

**THE EXPERIENCES OF ADOLESCENT  
DAUGHTERS OF MOTHERS DIAGNOSED WITH  
BORDERLINE PERSONALITY DISORDER**

by

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Sincerely,



Dr L Nel

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## ABSTRACT

This study aimed to describe, interpret and gain deep insight into the lived experiences of adolescent (aged 12–18) daughters with mothers diagnosed with Borderline Personality Disorder (BPD). As this disorder is characterized by substantial impairment in terms of interpersonal functioning and implies a deeply-rooted identity disturbance, the question is how this will affect the mothering abilities of women diagnosed with the disorder. Specifically, mothering adolescent daughters in the fifth developmental phase are confronted with identity forming versus identity confusion. In the adolescent phase, attachment forming has already been established. Clinical theorists suggest disturbed attachments are expected from someone diagnosed with this psychopathology. It was found that a definite association exists between BPD and insecure attachment forming. The attachment style the child was exposed to will directly influence the development of the child's internal working model and affect the child's emotional regulation, autonomy, capacity to build and maintain trusting relationships and social and relationship expectations. The major objective of this study was to investigate the risk factors for developing a transgenerational pattern and determine what elements will protect the adolescent daughter from this repeated pattern. What will assist the child in reaching a point of meaning-making, and what will the role be of psychotherapy and psychiatric interventions?

The study was interpretative and phenomenological, and eleven adolescent daughters with mothers diagnosed with BPD were interviewed on two occasions, six months apart. Qualitative data were collected using semi-structured interviews and analysed through a thematic analysis. Four themes were deduced from the interviews: (1) experiencing complex interpersonal dynamics, (2) experiencing emotional dysregulation, (3) not managing the system, and (4) having positive expectancies.

The study contributed to the gap in South African literature [on the effect of a maternal BPD diagnosis](#) on adolescent daughters and the importance of psycho-therapeutic interventions as a protective measure for developing a transgenerational pattern. The study added to the

international literature on this topic and emphasized the differences in adolescents' maternal perceptions within the middle adolescent group (aged 12–18 years).

## OPSOMMING

Die doel van hierdie studie was om die lewenservaring van adolessente dogters (tussen 12–18 jaar) met ma's wat met Grensgeval Persoonlikheidsversteuring (GPV) gediagnoseer is, te beskryf, te interpreteer en om deeglike insig daarin te verkry. Aangesien hierdie versteuring gekenmerk word deur ernstige inperkings in terme van interpersoonlike funksionering en identiteitsvorming, is die vraag hoe dit die vrouens wat daarmee gediagnoseer is se moederskapsvaardighede beïnvloed. Spesifiek ten opsigte van adolessente dogters, wat hulself in die vyfde ontwikkelingsfase van identiteitsvorming versus identiteitsverwarring bevind. Aangesien hulle hulself in die adolessente fase bevind, is binding reeds vasgelê en is kliniese teoretici van mening dat versteurde bindings van ma's met hierdie vorm van patologie verwag kan word. Daar is bevind dat daar 'n besliste verband bestaan tussen GPV en onsekere bindingsvorming. Die bindingstyl waaraan 'n kind blootgestel is, sal 'n direkte uitwerking hê op die ontwikkeling van die interne werksmodel van die kind en sal die kind se emosionele regulering beïnvloed, outonomieit, vermoë om langtermyn interpersoonlike verhoudings in stand te hou, asook sosiale en verhoudingsverwagtings. Hierdie studie het gepoog om ondersoek in te stel na die risikofaktore wat bydra tot die vorming van 'n transgenerasionele oordragpatroon asook na die faktore wat die adolessente dogter daarteen sal beskerm. Hoe kan die kind bygestaan word om sin te maak uit die gebeure en wat is die moontlike rol van psigoterapie en psigiatriese ingryping hierin?

Dit was 'n interpretatiewe en fenomenologiese studie waarin elf adolessente dogters met ma's wat met GPV gediagnoseer is, ondervra is tydens twee geleenthede, ses maande uitmekaar. Kwalitatiewe data is in die proses ingesamel met behulp van semi-gestruktureerde onderhoude en geanaliseer aan die hand van 'n tematiese analise. Vier hooftemas is geïdentifiseer uit die onderhoude: (1) die beleving van komplekse interpersoonlike dinamika, (2) die beleving van emosionele disregulering, (3) die onvermoë om die sisteem te bestuur en (4) om positiewe verwagtinge te hê.

Die studie dra by tot die tekort aan Suid-Afrikaanse navorsing oor materne GPV en die invloed daarvan op adolessente dogters asook op die belangrikheid van psigoterapeutiese intervensies as beskermingsmeganisme teen die ontwikkeling van 'n transgenerasionele herhalingspatroon. Die studie poog ook om by te dra tot internasionale literatuur oor hierdie onderwerp en veral op die verskil in die adolessente dogters se sienings van hulle ma's binne die ouderdomsgroep van 12 tot 18 jaar.

## TABLE OF CONTENTS

<b>STUDENT DECLARATION .....</b>	<b>i</b>
<b>PERMISSION TO SUBMIT .....</b>	<b>ii</b>
<b>ACKNOWLEDGEMENTS.....</b>	<b>iii</b>
<b>ABSTRACT .....</b>	<b>iv</b>
<b>OPSOMMING .....</b>	<b>vi</b>
<b>TABLE OF CONTENTS .....</b>	<b>viii</b>
<b>LIST OF TABLES.....</b>	<b>xvi</b>
<b>LIST OF FIGURES .....</b>	<b>xvi</b>
<b>CHAPTER 1: INTRODUCTION .....</b>	<b>1</b>
1.1 Introduction .....	1
1.2 Motivation .....	1
1.3 Research Question .....	2
1.4 Possible Value .....	3
1.5 Overview.....	4
1.6 Methodological Process .....	4
1.7 Overview.....	5
1.8 Clarification of key concepts .....	6
1.9 Outline .....	7
<b>CHAPTER 2: ATTACHMENT FORMING .....</b>	<b>9</b>
2.1 Introduction to Attachment .....	9
2.2 Biological Basis of Attachment.....	10
2.3 Defining Attachment.....	12
2.4 Development of the Construct.....	14
2.5 Types of Attachment.....	19
2.5.1 The development of an Attachment Pattern.....	19
2.5.2 The Secure Attachment Type.....	20

2.5.3	The Resistant/Ambivalent Attachment Type .....	21
2.5.4	The Avoidant Attachment Type .....	22
2.5.5	The Disorganised/Insecure Attachment Type.....	23
2.6	Theories on Parent-Child Relationships .....	25
2.6.1	The Parent-Child Relationship .....	25
2.6.2	The Social Learning Theory.....	25
2.6.3	Parenting Styles Theory .....	26
2.6.3.1	<i>The Role of the Parental Environment</i> .....	26
2.6.3.2	Authoritative Parenting Style .....	29
2.6.3.3	Authoritarian Parenting Style.....	32
2.6.3.4	Permissive Parenting Style.....	34
2.6.3.5	Neglectful/Disengaged Parenting Style .....	35
2.6.4	Internal Working Models.....	37
2.7	Attachment Research .....	38
2.7.1	A Critical Analysis of International Research on Attachment .....	38
2.7.2	South African Research on Attachment.....	41
2.7.3	Research Trends on Attachment .....	46
	<b>CHAPTER 3: BORDERLINE PERSONALITY DISORDER .....</b>	<b>50</b>
3.1	Introduction .....	50
3.2	Defining the Construct .....	50
3.3	Prevalence and Comorbidities .....	52
3.4	Borderline Personality Disorder Features and Subtypes .....	54
3.5	Intervention Strategies .....	55
3.6	South African Research on Borderline Personality Disorder .....	57
3.7	Parental Psychopathology: A Borderline Personality Disorder Perspective .....	59
3.7.1	Trauma experiences .....	59
3.7.2	The effect of parental psychopathology.....	61

3.7.3	Family Environment .....	61
3.7.4	Parental Stress .....	62
3.7.5	Emotional Availability .....	62
3.8	Maternal Challenges in Raising an Adolescent: A Borderline Personality Disorder Perspective .....	65
3.9	The Adolescent Perspective .....	68
3.9.1	Disruptive Attachment Forming.....	68
3.9.2	Insecure behaviour and maternal overprotection.....	69
3.10	Adolescent Daughters.....	70
3.10.1	Development Tasks and Stages in Adolescence.....	70
3.10.2	The Family environment.....	74
3.10.3	Cognitive and Behavioural Risk factors.....	75
3.11	Mental Health Outcomes.....	76
3.12	Attachment <b>Forming</b> with Borderline Personality Disorder.....	77
3.13	Concluding Comments.....	81
	<b>CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY .....</b>	<b>83</b>
4.1	Introduction.....	83
4.2	Revisiting the aim of the study .....	83
4.3	Research Methodology .....	83
4.3.1	Qualitative Research Approach .....	83
4.3.2	The Role of the Researcher in Qualitative Research .....	85
4.3.3	Methodological orientation: Phenomenology and its philosophical background.....	86
4.3.3.1	Phenomenology.....	86
4.3.3.2	Philosophical Background.....	86
4.3.4	Interpretative Phenomenological Analysis (IPA) .....	88
4.3.5	Interpretative Phenomenological Analysis in Psychology.....	89
4.4	Research design motivation.....	90

4.4.1	Sampling .....	92
4.4.1.1	Participant Sampling in IPA .....	92
4.4.1.2	Purposive Sampling Technique and Participant Selection Criteria .....	93
4.4.1.3	Methods of participant recruitment .....	94
4.4.2	Text Collection .....	97
4.4.3	Data Analysis .....	99
4.4.3.1	Transcription Stage .....	100
4.4.3.2	First Order Analysis: Searching for Themes .....	100
4.4.3.3	Second-Order Analysis: Connecting the themes .....	102
4.4.3.4	Interpretation of individual cases .....	103
4.4.3.5	Cross-case analysis .....	104
4.4.3.6	Interpretation of the cross-case analysis .....	105
4.5	Trustworthiness .....	105
4.5.1	Credibility .....	106
4.5.2	Dependability .....	107
4.5.3	Confirmability .....	107
4.5.4	Transferability .....	108
4.5.5	Reflexivity .....	108
4.6	Ethical concerns .....	109
4.6.1	Informed Consent .....	109
4.6.2	Confidentiality .....	110
4.6.3	Consequences of participation .....	110
4.7	Conclusion .....	111
	<b>CHAPTER 5: RESEARCH FINDINGS .....</b>	<b>112</b>
5.1	Introduction .....	112
5.2	Case Studies .....	112

5.2.1	Case study 1: Petra.....	112
5.2.1.1	Background .....	112
5.2.1.2	Researcher's reflections.....	113
5.2.1.3	Case 1 – Petra: "At times me and my mom fight with each other and at times we play ..."	113
5.2.2	Case study 2: Wilma .....	114
5.2.2.1	Background .....	114
5.2.2.2	Researcher's Reflections .....	115
5.2.2.3	Case 2 – Wilma: "People will always leave me and tread upon me ..."	115
5.2.3	Case study 3: Caryn .....	116
5.2.3.1	Background .....	116
5.2.3.2	Researcher's Reflections .....	116
5.2.3.3	Case 3 – Caryn: "She used to break me down ..."	116
5.2.4	Case study 4: Bea .....	118
5.2.4.1	Background .....	118
5.2.4.2	Researcher's Reflections .....	118
5.2.4.3	Case 4 – Bea: "More like friends ..."	118
5.2.5	Case study 5: Tandi .....	120
5.2.5.1	Background .....	120
5.2.5.2	Researcher's Reflections .....	121
5.2.5.3	Case 5 – Tandi: "Only by blood ..."	121
5.2.6	Case Study 6: Gladys .....	123
5.2.6.1	Background .....	123
5.2.6.2	Researcher's Reflections .....	124
5.2.6.3	Case 6 – Gladys: "... broken woman and broken child ..."	124
5.2.7	Case study 7: Vera.....	128

5.2.7.1	Background .....	128
5.2.7.2	Researcher's Reflections .....	128
5.2.7.3	Case 7 – Vera: "We're very inclined to fighting ..."	128
5.2.8	Case study 8: Rachel.....	130
5.2.8.1	Background .....	130
5.2.8.2	Researcher's Reflections .....	131
5.2.8.3	Case 8 – Rachel: "She always overdoses when she has stress ..."	131
5.2.9	Case study 9: Jackie.....	133
5.2.9.1	Background .....	133
5.2.9.2	Researcher's Reflections .....	133
5.2.9.3	Case 9 – Jackie: "... to avoid all the drama ..."	134
5.2.10	Case study 10: Dina.....	137
5.2.10.1	Background .....	137
5.2.10.2	Researcher's Reflections .....	137
5.2.10.3	Case 10 – Dina: "We don't make time for each other ..."	138
5.2.11	Case study 11: Floris .....	140
5.2.11.1	Background Information .....	140
5.2.11.2	Researcher's Reflections .....	140
5.2.11.3	Case 11 – Floris: "She always pushed me away ..."	140
5.3	Themes deducted from the interviews.....	143
5.3.1	Experiencing complex interpersonal dynamics.....	145
5.3.1.1	"You never know what you get" .....	145
5.3.1.2	"The easy way out" .....	148
5.3.2	The experience of emotional dysregulation.....	150
5.3.2.2	"Where is my mom?" .....	154
5.3.3	Not managing the system .....	155

5.3.3.1	“What about the others?” .....	155
5.3.3.2	“When things go wrong” .....	159
5.3.4	Having positive expectancies .....	161
5.3.4.1	“Having a great time!” .....	161
5.3.4.2	“Its still my mom” .....	163
5.3.4.3	“Growing despite” .....	165
<b>CHAPTER 6: DISCUSSION .....</b>		<b>169</b>
6.1	The Borderline personality disorder mother.....	169
6.2	The Adolescent Daughter .....	171
6.3	Unfulfilled needs .....	175
6.4	Revisiting attachment types and the internal working models.....	176
6.5	The transgenerational pattern of transmission .....	179
6.6	Risk and protective factors.....	179
6.7	Meaning of the research experience .....	183
<b>CHAPTER 7: CONCLUSION, STRENGTHS, IMPLICATIONS, RECOMMENDATIONS, LIMITATIONS AND REFLECTIONS .....</b>		<b>185</b>
7.1	Introduction.....	185
7.2	Conclusion.....	185
7.3	Strengths of the study.....	189
7.4	Implications for clinical practice.....	190
7.5	Recommendations.....	192
7.6	Limitations.....	194
7.7	Personal final reflections.....	196
<b>REFERENCES .....</b>		<b>198</b>
<b>APPENDIX A: INVITATION TO PARTICIPATE .....</b>		<b>281</b>
<b>APPENDIX B: LETTER TO PSYCHIATRIST .....</b>		<b>282</b>
<b>APPENDIX C: SEMI-STRUCTURED INTERVIEW .....</b>		<b>283</b>

<b>APPENDIX D: BIOGRAPHICAL QUESTIONNAIRE .....</b>	<b>284</b>
<b>APPENDIX E: LETTER OF CONSENT (PARTICIPANTS).....</b>	<b>285</b>
<b>APPENDIX F: LETTER OF CONSENT (MOTHERS OF PARTICIPANTS) .....</b>	<b>287</b>
<b>APPENDIX G: RESEARCH STUDY INFORMATION .....</b>	<b>289</b>
<b>APPENDIX H: LETTER OF WILLINGNESS TO PROVIDE THERAPEUTIC SERVICES .</b>	<b>292</b>
<b>APPENDIX I: INFORMATION TO MOTHERS OF PARTICIPANTS .....</b>	<b>293</b>
<b>APPENDIX J: CODING REGISTER .....</b>	<b>295</b>
<b>APPENDIX K: SUBORDINATE AND SUPERORDINATE THEMES .....</b>	<b>298</b>
<b>APPENDIX L: ETHICAL CLEARANCE.....</b>	<b>299</b>
<b>APPENDIX M: CONFIDENTIALITY CONTRACT: TRANSCRIBER, TRANSLATOR AND TECHNICAL SERVICES .....</b>	<b>300</b>
<b>APPENDIX N: TRANSCRIPT CASE 1 – PETRA .....</b>	<b>302</b>
<b>APPENDIX O: TRANSCRIPT CASE 2 – WILMA .....</b>	<b>307</b>
<b>APPENDIX P: TRANSCRIPT CASE 3 – CARYN .....</b>	<b>311</b>
<b>APPENDIX Q: TRANSCRIPT CASE 4 – BEA.....</b>	<b>315</b>
<b>APPENDIX R: TRANSCRIPT CASE 5 – TANDI.....</b>	<b>320</b>
<b>APPENDIX S: TRANSCRIPT CASE 6 – GLADYS.....</b>	<b>327</b>
<b>APPENDIX T: TRANSCRIPT CASE 7 – VERA .....</b>	<b>337</b>
<b>APPENDIX U: TRANSCRIPT CASE 8 – RACHEL.....</b>	<b>344</b>
<b>APPENDIX V: TRANSCRIPT CASE 9 – JACKIE.....</b>	<b>352</b>
<b>APPENDIX W: TRANSCRIPT CASE 10 – DINA .....</b>	<b>361</b>
<b>APPENDIX X: TRANSCRIPT CASE 11 – FLORIS.....</b>	<b>369</b>

## LIST OF TABLES

<b>Table 1:</b> A summary of participants' demographic information.....	96
<b>Table 2:</b> Participants' demographic information (part 2).....	97
<b>Table 3:</b> Summary of Interpretative phenomenological analysis (IPA) steps applied in this study .....	99

## LIST OF FIGURES

<b>Figure 1:</b> Themes deducted from the interviews.....	144
<b>Figure 2:</b> Adolescent phase: Risk and protective factors (for developing behavioural problems).....	180
<b>Figure 3:</b> Attachment forming .....	188

## CHAPTER 1: INTRODUCTION

### 1.1 Introduction

This chapter will give an overview of the research by first discussing the research's motivation in its context. Second, the aim of the study will be described, and last, the research question will be stated. The value of this study is substantiated by the lack of research on this topic within the South African context. The reader will be briefly orientated to the research design and the ethical considerations. Relevant vital concepts will be clarified, and the chapter will conclude by giving a broad indication of each chapter's content.

### 1.2 Motivation

The study will investigate the experiences of adolescent daughters (12–18 years) with mothers diagnosed with borderline personality disorder (BPD). [BPD is a personality disorder and is a well-known diagnosis identified by substantial functional and interpersonal impairment](#) (Sadock et al., 2015). In various large adult population-based surveys, mainly in the United States, studies have shown that the prevalence rates for BPD vary between 1.6 and 5.9%, depending on how strictly the diagnostic rules are applied (American Psychiatric Association, 2013). Studies by Kaess et al. (2014), Johnson et al. (2008), Coid et al. (2006), and Chanen and McCutcheon (2008) found the prevalence of BPD in 16-year-olds and 22-year-olds to be 1.4% and 3.2% respectively, and in mental health settings, BPD can be diagnosed in 11% of minor psychiatric outpatients and almost 50% of inpatients.

An increase in the prevalence of the disorder and the severity of the cases, and the type of psychiatric assistance required was noted (Chanen et al., 2004). Locally, a study by Paruk and Janse van Rensburg (2016) found that 24% of the inpatients admitted in the four years from 2004 to 2008 in a psychiatric facility had a cluster B personality disorder diagnosis. Another South-African study by Strebel et al. (1999) indicated that within a randomized sample of 7938 patients admitted to a psychiatric hospital, 6% of the female sample was diagnosed with BPD. Paruk and Janse van Rensburg (2016) confirmed that little data on the prevalence of BPD in South Africa are available. With the reported incidence of BPD rising, all related

difficulties to the disorder warrant more empirical exploration, and the study will try to examine perceptions of the role a maternal diagnosis like BPD can play in adolescent daughters' lives. The latter is also regarded as a vulnerable population due to the inherent challenges of the adolescent phase. It is a period of significant neural development (Jaworska & MacQueen, 2015) and identity-seeking behaviour (Erikson, 1968). Adolescent daughters were chosen to take part in the study to gain specific information on the effect of the maternal BPD diagnosis has on female offspring.

### **1.3 Research Question**

The study aims to describe, interpret, and gain deep insight into the lived experiences of adolescent (aged 12 to 18) daughters with mothers diagnosed with BPD. The interpretative and phenomenological study is directed by the following research question: What are the lived experiences of adolescent daughters of mothers diagnosed with BPD?

BPD is characterised by severe anger outbursts and a pattern of intense and unstable interpersonal relationships, affective instability, poor impulse control, cognitive and identity disturbances, and recurrent suicidality (Bagge et al. 2004; Bender et al. 2001 & Skodol et al. 2002). Because most BPD diagnoses are female (Skodol & Bender, 2003) and are likely to have their own children, this maternal diagnosis will profoundly affect offspring (Stepp et al., 2011). A study by Tomko et al. (2014) found that the difference in the prevalence of BPD between males and females was not as significant as was previously believed due to biological or sociocultural factors or sampling or diagnostic inaccuracies. They found a minimal prevalence difference between females and males of 3,05% versus 2,4%.

Stepp et al. (2012) also refer to the psychosocial challenges children of mothers diagnosed with BPD are experiencing, making them a high-risk group. Thus, this research aims to contribute to existing knowledge of the impairment intrinsically part of the diagnosis of BPD, as stated by Stepp et al. (2012). Little research examined the relationship between mothers diagnosed with BPD and their offspring's psychological functioning (Herr et al., 2008). Their study of 815 mothers and their 15-year-old children indicated a significant correlation between

maternal BPD symptoms and the outcomes of their children. This study attempts to generate knowledge specific to psychology and to inform clinicians on treatment options and programme planning. This study also aims to address the need in the literature about the therapeutic and emotional needs of adolescent daughters of mothers diagnosed with BPD and will expand on existing literature on this topic.

#### **1.4 Possible Value**

The relevant questions in any qualitative research are about experience, meaning and perspective, mainly from the participant's point of view (Hammarberg et al., 2016). Researchers try to understand the processes from which all behaviours, disorders, and symptoms originate. They try to find the meaning behind certain behaviours and how a phenomenon or behaviour occurs. Participants reflect a part of the reality under investigation (Maxwell, 1992, 2004). In this study, the value will be in finding the common themes and patterns within the experiences of adolescent daughters raised by mothers diagnosed with BPD. This study aims to add value to the research on attachment, particularly the potential challenges when a mother diagnosed with BPD must raise a female child in adolescence. As Bowlby (1977) posited, attachment theory is pivotal when reviewing parenting practices in general. Attachment theory is based on the premise that a child and caregiver form a unique bond which can be classified as either safe/secure, resistant/ambivalent, avoidant (Ainsworth et al., 1978), or disorganized/insecure (Main & Solomon (1990). This relationship will form the basis from which other relationships are formed and will impact the child's future relationships and social interaction (Ainsworth, 1989). The effects of maternal BPD on children's outcomes have not received sufficient empirical attention or treatment development efforts, according to Stepp et al. (2012), who state that such mothers need parenting guidance interventions.

As with most of the related difficulties of BPD and according to Stepp et al. (2012), the effects of maternal BPD on children's outcomes have not received sufficient empirical attention or treatment development efforts. They conclude by indicating that mothers diagnosed with BPD need parenting guidance interventions. Schuppert et al. (2012) confirm the need for

systemic interventions that might focus on parental skill development to improve their ability to show parental warmth to their adolescent offspring and assist their adolescent children in becoming more independent in a controlled and responsible manner. Schuppert et al. (2012) state that improving maternal affective-related symptoms and anxiety might benefit the mother and their children. Developing a mutual understanding of mechanisms that might contribute to improving interpersonal challenges in families may also assist the parents and adolescents reduce the obstructions in their relationship. Schuppert et al. (2012) emphasized the importance of individual and family-related early interventions that might prevent adverse outcomes, as often noted in adult BPD patients.

## **1.5 Overview**

Chapter 4 will look in more detail into the research design and methodology of the study. The aim of the study will be revisited, and the research methodology, using a qualitative research approach, will be discussed. The role of the researcher in qualitative research and the methodological orientation with the underpinnings of phenomenology and its philosophical background will be examined. After that, the processes followed using the Interpretative Phenomenological Analysis (IPA) method will be described. The study will be placed within the context of the hermeneutic phenomenological worldview. The study's outlook on participant sampling and recruitment, the data collection procedures, the semi-structured interview, and data analysis will follow. The ethical considerations of this study will be addressed in the last part of Chapter 4.

## **1.6 Methodological Process**

Information for this study was gathered through two semi-structured interviews (six months apart) with 11 adolescent daughters of mothers diagnosed with BPD. These interviews were executed within the broader framework of IPA and focused on the essence of experiences, emphasizing hermeneutics (i.e., human meaning-making and interpreting the analytic process (Smith et al., 2009). IPA as a research method is frequently used to examine and comprehend

personal lived experiences, how people perceive their subjective experiences, and how they make sense of them (Larkin & Thompson, 2012; Smith, 2011). The philosophical underpinning of IPA is that individuals seek to interpret their subjective experiences by nature and that these processes of self-reflection can be accessed through questioning and conversation (Brocki & Wearden, 2006).

IPA differentiates itself from other qualitative research methodologies through its idiographic accentuation of meaning-making in context (Eatough & Smith, 2008). It also gives voice to every individual's perception and interpretation (Larkin et al., 2006; Snelgrove, 2014). As a research method, IPA also acknowledges that exploring meaning in personal life experiences is an interpretative exercise for both the researcher and the participant (Smith, 2017).

As Smith & Osborn (2003) suggested, an IPA research sample should consist of a small number of participants who share the explored experience. In this study, 11 participants were interviewed on two occasions (six months apart), and all 11 were raised by mothers diagnosed with BPD.

## **1.7 Overview**

Of all the challenges females with BPD face, mothering is particularly challenging due to the increased tendency to insecure attachment patterns, which is intrinsically part of the diagnosis (Agrawal et al. 2004). On a day-to-day functional level, this diagnosis is mainly identified by disrupted interpersonal relationships, self-harming tendencies, conflict, and abuse (Skodol et al., 2002; Sansone & Sansone, 2011; Silberschmidt et al., 2015), which represent functional impairments and strongly correlates to mothering skills (Stepp et al., 2012). Moreover, BPD patients are likely to have limited emotional, social, and financial support structures – potentially exacerbating parenting difficulties (Eyden et al., 2016). Research on the parenting experiences of mothers with BPD indicated potential bidirectional effects, whereby the role of parenting exacerbates symptoms of BPD (Zalewski et al., 2015).

It is highly likely for adolescent girls to find themselves within Erikson's fifth and most critical psychosocial stage, referring to the crisis of identity forming versus identity confusion. If this stage is not completed, Erikson (1968) predicted confusion and uncertainty about personal subjective states and feelings. More specifically, Barnow et al. (2006) found that adolescents with mothers with BPD presented with more attention, aggression, and delinquency problems compared to their peers. Furthermore, Herr et al. (2008) indicated maternal BPD symptoms related to more significant attachment fears, poorer self-perceptions, more chronic stress, and higher hostility indicators within their children.

A substantial familial aggregation exists of BPD and its manifestations of psychopathology. According to Gunderson et al. (2011) and Schuppert et al. (2012), adolescents who present with BPD features report being raised by more overprotective, more rejective, and less emotionally warm mothers than healthy controls. These mothers tend to be more anxious/fearful than healthy controls.

BPD symptoms speak to attachment theories through the cognitive working models of the intrapersonal world and the affective states of disorganization and connection (Mitchell, 2000). Research has indicated that more significant mental health risks are involved in being mothered by a mother with BPD; subsequently, the need for substantial parental support exists. This study aims to explore and gain insight into the lived experiences of adolescent daughters of mothers diagnosed with BPD. It will describe and interpret some of the attachment-related experiences of this population group. As a result, a greater understanding of mothering experiences related to BPD and attachment will be discussed, which may lead to more significant measures in addressing the potential risks.

## **1.8 Clarification of key concepts**

The following key concepts utilized in this study are clarified below. The definitions provided are aligned with how they were used and conceptualized within this study.

**Attachment:** To "attach" literally means to tie or to fasten, and attachment, especially between people, can be defined as devotion, affection or even love, although negative

attachments (for example, to substances or persons) exist (Prior & Glaser, 2006). Attachment was described as a "lasting psychological connectedness between human beings" by Bowlby (1969, p. 194).

**Attachment theory:** Attachment theory is an approach to studying interpersonal relationships. The theory explains the importance of parental relationships and why they significantly affect children's personalities.

**Internal working model (IWM):** An internal working model is a mental representation an individual has about the relationship with the primary caregiver that becomes a model for all future relationships to help people to control, manipulate, and predict their environment (Bowlby, 1969).

**Interpretative phenomenological analysis (IPA):** Interpretative phenomenological analysis aims to discover how research participants make sense of happenings in their personal and social environments. It focuses on exploring personal experiences and investigates an individual's perception of an object or event instead of producing an objective statement of an object or event itself. It also emphasizes the research exercise's dynamic process and the researcher's active role within this context (Smith & Osborn, 2007).

**Mothering:** Mothering refers to the following aspects of the mother-child relationship: sensory stimulation, personal care, and emotional warmth. All three aspects are essential for developing a healthy personality, especially in infancy and early childhood (Sam, 2018).

**Phenomenology:** Phenomenology is a research approach that describes a phenomenon's essence by analysing it from the point of view of those who experienced it (Teherani et al., 2015).

## 1.9 Outline

This thesis consists of seven chapters, 26 appendixes and three figures. This introductory chapter briefly outlined the study context, motivated the research, clarified the aim of the study, and explained the research question. A brief discussion of the possible value of the study followed, and an overview of the research design and methodological process was given. An

overview of the study and clarification of concepts were provided. Chapter 2 focused on attachment, the background and development of the construct, and the biological basis. The different attachment types were discussed, and relevant theories on parent-child relationships were contextualized. The development of internal working models and their effects on a child's future interpersonal relationships and general functioning throughout life were explained. The final part of this chapter focused on attachment research and research trends on attachment, both internationally and in South Africa. Chapter 3 took a closer look into borderline personality disorder, its prevalence and comorbidities and possible intervention strategies. South African research on BPD was discussed, and a BPD perspective was given on parental psychopathology. The maternal challenges for mothers diagnosed with the disorder and the inherent challenges of the adolescent developmental phase were emphasised. Attachment forming with patients with BPD and the mental health outcomes of mothers with BPD raising adolescent daughters were explained. The final chapter draws upon the entire thesis for conclusions, implications, recommendations, limitations, and reflections.

## CHAPTER 2: ATTACHMENT FORMING

### 2.1 Introduction to Attachment

According to Jung (1959), The Great Mother, as a universal archetype, emerges from a collective cultural repository and has ambivalences through her positive-negative nature. Mothers can open doors to their children's futures or keep their children looking through clouded windows at the world for the rest of their lives. As Rytovaara (2014, p. 212) puts it, "The Great Mother is seen to possess life and death, beginning and end." In this first relationship lies hidden the power of unlocking their potential, believing and trusting, hoping and finding the sweet spot of emotional attachment. If this relationship fails the child, it can have far-reaching consequences. Neumann (1955, p. 33) describes it as follows: "the Great Mother forms a unity in which positive, negative, and ambivalently balanced constellations stand side by side". An infant's first connection with another human being is with the mother or her replacement. Rytovaara (2014) states that the maternal archetype can be viewed from behind the mother one can explicitly remember; the mother can be an internal object and one's first reflection in the relational field. This relationship can unlock successful future relationships. Freud described the mother-child relationship as "unique, without parallel, established unalterably for a whole lifetime as the first and strongest love-object and as the prototype of all later love-relations – for both sexes" (Freud, 1938, p. 56). Although Freud is not known for his statements on the maternal role in an infant's life, the psychoanalytic theory postulates that early experience, specifically within the mother-infant dyad, can be regarded as the root of both health and psychopathology development (Winnicott, 1960).

This initial relationship between an infant and the mother will direct the child in a variety of manners; may cause the development of psychopathology in later life; influence later relationships and the ability to connect emotionally to others, and be the cornerstone of the child's self-esteem. Various reputable psychologists have analysed this mother-infant dyad (e.g., Ainsworth, 1979, Erikson, 1968; Klein, 1948; Harlow, 1960; Winnicott, 1960; Spitz, 1965; Fonagy et al., 2007; and others), but both the basic principles of this bond and the effect of maternal deprivation for developing personality disorders as adults were introduced by Bowlby

(Kirsch & Buchholz, 2020). Before defining attachment and looking into the development of the construct, the biological underpinnings must be mentioned, as it lies at the root of the holistic understanding of the construct.

From its origins, attachment has always been regarded as a primary, biologically-based concept with evolutionary roots. Genetics, physiology, and brain mechanisms underlie attachment behaviour (Oliveira & Fearon, 2019).

## **2.2 Biological Basis of Attachment**

Attachment and attachment behaviour are social phenomena and can be considered biological. Bowlby (1982) emphasises an infant's instinctual need to attach and that this biological drive is so strong that attachment can occur despite abuse, pain, and neglect (Sullivan, 2012; Moriceau & Sullivan, 2005). According to Bowlby (1958) and Ainsworth (1969), this instinctual drive has an underlying biological basis and has an evolutionary role. Sullivan (2012) and Moriceau and Sullivan (2005) refer to research on the biological basis of attachment, indicating infants' unique neural circuitry and physiological design to form attachments to caregivers. During pregnancy and the first month of a baby's life, increased maternal levels of oxytocin have been associated with maternal behaviours with the baby, such as vocalisations, gaze, affectionate touch, and positive affect and attachment-related thoughts (Feldman, 2012). Oxytocin levels are linked with caregiving and affiliative behaviour, and they may play an essential role in a person's multiple attachments across the lifespan (Feldman et al., 2011; Lahousen et al., 2019). From an evolutionary perspective, oxytocin achieved a crucial developmental milestone by connecting the attachment and reward systems, according to Lahousen et al. (2019). This author mentioned that the attachment system of humans and other mammals is activated through visual stimuli and that through direct maternal transmission, the daughter's future maternal behaviour is being pre-primed by activation of the medial optic area and the regulation of estrogen receptors and oxytocin.

Sullivan (2012) emphasised the sensitive period (the first nine months up to one year of life) for infants to form attachment bonds, whereafter it becomes more difficult to form

attachments and to break the existing ones. A relatively immature amygdala and the hypothalamus-pituitary-adrenal (HPA) axis contribute to limited cortisol release and reduced physiologic stress response, while the release of norepinephrine (from the locus coeruleus) stimulates learning (Sullivan, 2012; Moriceau & Sullivan, 2005). These physiological processes promote learning and minimise fear, leading to the formation of attachment bonds.

Neural circuitry also plays a role in caregivers' brains in forming attachments. An infant's cry activates corticolimbic modules, feeling, smelling, and appearance and lead to "reflexive caring impulses", according to James Swain's (2008) model of the parental brain. Mothers are thus enabled to anticipate their infant's needs by specific brain regions involved in empathy. Swain (2008) emphasised that caregiving quality is influenced by the ability of these neural circuits to react to infant stimuli. According to Swain (2008), this ability is also shaped by hormones, life experiences, and other factors. A parent's past traumatic experiences and oxytocin levels might affect the emotional sensitivity the parent has towards their child by altering corticolimbic activity (Swain et al., 2014).

Several studies show that temperament plays a limited role in attachment security in general but may be more significant in resistant attachment (Van IJzendoorn & Bakermans-Kranenburg, 2012). Both environmental and genetic factors influence temperament, and according to the research results of behavioural genetic studies of young children, the environment a child grows up in plays a pivotal role in the development of differences children might experience in attachment security. These studies by Fearon et al. (2006), O'Connor and Croft (2001) and Roisman and Fraley (2008) showed that the shared environment accounted for an estimated 32% to 53% of the difference in attachment security and the environmental influences that are unshared accounts for 36% to 53% with the effect of genes being minimal and nonsignificant.

Attachment can be regarded as one of humankind's fundamental characteristics. This evolutionary principle is deeply rooted in phylogeny, which underpins this drive to form stable attachments with significant others (Lahousen et al., 2019). Attachment forms the basis for further investigation of the parent-child relationship (Popov and Ilesanmi, 2015). The next

section will focus on attachment, how the construct developed, and the types of attachments that can be formed.

### 2.3 Defining Attachment

*To attach* means “to tie or to fasten”, and *attachment*, especially between people, can be defined as *devotion*, *affection*, or even *love*, although negative attachments (e.g., to substances or persons) exist (Prior & Glaser, 2006). Attachment differs from bonding, as Klaus and Kennell (1976) described the concept of *bonding* as the “skin-to-skin contact between a child and primary caretaker during an early developmental period in the child's life”. It cannot be regarded as a predictor of child outcome, while attachment can be a significant predictor of a child's social and emotional outcome later in life.

Mary Ainsworth's (nee Salter) contribution was rooted in security theory, which was introduced to her by William Blatz (1940), stating that familial security, established in the early phases of a child's life, forms a basis from which a child can operate. If this familial security is lacking, the child is handicapped by lacking a secure base (Ainsworth, 1940). John Bowlby (1951) stated that attachment to the mother (caregiver) starts developing in early childhood as a strictly individual emotional connection that causes the child to be with or near the mother in stressful situations to avoid feeling anxious and obtain a sense of security. Bowlby (1969, p. 194) described attachment as a “lasting psychological connectedness between human beings”, and Bowlby (1969) and Ainsworth (1973) agreed that attachment could be seen as a meaningful, deep, and emotional bond connecting two people across time and space. The attachment theory assumptions infer that the quality of the experiences between a child and a caregiver affects the child's development (Ainsworth et al., 1978; Bowlby, 1969). Bowlby (1969) noted that attachment does not necessarily need to be reciprocal. An attachment might not be shared and is characterised by specific behaviours in children, like seeking proximity to the attachment figure, especially when the child is upset or threatened (Bowlby, 1969).

Bowlby (1973; 1980; 1969/1982; 1988) felt that caregiver-child attachment relationships play a decisive role in children's social and personality development. These early parent-child

interactions that take place over time establish the basis of attachment relationships that is also the foundation for fundamental beliefs about others, the self, and the nature of all future relationships. Bowlby (1973; 1980; 1982; 1988) states that established attachments are meaningful to all parties in an attached dyad, and during infancy, such meaning (representations) is predominantly sensorimotor and external (Piaget, 1951). At around two years, the development of an internal mental working model (IWM), incorporating cognitive, affective, and behavioural features of the attachment relationship, will be established (Bowlby, 1973, 1988). From the child's perspective, the early parent-child relationship is a summary of the interaction history across multiple contexts they have with the parent (comforting the child, playing, accepting the child's excitement at the discovery of some new object) (Bowlby, 1973, 1988). In 1982 Bowlby described the concept of attachment as that one specific and circumscribed part of the child-caregiver relationship that provides the child with feelings of being safe, secure, and protected. Bowlby (1988) added that attachment implicates an enduring emotional bond that possesses the evolutionary and biological functions of protecting the infant and contributing to its survival. Bowlby (1989) indicated that children's anxiety levels significantly affect their relationship with their caregivers. The attachment system will protect the infant in times of threat and ensure proximity to the caregiver. These perceived threats can be external (loud noises or the presence of a stranger) or internal to the system (unavailability of the primary caregiver) (Bowlby, 1988). Furthermore, Sroufe (1996) suggests that attachments form the basis of individuals' affective/hedonic tone or capacity characteristics.

This original construct of attachment thus focused mainly on the safety-regulating system in which infants feel protected and physically close to their caregiver in times of threat. Goldberg et al. (1999) state that the infant's intense need to be safe and secure and to have confidence in the caregiver's protection form the basis of Bowlby's attachment theory. This emphasis on providing an environment that makes the child feel safe and secure is further described by Waters and Cummings (2000, p. 2): "Attachment is where the child uses the primary caregiver as a secure base from which to explore and, when necessary, as a haven

of safety and a source of comfort.” It does not implicate play or entertaining and the discipline of teaching the child (which are all different role expectations of the parent); it just refers to making the child feel safe and protected, operating from a secure base.

From this perspective, it is understandable that children will form attachments with those who care for them regularly. Attachment is not synonymous with affection or love and cannot be regarded as an overall descriptor of the parent-child relationship, which involves other parent-child interactions like stimulation, feeding, problem-solving, or play (Prior & Glaser, 2006). Children form attachments to those who take care of them regularly and with whom they have lasting and enduring relationships (Prior & Glaser, 2006).

Junewicz and Billich (2018, p. 517) described attachment as “a complex biological process heavily shaped by environmental and interpersonal influences”. Evidence suggests that a strong attachment bond has biological underpinnings and does not require a genetic parent-child relationship. Attachment theory incorporates a variety of perspectives (e.g., information processing, ethology, psychoanalytical theory, and developmental psychology) that explain the importance of the mother-child relationship and quality and maternal social support (Wiles et al., 2018). Van IJzendoorn (2019, p. 4) emphasises the emotional connection and describes attachment as “the affective bond of infant to parent that plays a pivotal role in the regulation of stress in times of distress, anxiety, or illness” and adds that all humans are born with the need to attach to a protective caregiver.

The psychoanalytic recognition of the importance of a child’s first object relations as the cornerstone of the child’s personality was an important impetus in Bowlby’s (1958) need to investigate the dynamics and nature of this relationship. According to Bowlby (1958), this initial child-parent relationship can be the cornerstone of all future relationships.

## **2.4 Development of the Construct**

In this section, the seminal theorists who contributed to the concept of attachment will be discussed. Firstly, Freud and Thom's views on attachment will be mentioned, followed by the views on attachment by the behaviourists and then the evolutionary theories on attachment

(Barlow, Lorenz, and Harlow). Tinberger's contribution to the concept of hierarchical organisation of circuit needs and the functionalist view of John Dewey, followed by William Blatz's perspective, will be noted. Mary Ainsworth's contribution and the more recent views (Van Rosmalen, Meltzoff, Moore, Tronick, Prior, Glaser and others) on the attachment construct will be discussed.

Freud (1920) referred to the importance of early childhood experiences and that even physical illnesses often derive from mental or emotional stresses experienced during those early years of development. In support of Freud's view, Douglas A. Thom (1927) stated that most children with behavioural problems, personality deviations, undesirable habits, and delinquent trends are mainly the results of their home environments, with the dominating feature being the caregiver or parent.

The dominant attachment theory in the mid-1900s underestimated the importance of the child's attachment to their mother or caregiver and believed that an infant becomes attached to the caregiver through classical conditioning as the child is fed. It was believed that certain behaviours (e.g., smiling and crying) lead to desirable responses from others (e.g., attention, comfort), and infants then learn to repeat these behaviours through operant conditioning to obtain the responses they are looking for (Dollard & Miller, 1950). Harlow's experiments then showed that rhesus infants preferred the mother surrogate offering a warm cuddly blanket to the surrogate mother offering only milk (Harlow, 1958). This research by Harlow, indicating that infants temporarily prefer bonding to saturation, brought a new perspective on the issue of mother/caregiver-infant attachment. The evolutionary theory of attachment (e.g., Harlow, 1958; Bowlby, 1979; Lorenz, 1935) holds that children are biologically preprogrammed to form attachments to survive.

Konrad Lorenz significantly influenced Bowlby, an authoritative etiologist of his day, who observed bird species to study the phenomenon of genetically preprogrammed behaviour which he assumed to be an important example of instinctive or innate behaviour that automatically unfolds during maturation (Lickliter, 2008). Bowlby (1988) emphasised that early attachment experiences do not determine subsequent development in a deterministic manner.

Bowlby (1969, p. 45) described the mother-infant tie as instinctual and explained, “Instinctive behavior is not inherited, what is inherited is a potential to develop certain sorts of systems” that represents a movement away from Freud’s belief that instincts are inherited mental formations. Bowlby’s view on the mother-infant tie corresponds with Tinberger’s concept of Hierarchical Organization of Circuit Nodes, which describes conscious-dependent motivations, whereas Freud’s focus was on unconscious mental impulses (Kirsch & Buchholz, 2020). William Blatz (as cited in Van Rosmalen et al., 2016) also rejected the view of a person being a passive receiver of inputs (as the behaviourists believed) and a product of unconscious aggressive and sexual drives (as the psychoanalysts professed). Blatz shared the functionalist view of John Dewey, believing that human behaviour can be best understood in terms of a person’s adaptation to his ever-changing environment. An important aim of modern attachment theory was to value the elements of truth in Freud’s view on close relationships. The intention was to replace Freud’s image of a dependent, needy infant motivated by unconscious drives with one of a more sophisticated, competence-motivated infant who uses their primary caregiver as a platform and secure base from which to explore the world (Waters & Cummings, 2000).

Bowlby (1969) conceptualised a mental mechanism (internal working model) whereby a child’s initial attachments came to influence relationships later in life. Depending on the quality of relationships they have with their caregivers, young children will develop a set of expectations on how people would behave towards them and will continue to respond on the ground of these expectations without rational judgment.

