains of self and standpoints of self. The domains of self are the actual, ideal and should self, whereas the standpoint of self is the viewpoint from which someone may be evaluated (i.e. their perception of self or others perception of them) (Higgins, 1987). With regards to the domains of self, Higgins (1987) posited that the actual self referred to the attributes which one is believed to currently possess (i.e. one's self-concept). The should self which refers to the attributes which one believes one should possess (i.e. moral obligations and responsibilities, the normative standard) and the ideal self which refers to the attributes which one wishes one possessed were also referred to by Higgins as self-guides which is a combination of the domains of self and standpoints of self that people are motivated to achieve. Within this study, an exploration of the participants' self-guides occurred in an attempt to gain a holistic understanding of their experiences as mothers. In framing maternal guilt and shame as it related to the domains of self, this theory also allowed for the contextualisation of the lived experiences of motherhood and how this pertained to the

various emotional vulnerabilities which may be experienced. Higgins (1987) theory was, therefore, the appropriate theory to approach this research based on its interpretivist stance.

According to Higgins (1987), people are motivated to reach a state of equilibrium with their self-guides. There are four self-guides which were identified by Higgins: the ideal/own, ideal/other, should/own and should/other (Higgins, 1987). An important facet of this theory is the stance that when one's self-concept and self-guides are misaligned, an individual will experience a discrepancy of the self (Higgins, 1987). Higgins (1987) further identified four types of discrepancies which are related to different emotional vulnerabilities. The actual/own versus ideal/own and actual/own versus ideal/other discrepancies are related to dejection-related emotions whereas the actual/own versus should/other and actual/own versus should/own discrepancies are related to agitation-related emotions (Higgins, 1987). Higgins (1987) suggestion that self-discrepancies may have a positive motivational effect on the individual was also explored within this study.

Within this study, Higgins (1987) self-discrepancy theory was used to gain a further understanding of the lived experiences of South African mothers in 2020 in terms of how various self-state representations are constructed or internalised by women as they relate to dominant mothering discourses and contextual factors. For example, the ideal self was explored in terms of how the ideal mother stereotype is perpetuated within society and various cultures as well as how mothers may have internalised this ideal. By exploring the emotional consequences (such as shame and guilt) of the different variations of self-discrepancies, this study was able to further understand the lived experiences of South African mothers within the time of the Coronavirus pandemic.

Mothering Paradigms

According to Henderson, Harmon and Newman (2015), to gain an understanding of individuals and various ideologies, the historical and cultural context within which they are situated needs to be considered (Dale, 2012). For example, in the 1950s, the predominant mothering ideal represented by the media was a stay-at-home, dutiful housewife and mother (Chae, 2014). As the Women's Liberation/ Women's Rights Movements progressed across the globe, mothers who worked outside of the home on a full-time basis were then praised and the creation of the 'super-mom' ideal was created (Chae, 2014). Since the 1980s, mothering ideologies have slowly progressed backwards towards the more intensive and conservative ideals of the 1950 (Chae, 2014).

One of the primary parenting ideologies within Western society to date is that of intensive mothering which is grounded in traditional and conservative beliefs (Pedersen, 2016). Intensive mothering is founded upon three central beliefs: childcare is considered to be the primary responsibility of the mother, parenting should be child-centred and children are viewed as being priceless, innocent and sacred creatures (Pedersen, 2016; Schiffrin, Rizzo & Liss, 2013). Ultimately, this mothering paradigm emphasises the idea that mothers should dedicate all of their time and energy to their children (Prikhidko & Swank, 2018; Pedersen, 2016).

Furthermore, not only are mothers expected to devote all of their time and energy to their children according to the intensive mothering paradigm but they are simultaneously expected to be well-groomed, maintain their physical appearance and be financially independent (Maletzky, 2017; Prikhidko & Swank, 2018; Pederson, 2016). This emphasises the contradictory nature of societal expectations of mothers and the fact that the ideal mother is ever-changing. For example, much of the discourse in western cultures, as presented by the media and celebrity culture, suggest that a good mother is one who not only takes care of her child but also takes care of her physical appearance (Maletzky, 2017). The celebrity mom or 'yummy mummy' discourse found in the media frequently suggests that if a woman is not an established professional who can afford to maintain beauty regimes or consume beauty products, then she should not consider motherhood until she is financially able to participate in consumer culture (Maletzky, 2017). Although Maletzky's (2017) research analysed women's reactions to maternal ideals as portrayed by the Australian media, similar discourses exist in the South African media, therefore allowing a comparison to be made.

Another branch of influence on mothering paradigms is that of religion or culture. For example, a 2016 study conducted in Johannesburg by Frahm-Arp explored mothering discourses within three Pentecostal-Charismatic Churches (Frahm-Arp, 2016). This study found that each of the churches took predominant mothering discourses as perpetuated in the media and society and re-coded these mothering ideals to fit within the values and beliefs of the church. Rooted in a patriarchal paradigm, these Johannesburg churches have formed their ideal of motherhood which is similar to that of intensive parenting as well as new-momism which argues that a woman's highest calling in life is to be a mother (Frahm-Arp, 2016; Chae, 2014).

A large proportion of studies concerning mothering ideals and paradigms have been conducted across the globe. However, there is a limited amount of research concerning this topic within the South African context. Those studies which have been conducted within a South African context such as the one conducted by Frahm-Arp (2016) indicate that the mothering paradigms and ideals which many South Africans base their beliefs on are a result of the re-coding and internalisation of Western mothering ideals from other countries. In terms of South African research, there is also a tendency for researchers to focus on the problems or negative aspects associated with motherhood rather than the lived experiences of the mothers themselves (Dale, 2012).

It is important to note that one cannot assume that all mothers will subscribe to one specific mothering paradigm or have a singular ideal regarding the 'ideal mother'. In exploring the unique experiences of South African mothers, an understanding may be gained regarding how some women view the 'ideal mother' as well as how their self-guides are constructed.

Maternal Guilt and Shame

Maternal guilt and shame are seemingly universal and inescapable features of motherhood (Seagram & Daniluk, 2002; Brown, 2006; Chae, 2014). For this reason, although not all of the studies referenced in this review were conducted within a South African context, the content of many of the studies may still be considered relevant. According to Brown (2006, p. 45), shame may be defined as "an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging", whereas guilt refers to a feeling resulting from behaving in a perceived flawed or negative manner (Brown, 2006; Liss et al., 2012). According to Higgins (1987) self-discrepancy theory, feelings of shame or dejection-related emotions are related to discrepancies between the actual/own versus ideal/own and actual/own versus ideal/other whereas guilt or agitation-related emotions are related to discrepancies between the actual/own versus should/other and actual/own versus should/own discrepancies.

Shame

Brown (2006) suggested that body image, family, motherhood, professional identity and work, mental and physical health and ageing are all considered to be shame triggers for many women. Brown (2006) further explained that the reason why many of these factors are considered to be shame triggers is due to unwanted identities which accompany the concept, such as being labelled as a 'bad mother', not being the 'right weight', being too old or too

young etc. According to Seagram and Daniluk (2002, p. 68), the women who participated in their study concerning maternal guilt each had a "vision of the kind of mother she wanted to be… and as a consequence, set high and sometimes unrealistic expectations for themselves" (i.e. the ideal self). This statement implies that women have a vision of how they do not want to be or at least how they do not want to be perceived by others (i.e. unwanted identities). It is important, however, to acknowledge that various situational and contextual factors may influence the standards mothers (and others) set for themselves.

According to Brown (2006), cultural expectations such as those concerning the 'ideal mother' and the real or perceived failure to meet such expectations are intrinsically linked to feelings of shame. Maroiu and Maricutoiu (2017) explain this in relation to Higgins' (1987) self-discrepancy theory and posit that shame is a result of a perceived self-discrepancy between the actual and ideal self. For example, feelings of shame or embarrassment may occur when a mother believes that she is not meeting the expectations which she believes others (such as a significant other) have of her in terms of the ideal self (Maroiu & Maricutoiu, 2017; Higgins, 1987). Henderson et al. (2015) go on to suggest that even if a woman does not subscribe to dominant mothering ideologies such as intensive mothering, they may still be at risk of experiencing shame for not being able to live up to the mostly unattainable expectations placed upon women by both themselves and society.

For example, during the nation-wide Coronavirus lockdown in South Africa, many mothers experienced a drastic shift in both their own and society's expectations of them (South African National Health Department, 2020). During this time, an unprecedented amount of changes had to be made to the daily functioning of South Africans, from a requirement to do home-schooling, a change in daily functioning and family roles, a loss of employment or reduced income, limited social interaction and self-isolation and generally heightened feelings of fear and uncertainty (Cameron et al., 2020; South African National Health Department, 2020). Based on previous studies concerning epidemics and pandemics, it is clear that mothers in particular face a high risk of experiencing mental health difficulties due to the increased stress they may face (Cameron et al., 2020). This could potentially be attributed to a perceived self-discrepancy between one's actual and ideal selves and an inability to 'do it all' in the eyes of oneself and others (Higgins, 1987).