Bowlby acknowledged that human infants, unlike baby animals, have a biological disposition from birth to form attachments with their primary caregivers, using them as a secure base for further exploration (Sullivan et al., 2011). Infants build proximity towards their caregivers to draw them near (Duschinsky, 2015). Bowlby found that infants utilise attachment, feeding, and exploring their environments to establish their sense of safety and closeness to their primary caregivers to survive (Ludy-Dobson & Perry, 2010). Bowlby (1951) also perceived the caregiver-child relationship in an economic and social context. He stated that

just as a clear dependency for sustenance exists between children and their parents/caregivers, especially their mothers, the latter also depends on a greater society for economic assistance. Rutter (1995) described Bowlby's theory of attachment as the best-supported theory on socio-emotional development and summarised the theory's key feature as the importance of meaningful early relationships for later social and personal competence.

Ainsworth contributed to this construct with her interest in maternal sensitivity to infant signals and how this contributed to shaping infant-mother attachment patterns (Bretherton, 1992). William Blatz's security theory heavily influenced Ainsworth, and her contribution was mainly to the notion of the secure system and the importance of maternal sensitivity (Van Rosmalen et al., 2016). A central concept of security theory is whether infants (and children) perceive their caregivers as secure and safe enough to allow them to discover their environments (Bretherton, 1992). Mary Ainsworth (1940) addressed this notion of caregivers being secure bases from which infants can explore their environments in her dissertation *An Evaluation of Adjustment Based upon the Concept of Security*. Ainsworth's approach focuses on expanding Bowlby's works, according to Hooper (2007), while procuring empirical support for attachment theory. Bowlby and Ainsworth started collaborating in 1950, and Bretherton (1992) indicates that this collaboration entered its most creative phase only after Bowlby formulated an initial concept of attachment theory. This preliminary theory was influenced by ethology, psychoanalytic thinking, control systems theory, and after Ainsworth's Uganda study (the first empirical study of the attachment patterns between an infant and the mother).

For these reasons, Fonagy and Luyten (2018) described attachment theory as a behavioural and psychological process. According to Van Rosmalen et al. (2016), attachment theory describes all humans' need for a consistent and nurturing relationship with at least one sensitive caregiver to develop into healthy individuals. Attachment to a parent or caregiver became the basis of an infant's view of all future relationships. The quality of the infant-caregiver attachment can empirically be linked to later emotional and social development and psychopathology in both childhood and adolescence (Egeland & Carlson, 2004; Sroufe, 2005; Deklyen & Greenberg, 2008). There is considerable consistency in research about the

importance of the quality of the parent-child relationship and child outcomes, and conceptual literature reviews and meta-analyses (e.g., Collins et al., 2000; O'Connor & Scott, 2007) have reached a similar view. The idea gradually developed that the mothers (caregivers), rather than the child's heredity, will decide a child's outcome (e.g., Friedlander, 1947; Hulbert, 2003; Thom, 1927).

Researchers like Meltzoff and Moore (1977, 1983) and Meltzoff (2002) emphasised the importance of intersubjectivity and that infants will present with preverbal sharing (e.g., tongue protrusion) and by creating a supramodal space (responding by using an equivalent but different body part to communicate) and a triadic space (mother-infant-observed object) gets created. Tronick's theory (2007) holds that infants must collaborate with other humans to regulate their physiological homeostatic states successfully. Although external (anatomical) to the infant, the adult can be considered part of the child's homeostatic regulatory system, like any other internal regulatory process (Tronick, 2007). Children are bound to humans (Meltzoff et al., 1999), and Bowlby (Kirsch & Buchholz, 2020) has seen the dyadic state between an infant and a mother as attachment.

Prior and Glaser (2006) mentioned three hypotheses of attachment theory, namely the sensitivity hypothesis (representing the parent's sensitivity to the child's signals), the competence hypothesis (the parent's need to be socially and emotionally competent), and the secure base hypotheses (infants need to feel safe and protected and comforted by their mother's presence to allow them to explore their environment).

As seen in the above section, various theories have been developed to theorise this important relationship or dyadic state between parents and their offspring. Since seminal theorists like Freud emphasised concepts like inherited mental formations, various researchers contributed towards the development of the construct, with Bowlby's theory on attachment being somewhat compatible with Freud's theory. However, Bowlby valued the biological disposition that all babies must form attachments with their primary caregivers and focused more on conscious drives. The development of the construct gradually moved away from the belief that children were passive receivers of inputs (as the behaviourists believed)

and products of unconscious drives (as the psychoanalysts believed). Dewey's functionalist view focused on someone's ability to adapt to his environment. Bowlby emphasised the internal working model's effect on children's future relationships. Ainsworth's focus was mainly on maternal sensitivity to infant signals which stemmed from Blatz's security theory. Bowlby and Ainsworth collaborated on their research, and since 1950 several studies have contributed to formulating an initial concept of attachment theory. Collins et al. (2000) and O'Connor and Scott (2007) mentioned the consistency in research about the importance of the quality of the caretaker-infant relationship and infant outcomes. Researchers agreed that the mothers (caregivers) rather than the child's heredity would decide a child's outcome (e.g., Friedlander, 1947; Hulbert, 2003). The next section concerns the various types of attachments and how they will influence the psychological well-being of a child.

## **2.5 Types of Attachment**

### **2.5.1 *The development of an Attachment Pattern***

Infants develop different attachment patterns depending on the quality of love and care they receive from their caregivers, and this is characterised by specific distinguishing behavioural characteristics (Fishbane, 2007; Ludy-Dobson & Perry, 2010). Bowlby (1989) emphasised the importance of nurturance and responsiveness as the most important determinants of attachment and indicated that children's anxiety levels significantly affect their relationship with their caregivers. This emphasis is supported by research by Bettman (2006) and Levy et al. (2011), which state that attachment organisation is insistent on the kind of caregiving the child receives. Securely attached infants have sensitively responsive mothers, while mothers of insecure-avoidant infants tend to be intrusive and rejecting. Research to observe attachment security between an infant and a caregiver was conducted by Ainsworth when she developed the Strange Situation Procedure (SSP). This procedure is a laboratory-based observational measure designed to evaluate the mentioned behavioural characteristics to assess the nature and the quality of attachment between a caregiver and a child (Hooper, 2007). Infants underwent this assessment between the ages of 12 to 20 months (Ainsworth et

al., 1978). With this measure and her original research conducted in Uganda and later in Baltimore, Ainsworth described three attachment classifications: secure, resistant/ambivalent, and avoidant attachment (Ainsworth, 1979; Duschinsky, 2015). A longitudinal study by Warren et al. (1997) let 172 infants at 12 months of age participate in Ainsworth's Strange Situation Procedure, and they were then classified into one of the following categories – secure, avoidant, or ambivalent – to determine if infants with previous anxious attachments would develop more anxiety pathology in childhood and adolescence than infants with initial secure attachments.

Researchers Main and Solomon (1990) added a fourth attachment style, namely the disorganised-insecure type of attachment. The various types of attachment describe the importance of the caregiver's response to the child at times of threat (when the infant is ill, emotionally, or physically hurt or upset or scared (Ainsworth et al., 1978; Sroufe, 1988; Van IJzendoorn et al., 1999). Attachment relationships are carried forward to influence other meaningful relationships that will develop later in life (Bakermans-Kranenburg et al., 2003; Cicchetti et al., 2000). The next section will address the four mentioned attachment types and how they influence the infant.

### **2.5.2 The Secure Attachment Type**

Caregivers who consistently respond to an infant's distress in "loving" and sensitive ways, such as reassuring the infant and picking the infant up, contribute to the infant's perception that they can express negative emotion and still receive comfort from the caregiver (Van IJzendoorn et al., 1999). This type of attachment is referred to as "organised" or secure, as the infant knows what to expect from the caregiver. Ainsworth et al. (1978) described parental sensitivity as the capacity of parents to interpret and perceive children's attachment signals correctly and react to these signals adequately and promptly. Ainsworth (1969) named four core components for sensitive responsiveness to a child's signals:

1. to be aware;
2. to interpret accurately;

3. to have appropriate responsiveness;
4. to have prompt responsiveness.

If a secure attachment with the caregiver exists, infants can approach or greet the caregiver but can redirect their attention to their play activities. According to Van IJzendoorn et al. (1999), this will occur in approximately 55% of the general population. Egeland and Hiester (1995) and Van IJzendoorn et al. (1992) refer to longitudinal research that showed how a “loving” primary caregiver could create an “organised and secure” attachment to the infant that can protect the infant against emotional and social maladjustment. Research by Konshina (2016) found significant differences between insecure and secure attachment types in adolescents. Those with the secure attachment type show more vocation-related aims than their less secure attachment-type counterparts, and their parents are more supportive and involved. The ones with the insecure attachment type describe their parents as more uninvolved and indifferent and refer to their fathers as critical.

Researchers from South Africa and the Netherlands started questioning the cultural universality of the maternal sensitivity construct (Dawson, 2016; Mesman & Minter, 2016; Mesman et al., 2015; O’Reilly, 2016; Mesman et al., 2016). These researchers started to ask if there might not be cultural variation in the kind of activities mothers will undertake to reach the same aim. A South African study by Bain et al. (2016) found that although mothers may agree on the definition of a sensitive mother cross-culturally, the manifestation of this maternal sensitivity in behaviour may vary. Mesman and Minter (2016) also stated that recent conceptualisations of maternal sensitivity did not consider cultural variation. When maternal sensitivity is measured, contextual considerations need to be contemplated (Dawson, 2018).

### **2.5.3 *The Resistant/Ambivalent Attachment Type***

Children who are ambivalently attached perceive their caregiver as inconsistently responsive (Cassidy, 1994) and respond with high levels of attachment behaviour to remain in contact with their caregiver. In the longitudinal study by Warren et al. (1997), the participants were retested when they reached 17.5 years of age, and the schedule for affective disorders

and schizophrenia for school-age children was administered. The results proved that insecurely attached infants had more anxiety disorders during childhood and adolescence than securely attached infants.

The ambivalent attachment pattern continued to predict child and adolescent tendencies for anxiety disorders. Research (N = 350) done by Lee and Hankin (2009) indicated that attachment anxiety and avoidance led to the development of later emotional distress through direct pathways even after the initial symptoms were controlled. The anxious/ambivalent attachment pattern continued to predict child and adolescent tendencies for anxiety disorders.

#### **2.5.4 *The Avoidant Attachment Type***

Children with avoidant attachment patterns do not try to seek out the caregiver when they are distressed. This attachment allows the child to maintain a connection with a caregiver who has rejected the child when the child is in distress (Cassidy, 1994). In a study by Brumariu and Kerns (2008 and 2010), it was found that children from avoidant attachment backgrounds did not express more social anxiety or somatic complaints. Children with avoidant attachment patterns may be more prone to develop depression rather than anxiety, according to Carlson and Sroufe (1995). Research (N = 350) done by Lee and Hankin (2009) indicated that attachment anxiety and avoidance led to the development of later emotional distress even after the initial symptoms were controlled. Brumariu and Kerns (2010) found that this group of children report less separation anxiety, suggesting that they minimise the importance of their contact with an attachment figure.

Infants with an avoidant or insecure attachment will fail to greet/approach their caregivers on their return and remain focused on toys. This failure to greet their caregiver will occur in 23% of the population (Van IJzendoorn, 1999).

### **2.5.5 The Disorganised/Insecure Attachment Type**

Children with disorganised attachments have a caregiver who has shown frightening or frightened behaviour (e.g., withdrawing from the child or threatening the child) or disrupted affective communication (e.g., contradictory behaviour) (Lyons-Ruth & Jacobvitz, 2008). These children present with bizarre, incoherent, and contradictory attachment behaviour (Lyons-Ruth & Jacobvitz, 2008). Children with this type of attachment can be associated with school phobia, panic and somatic symptoms, and social phobia, meaning that these children may be at risk for various anxiety symptoms (Brumariu & Kerns, 2010). This deduction is supported by research by Bettman (2006; Levy et al., 2011). According to research by Van IJzendoorn et al. (1999), these children will experience extreme distress from the separation from their caregivers, will not be soothed easily and will present with angry resistance towards their caregivers, which will occur in 8% of the general population.

Earlier research suggests that insecure attachment heightens the risk of developing distress (e.g., depression or anxiety) in adulthood, although it is not necessarily a definite indicator of psychopathology (Hoffman et al., 2006; Koohsar & Bonab, 2011). Later research by Davis et al. (2016) supported earlier research by indicating that well-being (assessed by measures of stress, anxiety, and depression) can strongly be linked to an individual's attachment style. The results also conclude that insecure attachment does not necessarily lead to psychopathology directly but suggest that a person who obtained a high rating on the insecure attachment scale may be vulnerable to developing symptoms of anxiety, depression, and stress (Davis et al., 2016).

Lyons-Ruth (1996) and Greenberg (1999) stated that insecure attachment could not be regarded as synonymous with disturbance, and having a secure attachment does not necessarily guarantee against disturbance. However, the "insecure-disorganised" form of attachment is strongly regarded as a risk for psychopathology (e.g., Lyons-Ruth, 1996; Greenberg, 1999; Benoit, 2004). Attachment relationships are carried forward to influence other important relationships (Bakermans-Kranenburg et al., 2003; Cicchetti et al., 2000). Mothers of insecure-resistant infants are unpredictable and under-involved in their responses

to the child, and disorganised attachment can be associated with a frightened or frightening caregiver (Prior & Glaser, 2006).

Van IJzendoorn et al. (1999) indicated that approximately 15% of infants falling in low psychosocial risk and 82% in high-risk situations do not use any of the three organised attachment strategies for dealing with negative emotions and stress. This group of children mostly has disorganised attachment (Van IJzendoorn et al., 1999). Disorganised attachment refers to specific forms of distorted parenting and “atypical” or unusual caregiver behaviours (Schuengel et al., 1999).

A lack of responsiveness or inconsistency regarding parental sensitivity is linked with insecurity in children and can be associated with consistent, sensitive responsiveness to caregivers (Van IJzendoorn et al., 1999). A rejecting caregiver whose own needs are emphasised will distress the infant, who will learn to avoid the caregiver in times of need (Van IJzendoorn et al., 1999).

With “disorganised” attachment, atypical (frightened, frightening, sexualised, dissociated, or otherwise atypical) behaviours from the caregiver can be expected and will not only be limited to when the infant is distressed (Lyons-Ruth et al., 1999). According to Zeanah et al. (1999), caregivers with this kind of behaviour often have a background of unresolved emotional, sexual, or physical trauma or mourning or are generally traumatised (e.g., victims of domestic violence or post-traumatic stress disorder). Vulnerabilities in cognitive functioning such as dysfunctional attitudes, self-criticism, maladaptive perfectionism, coping mechanisms (Cantazaro & Wei, 2010), and interpersonal challenges (e.g., interpersonal dependence and poor romantic relationship quality) are all identified as potential risk factors for insecurely attached individuals for developing anxiety and depression (Lee & Hankin, 2009; Shaver et al., 2005). A disorganised parenting style and the parent having a difficult temperament are potential risk factors for aggressive behaviour in five-year-olds (Shaw & Vondra, 1995). Disorganised attachment in infancy can be associated with externalising and internalising challenges in the early school years (Lyons-Ruth & Block, 1996; Lyons-Ruth & Jacobvitz, 1999), poor peer relationships, and bizarre or unusual classroom behaviour.

The study of the parent-child relationship stems from attachment theory, which emphasises the crucial role of caring relationships in normal child development. Antonucci et al., (2004) also suggest that a good initial relationship between a child and caregiver shapes the child's cognitive, emotional, and social development. The term "parent-child relationship" refers to the unique and significant affiliation between a parent and child (Mihalec-Adkins, 2020). The different theories developed to explain this crucial relationship will be discussed in the next chapter.

## **2.6 Theories on Parent-Child Relationships**

### **2.6.1 *The Parent-Child Relationship***

The psychological significance of the relationships between parent and child is strongly linked to children's well-being, and several theories have been proposed to explain this important relationship (Sears et al., 1957, Maccoby & Martin, 1983; Maccoby, 1992; Aoki, 2003, O'Connor et al., 2013). O'Connor & Scott (2007) divides the research into three dominant perspectives: social learning theories, attachment theories, and parenting styles theories.

### **2.6.2 *The Social Learning Theory***

The theory of social learning is closely associated with the findings of Bandura (1977). This theory emphasises that a child's real-life experiences and exposures shape the child's behaviour directly or indirectly. It puts the focus on traditional behavioural reinforcement and conditioning principles. If a child gets rewarded immediately after their behaviour (e.g., by getting parental approval or attention), then the child is likely to do the behaviour again. If the child is ignored or punished, they are less likely to repeat the same behaviour.

The behavioural theories of attachment describe it as a learned process, mentioning food as a driving force to attach (Dollard & Miller, 1950), stating that an infant will form an attachment to whoever feeds it. By classical conditioning, the infant will attach to the feeder

(usually the mother), and they further describe the process of operant conditioning, where the infant realises that certain behaviours (e.g., smiling) lead to specific responses from others (e.g., attention) and that by repeating the same behaviour they can get the reaction they want (Dollard & Miller, 1950).

The Evolutionists indicate that infants are biologically preprogrammed when entering the world to form attachments with others to survive (Lorenz, 1935; Harlow, 1958). Herewith they describe care and responsiveness as the determinant of attachment, not food, as stated by the behaviourist theory (Bowlby, 1958). Without denying the importance of orality, food and the mother's breast, Melanie Klein (1948, p. 239) found that gratification is just "as much related to the object which gives the food as to the food itself." The idea gradually took hold that mothers, rather than the child's heredity were responsible for how children turned out (Friedlander, 1947; Hulbert, 2003; Thom, 1927). Parenting can be linked to different outcomes of child behaviour and well-being, according to Roman et al. (2012) and different parenting styles contribute to different child outcomes.

### **2.6.3 Parenting Styles Theory**

#### *2.6.3.1 The Role of the Parental Environment*

A child's development is marked by the disposition to form emotional ties, and the nature and dynamics of these ties depend significantly on the parental environment the child is exposed (Michiels et al., 2010). The quality of parental care can contribute to the child's emotional development. Michiels et al. (2010) add that internalising the child's first representations of themselves and others stems from interacting with the parents/caregivers. The parenting style a child is exposed to represents the behavioural range of parents/caregivers, which can contribute to the quality of the affectional bond in the parent-child dyad (Simoes, 2011)

Baumrind (1996a) and Maccoby and Martin (1983) state that factor analyses of parents' behaviour yield two statistically independent factors, demandingness and responsiveness. Demandingness appertains to the claims for behaviour regulation by parents on their children

to become part of society, maturity demands, confrontation, and supervision of children's activities. Responsiveness involves how parents foster self-assertion and individuality by being supportive, attuned, and acquiescent to children's requests, including autonomy support, warmth, and reasoned communication. This principle relates to Kuppens and Ceulemans's (2018) research which refers to the dimensions of parenting, namely parental control and support. Parental control can be divided into behavioural control and psychological control (Barber, 1996; Schaeffer, 1965; Steinberg, 1990), and parental support refers to parental involvement, acceptance, warmth, emotional availability, and responsivity (Cummings et al., 2000). The dimensions of demandingness and responsiveness are like the dimensions of parental control and support. Baumrind (1989, 1991), based on Maccoby and Martin's findings, expanded her parenting styles typology (authoritative, authoritarian, and permissive parenting styles) with a fourth style, named the "neglectful" parenting style.

What needs to be considered with parenting styles is the coexistence of paternal and maternal parenting styles and their collective impact on the child's development (Kuppens & Ceulemans, 2018). Research generally has paid less attention to the effect of collective parenting styles (Martin et al., 2007; McKinney & Renk, 2008; Simons & Conger, 2007). Children in households with two parents are influenced by the parenting practices of both parents (Martin et al., 2007), and the styles of parents within a household may differ (McKinney & Renk, 2008). The psychoanalytic theory describes mothers as children's primary attachment figures and maintains that a greater distance exists between fathers and their children (McKinney & Renk, 2008). The gender and role theory argues that differences in child rearing can be linked to male and female characteristics (e.g., instrumentality and expressiveness), with the mothers being traditionally more caring while fathers traditionally take on the role of the family provider and authority figure. Differences in parenting between fathers and mothers may also arise if one parent tries to compensate for the other (Meteyer and Perry-Jenkins, 2009; Simons and Conger, 2007). According to Kuppens and Ceulemans (2019), parents' parenting styles have more similarities than dissimilarities. These similarities may indicate an assortative process when choosing a life partner (Botwin et al., 1997; Larsen and Buss, 2010).

The similarity in parenting could also be the result of the socialisation processes, where partners form similar beliefs and views on parenting through mutual influence or reciprocity (Simons and Conger, 2007). Slight differences emerged mainly due to a different position on positive parenting and differences in rule setting.

In a study by Jisha (2016), it was found that parenting styles influence adolescents' emotional maturity. Kumar (2014) added that family relationships influence adolescents' mental stability. According to Mundada (2011), factors like morality, parental acceptance, marital adjustment, and good interpersonal interactions between parents and their children may contribute to an adolescent's mental maturity.

Parenting styles can be viewed from a definite and dimensional perspective, according to Fletcher et al. (2008). Categorical refers to the different groups of styles, like authoritative, indulgent, authoritarian and the rejecting style of parenting, while the dimensional perspective refers to parental responsiveness and demandingness. Darling and Steinberg (1993) also distinguished between parental style (the emotional climate that parents provide) versus parenting practices (the behaviours of parents to attain specific socialisation outcomes). Parenting practices can be regarded as how parents practice their parenting style (Fletcher et al., 2008). The effect of the dimensional parenting style (responsive or demanding) is dependent on the level of the other (Fletcher et al., 2008).

The bidirectional influence that children and parents have on each other must also be recognised (Fletcher et al., 2008). Children's behaviour can also shape the style of parenting they receive. Children with adjustment problems prompted parents to invest in different disciplinary measures to improve their children's problematic behaviours.

Parents differ in the way they approach the upbringing process of their children. Some parents allow their children to do whatever pleases them, while others are more restrictive in their upbringing. Parents are seen as the main role players in the socialising process of their children to encourage them to become participants in their communities as liable adults (Bigner, 1998; Bukatko & Daehler, 1995; Hartley-Brewer, 1996; Pervin & John, 2001). Four

parenting styles have been named in research, with Baumrind (1966, 1967, 1968, 1978) contributing significantly towards the initial development of the first three parenting styles.

#### 2.6.3.2 *Authoritative Parenting Style*

Baumrind (1991b) found that youth with authoritative parents were the most competent group and least maladjusted. This parenting style category can be described as the most balanced and is characterised by establishing rules and conformity with discipline, independence, autonomy, emotional support, and clear communication. Several studies found that children raised within an authoritative parenting environment tend to have a greater capacity to deal with negative feelings and experiences (Silva et al., 2012). An authoritative parenting style contributes to the establishment of a secure bond with the parents (Rhee et al., 2006). The quality of attachment between a child and the parents can be associated with psychological functioning and emotional regulation, promoting a sense of support, security, and protection (Bosmans et al., 2010; Scott et al., 2011). Authoritative parents are in touch with their children's feelings and educate them regarding emotional regulation. They are also concerned about the child's feelings and needs. These children will be allowed to explore, but these parents will also place limits and boundaries. A child will understand the reason for punishment, the punishments will be consistent, not violent, and arbitrary, and the misbehaviour will mostly be forgiven (Trishala & Kiran, 2015). This category of mothers uses the least punitive disciplinary measures compared with the other categories (Fletcher et al., 2008).

A wide variety of literature indicates the association between parenting style and a child's well-being. The latter is more positive when the child experiences a parenting style that consists of both responsiveness and demandingness, as found in the authoritative parenting style (Fletcher et al., 2008). Studies focusing specifically on the associational aspects between parenting styles and outcomes proved that an authoritative parenting style was associated with acceptable childhood behaviour in a five-year-old research sample (Latouf, 2008). During the adolescent phase, authoritative parenting explained the discrepancy in resilience levels of

White and Black adolescents (Kritzas & Grobler, 2007). This parenting style can also be associated with thoughtful decision-making in young adulthood (Makwakwa, 2011) and the aspirations and goals of youth (Moyo, 2012). Studies by Makwakwa (2011), Latouf (2008) and Moyo (2012) found that parents from different ethnic groups mainly used an authoritative parenting style. All these studies focused on the effect of parental behaviour on child outcomes and emphasised the association between parental behavioural control, limit setting and monitoring, and high rates of adolescent substance abuse (Amoateng et al., 2006). Overprotective fathering led to less assertive conflict resolution and less intimacy, while mother care led to assertive conflict resolution and higher levels of independence in adult relationships. The studies found that mother overprotection leads to less independence (Lowe, 2005).

Smetana (1995) used a self-report measure to assess the predominant style of parents' authority as authoritarian, authoritative, or permissive. She then related the parental style to reports of family conflict and adolescent emotional autonomy. Smetana (1995) found a significant effect of self-reported parenting style on adolescent emotional autonomy and adolescent-parent conflict. She also found that less authoritative parenting predicted more frequent conflict and greater autonomy. This finding is supported by Nunes and Mota (2017) that the quality of the affectional bond between child and parent can be linked positively with the authoritative parenting style. The authoritarian and permissive parenting styles reflect a poorer quality of emotional bonding and may lead to psychological malfunctioning and suicidal ideations. Kuppens and Ceulemans (2019) broke the authoritative parenting style into a disciplinary and a nondisciplinary subtype. They found that all parenting practices directed at managing, regulating, or controlling child behaviour are not necessarily used by both parents, meaning that if a variety of parenting practices are considered, it remains crucial to identify naturally occurring parenting substyles. Some parents can provide clear guidelines, rules, and expectations for their children's behaviour but fail to implement an effective disciplinary strategy in cases of deviant child behaviour (Kuppens & Ceulemans, 2019). One subgroup describes parents who mostly adopt positive parenting practices, like high rule setting and

support, whereas another implements a combination of positive and negative (i.e., effective discipline). The more negative authoritative parenting style resembles the style that was initially described by Baumrind (1966, 1967, 1971). The positive version of the authoritative parenting style aligns more with what Van Leeuwen et al. (2004) described as a second-order positive version obtained in research while adopting a variable-orientated approach.

The research of Kuppens and Ceulemans (2019) referred to the positive dimensions like positive reinforcement, parental involvement, autonomy-stimulating behaviour, and rule setting, while the negative dimensions tapped into ignoring children, effective discipline, or harsh punishment after unwanted behaviour. The research results pointed to an overlap between harsh parental punishment and parental psychological control for the congruent authoritative, positive authoritative and authoritarian parenting styles.

Simons and Conger (2007) emphasised the additive effect of having two authoritative parents and that it is associated with more favourable adolescent outcomes. It also has a compensatory effect where one parent's authoritative parenting style buffered the other's less effective style. In late adolescence, emotional adjustment problems can be prevented if one parent has an authoritative parenting style while the other uses a different parenting style (McKinney and Renk, 2008). Children of two parents using the positive authoritative parenting style have the lowest conduct challenges (Kuppens & Ceulemans, 2019). The latter finding could point towards the importance of rule setting – in contrast to disciplinary strategies – in preventing conduct problems. As parenting is a reciprocal process with parents and children mutually influencing each other, it might also be the case that parents show fewer disciplinary measures simply because their children have fewer behavioural problems than other children (Kerr et al., 2012; Kuppens et al., 2009).

South African studies focusing on the autonomy-supportive parenting style have shown that it contributes to psychologically well-adjusted children who obtain higher scores on general satisfaction and self-esteem. These family environments can be described as organised, cohesive, and achievement-orientated and behavioural control is present (Roman, 2008). This study by Roman (2008) was done across socioeconomic and marital status groups

with pre-adolescents (mean age of 11 years). The findings hereof are like those of studies done in other countries (Grolnick, 2003; Soenens, 2006). A cross-cultural study in 2010 (McNeely & Barber) on supportive parenting also included participants from South Africa, and consistent results were found across the participating countries, indicating resemblances in adolescents' views of supportive parenting. Variability was noted in supportive parenting practices also being seen as advice and guidance, which were additional elements not noted in the Western sample. Advice and guidance contributed toward parent-adolescent closeness but might have been an indicator of parental support and love, seen from a different cultural perspective.

#### 2.6.3.3 *Authoritarian Parenting Style*

This parenting style is characterised by obedience, authority, order, punishment, and the absence of communication (Baumrind, 1996b). Children raised according to this parenting style are more prone to develop certain clinical conditions (e.g., depression), which can be associated with self-destructive behaviours (Morris et al., 2007; Silva et al., 2012). The study by Nunes and Mota (2017) shows that a parenting style characterised by strictness, punishment, and poor emotional responsiveness may promote the development of insecure affection bonds with parents/caregivers, which may lead to suicidal ideations. The authoritarian but also (psychologically) intrusive parenting style can, according to the findings of Kuppens and Ceulemans (2019), impede child development. Consistent with Barber's social system theory (Barber, 1996), which states that manipulative parenting techniques intrude upon children's feelings and thoughts, and authoritarian parents are rigid, demanding, harsh, and less responsive to their children's needs (Trishala & Kiran, 2015). In general, they do not explain the reason for the boundaries they set and corporal punishment, scolding, and yelling is often used. Children tend to obtain lower academic grades and have more social problems when their parents use punitive discipline (Fletcher et al., 2008).

It seems clear that parents use psychologically controlling strategies to intrude into children's "psychological world" and exert parental authority over their children's lives. Such

authoritarian parents intervene in individuation (Barber and Xia, 2013; Steinberg, 2005). A study by Zhang et al. (2015) found that parental psychological control can be positively linked to parent-centred intentions, meaning that parents satisfy their own needs by applying controlling behaviour to their children. Psychological control is indicated by parental direction and control through possessiveness, nagging, protectiveness, negative evaluation, intrusiveness, punishment, and strictness. Barber (1996) describes the difference between behavioural and psychological control as “inhibitive” while behavioural control is described as “facilitative”. This control aspect is important for children from high-risk environments where a constant threat exists of being forced to get involved in gang-related activities and crime, which is relevant within the South African context. Roman (2012) emphasises that research on parenting styles conducted in Western countries may not necessarily reflect the reality in non-Western countries and cannot be generalised. Significant differences were noted in parenting research across different cultural backgrounds (Deater-Deckard et al., 2010; Rudy & Grusec, 2006), although various similarities were also noted (McNeely & Barber, 2010). Research findings on psychologically controlling parenting practices are similar in South Africa and other countries (Barber et al., 2005). A relationship was, for instance, found between the psychologically-controlling parenting style and the occurrence of antisocial behaviour, specifically among young adults. Another interesting research finding was that maternal psychological control tends to be a stronger determinant of antisocial behaviour than paternal psychological control.

Roman (2008) found a notably negative relationship between a child’s self-esteem, the levels of self-satisfaction a child experiences, and maternal psychological control. The same study also linked psychological control to higher levels of conflict and less independence and cohesion in the family. The South African research produced similar outcomes as studies in Western countries, suggesting the adverse effects of a psychologically controlling parenting style.

Kuppens and Ceulemans (2019) refer to results on associations between the parenting styles of couples and child behavioural outcomes, which indicated that children of authoritarian

parents presented with the poorest behavioural outcomes. These children were perceived as having more internalising and externalising problems and less pro-social behaviour compared to parents of their counterparts/fellow parents/compeers using other parenting styles. A paternal authoritarian parenting style can be linked to emotion-focused coping mechanisms of White adolescents (Kritzas & Grobler, 2005), which differs from international research linking authoritarian and harsh parenting with problematic and maladaptive behaviour.

#### 2.6.3.4 *Permissive Parenting Style*

The permissive parenting style is defined by indulgence, excessive tolerance, and the absence of rules and punishment. These parents show more warmth and less control (Roman et al., 2016). They place little emphasis on discipline and will instead be compliant with their children's desires and actions and will be less structured and will, according to Roman et al. (2016), portray more indulgence and responsiveness to their children's needs without setting proper boundaries. Children can make their own decisions and grow up without a secure foundation or solid support system to guide them when necessary (Baumrind, 1996). Children raised by permissive parents tend to have high self-esteem but are at risk of using alcohol and drugs and tend to present with problematic behaviour (Scaramella & Leve, 2004; Weis, 2002) and perform poorly at school (Baumrind, 1991). They usually present as unhappy children with poor self-control and self-regulation (Maccoby, 1992) and struggle to establish any form of friendship or relationship (Grolnick, 2003). This parenting style encourages children to be egocentric, bad-mannered and demanding (Baumrind, 1997). These children tend to be emotionally withdrawn, have elevated levels of anxiety, stress, and fear, have problems forming emotional attachments and tend to present with inappropriate behaviour in social situations (Hughes et al., 2005; Huver et al., 2010; Steinberg et al., 1994).

Like in the authoritarian parenting style, children raised in a permissive environment tend to develop certain clinical conditions linked to self-destructive behaviours (Morris et al., 2007; Silva et al., 2012). These behaviours become recurrent when there is little affection in the

parent-child relationship in the prevalent presence of insecure attachment relationships with significant figures (Simoës, 2011).

In a study by Hosokawa and Katsura (2018) on a five-year-old group, the permissive parenting style was linked to disruptive behavioural patterns in boys and not in girls. Permissive parents lack control and authority over their children and, as a result, do not guide them or regulate their behaviour and allow them to make independent decisions. Such parents will tolerate or avoid their children's misconduct as they feel uncomfortable imposing restrictions on them (Hosokawa & Katsura, 2018). As a result, this parenting style can lead to children controlling their parents through coercion (Berzonsky, 2004); Ramsey et al., 1996; Hart et al., 1992) and can be associated with externalising behavioural problems in children.

The study (Hosokawa & Katsura, 2018) found a significant gender difference related to the permissive parenting style in the externalising tendencies of boys and not girls. A permissive disciplinary style of parenting appears to be detrimental for boys, and Else-Quest et al. (2006) and Matthews et al. (2009) indicate that boys may have less developed self-regulation mechanisms at the age of five than girls. It may also result from how children perceive gender differences in accepting a parenting style. In a study by Conrade and Ho (2001), it was found that boys were more sensitive toward a permissive parenting style. Conrade and Ho (2001) mentioned that respondents in the study on parenting styles were mainly mothers, and boys, more than girls, tend to rate their mothers as permissive. The study found that boys were more influenced by maternal permissive discipline and, as a result, were more exposed to developing behavioural problems due to permissive parenting than girls. However, the author (Conrade & Ho, 2001), who did the study with Japanese children, acknowledges that the outcome may differ in Western countries.

#### 2.6.3.5 *Neglectful/Disengaged Parenting Style*

This parenting style is used by parents who find themselves detached from their children by ignoring their needs or being absent or distant in their children's daily lives (Arora, 2014). As a result, these parents will fail to establish a connection or attachment with their children

(Arora, 2014). They will not spend time with their children and will fail to react positively and encouragingly to progress and will react negatively to regressions, resulting in children being unsure of what is expected from them by their parents (Arora, 2014). Such children distrust their parents and authority figures and pay little attention to authoritarian commands, advice, or instructions (Arora, 2014). These parents will still provide food, clothing, and shelter to their children but will not value their children's opinions and validate their emotions, which tends to lead to children who believe their parents' lives are more important than theirs and will exhibit independent, autonomous tendencies (Bourne, 2011). Arora (2014) also found that these children will attempt to provide for themselves to limit their dependence on their uninvolved parents to feel independent and mature beyond their years.

A study by Arora (2014) found that children from neglectful/disengaged parents present with poor educational performance. The study found no differences in gender regarding these academic results, and it occurred in urban and rural settings (Arora, 2014). These parents are neither responsive nor demanding, and the style can also be described as hands-off or disengaged, with low parental warmth and control and almost no limit-setting (Arora, 2014; Trishala and Kiran, 2015). There is little communication or concern from the parents, and these children tend to suffer in social competence, psychosocial development, academic performance, and problem-management skills. With this parenting style, the child's feelings, emotions, and opinions are dismissed and affect the child's future relationships (Trishala & Kiran, 2015).

Neglectful parents will present with contradictory behaviour, which will spill over to their children, and as adolescents, these children may show tendencies of truancy and delinquency (Arora, 2014). Poor guidance is given to these children, and the disturbed attachment with their parents will also negatively affect their relationships, according to the study by Arora (2014).

According to the findings of Fletcher et al. (2008), parents who scored low on both the demandingness and responsiveness dimensions have children who demonstrate the most challenges in their development. These parents lack closeness in their relationships with their

children and tend to present with high externalising behaviour. It was found that parents become frustrated by the mentioned behaviour, resulting in the use of punitive discipline instead of developing a more child-centred approach.

Kuppens and Ceulemans (2019) comment that uninvolved parents mostly use psychologically controlling strategies to a certain extent, meaning that these parents may not be concerned with the child and their behavioural patterns but rather with manipulating their children's feelings, thoughts, and emotions to fit their own. A neglectful parenting style can be associated with the poorest developmental results (Mandara & Murray, 2002; Steinberg et al., 1994). An overlap exists between harsh punishment and the psychological control parents use (Kuppens & Ceulemans, 2019), evident from the study by Fletcher et al. (2008), where low levels of parental responsiveness and demandingness lead to children demonstrating the most problematic behaviour. Indifferent parents are prone to a lack of closeness in their relationships with their children. These children tend to present with the highest levels of problematic and externalising behaviour leading to more punitive parenting discipline instead of exploring the avenue of involvement and child-centred alternatives. Good behaviour-controlling practices proved to prevent behavioural problems (Fletcher et al., 2008).

#### **2.6.4 Internal Working Models**

Internal working models (IWM) concern the child's beliefs and expectations regarding the dependability and receptiveness of significant others and will determine the quality of their relationships and general functioning throughout life (Lee & Hankin, 2009). As one of the central aspects of attachment theory, the attachment behavioural system involves a system of behaviours with a certain expected outcome and plays an identifiable biological role (for instance, for protection) (Cassidy et al., 2013). Infants can recall the emotional content of their attachment-related experiences and use these memories to form their IWM, which directs their attachment behaviour in subsequent social interactions with these individuals (Cassidy et al., 2013). Bretherton (1991) and Bretherton and Munholland (2008) describe secure base scripts as the "building blocks" of an internal working model. According to this view, a secure script

should allow children and adults to create attachment-related “stories” where an individual can use someone else as a secure base from where exploration can take place and act as a safe place during stressful times from where one person can successfully use another as a secure base to explore and as a place of safety in times of distress or need. Insecure individuals should exhibit a distortion or an absence of such a script (Cassidy et al., 2013). Experimental studies show that infants take complex social-emotional information from their observations of social interactions and form their assumptions about how people will conduct themselves towards others (Hamlin et al., 2011; Hamlin & Wynn, 2011).

A mother who has a self-valued internal working model will teach the child independence and trust (Bretherton, 1992). The following cognitive and affective content follows from this internal working model: emotional regulation (Crugnola et al., 2011), autonomy (Bekker & Van Assen, 2006), the capacity to initiate and maintain enduring and trusting relationships (Richards & Hackett, 2012), and expectations on how others behave in social settings and relationships (Rholes et al., 2011). This cognitive and affective content is vital for understanding the individual’s reaction to stress and distress (Mikulincer et al., 2004).

## **2.7 Attachment Research**

### **2.7.1 A Critical Analysis of International Research on Attachment**

Since Bowlby’s initial and groundbreaking research on attachment, various studies have been conducted internationally. Mary Ainsworth tested some of Bowlby’s ideas empirically, and she went to Uganda in 1954 to do research with Leonard on infants’ responses to separation at weaning (Van Rosmalen et al., 2016). Ainsworth concluded that the love a child has for their mother seems not to be a secondary drive, and she started to believe that it was instinctive, accepting the claims of ethology (Ainsworth & Marvin, 1995). In the Baltimore study, Ainsworth identified different dimensions of motherhood and maternal care that indicated the quality of the infant-mother attachment security (Ainsworth et al., 1971). Ainsworth contributed to the development of the theory mainly by focusing on the caregiver as a safe and secure base from which the child can explore the world. She also emphasised

the importance of maternal sensitivity to infant signals (Ainsworth & Marvin, 1995). Ainsworth (1989) created an important psychological assessment system, and she emphasised three key criteria for forming attachment bonds:

1. infants seeking proximity to their caregivers;
2. the effect of having a secure base;
3. protest if separated from the primary caregiver.

Research by Schaffer and Emerson (1964) correlates with Ainsworth's findings on maternal sensitivity. They studied 60 babies monthly during their first 18 months of life. The participants were studied in their own homes, and a pattern was identified in the development of their attachments. The babies were monitored and observed monthly for approximately one year in interaction with their caregivers. Interviews were also conducted with the carers, and the carers kept a diary to monitor the evidence of attachment. They recorded three measures:

- stranger anxiety (how the child responds when a stranger arrives);
- separation anxiety (the distress levels the child experiences when separated from a caregiver and how long it takes to comfort the child when the carer returns);
- social referencing (the degree to which infants look at their carer to decide how they should respond and react to something new). Research on attachment issues is essential in studying human affective and social development (Moran, 2007).

This study showed that carers sensitive to the baby's signals were likelier to form attachments with the baby than the person with whom the baby spent the most time. Sensitivity and responsiveness proved to be more important in attachment-forming than physical care (Moran, 2007).

The importance of environment (versus the genetics of the child) was emphasised in studies by Ricciuti (1992) and O'Connor & Croft (2001). The authors reported information on three twin studies on the attachment between mother and child. In all three cases, the role of genetics in differences in attachment security can be regarded as minimal. In a fourth study (The Louisville Twin Study), research was done on the quality of attachment in twin pairs. An adapted separation-reunion procedure, designed initially to assess temperament, was used.

Shared environmental factors played a significant role and were estimated to make an estimated 50% contribution, according to Bokhorst et al. (2003).

Van IJzendoorn (2019) mentioned that everyone's bias to become attached remains inborn and universal. Fearon et al. (2014) researched a large sample of adolescent twins and documented that genetic differences might become more important later in the development of attachment. Bakermans-Kranenburg and Van IJzendoorn (2016) state that they searched for differences in structural DNA associated with infant attachment but could not trace its influence on the specific serotonergic, oxytocinergic or dopaminergic genes or genome-wide (SNP) analyses levels.

Bakermans-Kranenburg et al. (2003) refer to 24 randomised intervention studies ( $n = 1280$ ) that were conducted before 2003 in which both children's attachment security and parental sensitivity were assessed as outcome measures. It appeared to be more challenging to change attachment insecurity than maternal insensitivity. This research supports the notion of a reciprocal role of sensitivity in forming attachments. Van IJzendoorn (2019) concluded that randomised control trials in the past 15 years support this finding, although a systematic meta-analytic study is still outstanding.

Van IJzendoorn (2019) determined that all humans are born with the innate bias to form meaningful attachments to a protective caregiver, but infants' attachment relationships differ. Some may form a secure attachment with their caregiver, and others may find them in an insecure attachment relationship. According to Van IJzendoorn (2019), these differences are not genetically determined but stem from interactions with the social environment, especially in the infant's first few years of life. Van IJzendoorn (2019) supports the hypothesis that infant attachment security stems from sensitive parenting, although other causes cannot be ruled out, especially the role of the broader social context needs to be considered. A bidirectional model in research is also important for both infants and adolescents. Child characteristics may influence parenting style. Children with a socially unresponsive temperament are at increased risk for causing maternal stress, and this may even lead to maltreatment (e.g., Bugenthal and Happaney, 2004). Numerous studies of several types have shown the variety of ways in which

children's characteristics (age, gender, temperament, physical features, intellectual or behavioural disabilities) might shape the parenting they receive (Bell & Harper, 1977).

The behavioural attachment system is crucial in attachment theory as it links the ethological models of human development (Hinde, 1966) and the modern personality theories and emotion regulation (John & Gross, 2007). The mother-child dyad implies an intensive emotional interaction that should establish security, safety, trust, value, and effective self-regulation, according to Lahousen et al. (2019). They state that the typical psychosocial experiences between the child and caregiver shape the neurobiological structure of the child's brain. The quality of these early interactions and relationship experiences is important for the child's further cognitive, social, and affective development. The acquired attachment pattern is linked to the child's capacity for mentalisation and empathy, which will eventually play an important role in the child's future relationships.

The 1980s saw a new wave of research on attachment processes, supporting Bowlby's belief that attachment represents a process that characterises humans "from the cradle to the grave" (Bowlby, 1979, p. 129).

### **2.7.2 South African Research on Attachment**

According to the 2019 General Household Survey by Statistics South Africa, South Africa's total population amounts to an estimated 58 429 million people (Statistics SA, 2019). Being a developing country, South Africa is characterised by high poverty levels and inequality (Tomlinson et al., 2005), an unemployment rate of 46,6 %, and a youth unemployment rate of 66,5 % (State of the Nation Address, 15 October 2020). South Africa is known for its high inequality levels, and it is estimated that the top 10% of the South African population spent 7,9% times more than the bottom 40% in 2015. The effects of the inequalities (due to the apartheid past) and poverty in South Africa are evident across all spheres of child development, visible in the country's high infant mortality rate, school drop-out statistics, criminality, stunted growth, and low levels of educational attainment and homelessness rates. Many children grow up with only one parent (due to aids), and such hardships are associated

with a high incidence of childhood psychological disturbances (Tomlinson et al., 2005). Apart from these socioeconomic challenges, it must also be considered that the percentage of young children in any developing country is significantly higher than that of young children in developed countries (Schönteich, 2003). The reality is that South African parents must deal with serious challenges in raising their children (Roman, 2012).

In the transactional model, development is a constant dialogue involving a child's genetics, biology, and social environment, affecting the child's brain, life, and future (Newman et al., 2015). Childhood maltreatment and trauma have significant neurological and physiological consequences and create the possible pathway to developing pathology with serious and far-reaching effects on a child's development (Sullivan, 2012). Sameroff and MacKenzie (2003) describe the transactional model as one that can be conceptualised as the ongoing reciprocal or bidirectional influences between a child and the child's context. Fanti et al. (2008) conceptualise the prevalence of externalising and internalising problems due to the ongoing reciprocal influence between adolescents and their social environment. Previous research done in a Romanian orphanage showed that children who suffered early deprivation presented a reduction in overall brain size and dysfunction in the brain regions involved in processing stress (Chugani et al., 2001; Mehta et al., 2009). Differences in brain size appear to correlate with the length of duration of the trauma (Lim et al., 2014). Trauma has far-reaching effects on children, and the South African situation will thus have a profound effect on children's well-being.

Looking at the South African context, a study of children in the peri-urban settlement of Khayelitsha outside Cape Town found that 40% of the children exposed to community violence presented with a psychiatric disorder (Lockhat & Van Niekerk, 2000). Parenting in such circumstances (as in the Khayelitsha study) is challenging due to the parent's preoccupation with external problems (e.g., lack of partner support, poverty) and immediate difficulties (e.g., loss and trauma). The parent's capacity to form a secure attachment to be responsive to their child's needs may be affected (Tomlinson, Cooper & Murray, 2005), which may be further compounded by maternal health problems (e.g., depression). A study by Cooper et al. (1999)

in Khayelitsha found the prevalence of maternal depression (two months post-partum) to be 34.7%, a rate almost three times higher than in Western samples (O'Hara, 1997). Probing the mother-infant relationship and attachment, the researchers found that mothers in Khayelitsha who were diagnosed with depression were significantly less sensitive to the needs of their infants in early interactions with their children than mothers without depression. Consistent with several studies done in developed countries, infants of depressed mothers were also less positively engaged.

Findings showed that maternal depression leads to less optimal maternal behaviours like insensitivity, unresponsiveness, lower ability to support infant affect regulation, intrusiveness, and lower levels of stimulation (Campbell & Cohn, 1997; Cohn & Campbell, 1992; Field, 1992; Murray et al., 1996; Tronick & Weinberg, 1997). Such disturbances in the relationship between the infant and the mother may lead to a withdrawn and irritable infant who may develop an insecure attachment to its intrusive and remote mother (Campbell & Cohn, 1997; Van den Boom, 1994).

Research has been done in Africa and specifically in South-Africa on the attachment status of children exposed to conditions of adversity. A few studies have been conducted in Africa with the Dogon people, where the Ainsworth strange situation procedure was used (True et al., 2001). High levels were found of both secure (69%) and disorganised (23%) attachment (True et al., 2001). [Van Niekerk \(2017\) conducted research on the relational requirements of attachment and the well-being of adolescents in the family;](#) [Dekel et al. \(2018\) did a qualitative study in South-Africa in which they explored adverse parent-child relationships from the perspective of convicted child murderers and](#) [Roman et al. \(2015\) did research on the role of parenting styles and socio-economic status in parents' knowledge of child development practices, to name a few.](#) Research shows that early parental insensitivity is predictive of infant insecurity and avoidant (Belsky, 1999; Murray, 1992, Smith & Pederson, 1988; Vondra et al., 1995) and anxious-resistant attachments (Belsky, 1999). Recent studies have shown that dissociated, frightened and frightening maternal behaviour, which is especially prevalent in conditions of loss and trauma, can be linked to insecure disorganised attachment (Lyons-

Ruth et al., 1999; Lyons-Ruth & Jacobvitz, 1999; Main & Hesse, 1990; Schuengel et al., 1999; True et al., 2001). South African research on parenting is mainly limited to parenting styles and the effects of parental behaviour on child outcomes (Kritzas & Grobler, 2007; Latouf, 2008; Makwakwa, 2011).

South African research on parenting-child outcomes differs from international research regarding gender, ethnicity, and parenting styles (Roman et al., 2016). The minority groups, from an international perspective, present the majority groups within a South African context. Those groups were historically socio-politically exposed to violence, segregation, and separation. However, during the last two decades, there has been a shift to a more democratic and humanitarian society with new family policies and child protection laws (Roman et al., 2016). South Africa has a history of violence embedded in the dominant patriarchal society, according to Ginwala (1990) and most of the population (that is, Black Africans) still live in poverty with add-on social challenges like substance abuse, unemployment and high crime levels (Peltzer et al., 2011). Black parents could be considered at risk for punitive and harsh parenting (Brooks, 2011; Phillips et al., 2006). The South African Institute of Race Relations (Holborn & Eddy, 2011) found that serious challenges exist within Black families, specifically with Black parents and a perceived lack of parenting responsibility.

The results of a study by Roman et al. (2016) suggested that the parenting styles of mothers and fathers differ significantly between the various ethnic groups in South Africa. Ethnic identity is one domain of an individual's overall sense of identity, associated with ethnicity and/or ethnic group membership and it has been identified as an important psychological and psychosocial construct, linked to healthy development for persons from ethnically marginalized groups (Umaña-Taylor et al., 2014). Ethnicity and race are both politically and social constructed categories, used to describe people who share commonalities around language, physical appearance, historical treatment, beliefs, heritage and traditions (Omi & Winant, 1994). The research results of Roman et al. (2016) and previous South African research showed stronger mother-child relationships than father-child relationships (Roman et al., 2016; De Jager, 2011). It was suggested in previous research (Bomester, 2012;

Conrade & Ho, 2001; Makwakwa, 2011; Moyo, 2012) that South African mothers were more involved than fathers in the upbringing of their children. Research (previous and more recent studies) indicated that South African mothers use a more authoritative parenting style and that stronger relationships exist between mothers and their offspring than between fathers and their offspring (De Jager, 2011).

The research done by Roman et al. (2016) showed that Black African fathers obtained significantly lower scores on both authoritarian and authoritative parenting styles than White fathers, which was also consistent within the various ethnic groups. According to Roman et al. (2016), the possible reason might be that Black African fathers were historically and culturally less involved with their children, which might be an after-effect of the apartheid system where fathers had to work away from their families (Bernstein, 1985; Ginwala, 1990; Posel, 1991). Gender ideologies could also be prevalent, as found in various USA studies (Hofferth, 2003), where less interpersonal warmth was found between Black fathers and their offspring than between White fathers and their offspring. These studies also refer to the possibility that the parenting styles of White parents could be associated with a Westernized parenting approach where there is more father involvement than with other ethnic groups and the more frequent use of the authoritative parenting style (Brooks-Gun & Markram, 2007). Similar findings were made in Germany and the UK for minority groups (Nauck & Lotter, 2015).

Regarding gender, research indicates that different interactions occur and different relationships exist based on the gender of the parent and the gender of the child (Bohanek et al., 2009; Hastings et al., 2005; Lambert & Cashwell, 2004). Roman et al. (2016) found that boys scored significantly higher for mothers' authoritarian style than girls. On the other hand, girls scored higher for mothers' authoritative parenting style. Roman et al. (2016) refer to previous studies in which distinctly gendered parenting was found between a mother and her daughter and a mother and her son (Bomester, 2012; Georgiou, 2008; Lipps et al., 2012). It appears that mothers tend to use a more authoritative style of parenting with their daughters than with their sons, and Roman et al. (2016) conclude that the role of a child's gender may be intertwined with the parenting style of mothers and fathers.

### **2.7.3 Research Trends on Attachment**

New ideas about early relationships stemmed from the advances in attachment theory (e.g. Bretherton & Munholland, 1999; Cummings & Davies, 1996) and led to an explosion of studies on attachment beyond infancy (e.g., Cassidy & Shaver, 1999; Greenberg et al., 1990). Researchers started looking beyond the secure-base concept of attachment and updating the traditional views on attachment development, working models, and function.

Supporters of the behavioural genetic approach criticised most child development findings because they used traditional research designs focusing on between-family comparisons. Rowe (1995) explains that the influence of the family environment can be encapsulated in behaviour genetics through the concept of shared environment. Harris (1998) believes that parents' role in child development needs rethinking and de-emphasising. Plomin (2018) recently argued that although parents matter in raising their children, they will change their children's developmental trajectories, excluding conception. Despite the prevalence of this latest school of thought, attachment theory still emphasises the role of parental sensitivity. Molecular-genetic and twin studies on attachment security in childhood did not show a strong genetic component, and intervention studies (done randomly) documented the causal role of sensitivity (Van IJzendoorn, 2019). Several neurobiological and developmental research studies have been conducted during the last couple of decades and contributed to the further development of attachment theory (Schoore & Schoore, 2008).

Research on attachment generally downplayed or ignored the importance of social environment (e.g., Gottlieb, 1971; Johnston & Gottlieb, 1981; Lickliter & Gottlieb, 1985). When researchers started to shift their focus away from the highly artificial and restricted social conditions used in traditional imprinting research, a more complicated and different story emerged. This theoretical perspective suggests that species-typical behavioural phenotypes exist and that attachment behaviour in animal species is much more contingent, complex, and flexible than previously assumed by Harlow, Bowlby and their fellow researchers working on attachment (Lickliter, 2008). Rodent-based research has also shown a real-time biological

foundation between an infant and a mother and that the psychological construct of attachment stems from that (Lickliter, 2008). Multiple component processes connect the mother and the infant and vice versa (Lickliter, 2008). Hofer (2006) and Fox and Card (1999) concluded that the “social bond” between a mother and an infant implies to become a multi-determined concept of dynamic processes involving more than implied in traditional attachment theory. Epigenetic research investigates mechanisms (neural, genetic, social, hormonal) involved in how deviations in the essence of the mother-infant relationship can cause long-term implications for adult behaviour, physiology, and psychopathology (Lickliter, 2008). Traditional attachment theory attempted to divide the infant’s attachment and separation responses into instinctive (e.g., genetically determined responses) and those that resulted from the developmental environment. However, research on epigenetics found that such a partition is impossible, according to Lickliter (2008). It was suggested that various factors (including environmental and genetic factors) must be considered (Johnston & Edwards, 2002). An increasing recognition exists of the important role genetics and gene-by-environment interactions play in understanding how psychopathology may develop (Moffitt, 2005). Lakatos et al. (2000) referred to preliminary evidence for genetic influences’ role in disorganised attachment. Bakermans-Kranenburg and Van IJzendoorn (2006) refer to the gene-by-early-maternal-sensitivity interaction to predict mental health outcomes, mentioning that this area of inquiry represents a promising avenue for further research. Furthermore, Meaney (2010) refers to the growing evidence concerning the effects of the environment on gene expression (i.e., epigenetics). In this regard, secure attachment may protect a child from expressing risky genotypes (Kochanska et al., 2009).

The concept of regulation theory developed from within the developmental framework and is the result of the interactions of both nurture and nature, the weaknesses and strengths of the individual’s temperament (encoded biological predispositions) and the early dyadic relationships with caretakers embedded within a particular culture (Schore & Schore, 2008). The inner world is built on a psychophysiological base that stems from the unique genetic endowment of an infant to his social environment (Schore & Schore, 2008). Tucker (1992)

states that social interaction that promotes differentiation in the brain can be regarded as the instrument for developing a culture's epigenetic patterns.

An important insight in developing a better understanding of children and caregivers' relationships is to consider sociocultural and family factors and the multigenerational homes children and caregivers often share (Repetti et al., 2012). The focus is more on contextualised co-regulation research within naturalistic environments in culturally diverse contexts. This view correlates with developmental theories and philosophical views on interbeing (connectedness), in which individuals' interconnectedness with their social, global, and relational contexts are described (Bronfenbrenner, 1977; Hanh, 1987). This contextual interconnectedness is especially important in infancy when infants depend heavily on caregivers to meet their survival needs. Bornstein (1989) describes infancy as a sensitive life phase for co-regulation due to the early organisation of the neurobiological systems crucial for the socio-emotional, self-regulatory and cognitive skills in childhood and adulthood. Buhler-Wassman and Hibel (2021) emphasise the lability and fluctuations of these dynamic processes. Co-regulation in context is essential and involves the study of biopsychosocial systems, as it is present in the home and a relationship while considering cultural, social, and economic factors. The methodological advances of the mentioned co-regulation in context contribute to better ecological validity of the context-dependent and dynamic co-regulation, supporting inquiry into naturalistic within-dyad and within-person regulatory processes (Russell & Gajos, 2020). By making use of these methods of research, behaviour, emotion, sleep, and physiology can be integrated to reach a more holistic, contextualised view of the co-regulation that exists between infant and caregiver that will assist in allowing the design of the interventions to offer support to families (Buhler-Wassman & Hibel, 2021).

The complexity of co-regulation in different cultural contexts must be respected. The responsibility of researchers is to advance social justice (Campos & Kim, 2017; Lerner & Overton, 2008; McCall, 2005). Buhler-Wassman & Hibel (2021) state that researchers must include infants and caregivers from different ethno-racial, socioeconomic, and cultural backgrounds to understand the diversity of human experiences in the developmental process.

Researchers must be sensitive to the power dynamics, especially when working with infants and caregivers who tend to be marginalised. The importance of ethical and ecological validity in research must be acknowledged, and accurate representation must be achieved to allow evidence-based findings to design culturally relevant policies and programmes to support caregivers (Buhler-Wassman & Hibel, 2021).

According to Waters and Cummings (2000), the challenge lies in not resting on the laurels of past successes. They propose:

1. to keep the underlying logic of the theory of Bowlby and the secure-base concept as the base in attachment theory and research;
2. to update the traditional views of attachment development, working models, and function;
3. to investigate life span, family, and cross-cultural contexts to test certain areas of attachment theory.

The next chapter considers BPD and how the quality of the mother-child attachment can act as a buffer and predictor for child outcomes (Alink et al., 2009; Kim & Cicchetti, 2004). In the context of attachment theory, a mother's skills to connect to and build a relationship with her child is influenced by her previous relationships, from childhood and what she experienced throughout her lifetime (Bretherton, 1992). A mother's ability to connect to her infant is also influenced by her current social relationships (Green et al., 2007). Mothers with social support from family and friends are more likely to have a responsibility to give this same support to their child (Burchinal et al., 1996). It can be understood that mothers with better quality and greater security in their relationships may be better equipped to care for their child's needs (Wiles et al., 2018b)

## **CHAPTER 3: BORDERLINE PERSONALITY DISORDER**

### **3.1 Introduction**

The next section will focus on BPD and the effect of the diagnosis on mothering and attachment forming. The definition of BPD will be discussed, the prevalence of the diagnosis and the intervention strategies that can be followed. Research on BPD and its effect on mothering within the South African context will be discussed, and challenges the diagnosis has on attachment forming and mothering, specifically in the case of adolescent daughters between 12 and 18 years of age.

The devastating effects of the diagnosis, especially when untreated, can severely impair the functioning of people diagnosed with the condition and lead to instability and extraordinary emotional distress (Kvarnstrom, 2015). It is often found that children of a mother diagnosed with BPD are the most severely affected as the disorder has a profound effect on normal and healthy parenting behaviours and the dynamics between parent and child, and it can also contribute to environmental instability, inadequate family cohesion, and alcohol and drug exposure (Kvarnstrom, 2015). The author also mentions the abovementioned risks on a child's formative psychosocial development and general psychological well-being, sense of self, interpersonal relationships, and capacity for joy.

### **3.2 Defining the Construct**

The label "borderline" was introduced by the psychiatrists Stern (1938) and Knight (1953) when identifying certain patients' tendencies to regress into the mental state of borderline schizophrenia in unstructured situations. These patients were seen as borderline in the schizophrenia category (Rorschach, 1942; Hoch & Polatin, 1949; Rado, S. (ed.), 1962; Frosch, 1964; Kety et al., 1968). In 1967, Kernberg (1967) defined borderline as a level of personality organisation identified on the one side by patients who had neurotic personality organisation and on the other hand by those who had psychotic personality organisation. From the 1970s to the 1980s, Grinker, an early advocate of empiricism, contributed toward the borderline syndrome being assessable with discriminating criteria (Grinker et al., 1968), and soon after

that, it entered the DSM-III (American Psychiatric Association, 1980) as BPD. Compared with other major psychiatric disorders, BPD remains far behind in research and awareness (Gunderson, 2009).

Patients diagnosed with BPD form a substantial part of the psychiatric services user group (Zanarini et al., 2004). It is diagnosed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSV-5) based on "(1) a pervasive pattern of instability of interpersonal relationships, self-image, and affects; and (2) marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by at least five of the following:

- Frantic efforts to avoid real or imagined abandonment; this does not include suicidal or self-mutilating behaviour covered in criterion 5
- A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealisation and devaluation
- Markedly and persistently unstable self-image or sense of self
- Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating); this does not include suicidal or self-mutilating behaviour covered in criterion 5
- Recurrent suicidal behaviour, gestures, threats, or self-mutilating behaviour
- Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
- Chronic feelings of emptiness
- Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, or recurrent physical fights)
- Transient, stress-related paranoid ideation or severe dissociative symptoms."

The prevalence and comorbidities of the disorder will be discussed in the next section.

### 3.3 Prevalence and Comorbidities

BPD commonly occurs in clinical and general settings (Skodol, 2002). Research in the United States indicates that the prevalence of BPD is 1.6 %, and in terms of lifetime prevalence, it is estimated to be 5.9% (Lenzenweger et al., 2007; Grant et al., 2008). In clinical settings in urban primary care patients, it was present in 6.4% of patients and psychiatric outpatients, and it was found in 9.3% of patients and psychiatric inpatients (Gross et al., 2002; Zimmerman et al., 2005; APA, 2013). According to the DSM-IV (APA, 2013), there is a higher prevalence of BPD in the female population. Studies about the prevalence of the disorder were done mainly in the United States, and the outcome depends on how strictly the diagnostic criteria are applied. Lenzenweger (2010) estimates the prevalence rate in the general population to be around 1%. In a recent study by Gregory et al. (2021), the prevalence of BPD under adult psychiatric inpatients (with suicidality) was 43.1%, but it was estimated that their admitting providers misdiagnosed 68%. The study found that patients diagnosed with BPD were significantly younger, received more prescribed psychiatric medication, had greater suicidal ideation and were more depressed. They were also three times more likely to be readmitted to psychiatric hospitals (Gregory et al., 2021).

In a study by Nagel et al. (2021), the prevalence of pregnant women with borderline pathology (BPD as well as borderline personality traits) referred to a psychiatry service for perinatal consultation liaison proved to be 10.1% of women, and the prevalence of borderline traits was one in five women. The study also indicated that female patients with borderline personality pathology presented with a higher rate of unplanned pregnancy, substance use during pregnancy, being single, and a higher incidence of child safety services involvement.

A Danish study estimated that the prevalence of the diagnosis in the general adolescent population is around 3%. The clinical prevalence among adolescents receiving treatment at an outpatient clinic might range from 11% to 78% in adolescents presenting with suicidality and attending an emergency department (Guilé et al., 2018). They also mentioned that early adolescence appears to be a period in which borderline personality traits will probably emerge

within a complex clinic setup. This period is particularly delicate as the traits can normalise or continue to develop into full-blown BPD (Guilé et al., 2018).

Guilé et al. (2018) conclude that the prevalence values in several population studies differ from one study to another, and the prevalence estimation depends on the number of diagnostic criteria and whether any additional criteria were added. Guilé & Greenfield (2004) state that, consistent with clinical observations, adolescents from 11 or 12 years can fulfil the criteria to be diagnosed with BPD. Professionals working with adolescents must apply preventative strategies and interventions to assist this population group (Guilé et al., 2018).

Concerning comorbidity rates, it appears that a high comorbidity rate between BPD and generally mental disorders, especially anxiety, mood and substance use disorders (Coid et al., 2000; Lenzenwegger et al., 2007; Tomko et al., 2014; Grant et al., 2008). An association between mental disorders with an early onset and personality psychopathology during adolescence and early childhood (Lewinsohn et al., 1997). Several clinical studies have found that an unstable self-image and unstable relationships (Garnet et al., 1994) or affective instability (Bisken et al., 2011) with bouts of sadness or anger might be linked with the occurrence of BPD into adulthood (Guilé et al., 2018). The family's contributions and the existing comorbidities influence the diagnosis' progression (Guilé et al., 2018). Studies found that the presence of a BPD diagnosis in the mother and the father having a substance use disorder and conflict between the mother and the child, and a substance use disorder or depression in the adolescent can be linked with BPD in adulthood. Research by Greenfield et al. (2015) indicated that the occurrence of BPD in an early stage would probably persist into adulthood. In a sample of fourteen to eighteen-year-old adolescents, internalising and externalising disorders in the adolescent phase were associated with adulthood BPD. Guilé et al. (2018) refer to multivariate analyses showing that only adolescent substance uses disorders, and depressive disorders predicted adulthood BPD. According to Guilé et al. (2018), childhood externalising disorders predict BPD symptoms in early adolescence. They state that, from a developmental perspective, notice needs to be given when children with oppositional defiant disorder or attention deficit disorder switch to depressive disorder or start

to present with additional depressive disorder symptoms in adolescence. These children and adolescents need special follow-up treatment and interventions, according to Guilé et al. (2018).

The typical BPD features will be addressed in the next part, as well as the three subtypes of the disorder.

### **3.4 Borderline Personality Disorder Features and Subtypes**

Patients diagnosed with BPD present with long-standing impairment in various domains of life, including interpersonal challenges and difficulties with impulse and affect regulation (Lieb et al., 2004). The volatility BPD patients experience in their interpersonal relationships is a core feature of the disorder that disrupts patients' professional and personal lives (Fineberg et al., 2018). In probing the personality structure of borderline personality disorder, the primary concern is the ego-structure pathology which includes nonspecific manifestations of ego weakness (e.g., a lack of anxiety tolerance) as well as defence strategies such as primitive idealisation, splitting, excessive projection and projective identification and omnipotence that can be associated with devaluation (Kernberg, 1967, 1975). Research indicates that childhood adversity and neurobiological and genetic factors may contribute to the disorder's aetiology (Lieb et al., 2004).

According to research by Smits et al. (2017), the problematic features associated with BPD can be divided into the following three subtypes: the core BPD, an extravert/externalising type, and a schizotypal/paranoid subtype. These findings resemble the subtypes that Critchfield et al. (2008) and Lenzenweger et al. (2008) reported. It was found that men were significantly more prevalent in the extravert/externalising type, and this subtype also reported better quality of life levels and the lowest incidence of axis-1 disorders. This research found trends for domains of interpersonal difficulties and the severity of borderline pathology, specifically regarding identity problems and affective dysregulation. The latter occurs the least in the extravert/externalising subtype. The core BPD subtype contains five times more patients than the extravert/externalising subtype and around ten times more patients than the

schizotypal/paranoid subtype, although it may be possible that patients from the latter two subtypes are less inclined to seek treatment (Smits et al., 2017). Patients from the schizotypal/paranoid subtype do not show the same degree of ambivalence, with less intrusiveness and a lesser need for closeness than what is found in the other subtypes, but higher levels of hostile dominance and distrust and lower assertiveness and self-confidence levels according to the research (Smits et al., 2017). According to this research, this subtype shows more attachment anxiety than the other subtypes.

BPD usually emerges during either adolescence or early adulthood. In addition to the role genetics play in this condition (Distel et al., 2008), findings from both community and clinical samples proved the importance of family environment and severe childhood maltreatment for the development of BPD and emphasised the important role caregivers play in the development of a child's internal models of the relational perceptions (Fruzzeti et al., 2005; Infurna et al., 2016; Lyons-Ruth et al., 2013; Winsper et al., 2012). The importance of parent-child attachment becomes apparent, and parenting can be regarded as an important leading factor in the pathogenesis of the development of mental health problems (Clark et al., 2017; Wiggins et al., 2015). Research so far supports the association between problems with parent-child attachment and BPD in offspring (Huang et al., 2014; Keinänen et al., 2012; Lyons-Ruth et al., 2011; Zanarini, 2000).

### **3.5 Intervention Strategies**

Marsha Linehan contributed significantly to the treatment of BPD with the development of dialectic behaviour therapy (DBT), which led to a significant reduction in typical BPD features like inpatient psychiatric admissions, parasuicidal behaviour, and treatment dropout (Choi-Kain et al. (2017). Since she developed DBT, more than 13 manualised psychotherapies to assist in the treatment of BPD have been tested, and five major treatment modalities have been developed as recognised evidence-based treatments: DBT, mentalisation-based treatment (MBT), schema-focused therapy (SFT), transference-focused therapy (TFT) and systems training for emotional predictability and problem-solving (STEPPS) (Choi-Kain et al.,

2017). No psychopharmacologic treatments have proven consistent results (Gunderson & Links, 2014).

The Cochrane review analysed 28 psychological therapies to treat BPD published until 2011 and can be characterised into four main waves (Stoffers et al. (2012). The first wave established DBT and MBT as evidence-based therapies (Bateman & Fonagy, 1999; Koons et al., 2001; Linehan et al., 1991; Linehan et al., 1994). STEPPS (a short-term group therapy) was then added to the treatment, as usual, to reduce symptoms of BPD, impulsivity and negative mood states while increasing functioning (Blum et al., 2007). In the second wave, treatment by expert therapists was compared to specialised BPD treatments, like TFP and DBT. The latter showed the best results in reducing suicidality, self-injurious behaviour, and inpatient hospitalisations, as well as lower levels of treatment dropout (Linehan et al., 2006). The third wave represented several head-to-head trials between DBT versus TFP and SFT versus TFP (Choi-Kain et al., 2017). During the fourth wave, specialist therapies were compared to systematic, well-informed generalist approaches in treating BPD and the latter performed similarly in most aspects to the established specialised counterparts. Choi-Kain et al. (2017) state that before 2011, specialised psychotherapies (e.g., DBT, TFP, MBT, and SFT) emerged on the clinical scene as evidence-based therapies to treat BPD. The proliferation of these evidence-based therapies turned the tide of notions that BPD was an untreatable diagnosis, and Choi-Kain et al. (2017) contend that generalist, structured management approaches can also be effective for BPD patients. Recently fewer intensive forms of treatment for BPD became available, offering hope that the general level of care for BPD patients can be improved. Pharmacology trials, in contrast to psychotherapy trials, suggest medications to be adjunctive at best, except in the case of comorbidities (Choi-Kain et al., 2017).

Further research is suggested by Choi-Kain et al. (2017) on adaptations of treatment of patients with more complex comorbidities. The following section will investigate research on BPD within the South African context.

### **3.6 South African Research on Borderline Personality Disorder**

In a South African study by Strebel, Stacey and Msomi (1999), the hospital records of a randomly selected, stratified sample of 7 938 inpatients admitted to three psychiatric hospitals in the Western Cape Province for a calendar year (1994) were studied. The results indicated that more women than men were admitted, with 6% of the female sample in this study carrying a diagnosis of borderline personality disorder and 2% of male inpatients. According to Paruk and Janse van Rensburg (2016), who did research into the clinical data of Helen Joseph Hospital (HJH), a regional specialist referral state hospital in Auckland Park, Johannesburg, 24% of the inpatients admitted from 2004 until 2008, had a diagnosis of cluster B personality disorder, and in 2007 and 2008 this figure was 27.3%. In 2010 the number of inpatients in the acute psychiatric unit at HJH was 653, of which 18.5% were diagnosed with BPD or “borderline personality traits”.

Gubb (2010) reported that South African women, especially black women between 18 and 25 years of age diagnosed with BPD, require care due to their social environments and the South African healthcare system. According to Gubb (2010), these women have no belief in controlling their destinies and no hope for the future to improve. Gubb’s study (2010) emphasises the complexity of the South African health system and the challenges of maintaining the health that BPD patients in South Africa face. Ntshingila et al. (2016) refer to the high levels of trauma, loss, and hypervigilance present in South Africa due to the high incidence of violent crimes and how it contributes to the ill-being of women living with BPD, experiencing challenges with emotional regulation and who suffer quite often from a combination of anxiety and depression. Ntshingila et al. (2016) state that this female population would often be unsuccessful in finding help at South African health facilities. They will easily be stigmatised as complex and difficult, and when seen by a psychologist, the session will be short due to the high patient load. When admitted to psychiatric institutions, they already have a history of impulsive acts (Ntshingila et al., 2016). A study by Langley and Klopper (2005) focuses on the challenges of patients diagnosed with BPD, which include the costs of multiple and short-term admissions when these patients encounter a crisis. In this

study, BPD-diagnosed patients, in collaboration with clinicians, had to indicate what they found meaningful in sustaining the health of these patients. It was found that trust plays a crucial part in forming a relationship, and it proved to be the foundation of the working relationship (Langley & Klopper, 2005).

Another South African study by Kirsten et al. (2006) on BPD patients' family relationships correlated well with previous studies and indicated emotionally intense and unstable family relationships, characterised by intimacy dysfunctions, ambivalence to one another, abusive interactions, and dysfunctional boundaries. Deficiencies in role expectations were identified and were marked by flawed support and nurturance. The findings indicated that BPD patients perceive the nature of communication with their family members as ineffective, enhancing ineffective coping styles. The study also found paradoxical behaviour control styles, which could have contributed to challenges in forming healthy personal boundaries. These research results are supported by Ntshingila et al. (2016), who did a qualitative study on adult South African females diagnosed with BPD admitted to a psychotherapy ward. The participants were all single; their average age was 28 years, and none had children. All participants in this study reported childhood experiences that made them feel "unsafe" in their living space, and aspects that were reported in this regard were boundary violations, educational challenges, and unstable family dynamics. The participant's life stories also depicted chronic feelings of emptiness concerning the relationship with the self. A distorted self-image was a common subtheme, as well as a lack of identity and feelings of powerlessness, worthlessness, and emptiness (Ntshingila et al., 2016). A third theme was unstable interpersonal relationships, indicating unstable interconnectedness, under-involved family, cultural stigmatisation, and loneliness. The fourth theme was that all participants felt that their mental health was suffering under the mentioned circumstances.

In most cases, the participant's mental health challenges started in their teenage years, and they reported that they would resort to unhealthy coping mechanisms, mostly destructive, with the aim of emotional escape. All participants testified to a need for facilitated mental health, a finding supported by O'Connell and Dowling (2013), who ascertained that patients

diagnosed with BPD want to progress with their lives. Bowen (2013) indicated that BPD patients supported within the mental health care system are likely to be more responsible for their own lives, and their futures and outcomes will also improve. [Another South-Africa study on BPD was conducted by Kay et al. \(2018\) and focused on the experiences of family members who have a relative diagnosed with borderline personality disorder.](#)

Cartwright (2008) from the University of KwaZulu-Natal in South Africa reviewed current trends in BPD, and he emphasised Zanarini and Frankenburg's (1997) "tripartite model" of BPD, where it is suggested that the development of the disorder stems from complex combinations of three factors: exposure to trauma, vulnerability to a "hyperbolic" temperament and a series of events that trigger BPD symptoms. Callan and Howland (2009) noted that these patients' behaviour in hospital settings reflects their internal living worlds and ways of surviving in an environment they perceived as dangerous. They use splitting as a primitive dissociation defence as they cannot integrate contradictory experiences. They function from an "all or none" and rigid mentality about other people (Kneisl & Trigoboff, 2013). From this background, it becomes clear that mothering might be challenging for these patients as consistency is required for good parenting. The next section will examine the challenges in raising their children, specifically adolescent daughters.

### **3.7 Parental Psychopathology: A Borderline Personality Disorder Perspective**

The interpersonal relationships between parents and children are very complex, and research in Western cultures indicates the importance of repeated parental support and psychological control by parents as important dimensions of parenting that can be linked to adolescent mental health (Hoeve et al., 2009).

#### **3.7.1 Trauma experiences**

Maternal interpersonal trauma may directly affect the next generation's psychobiology, and maladaptive stress response may be programmed that elevate the risk for negative social-emotional behaviour (Blair & Raver, 2012; Yehuda et al., 2014). Unresolved trauma may lead

to mournful behaviour by the mother and may be perceived by the child as both frightened and frightening and can explain a child's disorganised and disoriented behaviour (Pasquini et al., 2002; Liotti, 1992; Main & Hesse, 1990). The child is confronted by a paradox they cannot solve: biologically driven to be close to the mother yet driven away, frightened by her suffering. A child may also attempt to console their mother (at times, this is what the mother may request of the child). The child can also feel involved in an atmosphere in which mother and child are frightened by the unknown. The internal working model and interpersonal patterns that the child will form in this situation will be incoherent and probably multiple and present simultaneously but in different areas of consciousness (Pasquini et al., 2002; Liotti, 1992; Main & Hesse, 1990).

Living in poverty and having a mother with interpersonal trauma exposure has a cumulative effect and may lead to an increased risk for impaired development in children. These children may also have a greater need for preventive services (Folger et al., 2017). Home visiting research by Ammerman et al. (2012) indicated that maternal childhood trauma might be associated with future parenting stress. Folger et al. (2017) concluded that maternal interpersonal trauma might be associated with blunted child social-emotional development, partially visible through maternal psychosocial factors. Mothers who do not allow their children to separate (i.e., overprotection) are seen as the cause of the development of BPD (Materson & Rinsley, 1975). Disorganised and insecure forms of attachment are associated strongly with BPD (Agrawal et al., 2004) which corresponds with theories that perceive interpersonal instability as a core symptom of BPD.

The interaction of genetic, environmental and temperamental factors with childhood traumatic experiences can lead to the onset of BPD in young age (Bozzatello et al., 2019). When a child experiences neglect, abuse and bully victimization, temperamental traits of negative affectivity and impulsive aggression in cohesion with dysfunctional familial environment and abnormalities in fronto-limbic brain areas associated with trauma and specific polymorphisms of genes, characterize subjects to be at high risk to develop BPD (Bozzatello et al., 2019).

### **3.7.2 *The effect of parental psychopathology***

Parenting styles and parental psychopathology can be linked to the development of BPD, although only a few studies have examined parental rearing styles and psychopathology concerning symptoms of BPD in adolescents (Schuppert et al., 2015). Several findings concluded that an increased risk exists of BPD running in families, especially in first-degree relatives (Gunderson et al., 2011; Johnson et al., 1995; Skodol et al., 2010). An increased rate (11%) has been reported of BPD with relatives of probands with BPD, according to Links et al. (1988). The research indicates that dysfunctional family interactions and maternal characteristics can be associated with the onset and development of children's problematic and disruptive behaviour (Van der Molen et al., 2011). Aspects of adverse parenting behaviours whereby low maternal warmth and inconsistent and harsh discipline are linked to the onset, development, and worsening of disruptive behaviour in the offspring (Patrick et al., 2005; Stormshak et al., 2005). Various studies observed mothers diagnosed with BPD as insensitive, intrusive, and poorly attuned to their children's needs and communication compared to mothers without apparent psychopathology (Crandell et al., 2003; Hobson et al., 2005; Newman et al., 2007). This disturbance in the mother-child relationship is likely to boil over into a disorganised and insecure attachment in the child (Main & Solomon, 1990) and will also perpetuate the development of a malfunctioning relationship.

### **3.7.3 *Family Environment***

As mentioned earlier, BPD patients have a fear of abandonment and deeply rooted challenges with emotional dysregulation (with possible comorbid disorders), which negatively influence the stability of their interpersonal relationships, and they are thus more likely to have disrupted relationships and be separated, divorced or to have never married (Skodol et al.,

2002; Sansone & Sansone, 2011; Silberschmidt et al. 2015). They are at greater risk of experiencing partner conflict and abuse (Chen et al., 2004).

### **3.7.4 Parental Stress**

Family stress is regarded to be an important predictor of behavioural problems in childhood, according to Kagan & Schlossberg (1989) and Keiley et al. (2000). The amount of time children spends with their parents (Griffin et al., 2000) and the quality of the communication between parent and child (Harnish et al., 1995) seem to be protective factors against child behaviour challenges.

Herr et al. (2008) reported chronic stress in the mother-child relationships between mothers with BPD symptomatology and their 15-year-olds, and Feldman et al. (1995) reported extremely low levels of self-reported satisfaction with their families in mothers diagnosed with BPD, as cited by Petfield et al. (2015).

### **3.7.5 Emotional Availability**

The relationship between an infant or young child with a parent (or primary caregiver) is extremely important for physical survival and social and emotional development. This relationship has crucial implications for the child's ability to harness emotions effectively at school, home and on the playground (Cox & Harter, 2003; Patterson & Fisher, 2002). Freud described the mother-child relationship as "unique, without parallel, established unalterably for a whole lifetime as the first and strongest love-object and as the prototype of all later love relations – for both sexes" (Freud, 1940:188).

Looking from developmental (Cicchetti, 1984,1993, 2006; Sroufe & Rutter, 1984) and ecological psychopathology (Bronfenbrenner & Ceci, 1994) perspectives, the relationship between a parent and a child can serve as a vulnerability or protective factor for a child's development when there is a contextual risk. Field (1994) and Hofer (1994) mention that emotional communication, which develops before a child can talk, is an important aspect of

the parent-child relationship. Easterbrooks et al. (2005); Emde (1980); Mahler et al. (1975) refer to the “emotional availability” that needs to exist between a parent and a child and lead to a close, warm emotional connection across both negative and positive emotions (Biringen & Robinson, 1991; Emde & Easterbrooks, 1985). Parent-child emotional availability contributes to the development of a secure attachment, emotion regulation, a sense of self, healthy peer relationships (Biringen et al., 2014), higher levels of social competence (Howes & Hong, 2008), a lower incidence of psychopathological symptoms (Easterbrooks et al., 2012; Garvin et al., 2012; Biringin et al., 2005), better-developed language skills and general mental development (Moreno et al., 2008). Several empirical findings emphasise the importance of high maternal emotional availability in developing a healthy child (Licata et al., 2016).

Due to the importance of emotional availability in various aspects of child development, Licata et al. (2016) identified certain factors that can influence emotional availability. Firstly, Reck et al. (2004) and Reck et al. (2011) refer to maternal depression (specifically if in the postpartum period) as it can harm the interaction quality between the infant and the mother. Anxiety disorders have a prevalence of up to 11% postpartum (Reck et al., 2008). A study by Licata et al. (2016) indicated that mothers who presented with postpartum depression and/or anxiety pathology have less sensitivity toward their preschool child than healthy mothers.

Secondly, Licata et al. (2016) found that the negative effect of psychopathology in motherhood on sensitivity is reduced when the maternal attachment style is considered: An insecure attachment style fully mediated the link between sensitivity and postpartum psychopathology. This finding corresponds with previous research indicating a link between low maternal sensitivity and an insecure attachment representation (Ward & Carlson, 1995). Kim et al. (2012) and Licata et al. (2016) support the view that parenting quality is affected more by insecure attachment than maternal depressive or anxious symptoms.

In a study by Kiel et al. (2011) the researchers emphasized the importance of viewing parenting behaviours as being a dynamic process and that mothers with borderline personality (PD) pathology may not differ from mothers without this pathology in their initial responses to their children’s distress. They found that contingent positive affect to be one of the differences

between mothers with BP pathology and their non BP pathology counterparts. This seem to be a parenting deficit for mothers with BP pathology and may result in later emotional regulation difficulties in children (Kiel et al., 2011). Lower levels of positive emotional expression have also been noted in mothers with other forms of psychopathology, like depression and anxiety (Kaitz & Maytal, 2005; Field, 1984) although Kiel et al. (2011) found the differences to remain even when no depression or anxiety were reported. Kiel et al. (2011) concluded that the absence of contingent positive affect can be seen as a specific maternal response of BP pathology. A second finding of this study was the observed changes in terms of insensitive parenting behaviours that might take place over time among mothers with BP pathology. These mothers would display insensitive behaviour even as infant distress persisted. This pattern remained even without maternal depression and anxiety symptoms. These insensitive responses exacerbate infant distress (Nachmias et al., 1996) and this may have a negative effect on the development of adaptive affective regulation (Smith et al., 2006). Kiel et al. (2011) suggested the likelihood of a transactional pattern to be formed whereby the relative lack of initial positive affect by the mothers with BP pathology may lead to longer periods of infant distress which may increase the likelihood of insensitive behaviours etc. These cyclical interactions tend to increase the negative affect in the infants and the mothers and apart from having negative interactions with one another it would also effect the interaction with other people in their environments (Kiel et al., 2011). Longitudinal studies by Eyden et al. (2016) and Lyons-Ruth et al. (2013) found that insensitive and controlling maternal responses often lead to the forming of transgenerational patterns of emotional and interpersonal difficulties, like disorganised attachment styles, suicidality, mental illness and aggression.

Research by Kluczniok et al. (2011) stated in their research findings that mothers with BPD present with a qualitatively different pattern of affective availability and specifically higher levels of hostility during mother-child interaction than mothers with major depressive disorder. Maternal BPD symptoms have been linked to challenges with mentalisation (Bateman & Fonagy, 2010). Marcoux et al. (2017) compared the ability of mothers diagnosed with BPD with a control group of non-BPD mothers, and found that emotionally dysregulated mothers

diagnosed with BPD are less likely to engage in secure attachment forming behaviour with their infants.

The relevancy of BPD in motherhood becomes clear when the presence or absence of the mentioned maternal qualities is considered.

### **3.8 Maternal Challenges in Raising an Adolescent: A Borderline Personality Disorder Perspective**

Histories of psychiatric illness and conduct problems have been proven to be transmitted in families, as stated in Merikangas and Avenevoli (2000) and Taylor and Carey (1998). Research has stated that the offspring of mothers diagnosed with BPD are at risk of developing difficulties with attachment, especially when the mothers experienced neglect or abuse in their childhood and/or early adolescence (Compés et al., 2016).

Two studies in this systematic review by Petfield et al. (2015) concluded that mothers diagnosed with BPD scored higher on the overprotection measure. In a study by Feldman et al. (1995), children (mean age 11 years) rated their mothers diagnosed with BPD as encouraging independence less than children with mothers with other personality disorders did. The second study by Barnow et al. (2006) also found that mothers diagnosed with BPD were more overprotective of their children (aged 11–18) compared to healthy controls and control with depression and other personality disorders. However, Petfield et al. (2015) state that these children (of mothers diagnosed with BPD) might live in riskier environments than average children, where this higher reported overprotection might be regarded as advantageous.

The following parenting behaviours by mothers with BPD were identified in a systematic review by (Eyden et al., 2016): significantly lower non-intrusive sensitivity, overprotection, or over-involvement; lower levels of emotional and maternal warmth and higher levels of maternal hostility; repeated rejection; inconsistency in emotion and maternal carelessness. Eyden et al. (2016) also found that BPD mothers regarded their children as significantly more “difficult” in comparison to healthy comparisons (HCs). According to a qualitative study by

Zalewski et al. (2015), mothers reported many examples of parenting being a burden, with some mothers reporting that they perceived their children as “clingy”. According to Hobson et al. (2005) and Macfie (2009), this might be possible given that insecure attachment styles are reported in research on infants and children with BPD mothers.

In a systematic review by Petfield et al. (2015), they assessed fourteen studies on maternal BPD and parenting and concluded that mothers diagnosed with BPD were practising their parenthood within a context of many factors known to put parenting and the mental health of children at risk. Petfield et al. (2015) indicated that Newman et al. (2007), Gratz et al. (2014), Crittenden and Newman (2010) and Schacht et al. (2013), who all explored parental depression, found significantly elevated depression levels in mothers with BPD in comparison with the control groups that were used. Feldman et al. (1995) found higher alcohol and drug abuse in parents diagnosed with BPD (88%), while White et al. (2011) stated that their sample of parents diagnosed with BPD used more alcohol during pregnancy (Petfield et al., 2015). The studies of Crittenden and Newman (2010) and Barnow et al. (2006) indicated that mothers diagnosed with BPD tend to be more likely than the control groups to be single parents or to be within a household that often changed in its composition. It was also noted that children of parents diagnosed with BPD experienced more changes in school and other nonmaternal care than in control groups (as cited in Petfield et al., 2015). Furthermore, it was noted in the study by Feldman et al. (1995) that children of parents diagnosed with BPD were at greater risk of witnessing parental attempts of suicide and that 19% of children, with a mean age of 11 years, have witnessed a maternal suicide attempt and 19% witnessed a paternal attempt (as cited in Petfield et al., 2015).