Based on Henderson et al. (2015) research, it is clear that even if a woman does not overtly subscribe to the dominant mothering ideologies of the time, she may still be responding to

them subconsciously. This would explain why in several research studies, women report feeling ‘not good enough’ regardless of their mothering styles (Chae, 2014; Seagram & Daniluk, 2016). In his research, however, Winnicott (1953) defines a ‘good enough mother’ as one “who makes active adaptation to the infant's needs, an active adaptation that gradually lessens, according to the infant's growing ability to account for failure of adaptation and to tolerate the results of frustration”. Winnicott (1953) further proposes that there is no such thing nor is there a need for an ideal or perfect parent. This serves to further illustrate the subjective nature of motherhood and how it is experienced differently by every woman.

The internalisation of ideals may have both positive and negative effects on one's mental health (Higgins, 1987). Whilst the negative effects of such internalisation include the experience of shame or dejection related emotions, positive effects such as the achievement of equilibrium between the actual and ideal self may be achieved through motivational processes (Higgins, 1987). Maroiu and Maricutoiu (2017) suggest that a self-discrepancy between the actual and ideal self will influence an individual to take on various strategies in an attempt to reduce the discrepancies between one’s self-guides. One such strategy is the approach motive whereby people try to become more similar to their ideal self by obtaining positive outcomes and ultimately fulfilling their goals and desires (Maroiu & Maricutoiu, 2017). Another positive effect of the internalisation of ideals is shame resilience. Shame resilience refers to one’s ability to bounce back from or deal with feelings of shame (Brown, 2006). This is achieved through an awareness of personal vulnerabilities, the influence of social and cultural expectations on one’s mental health, the ability to form meaningful relationships by accepting help and reaching out to others and finally, being able to discuss and deconstruct shameful feelings (Brown, 2006). In instances where mothers experience feelings of shame or guilt due to not being able to match the largely unattainable cultural expectations of motherhood, an approach motive may result in shame resiliency and the ability of an individual to effectively reach the goals of their ideal self (Maroiu & Maricutiou, 2017; Brown, 2006).

Guilt

Brown (2006), illustrated that guilt is often a result of socio-cultural expectations and typically presents itself through feelings of being trapped, isolated and powerless. The socio-cultural expectations which Brown (2006) spoke of involves expectations of who you should be, how you should be and what you should be. This aligns with Higgins (1987) self-discrepancy theory and the existence of the should self which refers to the characteristics or

attributes which an individual (or someone else) believes they should possess. This is typically constructed through internalisation of cultural norms and beliefs as well as an acknowledgement of moral obligations and responsibilities (Malatzky, 2017; Higgins, 1987; Brown, 2006).

For many women, there is an overwhelming feeling of maternal responsibility regarding every aspect of their child's life (Seagram & Daniluk, 2002; Kaspar & Kroese, 2017). These feelings of responsibility to raise a well-adjusted child, to anticipate a child's every need and protect one's child at all costs were recorded by Seagram and Daniluk (2002) as emanating from both the explicit and implicit communication of expectations from others and the internalisation of said expectations. Although this study was not published recently nor was it conducted within the South African context, it still offers valuable information regarding mothers' perceptions of their 'should self'. Both Brown (2006) and Maroiu and Maricutoiu (2017) further emphasise the fact that perceived self-discrepancies between the actual and should self (which is related to one's moral obligations) can result in feelings of guilt and a fear of negative evaluation from others.

The parenthood paradox, as explored by Schiffrin et al. (2013), refers to the discrepancy between one's parenting expectations (relating to the should self) and evidence linking parenthood with negative mental health outcomes. Schiffrin et al. (2013) go on to explain that it is rather the way of parenting rather than being a parent itself which influences mental health outcomes. For example, studies have shown that intensive mothering is directly correlated with feelings of maternal guilt, shame and anxiety due to the inability to meet unrealistic mothering expectations (Schiffrin et al., 2013; Seagram & Daniluk, 2002). Although these sources provide valuable insight into the influence which one's parenting expectations may have on feelings of maternal guilt, it is important to note however that these studies were conducted between eighteen and seven years ago and therefore may not be representative of the feelings of mothers during the time of the Coronavirus pandemic. As described in Brown's (2006) shame resiliency theory, shame and guilt often present itself through feelings of being trapped. This feeling of being trapped is most frequently related to the existence of unrealistic expectations and the feeling that an individual does not have any options available to them in terms of meeting said expectations (Brown, 2006).

According to Schiffrin et al. (2013), maternal gatekeeping may occur when a mother believes that she is the only one who can provide her child with the love and attention that they

require, thus leading to the mother limiting her acceptance of help from others. This is an example of how a mother's beliefs about who or what she should be as a mother may interfere with her mental health as she may begin to feel powerless when she is inevitably unable to meet every single expectation, she and others have for herself (Brown, 2006). In cases such as this, by refusing help from others upon the assumption that the mother should be the sole care provider for her child, a mother may open herself up to higher levels of stress and decreased life satisfaction (Schiffrin et al., 2013; Pendersen, 2016). In times such as the Coronavirus pandemic, the chances of mothers facing heightened levels of shame and guilt due to increased expectations and responsibilities and reduced support from housekeepers, schools and family members are extremely high (Cameron et al., 2020). It is therefore important that an exploration into the lived experiences of South African motherhood occurs with a focus on both the positive and negative effects which the Coronavirus pandemic may have had on their mental health.

Methodology

Research Paradigm

The interpretivist paradigm was used for this study as it acknowledged that human beings are constantly evolving along with their environment (du Plooy-Cilliers, 2018). In this study, the lived experiences of South African mothers were explored in terms of various self-discrepancies between one's self-concept and self-guides which are formed and adapted from the social environment in which people live (Higgins, 1987). Interpretivists hold the understanding that social phenomena may only be understood when the subjective or lived experiences of individuals are explored (Nieuwenhuis, 2020a). Through a qualitative research methodology involving semi-structured interviews, a holistic understanding of the lived experiences of South African mothers was gained in this study.

According to the ontological position of the interpretivist paradigm, reality is socially constructed through the subjective use of language, consciousness and shared meanings (Nieuwenhuis, 2020a). Within this study, maternal ideals were explored in relation to dominant mothering discourses and how these discourses influenced a mother's internalisation or rejection of said ideals. The interpretivist paradigm was also useful as it was based on the understanding that people experience reality in different ways depending on factors such as culture and past experiences (Nieuwenhuis, 2020a). In exploring the lived experiences of mothers during the time of the Coronavirus pandemic, this view of reality was important as it acknowledged that not everyone had the same experiences and that motherhood was a subjective concept in and of itself which needed to be studied within the unique context of the individual.

The epistemological position of interpretivism recognises that knowledge is dictated by individual logic and reasoning (du Plooy-Cilliers, 2018). Within this research, the uniqueness of reasoning which each participant had in terms of how they constructed their beliefs and understanding of the world was explored. The understanding that "truth is dependent on people's interpretation of facts" was therefore critical to this study (du-Plooy Cilliers, 2018, p. 29).

The axiological position of interpretivism which values the uniqueness of human consciousness was also useful within this study (du Plooy-Cilliers, 2018). Not only were the unique experiences of the participants valued within this research, but the unique social environment brought about by the Coronavirus pandemic was considered.

Research Design

A qualitative, phenomenological research design was used in this study as it allowed the researcher to gain insight into the subjective experiences of individuals with regards to a specific phenomenon (motherhood) (Nieuwenhuis, 2020b). The overarching purpose of phenomenological studies is to determine how specific phenomena have been experienced by individuals and what this experience means to them (Nieuwenhuis, 2020b). In using a phenomenological approach to this study, the researcher, therefore, garnered information regarding the lived experiences of 6 mothers and then analysed their responses to identify how their actual, ideal and should selves had manifested in motherhood (Nieuwenhuis, 2020b).

Through the use of an interactive research design (semi-structured interviews), the researcher was able to discuss certain themes and ideas with the participants whilst still allowing the participants the freedom to discuss issues which were relevant to their lives (Howitt & Cramer, 2017). The flexibility of discussion created in semi-structured interviews aligned itself well with the axiological position of interpretivism as it allowed for a wide range of rich data to be collected which was not only beneficial for the data analysis process of the study but also for understanding the uniqueness of human consciousness (Howitt & Cramer, 2017).

This study was conducted cross-sectionally primarily due to time constraints; however cross-sectional research also enabled the researcher to gain a holistic insight into motherhood from South African mothers on one occasion (Nieuwenhuis, 2020b). Cross-sectional research aims to create a holistic picture of a phenomenon (such as motherhood) at a single point in time (Howitt & Cramer, 2017). This was of particular importance to this study as the researcher aimed to understand the lived experience of motherhood within the context of the nation-wide Coronavirus lockdown in South Africa.

A deductive theoretical approach was also chosen for this study as it allowed the researcher to test an existing theories assumption (self-discrepancy theory) and narrow it down to a more specific state thus allowing the researcher to explore the lived experiences of South African mothers with a specific theoretical framework in mind (Bezuidenhout, 2014).