Gunderson and Lyons-Ruth (2008) state that the risk of developing BPD symptoms, as suggested by most psychodynamic theories, is increased by a lack of emotional warmth, inappropriate parenting, overprotection, and high levels of parental criticism but added that adolescents with BPD symptoms might provoke these parenting behaviours. These two causal directions can reinforce each other (Gunderson & Lyons-Ruth, 2008), a view supported by Eyden et al. (2015), who also believe that the effects of BPD and parenting might potentially

be bidirectional. BPD may negatively affect parenting, and the role of parenting may exacerbate symptoms of BPD, specifically for those mothers' who describe their mother's role as stressful. They regarded BPD mothers as a high-risk population who might require parenting intervention. Mothers with BPD may have limited emotional, social, and financial support levels, potentially exacerbating parenting difficulties (Eyden et al., 2016).

Chavis (1987) and Troll (1989) emphasised the importance and complexity of mother-daughter attachments from infancy to adulthood. Due to the potentially intimate nature of this relationship, the danger exists that mothers and daughters might not see themselves as two separate individuals (Chavis, 1987; Thompson & Walker, 1987). This loyalty, especially between the adolescent daughter and the same-sex parent, was previously described by Boszormenyi-Nagy and Spark (1973) as a potential risk in a daughter's life to be able to separate and establish her own identity. In the next section, the adolescent daughter's needs will be discussed and how that will contribute to a potentially complex relationship with a mother diagnosed with BPD.

Parenting is challenging for mothers with BPD due to their increased tendency to insecure attachment patterns and the functional impairment intrinsic part of the diagnosis. A parent's childhood experiences with their parents affect their nurturing practices later (Widom, 1989). According to the attachment theory (Bowlby, 1988), a parent's own experiences may have contributed to an internal representation of parents who are either responsive or unresponsive to their needs, and this association (internal representation) will play an important role in these parent's ability to be responsive to their children. Van IJzendoorn (1995) examined the relationship between the parent's state of mind concerning attachment and the sensitivity of parental responsiveness. The results of this meta-analysis conclude that parental attachment appears to be responsible for almost 12% of the responsiveness variation in parents. These results confirmed the hypothesis of Van IJzendoorn (1995) concerning the association between the attachment representations of parents and parental responsiveness to the child's attachment signals. Prior and Glaser (2006) also emphasised the correlation between the parental state of mind to (their own) attachment, the parent's capacity for reflective functioning

and the attachment security of their infant. It is hypothesised that these adult mindsets are transmitted to the child through the parent's behaviour.

### **3.9 The Adolescent Perspective**

#### **3.9.1 Disruptive Attachment Forming**

Petfield et al. (2015) examined the *parent-child relationship* theme in their review and found four studies indicating that children of mothers diagnosed with BPD tend to have disrupted attachment styles (Hobson et al., 2005, Herr et al., 2008, Macfie & Swan, 2009, Abela, et al., 2005). Gratz et al. (2014) reported that they found an indirect relationship between maternal BPD symptoms and the emotional regulation of the children they examined and that the emotional dysfunction of the mothers mediated it. They found this to be the case for most children in their study, who were all classified with an insecure-resistant attachment style.

Research has shown that mothers are likely to interact more frequently with their children and tend to be more responsive than fathers (Baumrind, 1991b., Lewis & Lamb, 2003), who tend to be more demanding of their children and have more distant relationships with them (Baumrind, 1991b., Hosley & Montemayor, 1997). Both male and female adolescents have closer relationships with their mothers than their fathers (Hosley & Montemayor, 1997). It can then be expected that adolescents' relationships with their mothers will have a meaningful effect on externalising and internalising problems. This hypothesis is consistent with previous research findings that indicate that maternal parenting is strongly associated with how children internalise and externalise problems (Aunola & Nurmi, 2005, Repinski & Shonk, 2002).

Fanti et al. (2008) proved that adolescents who tend to internalise problems might have more negative mother relationships over time. The study also showed that adolescents' high-quality mother relationships might act as a protective factor from internalising problems. This transactional finding indicates that adolescents' reports of their mother relationships and their tendency to internalise problems are linked in a cycle of reciprocal associations (Lollis & Kuczynski, 1997; Sameroff, 1975). This indication supports a study that also found a transactional association between adolescents' relationship with their parents and

internalising problems (Buist et al., 2004). Fanti et al. (2008) refer to this transactional role and found that the mother's role in internalising stressful events or problems is particularly important for both girls and boys during early adolescence. Mothers have also been more supportive and responsive and more attuned to their adolescent children's problems, emotions, and behaviours, which might explain their role in inhibiting externalising and internalising problems (Baumrind, 1991b; Lamb, 1997). Kenny (1994) and Hay and Ashman (2003) found that adolescent females have better relationships with their parents than male adolescents. This inference contradicts findings suggesting that adolescent daughters and their mothers are more prone to high-conflict relationships than adolescent sons and their mothers (Collins & Laursen, 2004; Hay, 1998; Laursen, 2005). Paris et al. (1994), Zanarini and Frankenburg (1997) and Zanarini et al. (1997) all indicate that the relationship between a mother diagnosed with BPD and her child is highly conflictual, uninvolved, or overinvolved, inconsistent, and rejecting.

### ***3.9.2 Insecure behaviour and maternal overprotection***

In a study by Barnow et al. (2006) to examine familial experience, psychopathology, and individual characteristics of children of mothers diagnosed with BPD, three main results were found:

Firstly, significantly higher scores were ascertained for harm avoidance and not for novelty-seeking among the children of mothers diagnosed with BPD. Individuals who test high in harm avoidance seem more worried, tense, insecure, nervous, negative, or pessimistic and tend to be shy and inhibited in most social settings. This disposition results in an intense need for positive encouragement and feedback, and these children tend to be particularly sensitive to parental criticism and strict control measures.

Secondly, children of mothers diagnosed with BPD described their mothers as overprotective, which in this context, is more indicative of the desire to exert control rather than the will to provide appropriate care. It would appear that the child's needs and desires to be autonomous are suppressed and denied, usually through inconsistent control measures.

Thirdly, a higher prevalence of psychopathology among the offspring of mothers diagnosed with BPD was evident. The study determined that both children and their mothers that were evaluated presented with emotional and behavioural problems. The behavioural problems that occurred among these children were indicative of severe affective instability and lower self-esteem if compared with children with mothers without such a diagnosis. Delinquency and aggression were also more prevalent, and one-fourth of the children who participated in the study presented with suicidal thoughts or plans, indicating a much higher incidence than in the control groups (Barnow et al., 2006).

### **3.10 Adolescent Daughters**

#### ***3.10.1 Development Tasks and Stages in Adolescence***

Robert Havighurst (1972) proposed that all people progress through several developmental stages, each comprising specific developmental tasks. Havighurst (1972, p. 2) describes a developmental task “as a task which arises at or about a certain time in the life of an individual, achievement of which leads to his happiness and success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks”. Havighurst (1972) describes the adolescence life span (12–18 years) as having the following development tasks:

- To start forming new and more mature peer relationships with both sexes
- To achieve a feminine or masculine social role
- To accept one’s body and start using it effectively
- To achieve emotional independence of parents and from other adults
- To start preparing for adult life, marriage, and family and to start preparing a career
- To develop a personal ideology – acquire an ethical system and own set of personal values
- Achieving socially responsible behaviour

Erikson (1950) described adolescence as the most critical psychosocial [stage](#) of development, where the crisis of identity forming versus identity diffusion [take phase](#). If this

phase is not completed, Erikson (1950) stated that this age group will be left with a sense of distorted identity, as well as experiencing confusion about social expectations and uncertainty about personal subjective states and feelings.

Weitkamp and Seiffge-Krenke (2018) state that how parents deal with their adolescent's autonomy needs contributes to their children's mental health. Various studies in Western countries proved that the quality of relationships between parents and children is of utmost importance for the healthy development of their adolescents (Barber et al., 2005). According to research conducted in some European countries and North America, dysfunctional parenting contributes to the challenge of establishing a separate identity (Kins et al., 2012).

During adolescence, a revision of the internal working models usually occurs as adolescents are much better equipped than younger children to critically review their internal working models (Ainsworth, 1989; Allen & Land, 1999; Kobak & Cole, 1994; Main et al., 1985). Adolescents have better reasoning skills which, together with their increased perspective-taking, allow them to compare their different relationships with attachment figures in their lives to one another and hypothetical ideals (Allen & Land, 1999). Research by McElhaney et al. (2009) indicates that while there might be support for the notion that attachment models may become resistant to revision by adolescence, it seems that models may still shift during adolescence.

Substantial changes occur from infancy to late adolescence in optimal parent-child relationships. Some of these changes can be linked to maturational changes in children (O'Connor & Scott, 2007). Research has shown a reorganisation in parent-child relationships during puberty as adolescents move toward greater autonomy (Steinberg, 1981; Smetana & Asquith, 1994; Allen & Land, 1999). In adolescence, several research groups (Dishion & McMahon, 1998; Ary et al., 1999) found that monitoring – and not control – is associated with positive behavioural adjustment.

During the adolescent phase, there is generally an increase in autonomy and a parallel decrease in the adolescent's relatedness in their relationships with their parents (Buhl, 2008; Collins et al., 1997; Galambos et al., 2003). Autonomy usually accelerates in this stage due to

changes in cognitive and physical competence, the attainment of extra responsibilities and rights, and the growth of social bonds. Smetana et al. (2006) indicate that parental support for autonomy assumes a fundamental role and various empirical studies found that parents who support adolescents' need for autonomy and relatedness contribute to the growth of their children's self-governing or volitional functioning, which leads to higher levels of psychosocial functioning and better general adjustment (Soenens & Vansteenkiste, 2005.)

Adolescence is one of life's most challenging phases (Gonzales et al., 2001). During the adolescent phase, neurodevelopmental and hormonal changes occur as well as psychosocial and emotional changes, and children's cognitive and intellectual capacities increase (World Health Organization). Adolescents must develop autonomy and exploratory behaviour to master their environment (Baltes & Silverberg, 1994; Bretherton, 1992). When one investigates adolescent development, it becomes important for the exploratory system to be activated and fully developed, with the implication that there will be a decrease in the daily reliance on attachment figures for support and comfort (Allen & Land, 1999).

Some adolescents will perceive these situations and changes occurring in adolescence as threatening, while others will see them as a challenge that needs to be coped with (Garmezy & Masten, 1991). The importance of effective coping mechanisms becomes very clear in adolescence, depending on factors like parenting styles. Parents of adolescents are confronted with new challenges and duties. If the parents can cope with challenges, their stress will decrease, and their children will learn coping strategies. Bornstein (2002) states that a conceptual imbalance between what is requested from parents and child-rearing creates parenting stress and that these imbalances increase in adolescence. Emotion regulation, the ability to suppress, modulate and healthily express positive and negative emotions, can affect parenting stress (Ghazanfari, 2005). Problematic behaviour in adolescence is mainly caused by negative emotions, according to Ghazanfari (2005). Findings by Shirzadi et al. (2014) conclude that a relationship exists between the deregulation of emotions and unhealthy coping strategies in adolescents.

Adolescents are in the process of developing their emotional independence, and they go through various developmental tasks. Havighurst (1952) described one of the main developmental tasks of adolescence as pre-professional self-determination. Implementing the adolescent's personal and professional perspective is co-regulated by both the adolescent and the parents and implies decision-making and the choice of specific objectives for the adolescent's activities. Karabanova and Poskrebysheva (2013) and Sadovnikova (2016) indicate that developing personal autonomy in adolescence is a complex and long process and is mediated by the pattern between the parent and the child. During adolescence, the child's attachment to the parents starts to be superseded by ties to others, like the child's peers (Prior & Glaser, 2006). Adolescents are also in the process of reaching physical maturity and forming and refining their gender identities, which may influence the nature of parent-child interactions (Ainsworth, 1989; Cooper et al., 2013; Lee, 2008). Their social lives are evolving because of the increased importance of peers in their lives. Their development of individuation from parents (Hay & Ashman, 2003) and adolescents are experiencing developments on a cognitive level (for example, shared decision-making with parents and increased autonomy) which may enable them to critically observe their relationships with parents (Allen et al., 2004; Ammaniti et al., 2000; Furman et al., 2002; Hill et al., 2007). These developments in adolescence assist them to be less dependent on their parents on an emotional and behavioural level, which leads to possible changes in their attachment to their parents (Buist et al., 2002; Hay & Ashman, 2003). By examining the changes in adolescent attachment, insight might be gained into associated outcomes during adolescence and after that. Raudino et al. (2013) mention that increases in adolescents' parental attachment security predict adult outcomes like decreases in depression scores and drug use. Adolescent attachment has long-term outcomes, like self-esteem, desire to be a parent, adjustment to major life transitions, romantic outcomes, criminal tendencies, anxiety levels and suicidal ideations (Doyle & Markiewicz, 2005; Raudino et al., 2013; Scharf & Mayseless, 2011; Seiffge-Krenke et al. 2010).

Ainsworth (Ainsworth et al., 1978) also indicated that the attachment system and the exploratory system could not be activated simultaneously. Bowlby referred to autonomy-relatedness and how it was mostly linked to optimal results in the relationship between parents and their children (Murphey, Silber, Coelho, Hamburg, and Greenberg, 1963). Adolescents strive for increased autonomous exploration (with parents still being utilised as a secure base), allowing them to focus on emotional and social development: forming relationships with romantic partners and peers and learning to regulate their affective states and behaviour (McElhaney et al., 2009).

### **3.10.2 The Family environment**

Early adolescence represents an important ecological transition characterised by changes in the relationship between parents and their adolescent children (Collins, 1990., Paikoff & Brooks-Gunn, 1991) and will increase if problems are internalised or externalised (Moffitt, 1993., Roberts et al., 1990). In the systematic review of Petfield, Startup, Droscher & Cartwright-Hatton (2015), research done by Feldman et al. (1995) proved that mothers diagnosed with BPD regarded their families as lower in organisation and cohesion and much higher in conflict than the mothers with other types of personality disorder who were in the control group. The offspring (mean age 11 years) also rated their families as low in expressiveness and cohesion when their parent was diagnosed with BPD (Feldman et al., 1995, as cited in Petfield, Startup, Droscher & Cartwright-Hatton, 2015). In a study by Herr et al. (2008), 15-year-old children of mothers diagnosed with BPD highly rated maternal hostility. Feldman et al. (1995) also found that witnessing violence and physical and verbal abuse was common in their research sample of offspring of mothers diagnosed with BPD, even in comparison with offspring of parents with other personality disorders (as cited in Petfield, Startup, Droscher & Cartwright-Hatton, 2015).

In support of the argument above, Barnow et al. (2006) found that adolescents (aged 11–18 years) whose mothers had BPD presented with more attention, aggression, and delinquency problems than a healthy control group. His finding was consistent with outcomes

in younger adolescents. Furthermore, Eyden et al. (2016) refer to five studies in their systematic review, which all indicated a significant correlation between maternal BPD/BPD traits and children's BPD symptoms. Herr et al. (2008) also found that maternal BPD symptoms are related to poor psychosocial outcomes in their children, which indicated more attachment fears, poorer self-perceptions, more chronic stress, and greater maternal hostility).

Various studies found that maternal parenting influences children's externalising and internalising problems (Fanti et al., 2008; Aunola & Nurmi, 2005; Baumrind, 1991a; Repinski & Shonk, 2002). Adolescents tend to feel a closer connection with their mothers than to their fathers (Hosley & Montemayor, 1997), and mothers seem to be more attuned to their adolescent's emotions and problem behaviours and have been found more supportive and responsive to their adolescent's needs (Baumrind, 1991a; Lamb, 1997). A chaotic family environment can often be implicated in the onset of behavioural problems in children (Patterson, 1982; Patterson et al., 1990; Weiss et al., 1992).

### ***3.10.3 Cognitive and Behavioural Risk factors***

Regarding cognitive and behavioural risk factors, Petfield et al. (2015) refer to the study by Herr et al. (2008), who found risk factors in their 15-year-old sample on social acceptance and the ability to make close friends even after maternal depression was controlled. Petfield et al. (2015) also refer to Abela et al. (2005). In this study, the researchers found the following in their group of children (aged 6–14) of mothers diagnosed with BPD: more dysfunctional attitudes, a more negative attribution style, a more ruminative response style, to engage in more reassurance-seeking behaviour, and to present with higher levels of self-criticism than the sample of children of depressed mothers (aged 11–18). Barnow et al. (2006) found in their study of children aged 11 to 18 who have mothers diagnosed with BPD that they present with excessive harm avoidance if compared with children of depressed mothers and the group with healthy mothers.

### **3.11 Mental Health Outcomes**

Children of parents diagnosed with BPD fared worse than those in the control groups when mental health outcomes were examined, even when the control group parents had significant mental health problems (Petfield et al., 2015). Barnow et al. (2006) compared children aged 11 to 18 with mothers diagnosed with BPD, mothers with other personality disorders, and mothers with depression. They concluded that children with mothers diagnosed with BPD present with higher levels of emotional disorder and suicidal ideation.

Abela et al. (2005) did research on children (aged 6–14 years). They concluded that the children who had mothers diagnosed with BPD tended to experience more depression (45% had already experienced a major depressive episode) than the control group whose mothers were currently depressed. Herr et al. (2008) drew a comparison between mothers diagnosed with BPD and an association with depression in their 15-year-old children but also found that this relationship disappeared when the mother's depression was controlled (as cited in the review by Petfield et al., 2015). Two studies in the review by Petfield et al. (2015) examined the relationship between mothers diagnosed with BPD and children's externalising symptoms. Both studies found a positive association. Weiss et al. (1996) found that children (mean age of 11) whose mothers were diagnosed with BPD were likelier to present with attention deficit disorder or a behavioural disorder than the control group's children whose parents had other personality disorders. Barnow et al. (2006) indicated more symptoms of children's (aged 11–18) behavioural problems were reported by parents in their sample of mothers diagnosed with BPD compared to children of healthy controlling.

Gunderson and Lyons-Ruth (2008) state that the risk of developing BPD symptoms, as suggested by most psychodynamic theories, is increased by a lack of emotional warmth, inappropriate parenting, overprotection, and high levels of parental criticism but added that adolescents with BPD symptoms might provoke these parenting behaviours. These two causal directions can reinforce each other (Gunderson & Lyons-Ruth, 2008). Eyden et al. (2015) support this view and believe that the effects of BPD and parenting might be

bidirectional. BPD may negatively affect parenting, and the role of parenting may exacerbate symptoms of BPD, specifically for those mothers' who describe their mother's role as stressful.

A study by Wiles et al. (2018) demonstrated that the mother-child relationship quality would be lower and maternal social support higher when a higher deficit exists (between what adolescents needs and what is received. Ainsworth & Bowlby (1991) state that mothers who feel challenged by adolescent mental health might seek support from other mothers hoping to establish a better adolescent-child relationship. It can then be expected that mothers with secure social attachments will strive for the same secure attachments with their adolescents. Clinicians may benefit from focusing on the mother and her relationships to boost parental confidence and eventually benefit adolescents (Wiles et al., 2018).

Children of mothers diagnosed with BPD are at risk of developing this personality disorder themselves, according to Macfie (2009), Downey & Coyne (1990) and Mednick & McNeil (1968). Research on parents with mental diagnoses almost always refers to the primary caregiver (mostly the mother), especially during early childhood development. The mother is likelier to act as the sole caregiver in single-parent households (Seifer & Dickstein, 2000).

The high-risk groups for developing BPD include maltreated children, according to Rogosch & Cicchetti (2005), children who present with high levels of personality disorder traits and children of mothers diagnosed with BPD. Macfie (2005) indicates that 11.5% of first-degree offspring of parents diagnosed with BPD will also develop BPD (Nigg & Goldsmith, 1994). Children exposed to risk factors linked to BPD and failure to form solid attachments with their primary caretakers and who experience challenges with self-development and self-regulation might be at risk of developing BPD (Macfie, 2005).

### **3.12 Attachment Forming with Borderline Personality Disorder**

Attachment theory and research became a powerful paradigm for studying personality, development, psychopathology, and interpersonal relationships, according to Levy et al. (2006). Researchers noted recently that the impulsivity, self-damaging and affective lability typical of BPD occur within interpersonal contexts. Main & Solomon (1986) and Main & Solomon (1990). refer to infant-caregiver attachment disorganisation, which represents the

most serious early disturbance in early attachment relationships. Usually, this behaviour is precipitated by real or imagined happenings in relationships (Fonagy, 1991; Blatt & Levy, 2003; Diamond et al., 1999; Fonagy et al., 2002; Gunderson, 1996; Levy, 2005; Levy & Blatt, 1999). These researchers have concluded that changes in attachment representations may be the primary mechanism for initiating improvement in BPD patients (Levy et al., 2005). Mothers diagnosed with BPD found the psychological tasks of childcare challenging, specifically the physical relationship with the child and their child's dependency. They struggle to accept their nurturing role, which may all present as distress, anxiety or even rejection of the child (Newman & Stevenson, 2005). It is also significant that the parent may identify the infant in their mind with an unresolved traumatic attachment figure, which may cause a pathological dynamic in the parent's current relationship with their infant (Newman & Stevenson, 2005).

Since children with mothers diagnosed with BPD are at risk of developing difficulties with attachment, a study by Compés et al. (2016) focused on assessing and lending support to a group of young mothers at risk. They conducted the study with mothers aged 18 to 25, with babies of one to twelve months. The mothers were unmarried, had a stable sexual partner and residence and were mostly unemployed. All had an early BPD attachment disorder diagnosis and received extended psychiatric treatment during adolescence. Compés et al. (2016) conducted six consecutive weekly sessions, which the mothers with their babies attended in a familiar community setting. The sessions' aim was for the mothers to be heard and share their motherhood experiences with the multidisciplinary team members (social worker, nurse, psychiatrist, psychologist, and therapeutic educator). Issues that came to the team's attention were somatisation, fears, rejection of the baby, sadness, apathy, jealousy, suspiciousness, and relational challenges with their partners and families. Compés et al. (2016) concluded that the interventions made minor but markedly positive changes in the dyadic relationship between the mothers and the babies.

Newman and Stevenson (2008) asked whether mothers at risk of building poor and distorted relationships with their infants may benefit from early intervention approaches.

Newman and Stevenson (2008) refer to an attachment-focused approach that was developed by Muir et al. (1999) and is known as Watch Wait and Wonder (WWW) intervention. Such an approach requires the mother to attend to the infant's communication needs. The aim is to improve dyadic interaction and to promote a secure attachment by developing the maternal capacity to observe and reflect on her infant's emotional communication and behaviour. Slade (2005) described this approach as one where parental sensitivity and reflective capacity are developed. Cohen et al. (1999) state that infant-parent therapies focus on providing support to parents to develop reflecting abilities on the infant's internal experiences, motivations and needs, promoting greater attachment security and better emotional regulation. Cohen et al. (1999) highlight that limited outcome studies have supported the view that this focus on infant-parent intervention assists with attachment organisation.

In a study by Newman & Stevenson (2008) to investigate the effect of a WWW intervention programme on mothers diagnosed with BPD and their children, they found that attendance to therapy was erratic, mainly due to the mother's disorganisation as well as her chaotic interpersonal experiences. The researchers found that several mothers could not keep to simple routines (feeding and sleeping) with their children and that some mothers have a notable low tolerance for being present with their children. The mothers tend to get bored easily, and it seemed their own experiences of neglectful and poor parenting were unresolved and active, and consequently, they had problems tolerating the intimacy created with the therapy. Some mothers need to be supported and nurtured by the therapist as they were reminded of the neglectful parenting that they experienced as children. Mothers also tend to relinquish parenting responsibility to the attending therapist and perceive the therapy context as anxiety-provoking. Many infants preferred interacting with the therapist and other staff members over and above their mothers. The researchers describe the infants as being in desperate need of being nurtured. The mothers also present a limited capacity for self-reflection or insight into their children's play activities. The researcher concludes that to implement a parent-child intervention programme (like WWW) with high-risk mothers (such as

mothers diagnosed with BPD), therapists first need to be aware of the situation's complexity and the fact that the mothers bring their trauma to therapy.

Secondly, it appears to be important that therapists must contain maternal distress and anxiety to ensure that the mothers do not feel dismissed. Thirdly therapists must adhere to the initial goal of therapy, namely to support parents in developing their ability to reflect on their children's inner worlds and to promote security and self-organisation. Newman & Stevenson (2008) conclude that interventions focused on infant-parent relationships may add value in improving the relationship between mothers diagnosed with BPD and their children. Schoenmaker et al. (2015) and Stevenson-Hinde et al. (2013) also conclude that maternal sensitivity to their children's needs was confirmed as important for forming a secure attachment. Downing et al. (2014 and Papousek (2000) refer to video-based intervention that allows for visualising both the verbal and the nonverbal interactive processes of the dyad between mother and infant – an approach that turned out as conducive to maximise maternal sensitivity (Bakermans-Kranenburg et al. 2003).

Bowlby (1977) indicated that adult attachment potential is formed by mental representations of early interactions with caregivers. These internal working models comprise parents' general expectations and beliefs about themselves and attachment figures (Bowlby, 1982), which are then generalised and internalised throughout development. Bowlby (1982) states that attachment representations have a significant effect on the way caregivers interact with their children as well as how they feel about them.

Mentalization-based therapy (MBT) is a psycho-dynamic therapeutic approach rooted in attachment as well as cognitive theory (Bateman & Fonagy, 2009) and it was developed with the main aim of treating BPD (Bateman & Fonagy, 2016). As mentalization refers to the ability to understand the mental states of one self and others, the theoretical assumption is that BPD patients are more prone to lose this ability in times of emotional distress. The MBT programme consists of four components: (1) to psycho educate the patient, (2) case formulation, (3) individual therapy and (4) group therapy (Vogt & Norman, 2018; Kazdin, 2007). These components aim to improve the patient's ability to mentalize and good mentalization skills is

assumed to assist in the minimization of borderline-related symptoms, such as impulsivity, emotional dysregulation and suicidal ideation.

Clinicians must recognise that children of mothers diagnosed with BPD are exposed to various risk factors and are more prone to emotional, behavioural, and somatic problems (Barnow et al., 2006). Such children must receive early treatment for borderline symptomatology to prevent them from developing more severe mental pathology, including BPD.

### **3.13 Concluding Comments**

Children of mothers with a diagnosis of BPD must face a variety of challenges: problems with the family organisation (Feldman et al., 1995), high levels of hostility (Feldman et al., 1995; Herr et al., 2008), low levels of cohesion (Feldman et al., 1995) according to both child and parenting reporting. High levels of overprotection by the mothers diagnosed with BPD (Feldman et al., 1995; Barnow et al., 2006) occur as well as lower levels of mind-mindedness (Schacht, Hammond & Marks, 2013), indicating a reduced ability to give reflections on their child's inner world. Mothers diagnosed with BPD often feel less competent (Newman et al., 2007) with lower satisfaction levels (Newman & Stevenson, 2008; Feldman et al., 1995) in their parenting role. They mostly perceive parenting as a very stressful task (Crittenden & Newman, 2010; Elliot et al., 2014; Herr et al., 2008).

These children tend to experience elevated depression levels (Barnow et al., 2006; Herr et al., 2008; Abela et al., 2005) and suicidality (Barnow et al., 2006) as well as fearfulness (White et al., 2011; Herr et al., 2008), behavioural problems (Barnow et al., 2006; Weiss et al., 1996) and attention deficit disorder (Weiss et al., 1996). Petfield et al. (2015) found that many studies in their systematic review included parents with other diagnoses in their control groups, such as depression and other personality disorders. They found that mothers diagnosed with BPD and their children mostly had greater difficulties and poorer outcomes than the control groups, emphasising the severe challenges these mothers need to face. Shukla and Agarwal (2018)

found in their research that parenting and child self-control affect each other and emphasise the need for programmes that are aimed at both parents and children concurrently.

Petfield et al. (2015) concluded that their research indicates how difficult parenting is for mothers diagnosed with BPD. The difficulties these mothers experience might be more severe than for families with parents with MDD or another personality disorder. Petfield et al. (2015) also found that if these mothers do not receive support in their parenting role, their offspring might be at risk for a range of poor outcomes. Petfield et al. (2015) state that interventions exist to assist mothers diagnosed with BPD and [McCarthy et al. \(2016\) describe clinician acceptability of a new approach to develop parenting skills in order to work with parents diagnosed with BPD. This brief intervention model of McCarthy et al. \(2016\) assisted with improving BPD patient outcomes by providing clinicians with tools to integrate into their practices. McCarthy et al. \(2016\) emphasized the importance to support and build protective family factors and to reduce family stress and other risk factors in order to treat parental mental health issues, to protect children and to prevent the forming of a transgenerational pattern of behaviour.](#)

Thus, this research addresses the knowledge and theoretical gap and can assist psychologists with treatment options and programme planning, specifically regarding adolescent girls.

## **CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY**

### **4.1 Introduction**

This chapter describes and discusses the research design and methodology used in this investigation. This study is situated within the context of the hermeneutic phenomenological worldview, as described by Heidegger (1962). Interpretative phenomenological analysis (IPA) as research design will be discussed, followed by the approach to participant sampling and data collection methods. The IPA steps that were followed to analyse the interview texts, the ethical procedures followed to ensure research quality, and appropriate participant treatment will be discussed.

### **4.2 Revisiting the aim of the study**

The study aims to describe and interpret the lived experiences of adolescent girls aged 12 to 18 whose mothers are diagnosed with Borderline Personality Disorder (BPD). Specific outcomes were set to enable psychologists and other mental healthcare workers to understand the challenges these female adolescent offspring face, specifically against the challenges they might experience regarding attachment to their mothers.

### **4.3 Research Methodology**

The study will apply a qualitative research approach, which will be discussed in the following section, as well as the role of the researcher within this context and the methodological orientation of phenomenology. An interpretative phenomenological analysis and the role of IPA in psychology will be described and applied.

#### **4.3.1 *Qualitative Research Approach***

This section's focus will orient the reader on the study's qualitative paradigm and look into the philosophical basis of phenomenology. By explaining the nature of qualitative research, the motivation for using a qualitative research paradigm for this study will become clear.

Qualitative research uses a naturalistic approach and aims to describe, explore, and understand human behaviour (Babbie & Mouton, 2005) and can be regarded as inductive, with the researcher exploring meanings and insights in a certain situation (Levitt et al., 2017; Corbin & Strauss, 2008). *Qualitative research* is described as follows: “it refers to a range of data collection and analysis techniques that use purposive sampling and semi-structured, open-ended interviews (Dudwick et al., 2006; Gopaldas, 2016).

Qualitative research is regarded as an efficient model that occurs in natural settings and allows the researcher to establish a level of detail by looking into actual experiences (Creswell, 2009) and focuses on more hermeneutic and descriptive-orientated research methods (Osborne, 1994). It implies a naturalistic and interpretive approach to its subject matter and is multimethod in focus (Denzin & Lincoln, 2005). Furthermore, qualitative research works with nonnumerical data and aims to interpret the data's meaning better to understand certain social phenomena (Punch, 2013). The focus is more on words than numbers, and it observes the world as it is, interpreting situations to develop insight into the meanings people form from their daily lives (Walia, 2015).

Looking into the development of qualitative research, Osborne (1994) stated that the systematic emergence of social constructionism, deconstructionism, and contextualism with an emphasis on the importance of meaning, description, and discovery started to challenge the objectivity of the traditional methodology based on natural science that focused on prediction, replicability, and validity. These traditional concepts of reliability, random sampling, replicability, and validity are not necessarily appropriate within the qualitative context (Osborne, 1994) as it focuses on providing a detailed understanding of the “how” and the “why” of certain social phenomena or programmes functions as it does within a specific context (Polkinghorne, 2005). Qualitative researchers try to investigate people’s experiences, meaning systems, and beliefs from those people’s perspectives (Brink, 1993) and can be seen as a subjective and systematic approach to explaining and giving meaning to daily life experiences (Burns & Grove, 2009).

Qualitative research methods normally include observations and interviews but may also include surveys, historical and document analyses, and case studies (Hancock et al., 2009). It is a research method used to indicate the theoretical perspective designs: phenomenology, grounded theory, case study, ethnography, content analysis, historical research, and narrative (Creswell, 2009; Hancock et al., 2009). The research approach used in this study aimed to gather subjective, in-depth information on adolescent daughters' experiences of having mothers diagnosed with BPD. This study's theoretical perspective will be phenomenology, which will be discussed in the next section.

#### **4.3.2 *The Role of the Researcher in Qualitative Research***

In qualitative research, the researcher is part of the process and an involved and active instrument bringing a particularly personal perspective to the research (Merriam, 2009). Researchers must know that their epistemological assumptions will impact their interpretation, understanding, disbelief, or nonacceptance of others' research findings (Sikes, 2004). Due to this involvement in the research process, reflexivity into the underlying dynamics between the researcher and the data is essential (Shaw, 2010). Reflexivity is a tool to disclose the researcher's role in the process and indicates the researcher's willingness to concede how they might have affected the various stages of the research process.

Reflexivity in this study was considered through the researcher's sensitivity regarding the effect of her own experience of motherhood and being a daughter. The researcher acknowledges her mental patterns formed from her experiences, focused literature studies and clinical practice. In striving toward reflexivity, the researcher confronted herself with reflective questions such as: "How exactly am I challenged in my interpretations? Were the original texts of the participants respected? Is the original analysis of the researcher available to anyone? What are the differences or similarities between the participant's stories and my own? Reflecting on one's involvement in the research process increases the trustworthiness of any study (Koch, 1999).

Qualitative researchers pay close attention to context analysis, investigate the underlying causes of phenomena, and emphasise the versions of what happened (Wu & Little, 2011). An IPA researcher will explore and maximise the opportunities and possibilities the approach affords him/her (Alase, 2017) and allow the participants to share their stories without fear (Moustakas, 1994).

### **4.3.3 Methodological orientation: Phenomenology and its philosophical background**

#### *4.3.3.1 Phenomenology*

The term “phenomenology” indicates the study of phenomena which implies anything that appears in a person’s conscious experience (Moran, 2000). It stems from the Greek word *phenomenon*, meaning “to show itself” (Heidegger, 1962, p. 57). Morse (1994) described it as an attempt to reveal the key meaning of human endeavours, and Merleau-Ponty (1962) depicted it as a method by which essences are studied and that it reflects time, space, and our lived reality. Phenomenology has a strong philosophical background which will be discussed in the next section.

#### *4.3.3.2 Philosophical Background*

Phenomenology stems primarily from the work of the philosophers Edmund Husserl and Martin Heidegger (Gill, 2014). Husserl used the “reduction” method and focused on “descriptive” phenomenological methodologies, which aim to describe the core of human experiences. Husserl indicated that his method of reduction of phenomena offered an outlook “upon transcendently purified phenomena” (2012, p. 3), in which “purified” refers to “free from everyday assumptions”.

Furthermore, descriptive phenomenological methodologies also indicate a search for essences, which requires a different kind of reduction called eidetic reduction (reduction to the essence). Husserl (1973, p. 341) describes *essence* as “the essential structure of a person’s subjective experience or “that without which an object of a particular kind cannot be thought”. Life-world (*Lebenswelt*) is a Husserlian concept and indicates those daily experiences all

individuals are exposed (Thévenaz et al., 1962). Husserl indicated that phenomenologists could see these essences through the process of free variation, which implies imagining different versions of the phenomenon under study to find what remains as its essential aspect or invariant, without which it would be implausible. Husserl (2012, p. 3) expressed phenomenology as follows: “a science which aims exclusively at establishing knowledge of essences”. It must express purely, and it must describe the essence. Husserl (2001) regarded essence as the cornerstone for all other knowledge.

Another key Husserlian concept is the intentionality of consciousness, which indicates the directedness toward an object. Morse (1994) stated that the study of experience discloses consciousness. According to the existential-phenomenological view, every situation an individual confronts in life necessitates a decision to be taken (Maddi, 1996). Consciousness indicates an object (Valle et al., 1989) and implicates intentionality (Applebaum, 2014).

Heidegger (1996) developed his version of phenomenology that differed from Husserl’s in terms of subject and method, focusing on “interpretive” or “hermeneutic” phenomenological methodologies. Heidegger explored the human experience of being (*Dasein*). In exploring the concept of *Dasein*, he looked into the role of interpretation as an integral part of research. According to Heidegger (1988), people already exist in a historically and culturally conditioned environment. The background of one’s existence contextualises experience (Heidegger, 1996). He challenged the view that humans can be free of assumptions, stating that an “interpretation is never a presuppositionless apprehending of something to us” (Heidegger, 1996, p. 141). Heidegger’s interpretive view of studying human existence dismisses the chance of fully detached reflection and differs from Husserl’s proposal of bracketing presuppositions to emphasise an essence (Gill, 2014).

Heidegger referred to humanity’s awareness of its ontological nothingness and stated that all people are confronted daily with choices and decisions that offer them two options: either to push oneself into the unknown, which can be anxiety-provoking or to opt for the known and the familiar, which provide security but sacrifice a possible opportunity for self-development and growth and can lead to guilt (Maddi, 1989). Human beings are being diverted into their

present lives but also tied to their past lives and also have future expectations that Heidegger described as people being “thrown” (p. 145) into the future (Morse, 1994).

According to Gill (2014), all types of phenomenological methodology are based on a perception of phenomenological philosophy. Gill (2014) refers to five phenomenological methodologies researchers can use to support their research. Firstly, Gill (2014) mentions Sander’s phenomenological approach to studying organisations and offers practical guidelines for organisational research. Secondly, Gill (2014) refers to Giorgi’s descriptive phenomenological approach in which Giorgi tries to establish the essence of a specific psychological phenomenon (Giorgi, 1985). He recommended at least three research participants but emphasised that researchers must thoroughly assess all data. In third place, Gill (2014) refers to Van Manen’s hermeneutic phenomenology, which emerged within the field of pedagogy. Van Manen (1990, p. 36) describes it as follows: “the aim of phenomenology is to transform lived experience into a textual expression of its essence”. According to Van Manen (1990), a researcher become orientated to the specific phenomenon of interest. In fourth place, Gill (2014) mentions Benner’s interpretive phenomenology to be congruent with the Heideggerian theoretical stance. Benner’s phenomenology explores commonalities across participants (Benner, 1994). In fifth place, Gill (2014) refers to Smith’s interpretative phenomenological analysis, which focuses on flexible guidelines. This approach is often used in psychology and concurs with Heidegger’s view that phenomenological inquiry implies an interpretative process (Smith et al., 2009).

#### **4.3.4 Interpretative Phenomenological Analysis (IPA)**

Interpretative Phenomenological Analysis (IPA), as a research method, aims to obtain detailed information from participants on how they make sense of their world and to get information on the meanings of particular events, states, and experiences held for participants (Smith & Osborn, 2007). IPA offers an account of the lived experience of participants on its own terms without being influenced by pre-existing theoretical preconceptions (Smith & Osborn, 2015). It is rooted in the following philosophies: hermeneutics, idiography, and

phenomenology. Hermeneutics refers to how experience is interpreted from text and language. In understanding a phenomenon or experience, the researcher attempts to understand the participants who are also trying to make sense of their own experiences. This attempt can be referred to as the “double hermeneutic”, where the meaning-making process involves both the participant and researcher (Smith, 2004). An IPA approach explores topics that involve understanding and perceptions of important life events in disciplines like social work, clinical psychology, and health (Smith, Flowers, & Larkin, 2009). Furthermore, an IPA researcher will explore and maximise the opportunities and possibilities the approach affords them (Alase, 2017) and allow the participants to share their stories without fear (Moustakas, 1994). An IPA approach is seen as sensitive to the inherently delicate nature of conversations and will therefore be a fit approach to arrive at a good understanding of the group under investigation.

#### **4.3.5 Interpretative Phenomenological Analysis in Psychology**

IPA was developed by Jonathan Smith and others within the area of health psychology and can now be regarded as an established approach which grew in popularity within qualitative psychology (Smith, 2004; Smith et al., 2012). Phenomenological psychology focuses on people’s subjective experiences, how they make meaning of their lived world, and how they relate to it (Langdrige, 2007). IPA allows for multiple participants who experience similar life events to testify about their lived experiences without any distortions, as explained by Creswell (2012, p. 76): “Phenomenologists focus on describing what all participants have in common as they experience a phenomenon” and Smith et al. (2009) explain:

IPA is concerned with the detailed examination of human lived experience. And it aims to conduct this examination in a way which as far as possible enables that experience to be expressed in its own terms, rather than according to predefined category systems. This is what makes IPA phenomenological and connect it to the core ideas unifying the phenomenological philosophers (p. 32).

Creswell (2013) reiterated that the purpose of qualitative research is to explore a problem or an issue and that IPA is the ideal tool to get to the core cause of the phenomenon. Therefore, Alase (2017) declared that an IPA study is always about a phenomenon that needs further exploration. It helps to understand, interpret and clarify the “lived experience” of the participants in the study, and it needs to assist in making the research participant’s experiences meaningful (Alase, 2017).

Eatough and Smith (2017) noted that IPA succeeded in positioning itself as an evolving and dynamic research method and emphasised that it is still developing as “it is being used to address an ever-wider range of research questions in an expanding array of disciplines” (p. 32). Looking at a few South-African studies in the field of psychology that focused on family dynamics and used the IPA method, the research article of Young and Flannigan (2021) can be mentioned. The authors did an interpretative phenomenological analysis of experiences of having an adult sibling with a mental illness in semi-rural South Africa, published in the *South African Journal of Psychiatry* in 2021. Another 2021 study was done by Hewson from the University of Rhodes entitled *An Interpretative Phenomenological Analysis of Mothers’ Experiences Raising an Autistic Child*. Mukuna and Aloka also completed a South African IPA study in 2021 under the title *Interpretative Phenomenological Analysis of Teenage Mothers Resiliency in Overcoming Adversities in Pregnancy and Early Motherhood in South Africa*.

#### **4.4 Research design motivation**

The previous section focused on the IPA research approach, the underlying philosophical background, and the suitability of an IPA approach for psychological studies engaged with understanding the meaning and significance that participants attribute to their personal experiences. As the main focus of this study is on adolescent daughter’s experiences of having a mother diagnosed with BPD and the way the participants related these personal experiences in ways that were meaningful to them, IPA as a research approach with a multiple case study design was considered to be a suitable approach for developing insight into this matter. Baxter

and Jack (2008, p. 545) declared that the research design must “ensure that the topic of interest is well explored and that the phenomenon's essence is revealed”.

The foundational methodologists in terms of case study research are Yin, Merriam, and Stake (Creswell et al., 2007), who differ in their views on data validation that refers to the elements of validity and reliability (Yazan, 2015). These differences stem from their different philosophical viewpoints (Yazan, 2015). The positivistic research tradition aims to capture or discover accurate knowledge about a case under investigation, while constructivism suggests that there might be various versions of knowledge (Yazan, 2015). Yin (2002) emphasises the need for case study researchers to enable construct validity (through the triangulation of different sources of evidence, member checking, and chains of evidence), external and internal validity and reliability. Stake (1995) emphasises triangulation and mentions four approaches for triangulating data: methodological, data source, theory, and investigator.

Stake (1995) refers to the importance of accuracy as follows: “In our search for both accuracy and alternative explanations, we need discipline, we need protocols which do not depend on mere intuition and good intention to “get it right” (p. 107). Stake (1995) believes that there is no “best view” (p.108) of presenting a case and that qualitative researchers need “to minimise the misrepresentation and misunderstanding” (p.109) that might exist. He suggested using certain procedures and protocols to obtain the most credible interpretation of a case (Stake, 1995).

Merriam believes that qualitative researchers must look at reality holistically and remember that reality is ever-changing and multidimensional (1998). Her assumptions on validity align with Stake's, and she explains it as follows: “The qualitative study provides the reader with a depiction in enough detail to show that the author's conclusion ‘makes sense” (Merriam, 1998, p. 199).

Reliability and validity are concepts that social sciences borrowed from natural sciences, and it is not easy to reconcile these concepts with constructivist epistemology, which is at the core of qualitative research (Yazan, 2015). Merriam's approach to a qualitative understanding

of data validation is more comprehensive than Stake's, whose view on triangulation can complement Merriam's version of data validation (Yazan, 2015).

It is important to examine the phenomenon of interest and the research question. With a case study, a researcher must consider the multiplicity of approaches and perspectives and understand the relationship between the case study approach and the epistemic orientation. A researcher will also come across various case study approaches and can, as a result, combine certain elements from other studies that will best support and serve their design (Yazan, 2015).

#### **4.4.1 Sampling**

##### *4.4.1.1 Participant Sampling in IPA*

Phenomenological research aims to purport in-depth, meaningful information from participants and differs from statistical sampling used in naturalistic approaches in science (Zayed, 2008). Phenomenological research aims to describe the meaning and the structure of an experience and to get original knowledge that can offer a textured and rich description of lived experiences (Finlay, 2009). Therefore, purposive sampling had to be the technique of choice.