Population

The unit of analysis for this study was people. More specifically, the data and information obtained through semi-structured interviews with the participants of the study served as the

unit of analysis. The target population refers to the entire group of individuals which the researcher is interested in gathering information from (Pascoe, 2018). Based on this study's research question, the target population was identified as all South African mothers with at least one child between grades 2 and 6. The accessible population, on the other hand, refers to the section of the target population which the researcher has access to (Pascoe, 2018). Based on time restraints and the inaccessibility of the entire target population, the accessible population for this study was, therefore, 6 South African mothers living within Durban, KZN. Furthermore, one of the population parameters for this study was that the participants needed to be a mother to at least one child in grades 2 to 6. This unique characteristic of the population was chosen based on recommendations for further study according to Prikhidko and Swank (2018). Another population parameter of this study was that the participants needed to be based in Durban, KZN and be a South African national. Based on the context within which this study took place and the experiences for which the researcher wished to gain an understanding, mothers who were employed in the medical field and other 'essential services' as defined by the South African government under stage 5 of the lockdown were excluded from the target population (South African National Health Department, 2020). According to the South African National Health Department (2020) essential services refer to a group of occupations deemed necessary to keep the country running in a state of emergency such as the manufacturing, delivering and selling of food and medical supplies, the police force, medical personnel etc.

Sampling

Sampling method

For this study, a non-probability sampling method was used to select a sample of participants from the accessible population (Pascoe, 2018). A non-probability sampling method was chosen for this study as the entire population was difficult to determine and gain access to (Pascoe, 2018). Unlike probability sampling methods, when using non-probability sampling, all members of the target population do not have an equal chance of being selected to take part in the study (Pascoe, 2018). It should be noted that as this qualitative research emphasised understanding individual experiences rather than forming generalisations, the representativeness of the sample was not vital (Pascoe, 2018). The use of a non-probability sampling method also aligned with the research paradigm of this study and the interpretivistic understanding that people experience reality in different ways depending on various factors such as culture and past experiences (Nieuwenhuis, 2020a).

Furthermore, a snowball sampling method was used to secure 6 participants for this study. Snowball sampling makes use of a referral system to identify potential participants and increase the sample size (Pascoe, 2018). For example, at the end of the first three interviews of this study, the researcher asked the participants to recommend another individual who matched the population parameters of the study and may be interested in being a participant. In doing this, the researcher was able to connect with several other potential participants who then agreed to participate in this study following the provision of the necessary information and consent forms.

Sample size

To obtain a wide variety of rich data, a sample size of 6 South African mothers was confirmed (Nieuwenhuis, 2020b). The inclusion of participants in this study was largely based on their availability and willingness to be interviewed as well as their ability to meet the population parameters of the study (Pascoe, 2018). Due to the Coronavirus pandemic and the nationwide lockdown, several potential participants who were contacted were unable to commit to an interview as they needed to help their children with home-schooling, get their work done, complete housework and so forth. This sample size was, therefore, conducive to the time restraints set upon the researcher as well as the researcher's ability to find willing and available participants (South African National Health Department, 2020). It should be noted that within a phenomenological qualitative research study, an ideal sample size of no less than 12 participants should be used to reach a point of data saturation (Nieuwenhuis, 2020b). Data saturation refers to the point at which the researcher is no longer being provided with new information from the participants (Pascoe, 2018). In having a smaller sample size of 6 participants and not reaching a point of data saturation, the accuracy of the results of this study may have been influenced (Pascoe, 2018).

Data Collection Method

The most important step in the data collection phase of this study was obtaining ethical clearance from the Independent Institute of Education (IIE) through which this research was conducted. To obtain ethical clearance, the researcher submitted a detailed research proposal which accurately reflected the nature of this research as well as how the researcher intended to conduct said research (Howitt & Cramer, 2017).

Once this study was provided with ethical clearance, the researcher approached several candidates who matched the population parameters of the study to find willing and available

participants. Potential participants were contacted through WhatsApp and sent an information sheet concerning the study (see appendix D) along with a short message explaining the researchers desire for their participation. If the individuals contacted were interested in participating in the study, they were subsequently sent two different consent forms via email which they then signed and sent back to the researcher. The first consent form (found in appendix E) involved the participant's agreement to be a part of the study and the second consent form (found in appendix F) involved the participant's agreement to have the researcher record the semi-structured interview. The principles of informed consent were essential to ethics of this study as the participants needed to be aware of what they were agreeing to when consenting to participate in this study (Howitt & Cramer, 2017). The consent forms (found in appendix E and F) informed the participant of their rights as it pertained to the study, including their ability to withdraw from the study at any point (Howitt & Cramer, 2017).

Once all of the necessary consent forms and administrative aspects of the study were completed, the researcher scheduled a time to conduct the interviews with the participants over Skype, a secure video call platform. It should be noted that due to technical issues, one interview was conducted on the secure video platform Zoom at the participant's request. Whilst qualitative, semi-structured interviews are typically conducted in a face to face format, based on the restrictions and social distancing regulations set upon the public by the South African government during the nationwide lockdown, online interviews had to be scheduled instead (South African National Health Department, 2020). One of the limitations of conducting online interviews, however, was that many of the participants were not able to find secluded areas in which they could take part in the interviews which subsequently resulted in the participants getting distracted by events happening in their home environment such as children asking for food or help with their homework. Additionally, the comfort levels of some of the participants may have been influenced by their inability to speak completely freely due to fear of others in their homes overhearing their answers. For example, in one interview, the participant's husband was in the room during the interview which may have influenced the participant's responses to the interview questions. On the other hand, one benefit of online interviews was that the interview recordings subsequently included both video and auditory data which allowed the researcher to review the participants' non-verbal actions in more detail in the data analysis process (Howitt & Cramer, 2017).

A semi-structured interview approach was selected for this study as it allowed for a conversational style of discussion to occur between the interviewer and interviewee (Nieuwenhuis, 2020b). The semi-structured interview approach was suitable for this research as it allowed the researcher to ensure that certain predetermined themes were covered as well as providing the participant with some leeway in terms of what they spoke about (Nieuwenhuis, 2020b). This approach also aligned well with the values of phenomenological research which aims on gathering rich and descriptive accounts of individual's experiences (Howitt & Cramer, 2017). Once a time and date had been set for each interview, the researcher used the interview guide (as seen in Appendix B) as a basis to discuss the participants' lived experiences of motherhood.

Prior to starting the recording, the researcher confirmed the participants consent a final time and asked if the participant had any further questions concerning the research. Once the researcher had started recording the session, the interview began with the researcher providing the participant with a general overview of the study and building rapport by having a short, general conversation. The researcher then asked the participants some baseline, demographic questions by asking the participants to describe the setup or configuration of their family. Each participant was then asked to describe what their experience as a mother had been like (question 1, Appendix B). Thereafter, probing and clarification questions were asked in an attempt to delve deeper into the participant's experiences as well as expand upon new lines of inquiry which began to emerge as the participants spoke (Nieuwenhuis, 2020b). Throughout the interviews, only 4 primary questions (as seen in Appendix B) were put forward to the participants to guide the interview. The majority of the discussion then involved the participant freely discussing their views and opinions of motherhood based on detail-oriented, elaboration and clarification probes from the researcher (Nieuwenhuis, 2020b).

It should be noted that each interview lasted from approximately 30 to 45 minutes. Once each of the interviews had ended, the recordings were saved onto an external hard drive which remained in the researcher's possession.

Data Analysis Method

The interpretative phenomenological analysis (IPA) method as described by Smith and Osborne (2012) was used for this study as it involved the "sober reflection on the lived experiences of human existence" which was the purpose of this study (Nieuwenhuis, 2020c,

p. 119). Unlike other data analysis methods such as discourse analysis or conversation analysis, interpretative phenomenological analysis placed its focus on understanding an individual's conscious experience of phenomenon (Howitt & Cramer, 2017). This data analysis method was, therefore, suitable for this research study which was interested in understanding what the experience of motherhood was like for South African mothers in 2020. A key element of IPA was the researcher's awareness of their own bias as well as theoretical or suppositional-intoxications so that it was purely the participant's experiences which are being analysed (Nieuwenhuis, 2020c). Essentially all the researcher did with the collected data was describe the experiences of a specific population (South African mothers) and subsequently attempt to identify common themes which may be used to explain the said phenomenon (Howitt & Cramer, 2017).

The data analysis process for this study occurred in various steps. First, the audio/visual recordings for each interview were immediately saved, transferred onto an external hard drive and subsequently removed from the researcher's desktop following the completion of each interview. This was done to ensure the safekeeping of the data as only the researcher had access to the hard drive. Each recording was then labelled numerically according to the order in which the interview was conducted for organisational purposes as well as to ensure ease of retrieval for the researcher at a later point (Nieuwenhuis, 2020c). The researcher created a word document where a brief description of each participant was recorded following each interview session. In describing the sample, no information pertaining to the identity of the participants was recorded so that the anonymity and confidentiality of the participants were ensured (Nieuwenhuis, 2020c). Information concerning race, relationship status, occupation, the participant's age, the number of children the participant has and the participant's children's ages were all recorded in this document.