Creswell (2012) suggested that the size of the participant pool in IPA can vary between two and 25, and the selection of participants should portray the homogeneity found among the participants' sample pool. Creswell (2013, p. 155) stated that "It is essential that all participants have (similar lived) experience of the phenomenon being studied". Smith et al. (2009, p. 3) describe it as follows: "IPA studies are conducted on relatively small sample sizes, and the aim is to find a reasonably homogeneous sample so that within the sample, we can examine convergence and divergence in some detail".

This study selected eleven adolescents for participation. The selection process took place according to the principles of IPA, which recommends that participants be selected due to their insight into the investigated phenomenon (Pietkiewicz & Smith, 2014). The recruitment process strived to find a sample that met the homogeneity criteria. The multilayered contexts

of research participants, such as their social, historical, economic, and cultural circumstances, are acknowledged by IPA to potentially affect the participant's meaning-making of their experiences (Eatough & Smith, 2008).

#### *4.4.1.2 Purposive Sampling Technique and Participant Selection Criteria*

According to Turner (2010), sampling techniques and participant selection will depend on the purpose of the study. This study aimed to gain insight into the "lived experiences" of adolescent daughters with mothers diagnosed with BPD. Participants were selected who met the inclusion criteria and who were expected to have similarities in their experiences. With purposive sampling research, participants were identified and selected who had knowledge or experience with this specific phenomenon of interest (Cresswell & Plano Clark, 2011). In addition, they needed to be available and willing to participate and communicate their opinions and experiences expressively and reflectively (Bernard, 2002).

Sampling methods are supposed to maximise validity and efficiency and obtain a depth of understanding (Patton, 2002). Numerous purposive sampling designs are available, but this study focused on selecting homogeneous cases to reduce variation and simplify analysis. The goal was to identify and select a group of participants who meet pre-established conditions (Cozby, 2009) and, therefore, can be regarded as suitable participants (Henning et al., 2005).

The researcher purposively sought adolescent daughters with mothers who were diagnosed with BPD. The sample was mainly taken from participants residing in the North West Province in South Africa. As the researcher is fluent in English and Afrikaans, the interviews were conducted in either English or Afrikaans, with all participants fluent in either of the two mentioned languages. All Afrikaans interviews were translated into English to reach uniformity. The Tswanaspeaking participants were all fluent in English and attended Englishmedium schools. The interview schedule was translated into English by the transcriber/language editor and finally all transcriptions were send to a second language editor for the final language editing in order to keep the meaning uniform. This was done systematically as the research process unfolded. .The age of adolescents had to be between

12 and 18, and no criteria were set regarding race, religion, sexual orientation, or socio-economic circumstances. As the mothers were all diagnosed with BPD by psychiatrists in private practice, it can be assumed that most of them are from more affluent families.

#### 4.4.1.3 *Methods of participant recruitment*

The researcher contacted psychiatrists in the North West province in South Africa, informing them of the aim of the study. The following appendixes were given to the psychiatrists: Appendix A (Invitation to Participate), Appendix B (Letter to the Psychiatrist), Appendix F (Letter of Consent – Mothers of Participants), Appendix G (Research Study Information Sheet), Appendix H (Letter from the Clinical Psychologist for Possible Therapeutic Interventions) and Appendix I (Information to Mothers of Participants). The psychiatrists contacted the researcher once they identified female patients diagnosed with BPD having adolescent daughters and then provided the mothers with the relevant appendixes (Appendix A, F, G, H, I) and verbally informed them of the study. The psychiatrists then informed the researcher of mothers who indicated their willingness to consent to their daughter's possible participation in the study. On receiving the signed Appendix F from the psychiatrist, the researcher contacted the adolescent daughters, explaining the purpose of the study to them. The details of the study were clearly explained in the relevant addendums but the term BPD was not mentioned verbally to the daughters when the purpose of the study was explained to them. It was explained as “emotional difficulties” that the mothers are experiencing and that the study want to gain insight in the effect thereof on their functioning. No participant enquired about the specific diagnosis or the details thereof.

All participants were informed that their participation was voluntary and that confidentiality would be maintained. Two interviews were conducted with 11 participants. All participants were interviewed more or less six months apart. The reason was to create a connection between the researcher and the participants and some familiarity with the interview schedule. This process also enabled the researcher to develop insights to the participant for checking.

Most participants were already involved in their therapeutic processes, and no one was referred for additional therapeutic interventions after their interview.

**Table 1:** A summary of participants' demographic information

<b>Pseudonym</b>	<b>Age</b>	<b>Grade</b>	<b>Race</b>	<b>Home language</b>	<b>Marital status of parents</b>	<b>Sibling order</b>	<b>Custody Arrangement (if applicable)</b>
1. Petra	12	6	White	Afrikaans	Divorced	No. 1	Mother
2. Wilma	13	7	White	Afrikaans	Divorced	Only child	Mother
3. Caryn	16	10	White	Afrikaans	Divorced	No. 3	Mother
4. Bea	15	10	White	Afrikaans	Single	No. 1	Mother
5. Tandi	16	11	Black	Setswana	Busy divorcing	No. 2	Father
6. Gladys	18	11	White	English	Married	No. 2	Grandparents
7. Vera	18	Left school	White	Afrikaans	Divorced	No. 2	On her own
8. Rachel	12	6	Black	Setswana	Not married.	Only child from the relationship	Maternal grandmother and step-grandfather
9. Jackie	14	8	Black	Setswana	Separated	Only child from the relationship	Mother (with maternal grandmother)
10. Dina	17	Left school	White	Afrikaans	Divorced	No. 3	Father
11. Floris	15	9	Black	Setswana	Married	No. 1	Parents

**Table 2: Participants' demographic information (part 2)**

	Amount of interviews	Father's occupation	Mother's occupation	How would you describe your mother's mental well-being?
Petra	2	Employed at a mine	Sales lady	Healthy
Wilma	2	Unknown	SAPS	Good
Caryn	2	Security officer	Estate agent	Good
Bea	2	Unknown	Sales lady	Good
Tandi	2	Self-employed	Principal	Inconsiderate, controlling
Gladys	2	Employed at a mine	Unemployed	Selfish, mentally unstable, emotionally abusive, horrible
Vera	2	Employed at a mine	Unemployed	
Rachel	2	Social worker	Assistant-director	Unstable
Jackie	2	IT specialist	Retail	Unstable
Dina	2	Farmer	Retail	Unstable.
Floris	2	Sales representative	Teacher	Previously admitted to a psychiatric hospital

#### **4.4.2 Text Collection**

By interviewing adolescent daughters of mothers diagnosed with BPD, valuable information was expected to be obtained. Being an IPA study, the researcher strived to access the participants' distinctive conscious experiences and attempted to understand and emphasise how participants make meaning of their specific circumstances (Willig, 2008). The selected method used to collect information was semi-structured interviews. These types of interviews are usually conducted to elicit information (Palmer et al., 2010; Smith & Osborn, 2008). Qualitative methods are the most suitable for studying psychological phenomena (Zayed, 2008).

Semi-structured interviews are commonly used within the context of qualitative research, and it typically implies a dialogue between the researcher and the participant, directed by a flexible protocol and supplemented by probes, comments, and follow-up questions.). Semi-

structured interviews aim to collect new, exploratory, in-depth data related to a specific research topic (Lincoln & Guba, 1985). This type of interview is an effective method “of data collection when the researcher wants: (1) to collect qualitative, open-ended data; (2) to explore participant thoughts, feelings and beliefs about a particular topic; and (3) to delve deeply into personal and sometimes sensitive issues (DeJonckheere & Vaughn, 2019).

The following steps were recommended by DeJonckheere and Vaughn (2019) to design and conduct semi-structured interviews: (1) determine the scope and the purpose of the study; (2) identify participants; (3) consider ethical issues; (4) plan the logistical aspects; (5) develop the interview guide; (6) establish trust and rapport; (7) conduct the interview; (8) memoing and reflection; (9) analyse the data; (10) demonstrate the trustworthiness of the research, and (11) present findings in a report or paper.

The interview schedule was developed against the background of the research aim, literature (Bearman, 2019), The Attachment Questionnaire (Siegel & Hartzel, 2004), the research aim and tailored to be on the level of an adolescent between the ages of 12 and 18 years. Two semi-structured interviews were conducted with 11 participants. A guideline with nine questions (Appendix C) was used to obtain information from the participants, although the aim was to get rich information on the topic under discussion, and additional questions were asked to clarify certain matters that the participants raised. The interview schedule can be seen in Appendix C.

A couple of participants were hospitalized in a psychiatric institution during the time of one of their two interviews. This might have clouded their responses during that interview as their own mental health was compromised to the extent that hospitalisation was recommended. It must be noted that the treating psychiatrist was involved with the referral procedure and all inpatient interviews were conducted on discharge or a day before discharge of the participant.

#### 4.4.3 Data Analysis

As Smith and Osborn (2003) indicate, IPA is flexible with no prescriptive guidelines and should be adapted to best suit the particular issue under investigation. In keeping with phenomenology, the term “text” will be used instead of “data”. Text analysis aims to find patterns in the coded text and review the recorded text. With text analysis, a reflective process is implied that involves sensitivity in trying to find the meaning of experience. The term “explicate” instead of “analysis” is preferred by Groenewald (2004) due to the unwanted connotations this term has for phenomenology. Groenewald (2004) explained that analysis means a “breaking into parts”, which implies losing the full picture, while explication “implies an investigation of the constituents of a phenomenon while keeping the context of the whole” (p. 161).

As IPA allows the researcher to be flexible and creative in the research process, several ways are allowed to analyse the phenomenological text. IPA does not enforce a prescriptive approach but rather a couple of flexible guidelines (Smith & Eatough, 2007). The steps followed in this study will be summarised in the following column:

**Table 3:** Summary of Interpretative phenomenological analysis (IPA) steps applied in this study

IPA step	Description of the step
Transcription	Audio recordings of interviews were transcribed verbatim
Step 1 First-order analysis: looking for themes	Preparation and organisation of data. Review the data and create cumulative coding within cases
Step 2 Themes were connected: second-order analysis	Cluster themes together and divide them into subordinate and superordinate themes
Step 3 Interpretation	The use of description and interpretation processes to provide meaning and a more thorough understanding of each case. All cases were related and integrated against the attachment theory background, using an additional intergenerational lens.
Step 4 Cross-case analysis	Identification and description of commonalities
Step 5 Interpretation of cross-case analysis	To create a general meaning structure from the commonalities. To describe the meaning-making processes across the different cases.

#### 4.4.3.1 *Transcription Stage*

Transcription is a time-consuming and unexciting task (McMullin, 2021). It is not a mechanical process, with the written document being an objective version of the interview. The written text will always vary from the audio recording regarding word choice, syntax, and accepted grammar (Davidson, 2009). Bucholtz (2000) refers to the subjective decisions the transcriber has to make regarding whether grammar mistakes must be edited and whether repetitions must be included (or not). Transcription can take place somewhere along the spectrum between “naturalised” transcription, where the oral is adapted to written norms, and “denaturalised transcription, where everything is left in, including mistakes, utterances, all grammatical errors, and repetitions (Bucholtz, 2000).

Before transcription is considered, sufficient planning must be done regarding a suitable place for audio recording to allow minimum background noise or interruptions. The voices of the interviews were done, and telephone recordings were made as some of the participants relocated during the study. The study was done during the Covid-19 lockdown period in South Africa, making face-to-face interviews very challenging, and most participants preferred telephonic interviews. Mobile phone-recorded calls were stored on the researcher’s computer, not in the cloud. All recordings were e-mailed to the transcriber, who translated relevant recorded interviews into Afrikaans. A language editor attended to the translations. The language editor also attended to the translation process for accurately translated versions.

#### 4.4.3.2 *First Order Analysis: Searching for Themes*

Thematic analysis provides a very flexible approach through its theoretical freedom (Braun & Clarke, 2006). It is a very useful method to examine the different perspectives of all research participants, highlighting the differences and the similarities and generating unanticipated insights (Braun & Clarke, 2006; King, 2004). A *theme* is a “patterned response or meaning” (Braun & Clarke, 2006, p. 82) derived from the collected data that clarifies the research question. With thematic analysis, the most important features of a large data set can be

summarised as it enables the researcher to use a well-structured approach to manage the data and eventually produce an organised and clear final report (King, 2004). The researcher has flexibility in identifying themes that can provide meaningful insights into the research question (Braun & Clarke, 2006).

Braun and Clarke (2020) explicated a six-phase process to engage with a data set, as well as to code and assist with theme development: (1) data familiarisation and writing notes hereof, (2) systematic data coding, (3) generating themes from collated and coded data, (4) developing and reviewing these themes, (5) refining, defining, and naming the themes, (6) writing the report. Various thematic approaches exist to identify and find sense and patterned meaning across a dataset.

An inductive research approach was followed for theme identification in this study, as themes were derived from the researcher's data (Varpio et al., 2019), and these themes did not necessarily reflect the researcher's own beliefs or interests in the subject (Braun & Clarke, 2006). According to Braun and Clarke (2020), an inductive approach means "grounded in" the data, as they emphasise that no thematic analysis can be done in a theoretical vacuum. Ontological, epistemological, and paradigmatic assumptions will always add to the analysis and researchers making use of reflexive thematic analysis must name the theoretical assumptions that underlie their analysis (Braun & Clarke, 2020).

The researcher examined the interview recordings and the transcriptions several times to obtain an overview of each participant's contribution. In the left-hand margin, the researcher notes what was significant or interesting about each participant's comment, as Smith and Osborn (2007) suggested. The transcriptions were reread several times to become familiar with the content. There are no rules about topic commentary, and each reading might provide new insights. Certain parts of each interview might contain richer information and require more commentary (Smith & Osborne, 2007). These comments might be attempts to paraphrase or summarise or can even be a preliminary interpretation or a comment on the participant's use of language. Contradictions can be noted as well as similarities and differences (Smith & Osborne, 2007). The other margin was used to document the theme titles on which Smith and

Osborne (2007) advise as follows: “So the skill at this stage is finding expressions which are high level enough to allow theoretical connections within and across cases but which are still grounded in the particularity of the specific thing said” (p. 68).

A total of 81 initial themes were deducted from the transcriptions. Direct quotes from the richest data were also extracted. The chosen quotes effectively captured the participant’s experience and emotions (Sandelowski, 1995). Preliminary interpretations and notes were made on the participants’ similarities, differences, contradictions and emotions during their interviews. The transcripts were then revisited repeatedly to look for emerging themes, which were grouped and named again. Five broader themes emerged from the initial 81 themes (see Appendix J): (1) Interpersonal Dynamics, (2) Emotional Dysregulation, (3) Existing Familial Patterns, and (4) Positive expectancies. All subtracted themes (81) have eventually been covered in the broader thematic structure, accurately representing the information collected from the interviews. With this identification of new broader themes, more psychological terminology was used to label the themes, and it contributed toward reaching a higher level of abstraction in the interpretation. The identified themes were all linked to direct quotes from the interviews. The initial summaries generated themes capturing each transcript’s essential meaning. Themes were identified, and the text was analysed separately for each transcript. The analysis will constantly move between different levels of interpretation and description while differentiating between account and interpretation (Smith & Eautough, 2007).

#### 4.4.3.3 *Second-Order Analysis: Connecting the themes*

The themes identified in each case during the first account were written on paper, and connections were made between the different themes (Appendix K). Themes within each case were clustered together, and subordinate and superordinate themes were created. As emphasised by Braun and Clarke (2006), the validity of the individual themes needs to be reviewed by rereading the entire data set to ascertain the identified themes and to code any data within themes that were missed in earlier coding stages. This re-coding from the data set can be seen as an ongoing organic process (Braun & Clarke, 2006). Grouping the clustered

themes for each research participant into appropriate master themes allows for further conceptualisation or interpretation (Larkin & Watts, 2006).

In subdividing the transcriptions into meaningful components, differences, contradictions, and commonalities were identified within each case (Smith & Osborn, 2008). The research boundaries were established by focusing on the research aim (Yin, 2009), ensuring that the focus remained on the experiences of adolescent daughters with mothers diagnosed with BPD.

#### *4.4.3.4 Interpretation of individual cases*

Each participant's experiences were interpreted within the broader attachment theory during this process. Using the background of attachment and all the various authors and issues discussed by researchers within the field of attachment as well as BPD, it became possible to evaluate the idiosyncratic nature of the adolescent's experiences while employing a theoretical model to interpret each case. By analysing the transcripts, IPA allowed clearer connections and produced across-account patterns of meaning utilising integrative coding.

Brocki and Wearden (2006) recommend that IPA researchers clarify their subjective position. In this study, my two children were older than the required age group, but I still engaged in the study with reflexivity and tried to recognise her own background experiences and viewpoints and deliberately compartmentalise them during the interpretation of the data.

Biggerstaff and Thompson (2008) describe the aim of the descriptive phase of the research process as providing a general structure for the outcome by using a hierarchical relationship between the themes. This process has to provide deeper insight into the matter under investigation than just categorising the data. It requires the researcher to keep returning to the data, searching for deeper understanding and meaning (Brocki & Wearden, 2006).

During the first two data analysis steps, the researcher worked with one participant's data at a time. On completion of the separate analyses, subordinate and superordinate themes were identified. The researcher reduced the data by focusing on the most significant themes in the analysis. The frequency of occurrence was not necessarily the deciding factor in

deciding on the significance of a theme. The richness of the information originating from the theme, its contribution to the general narrative, and how the theme fitted into other elements of the analysis determined the eventual selection of themes.

After theme selection and grouping, the meaning-making process began. Smith and Osborn (2008) mentioned two approaches in this regard: (1) the themes from the first participant could be used as a baseline to position the analyses of the rest. (2) to put the first participant's themes aside and start afresh to analyse the other accounts. The last approach is recommended for small IPA studies and less experienced researchers. The second approach was followed in this study, and it required a careful and thorough process to pick up patterns and themes that repeated themselves while also remaining aware of new concepts that might emerge from each transcript.

#### 4.4.3.5 *Cross-case analysis*

The qualitative researcher needs to interpret the transcribed data that is a true reflection of each participant's experience and applies equally across all other accounts in the data set (Ayres et al., 2003). Ayres et al. (2003, p. 881) describe it as follows: "qualitative research produces idiographic generalisations that are developed from the particulars of individual experience". Idiographic generalisations depend on the integration of across-case and within-case analysis of the data (Ayres et al., 2003). It is important to recognise the necessity of understanding each account in its own right and reaching a synthesis that encapsulates the importance of variation of experience across participants. The dual goal of IPA research is to capture the specific idiosyncrasies in all the cases and identify the higher-order concepts occurring in most cases (Smith et al., 2009).

The researcher aimed to approach each adolescent's account individually and then provided a list containing the various themes for each adolescent. Cross-case analysis is only possible after each case has been individually examined. No master list of themes was created as it would have ignored an important element of phenomenological research by ignoring the

individualised and idiosyncratic identity of each adolescent's experience. The themes were then combined, using the richness of data rather than the frequency of occurrence.

As themes emerging from the data set will not be the same for researchers and readers, a complete agreement is not anticipated (Koch, 1999). Therefore, the researcher's interpretation and how it was reached must be clear.

The outcomes of an IPA analysis must be evaluated against the background of relevant psychological literature and research and may provide critique or clarity for earlier findings. This study's data interpretation was conducted against the attachment theory framework, as mentioned earlier. According to Baxter and Jack (2008), a theoretical framework serves as the broader context from where the process of data interpretation can occur.

#### *4.4.3.6 Interpretation of the cross-case analysis*

A general meaning structure is created in the final step of the research analysis by using the commonalities described earlier. A thorough description was provided of the meaning-making processes that occurred across the cases, and in the final step, a more expansive approach was followed, aiming to place the themes against the broader literature and bring insight into the data from the perspective of the researcher. A predetermined theory was not used to analyse the data, although an intergenerational and an attachment theory perspective were used to discuss the findings once the adolescents' idiosyncratic narrative was established.

## **4.5 Trustworthiness**

Qualitative research applies various methodologies to organise the findings, and many rhetorical guidelines guide writing (Stahl & King, 2020). As a result of this variety in method and multiple genres not adhering to a single organisational format, readers must often interpret the writer's thinking, whereas readers who read a quantitative report can rely on a standard structure (Stahl & King, 2020). Trustworthiness of the research can be regarded as a shared reality between quantitative and qualitative research.

Lincoln and Guba (1985) identify four general criteria in their trustworthiness approach: credibility, dependability, confirmability and transferability. [Nowell et al. \(2017\)](#) added the [important role of reflexivity in qualitative research](#).

#### **4.5.1 Credibility**

With credibility, the question is asked, “How congruent are the findings with reality” (Stahl & King, 2020, p. 26). The answer to this question relies on individual judgments and is a construction of the researcher and the subsequent reader (Stahl & King, 2020). Credibility can be promoted through triangulation, meaning several sources of information are repeatedly used to establish identifiable patterns. Triangulation can be reached through various forms, like methodological triangulation, where more than one data collection method is used (Stahl & King, 2020). Under methodological triangulation, the following versions are noted by Stahl and Kind (2020): data, investigator, theoretical, and environmental triangulation. Data triangulation refers to using more data types to establish research findings (i.e., data from test scores, protocol analysis or transcript audits focused on the same phenomenon). Investigator triangulation means using multiple researchers to finalise comparative analyses of individual research findings, and theoretical triangulation applies various theoretical orientations to understand the research findings. Environmental triangulation indicates using various contexts or situations to study the intended phenomena (Stahl & King, 2020). Credibility can thus be tested by triangulation using multiplicity (Stahl & King, 2020).

Trustworthiness can also be reached by using informants to verify researchers’ interpretations (Stahl & King, 2020). This practice is called “member checking” and will contribute to trust in the researchers (Stahl & King, 2020). Other factors the authors mention that can contribute toward trustworthiness is prolonged engagement and that researchers be relentless in questioning their research findings. In this study, the second interview was scheduled for more or less six months to make the involvement long-term.

#### **4.5.2 Dependability**

Certain research practices in qualitative studies produce trust, like peer debriefing as a communication habit to build trust (Stahl & King, 2020). Such practices provide a sense of self-credibility and give the researcher an insider analysis and feedback before publication. Secondly, the researchers' anticipation of a peer review would assist in making the researcher cautious toward what is presented as facts and what is described as the researchers' interpretation of the data (called bracketing) (Stahl & King, 2020).

Yardley (2000) describes the aim of qualitative research as producing an interpretation which can be one of many possible interpretations. In acknowledging this, trustworthiness is enhanced. In this study, detailed records of the process and decisions are kept, as suggested by Koch (1999). Recordings and transcriptions of the interviews are kept, and documentation of the difficulties experienced and the decisions made to address the challenges are documented. Notes from the supervision sessions with the research supervisor were filed as well. The researcher attended to being involved in the process of reflexivity to increase the study's trustworthiness.

#### **4.5.3 Confirmability**

Confirmability means to get as close as possible to objective reality as what is possible in qualitative research. Subjecting one's research to auditing requires some objective reality (Stahl & King, 2020). The research findings are grounded in the interviews from which direct quotations contribute to confirmability (Guba & Lincoln, 1989). For this study, the eleven adolescents' interviews were recorded and transcribed, and all themes identified were subtracted from this data. By doing this, any form of selective reading or contamination is minimised. Stahl and King (2020) state that qualitative researchers must rely on constructs like accuracy and precision in their research practice and peer supervision.

#### **4.5.4 Transferability**

Qualitative research refers to the transferability of research findings to apply to different contexts (Cohen et al., 2011; Guba & Lincoln, 1989; Koch, 2006). Thick descriptions that include contextual information on the specific phenomena studied and detailed descriptions of the organisations and participants in the study are equally important (Stahl & King, 2020). Transferability in qualitative research cannot be seen as a recipe but rather “a suggestion that must itself be researched for its applicability to a new context” (Stahl & King, 2020, p. 27).

In this study, the context and circumstances were described in detail and given through the participants' interpretations of their personal experiences with mothers diagnosed with BPD. A clear rationale has been provided for the use of theory and methodology in exploring the experiences of adolescents having a mother diagnosed with BPD. Detailed information about the adolescents, the narratives of the participants, and the interpretive summary of the information received has also been given. Against the background of the literature review on attachment, parenting styles, and the effect of BPD on mothering, the study strived to provide a detailed and accurate reflection of eleven individual cases. In using verbatim quotations from the adolescent participants, their experiences provide enough detail to evaluate transferability. As mentioned in section 4.4.1.2, the participants were referred by psychiatrists in private practice and chosen based on their capacity, due to their circumstances, to inform the study's aim, which also enhances transferability (Nicholls, 2009).

#### **4.5.5 Reflexivity**

As the researcher is an active an integral part of the research process in qualitative research, he/she also brings with them a certain perspective to the research. Clegg and Hardy (1996, p. 4) describe it as “ways of seeing which act back on and reflect existing ways of seeing”. The object of study and the researcher affect each other mutually throughout the research process (Alvesson & Skoldburg, 2000). Reflexivity in research entails the way pre-existing understanding is continuously revised as new understandings develop and how this affect the research, according to Haynes (2012).

Reflexivity goes beyond reflecting on the research process and the outcomes, to include multiple levels and layers of reflection within the research and would include the difficult relationships between epistemology (production of knowledge), methodology (processes of knowledge production) and ontology (the impact of the researcher). Reflexivity in research enables the processes and outcomes “to be open to change and adaptive in response to these multiple layers of reflection” (Haynes, 2012, p. 3).

A reflexive journal was used in this study in which the research’s daily logistics were documented as well as the rationales, the methodological decisions and to record my own reflections and insights, as was suggested by Lincoln and Guba (1985). Field notes were kept, especially regarding the participant’s ability to verbalize and express herself and the non-verbal clues that were noted.

#### **4.6 Ethical concerns**

The University of the Free State Committee of Title Registration approved this study’s research proposal, after which the faculty’s Research and Ethics Committee granted ethical clearance for this study (see Appendix M). The allocated number for this study is UFS-HSD2019/0641/1308.

In the next sessions, the additional relevant ethical concerns will be discussed.

##### **4.6.1 Informed Consent**

During the initial sampling procedures, the participants’ mothers verbally received information on the purpose and nature of the study, followed by an official letter (see Appendix G and I). The mothers were given a consent form (see Appendix F) to sign if they agreed to allow their daughters to participate in the study. After that, the adolescent daughters were also informed and given the same appendixes and the consent letter for participants (see Appendix E). It was emphasised to all mothers and adolescents that participation in the study was completely voluntary and that no incentives were applicable.

The appendices set out the data collection process and the right of the participants to withdraw from the study. The research study information sheet orientated the participants to the topic and assured them and their mothers of the importance of privacy, that pseudonyms will be used, and the importance of confidentiality. Providing the participants and their mothers with comprehensive guidelines and information allowed them to make informed choices about participating in the study.

#### **4.6.2 Confidentiality**

Appendix G clearly states that confidentiality will be a priority and that all participants will be protected from obtaining any potential harm. The data collected will only be available to the researcher and the research supervisor/promoter. All interviews were audio-recorded with no names on the recordings and using [pseudonyms](#). It was also stated that if data collected in this study were used in publications in general, articles or presentations, the identity of all participants would remain anonymous. The transcriber and translator had to sign a confidentiality contract (see Attachment K).

Hard copies of all transcriptions and the audio recordings will be stored in a locked cupboard/filing cabinet at the researcher's office for future research or academic purposes, and electronic information will be stored on a password-protected computer. The data collected will be stored for five years. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. After this period, the data will be destroyed to prevent the access of unauthorised persons.

#### **4.6.3 Consequences of participation**

The principles of beneficence and non-maleficence were adhered to throughout the study (Beauchamp & Childress, 2001). The biggest potential consequence of the study was that the adolescent daughters might feel distressed when the sensitive matter of their relationships with their mothers was discussed. In Appendix I (Information to mothers of participants), the

possible consequences of participating in the study were discussed, and the mothers of the participants were informed of the availability of a registered clinical psychologist for three counselling sessions should any participant experience any distress within the duration of the study (up to 3 months after the last interview). The researcher would carry the costs. It was stated that the participants, being older than 12 years, were old enough (see Children's Act, 2005, Act. No. 38 of 2005, section 129(2)) to take their own decisions on the need for counselling and whether they wish to inform the mother or not.

No such sessions were requested by any participants, but it is best mentioned that all participants were involved in their own psychotherapeutic processes at the time of the interviews.

#### **4.7 Conclusion**

This chapter focused on providing an overview of qualitative research, the philosophical underpinnings thereof, and the appropriateness of the research design for this study. The relevance of phenomenology to this study was incorporated, and the role of the researcher was discussed. The method and procedure of data collection and the ethical considerations were explained. The study's trustworthiness and the data collection and analysis process were discussed. The next chapter will be a discussion of the findings of the study

## CHAPTER 5: RESEARCH FINDINGS

### 5.1 Introduction

In the previous chapter, the data set was sorted into sub- and main themes according to the guidelines for an IPA study to enable an interpretation process. This chapter addresses the findings from the interviews. Each participant's narrative will be presented separately to follow an inductive approach and provide idiographic descriptions of each case. Being a qualitative study focusing on the experiences of adolescent daughters with mothers diagnosed with BPD, these findings reflect the expressions from the participants based on their interviews. Where relevant, the non-verbal expressions will also be indicated.

The emergent themes will be described, and the verbatim quotes conducive to the study's trustworthiness will be given. The selected quotations provided rich data that contributed towards expanding on the themes. Pseudonyms were given to all participants to preserve confidentiality. The full interview transcripts are attached as appendices L, and the direct quotations can be traced using the participant's pseudonym and the interview and paragraph number. Thus B [Bea] indicates the participant (Appendix L, participant 5), interview 1 or 2 and the paragraph number (for example: [B I 1, P 15]).

For contextualisation, each participant and their circumstances will be briefly described. The researcher's reflections are also briefly summarised. This chapter's primary goal is to present the data with almost no interpretation, followed by a complete interpretation, discussion, and contextualisation of the various themes within the relevant literature in Chapter 6.

### 5.2 Case Studies

#### 5.2.1 Case study 1: Petra

##### 5.2.1.1 Background

Petra's case consists of two interviews, held approximately eight months apart. Petra is a 12-year-old white, Afrikaans-speaking learner in Grade 6. Her parents are divorced, and her biological mother has full custody. During the interviews, Petra consulted a clinical

psychologist due to alleged molestation by her biological father. The sexual molestation case is still pending. Her mother was diagnosed with BPD and is in therapy.

Petra internalised some of her mother's negative emotions, like her mother's projection, and developed guilt feelings. She felt that she is the reason for her mother's stress because she [Petra] does not want to have contact with her biological father.

#### 5.2.1.2 *Researcher's reflections*

Petra was somewhat slow to comprehend, and her practical use of expressive language was poor. She appeared anxious during interviews, especially the first, fidgeted a lot and found sitting still challenging during both interviews. Thin, shy, and soft-spoken, Petra appeared hesitant and insecure and made poor eye contact. Some rapport had been established by the time of the second interview as she appeared slightly more at ease and was willing to participate in the process, although her responses were one-dimensional and without depth.

#### 5.2.1.3 *Case 1 – Petra: "At times me and my mom fight with each other and at times we play ..."*

Petra started her first interview by referring to the inconsistencies in her relationship with her mother. There will be a conflict between her and her mother, and they will get along again the next day. She expressed it as follows: "At times it doesn't go that well and at times me and her will get along. So at times it goes well and at times not" [P I 1, P 1]. During the first interview, she described the reason for the conflict between her and her mother being unable to be on time for school. She expressed her preference for when she and her mother get along, referring to the good times when she and her mother would play and do nice things together. It seems as if her mother projects some of her negative feelings onto Petra, as she indicated that her mother would ask her what is wrong when she (the mother) feels angry. She stated that their relationship's negatives are rooted in times of conflict, which she does not like, and that they struggle to get along during stressful times.

During Petra's second interview, she was more at ease and appeared more emotionally mature compared to the first interview. She referred to the conflict between her and her mother again but was specific about her father's role in the situation. She admits projecting the anger towards her father onto her mother, but after realising it, she tries to stop. She also mentions more open communication between her and her mother. During this interview, Petra referred to the poor relationship between her father and herself and "the things he did to me" [P 12, P 7].

She mentioned the projection from her mother again during this interview, saying, "When she stresses, and I keep on bothering her, she will take it out on me" [P 12, P 8]. She stated that she accepts this projection by her mother as she [Petra] sees herself as the guilty party due to her refusal to have any contact with her father. Petra explained that she has changed a lot, regards herself as friendlier and less mean and that she manages to communicate in a more well-mannered way. She also attributed this to the fact that she did not have contact with her father for almost two years. Petra referred to the improvement in her and her mother's relationship and that they try to communicate in times of conflict. Petra contradicted herself shortly after by saying that she refrains from communicating with her mother when she feels terrible about her behaviour.

## **5.2.2 Case study 2: Wilma**

### **5.2.2.1 Background**

Wilma is a 13-year-old Afrikaans-speaking girl in Grade 7 in a private school. Her parents are divorced, and Wilma is the only child born from the marriage, although she has a maternal stepbrother and sister who both have different fathers. She lives with her biological mother and has limited contact with her biological father. At the first interview, Wilma was admitted to a private psychiatric hospital. She was referred to the researcher by the treating psychiatrist, who attended to both mother and daughter. Wilma's mother also had a previous psychiatric admission. The interview must thus be seen against the psychiatric and psychological

treatment of both mother and daughter. Wilma describes her mother's current mental status as "good". The two interviews were conducted six months apart.

#### 5.2.2.2 *Researcher's Reflections*

Wilma's first interview occurred at the end of her admission to a private psychiatric hospital. She was reserved and appeared anxious during both interviews. During the second interview, she declared that she and her mother's relationship improved, especially since both received psychological and psychiatric treatment. Both are compliant with their psychological and psychiatric treatment.

#### 5.2.2.3 *Case 2 – Wilma: "People will always leave me and tread upon me ..."*

Wilma indicated a good mother relationship in her first interview, only mentioning that she and her stepbrother got corporal punishment when they were naughty. She described her mother as her best friend and felt their mental conditions (major depressive disorder) brought them closer together. Wilma stated that they will spend time together in times of stress and will try to communicate about their problems. She compared her relationship with her mother as favourable to her friends' relationships with their mothers.

Wilma's self-esteem appeared to be a problem, especially before admission. She indicated that she started feeling slightly better about herself since admission. Previously she had guilt feelings and said that she felt that she did not deserve to live. She mentioned lacking assertiveness ("people will always leave me and tread upon me") [W I 1, P 10]. She felt that she and her mother are very close and like best friends ("she is like my best friend") [W I 1, P 16].

Wilma mentioned times when she and her mother would do things together, like baking and playing with her little stepsister. Her mother will only get angry at her when she forgets to do her homework. She iterated that they would sit down and try and sort things out during times of stress. Wilma stated that they are getting along better since her father is not staying with them, significantly improving their relationship. She described her ideal mother-daughter

relationship as one where they are very close to and honest with each other and admitted that honesty had been a slight problem in the past. She recognised her poor self-esteem's negative effect on her previous relationships, saying, "It was mainly a result of me not loving myself and then being unable to love others as well" [W12, P 13].

### **5.2.3 Case study 3: Caryn**

#### *5.2.3.1 Background*

Caryn is a 16-year-old white Afrikaans-speaking girl in Grade 10, the third child of divorced parents, and her mother has primary custody. She has contact with her biological father. Her second interview occurred a couple of months after her psychiatric admission. Her mother is a known psychiatric patient, and her mother's psychiatrist referred Caryn. The interviews were conducted six months apart.

#### *5.2.3.2 Researcher's Reflections*

Caryn was a friendly girl who communicated well during both interviews. During her second interview, which took place a couple of months after her psychiatric admission, she commented that she felt much better. The mother-daughter relationship improved; therefore, Caryn now resides with her mother, not her maternal grandparents. She indicated that she is glad to stay with her mother now and hopes that this arrangement and placement in a new school will work out well. Eight months after the last interview, Caryn was admitted to psychiatric care.

#### *5.2.3.3 Case 3 – Caryn: "She used to break me down ..."*

Caryn explained that her relationship with her mother improved since her parents divorced and her own break-up with her boyfriend. She maintains they have developed a better understanding of each other's situation since they both experienced a break-up and mentioned several good experiences she and her mother had enjoyed, like going on holidays together. Their relationship was not close when Caryn was in Grade 8 because her mother projected all

her negative emotions from her troubled marriage onto her but did not take it too personally as she did not understand it. She acknowledged previous conflict and the absence of a close emotional bond. Caryn said they would fight for various reasons, like her poor marks at school and admitted being rude to her mother, although she would always apologise when realising she had hurt her mother's feelings.

Caryn said that she and her mother never communicated to find solutions, but since she moved to stay with her mother recently, they have started to communicate better. According to Caryn, her mother tended to criticise her and discuss their problems with her siblings. She mentioned getting more attention from her mother since her siblings moved abroad and explained that she feels better about herself since her mother is more supportive than before and admitted that she and her mother are communicating much better. Caryn described her interpersonal relationships as "good", but in contradiction to this statement, she had to end almost all her friendships as her previous boyfriend refused to accept her friends.

In Caryn's second interview, she confirmed the improvement in her mother-relationship, especially since her psychiatric admission in 2021. However, she referred once more to the marital conflict between her parents and her mother's tendency to project her unhappiness on Caryn, making her feel guilty as "my father had not been right with her either" [C 12, P 2].

She valued the excellent experiences they have experienced together lately, even daily, but still felt that her mother preferred her siblings over her. She knew her mother had financial stressors before, but now she gets an extra income, and they could move into a new place. Caryn said her mother would get anxious when stressed and, "I would try to calm her down."

Caryn concluded the interview by emphasising the improvement in her and her mother's relationship and said, "I just feel that a mother must always know what is going on in her daughter's life. A daughter will always need a mother" [C 12, P 12].

## **5.2.4 Case study 4: Bea**

### *5.2.4.1 Background*

Bea is a 15-year-old white Afrikaans-speaking girl. She is in Grade 10 in a private school and resides with her mother. Her parents never married, and she was the only child born in this relationship. Bea's mother has been diagnosed with BPD by the referring psychiatrist. Bea attended psychotherapy sessions and consulted a psychiatrist during her psychiatric admission after a suicide attempt in 2021. The first interview was conducted a couple of months after this admission and the second six months later, during which Bea mentioned that she and her mother were communicating much better.

### *5.2.4.2 Researcher's Reflections*

Bea appeared emotionally somewhat distant and aloof during both interviews. She was a serious-looking girl who appeared older than fifteen and had a lethargic appearance, and it was not easy to establish some form of rapport with her. She idealised her new private school and devaluated her previous school. She appeared overwhelmed by everything going on, so she came over as self-centred. She seemed insecure and struggled to communicate in a relaxed and open way.

### *5.2.4.3 Case 4 – Bea: "More like friends ..."*

Bea grew up staying with her maternal grandmother and states that she and her mother only started to work on their relationship during the last two years. She described her mother's current boyfriend as the only father figure she ever had and the most positive aspect of her relationship with her mother. She felt that the lack of communication between her and her mother is the most damaging part of their relationship and that she struggles to share her emotional life with her mother as she feels afraid of her mother's judgement. Bea explains that she regards her grandmother as more of a mother figure to her and that talking to her mother feels like talking to a friend ("to talk to my mother is as if I am talking to a friend") [B / 1 P 5]. Her mother would not talk to anyone when stressed, and Bea would instead leave her

mother alone during these times. In their changing relationship, they could stick “together ... talking it out as much as we can.” Yet, when asked, she could not describe their way of interaction. She remarked that they would try to sort things out to find a solution to the best of their abilities. According to Bea, her mother tends to “snap”, get angry, withdraw or would get quiet when stressed. Bea feels that stress puts extra strain on their relationship as they will rarely talk when under stress, and when they do, it will likely be in an aggressive way (“There is almost no communication in times of stress, and if there is it usually be in an aggressive way” [B / 1 P 9]. Bea says that their lack of communication will make her feel sad and stressed. She felt that staying away from her mother during stressful situations was the best solution to the problem. She wondered if her mother's age might contribute to the problematic relationship as she sees her more as a friend than a mother. Bea found it difficult to describe her ideal mother-daughter relationship as she felt she was not in a position to know how it was supposed to be. However, she mentioned better communication and handling situations that probably contribute to a better daughter-mother relationship.

During Bea's second interview, she described her relationship with her mother as good; they had regular interaction, and she stated that they try to spend more time together. She felt the two of them had gone through much unhappiness and were now trying to share their experiences. She stated that it was not the case previously but feels that there was an improvement in their relationship. She said that she always felt scared of her mother and that they never had a good mother-daughter relationship, but she brought on specific changes to help improve their relationship (“we never had a close bond. I wanted it so dearly with my mother. Then I brought on certain changes to improve our relationship” [B / 2, P 4]). Bea felt that her stepfather caused much pain as he was physically and emotionally abusive. She also felt that her mother spent more time with her brother, whom she describes as having attention deficit disorder, hyperactivity disorder, and on the autism spectrum. She insisted that as the “easier” child, she did not get the same attention as her brother.

Bea again described her mother relationship as more like a friendship than a traditional mother-daughter relationship, although there are certain situations where she reckoned her

mother could be a mother figure ("Me and my mother are very close, I feel we are more like friends than mother and daughter. There are also times where I feel she is more like my mother in certain situations. But me and my mom we are like sisters) [B / 2, P 8]. She explained their relationship as a relationship between two sisters as they communicate about everything in their lives. She added that they could talk about everything.

On asking Bea to describe the ideal mother-daughter relationship, she was hesitant to answer the question and then explained that a mother needs to be there for her daughter and must do things for her daughter, but a daughter also needs to be there for her mother. Although Bea concluded the interview by mentioning the frequent interaction between her and her mother and the fact that there is nothing they will not share, she thought the main obstacles in her interpersonal relationships were a lack of communication and constant conflict.

### **5.2.5 Case study 5: Tandi**

#### **5.2.5.1 Background**

Tandi is a 16-year-old black Setswana-speaking girl. She was in Grade 11 at the time of her first interview and in Grade 12 when the second interview was conducted. Her parents were separated at the time of the interviews and in the process of a divorce. The family is from the rural areas in the province, while Tandi resides in a school hostel in a bigger town. She is the second-born child of the family. The interviews were conducted six months apart. Her biographical information sheet described her mother's mental well-being as "inconsiderate and controlling". The referring psychiatrist is treating Tandi's mother, and Tandi is receiving ongoing psychotherapy. Tandi also had a previous psychiatric admission a couple of months before the first interview was conducted.

As Tandi's siblings were in the care of the biological father, and Tandi resides in the school hostel during the week, the father arranged that she goes to the paternal aunt over weekends and the paternal grandparents over holidays. She explained that her mother showed no interest in her or the other siblings and that she does not feel comfortable going home to her

father and siblings over holidays and weekends, as she has to take over the maternal role to the siblings.

#### 5.2.5.2 *Researcher's Reflections*

An appointment to conduct the first interview was made with Tandi in 2021, just after her admission to a psychiatric institution. Tandi's emotional state was labile, and she presented with suppressed anger – the slightest remark or comment would upset her. She appeared grave and aloof, and the researcher decided to rebook for a later date. The first interview occurred about five months after her admission, and Tandi was much better contained by then.

In the six months since the first interview was conducted, many things changed for Tandi. Her mother offered to buy her a matric farewell dress and to pay for the other expenses, and she later attended the function. Tandi explained that she does not know how to interpret these actions as she is afraid they can change the way they did in the past.

#### 5.2.5.3 *Case 5 – Tandi: "Only by blood ..."*

Tandi described her mother relationship as "nonexistent. I just have a mother, but only by blood. And that's it" [T I 1, P1]. She elaborated by stating that her mother is absent on a financial, emotional and physical level and that she "is not there" [T I 1, P 1]. Regarding the positive experiences she and her mother had together, she said that she could only recall an incident where they bought make-up together, and she found it difficult to recall any other positive experiences. When Tandi spoke about the adverse experiences in their mother-daughter relationship, she recalled incidents where her mother would get physical with her and herself trying to protect her little brother from her mother's fury. She also recalled her mother's emotional abuse and "just her not being in my life as a whole is just a negative thing" [T I 1, P 3].

Tandi explained that she would not talk to her mother during times of stress because she feels her mother pushes her away. Tandi felt that her friend's relationships with their mothers

differ entirely from hers as she feels her friends have "the best relationships with their mothers" [T / 1, P 7]. She described this as painful, although she did not consider herself jealous. Tandi described her perception of how a mother-daughter relationship should be "just basically ... best friends" [T / 1, P 8]. She saw herself as strong and "able to go through this life journey without a mother as painful as it may be, and always having that light of hope, no matter how dark things may be. That is how I see myself" [T / 1, P 10].

Tandi felt that she experiences difficulties in her friendships and relationships as she pushes people away, even before she knew she has depression. She added that the important people in her life stayed on despite her avoidance.

Tandi mentioned that she could be "snapping at people, getting irritated very quickly" [T / 1, P 13], adding that she would not feel the need to discuss matters that upset her with others: she would rather ignore the person as if they did not exist any longer, motivating her resolve with "and then you would be dead to me" [T / 1, P 13]. She continued by saying that she is working on this and trying to learn how to love people. "Because I did not feel that I was loved" [T / 1 P 13]. Tandi said she had no emotions and could kill people without remorse. She described it as if life was sucked from her, and only her flesh was left behind. Tandi could not describe her and her mother's interaction style as she felt there was nothing to describe, and they passed each other "even if it is just greeting, it is just hello and we leave" [T / 1, P 16].

During the second interview, Tandi commented that the relationship between her and her mother was "just okay" [T / 2, P 1]. She explained that "We just talk normally now, there is not really fighting anymore" [T / 2, P 2] and that it just happened that their relationship recently changed, especially as her mother came to her matric farewell dance to be with her. Tandi was reluctant to answer the question about the negative experiences between them and explained that "it's triggering me" [T / 2, P 11] as "it is still this topic ... that is something ... still hurting me, so when I talk about it, it's triggering me and taking me back, that's why I don't like talking about it" [T / 2, P 12]. She said that the changes in their relationship were happening too fast and suddenly.

Tandi stated that the current status quo between her and her mother makes her numb and without any emotions ("I don't have any emotions. I'm okay. I'm just saying I don't ever need anything, and I'm okay" [T / 2, P 19].

Referring to her friends' mother-daughter relationships, Tandi explained: "Well, obviously it's painful because it's not the same. I don't have one, and then they have" [T / 2, P 23]. She emphasised that she felt absolutely "nothing" [T / 2, P 29].

Commenting on her self-esteem, Tandi said that she feels satisfied with who she is and improved from how she felt before. She denied that her improved self-esteem has anything to do with her current improved mother relationship and attributed it to personal growth, a growing acceptance of life the way it is, and not caring about the rest. She added: "I cared, and it just brought me pain. So, not caring helps" [T / 2, P 38].

Tandi felt that the way forward in her relationship with her mother was "not caring and living my life" [T / 2, P 49] and described it as a personal decision working for her and would not detach from her emotions but learn from them, and even when feeling something, she would try not to care. Tandi explained that she is not interested in building meaningful interpersonal relationships.

## **5.2.6 Case Study 6: Gladys**

### **5.2.6.1 Background**

Gladys is an 18-year-old white English-speaking girl following a home-schooling curriculum. She suffers from regular epileptic fits, which are still uncontrolled, especially during times of stress. Gladys stutters slightly. Her parents are married, although her father works in the mines at a different location and only comes home once a month. Her mother is unemployed. Gladys has an older sister at University and stays on her own. The two sisters have a relatively good relationship. The problematic relationship between Gladys and her mother compelled her to reside with her maternal grandmother and step-grandfather as she felt the daily tension in the parental home was too much for her. Gladys is also receiving

psychotherapy, and a psychiatric admission is planned for 2022. The interviews were conducted six months apart.

#### 5.2.6.2 *Researcher's Reflections*

Gladys presented herself as a self-confident 18-year-old girl with an unconventional view of life. She prefers to stay with her maternal grandmother and step-grandfather, although she feels that their solid religious beliefs pressure her as she now pretends to be religious and a church-goer. However, she identifies as an atheist. She wants a positive relationship with her grandparents, therefore, does not oppose their religious beliefs.

During her second interview, she mentioned feeling depressed and suicidal, and the researcher referred her to a psychologist who arranged a psychiatric admission.

#### 5.2.6.3 *Case 6 – Gladys: "... broken woman and broken child ..."*

During the first interview with Gladys, she described her mother-relationship as "very neglectful, distant, and very unstable" [G I 1, P 1]. She said that she felt throughout her life that her mother regards their relationship as "a choice" [G I 1, P 2] and that she "chooses everything over me" [G I 1, P 2]. As a result, she decided to distance herself from her mother "to keep my emotions and feelings from getting hurt" [G I 1, P 2].

On asking her to elaborate on the positive experiences between her and her mother, Gladys's reaction was as follows: "The positive experience between me and my mother, is that when we see each other then we both really get hurt. We do not see each other as mother and daughter, we see each other as a broken woman and a broken child" [G I 1, P 3]. She indicated that they were trying to work things out and communicate with each other but did not feel any progress was made. Gladys explained that she became more confident as she grew older and would tell her mother that her behaviour was unacceptable. She said that she [the mother] "was screaming, crying and breaking down" [G I 1, P 4] and that her mother then realised how it affected her, and they started to communicate slightly better.

Gladys explained that her mother used to be violent towards her, so she refrained from any other physical contact [like hugs] with her mother. She mentioned that she became so heedful of her mother being violent towards her and would get a panic attack when she saw her mother holding a drink and would flinch when her mother swiped her hand for a fly. During times of personal stress, Gladys prefers not to listen to her mother as she describes her mother as being "melodramatic [who] would turn any stressful thing into a tragic thing" [G / 1, P 6].

On comparing her relationship with her mother and her friends' relationships with their mothers, Gladys said there was a "... lack of passion and empathy" [G / 1, P 7]. She referred to a visit to a friend's house where she witnessed the relationship between her friend and her friend's mother and that it made her feel jealous as "it is something I really craved" [G / 1, P 7]. The friend and her mother could tell each other anything, and "when I would tell my mother something personal, she would turn around and use it against me" [G / 1, P 7].

On asking her about her perception of a mother-daughter relationship, she said it is difficult to explain and that she perceives it as really very bad, non-affectionate, a tragedy, and a lot of sadness and heartbrokenness. "I have never felt warmth with my mother" [G / 1, P 9]. "When we interact, we interact very professionally, not like mother and daughter. It is very formal" [G / 1, P 12]. She described herself as "healing, sensitive, open-minded" [G / 1, P 10] and strived to be compassionate. Gladys confessed to having serious trust issues in her relationships so far in her life. She explained that she trusted her mother, which did not turn out well.

During Gladys's second interview, she described the relationship between her and her mother:

With my mother it's not a, how can I say, mother daughterly relationship. There's no sympathy. There is no care. There is no, like, are you okey, or are you healthy, are you happy? It is more like, I have to do this for you because, quote unquote, I'm your mother and in societies view I have to do this because I gave birth to you. It's not like I love you so much, I want to do this for you. It's like I need to do it for you or I won't be seen as a good parent in other people's views. [G / 2, P 1]

She iterated by saying, "I don't know how it feels to have a real sympathetic mother or affectionate mother, so I cannot say how it should be or how I could change it. If I could change it, it would be like to start over, completely wiped clean" [G 1 2, P 3]. On explaining how a "clean slate" [G 1 2, P 5] between her and her mother would look like, she said that she wished her mother didn't expose her to adult things when I was nine years old. I wish I didn't see how my mom had to beg on her knees for my dad to stay. I wish she did not tell me how bad my dad was or show me pictures of him cheating and it was like that's just traumatising enough. That's damaging a relationship enough. I think she just really should have stayed quiet, stop drinking, and think. [G 1 2, P 5]

She focused on her mother's "scary" [G 1 2, P 6] thinking processes and mentioned that her mother would act impulsively and emotionally and share her feelings towards her father inappropriately. Gladys reasoned that her mother damaged the parental image she had of her father. She does not have a normal relationship with her father and feels "it's more like you just have the title of dad, it doesn't mean anything" [G 1 2, P 6]. She admitted her mother criticising her father in front of her and her sister contributed to how she perceives her father. Gladys could not mention any positive experiences between her and her mother and iterated that her mother caused her to question everything: "She is a Christian, but then she is abusive, she's an alcoholic but, so I really questioned my religion. I questioned if things or if this is really wrong and that is really right" [G 1 2, P 8]. She felt that this contributed towards her being very open-minded and understanding about different sexual and gender orientations, like lesbian, gay, bisexual, transgender, or questioning (LGBTQ) ("I am very open-minded because of her" [G 1 2, P 8]). She knew that her mother would easily give in and could manipulate her mother to get what she wants ("I used to manipulate it to be like can I get data, can I get this, can I get that. So, that's my view okay, because what she did, it won't equal it out" [G 2 P 8 I]).

Gladys referred to her efforts to reach out to her mother to try and improve their relationship, like realising both of them like watching u-tube videos: "So I went, I started going to her sitting at a laptop being like, do you want to watch this u-tube video with me? ... So we did for a week or two sit down and actually watch videos but then it dialled back down" [G 1 2, P 9].

Referring to the negatives in their relationship, Gladys said that the total lack of open communication between them was prominent. The fact that she could not tell her about typical adolescent interests, like mentioning the boyfriends she had crushes on, as her mother would overreact and make comments like, "Oh, you're such a whore, such a slut" [G / 2, P 10] when she was only eleven. "So I cannot really talk to her about anything like normal teenage stuff like my feelings towards a guy or friends or anything and then she would just turn around and use it against me" [G / 2, P 10]. Gladys mentioned that she disliked physical touch because of her mother's physical abuse.

On the question if she experiences any warmth from her mother, Gladys said, "We used to do 'neusie-neusie', where we rub noses together but one time she did it when she was drunk and I smelled her breath and that was the last time she did that and I told her that please don't do that again please. Don't hug me because I feel uncomfortable in my own mother's arms" [G / 2, P 12]. She then confesses that she feels jealous when she sees people loving each other because "that's so confusing to me, like it's impossible you cannot love someone that much, but yet I crave that love. I know [I am] ... hypocritical, but I don't know ... it's just, I hate to see people happy" [G / 2, P 12]).

During times of personal stress, Gladys stated that her mother's reaction was "fake, dramatic, she over-exaggerates so much" [G / 2, P 13]. She stated that her mother would bad-mouth the father but also go and look for him after he disappeared at a party. Gladys found her mother's inconsistent behaviour incomprehensible. Gladys referred to her mother's way of looking for sympathy by phoning the family to tell them about anything wrong that happened. Gladys described it, "I don't see passion, I see 'I need validation' ... 'I need someone else's opinion'" [G / 2, P 13].

Gladys felt that her mother manipulates conversations so they can be about anything other than the actual stressor. Gladys refers to an incident where she tried to kill herself, and her mother would "barge into my room and tell me how can you say that to your dad and why? I was just two minutes ago trying to kill myself" [G / 2, P 14]. She added, "Everything turns up about her. Its so frustrating; its if say something she has, she feels the need to tell something

that happened. To tell you something that happened about her, she felt the need to do that" [G / 2, P 14]. Gladys explained that she thought it was useless to try to communicate with her mother about something important as her mother would turn it around or deny that it was ever said.

### **5.2.7 Case study 7: Vera**

#### *5.2.7.1 Background*

Vera is an 18-year-old white Afrikaans-speaking girl who attends a hairdressing training course after leaving school at fifteen. She resides independently due to an unstable relationship with her biological mother. She has no contact with her biological father and has an older sister whose academic prowess made her feel inferior, causing Vera to accuse her mother of favouritism. The situation was intensified by Vera's poor scholastic performance and had a reciprocal effect. Vera's mother has been diagnosed with BPD and is receiving treatment. Vera herself is also receiving psychotherapy.

Both interviews were done telephonically, six months apart.

#### *5.2.7.2 Researcher's Reflections*

Vera reported that she feels misunderstood by her biological mother. She was diagnosed with depression at thirteen. Vera was very open and honest at the time of the interviews, although her insight into the questions was limited, and her responses lacked depth.

Vera appeared like an easygoing person who verbalised her preference for openness and transparency in her relationships. She seems sensitive to criticism as she feels judged by her mother and sister. She prefers to live on her own.

#### *5.2.7.3 Case 7 – Vera: "We're very inclined to fighting ..."*

Vera reported having a good relationship with her mother until she (Vera) got depressed at thirteen. Her mother's brother committed suicide after being diagnosed with major depression, so she believes that her mother went into denial when Vera was diagnosed with depression.

She mentioned that she and her mother love “each other, although we’re just much snappier with each other” [VI 1, P 3] and described this change in her and her mother’s relationship as “a little sad, but life happens” [VI 1, P 4].

Vera referred to the positive experiences and mentioned that they would do each “other’s hair and make-up or eyebrows or something together. Just quality time spent together” [VI 1, P 5]. She described these times as a positive experience, although it would only happen once in two months.

She described the negative experiences between her and her mother as when they fight and when “I am being rude” [VI 1, P 8]. She feels that their fights will usually be about small things and will not affect her that much as she knows her mother is “just strict, she’s an angry mother” [VI 1, P 10].

Vera said that, as she and her mother have similar personalities, they handle stress similarly and tend to project it onto others. On comparing her mother’s relationship with her friends’ relationships with their mothers, Vera concluded by saying that it “sounds so wonderful and apparently their mothers never fight with them and things like that” [VI 1, P 14]. She admitted that it makes her jealous but added that she understands that all people are different. In describing the ideal mother-daughter relationship, she said that a mother must always be there for her daughter and “won’t fight over everything with her daughter. Not taking everything too seriously” [VI 1, P 16].

Vera described her and her mother’s relationship as being inconsistent. She mentioned that her mother would ignore her for a few days when there was a conflict between them, and then she would suddenly start to talk to her again. Vera described her own personality as “wild, not wild, but I have a very big personality. So I am a lot more extra than other people” [VI 1, P 22]. She felt that her rudeness might have its origins in her childhood, as she never cared about people she did not love. She regarded herself as quite an assertive person who would retaliate when provoked, the same way her mother would.

Vera explained that she and her mother would go shopping together, was involved in animal welfare, and went to malls together. She mentioned that her mother can be very hard on people and that her mother's emotions are mostly dysregulated.

During the second interview, Vera explained that she regards her and her mother "close, but as *you get bigger, you grow away from that. You start your own life and so on*" [V I 2, P 1]. She reckoned that there was an improvement in their relationship as it was not always close, and their animal rescue work contributed to their relationship improvement. Regarding the negatives in their relationship, she referred to the regular conflict between them and that it will mostly be about trivialities because their similar temperaments and stubbornness contributed to this. Conversely, at times, the conflict might be about more significant issues, but she feels they can communicate and even find a solution.

Vera again mentioned her and her mother's habit of using projection as a coping skill, as both will vent their stress on others. She feels there is no perfect mother-daughter relationship and added, "I think it's just not taking your stuff out on your child or I'm not taking my stuff out on her" [V I 2, P 13].

Regarding her interpersonal relationships, Vera mentioned that the rapport between her and her mother tends to be inconsistent ("one day we chat, and the next day we fight, then we talk the next day again") [V I 2, P 19]. She added that both would be quick to react to something ("We're very inclined to fighting") [V I 2, P 23] but that they were both working on it and that it started to get slightly better. She felt that the shouting happened when her mother had high-stress levels and her own rebellious streak during high school.

## **5.2.8 Case study 8: Rachel**

### **5.2.8.1 Background**

At the time of the interviews, Rachel is a 12-year-old black Tswana-speaking girl in Grade 6. Her parents never married and were no longer in a relationship. She resides with her maternal grandmother and step-grandfather and sees her mother every weekend. The mother was diagnosed with BPD and had previous psychiatric admissions. The referring psychiatrist

reported the mother's substance dependency as a dual diagnosis. She was abusing pain medication and alcohol and facing disciplinary work charges at the time.

Rachel's maternal grandmother and step-grandfather reported several incidents where the neighbours called them to fetch their granddaughter as the mother was intoxicated.

#### 5.2.8.2 *Researcher's Reflections*

At age twelve, Rachel was shy and reserved and appeared slightly anxious during the two face-to-face interviews. She remained loyal towards her mother up to the point of defending her mother's behaviour, never referring to the incidents and appearing to be in denial about her mother's behaviour. All she wanted was for her mother to get better at attending to her adolescent daughter's needs. It was clear that this girl was caught up between her loyalty towards her mother and the constant negativity towards her mother's behaviour from her maternal grandmother and her step-grandfather.

#### 5.2.8.3 *Case 8 – Rachel: “She always overdoses when she has stress ...”*

Rachel described her and her mother's relationship as “very good. Nothing to complain about” [R I 1, P 1]. She mentioned that her mother was always there for her, while her biological father never was. On describing some of the positive experiences between her and her mother, she said, “The way she looks after me, maybe” [R I 1, P 4] and also “the way we connect” [R I 1, P 5]. “My mom is easy to communicate with and always listens and is always there when there is something to talk about. She thought her mother should heed her own well-being, “But then sometimes she is focusing on other people, and she doesn't have time to focus on herself ” [R I 1, P 6].

Regarding the negative experiences between her and her mother, Rachel said that her mother tends to say bad things when they fight, like that “she wishes that I get raped when I go to visit my dad” [R I 1, P 9]. Rachel also mentions her mother's inability to be loyal to one person, as a negative element in their relationship as she will involve her [Rachel] in the fighting and will ask her to decide on her behalf “who do I love better” [R I 1, P 15].

Rachel referred to her mother's pill addiction when she spoke about the ways she and her mother handle stressful situations: "When my mom is stressed she always takes her pills, like Trepiline and what what" [R / 1, P 22] and added, "She always overdoses when she has stress or someone does something to her and then she just leaves me like that" [R / 1, P 24]. Rachel continued to say, "It makes me feel very sad because she is always threatening, she will kill herself and she says bad things to her mother [R / 1, P 25]. She stated that it makes her feel "sad and sometimes angry and sometimes I don't know how to feel" [R / 1, P 26]. She added that her grandmother has been supporting her through challenging times.

Rachel compared her mother-relationship to that of her friends' as much different because their mothers do not have mental problems. She agreed that their relationship could be more challenging due to her mother's mental health condition explaining that the ideal mother-daughter relationship is supposed to "be filled with love, and the mother must always be there for her daughter. She should not always choose someone else over her daughter because one day she will need to be there when her daughter needs her" [R / 1, P 30].

She added that she sometimes feels compelled to act like the adult in the mother-daughter relationship and admits to apathy to the extent that it sometimes troubles her. When her mother would not fulfil her maternal duties in and around her house, Rachel typically had to clean "because when she takes her pills, she becomes really, really, really drowsy and then she drops things, she breaks things, she spills things and then I have to clean up" [R / 1, P 35].

Rachel's mother was admitted to a psychiatric institution just before the second interview because of her mother's primary diagnosis of BPD with accompanying alcohol, sleeping or pain pill dependency. However, her mother appeared more stable on discharge, insisting their relationship was a "healthy relationship" [R / 2, P 1], justifying, "I love my mom a lot" [R / 2, P 2]. She regarded her mother as being very supportive ("my mom always attends my netball games, she's always there when I need her" [R / 2, P 4]). Rachel described the negative part of their relationship as her mother's anger ("When my mother gets angry, she says bad things" [R / 2, P 6]). She added that primarily work-related stressors, or when she does not listen to

her, will make her mother very angry. Rachel felt that her mother projects and describes it as follows: “When she is angry she sometimes takes it out on people and sometimes the cause is at work. They don’t respect her or sometimes people don’t do the things that she wants them to do” [R 12, P 8]. Rachel added that it might be the result of her mother’s wrong choices (“maybe hanging around with the wrong people” [R 12, 11]).

Rachel believes she cannot compare their mother-daughter relationship with her friends’ relationships with their mothers. She adds that she thinks her mother’s age might play a role in this regard as her mother is younger with less life experience than her friends’ mothers.

She concluded that her ideal mother-daughter relationship should be “full of love and a mother should advise her daughter or her son and be a good mother” [R 12, P 20].

## **5.2.9 Case study 9: Jackie**

### *5.2.9.1 Background*

Jackie is a 14-year-old black Setswana-speaking girl from the North-West Province. She was in Grade 8 at the time of the interviews and attended an English medium private school. Her parents are separated, leaving her to reside with her maternal grandmother since birth. She is the only child who was born in her parent’s relationship. Her biological mother lived with them, although she has moved in and out several times.

### *5.2.9.2 Researcher’s Reflections*

Jackie is a friendly and energetic adolescent. Her mother has a history of unstable interpersonal relationships which led to a poor relationship between the maternal grandmother and mother. Jackie indicated that she often feels trapped between her mother and her grandmother. The mother was referred by a psychiatrist and diagnosed with BPD. Jackie had no previous admissions, but the mother and maternal grandmother were receiving psychotherapy.

### 5.2.9.3 Case 9 – Jackie: “... to avoid all the drama ...”

Jackie described her relationship with her mother as being good “despite normal ups and downs” [J I 1, P 1], and she continued as follows: “I can say she is like my best friend and I can talk to her about anything. It’s just that our living environment also has an impact on our relationship” [J I 1, P 2]. Jackie iterated that her maternal grandmother will bad-mouth her (Jackie’s) mother and “she would be like my mother is the bad guy. And it’s been something that has constantly been happening” [J I 1, P 3]. She added that she would share her frustrations with the scenario at home with a good friend at school, although she admitted that it affects her, especially at school. Jackie explained the situation: “So some days my mother goes out, just over weekends. She then normally comes back the same morning. So whenever she goes out, she tells me where she is going and when she will be back, when I can expect her” [J I 1, P 5]. When her mother would not return at the arranged time, everybody gets worried, and it becomes a problem keeping the doors locked at home, upsetting the grandmother a lot. Jackie mentioned an incident where the mother got mugged and could not return at the agreed time. She stated that she was just glad when her mother was safe back home the next day, while her grandmother would then badmouth her mother instead of showing relief for her being back safe.

Referring to the positive experiences between her and her mother, Jackie said there is never a dull moment around her and that her mother will always make her feel better. She mentioned that her father was absent and that her mother fulfilled both a maternal and paternal role.

Regarding their negative experiences, Jackie stated that it would cause tension in the family if she asked her maternal aunt for financial assistance when her mother could not. Then her mother will feel that the aunt is interfering in the mother-daughter relationship and will be upset.

Jackie felt that stress causes them to be close, especially when there is a conflict between her mother and her grandmother, as she will then try and comfort her mother. In comparing her mother relationship with her friends’ relationships with their mothers, Jackie said,

Our relationship is not the same as my friends' and their moms, whereby they would go out for lunch and me and my mom don't. It's not even just about going out; it is more about just having a proper conversation. Like this one time at hockey, because I play hockey right. I'm the captain. So there are so many times where I wished she could just be there. Because like, every single parent from my team has been to games and my mom is not there, you know. [J I 1, P 13]

She mentioned that her grandmother would criticize her by saying she tries too hard to fit in, although Jackie feels that this is not the case as she does not try to fit in. Jackie said her mother would not be so critical towards her, although she would ask whom she talks to on her phone. She regarded her mother as more understanding than her grandmother and would love not to see the aunt as a threat as the "aunt also cares and wants to assist where she can" [J I 1, P 19]. She felt that her mother was compassionate towards her and her aunt's relationship and commented that her mother would remark that the aunt played an essential role in her life. She explained that her aunt lives in the United Kingdom and thinks her mother might be jealous, reflecting her mother's poor self-esteem.

Jackie reflected on her interpersonal relationships, "I cannot talk to my mom about it, because I cannot lose people I love. Like I also lost a guy friend, like a month ago and then no-one understood the fact that I needed him the most. He was kind of a father-figure to me" [J I 1, P 24]. She explained that she could talk to this friend about all her problems and not to her mother as her mother will always be "with a few guys at a time and it would be all these different people and it is painful. I shouldn't be looking for a father figure, because my father is there but her is not really in my life. The only time we talk is if I phone him first" [J I 1, P 24].

Jackie felt that she does not have a problem with her mother being in multiple relationships at a time but then contradicted herself when she said, "At some point it was really difficult because when she breaks up with them she is already in another one" [J I 1, P 25]. Jackie could not describe her and her mother's interaction style but commented that they "do communicate, there is nothing that we cannot talk about" [J I 1, P 26].

Jackie reckons that it is mostly fun to have her mother around at the grandmother's house but admits that there are times where "...it does, like put a lot of stress on us as the children in the household and then that's one of the reasons why I actually wanted to go to hospital like my other sister" [J I 2, P 7]. She feels an admission will help her escape all the "drama from home" [J I 2, P 7]. Reflecting on the causes of the constant drama at home, Jackie explains that her grandmother does not like to be reprimanded and would not admit to being wrong and "then she'd made a huge thing out of it and I feel like she does not understand" [J I 2, P 8]. Her grandmother still wants to implement the same disciplinary measures she had imposed on her as a child and does not consider that times have changed. Jackie says that her mother will mostly not show how this affects her, but she will "be like ... I soon will be out of this house anyway" [J I 2, P 9].

When discussing the ideal mother-daughter relationship, she described it as one with good and open communication, reassurance, and quality time. She states that all the mentioned elements are present in her relationship with her mother. Jackie mentions that she is aware of her mother's behaviour on social media and knows that her mother dated several men at the same time in the past. She commented, "I haven't actually been taking notes from my mom's relationships also because we are dating like different genders, in a way you know, so she might have this perception of what a relationship should be like and I have a different one" [J I 2, P 14].

Jackie concluded that the communication between her and her mother has been good and that they will sometimes text each other at the dining table while sitting next to each other to keep their conversation private. The one aspect Jackie mentions that she wishes could be different is her mother being less overprotective because it will prevent her from life's lessons if she is not allowed to make mistakes.

### **5.2.10 Case study 10: Dina**

#### *5.2.10.1 Background*

Dina is an 18-year-old white Afrikaans-speaking learner who attended a special-needs school but had to leave in 2021 when she fell pregnant. The youngest of three siblings, they all live with her mother and stepfather, although the relationship between her and her stepfather is very labile. Her mother, who had various previous psychiatric admissions, was referred by her psychiatrist. Dina describes herself as a sensitive person who struggles with emotional dysregulation. Although she is still in a relationship with her eight-month-old baby's father, she describes the relationship as unstable. Dina's interviews were conducted six months apart.

Their rapport oscillates from feeling close to feeling estranged. The relationship with the stepfather is unstable; he recently chased Dina out of the house. She then went to stay with her biological father, who had previous charges against him for molesting his minor daughters. She indicated that she must return to her mother and stepfather's house. Her relationship with her baby's father is upsetting, and she feels rejected by everybody. Although her relationships with all the important role players in her life are compromised, she denied this during the interview, insisting that her relationships are well.

#### *5.2.10.2 Researcher's Reflections*

The interview with Dina occurred when she visited her mother, who was admitted to a psychiatric hospital. The interaction between her and her mother was not spontaneous and comfortable. Her mother appeared more focused on Dina's baby than her daughter.

Dina lacks self-confidence and appears anxious, insecure, and emotional; she struggled to grasp the essence of the interview questions and could not give consistent answers to questions on specific topics.

### 5.2.10.3 Case 10 – Dina: “We don’t make time for each other ...”

Dina explains her relationship with her mother: “She and I just struggle a bit now and then. She and I don’t get along” [D I 1, P 1]. Her mother would overrule her decisions, for instance, about the clothes the baby must wear. She adds: “Many times we will basically argue about everything. I also struggle with depression, and I also get angry very quickly, very quickly angry” [D I 1, P 1]. She adds that she tends to become angry quickly and that her medication did not make any difference. She also mentions attending psychotherapy which she also feels did not make any difference (“So we’re stuck a little bit, me and my mom, we’re not getting along well” [D I 1, P 1]).

According to Dina, most of the conflict between her and her mother happens because of the baby. She states that it had not always been the case. The conflict escalated when she fell pregnant. Dina could not mention any positive experiences between her and her mother and added that she wishes it could have been different and could not recall any other specific negative experiences, except the conflict when her mother overrules her with decisions.

Dina feels that she and her mother will fight each other during times of stress and that her mother will never address any matter in person but would prefer WhatsApp or talk to her over the phone. She feels aggrieved about her mother discussing their conflict with her older sister.

Initially, Dina was unable to explain what an ideal mother-daughter relationship should look like but later, she said:

It would have been so nice if my mom and I could do some shopping and not all the time, because she, how can I say, my stepfather is everything in my mom’s eyes. Me and my stepfather do not get along very well either. We fight a lot and it just feels like my mom chooses my stepfather above us kids. She’s say no it’s not like that, but a lot of people around me see that and not just me. [D I 1, P 14]

In describing their interaction style, she said the following: “We don’t really communicate. Most of the time, she’s at work, she comes home, makes food and then she goes to the room” [D I 1, P 23]. She adds that they are not a family who will sit together in the living room, although she wishes it could be different, like when her grandmother was still alive, and they

used to be with each other. She feels that the family has fallen apart since her grandmother passed away.

Dina states that she feels confused about her life (“I just feel very unhappy about my mom and them, on the one hand me and my boyfriend are also stuck. It’s just not nice for me and I don’t want to raise my child without a father” [D I 1, P 27]).

During the second interview, Dina again referred to her mother overruling her decisions on her baby, for instance, trivial things like criticising the clothes that Dina chose for the baby and not appreciating her housekeeping efforts (like cleaning the floors), explaining, “We’re just basically fighting over small stuff” [D I 2, P 1]. She adds that her mother will also discuss more matters with her older sister than with her.

Dina could not mention any positive experiences that happened between her and her mother: “We’re not going out, like really, me and my mom don’t go out together at all or do good things and things like that” [D I 2, P 5]. Referring to the negative experiences between her and her mother, she refers to the matters she explained earlier in the interview. Dina again mentions the limited communication that exists between her and her mother (“we don’t really have contact with each other at home” [D I 2, P 8]), explaining: “We don’t talk to each other at all” [D I 2, P 10]. She added that she is used to it the way it is, although she wished it could be different (“I would love it if we could talk together as a daughter and mom and go out a bit because uncle Piet is always there. We never have time alone” [D I 2, P 13]).

The description of Dina’s ideal mother-daughter relationship is a demonstrated need for family time: “I ... would love to shop with her, chat with her, drive around and listen to music, just be relaxed” [D I 2, P 18], but it seems her mother prefers the stepfather’s company. Regarding her self-esteem, Dina said she likes herself, takes pictures of herself, does TikTok videos, does her hair, and loves make-up. There is a boyfriend with a short temper like hers, and he can get irritated if she does not trust him and ask him too many questions.

Dina denies being like her mother, although she admits their mood swings are similar: “One moment she’s happy, sad, angry. So she’s friendly in the moment, then I ask her something, then she will answer rudely “ [D I 2, P 32]. This inconsistency makes her feel “unhappy” [D I

2, P 33], but since it happens regularly, she feels that she does not “care anymore” [D / 2, P 33].

### **5.2.11 Case study 11: Floris**

#### *5.2.11.1 Background Information*

Floris’s two interviews were held six months apart. The first was a face-to-face interview, and the second was a telephonic one. Floris is a 15-year-old black Setswana-speaking girl in Grade 9 at the time of the first interview and is the oldest child of married parents. Her father works in another province and is only at home over month-ends, and the mother had previously been admitted to a psychiatric hospital. Floris herself received psychotherapy and was admitted to a psychiatric hospital. The first interview took place after her discharge from the hospital.

#### *5.2.11.2 Researcher’s Reflections*

Floris was an inattentive teenager who felt her friends were using her to their advantage, her mother did not care, and her father-relationship was nonexistent. The first interview, during which she verbalised herself unequivocally, was conducted just after her discharge from a psychiatric hospital. She was open to all questions asked but appeared somewhat emotionally disconnected.

#### *5.2.11.3 Case 11 – Floris: “She always pushed me away ...”*

Floris described her relationship with her mother as unsatisfactory: “Well, I would say my relationship with my mother isn’t that good now. I’m trying to build a relationship and a bond with her. I’m trying not to close myself off from her more and try to be open now with her” [F / 1, P 1]. She said her mother used to push her away, was very strict, and thought her mother was more attentive to the other siblings. Other people would notice that she was unhappy, but her mother would not. Floris felt her mother put too much pressure on her and wanted her to perform better than the other children. She speculated that being the oldest child might have

augmented the problem: “The pressure she put on was really too much for me” [F I 1, P 4]. Floris reasoned that her mother might confuse pressure to do one’s best with encouragement and guidance and blamed her mother’s strictness on her upbringing (because the maternal grandmother was so strict).

Regarding the positive experiences in their life, Floris initially said that there was not much but subsequently added that their visit to Sun City, where they had fun together, could be regarded as a positive experience. Floris felt that their relationship is negative: “We are always fighting. I used to get a lot of beatings. I was always like cast aside and all that. My opinion was not then taken into consideration when it came to ideas or where we would go, what we would do and all that stuff” [F I 1, P 10].

Floris thinks her mother is not coping with personal stress as she feels her mother is projecting (“If she’s stressing about her finances, she will put the stress on me and then I have to, like figure out what we will cut, so that my mom has money to get this and this” [F I 1, P 13]), for instance, she [Floris] had to stop doing sports to allow her little sister to attend music classes.

She perceived her friends’ mothers as less strict so her friends would be able to open up to their mothers (“they have this unique bond that me and my mom don’t have. Like going out with each other and all that. Going to the shops, which, once again, my mom and I never do that at all” [F I 1, P 14]). If she could bring on changes in the relationship between her and her mother, she would like her mother to allow her to go out more and to be more interested in Floris’s whereabouts (“She should start asking me more about my day and how I feel and what’s going on in my life than just ignoring the signs and everything” [F I 1, P 15]). Floris’ ideal mother-daughter relationship “should be loving and caring. They should have open communication. The mother should try to understand the child and what she or he is going through and all that” [F 1, P 16]. She stated that their relationship was not like that. It was “something else” [F I 1, P 17].

Floris criticizes herself as “the ugly duckling in the world. I see myself as this shy, snobbish, spoiled brat girl. I see myself as not a good daughter, or friend or older sibling at all” [F I 1, P

19]. Floris feels that she is not unique at all and always tries to fit in and constantly worries about her weight, her appearance, and if she has the latest new things (“It changes my whole mood. I’m also this introverted girl who doesn’t want anyone in my personal space or bubble and I want everyone to like me for some reason. And I am also really depressed” [F I 1, P 19]).

Regarding her interpersonal relationships, Floris was frank: “Well, they were not good at all” [F I 1, P 21] because “communication was bad and the love and caring side was not there at all” [F I 1, P 22].

Floris describes her and her mother’s interaction style as “something else” [F I 1, P 24], explaining that she would approach her mother, wishing for a meaningful conversation only to be rejected and judged again. She feels her mother constantly pushes her away and leaves her feeling “I’m annoying her” [F I 1, P 24].

In the second interview, Floris described her relationship with her mother as worsening: “My relationship with my mother has not been that well. We have been fighting a lot, screaming a lot. Since the day I was discharged from hospital nothing has been the same. Its like my situation with her has gotten worse” [F I 2, P 1]. She described herself as feeling like “an outsider” [F I 2, P 2] and that her mother will target her and criticise her and make her feel “unwanted and unloved from her” [F I 2, P 2]. Looking at the positive experiences between her and her mother, Floris said that “there are not a lot. Last only from my childhood from when I was around 6 to 7. We had a family day, we spent the day with family time, like we went gaming and going out to eat” [F I 2, P 3].

Reflecting on the negatives in their relationship, Floris said:

Well the fighting is one of the things and she always like putting pressure on me and that is not good for me because my anxiety levels always go up and I don’t like being the point or argument when it comes to me, with her and my dad because then they fight and it’s because they always put me in the middle. And every time they fight, I have to be the messenger, from this parent to this parent, telling them what the other parent said, and it’s not good for me. [F I 2, P 5]

Floris commented that her mother “was never there for me when I was stressing out” [F 1 2, P 9] because her mother would tell her to “just walk it out” [F 1 2, P 10] should she complain of feeling stressed about something. All she wanted was to be with her mother during such times to help her find ways to cope.

In comparison to her friends’ mother-relationship, Floris said that their relationship “differ a lot because they have a special connection that is there and sometimes, I feel I envy them for their mother relationships because I wish I had a similar relationship with my mother.” [F 1 2, P 13]. Such a relationship would reflect their bond; there would be open communication, and they would be like friends and go out and spend time together. She added that it hurts to think about it.

Floris described her ideal mother-daughter relationship as follows: “Being able to talk to her when I am stressed and have anxiety and all of that and also being able to go out and spend time together and if she asks me how my day was and if it was bad, to find a way out.” [F 1 2, P 15]

Reflecting on her interpersonal relationships, Floris stated that it is satisfactory, although most were stressful due to the pressure and expectations she brought to the relationships. She admitted having short-term relationships, as none of her relationships lasted for longer than one year. Floris concluded the interview by describing her and her mother’s interaction style as histrionic: “She likes shouting and crying and screaming.” [F 1 2, P 25]

### **5.3 Themes deducted from the interviews**

The first step was to review the data to identify themes (see Appendix J), and the second was to connect these themes and divide them into subordinate and superordinate themes (see Appendix K), as mentioned in Chapter 4.

The deducted themes will be discussed in the following section, and Figure 1 will give a summarized perspective.

**Figure 1:** Themes deducted from the interviews

<b>THEMES DEDUCTED FROM THE INTERVIEWS</b>		
<b>THEME 1</b>	<b>SUBTHEME</b>	<b>SUB-SUBTHEME</b>
Experiencing complex interpersonal dynamics	<ul style="list-style-type: none"> <li>• “you never know what you get”</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistencies, confused, boundaries, swapped roles</li> <li>• Consistent conflict</li> <li>• Lack of communication</li> </ul>
	<ul style="list-style-type: none"> <li>• “the easy way out”</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawal and avoidance</li> <li>• Projection</li> <li>• Emotional distancing</li> </ul>
<b>THEME 2</b>	<b>SUBTHEME</b>	<b>SUB-SUBTHEME</b>
The experience of emotional dysregulation	<ul style="list-style-type: none"> <li>• “I feel what she feels”</li> </ul>	<ul style="list-style-type: none"> <li>• Scared and sad</li> <li>• Self-esteem and guilt</li> <li>• Numbness</li> </ul>
	<ul style="list-style-type: none"> <li>• “where is my mom?”</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional unavailability</li> </ul>
<b>THEME 3</b>	<b>SUBTHEME</b>	<b>SUB-SUBTHEME</b>
Not managing the system	<ul style="list-style-type: none"> <li>• “What about the others?”</li> </ul>	<ul style="list-style-type: none"> <li>• Living arrangements</li> <li>• Fathering</li> <li>• Systemic conflict and challenges</li> </ul>
	<ul style="list-style-type: none"> <li>• “when things go wrong”</li> </ul>	<ul style="list-style-type: none"> <li>• Additional challenges</li> <li>• Other role players</li> </ul>
<b>THEME 4</b>	<b>SUBTHEME</b>	<b>SUB-SUBTHEME</b>
Having positive expectancies	<ul style="list-style-type: none"> <li>• “Having a great time”</li> </ul>	<ul style="list-style-type: none"> <li>• Time</li> <li>• Fun</li> </ul>
	<ul style="list-style-type: none"> <li>• “It is still my mom”</li> </ul>	<ul style="list-style-type: none"> <li>• Loyalty</li> <li>• Growth &amp; expectancies</li> </ul>
	<ul style="list-style-type: none"> <li>• “growing despite”</li> </ul>	<ul style="list-style-type: none"> <li>• Assertive skills</li> <li>• Resilience</li> </ul>

### **5.3.1 Experiencing complex interpersonal dynamics**

This central theme focuses on interpersonal dynamics and conflict, as illustrated by all the study participants. It also refers to the attachment styles between the participants and their mothers. This theme is divided into the following two subthemes:

#### **5.3.1.1 "You never know what you get"**

This subtheme centres on the inconsistencies experienced within the mother-daughter relationships presenting as confused boundaries, the frequent feature of conflict, and the lack of communication.

##### **5.3.1.1.1 Inconsistencies, confused boundaries, and swapped roles**

A couple of participants referred to the inconsistencies in their mother's behaviour and its effect on them. They mentioned how this unpredictability from their mothers would make them feel unsure, and they iterated on the reversed parental roles and that they frequently need to act as the responsible adult.

Participant 8 (Vera) stated that her relationship with her mother is never the same. She described it by saying:

"At times it does not go that well and at times we get along better. So at times it goes well and at times not [*P I 1, P 1*]). ...I think the type of relationship me and my mother have, we play together but sometimes things do not work out well and then I get angry and my mother gets angry and such kind of things [*P I 1, P 17*]. ... Then I will fight with my mother but it is not happening that much. Then I will say sorry to my mother and then she will be friendly again."  
[*P I 1, P 18*]

Dina mentioned her mother's inconsistent way of interacting and described it as follows: "One moment she's happy, sad, angry. So she's friendly in the moment, then I ask her something and she will answer rudely" [*D I 2, P 32*].

Wilma referred to the lack of boundaries, "I would describe it as very, very good, me and my mother are very close. She is like my best friend" [*W I 1, P 16*].

Bea iterated by saying:

At times it does not go that well and at times we get along better. So at times it goes well and at times not [P I 1, P.1]. ...I think the type of relationship me and my mother have, we play together but sometimes things do not work out well and then I get angry and my mother gets angry and such kind of things. ... [P I 1, P 17]. ...Then I will fight with my mother but it is not happening that much. Then I will say sorry to my mother and then she will be friendly again. [P I 1, P 18]

Jackie referred to the swapped roles by saying: "She's been with, like several guys at the same time, but then I learned that it's not right, anyway, you know, but then it's not like I am going to go to her and tell her and stuff like that because it's going to seem disrespectful" [J I 2, P 14].

#### 5.3.1.1.2 *Constant Conflict*

A high incidence of interpersonal conflict was prevalent in most mother-daughter relationships. Several participants referred to the constant conflict that exists in their lives. Petra referred to the conflict between her and her mother, especially during times of stress: "Then we struggle. She will be angry at me and will ask me what is wrong, and I will tell her" [P I 1, P 6]. When we fight, I don't like it" [P I 1, P 5], and "I don't want to be nasty and get ugly and fight" [P I 1, P 10].

Caryn commented on the negative experiences between her and her mother by stating: "We fought about little things. For example, she will tell me to do things, and, when I don't, we will fight. She also favours my brother and sister over me, but that I have accepted by now" [C I 2, P 5].

Tandi recalled the conflict and emotional abuse from her mother and her siblings and how it resulted in her having difficulties regulating her emotions: "[It] was her beating me up when I was trying to stop her from beating my brother up. Her emotional abuse and just her not being in my life as a whole is just a negative thing" [T I 1, P 3]. ... "It is because of the way my situation has turned me out to be. Like, snapping at people, getting irritated very quickly" [T I 1, P 13].

Gladys mentioned the physical conflict in her mother relationship by stating: "Since she did hit me a lot, I don't like her touching me. From hugs or anything like that. I was so used to her hurting me that even if she swiped her hand to shoo off a fly, I would flinch" [G I 1, P 5]. ... "I am scared of physical touch. I don't like physical touch because of her" [G I 2, P 9].

Vera also referred to incidents of conflict between her and her mother, specifically since Vera was diagnosed with depression: "We still love each other very much and well, we're just much snappier with each other" [V I 1, P 3] since my diagnosis. ... We're just fighting with each other because we both have the same personalities, so when we're stressed then we take it out on other people" [V I 1, P 11]. ... "We fight very easily. We have much the same personality, and we are both very stubborn. So, we fight over simple stuff [V I 2, P 5].

Dina referred to the conflict between herself and her mother by commenting as follows:

We basically argue many times about everything. I also struggle with depression and I also get angry very quickly, very quickly angry. You can ask my mom, I'm angry about anything" [D I 1, P 1]. ... Because I'm just getting angry quickly and he's got a short temper, so we don't get along well" [D I 1, P 19]. So we're stuck a little bit, me and my mom, we're not getting along well" [D I 1, P 1].

Floris commented on the conflict in her mother-relationship as follows:

We are always fighting. I used to get a lot of beatings. I was always like cast aside and all that. My opinion was not then taken into consideration when it came to ideas or where we would go, what we would do and all that stuff" [F I 1, P 10]. ... " My relationship with my mother has not been that well, we have been fighting a lot, screaming a lot" [F I 2, P 1]. ... "She likes shouting and crying and screaming" [F I 2, P 25].

#### 5.3.1.1.3 *Lack of communication*

A lack of communication between the participants and their mothers was a common theme that several participants in the study mentioned.

Petra indicated that she and her mother do not communicate their differences: "I don't usually talk to my mom about the fights we have" [P I 2, P 25].

Bea felt that she and her mother are still struggling to communicate by saying:

Me and my mom still struggle to communicate. There are certain things that I struggle to tell her. Little things but just that scared feeling of what she thinks" [B I 1, P 4]. ... "When she is under stress, I will rather stay away from her but when we are together, we will try to stay together and talk things through as much as possible" [B I 1, P 6]. ... "There is almost no communication when there is stress and when there is, it will be aggressive" [B I 1, P 9].

Dina said that her mother would only communicate with her via WhatsApp and never in person:

"Usually, my mother will WhatsApp me and then talk to me on the phone. She has never been able to talk to me in person. If we're fighting, she goes on WhatsApp and then she talks to me on WhatsApp or so. She will never come in person and talk to me about things that bother her. She usually goes to my older sister" [D I 1, P 11]. ... We don't really communicate. Most of the time, she's at work, then she comes home, prepares food and then she goes to the room." [D I 1, P 23]

### 5.3.1.2 *"The easy way out"*

This subtheme addresses the coping mechanisms the participants used to function in their daily lives, including aspects like withdrawal, avoidance, and emotional distancing, and the projection that occurs, particularly from the mothers towards their daughters.