Once all 6 interviews had been conducted, the transcription process began which consisted of two steps in and of itself. Firstly, the researcher utilised the voice typing feature on google docs to transcribe the interview recordings in their most basic form. This was done by listening to the recordings through headphones and repeating what was said. This did not result in an adequate verbatim transcription so the researcher then went back a second time and listened to the recordings through headphones and added details to the document such as pauses, false starts, laughter, hesitations and other words which were not picked up by the voice recognition software. By the end of the transcription process, the researcher was left with an accurate, in-depth, verbatim transcription of each interview amounting to

approximately 53 typed pages. The value in doing a two-part transcription process and having sustained engagement with the data was that the researcher was able to gain an understanding of the personal meanings which each participant ascribed to their experiences, including those which were not overtly transparent (Smith & Osborne, 2012).

Once the data had been transcribed, the next step of the IPA process (i.e. the coding of the data) began (Smith & Osborne, 2012). To do this, the transcripts were reformatted into a table with two columns, with the interview transcripts on the left and a blank column on the right. The researcher then read through the data line by line and made notes in the right column of anything significant or interesting which was said or conveyed by the participant (Smith & Osborne, 2012). In a separate document, another table was created where preliminary themes for each interview were created. It should be noted that this process was repeated 6 times until each interview had been coded and preliminary themes for each interview had been identified (Smith & Osborne, 2012).

Once a list of preliminary themes had been generated for each interview and recorded chronologically in a table format, the researcher began looking for connections between the themes (Smith & Osborne, 2012). Some themes were subsequently clustered together if they were generally speaking to similar points (Smith & Osborne, 2012). It should be noted that based on the IPA process, when clustering themes together, repeated reference was made to the original transcriptions to ensure that the contextual meanings of each theme were aligned (Smith & Osborne, 2012). Finally, a list of primary themes and coordinating subordinate themes were devised and ordered in a coherent manner (Smith & Osborne, 2012).

Ultimately, the final step of the IPA process involved the creation of a holistic narrative account of the findings of this research concerning the lived experiences of mother according to the various themes found throughout the data analysis process (Nieuwenhuis, 2020c). This narrative account of findings involved the logical and coherent ordering of the themes found in the data (Nieuwenhuis, 2020c). In the final discussion of the data, comparisons and links were continually made between existing literature and the data from this study thus resulting in a new understanding of the lived experiences of South African mothers in 2020.

Trustworthiness

Trustworthiness in qualitative research is made up of credibility, transferability, reliability and confirmability (Nieuwenhuis, 2020c).

Credibility, refers to the accuracy and believability of the interpreted data (Koonin, 2018). An important factor to consider when looking at the credibility of a study is whether or not the study is congruent with reality (Nieuwenhuis, 2020c). Credibility was ensured in the interview phase of this study by continually asking the participants to verify whether the interviewer had understood what the participant was saying (Nieuwenhuis, 2020c). The use of a qualitative, phenomenological research design and well-established research methods such as semi-structured interviews which are guided by theory further ensured the credibility of this study as these methods of data collection were sound and guided the data collection process (Nieuwenhuis, 2020c).

Transferability refers to the ability of the research findings to be applied but not generalized to similar situations (Koonin, 2018). Within this study, transferability was ensured through the description of every step followed during the research process so that the study may be replicated at a later point (Nieuwenhuis, 2020c). To increase transferability, an interpretivist research paradigm and phenomenological research design were chosen based on their emphasis on gaining an understanding of the lived experiences of individuals through the rich description of events (Nieuwenhuis, 2020c). This research paradigm and design, therefore, invited the reader to make connections between the content of the study and their own lives which may be done with more ease if rich descriptions of the data within the study are present (Nieuwenhuis, 2020c).

Dependability refers to the quality of the integration between the various data collection and analyses processes (Koonin, 2018). Dependability was primarily demonstrated through the choice of research design used in this study as well as how it had been implemented (Nieuwenhuis, 2020c). Within this study, a qualitative, phenomenological, interactive and cross-sectional research design was used and documented fully to ensure dependability (Nieuwenhuis, 2020c). The researcher further ensured dependability by keeping detailed notes throughout the research process and describing in full how the research was carried out (Nieuwenhuis, 2020c). The chosen method of analysis also aligned itself well with the phenomenological design of the study which aided in demonstrating the dependability of the study (Nieuwenhuis, 2020c).

Confirmability refers to the degree of accuracy and neutrality with which the findings of a study are recorded (Koonin, 2018; Nieuwenhuis, 2020c). Throughout this study, a detailed account of how the research process was carried out was recorded so that the researcher's

decisions and methods may be analysed and reviewed if necessary (Koonin, 2018). It is, however, important to note that although a detailed account of the research process was provided in the final research report, the confidentiality of the participants was prioritized and identifying characteristics of the participants were not included (Nieuwenhuis, 2020c). To increase the confirmability of the study, the researcher also consistently acknowledged/recorded any predispositions or bias which they may have so that the reader is provided with a holistic understanding of how decisions were made during the research process (Nieuwenhuis, 2020c).

Findings

Participant Demographics

Within this study, all but one participant identified as Caucasian with participant 5 identifying her race as Indian. Participant 1 was 47 years old, married and had two biological daughters aged 6 and 10. She worked full time. Participant 2 was 36 years old, married and had two biological children: a daughter aged 9 and a son aged 11. Participant 2 owned her own business and worked full time. Participant 3 was 34 years old and had one biological son, aged 8, from a previous marriage. She was in a domestic partnership and lived with her partner who had two daughters, aged 14 and 17 from a previous marriage. Participant 3 worked full time in a corporate job. Participant 4 was 43 years old, married and had two biological sons aged 11 and 13. She studied full time. Participant 5 was 34 years old, married with one biological son, aged 2, and pregnant with her second child. Participant 5 is a stepmother to a daughter aged 10 and worked full time. Finally, participant 6 was 41 years old, married and had 3 adopted children: two daughters aged 11 and 12 and one son aged 15. Participant 6 was a stay-at-home mom.

Motherhood… Nature vs Nurture

Dominant mothering discourses and social norms concerning motherhood as being an innate or learned skill were a common theme within the six interviews conducted for this study. According to half of the participants, age and experience were an influential factor in effective parenting, however, this was also a source of shame for one participant.

Mothering as an inherent skill

The literature indicates that dominant mothering discourses often feature the belief that mothering should come naturally to a woman (Choi, Henshaw, Baker & Tree, 2005; Cronin-Fisher & Sahlstein Parcell, 2019). This sentiment was shared by only one participant in this study who believed that motherhood was an inherent skill which women possess. The standpoint of participant 5 with regards to the idea of motherhood as an inherent skill may have contributed to her more traditional outlook on parenting as a whole.

> Participant 5: “I think it's inherent in people. Like if you are that kind of parent it will just naturally come out of you and if you trying to be like a parent that you not, it's going to be a lot of work”

Between the rest of the participants, however, there was a general feeling of not knowing what to do with regards to motherhood and raising children. The participants spoke about feeling unprepared to successfully navigate the various life stages their children were going through. For example, Participant 3 noted that when she was pregnant, she received general advice from family and friends concerning new motherhood, however as her child grew older and she encountered new challenges, there was no guide book to refer back to which would tell her how to handle these various situations.

> Participant 3: "No one tells you how it's gonna be when they get sick, no one tells you how it's gonna be when they don't do what they have to do like they're supposed to be crawling at this age, walking at this age etc etc no one tells you that. Or should they get sick this is what you have to do or uhm should they… how do you send them to school or if a teacher gives you this feedback and says they have a learning disability no one prepares you for those kinds of things"

The idea that childcare skills are learned through experience and not necessarily an innate ability is one which was echoed throughout the literature (Choi et al., 2005; Cronin-Fisher & Sahlstein Parcell, 2019). According to a study conducted by Choi et al. (2005), a majority of mothers feel unprepared to face the many challenges of motherhood. This idea that women have an innate ability with regards to mothering also links back to the expectations which women often set for themselves based on the predominant mothering ideologies of the time. When these expectations are not met and mothering does not come as naturally as dominant discourses suggest, it can be a source of shame for mothers if they believe themselves to be flawed in some way.

Age as a preparatory factor for motherhood

An interesting factor which half of the participants spoke about was the influence of age on one's mothering abilities. Participant 2 noted that she believes the reason her mother knows how to deal with so many different mothering situations is due to her age and experience.

> Participant 2: "I look up to my mom… and she to me is sort of the ideal mother uhm she's very calm she knows how to deal with situations uhm I feel maybe because she is a little bit of an older Mum at the moment she's she's had the experience so she now knows sort of exactly what to do"

This is consistent with findings which indicate that older mothers are typically more psychologically prepared for motherhood than those who have children at a younger age (Shelton & Johnson, 2006).