#### 5.3.1.2.1 *Withdrawal and avoidance*

Several participants indicated that they started to withdraw from their mothers due to the unstable interpersonal dynamics of their mother relationships.

Wilma commented: "If it gets really so bad that me and mommy fight then mommy just sit in her room and I sit in my room, we just cool down" [W I 1, P 4].

Bea stated: "When she's under pressure, I'd rather stay away" [B I 1, P 6]; "So for me to just stay away and then there's no communication, that's just all I can do" [B I 1, P 10].

Gladys described her mother relationship as "very neglectful, distant and very unstable" [G / 1, P 1]. ... "I decided to distance myself from her, trying to keep my emotions and feelings from getting hurt" [G / 1, P 2]. "I don't give a second thought to her anymore" [G / 2, P 23].

Tandi stated: "I don't talk to her, because I feel she pushes me away. So, I don't see the use in talking to her and even if I try, she does push me away, so I don't see the use of talking to her" [T / 1, P 6]. ... "I don't care! That is okay. I just, it's fine. I don't even imagine a day, it's non-existent in my mind. I don't even think about it, it is a non-existent thing" [T / 2, P 25].

#### 5.3.1.2.2 *Projection*

Projection occurred in most relationships between the adolescent daughters and their mothers in this study. Several participants mentioned their mothers projecting their feelings onto them. Petra mentioned her mother's projection: "When she stresses and I carry on with her, she will take it out on me" [P / 2, P 8].

Caryn also referred to times when her parents had differences and her mother will project it onto her: "Because of the fighting between my mother and father, my mother took it out on me" [C / 1, P 3]. She mentioned the times where she would take her frustration out on her mother: "I used to be very rude to her" [C / 1, P 6]. ... "She used to break me down" [C / 1, P 10]. ... "When my parents were considering divorce, my mother took it out on me" [C / 2, P 2].

Vera stated as follows: "We're just fighting with each other because we both have the same personalities so when we are stressed then we take it out on other people" [V / 1, P 11]. ... "If she stresses, then she takes it out on other people and I am exactly the same. So we take it out on each other" [V / 2, P 10].

#### 5.3.1.2.3 *Emotional distancing*

Due to the interpersonal dynamics in the mother-daughter relationships, emotional distancing occurs as a way of coping for the daughters, but they mentioned some emotional distancing occurring from their mother's side:

Tandi described her preference to distance herself emotionally from her mother as follows:

"I was pushing people away..." [T / 1, P 12]. ... I don't have any emotions. I am okay. I am saying I don't ever need anything and I am okay [T / 2, P 19]. ... I don't have any emotions towards this. Like, I just, what was the perfect way to explain this? I don't care. That is okay. I just, it's fine. I don't even imagine a day, it's non-existent in my mind. I don't even think about it. It's a non-existent thing [T / 2, 25]. ... "Nothing! I'm not feeling anything. I feel nothing [T / 2, P 29]. ... It's just growth and having to accept life the way it is and just not caring" [T / 2, P 37]. ... Because I cared and it just brought me pain. So not caring helps [T / 2, P 38]. ... The way forward is just not caring and living my life." [T / 2, P 49]

According to Gladys, her mother will always choose everybody else over her, and she then decided "to distance myself from her, trying to keep my emotions and feelings from getting hurt" [G / 1, P 2] ... "When I experience stress in the house, I kind of tend to go on my own and feel my feelings on my own instead of staying in the same room with her" [G / 1, P 6].

Jackie referred to her mother's habit of emotionally distancing herself and described it as like her mother "does not show any emotion most of the time but then it does affect her, at the end of the day, it's going to be like I soon will be out of this house anyway" [J / 2, P 9].

Floris mentioned emotional distancing in her mother relationship, and she [Floris] really did not want it like that: "I can see it's like she is trying to push me away that, like, I'm annoying her so that she can be busy with my siblings" [F / 1, P 24]. ... "She was never there for me when I was stressing out" [F / 2, P 9] and her mother would tell her to "just walk it out" [F / 2, P 10].

### **5.3.2 The experience of emotional dysregulation**

The second main theme that could be deducted from the interviews is the amount of emotional dysregulation in mother-daughter relationships. This theme links to aspects of borderline disorder pathology in the relationships that lead to the mothers being emotionally unavailable.

#### 5.3.2.1.1 *"I feel what she feels"*

This subtheme is about the similarities between the mothers and their daughters, as evident from the daughters' interviews, and reflects on the intergenerational pattern that was starting to be established. Various similarities were found, under which challenges with self-esteem, feeling anxious, stuck, broken, distant, sad, scared and guilty.

#### 5.3.2.1.2 *Scared and sad*

A common theme among the participants was their feelings of being scared and sad, which reflected their mother's pathology.

Wilma referred to depression [W I 2, P 2] when she said: "I feel like these illnesses have brought us closer together" [W I 2, P 1].

Caryn said: "If she's stressed she will ... get anxious and I'll just try to calm her down" [C I 2, P 6]. Caryn referred to her own psychiatric admission after her parents' divorce by stating: "When she and my father started thinking about divorce, she took it out on me. I always felt I was the wrong one...." [C I 2, P 2].

Bea said:

"And there are still some things that I struggle to tell her. Little things but just scared, wondering what she might think [B I 1, P 4]. ...I was always afraid to talk to my mom, and after everything that's happened over the past few years, my mom and I never had a bond. I would have loved to have had this with my mom [B I 2, 4]. ... I always threw myself one side and felt bad about how I looked and wondered why I should always be so anxious about people." [B I 1 P 19]

Tandi referred to her own depression by saying: "With both friendships and relationships, it has been very difficult because before I actually knew about my depression, I was pushing people away. Even people who loved me, but then, in the end, I got to realise, despite my depression and everything else, people that are actually supposed to be in my life, stayed" [T I 1, P 12].

Gladys mentioned her being scared of her mom when she said:

Because I am used to staying very quiet. I was very scared. If I said something I am used to being hit and told to stay in my place. So, as I got older, I became more confident and I would tell my mom that what she was doing was not okay. As I started standing up for myself, I had begun to respect myself that was in a manner that was very hostile, I was screaming, crying and breaking down." [G / 1, P 4]

Vera commented: "And I think, because she lost her brother through it, she didn't want to accept that I had depression" [V / 1, P 2].

Rachel added, "She always overdoses when she has stress or someone does something to her and then she just leaves me like that" [R / 1, P 24]. ... "It makes me feel very sad because she is always threatening she will kill herself and she says bad thing to her mother" [R / 1, P 25]...."Sadness [R / 2, P 9].

Floris commented:

"Well, the fighting is one of the things and she always like putting pressure on me and that is really not good for me because my anxiety levels always go up and I don't like being the point of argument when it comes to me, with her and my dad, because then they fight and it's because they always put me in the middle and every time they fight I have to be the messenger, from this parent to this parent telling them what the other parent said and it's not good for me." [F / 2, P 5]

#### 5.3.2.1.3 *Self-esteem and guilt*

Several participants admitted having low self-esteem and guilt as they often feel caught up in the relationships between their mothers and their mother's partners. A few participants mentioned abuse from their fathers or stepfathers and iterated on the effect thereof on their mother relationships.

Wilma referred to her self-esteem by saying: "I used to feel like everything was just my fault and like I didn't deserve to be here" [W / 1, P 9]. ... "In the past, I felt like everything was my fault, and I really didn't like myself" [W / 2, P 11].

Bea described her self-esteem as follows:

"Why couldn't I have looked like this or have better social skills?" [B I 1, P 17]. I always threw myself one side and felt bad about how I looked and wondered why I should always be so anxious about people, who have always just broken down my self-esteem even more" [B I 1, P 18]. ...Well, I would break down my own self-esteem. I didn't have many friends, I was always lonely, it was just me always." [B I 1, P 19]

Floris iterated by describing herself as follows:

"I see myself as the ugly duckling in the world. I see myself as this shy, snobbish, spoiled brat girl. I see myself as not a good daughter, or friend or older sibling at all. Everything is just ... I don't know how to say it, I'm not unique, you know. I'm always trying to fit in and like, I'm always concerned about my weight, how I look, do I have the latest new things. It changes my whole mood. I'm also this introverted girl who doesn't want anyone in my personal space or bubble and I want everyone to like me for some reason and I'm also really depressed [F I 1, P 19]. It feels like I'm the odd one and then like no one likes me and like no one is there for me to be like my friend or shoulder to cry on, at least if two people like me at school all be fine." [F I 1, P 20]

Petra mentioned feeling guilty by saying, "If she's stressed, she takes it all out on me but I accept it because I know it was all my fault, the stress she has" [P I 2, P 8].

Wilma stated: "I felt like everything was just my fault and as if I didn't deserve to be like this but then mommy spoke to me and then I didn't feel that way anymore" [W I 1, P 9].

#### 5.3.2.1.4 Numbness

The older adolescents mentioned their feelings of numbness towards their mothers due to their difficulties dealing with their mother's emotional dysregulation.

Tandi described it as follows:

"I'm just fine. I don't have any emotions. I am okay. I'm just saying I don't ever need anything and I'm okay" [T I 2, P 19]. ... I don't have any emotions towards this. Like, I just, what was the perfect way to explain this, I don't care. That is okay. I just, it's fine, I don't even imagine a

day, it's non-existent in my mind. I don't even think about it, it is a non-existing thing [T / 2, P 25]. ... "Nothing! I'm not feeling anything, I feel nothing." [T / 2, P 29]

Rachel said: "I don't really feel anything" [R / 1, P 18].

Gladys said,

"I decided to distance myself from her, trying to keep my emotions and feelings from getting hurt" [G / 1, P 2]. ...I try of tend to go on my own and feel my feelings on my own, instead of staying in the same room with her" [G / 1, P 6]. ... When I think about it, it is really bad, because immediately I think about our relationship and how bad it is, I see non-affection, tragedy, sadness and heartbrokenness. I have never felt warmth with my mother [G / 1, P 9]. ... I used to be like, listen to my, yell, scream, knock things over, exclamation my emotions and my physical behaviour by, you know, punching my fist on the chair and everything and later on I wish, like it's useless." [G / 2 P 15]

#### 5.3.2.2 "Where is my mom?"

Most of the participants indicated their need to have the support of their mothers and to be able to share their experiences with her, although most of them mentioned their mother's emotional unavailability, leaving them feeling alone and isolated.

##### 5.3.2.2.1 Emotional unavailability

Several participants perceive their mothers as being caught up in their own problems and not showing empathy towards their adolescent needs.

Tandi referred to her mother's unavailability by saying, "I just feel like it is non-existent. I just have a mother, but only by blood and that's it. I don't feel like there is a relationship, nothing is going on. She is not there financially, emotionally, physically. She is not there" [T / 1, P 1]. ... "It's just her not being there" [T / 2, P 18].

Gladys iterated her mother's lack of passion and empathy:

"I want her to just be a mother again [G / 1, P 7, 8]. ... "It is really very hard to explain. When I think about it, it is really bad, because immediately I think about our relationship and

how bad it is. I see non-affection, tragedy, sadness, and heartbrokenness. I have never felt warmth with my mother [G / 1, P 9]. ... “I don’t know how it feels to have a real sympathetic mother or affectionate mother, so I cannot really say how it should be or how I could change it. If I could change it, it would be like start over completely wiped clean.” [G / 2, P 3]

Floris said:

“She focuses with my other siblings instead of me, or other people from the street saw that I wasn’t fine but my mom didn’t notice and all that [F / 1, P 3]. ... I’m trying to show her and to open up to her so that she knows what’s going on in my life and all that but she doesn’t want that. I can see it’s like she’s just trying to push me away that like I’m annoying her so that she can be busy with my siblings [F / 1, P 24]. ... She was never there for me when I was stressing out.” [F / 2, P 9]

### **5.3.3 Not managing the system**

The system in which the participants found themselves often contributes to emotional dysregulation and problematic interpersonal dynamics. These familial patterns are transgenerational, complicating the situation as the living arrangements often include three generations presenting with similar symptoms and complicating the outcome. Within this subtheme, the focus will be on the other role players, like the fathers and the systemic conflict that often exists. This section will investigate the role of living arrangements on the system and the effect of additional challenges like substance abuse and violence.

#### **5.3.3.1 “What about the others?”**

The role of the other role players in the family system needs to be recognised, as several participants experienced strong abandonment feelings from their family systems. The living arrangements tend to contribute towards the interpersonal challenges. In this regard, participants referred to the role of their grandmothers (mostly maternal) with whom a couple of them and their mothers reside. They iterated on the systemic conflict and how it affects them.

#### 5.3.3.1.1 *Living arrangements*

Most participants were from broken families where the parents were never married, separated or divorced, which contributed to disruption in terms of the living arrangements. Almost all participants indicated that they stayed with their maternal grandmothers at least for some time. The grandmothers were single, divorced, widowed or married to a stepgrandfather. Only two participants' mothers were still married to their fathers, although both did not reside with them as both worked away from home.

Jackie commented that:

“Our living environment also has a big impact on our relationship [J I 1, P 2]. ... Mostly, I would say my grandmother is like the person that’s never wrong, like even if like she is wrong in certain situations, she would not just admit it. And then she’d make a huge thing out of it and I feel like she does not understand the way like the modern generation actually behaves or is like right now. She does not understand.” [J I 2, P 8]

Gladys explained her living arrangement as follows:

“I am staying with my grandparents in ..... I am from ..... originally, because I stayed with my parents but things got too hectic, it got physical. My mum, ummm, she was an alcoholic, she drank every Friday. She would hit us, tell us how horrible my dad is and, you know, very narcissistic and so. I couldn’t take it anymore so I asked my grandparents if I can move in with them and they said yes.” [G I 2, P 25]

#### 5.3.3.1.2 *Fathering*

Most participants experienced challenges in their father relationships and commented on that in their interviews. Two participants mentioned sexual abuse by their fathers, with one father being in jail and one awaiting trial. Most of the fathers were not actively involved in their daughter’s lives.

Petra stated that things only started to get better since they moved away from her father and started to stay on their own. She said that the conflict between her and her mother was

caused by “things about my dad. About the things my dad did to me. In the past, I’ve taken it out on my mom, but now I don’t take it out on her anymore” [P I 2, P 3].

Wilma felt that her mother relationship improved since her parents got separated, and she referred to the abandonment she experienced from her father: “I’ll say about my dad not being with us, it’s going to be better with me and my mom because it is just me and her and we can be more open with each other [W I 2, P 6]. ... “And from my dad who didn’t want me” [W I 1, P ii14].

Caryn said: “When my dad moved out and when I moved back in two weeks later to live with her. That is when our relationship got better” [C I 1, P 7].

Gladys mentioned her poor father relationship “My relationship with my dad, it’s not a relationship, it’s more like you just have the title of dad, it doesn’t mean anything” [G I 2, P 6].

Rachel concluded: “My mother is loving and she has always been there for me, unlike my dad” [R I 1, P 2].

Jackie commented on her father relationship by stating: “And it is painful, I shouldn’t be looking for a father figure because my father is there, but he is not really in my life. The only time we talk is if I phone him first” [J I 1, P 24]. ... “Because like my dad has not been in my life for the longest time, like she is the mother and father to me” [J I 1, P 9].

#### 5.3.3.1.3 *Systemic conflict*

Caryn mentioned the ongoing conflict between her parents before their separation by saying: “She and my dad fought a lot; she took everything out on me because there was no one else there” [C I 1, P 3]. ... “I always felt like I was the wrong one until I realised that my father did not always treat her well” [C I 2, P 2].

Bea described it as follows:

“My mom has been with her new boyfriend for almost a year now. Which I think is a good thing because that’s the only good dad figure I’ve had in my life until now. That’s the only big thing. [B I 1, P 2]. ... My stepfather hurt us a lot of the time and he wasn’t in our lives for very long, but he was very abusive, physical and emotional and that made my mom break away

from us. Because my brother is ADHD and borderline autistic she took him in and paid more attention to him.” [B / 2, P 5]

Jackie referred to the grandmother’s habit to “bad-mouth” [J / 1, P 3] her mother and added that as a result of all the systemic conflict that exists, she “wanted to go to hospital just to avoid all the drama from home” [J / 2, P 7]. ... “[My] grandmother is like the person that’s never wrong, like even if like, she is wrong in certain situations, she would not just admit it and then she’d make a huge thing out of it [J / 2, P 8].

She felt that her mother would choose her stepfather over her and the other siblings: “My stepfather is everything in my mom’s eyes. Me and my stepfather do not get along very well either, we fight a lot and it just feels like my mom chooses my stepfather above us kids. She’ll say it’s not like that, but a lot of people around me see that and not just me” [D / 1, P 14].

Floris referred to how her grandmother raised her:

“Well yes, she was always in the house, my grandmother always put her in the house, doesn’t want her to go out, doesn’t want her to associate and socialise with other people. My grandmother always put pressure on her, always comparing her with other kids. That’s how my grandmother raised her, so she putting everything she was told onto us. She doesn’t want to change the ways she was taught.” [F / 1, P 7]

Rachel repeated her mother’s impulsive comment that “she wishes that I get raped when I go visit my dad” [R / 1, P 9]. ... “She always overdoses when she has stress or someone does something to her and then she just leaves me like that” [R / 1, P 24]. ... It makes me feel very sad because she is always threatening she will kill herself and she says bad things to her mother” [R / 1, P 25].

Floris referred to her mother’s way of interacting as pressurising: “She likes shouting and crying and screaming” [F / 2, P 25], “because then they fight and it’s because they always put me in the middle and every time they fight I have to be the messenger, from this parent to this parent, telling them what the other parent said, and it’s not good for me” [F / 2, P 5].

### 5.3.3.2 “When things go wrong”

Several participants referred to negative happenings and habits within their family systems. They mentioned the comorbid influences, like substance abuse, physical assaults, the lack of judgment in their family systems, and the role of other role players within these systems.

#### 5.3.3.2.1 Additional Challenges

Additional challenges within this context refer to their mother’s substance abuse and the emotional and physical abuse they experienced in their house environments. One of the participants stated that her mother exposed her to pictures of her father cheating on her mother, which she described as traumatic: “My stepfather hurt us a lot of the time and he wasn’t in our lives for very long, but he was very abusive, physical and emotional” [B / 2, 5].

Tandi mentioned her mother’s abuse when she said: “Was her beating me up when I was trying to her from beating my brother up. Her emotional abuse and just her not being in my life as a whole, is just a negative thing” [T / 1, P 3].

Floris commented on the abuse from her mother when she said: “We are always fighting; I used to get a lot of beatings. I was always like cast aside and all that. My opinion was not then taken into consideration when it came to ideas or where we would go, what we would do and all that stuff” [F / 1, P 10].

Gladys also referred to the abuse by her mother when she said: “I was very scared. If I said something, I am used to being hit and told to stay in my place” [G / 1, P 4]. ... “Since she did hit me a lot, I don’t like her touching me” [G / 1, P 5].

Gladys mentioned her mother’s substance abuse and commented as follows:

“And when she is saying or holding anything like a drink, I feel like I am going to have a panic attack [G / 1, P 5] ... My mom, umm, she was an alcoholic. She drank every Friday, she would hit us, tell us how terrible my dad is and you know very narcissistic and so. I couldn’t take it anymore, so I asked my grandparents if I can move in with them and they said yes. Same with my dad, he was never present. He was, he’s also an alcoholic but we didn’t see him drink because he was always away at work for month’s end.” [G / 2, P 25]

Gladys added the following:

“I wish she didn’t expose me to adult things when I was nine years old. I wish I didn’t see how my mom had to beg on her knees for my dad to stay. I wish she did not tell me how bad my dad was or show me pictures of him cheating and it was like that’s just traumatising enough, that’s damaging a relationship enough. I think she just really should have stayed quiet, stop drinking and think.” [G 12, P 5]

#### 5.3.3.2.2 *Other role players*

Other role players were the mother’s previous and current boyfriends and the role of the stepfathers in the adolescent daughters’ lives.

Bea commented on her mother’s new relationship and that she regards the new boyfriend as “the only good dad figure, I’ve had in my life until now” [B 1 1, P 2]. She stated that her stepfather “hurt us a lot of the time and he wasn’t in our lives for very long, but he was very abusive, physical and emotional and that made my mom break away from us” [B 1 2, P 5].

Rachel stated that part of the negative experiences she had in her mother-relationship would be her mother dating a couple of men at the same time:

“When she can’t stay with just one person” [R 1 1, P 13]). ... So, let’s say she has one person and the other one and they fight, then she will involve me [R 1 1, P 14]). ... Like I have to do all the chores, like, there is something you have to do as a mother. I always clean, because when she takes her pills she becomes really really drowsy and then she drops things, she breaks things, she spills things and then I have to clean up.” [R 1 1, P 35]

Jackie stated: “So some days my mother goes out, just over weekends. She then normally comes back the same morning “[J 1 1, P 5] ... like my mom would be with a few guys at a time” [J 1 1, P 24].

### **5.3.4 Having positive expectancies**

This main theme indicates the participants' positive experiences and is divided into two subthemes. The first subtheme refers to practical elements, like spending quality time together, playing together, communicating and sharing. The second subtheme centres on continuing loyalty of some participants towards their mothers, although there were many challenges in their mother relationships. The third subtheme is about the growth that is still taking place regardless of the interpersonal dynamics and amount of emotional dysregulation that is to be found within the space of the mother-daughter relationships.

#### **5.3.4.1 "Having a great time!"**

Most adolescent participants valued the quality and fun times they and their mothers spent together.

##### **5.3.4.1.1 Time**

Most participants mentioned the importance of spending time with their mothers, doing things together and seeing their mothers supporting them by attending their school and sports functions.

Petra valued the good times between her and her mother and explained: "What's nice about our relationship is we play with each other, we do nice things together" [P I 1, P 4]. ... "I think, the type of relationship my mom and I have is, we play with each other a lot" [P I 1 P 17]. ... "I would say to spend time with my mom and be able to be with her on holidays" [P I 2, P 11]. ... "It's getting there little by little, I'm going to be with her this holiday" [P I 2, P 12].

Wilma added: "I would say it should be like me and my mother's. They go and shop together and have a good time together and go for facials and such stuff" [W I 1, P 6].

Caryn mentioned the quality times she and her mother have spent together: "We went to the sea-side. Decembers we normally go on vacation together. We've been together at Sun City and we've had a lot of good experiences together" [C I 1, 2]. Caryn stated that the ideal

mother-daughter relationship must include the spending of quality time together: “You have to do things together and spend a lot of time together” [C I 1, P 12].

According to Bea: “Our relationship is very good, we talk regularly and there aren’t times that I don’t talk to her and we spend as much time as possible with each other” [B I 2, P 1].

Vera commented on the quality time she and her mother have spent together by saying:

“We would try to do something every week and our passion is animals, so we have bonded by animal rescues and so on” [V I 2, P 4]. ... When we did each other’s hair and each other’s make-up or eyebrows or something together. Just quality time spent together [V I 1, P 5]. ... We like to do shopping and anything with animals, like we go to animal shelters together, we go to the mall together or Pick ‘n Pay or so.” [V I 1, P 35]

Rachel felt, “My mom always attends my netball games ... always there when I need her” [R I 2, P 4].

Jackie referred to the good times and said:

“We would just sit and watch a movie” [J I 1, P 9] ... When we were out together or just having a little lunch together you know, those are literally the positive moments with her” [J I 2, P 2]. ... I will sit in her bedroom with her and then we look at this situation and how we could solve it or find a solution [J I 2, P 6]. ... Well I would say number one, communication in the reassurance and like spending time together.” [J I 2, P 10]

Dina stated, “When my mom and Uncle ..... just came together, I was probably much smaller. I was four to five years old. It was a lot, he played with us. We played hide-and-seek, we played in the living room and always had family time” [D I 2, P 29].

Floris mentioned, “Last only from my childhood from when I was around six to seven. We had a family day with family time, we went gaming and going out to eat” [F I 2, P 3].

#### 5.3.4.1.2 *Fun*

Especially the younger participants iterated on the good and the fun times they spent with their mothers and how it positively contributed towards their relationships with their mothers.

Wilma commented: “We go out, then we have such nice times. We go to movies and if we’re just at home we’re just watching stories as well together. And when I was younger we jumped trampoline together and she helped me fry marshmallows and stuff like that” [W I 1, P 2]. ... “We baked cookies, we pay with my sister and we do a lot more things together” [W I 2, P 3].

Caryn added: “My mom and I have been to the sea a lot. We made a lot of memories. My grandmother always wanted to know where we were going and what we were doing and then my mom and I just laughed about it, it was very funny. We have great experiences every day” [C I 2, P 3].....” We went to the seaside; Decembers we normally go on vacation together. We’ve been together at Sun City and we’ve had a lot of good experiences together” [C I 1, P 2].

Jackie also mentioned times when she and her mother had fun together: “Maybe when we went on holiday, yeah, it was fine. We went to Sun City, we had a little bit of fun, I guess” [F I 1, P 8].

#### 5.3.4.2 *“Its still my mom”*

Some participants, especially the younger daughters, positively referred to their mothers and remained loyal to them, hoping that things would get better in time, although they acknowledged the challenges in their mother-daughter relationships.

##### 5.3.4.2.1 *Loyalty*

The daughters tried to defend their mothers and were hopeful that things would change for the better in their future relationships.

According to Petra: “If I’m stressed, then my mom handles it very well” [P I 1, P 11]. They would sit “sit nicely in the room and talk it out” [W I 2, P 5] during times of stress.

Caryn felt that her mother was supportive and explained: “Very well, through everything she supports me very well” [C I 1, P 19].

Bea defended her mother by saying: “My mom is very young” [B I 1, P 11].

Rachel said that her mother was easy to talk to; communication was easy:

“She always listens and she’s always there when there is something to talk about” [R I 1, P 6]. ... “It is a bit different because then their mothers don’t have mental problems” [R I 1, P 28]. ... My mom could change her lifestyle just a little bit and then maybe she will be better as time goes. ... [R I 1, P 41]. ... “My mom always attends my netball games, she’s always there when I need her [R I 2, P 4].”

She reasoned that her friends’ mothers are mostly “a bit” older than her mother and loyally defended her: “So I cannot really compare it. Because they are older and they have experienced life” [R I 2, P 17].

Jackie stated:

“It can, well most of the time your mother is trying to do the best thing and then your grandmother might not [J I 1, P 16]. ... Well, honestly there is never a dull moment with her. I could come home from school in a bad mood or after something had happened and I would come home and she would be happy and in a good mood and tell me what happened at work, and we would just sit and watch a movie. Because, like my dad has not been in my life for the longest time, like she is the mother and father to me.” [J I 1, P 9]

Floris “I think she’s trying the best for me... so she’s guiding me as I can say” [F I 1, P 6].

#### 5.3.4.2.2 *Growth and expectancies*

Some participants mentioned that their situations improved since their mothers got admitted to psychiatric hospitals or when they moved away, separated or divorced from their fathers or stepfathers.

Petra expressed her hope for a better future by saying: “I think it’s changed and is going better because I haven’t seen my dad for two years now” [P I 2, P 15].

Wilma said: “I’ll say about my dad not being with us, it’s going to be better with me and my mom. Because it is just me and her and we can be more open with each other” [W I 2, P 6].

Caryn stated: “My mom was struggling financially, and she is now getting some extra money, so we have a new place where we stay” [C I 2, P 6].

Tandi referred to the improvement in her mother relationship, by stating: “We just talk normally now, there is not really fighting anymore” [T / 2, P 2].

Rachel has expectancies for a better mother-relationship and said, “My mom could change her lifestyle just a little bit and then maybe she will be better as times goes [by]” [R / 1, P 41].

Jackie added: “It brings us closer because every time ... there is tension between her and my grandmother and I will sit with my mother in her room and comfort her. And at the end of the day, we are like, ‘yeah, we will move out soon, so let’s just hold on .... [J / 1, P 12].

#### 5.3.4.3 *“Growing despite”*

Several participants decided to further their personal growth despite the challenges in their mother relationships by addressing their assertiveness and resilience. They mentioned how they tried to stand up for themselves and not take things too seriously, especially in light of their mothers' emotional unavailability and other behavioural challenges their mothers are experiencing.

##### 5.3.4.3.1 *Assertiveness and not taking things too seriously*

Several participants developed coping mechanisms to deal with the challenges in their mother relationships. They became more assertive to protect themselves or learned not to overthink everything in their lives and be too serious as it leaves them constantly overwhelmed.

Vera mentioned the following: “My mother is also a tough person and I’ve learned it that way. Like, if people yell at my sister, she’ll turn around and walk, if they yell at me I’ll scream back” [V / 1, P 30].

Bea described her attempts to become more assertive as follows “It’s getting better now because I’m talking more and expressing myself more” [B / 2, P 14].

Caryn also referred to her attempts not to take things too seriously when she said: “She and my dad fought a lot. She took everything out on me because there was no one else there. Because I didn’t understand it, I didn’t even take it seriously” [C / 1, P 3].

Vera also mentioned: “That a mother will always be there for her daughter and won’t fight over everything with her daughter. Not taking everything too seriously” [V I 1, P 16].

Gladys commented in this regard:

“Me and her never talk so long on the phone because I hate her, but now that I’m here and you know, just like I’m going to focus on myself, so I don’t give a second thought to her anymore. I just wave a little toy in front of her. She talks to me more, she ... I am going to say, listens ... but she’s on the phone longer and so. When we interact, I use humour because that’s one thing that I know of her. Is her humour style, so ... .” [G I 2, P 24]

#### 5.3.4.3.2 *Resilience*

Especially the older participants became more resilient and mentioned the positive effect of psychotherapy.

In this regard, Petra said in her second interview that she changed for the better: “I think it’s changed and is going better because I haven’t seen my dad for two years now” [P I 2, P 15]. ... “How I see myself is that I’ve changed a lot. I’m more friendly and I speak more openly” [P I 2, P 14]. ... “I turned into a good kid and I’m no longer mean, about not having to see my dad anymore” [P I 2, P 19].....”It is getting there, little by little... [P I 2, P 12].

Wilma felt that their relationship improved since her psychiatric admission: “I feel since I’ve been here [hospital] and since mommy is talking to me more now I feel a lot better about myself than I used to [W I 1, P 8]. In her second interview, she iterated by saying: “It’s going a lot better, she and I are doing more things together and I feel like these illnesses have brought us closer together” [W I 2, P 1] and “things are much better” [W I 2, P 14]. “I think it’s about me being in the hospital that made me better and because I learned I needed to love myself” [W I 2, P 16].

Caryn commented on the positive growth that took place in their relationship:

“We talk about everything, we no longer hide things from each other like in the past” [C I 1, P 20]. ... “I feel so much better than I did in the past. I started talking to my mom, she supports

me more because she knows what's going on. In the past, I felt that I didn't really had anyone to talk to anymore, where now if something happens I tell my mom immediately" [C I 2, P 9].

Bea also experienced positive growth:

"My mom and I have been through a lot together and now we do very well, where we talk every day and where we share everything with each other. We weren't always like that, we couldn't always talk to each other, and we couldn't always talk, but now we can [B I 2, P 2]. She said that she felt "stronger than I was, more positive and I see a braver person than I was before and I'm much more confident. I can talk more and show my feelings and I don't have to be ashamed of them" [B I 2, P 11].

Tandi regarded herself as being strong: "Being able to go through this life journey without a mother as painful as it may be and always having that light of hope, no matter how dark thing may be. That's how I see myself" [T I 1, P 10]. She iterated by saying: "It's just growth and having to accept life the way it is and just not caring" [T I 2, P 37]. ... "The way forward is just not caring and living my life" [T I 2, P 49].

Gladys commented: "When I think of everything that has happened to me and I think of everything I have learned. So I strive to stay open-minded and sensitive and compassionate" [G I 1, P 10]. ... "As I started standing up for myself, I had begun to respect myself" [G I 1, P 4]. Gladys also declared the following: "I had to learn to control it by myself. I had to learn to do things by myself" [G I 2, P 17].

Vera described herself as a tough person, like her mother: "My mother is also a tough person, and I've learned it that way. Like, if people yell at my sister, she'll turn around and walk, if they yell at me, I'll scream back" [V I 1, P 30]. ... She stated that she has learned to accept herself: "I just realised that I'm not going to change and that I am who I am" [V I 2 P 16].

Jackie described herself as being a "very strong person because with my background would not allow me to be as confident and happy as I am right now. I love myself as soon as I saw that you can't make someone love you if you cannot love yourself first" [J I 1, P 15].

In summary, the interviewed adolescents indicated an intense awareness of complexities in their interpersonal dynamics, their experiences of emotional dysregulation, how they felt overwhelmed by the systems they found themselves trapped and their positive expectancies, especially under the younger participants. The results will be discussed in the following chapter.

## CHAPTER 6: DISCUSSION

The findings of this study will be discussed in the following chapter by firstly looking at what can be expected from a mother diagnosed with borderline personality disorder (BPD); and, secondly, what the needs of adolescent daughters are and the consequent discordance between the mother and the adolescent daughter. This procedure will link this study's findings to the literature on attachment (Chapter 2) and BPD (Chapter 3). The following section revisits the effects of the various attachment styles and the internal working models (IWMs) formed, which will inform the attachment style.

The transgenerational pattern found with BPD, the risk, and protective factors at play in the possible re-manifestation of the disorder will be addressed next. The chapter concludes by evaluating the study's results against the background of the initial aim of the investigation. The meaning of this study within the field of psychology in terms of treatment planning is clarified. Hopefully, the research findings will contribute to the existing literature on the effect of maternal BPD on adolescent daughters.

### 6.1 The Borderline personality disorder mother

The core features of BPD are identity disturbance (Kernberg, 1976; American Psychiatric Association (DSM-5), 2013), emotional dysregulation and interpersonal disturbances (Krause-Utz et al., 2021) that have debilitating effects on the diagnosed individual. Regarding the irregularities in interpersonal functioning, the BPD individual's behaviour alternates between idealising and devaluating their relationships (Domes et al., 2009). As stated earlier, this diagnosis is characterised by poor impulse control, uncontrollable anger, affective instability, and suicidality. Individuals with BPD are thus likely to face a variety of adverse outcomes (Bagge et al., 2004; Bender et al., 2001; Skodol et al., 2002). Research shows that in clinical settings, 75% of those diagnosed with BPD are female, and because many of these females are likely to be mothers, the disorder represents a significant problem of public concern (Stepp et al., 2011).

It became evident from the interviews with the adolescent daughters that they experience a significant amount of inconsistent behaviour from their mothers, which might contribute to the elevated anxiety levels that some participants reported. The participants also reported high levels of conflict in their mother relationships and generally in their lives. Stepp et al. (2013) stated that mothers diagnosed with BPD are more likely to be intrusively insensitive, being critical and communicating negatively with frightening comments (Stepp et al., 2013), as was reported by several participants in this study. Feldman et al. (1995) stated that children of mothers diagnosed with BPD are often exposed to environmental changes and maternal suicide attempts. Participants reported regular disruptive changes in the family environment as their mothers would engage in divorce proceedings or separations and relocate, leading to educational adjustments. Several participants in the study moved in with their grandparents due to their troublesome mother relationship or their mother's disruptive interpersonal problems. The cases where the mother and adolescent daughter resided with the grandparents had significant challenges as trans-generational elements were evident and strenuous in the mother-daughter relationship. As the mothers in the study were identified by their treating psychiatrists, they received both psychiatric and psychological assistance. Most of the adolescent participant's mothers had previous psychiatric admissions indicating their conditions' severity.

Several participants in this study commented on how they must advise their mothers, either on not having multiple partners simultaneously or on responsibly taking her prescribed medication, in doing basic household chores and even on letting the child know when she is coming in late at night. One participant mentioned that she had to advise her mother on which boyfriend to choose, and one participant mentioned that there are things her mother will not fully comprehend as she is still a "young mom". The reversed role expectations were clear from a couple of interviews, and some participants mentioned having a sister-like relationship with their mothers or perceiving their mothers as their best friends. Stepp et al., 2013 stated that mothers diagnosed with BPD tend to engage in role confusion and may reinforce their children to take on a parental or friend role. It can also be expected that these mothers may

experience high levels of distress in fulfilling their maternal duties, which could lead to abuse due to frustration and feelings of hopelessness (Stepp et al., 2013).

## **6.2 The Adolescent Daughter**

Adolescence is a troublesome developmental phase in a child's life as it involves many psychological, sexual, and physical changes, and it is therefore vital that they have a good relationship with their parents and specifically with their mothers in to adapt to all the changes in their lives (Ziaei et al., 2018). Compared with other developmental stages, adolescents report lower life satisfaction levels (Patalay & Fitzsimons, 2018). Shokohi and Parand (2008) state that the mother contributes to a large extent to her adolescent daughter's full development and success.

The relationship between adolescents and their parents is regarded as a predictor of adolescent development, and a good parental relationship can improve their social and cognitive development, according to Smetana et al. (2006). If parents act supportive towards their adolescents, they communicate a message of acceptance. In so doing, the adolescent's emotional problems can be reduced, and the adolescent's assertiveness and collaborative activities can be increased (Burke et al., 2010).

If adolescents experience feelings of rejection by their parents, they might face challenges in their peer and social relationships (Finkenauer et al., 2005) and risk engaging in activities that will put their well-being and health at risk (Bleakley et al., 2009). It can lead to high-risk behaviour such as drug addiction (Mulvey et al., 2010), unsuccessful marriages, infectious diseases, premature and troublesome pregnancies, mortality, injuries, and physical and psychological problems (Rice, 2008). Effective communication between adolescents and their parents is of utmost importance, specifically with the mother, as she usually is the first line of communication for the child, according to Zhang (2007). Therefore she plays a crucial role in the adolescent's self-esteem, social skills and emotional and social development (Zhang, 2007). According to Sillars et al. (2005), the challenge is that both the adolescent and the

mother will be focused on their own individual needs and goals and might lack the skills to enable unambiguous and clear communication.

Regarding the generalizability of the findings, it must be noted that recruitment was difficult as a couple of potential participants refused to take part in the study as they felt anger towards their mothers and wanted to avoid the topic. The findings of the study is therefore relevant only to daughters who may have resolved their anger to the extent that they can talk about it. This directly relate to an avoidant /dismissive attachment style where the adolescent would not agree to talk about their lived experiences.

It was found in this study that older adolescents presented with intense autonomy needs, and they indicated their eagerness to take responsibility for their own lives without any interference from their mothers. This strive towards independency seems to be strengthened by the continuous disappointment most participants experienced from emotionally uninvolved or overinvolved mothers. Wray-Lake et al. (2010) stated that adolescents need to develop their autonomy and that parents must balance their children's safety and autonomy needs, gradually shifting towards reduced parental supervision and greater autonomy. This movement to obtain increased autonomy and the accompanying risk of engaging in risky behaviour is explained by the dual systems model of neurological development that uses the hypothesis that an imbalance exists between adolescents' reward-seeking behaviour and their inhibitory control (Shulman et al., 2016). Research on the need for parenting practices that assist with adolescents' dynamically changing needs divides parenting practices into three broad categories, namely, (1) positive engagement, (2) monitoring and supervising behaviour and (3) open communication (Kobak et al., 2018). Most participants in this study indicated a strong need for positive parental engagement, which refers to the expression of affection (McAdams et al., 2016), mutual positive feelings and respect (Kobak et al., 2018), supportive parenting (Simons et al., 2015) and positive family relationships (Van Ryzin et al., 2016). It became clear from the interviews that the daughters need positive guidance and consistency in their lives, which was not the case in most mother-daughter relationships. Several

participants indicated high levels of emotional instability from their mothers and mentioned being placed in a reversed parental role quite often. The value of structural aspects like predictable schedules is mentioned by (Manczak et al., 2016).

Some of the interviewed participants perceived their mothers as critical towards them, contributing to feelings of self-doubt. Children need to experience appreciative feedback from their significant others to satisfy their need for self-protection, as stated by Borg-Laufs (2013). Constant devaluation, criticism and abuse by parents contributed towards feelings of insecurity and abused and battered children experience a severe violation of their needs for self-projection (Borg-Laufs, 2013).

The younger adolescents remained loyal towards their mothers and believed that their mothers could and would change with time, thus corresponding with Borg-Laufs (2013), who stated that dependent children could not bear to judge their parents or caregivers badly. Battered children can either regard their parents as "bad" or themselves for not being the child their parents want them to be (Borg-Laufs, 2013).

The second aspect Kobak et al. (2018) mentioned in terms of parenting practices that will assist with adolescents dynamically changing needs refers to the monitoring and supervising behaviour by the parent and Hare et al. (2014) found that controlling and intrusive parenting can reduce the adolescent's capacity for assertive autonomy in peer and family contexts. Obtaining autonomy and control over their lives is the cause of most of the conflict between an adolescent and a parent, and it is difficult for parents to give up control of their children in the process of their children's further development (Borg-Laufs, 2013). According to Kobak et al. (2018), the challenge is that parents are sensitive to their adolescent's needs and capabilities to adjust to their children's changing needs. It was evident from the interviews that a few of the older participants regarded their mothers' behaviour as intrusive and controlling, and it contributed to conflict between the adolescents and their mothers when the latter failed to give up some control to adjust to the changing needs of their daughters.

The third aspect that Kobak et al. (2018) mentioned as a parenting practice that will assist with an adolescent's changing needs is the parent's ability to read their adolescent's verbal

and non-verbal communication signals. In a study by Loughheed et al. (2015), parents' sensitivity to their adolescent's communication signals was emphasised. Mothers must adjust how they react to their adolescent daughters' changing positive and negative emotions, which is part of the pubertal transition, according to Loughheed et al. (2015). It was found that overinvolved parenting (Gruhn et al., 2016) and reciprocated hostile exchanges (Marceau et al., 2015; Moed et al., 2015) might lead to an increase in internalising and externalising symptoms. Most participants expressed their need for an emotionally sensitive mother who can react empathetically to their emotional demands. One participant expressed frustration with her over-involved mother, who is controlling towards her. A few others complained about their mother's incapacity to read their communication signals properly.

It became evident from the participant's responses in the interviews that the mother-daughter relationships were compromised, and a lack of trust towards their mothers existed in most cases. Several participants decided to detach from their mothers as they found the inconsistencies, projection, confusing boundaries, and lack of emotional support to make them feel unsafe in their mother's company. Parent et al. (2015) and Turpyn et al. (2015) emphasised the need for parents to attend to their adolescent's needs in a non-reactive manner as it can be linked to less adolescent psychopathology and more positive parenting practices. Senechal and LeFevre (2002); Flouri and Buchanan (2004); Day and Padilla-Walker (2009); Benner et al. (2016), and Kalil and Mayer (2016) found that adolescents who have strong bonds with their parents have better personal outcomes, like emotional development, academic performance, and fewer behavioural problems. Research shows that the well-being of adolescents is directly affected by their family contexts and the quality of the relationships they have with their parents: A good relationship with their parents improves the adolescent's satisfaction with their life (Rask et al., 2003; Flouri & Buchanan, 2004; Levin & Currie, 2010). This well-being is considered independent of the adolescent's cultural background, and Schwartz et al. (2012) state in a cross-cultural study that there is a strong correlation between parental admiration and an adolescent's life satisfaction.

A couple of participants stated their lack of future expectations by referring to their current need to survive – in line with previous research by Spodenkiewicz et al. (2013).

### **6.3 Unfulfilled needs**

Considering the above explanations of the challenges mothers with BPD diagnoses are confronted with, and the needs of their adolescent daughters, the daughter's needs are at risk of being largely unfulfilled. The importance of parental and specific maternal support in the adolescent phase is in discordance with the maternal capacities of BPD mothers. The research indicates that adolescents whose mothers were diagnosed with BPD exhibited more delinquency, aggression and attention problems than mothers with no psychiatric diagnosis (Barnow et al., 2006). Adolescents with mothers diagnosed with BPD reported higher levels of depression, lower self-esteem, and anxiety than adolescents of mothers diagnosed with other personality disorders, major depressive disorder and healthy controls (Barnow et al., 2006). It was evident in this study that self-esteem issues existed in most of the participants, as several comments were made about their anxiety and "feeling sad". A prominent theme throughout the interviews was the high incidence of conflict. Crick and Grotpeter (1995) described relational aggression as a significant construct relevant to BPD that contributes towards the fact that some adolescents can grow out of the typical adolescent symptoms and some not. Invalidating environmental factors expected from these mothers include abuse and neglect (Bandelow et al., 2005; Bornovalova et al., 2006). Several participants in this study mentioned their mother's substance (alcohol or medication) and physical abuse and neglect, resulting in a lack of trust from the adolescent daughter's side towards their mothers and parental role confusion. There were low expectations from most of the participants towards their mothers, and especially the young adolescents (12 to 13 years) remained loyal towards their mothers, and they explained their mother's behaviour on the ground of her "psychiatric diagnosis" or her age (being "a young mother"), for instance. One participant iterated by saying that her mother must change her lifestyle a bit, while she mentioned earlier in her interview that her mother will overdose quite regularly if things do not go her way and will leave her to

do most of the household chores and will have more than one boyfriend simultaneously. She also mentioned how her mother would express her wish that she would be raped when she visited her father. The young adolescents' loyalty towards their mothers was evident, although it was clear from the interviews that there is much more at stake than a lifestyle change. The middle age group of participants (around 14 to 15 years) developed more insight into their mother's inability to move away from her inherent emotional challenges to be understanding and emotionally available. In contrast, the older adolescents (15 to 18 years) became emotionally numb and withdrawn towards their mothers and were in a state of detachment towards their mothers. In a community sample by Herr et al. (2008) on mothers with 15-year-olds, it was found that maternal BPD symptoms can be linked to higher levels of hostility towards the mothers and chronic stress in the mother-daughter relationship.