Participant 4 also spoke about age and experience as contributing factors to her confidence as a mother. According to Participant 4, the emotional maturity she has gained as she grows older has helped her address situations involving her children more effectively.

> Participant 4: “I think gosh that is a difficult question uhm I think maybe it's from with age I don't know that sounds like so stereotypical haha…I think it comes from a place when you are able to separate emotion from situations like you know like obviously I'm an extremely emotional person… and I've learnt now to just wait”

Although age was discussed by the participants as being somewhat of a preparatory factor in motherhood, age appeared to serve as a shame trigger for Participant 1. Participant 1 noted that while she feels as though her age and maturity have lent themselves well to dealing with emotional situations involving her children effectively, there is a part of her which wishes she were younger and had more energy for her children.

> Participant 1: “Maybe you just don't stress so much about the little things because you you've seen a bit more of life, I don't know maybe it is just a maturity thing uhm ya I think so but there's pros and cons of obviously both”

Throughout the interview, participant 1 made frequent mention of her age in a more negative tone indicating a sense of shame concerning her age. According to Brown (2006), shame refers to the feeling that an individual is flawed in some way. A significant component of this is related to cultural norms and beliefs concerning what something ‘should’ look like. In the case of Participant 1, a level of comparison against other mothers is evident. In using the phrase “an older mom”, there is an implication that one is older than the cultural norm which historically has seen women giving birth in their early 20s and 30s (Shelton & Johnson, 2006).

The Emotional Cost of Motherhood

Throughout the interviews, each of the participants spoke about feeling guilty or shameful about various aspects of their parenting journeys. This was seen in the expression of self-blame and self-doubt in the participants.

Self-doubt

Self-doubt and the uncertainty of motherhood were discussed by the participants in great detail during the interviews conducted within this study. Participant 4 spoke about the inner conflict she experienced as a mother when trying to figure out whether or not she was doing the right thing for her children.

> Participant 4: "You know as a mother you always doing the best that you can and you always constantly doubting whether you doing the best you can so uhm ya so I think ya it is like that. I think motherhood is very much a rollercoaster of somedays you just high fiving yourself and other days you just shaking your head at yourself you know."

According to Higgins (1987), emotional problems may be attributed to self-conflicts and self-inconsistencies. With regards to motherhood, uncertainty about parenting and the best way to raise a child is often a source of anxiety for many mothers (Prikhidko & Swank, 2018). Participant 3 also spoke to the guilt that she felt as a working mom due to her not being able to spend extensive time with her child.

> Participant 3: "I think as a working mom you carry a lot of guilt uhm you carry a lot of guilt…like am I really doing the right thing working in corporate working and not fetching my child every single day from school"

Research indicates that maternal guilt is often related to a failure to meet self-held beliefs or expectation of extensive maternal investment (Liss et al., 2012; Prikhidko & Swank, 2018). With Higgins (1987) self-discrepancy theory in mind, participant 3 indicated that she would ideally like to spend more time with her child, fetching him from school and attending his sports matches however she needed to work to support her child and her family. This discrepancy between her ideal self and actual self may therefore be considered as a contributing factor towards the experience of maternal guilt.

Many of the mothers also worried about whether or not they were spending enough quality time with their children during the lockdown period. A common theme found between the interviews was that although the nationwide lockdown has forced families to spend all of their time together, the amount of quality time shared between mother and child has been reduced.

> Participant 6: "Am I giving her enough time?... It's very hard to now take, 'cause normally I would like to take a child out individually and do one thing with them to

> get that one-on-one time with them so I know what's going on with them but we are really really sticking to the rules of self-isolation almost so I'm not getting that one-on-one with the child at the moment so again that that is really hard"

This finding supports those of Parker and Wang (2013) who determined that mothers often feel as though they are not spending enough time with their children. Gunderson and Barrett (2017) also support this claim by stating that feelings of inadequacy may come to rise if mothers feel as though they have failed their child in some way or another.

Self-blame

Based on dominant mothering discourses, mothers are often conceptualized as being responsible for everything that happens to their children, regardless of whether or not it is out of their control (Dale, 2012). Participant 4 noted that if there is a problem involving her child, the first thing she does is blame herself.

> Participant 4: "I think that if you know you always question yourself first thing you do. I think you know well I do I can't speak for everybody obviously but I think the first thing when you know is you you do you question what have you done, was there anything that you did wrong, is there anything you should be doing better. Uhm you know the first thing you look at it yourself you know… if there's a problem it's got to come from you"

This intense sense of responsibility which mothers often have as a result of internalizing dominant mothering discourses may lead to feelings of guilt and shame-based on a perceived failure (Dale, 2012). The literature also indicates that satisfaction with one's parental self-efficacy is fundamentally linked to mothers' well-being (Márk-Ribiczey, Miklósi, & Szabó, 2016). Furthermore, low self-efficacy is linked to non-adaptive cognitive processes which often lead to mothers blaming themselves for anything that appears to be problematic with regards to their children (Márk-Ribiczey, Miklósi, & Szabó, 2016).

Participant 6 also reflected upon her and her husband's experiences of putting their long-term remedial daughter on Ritalin and into a remedial school unit with great guilt.

> Participant 6: "We found it more like we'd let her down that we let her down and so I took it more sort of personally… and then us feeling even more guilty that we kind of was digging them heels in and was holding her back so you know you've got the guilt of doing it and the guilt of seeing the difference."

By resisting placing her daughter into a remedial school for so long and trying a more naturalistic approach first, participant 6 described feeling as though she had let her daughter down and not acted in her best interest. The literature speaks to guilt resulting in significant negative effects on an individual's mental well-being. Furthermore, Liss et al. (2012) note that guilt is typically associated with regret over specific actions. This regret may be seen in participant 6's guilt over "holding (her daughter) back".

Coronavirus Consequences

An overarching theme found throughout each of the interviews conducted was the idea that during the nationwide lockdown within South Africa, mothers have been forced to adopt an intensive mothering lifestyle regardless of whether or not they subscribe to this particular mothering paradigm.

Self-care

Much of the literature concerning the lived experiences of motherhood speak to the difficulty many mothers have in engaging in self-care behaviours (Miller & Strachan, 2020). This may be attributed to a lack of social support, a lack of time or even guilt concerning taking time away from one's children (Miller & Strachan, 2020). Research shows that mothers will often sacrifice their own time to ensure that their children's physical and emotional needs are met (Gunderson & Barrett, 2017). Whilst this has shown to be beneficial for the child, a neglect of personal well-being may lead to mothers experiencing feelings of decreased self-value, hostility, guilt and shame (Pridhiko & Swank, 2018).

Whilst every participant spoke of the overwhelming love they had for their children, many noted that it can be overwhelming when one role (their role as a mother) is overplayed. The lack of alone time and personal independence was recounted by some participants with a sense of emotional depletion and general exhaustion. During two of the interviews, the participants even had to excuse themselves for a moment so that they could attend to one of their children who wanted food or assistance with their homework. The multiplicity of roles and identities taken on by mothers may become a source of distress at times. Throughout the interviews for this study, it was clear that all of the participants had a desire for each of their identities to be acknowledged and respected.

> Participant 1: "I mean they also drive you mad, you also have times where you literally like…Sunday morning I actually just had to get out of the house I was so tired of hearing Mommy Mommy Mommy like every 5 seconds"

There was also a sense that participant 3 felt she had to justify her feelings of frustration. By reiterating that she works full time, she made it evident that she essentially has a lot of responsibilities and needed a break.

> Participant 3: "and I think because I work full-time as well it's just like… you just want a little bit of independence"

In many instances, this desire for independence correlated with time away from the participant's children and the temporary relief of their parental duties. During the interview with participant 4, it is interesting to note the participants use of the word sneak to explain her desire for a time out. This suggests that the participant may feel as though self-care is not 'allowed', thus resulting in a sense of shame or guilt in taking time out despite it being a necessary respite for the participant. A theory regarding the cause of this guilt in taking time to engage in self-care practices may be found in mothers' sense of responsibility and fear of negative evaluation from others concerning their choices to take some time away from their children (Miller & Strachan, 2020).

> Participant 4: "I would do little things like that [watch a series on Netlfix] you know. I would sneak a little hour here or a half an hour there so and you need to for your sanity"

Research indicates that even when mothers have free-time, this time is often interrupted by their children which can make it difficult for mothers to fully relax (Parker & Wang, 2013). A significant amount of literature also speaks to the emotional cost of motherhood and how, if a mother is not able to engage in self-care behaviours, various negative emotional vulnerabilities may arise (Gunderson & Barrett, 2017; Rizzo, Schiffrin & Liss, 2012). The literature also speaks to the importance of support systems as well as emotional, informational and instrumental support as a way to combat these potential negative mental health outcomes (Prabhakar et al., 2017).

External instrumental support

Due to the Coronavirus pandemic and resulting nationwide lockdown in South Africa, most of the social support which the participants were accustomed to were unavailable during the initial months of lockdown thus resulting in increased responsibilities and expectations being placed on mothers. These support systems included family and friends, the children's schools as well as housekeepers. Based on the lockdown restrictions and loss of support systems, during this time mothers have been forced to adopt an intensive mothering lifestyle. Intensive

mothering involves the provision of high levels of maternal support to children, the belief that the responsibility for the intellectual and emotional development of children belongs to mothers and that a mother's life should be child-centred (Gunderson & Barrett, 2017). Participant 2 described her struggles during the lockdown period with the loss of instrumental or physical support she had experienced.

> Participant 2: "I've always had someone to help me around the house and I haven't now with Covid so the beginning it was quite difficult to…to clean the whole house, do all the washing, do the kids, work, do online work"

According to Rizzo et al. (2012), intensive mothering beliefs often result in the development of various negative mental health outcomes. Henderson et al. (2015) suggest that even if a woman does not subscribe to dominant mothering ideologies such as intensive mothering, they may still be at risk of experiencing the negative consequences of said ideologies if, for example, they subconsciously internalise these ideals or, as is the case during the lockdown, they are forced into assuming this lifestyle.

Partner support

The support of the participant's partners seemed to be of great importance in the participant's abilities to balance their various roles as mothers whilst maintaining their well-being. Although all of the participants referred to their partners as "sounding boards" and the person who they were able to bounce ideas off of with regards to parenting, there were multiple instances of the participants experiencing conflict with their partners concerning support. The degree to which the participants' partners provided support also tended to vary.

> Participant 1: "I'd get immensely frustrated with [my partner] which I think is normal because he'd be lying in bed until whatever time and I'd say get up and help me with this or that or whatever and he wouldn't"

This is consistent with findings that show mothers who do not receive adequate support from their partners may experience feelings of annoyance, anger and even guilt targeted towards their partners which in turn may result in diminished emotional well-being (Gunderson & Barrett, 2017). It should also be noted that research indicates that those who subscribe to an intensive mothering ideology often resist accepting help from others (specifically from their partners) based on the belief that the mother should be the primary caregiver (Prabhakar et al., 2017). Despite experiencing an increase of responsibilities and a more child-centred home life (which are characteristics of intensive mothering) due to the nationwide lockdown, none

of the participants within this study overtly subscribed to the beliefs of intensive mothering. This could be why the participants felt increased frustration towards their partners for not providing support.

To some extent or another, every participant also spoke of the sense of responsibility which comes with being a mother, however, none of the participants showed a tendency towards maternal gatekeeping where they resisted accepting help from their partners.

> Participant 4: “I think that even as especially as a mother because you carry that baby for 9 months in your stomach… well in your womb but you know so you kind of you kind of feel like you responsible I mean you are responsible for growing and nurturing this little thing”

This overwhelming sense of responsibility experienced by mothers correlates with findings that mothers typically experience feelings of maternal responsibility regarding every aspect of their child’s life (Seagram & Daniluk, 2002; Kaspar & Kroese, 2017).

Conclusion

Within this study, the researcher engaged in 6 semi-structured interviews with South African mothers in an attempt to gain a better understanding of their lived experiences during the time of the Coronavirus pandemic. After conducting all of the interviews, an interpretive phenomenological analysis was done on the data revealing several themes. Overall, the effects of dominant mothering discourses such as intensive mothering were seen throughout each of the participants. The intensive mothering lifestyle which the participants were essentially forced to adopt during the nationwide lockdown resulted in a heightened desire for support and time to engage in self-care practices. Feelings of guilt and shame were common features of the experiences of the participants as mothers. This was mostly seen in their reflections of self-doubt and self-blame with regards to raising their children.

How The Research Question Was Answered

The research question for this study was: “What is the lived experience of South African mothers during the time of the Coronavirus pandemic?” Based on 6 semi-structured interviews, the experiences of South African mothers during the time of the Coronavirus pandemic were determined as being both positive and negative. The effect of dominant mothering discourses and social norms concerning motherhood was a significant theme found in the data. The concept of mothering being an innate skill as well as age as a preparatory factor in motherhood was discussed by the participants. It was also found that the participants were essentially forced to adopt an intensive mothering lifestyle during the nationwide lockdown which resulted in an overwhelming desire for both social support and support from the participants' partners. A desire for independence and time alone was also a common theme amongst the various participants, specifically those who worked full time. The emotional cost of motherhood as a consistent feature of motherhood was discussed by all of the mothers. The guilt associated with taking time to engage in self-care practices but still needing time alone was discussed extensively by the participants. The mothers within this study also noted feelings of self-doubt and self-blame as common in their mothering journeys.

Implications of Findings

Heuristic value

This study will contribute findings to the lived experiences of South African mothers from a new contextual perspective. Unlike most other research studies concerning the lived

experience of mothers within South Africa, this study focused on the effects which the Coronavirus pandemic may have had on the experiences of middle-class suburban mothers. By using Higgins (1987) self-discrepancy theory as the theoretical foundation for this study, this research also contributed to the lack of recent South African literature concerning the relation between self-discrepancies and various emotional vulnerabilities such as guilt and shame specifically amongst mothers.

Recommendations for future research

The findings of this study suggest that although there were some overarching commonalities in the experiences of South African mothers, each mother's situation is uniquely different. In the future, researchers should consider focusing on a niche group of mothers such as older mothers or mothers who have adopted their children to gain a more in-depth understanding of the lived experiences of different mothers within South Africa. If time allows for it, a fuller project including a mixed methods research design would be beneficial in creating a more holistic set of results. The use of both quantitative data collection methods which test self-discrepancies directly as well as qualitative data collection methods which unpack the experiences of mothers may be beneficial to use for future research.

Ethical Considerations

Participants

Before conducting any interviews, the researcher provided the participants with an information sheet detailing their rights as participants as well as information concerning the research itself. The participants were also required to sign two consent forms, one for the actual interview to take place and the second for allowing the researcher to audio record the interview. Throughout the entire research process (from the first moment of contact with the participants), the researcher ensured that the participants were aware of their rights pertaining to the research including anonymity and confidentiality before conducting the semi-structured interviews (Maree, 2020). Throughout the interview process, the researcher prioritised the participant's emotional well-being by avoiding harm and deception (Louw, 2018). The audio recordings and interview transcripts obtained during the study were also transferred onto an external hard-drive (and wiped from the researcher's password-protected laptop) and subsequently placed in secure storage which only the researcher has access to. This data will be kept for a minimum of five years before being destroyed (Louw, 2018).

Researcher

The fact that the researcher is not a mother may have influenced the participants' willingness to discuss certain topics, the researcher, therefore, needed to be aware and self-reflexive of the different roles being enacted during the interviews (Maree, 2020). During the data collection and analysis process, the researcher also ensured that no falsification of data occurred and that the interview transcripts were interpreted as accurately and true to form as possible so as to prevent the distortion of results (Louw, 2018). The researcher also did not conduct any interviews or contact potential research participants before gaining ethical clearance from the Independent Institute of Education (IIE).

Limitations

Due to government restrictions regarding the Coronavirus pandemic, the interviews were not allowed to take place in a face-to-face context (South African National Health Department, 2020). In conducting the interviews online through Skype, the conversational flow of the interview was often interrupted due to internet connectivity issues or other technical difficulties. Based on time constraints, only one interview session per participant was possible which can be considered problematic for a study which aimed to gain an in-depth understanding of a phenomenon such as motherhood. This was addressed, however, through the use of semi-structured interviews which allowed for several predominant questions and themes to be covered. The sample size of the study may also be considered a limitation as the entire population was not accessible, nor did the time constraints of the study allow for more than 6 participants to be involved. The aim of this research, however, was not to generalise the findings but rather gain insight on the unique experiences of South African mothers during the time of the Coronavirus pandemic.

Reference List

Brown, B. (2006). Shame resilience theory: a grounded theory study on women and shame. *Families in Society: The Journal of Contemporary Social Services, 87(1),* 43-52. doi: https://doi.org/10.1606%2F1044-3894.3483

Cameron, E., Joyce, K., Delaquis, C., Reynolds, K., Protudjer, J., & Roos, L. E. (2020). Maternal Psychological Distress & Mental Health Services Use during the COVID-19 Pandemic. doi: https://doi.org/10.31234/osf.io/a53zb

Chae, J. (2014). "Am I a better mother than you?" Media and 21st-century motherhood in the context of the social comparison theory. *Communication Research, 42(4),* 503-525. doi: 10.1177/0093650214534969

Choi, P., Henshaw, C., Baker, S., & Tree, J. (2005). *Supermum, superwife, super everything: performing femininity in the transition to motherhood. Journal of Reproductive and Infant Psychology, 23(2), 167–180.* doi:10.1080/02646830500129487

Cronin-Fisher, V., & Sahlstein Parcell, E. (2019). Making sense of dissatisfaction during the transition to motherhood through relational dialectics theory. *Journal of Family Communication.* doi: 10.1080/15267431.2019.1590364

Dale, L. (2012). *A Narrative Understanding of the Maternal Experience of urban Black South African Mothers.* (Master's Dissertation, University of the Witwatersrand, South Africa). Retrieved from: https://core.ac.uk/download/pdf/39671389.pdf

du Plooy-Cilliers, F. (2018). Research paradigms and traditions. In F. du Plooy-Cilliers, C. Davis & R. Bezuidenhout (Eds.), *Research Matters,* (pp. 18-35). Cape Town, South Africa: Juta.

Frahm-Arp, M. (2016). Constructions of mothering in Pentecostal-Charismatic churches in South Africa. *Neotestamentica*, *50*(1), 145-163. doi: https://doi.org/10.1353/neo.2016.0040

Gaynor, D. (2016). *First-time mothers: exploring the relationship between shame memories, and the experiences of shame compassion and motherhood*. (Doctoral Thesis, the University of East London). doi: https://dx.doi.org/10.15123%2FPUB.5382

Gunderson, J., & Barrett, A. (2017). Emotional cost of emotional support? The association between intensive mothering and psychological well-being in midlife. *Journal of Family Issues, 38(7), 992–1009.* doi: 10.1177/0192513x15579502

Henderson, A., Harmon, S., & Newman, H. (2015). The price mothers pay, even when they are not buying it: mental health consequences of idealized motherhood. *Sex Roles*. doi: 10.1007/s11199-015-0534-5

Higgins, E. (1987). Self-discrepancy: a theory relating self and affect. *Psychological Review, 94, 319-40*. doi: 10.1037/0033-295X.94.3.319.

Howitt, D., & Cramer, D. (2017). *Research Methods in Psychology (5th edition).* Harlow, United Kingdom: Pearson Education Limited.

Kaspar, P., & Kroese, B. (2017). What makes a good mother? An interpretative phenomenological analysis of the views of women with learning disabilities. *Women's Studies International Forum*, 62, 107-115. doi: http://dx.doi.org/10.1016/j.wsif.2017.04.005

Knowles, M., Nieuwenhuis, J., & Smit, B. (2009). A narrative analysis of educators' lived experiences of motherhood and teaching. *South African Journal of Education, 29*, 333-343.

Koonin, M. (2018). Validity and reliability. In F. du Plooy-Cilliers, C. Davis & R. Bezuidenhout (Eds.), *Research Matters*, (pp. 252-261). Cape Town, South Africa: Juta.

Liss, M., Schiffrin, H., & Rizzo, K. (2012). Maternal guilt and shame: the role of self-discrepancy and fear of negative evaluation. *Psychological Science, 5*. doi: 10.1007/s10826-012-9673-2

Louw, M. (2018). Ethics in research. In F. du Plooy-Cilliers, C. Davis & R. Bezuidenhout (Eds.), *Research Matters*, (pp. 262-273). Cape Town, South Africa: Juta.

Malatzky, C. (2017). Australian women's complex engagement with the yummy mummy discourse and the bodily ideals of good motherhood. *Women's Studies International Forum, 62,* 25–33. doi: http://dx.doi.org/10.1016/j.wsif.2017.02.006

Maree, K. (2020). Planning a research proposal. In K. Maree (Ed.), *First Steps in Research* (pp. 26-53). Pretoria, South Africa: Van Schaik Publishers.

Márk-Ribiczey, N., Miklósi, M., & Szabó, M. (2016). Maternal self-efficacy and role satisfaction: The mediating effect of cognitive emotion regulation. *Journal of child and family studies*, *25*(1), 189-197

Maroiu, C. & Maricutoiu, L. (2017). Self-Discrepancies. *Encyclopaedia of Personality and Individual Differences, 1-4*. doi: https://doi.org/10.1007/978-3-319-28099-8_1503-1

Mason, T., Smith, K., Engwall, A., Lass, A., Mead, M., Sorby, M., …Wonderlich, S. (2019). Self-discrepancy theory as a transdiagnostic framework: a meta-analysis of self-discrepancy and psychopathology. *Psychological Bulletin. Advance online publication*. doi: http://dx.doi.org/10.1037/bul0000

Miller, C. & Strachan, S. (2020). Understanding the role of mother guilt and self-compassion in health behaviours in mothers with young children. *Women & Health*. doi: 10.1080/03630242.2020.1713966

Nieuwenhuis, J. (2020a). Introducing qualitative research. In K. Maree (Ed.), *First Steps in Research* (pp. 56-77). Pretoria, South Africa: Van Schaik Publishers.

Nieuwenhuis, J. (2020b). Qualitative research designs and data-gathering techniques. In K. Maree (Ed.), *First Steps in Research* (pp.79-116). Pretoria: Van Schaik Publishers.

Nieuwenhuis, J. (2020c). Analysing qualitative data. In K. Maree (Ed.), *First steps in research* (pp.117-153). Pretoria, South Africa: Van Schaik Publishers.

Parker, K., & Wang, W. (2013). Modern parenthood. *Pew Research Center's Social & Demographic Trends Project*, *14*.

Pedersen, S. (2016). The good, the bad and the 'good enough' mother on the UK parenting forum Mumsnet. *Women's Studies International Forum*, *59*, 32-38. doi: http://dx.doi.org/10.1016/j.wsif.2016.09.004

Prabhakar, A., Guerra-Reyes, L., Effron, A., Kleinschmidt, V., Driscoll, M., Peters, C., ... & Siek, K. (2017). " let me know if you need anything" support realities of new mothers. In *Proceedings of the 11th EAI International Conference on Pervasive Computing Technologies for Healthcare*, 31-40.

Prikhidko, A., & Swank, J. (2018). Motherhood experiences and expectations: a qualitative exploration of mothers of toddlers. *The Family Journal: Counselling and Therapy for Couples and Families*, 1-7. doi: 10.1177/1066480718795116

Schiffrin, H., Rizzo, K., & Liss, M. (2013). Insight into the parenthood paradox: mental health outcomes of intensive mothering. *Journal of Child and Family Studies*. doi: 10.1007/s10826-012-9615-z

Seagram, S., & Daniluk, J. (2002). It goes with the territory. *Women & Therapy*, 25(1), 61-88. doi: 10.1300/J015v25n01_04

Seligman, C., & Rider, E. (2015). *Life-Span Human Development*. Boston, USA: Cengage Learning

Shelton, N., & Johnson, S. (2006). 'I think motherhood for me was a bit like a double-edged sword': the narratives of older mothers. *Journal of Community & Applied Social Psychology*, *16*(4), 316-330.

South African National Department of Health. (2020). About Covid-19. Retrieved from: https://sacoronavirus.co.za/

Winnicott, D. W. (1953). Transitional objects and transitional phenomena; a study of the first not-me possession. *The International Journal of Psychoanalysis*, *34*, 89–97. Retrieved from: https://icpla.edu/wp-content/uploads/2013/02/Winnicott-D.-Transitional-Objects-and-Transitional-Phenomena.pdf

Annexure A

<table>
<tr><td>Research purpose/ objective</td><td>Primary research question</td><td>Research rationale</td><td>Seminal authors/ sources</td><td>Literature review – conceptual framework</td><td>Paradigm</td><td>Approach</td><td>Data collection methods</td><td>Ethics</td><td>Anticipated findings</td><td>References</td></tr>
<tr><td>To qualitatively gain an understanding of the lived experiences of South African mothers during the time of the Coronavirus pandemic</td><td>What is the lived experience of South African mothers during the time of the Coronavirus pandemic?</td><td>There is a gap in South African literature in recent years concerning the lived experiences of the general population of mothers with a specific focus on the effects of self-discrepancies on women’s emotional states</td><td>1. E.T. Higgins</td><td rowspan="3">Theme 1: Mothering paradigms

Theme 2: Maternal guilt

Theme 3: Maternal shame</td><td rowspan="3">Paradigm: Interpretivism

Epistemology: Participants logic dictates knowledge.

Ontology: Reality is subjective and can be considered a social construction

Axiology: Uniqueness is valued</td><td>A qualitative, phenomenological approach

Population

Mothers living within Durban, KZN, who have at least one child in junior school (grades 2 to 6)</td><td>Semi-structured interviews</td><td>Informed consent will be attained from the participants once they are made aware of their rights. The researcher will practice self-reflexivity in terms of the different roles being enacted during the interview.</td><td>The study aims to learn about the lived experience of mothers within Durban, KZN.</td><td rowspan="3">Motherhood experiences and expectations: a qualitative exploration of mothers of toddlers. Prikhidko, A. & Swank, J. 2018.

Maternal guilt and shame: the role of self-discrepancy and fear of negative evaluation. Liss, M., Schiffrin, H., & Rizzo, K. 2012

Self-Discrepancy: A theory relating self and affect. Higgins, E. 1987</td></tr>
<tr><td>Research problem</td><td>Secondary questions/ hypotheses/ objectives</td><td>Key concepts</td><td>Key theories</td><td>Sampling</td><td>Data analysis methods</td><td>Limitations</td><td>Anticipated contribution</td></tr>
<tr><td>There is a lack of recent, South African research concerning the lived experiences of mothers in terms of Higgins (1987) self-discrepancy theory.</td><td>To determine what the lived experience of South African mothers during the time of the Coronavirus pandemic is.</td><td>1. Intensive mothering
2. Domains of self
3. Self-discrepancies</td><td>1. Self-discrepancy theory</td><td>Non-probability

Sampling method: purposive sampling

Size:
6 interview subjects</td><td>Unit of analysis: semi-structured interview transcripts

Data analysis method: a phenomenological analysis</td><td>This study will be limited in its scope in terms of the type of and the number of participants included due to time constraints.</td><td>This study will contribute findings to the lived experiences of South African mothers from a new contextual perspective.</td></tr>
</table>

Annexure B

Interview guide

Participants age: Age of Children:

Number of children: Children's grades:

---

1. My goal is to understand your experience, so can you tell me about what it has been like to be a mom?

2. Is there a mom whom you know or look up to in terms of what you think the ideal mom looks like?

3. Can you tell me what your experience during lockdown has been like as a mom?

4. Is there anything else you would like to add about your experiences as a mother?

Annexure C

THE INDEPENDENT INSTITUTE OF EDUCATION

Honours ethics checklist

Student name: Amber Holmes
Title of the research:

	Yes	No	Comment: supervisor
I am **not** using human subjects: i.e. I use visual artefacts or visual observation etc.		X	
I intend to use human subjects • I understand that I will not conduct research with human subjects under the age of 18 and other vulnerable groups. • I understand I can only proceed once I receive an ethical clearance letter, and my **supervisor** has approved my interview or focus group questions, questionnaire or coding categories etc.			
Interviews/Focus groups An example of the written consent form I intend to use is attached.	X		
I will **record** the interview/focus groups and the sample of the letter where I ask for permission to do so is attached.	X		
I plan to use an interview or focus group schedule: The example of my research instrument is attached.	X		
I plan to use a questionnaire: The example of my research instrument is attached.		X	
I plan to use a gate-keepers letter: The example of my letter is attached.		X	
I plan to do research on an IIE site/with IIE students/staff/artefacts and I filled in the application for permission to do so. The application is attached. I understand I can only proceed once I receive IIE Approval for this.		X	

Signed: …….

Annexure D

Explanatory information sheet

To whom it may concern,

My name is Amber Leigh Holmes and I am a student at Varsity College Westville, I am currently conducting research under the supervision of Dr Samantha Thomas about the lived experiences of South African mothers during the time of the Coronavirus pandemic as it relates to maternal guilt and shame. I hope that this research will enhance our understanding of the lived experiences of South African motherhood and the phenomenon of maternal guilt and shame as well as how prevailing mothering paradigms may influence one's self-guides and consequent emotional vulnerabilities.

I would like to invite you to participate in my study. In order to explain to you what your participation in my study will involve, I have formulated questions that I will try to fully answer so that you can make an informed decision about whether or not to participate. If you have any additional questions that you feel are not addressed or explained in this information sheet, please do not hesitate to ask me for more information. Once you have read and understood all the information contained in this sheet and are willing to participate, please complete and sign the consent form below.

What will I be doing if I participate in your study?

I would like to invite you to participate in this research because you are a South African mother with a child in between grades 2 to 6. If you decide to participate in this research, I would like to conduct a 45 to a 60-minute interview with you and discuss your lived experiences as a mother.

You can decide whether or not to participate in this research. If you decide to participate, you can choose to withdraw at any time or to decide not to answer particular interview questions.

Are there any risks/ or discomforts involved in participating in this study?

Whether or not you decide to participate in this research, there will be no negative impact on you. There are no direct risks or benefits to you if you participate in this study. You might, however,

indirectly find that it is helpful to talk about your experiences as a mother. If you find at any stage that you are not comfortable with the line of questioning, you may withdraw or refrain from participating.

Do I have to participate in the study?

- Your inclusion in this study is completely voluntary;
- If you do not wish to participate in this study, you have every right not to do so;
- Even if you agree to participate in this study, you may withdraw at any time without having to provide an explanation for your decision.

Will my identity be protected?

I promise to protect your identity. I will not use your name in any research summaries to come out of this research and I will also make sure that any other details are disguised so that nobody will be able to identify you. I would like to ask your permission to record the interviews, but only my supervisor, I and possibly a professional transcriber (who will sign a confidentiality agreement) will have access to these recordings. Nobody else, including anybody at Varsity College Westville, will have access to your interview information. I would like to use quotes when I discuss the findings of the research, but I will not use any recognisable information in these quotes that can be linked to you.

What will happen to the information that participants provide?

Once I have finished all interviews, I will write summaries to be included in my research report, which is a requirement to complete my BA Honours in Psychology. You may ask me to send you a summary of the research if you are interested in the final outcome of the study.

What happens if I have more questions about the study?

Please feel free to contact me or my supervisor should you have any questions or concerns about this research, or if there is anything you need to know before you decide whether or not to participate.

You should not agree to participate unless you are completely comfortable with the procedures followed.

My contact details are as follows:

Amber Holmes

[redacted]

[redacted]

The contact details of my supervisor are as follows:

[redacted]

[redacted]

Annexure E

Consent form

Consent form for participants	
I,_____, agree to participate in the research conducted by Amber Leigh Holmes about the lived experiences of South African mothers during the time of the Coronavirus pandemic. The phenomenon of maternal guilt and shame will also be explored through the unique perspectives of the participants and answer the research question: what is the lived experience of South African mothers during the time of the coronavirus pandemic? This study will also explore prevailing mothering paradigms and how these may influence one's self-guides and consequent emotional vulnerabilities. This research has been explained to me and I understand what participation in this research will involve. I understand that: • I agree to be interviewed for this research. • My confidentiality will be ensured. My name and personal details will be kept private. • My participation in this research is voluntary and I have the right to withdraw from the research at any time. There will be no repercussions should I choose to withdraw from the research. • I may choose not to answer any of the questions that are asked during the research interview. • I may be quoted directly when the research is published, but my identity will be protected.	
Signature	**Date**

Annexure F

Consent form for audio or video recording

Consent form for participants	
I,_____, agree to allow Amber Leigh Holmes to audio record my interviews as part of the research about the lived experiences of South African mothers during the time of the Coronavirus pandemic. The phenomenon of maternal guilt and shame will also be explored through the unique perspectives of the participants and answer the research question: what is the lived experience of South African mothers during the time of the coronavirus pandemic? This study will also explore prevailing mothering paradigms and how these may influence one's self-guides and consequent emotional vulnerabilities. This research has been explained to me and I understand what participation in this research will involve. I understand that: • My confidentiality will be ensured. My name and personal details will be kept private. • The recordings will be stored in a password-protected file on the researcher's computer. • Only the researcher, the researcher's supervisor and possibly a transcriber (who will sign a confidentiality agreement) will have access to these recordings.	
Signature	**Date**

Annexure G

Ethical clearance letter

THE INDEPENDENT INSTITUTE OF EDUCATION

27 July 2020

Student name: Amber Holmes
Student number: 17748378
Campus: Varsity College, Westville

Re: Approval of Psychology Honours Proposal and Ethics Clearance

HONOURS ETHICAL CLEARANCE LETTER

Your research proposal and the ethical implications of your proposed research topic were reviewed by your supervisor and the campus research panel, a subcommittee of The Independent Institute of Education's Research and Postgraduate Studies Committee.

Your research proposal posed no significant ethical concerns and your supporting documents and instruments are in order to proceed. We hereby provide you with permission to proceed with your research.

In the event of you deciding to change your research methodology in any way, kindly consult your supervisor to ensure all ethical considerations are adhered to and pose no risk to any participant or party involved. A revised ethical clearance letter will be issued.

We wish you all the best with your research!

GENERAL CONDITIONS TO BE FULFILLED IN RELATION TO RESEARCH

Permission is granted to proceed with the above study subject to the conditions listed below being met and may be withdrawn should any of these conditions be flouted.

Please note: The panel has not considered the merits, accuracy or ethical soundness of the research. The only merits examined are the use of The IIE as a sample.

Permission is granted subject to the following conditions:

1. The researcher(s) will need to obtain informed consent in writing from all of the participants in his/ her sample if the study is not anonymous.

ADvTECH HOUSE
Inanda Greens
54 Wierda Rd West
Wierda Valley 2196
P.O. Box 2369
Randburg 2125

THE INDEPENDENT INSTITUTE OF EDUCATION

2. The researcher(s) may only use the data collected for research purposes and in no other way.
3. Photographs of human subjects may only be taken if relevant to the research, informed consent was obtained, and even with informed consent, the photographs may not be published on any online platforms.
4. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
5. No names or identifying information of participants may be used within the research and the research must be voluntary.
6. Please make it clear that the information will not be used punitively in any way and participants may in no way be counselled/advised based on this.

[redacted]

Supervisor and Campus Postgraduate Coordinator
Dr Samantha Thomas