#### **6.4 Revisiting attachment types and the internal working models**

Parenting literature refers to the relationship between children's outcomes and the parent-child relationship (Pedersen et al., 2019; Garcia & Serra, 2019), and this will also directly influence how the child's internal working model will be formulated (O'Connor et al., 2018). As previously stated in chapter two, the parental environment plays a vital role in the child's first representations of themselves (Meier et al., 2013).

With the resistant/ambivalent attachment type, the child will be exposed to inconsistent parenting (Cassidy, 1994), as documented in this study's results. Inconsistent parenting might lead to insecurely attached children at risk of developing anxiety disorders during childhood and adolescence (Warren et al., 1997).

The avoidant attachment type will result in children who refrain from putting in any effort to seek support from their parent/s when distressed (Cassidy, 1994), and these children are prone to developing a depressive disorder (Carlson & Sroufe, 1995). With a lack of affection in the parent-child relationship and an insecure attachment to parental figures, children are at risk of developing clinical conditions (Simoës, 2011). Several participants in this study

mentioned emotional detachment from their mothers as they perceived them as unavailable and avoidant.

The fourth attachment type is the disorganised/insecure type, where the parent presents with threatening behaviour and disrupted affective communication (Lyons-Ruth & Jacobvitz, 2008). These children are at risk of developing anxiety disorders, somatic symptoms, and school phobia (Brumariu & Kerns, 2010), as well as possible depressive disorders and high-stress levels (Davis et al., 2016), and will possibly develop angry resistance towards their parent/s (Van IJzendoorn et al., 1999). Apart from anxiety, depressive and stress symptoms, several participants also mentioned angry resistance towards their mothers due to their mothers' disorganised and insecure attachment style. This attachment type can also be linked with inconsistent parental sensitivity, contributing to insecurities in children (Van IJzendoorn et al., 1999). It is congruent with the findings in this study, where participants noted the lack of parental sensitivity to their emotional needs and the emotional detachment that will occur as a result. Several participants referred to physical and emotional abuse by their fathers or stepfathers towards their mothers, which corresponds with the finding of Zeanah et al. (1999), who stated that parents using the disorganised attachment type often have a background of unresolved emotional, sexual, or physical trauma.

Lack of communication between mothers and their adolescent daughters was a common complaint from the adolescents in this study, and this is likely to be found when the parent uses an authoritarian parenting style. This parenting style is characterised by strictness, poor emotional responsiveness, and punishment which promote the development of an insecure affectional bond with the parent/s (Nunes & Mota, 2017) and may lead to clinical conditions (e.g. depression) and self-destructive behaviour. (Morris et al., 2007; Silva et al., 2012). Most participants in this study mentioned having high anxiety levels and depression; a few had previous suicide attempts and psychiatric admissions. Several participants mentioned that their mothers were unresponsive to their emotional needs and harsh in their attitude.

Poor boundary setting is found when a permissive parenting style is used, in which case there will be little emphasis on discipline, and the parent/s will rather be compliant with their

children's actions and desires with less structure (Roman et al., 2016). A lack of boundaries was one of the themes deducted from the interviews, and it can be assumed that some mothers used a permissive parenting style. Permissive parenting may also lead to swapped parental roles (Berzonsky, 2004), as was also found in this study and mentioned earlier.

It was clear from the research results of this study that a couple of mothers were using a neglectful/disengaged parenting style combined with inconsistent behaviour and a couple of participants reacted to this by detaching from their mothers and feeling numb and agitated by them. The neglectful/disengaged parenting style refers to parents who find themselves emotionally detached from their children (Edmund, 2011), resulting in poor attachment between them and their children. This parenting style can be associated with little communication or concern from the parents, low parental warmth levels, and almost no limit-setting (Arora, 2014). These children tend to present with the highest levels of externalising and problematic behaviour (Fletcher et al., 2008). Research by Stepp et al. (2012) stated that parenting styles of BPD mothers tend to vary between hostile and passive control, creating an invalidating environment for the child, which may lead to poor regulation.

The unpredictability and inconsistency in their mother's behaviour caused severe distress in most of the participants' lives, and it became evident that a mother with inconsistent behaviour causes more psychological distress than a consistently avoidant mother, for instance. Participants mentioned feeling insecure about what to expect from their mothers as it varies from being close to being detached. Their emotional withdrawal/detachment from their mothers (to protect themselves) can be understood from this perspective of unpredictability. Detachment became more manageable for participants who knew what to expect from their mothers than those exposed to continuous inconsistent maternal behaviour and experienced higher levels of distress. The transgenerational patterns formed become evident in the results of this study.

## **6.5 The transgenerational pattern of transmission**

A lack of consistency in forming attachments may result from a disorganised child who feels frightened and sees the mother as frightening, according to Davies (2004) and Stevenson-Hinde and Verschueren (2002). Furthermore, a child's inability to sustain a stable and secure attachment in childhood contributes to BPD's aetiology (Trull et al., 2003). An individual diagnosed with BPD will, as an adult, display maladaptive attachment behaviours like "enmeshed" relationships or an "unresolved" pattern of attachment (Crandell et al., 2003; Hobson et al., 2005). Children of mothers diagnosed with BPD tend to display high levels of disorganisation (Holmes, 2005; Lyons-Ruth & Jacobvitz, 1999) and research shows that a mother diagnosed with BPD usually has a maladaptive childhood attachment history, and this is passed down transgenerationally (Crandell et al., 2003; Van IJzendoorn, 1995).

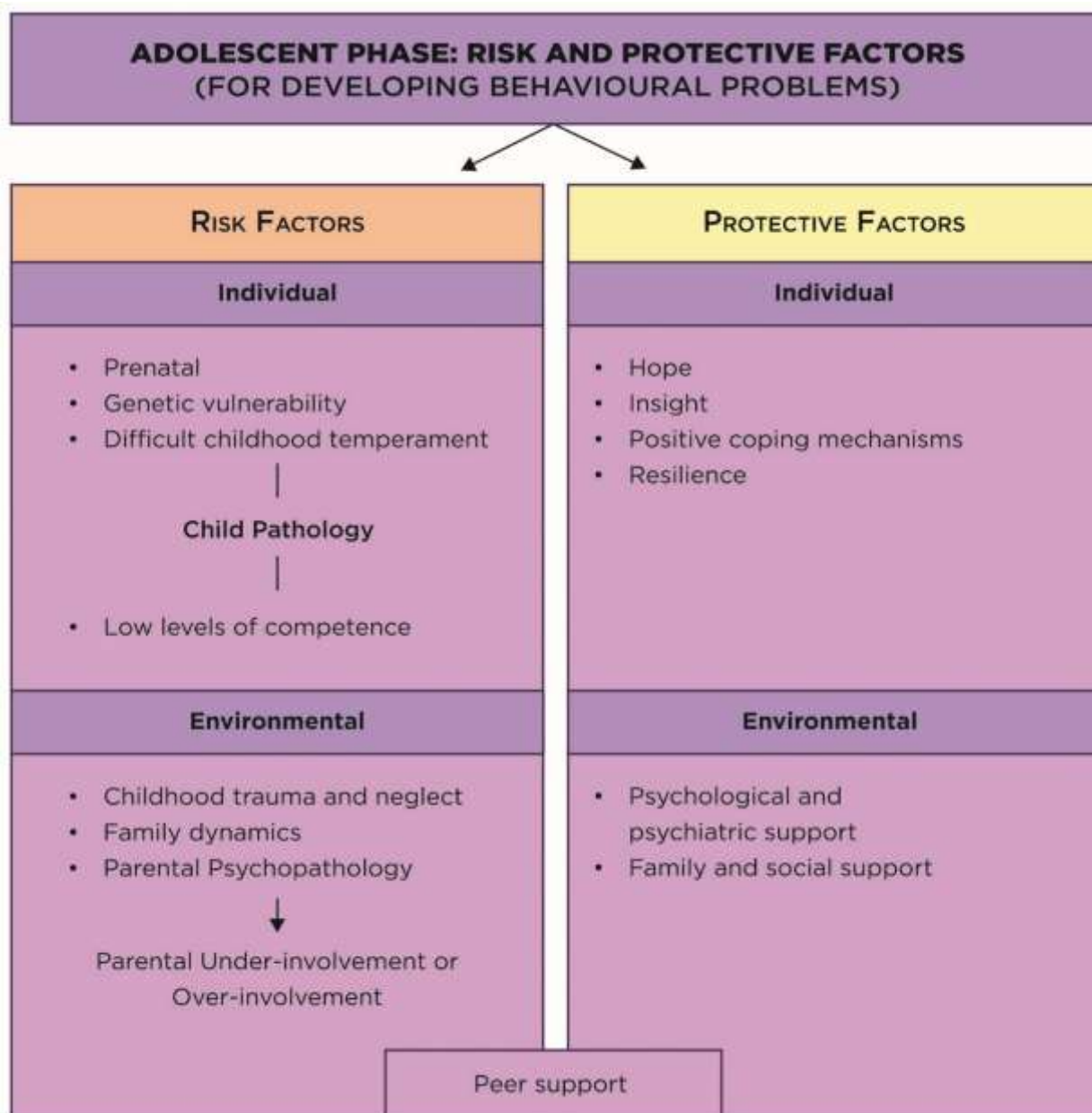
Children can recall the emotional content of their attachment-related experiences and use these memories to form their internal working models (IWM), which will direct their attachment behaviour in subsequent social interactions with these individuals. When a mother has a self-valued and secure IWM, she will be able to teach her child independence and trust, according to Bretherton (1992), but when the maternal IWM is based on low maternal expectations and trust, it will probably be carried over from one generation to the other.

In a study by Weiss et al. (1996), it was found that the offspring of mothers diagnosed with BPD presented with a significantly higher number of psychiatric diagnoses and obtained much higher scores on a global impairment rating. This study also stated that these children are at risk of developing BPD tendencies of their own. This study showed that these adolescents presented with their pathology, and almost all participants received psychological and psychiatric assistance. The possibility of continuing the BPD diagnosis was prevalent as most participants mirrored their mother's behaviour and presented with similar symptoms.

## **6.6 Risk and protective factors**

The following figure is a summary of the risk and protective factors the adolescent will be exposed to from both an individual and environmental perspective:

**Figure 2:** Adolescent phase: Risk and protective factors (for developing behavioural problems)



Risk factors identified in this study can be divided into environmental and individual risk factors. As mentioned by several study participants, the first environmental risk factor refers to a child's exposure to childhood trauma (sexual abuse, physical and emotional abuse). Zanarini et al. (2020) regarded childhood trauma and neglect as one of the most important risk factors for adolescents to develop BPD, and up to 71% of BPD patients disclose some

form of abuse during childhood, according to Cicchetti & Valentino (2006) as well as Lieb et al. (2004) and Widom et al. (2009). Childhood abuse contributes to disruptions in interpersonal relationships, negative representations of the self, affective dysregulation, attentional difficulties, and impulsivity, as stated by Cicchetti and Valentino (2006). Several participants mentioned their mother's substance abuse (alcohol, prescription (medication), and over-the-counter medication). Parental substance abuse was identified as an environmental risk factor for children exposed to it to develop BPD (Guzder et al., 1999).

A few participants iterated on their mother's inability to adjust to their growing autonomy needs and to be overinvolved in their lives. Other participants refer to their mother's indifferent attitudes about their lives and how they wished their mothers could be somewhat more involved and understanding. The unstable family arrangements, where some of the participants have to move to stay with their grandparent/s or the biological father, and regular changing of schools became evident from the interviews. Family dynamics can thus be regarded as another potential risk factor that exists. Johnson et al. (2002) stated that unstable family dynamics and parental psychopathology contribute towards the development of BPD. Parental over-involvement (Schuppert et al., 2012) and parental under-involvement (Johnson et al., 2002) can also be regarded as part of unstable family dynamics.

Nine of the eleven participants were involved in their psychotherapeutic processes, and six had previous psychiatric admissions. Several participants refer to their own pathology, like being depressed and anxious. The child's psychopathology can be a potential risk factor for developing BPD (Stepp & Lazarus, 2017). Attention-deficit and hyperactivity disorder (ADHD) and oppositional-defiant disorder are childhood risk factors for developing BPD (Stepp et al., 2012). According to a developmental model of BPD, two traits were identified: emotion dysregulation and impulsivity as vulnerability factors for developing the disorder (Crowell et al., 2009).

The participants mentioned temperamental factors during the interviews, including feeling scared, sad, emotionless, broken, distant, stuck, numb, angry and guilty. A problematic childhood temperament can also be reckoned as a potential risk factor. Previous research

identified the following temperamental characteristics in childhood and adolescence that can be regarded as fundamental to predicting the possible development of BPD at an early phase: negative affectivity, affective instability, inappropriate anger, negative emotionality, impulsivity, poor emotional control, aggression (Belsky et al., 2012; Crick et al., 2005; Nelson et al., 2014; Vaillancourt et al., 2014). Zanarini et al. (2020) refer to high levels of neuroticism, which include affective instability. This research also indicates a difficult childhood temperament mentioned by Linehan (1993) in the biosocial theory, which includes early biological development and the possible roles of genetic elements. Zanarini et al. (2020) refer to low levels of childhood competence as one of the broad risk factors for adolescents to develop BPD and mention how that can also contribute towards parental emotional neglect.

These risk factors must be considered part of the holistic picture, not isolation. Fruzzetti et al. (2005) emphasise the importance of the interplay among these risk factors to understand how BPD can be developed.

The systems in which the interviewed adolescents found themselves were already infiltrated, as the mothers were all diagnosed with BPD (and other comorbid disorders). As a result, they are all genetically and environmentally exposed to behaviour from their mothers, including typical BPD behaviours like impulsivity, poor judgement, unstable interpersonal relationships and continuous conflict and disruptive circumstances. Considering the protective factors identified in the study, the early-adolescent participants hold on to the hope that things will get better and that their mothers will change their negative behaviours. They mentioned the age of their mothers as a mitigating element. Several adolescents showed good insight into maternal behaviour and were able to identify the mistakes of their mothers, which can be regarded as the second protective factor. [Albrecht \(2009\) mentioned in this regard the child's ability to be self-aware, fantasize and recognize their primary support's inability to meet their emotional needs and forcing them to turn to other adults and peers.](#) Thirdly, most participants were also involved in their own psychotherapeutic processes and were admitted to psychiatric hospitals where they received professional assistance. Fourthly, most of the study participants

had low expectations of their mothers, as also found in a study by Marsh and Lefley (1996) towards a mentally ill family member to be less disappointed with the eventual outcome.

The support of peers can be regarded as a compelling protective factor, and a few participants mentioned having friends who support them, but it can also be a significant risk factor. The stability of the friendships is at risk as their exposure to interpersonal instability in their living arrangements can be considered an aggravating factor in struggling with maintaining stable interpersonal relationships/friendships.

Children can also get an outlet for their emotions through hobbies and activities such as sports, art, writing, music and other activities, as were mentioned by Albrecht (2009).

## **6.7 Meaning of the research experience**

The significance of the research experience was the realisation of the vulnerability of the BPD segment of society, specifically the adolescent daughters exposed to develop borderline pathology on a genetic level but also due to the modelling of the behaviour by their mothers. An improvement was noted after the participants got involved in their psychotherapeutic processes, and meaningful attainment was emphasised. Participants' ability to reflect on their own and their mother's behaviour can indicate some of the participant's resilience.

Erikson (1968) believed that one of the major tasks of adolescent development is to differentiate from their families. This self-exploration or individuation process might be enforced on the adolescent offspring of mothers diagnosed with BPD as they realise that it might be in their best interest to live their own lives and make their own decisions. This detachment was seen in the older adolescents, while the younger ones remained loyal and hopeful that their mother's behaviour would improve with time.

It became evident that discordance is highly possible when a mother diagnosed with BPD must fulfil the emotional needs of her adolescent daughter and that an anxious/ambivalent, avoidant, or disorganised/insecure attachment is likely to be established even before the child reaches the adolescent phase.

It was stated in a study by O'Hara (2020) that there are certain important research gaps that need further investigation, under which the effect parental stress has on the child. Previous research focused mainly on the effect parenting stress has on the mother whilst the child's emotional needs are not met. This study addresses this research gap.

The study hopes to contribute to existing knowledge on the effect of the impairment that is intrinsically part of a BPD diagnosis on adolescent daughters and also to generate knowledge specific to psychology and to provide information to psychologists on possible treatment options and programme planning as therapeutic involvement is regarded as one of the protective factors to prevent a transgenerational pattern from being created. It also aims to address the need in the literature about the therapeutic and emotional needs of adolescents with mothers with BPD diagnoses.

## **CHAPTER 7: CONCLUSION, STRENGTHS, IMPLICATIONS, RECOMMENDATIONS, LIMITATIONS AND REFLECTIONS**

### **7.1 Introduction**

This study aimed to describe, interpret, and gain insight into adolescent daughters' lived experiences with mothers diagnosed with BPD. Based on the study's findings, the research process will be reviewed in this final chapter, offering the conclusion, strengths, implications, research recommendations, limitations, and reflections.

### **7.2 Conclusion**

The themes deduced from the interviews provided a comprehensible perspective on adolescent daughters' lived experiences with mothers diagnosed with BPD. These findings can be evaluated against the existing literature review on attachment forming and the effect of maternal BPD on adolescent daughters. The importance of protective factors like early psychotherapeutic interventions to assist with developing insight to identify the maternal challenges and the role of emotional detachment was noted. Risk factors that were identified and which can add to the development of a transgenerational pattern were: (a) the unstable family environment, including the living arrangements; (b) the negative role of the fathers or stepfathers; (c) the constant conflict that exists; (d) substance abuse; and (e) the disruptive tendencies that exist in terms of unstable maternal interpersonal relationships, the regular changes in living arrangements, and even regular changing of schools.

Firstly, it became evident from the results that the younger adolescents (12–13 years) still expected their mothers to change and that their mother relationships would improve. Results indicated that the younger adolescents remained loyal towards their mothers. The findings reflect a commitment that externalised the reasons for their mother's behaviour as either being "lifestyle" or the effect of her previously failed relationships, the maternal grandmother's role in her life, or other external factors. Secondly, the adolescents' expectations of their mothers were generally relatively low. In the middle phase of adolescence (14–15 years), the adolescent daughters gradually become more disillusioned, and when they reach the phase

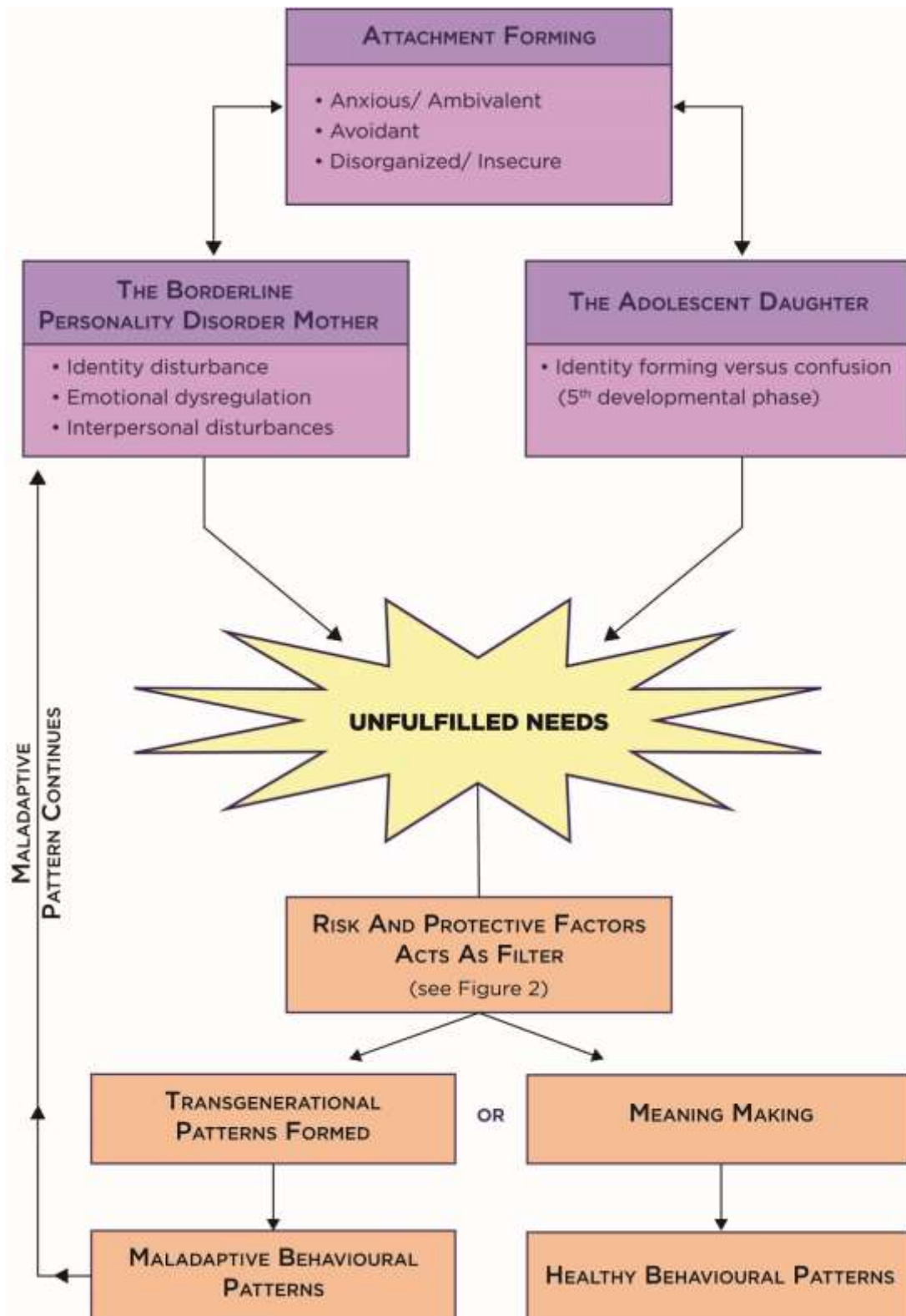
of being older adolescents (16–18 years), they tend to detach from their mothers, and they will eventually individuate to protect themselves. Thirdly, several risk and protective factors were identified that could contribute towards the trans-generational patterns to be formed or protect the child from that happening. These include environmental risk factors like childhood trauma and neglect, family dynamics and the role of parental psychopathology and behaviour. Environmental protective factors refer to the availability of psychological and psychiatric help. Individual risk factors include aspects like the child's psychopathology, temperament, and level of competence. Individual protective factors refer to the child's level of insight, IQ and resilience, and low levels of maternal expectations. The role of peers can be regarded as either a risk or a protective factor.

The findings were in line with existing literature referring to childhood trauma and neglect as a significant risk factor (Zanarini et al., 2020), with up to 71% of BPD patients disclosing some form of abuse during childhood (Cicchetti & Valentino, 2006; Lieb et al., 2004; Widom et al., 2009). Unstable family dynamics, low socio-economic status of family, economic adversities (Cohen et al., 2008) and parental psychopathology and maladaptive behaviours are regarded as potential risk factors for developing BPD by Johnson et al. (2002), as well as the child's psychopathology (Stepp & Lazarus, 2017) and the child's temperament (Belsky et al., 2012; Crick et al., 2005; Nelson et al., 2014; Vaillancourt et al., 2014). Zanarini et al. (2020) also regard a low level of childhood competence as an individual risk factor. Gene-environment interaction is also seen as a risk factor in the development of the disorder, as children with specific genotypes are more prone to develop BPD in the presence of predisposing environmental conditions (Cicchetti et al., 2014). Regarding the protective factors, Marsh and Lefley (1996) refer to low maternal expectations that protect the child against disappointment. Binder et al. (2010) state that psychotherapy constitutes symptom alleviation, promotes self-understanding and self-acceptance, and contributes to developing a sense of self-compassion and mastery.

This study's overall findings can be summarised in the diagram below. It explicates the discordance between the needs of an adolescent daughter and the maternal potential of a

mother diagnosed with BPD. These unfulfilled needs of the adolescent daughter occur in conjunction with an attachment style of either being anxious/ambivalent, avoidant or disorganised/insecure and contribute towards forming a transgenerational pattern. Risk and protective factors might contribute to or prevent this pattern from forming, and the potential role of early psychological interventions needs to be exploited.

**Figure 3: Attachment forming**



It is clear from the above diagram that the adolescent daughter has to make meaning from her situation with her mother with BPD, which might lead to individuation, preventing the forming of a transgenerational pattern.

### **7.3 Strengths of the study**

As a qualitative study, the semi-structured interviews provided thick descriptions of the participant's lived experiences (Denzin, 1989) and tried to understand and interpret the complexities intrinsically part of a BPD mother and her adolescent daughter's relationship. Interpretative phenomenological analysis as a research approach can be regarded as suitable for gathering detailed information from this population under investigation. Bassett (2010) mentioned that rigorous qualitative research offers much to child and adolescent psychiatry.

The study contributed towards a gap in academic literature in South Africa on the effect a BPD diagnosis has on children. It offered insight into the importance of early therapeutic interventions in the lives of offspring with mothers diagnosed with BPD, especially before middle adolescence, as the study indicated the daughters' emotional withdrawal from their mothers from 14 to 15 years old. Therapeutic interventions prior to this age bracket are recommended. Obtaining in-depth knowledge of the effects of a maternal BPD diagnosis on adolescent offspring can contribute to better mental health outcomes and improved relational outcomes and act as a protective measure in developing a transgenerational pattern. [The study hope to contribute towards the research gap that exists to explain the effect a maternal BPD diagnosis has on children \(O'Hara, 2020\) as previous research mainly focused on the effect of parenting stress as experienced by BPD mothers. Looking at the South-African context, the study was representative of children from more affluent mothers, although from different cultural backgrounds.](#)

The results of this study can contribute positively to different occupational contexts, such as psychology, psychiatry, social work, general medical practitioners and psychiatric nursing, and it emphasizes the importance of an early treatment plan for both BPD mothers and their

offspring. Early referrals for the mother and the child to relevant professionals can offer valuable assistance in building on a more positive outcome.

#### **7.4 Implications for clinical practice**

There were clear indications for clinical practice as psychotherapy appeared to contribute positively to the development of resilience in the interviewed adolescents. Several participants mentioned improvements in their own or their mother's behaviour after receiving psychotherapy and psychiatric assistance. It can thus be assumed that psychological and psychiatric assistance has a positive role to play in this population segment's outcomes, although the duration of the positive effects in the long term was not investigated.

The themes deducted from the interviews expressed the challenges experienced by adolescent daughters. These challenges, like the inconsistencies in the mother's behaviour, their confused boundaries, the projection, the continuous interpersonal conflict and the emotional dysregulation, can all be addressed in therapy, either with the mother or the adolescent daughter. Research stated that certain BPD traits, like emotional dysregulation, have a moderate chance of being inherited by the child (Skodol et al., 2002). The daughter's coping mechanisms to deal with the mentioned challenges must be reviewed in therapy, and alternative options must be considered. The effect of the mother's behaviour on the adolescent can make the child aware of the processes occurring, and she can be assisted in developing better insight into her mother's pathology and her own unfulfilled needs. The child needs to be informed on the implications of the maternal diagnosis to develop empathy and understanding of the challenges their mothers are experiencing. In this regard, specific therapeutic topics can be prepared for adolescents and their BPD mothers. It is important to note that children from mothers diagnosed with BPD fall in a higher risk category to develop major depressive disorder (MDD) than children with parents with MDD without BPD (Abela et al., 2005). Several participants in this study referred to their own depressive states and their elevated anxiety levels, and these children may be placed in a double bind correlating with the findings of Abela et al. (2005) that they are more prone to depression but also part of an environment where the

likelihood of negative events is much higher than the case might be in a household where there is no maternal BPD. The children's pre-existing vulnerability can easily trigger the onset of a depressive disorder (Abela et al., 2005). The research by Zanarini et al. (1998) emphasized the fundamental status of emotional experiences like sadness or fear in an adult population diagnosed with BPD. Spodenkiewicz et al. (2013) found a correlation between the above statement and their own findings about adolescents, namely a higher incidence of the same emotions of sadness, fear and pessimism in the adolescent group.

Eyden et al. (2016) referred to the need to develop therapeutic intervention strategies for mothers diagnosed with BPD and their offspring. The study emphasised the importance of early psychotherapeutic intervention with the offspring of mothers with a BPD diagnosis, as several participants reported better insight into their mother's personalities after engaging in their own psychotherapeutic processes. This heightened realisation was evident in some participants from one interview to the next. Some adolescent daughters had suicidal attempts before being admitted to psychiatric hospitals. At the time of the second interview, they started to individuate from their mothers, and their expectations of their mothers were non-existent. Bateman and Fonagy (2010) mentioned the possible value of a mentalisation-based treatment plan to prevent a trans-generational transmission of self-regulation problems and insecure attachment patterns. Early intervention could prevent adolescents from embarking on a maladaptive developmental journey (Bateman & Fonagy, 2010). BPD symptoms become more apparent during adolescence (Chanen & Kaess, 2012) and may thus be more responsive to treatment options than in adulthood (Lenzenweger & Castro, 2005).

Treatments such as cognitive analytic therapy (Chanen et al., 2008), [mentalization-based training](#) and dialectic-behaviour therapy (Rossouw & Fonagy, 2012) have proven some degree of improvement in symptoms seen with some participants who became better contained after they engaged in their psychotherapeutic processes. Combined therapy with mother and child can also target dyadic interactions (e.g., to assist with managing emotional dysregulation). Within the framework of DBT, Multigroup family skills training can also be of value for adolescents (Miller et al., 2006). Sessions to increase the mother's awareness of the impact

of her BPD symptoms on her parenting behaviours and her children's outcomes (Bartsch et al., 2015; Zalewski et al., 2015); aspects like her inconsistent behaviour, her emotional dysregulation, and the effect of these elements on her offspring, can be addressed with these mothers. Parental role diffusion and how it affects the adolescent daughter must be taken up during the therapeutic process. The importance of a routine set for both themselves and their daughters must be addressed (Stepp et al., 2012), and adherence to the therapeutic process must be emphasized to both the mothers and daughters.

The effect of the living arrangements on the child cannot be underestimated, as several participants referred to the maternal grandmother's way of disrespecting their mothers and the constant interpersonal conflict between their grandmothers and their mothers. A few participants referred to physical and sexual abuse by their biological fathers or stepfathers and how it negatively affected their mother relationships. Due to the mothers diagnosed with BPD unable to create a safe environment for their offspring, several participants do not have any alternative form of care or residence. The absence of alternative forms of safeguarding indicates that the role of the broader family structure cannot go unheeded. Obtaining positive therapeutic outcomes necessitates prioritising the need for well-being as an outcome of therapy. Hooley and Hoffman (1999) state that emotional involvement by family members can be associated with better clinical outcomes after a one-year follow-up with BPD patients. Due to the important role the family environment plays in the mothers' and daughters' lives, the treating psychologists can refer to social work professionals to assist.

## **7.5 Recommendations**

The challenges the mothers diagnosed with BPD experience in raising an adolescent as a topic for future research could enhance the current perceptions of the dynamics of the mother-daughter relationship. The role co-morbid psychiatric conditions play in the lives of these mothers might also affect their parental capabilities, and further research on the co-morbidities can thus add meaningful information. Future research on the interconnectedness of the BPD

experience and the presence of other comorbid disorders like MDD remains an important future research perspective, as also mentioned by Silk (2010).

It can also be recommended that the severity of the BPD diagnosis be taken into consideration in future research as BPD is best conceptualized on a dimension rather than a categorically-defined disorder and it can be presumed that the severity of the mother's pathology would have had an influence on the adolescent's lived experience.

Diagnostic information on the daughters might also offer valuable insights in future research. The majority of the participants presented with their own psychiatric problems and future studies can bring more information to their clinical picture which can be useful in the planning of therapeutic interventions.

The importance of early interventions has been mentioned, although stigmatization might cloud an early diagnosis by a clinician, as stated by Kaess et al. (2014) and Chanen and McCutcheon (2008).

The bi-directional affect inherent in mother-child relationships deserves more consideration, as does identify individual and specific childhood temperamental risk factors for the development of BPD. The essential role of familial support must be emphasised in future therapeutic programmes and include important value-adding role players in these children's lives. Studies that focus on the perspectives of other family members, like the daughter's father and even studies that focus on the experience of the treating psychologists could also complement the field.

A longitudinal study investigating factors contributing to resilience in children in situational entrapment can be addressed in therapeutic interventions. Possible coping mechanisms for adolescents with mothers diagnosed with BPD can be addressed in dialectic behavioural therapy focus groups. Similar focus groups with the mothers diagnosed with BPD can address their adolescent offspring's needs, which can assist these mothers with parenting skills. Preventative measures like developing therapeutic programmes to assist with coping mechanisms for the offspring of mothers diagnosed with BPD can be put in place. The use of mentalisation-based therapy with adolescents at risk for developing BPD can also be further

investigated, which should focus on the effect of an insecure attachment pattern, interpersonal relationship challenges, and possible maladaptive personality traits. Further recommended therapeutic treatment options include transference-focused therapy, which can improve narrative coherence and reflection, as Clarkin et al. (2007) recommended.

Preventative programmes to address the risk factors, like the role of the family system and peers, can be valuable. Further studies are also recommended to focus on the relationship between parental psychopathology and the risk it has on offspring, as well as the protective and risk factors that contribute towards forming a transgenerational pattern.

## **7.6 Limitations**

Several limitations to this study must be acknowledged.

The generalisability of the investigation findings is subject to several limitations summarised below. Firstly, the research does not take into account pre-existing and comorbid conditions. The referred mothers consenting to their daughters participating in the study were all receiving psychiatric and psychological assistance. This clinical population's pre-existing and comorbid conditions may reflect on the severity of the maternal symptoms.

Secondly, the bidirectional effect inherent in mother-child relationships must be considered a pre-existent limitation, as cited by Stepp et al. (2011). Differences in personality traits are significant in explaining differences in life outcomes. Peer effect and the child's social environment could also influence the child's perception of reality (Stepp et al., 2011).

In the third place, the sample size of 11 participants can be regarded as small and limit the generalizability of the findings. That said, adequacy is best appraised concerning the study's intrinsic features. Thus, considering the focus was on obtaining in-depth information rather than on the quantity of the content, the sample size for this study was sufficient for IPA standards, as data saturation did occur. Three participants were interviewed but did not avail themselves for the second interview, and the first interview could not be used as a result.

Fourthly, the participants were mainly from two South-African provinces, and additional research would be needed to investigate the same research question in other areas of the

country. The participant's cultural and language profiles were as follows: four Tswana participants (who did the interviews in English – their second language), one English-speaking participant, and six Afrikaans-speaking participants.

In the fifth place, some participants were reluctant and inhibited from talking about their experiences with their mothers, which may have influenced the depth of their responses. Much probing had to be done to get information from them.

The differences in the demographical data of the participant's educational systems can be mentioned in the sixth place, as it differed significantly and may have impacted their interpretation of the questions and the depth of answers. One participant attended a special-needs school, and two left school in Grade 10 and lived independently. One participant was home-schooled, and one participant attended a private school. It may also have influenced how they perceived their mother-daughter relationship and their reactions to this relationship.

The financial circumstances in which the daughters and their mothers found themselves can be seen as the seventh limitation, as most mothers and daughters had access to medical aid. The assumption can be made that they were from the upper sequelae of society. Only one mother was referred by her psychiatrist after a pro bono session. Lower socioeconomic status predicts BPD, according to a study by Cohen et al. (2008)

This study focussed on the perspectives of adolescent daughters whose mothers were diagnosed with BPD. Unfortunately, the study did not hear the voices of the involved BPD-diagnosed mothers. This omission can be regarded as the eighth limitation, as information from the mothers could conceivably have given a more balanced profile.

A ninth limitation is that it cannot be generalized that adolescent daughters with fathers diagnosed with BPD will produce the same results, which offers an opportunity for future research. This was also mentioned as a limitation by O'Hara (2020) who referred to the need for research on the effect of paternal BPD on children.

The timing of the interviews can be seen in the tenth place. As psychiatrists did the referrals, a couple of mothers were referred directly after a psychiatric admission, which might have influenced the feedback from the daughters. A couple of participants stated that their

mothers were better contained after the admission. Several mothers and adolescents had follow-up admission during the study. The time lapse between the interview date and the follow-up psychiatric admission date could well have influenced the trend of the interviews.

In the eleventh place can it be seen as a limitation of the study that the mothers were not diagnosed using the same systematic approach. The referring psychiatrists may have used different thresholds to decide upon clinical severity. A semi-structured interview would have assisted in regard op a similar systematic approach.

## **7.7 Personal final reflections**

The study was a memorable personal learning experience as it made me intensely aware of the challenges intrinsically part of PBD and the impairment it can cause in the lives of offspring. The value of psychotherapeutic and psychiatric interventions became evident, especially early intervention. As the study progressed, I experienced a re-emphasis on the vital role of the mother figure in a child's life.

In addition to the insightful findings, my academic journey in finishing this research project was a journey of personal resilience. My first challenge was to convert from clinician to researcher, and as the study progressed during the Covid pandemic, it produced unique demands. It was a phase during which people were confronted with life and death, and remaining motivated to keep doing research was thought-provoking.

Finding participants for the study and obtaining consent from an adolescent population was particularly troublesome. Several adolescents refused participation as they felt severe anger towards their mothers and did not trust the confidentiality of the process. Some participants were inhibited from giving in-depth answers during their interviews. The interview dates had to be changed several times, which can be explained as part of their detachment from their mothers.

My satisfaction stems from the expected contribution of the study to existing research, to encourage further studies on the topic, and to assist clinicians to remain hopeful that their

therapeutic involvement with adolescents from a similar background will make a difference in the lived experiences of daughters with mothers diagnosed with BPD.

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## APPENDIX A: INVITATION TO PARTICIPATE



2019

Dear Participant

I am Marlize Heppell; a clinical psychologist enrolled for my Doctoral research at the University of the Free State. My research is about the experiences of adolescent daughters of mothers being diagnosed with borderline personality disorder.

Being a mother is one of the most important and challenging female tasks. With this study I wish to enquire about the lived experiences of daughters with mothers who also have to deal with their own emotional challenges apart from the challenges being part of motherhood.

I would like to invite you to participate in this study. I will conduct an interview with you, where you will talk **CONFIDENTIALLY** about some of your experiences. The interview will last approximately 45 – 60 minutes. The interview will be audio-taped and thereafter transcribed. I wish to have another interview with you in 6 months time that will last 45 – 60 minutes again. The first interview may perhaps make you more aware of your emotional experiences at home, and with our second interview you may perhaps be better prepared to give additional information.

Thank you for your willingness to assist me in my study.

Marlize Heppell  
Researcher and Clinical Psychologist  
[marlizeheppell18@gmail.com](mailto:marlizeheppell18@gmail.com)  
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## APPENDIX B: LETTER TO PSYCHIATRIST



2019

Dear Psychiatrist

I am Marlize Heppell, a clinical psychologist enrolled for my Doctoral research at the University of the Free State. My research is about the experiences of adolescent daughters (between 14 and 18 years) with mothers diagnosed with borderline personality disorder.

Very limited research has been conducted in South-Africa regarding the experiences of daughters of mothers diagnosed with BPD. The aim of this study will be to explore, describe and interpret the lived experiences of adolescent daughters with mothers diagnosed with borderline personality disorder through the lens of attachment theory.

I would like you to assist me in identifying mothers diagnosed with BPD for at least 2 years prior to this study, and who have adolescent daughters in their primary care, to partake in this study.

Your involvement will only be to assist in identifying mothers diagnosed with borderline personality disorder who have adolescent daughters in their care. The mothers must be comfortable with their daughters knowing their diagnosis and after giving them my visitation card; it remains their own decision whether to contact me and to allow their daughters to participate in the study. Consent will then be obtained from both the mothers and the daughters to partake in the study. Interviews will then be conducted with the participants. The interviews will be audio-taped and transcribed. A follow-up interview will be conducted in 6 months' time.

Once ready, I would like to share the results of the research with you. I would appreciate your willingness to assist with the identifying process of participants for this study. This study received ethical clearance from the General Human Ethics Committee of the University of the Free State (contact nr. 051 401 2116) in August 2019 (UFS-HSD2019/0641/1308).

Marlize Heppell  
Researcher and Clinical Psychologist  
[marlizeheppell18@gmail.com](mailto:marlizeheppell18@gmail.com)

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## APPENDIX C: SEMI-STRUCTURED INTERVIEW

### Semi-structured Interview Schedule

1. Tell me about your relationship with your mother?
2. Share some of the positive experiences between you and your mother?
3. Share some of the negative experiences between you and your mother?
4. Tell me about your experience in your relationship with your mother during times of personal stress?
5. How does your mother relationship compare with your friend's relationships with their mothers?
6. Tell me about your perception of a mother-daughter relationship?
7. Tell me about your perception of yourself?
8. Share with me your experiences in the relationships you had so far?
9. How would you describe you and your mother's interaction style?
10. Qualitative observations of researcher.

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## APPENDIX D: BIOGRAPHICAL QUESTIONNAIRE

### Biographical Questionnaire

Name	
Age	
Home Language	
Second Language	
Current Grade	
Religion/Denomination	
Home Town	
Any medical/psychiatric conditions diagnosed within the last two years.	
Marital Status of Parents	
Sibling Order	
Custody Arrangement (if applicable)	
Father's Occupation	
Mother's Occupation	
How would you describe your mother's mental well-being?	
Contact Details	

## APPENDIX E: LETTER OF CONSENT (PARTICIPANTS)

University of the Free State Faculty of Humanities, Department of Psychology

Date: 2019/2020

I, \_\_\_\_\_ (name of participant) hereby confirm that I understand the process of this research as explained to me by Marlize Heppell (researcher), I further confirm that I understand that the researcher is interested in knowing more about me and by voluntarily participating, I confirm that I am willing for others to learn from my experience. I am aware that participation in this research is completely voluntary and confirms that the researcher has explained this to me. I am aware that, should I wish, I am entitled to withdraw my participation in this process. I am aware that confidentiality will be maintained through the use of pseudonyms, but understand that it is limited to the researcher releasing this information to her supervisor/promoter. I consent to this research being audio-taped and transcribed and understand that the recorded material is confidential and will not be released to anyone without my prior written consent. To ensure anonymity, all research materials will be kept safe and destroyed after completion of the research. I further understand that information from this research process may be used anonymously for research purposes such as professional meetings, presented at conferences, or published in journals or books. I fully understand that no identifying information will be used at any point in time. Should I have any questions about this research, I may contact the researcher or the Department of Psychology / Departement Sielkunde 205 Nelson Mandela Drive/Ryalaan, Park West/Parkwes, Bloemfontein 9301, South Africa/Suid-Afrika PO Box/Posbus 339, Bloemfontein 9300, South Africa/Suid-Afrika, T: +27(0)51 401 2187, [www.ufs.ac.za](http://www.ufs.ac.za) supervisor of this process, Dr. L. Nel on 051 401 2732 or [NelLi@ufs.ac.za](mailto:NelLi@ufs.ac.za). I agree to participate in this research and will receive a copy of this consent form.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Individual obtaining consent I confirm that I have explained to the above-mentioned participant the nature and purpose associated with participation in this research. I have answered any questions that were raised and consent to providing the participant with a copy of this form.

Researcher's Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX F: LETTER OF CONSENT (MOTHERS OF PARTICIPANTS)

Department of Psychology Faculty of Humanities, Department of Psychology

Date: 2019/2020

I \_\_\_\_\_ (name of participant's mother) hereby confirm that I understand the process of this research as explained to me by Marlize Heppell (researcher). I further confirm that I understand that the researcher is interested in knowing more about my daughter, and that I am willing to give consent to my daughter to take part in this research project. I am aware that my daughter's participation in this research is completely voluntary and I confirm that the researcher has explained this to me. I am aware that, should my daughter wish, she is entitled to withdraw her participation in this process. I am aware that confidentiality will be maintained through the use of pseudonyms, but understand that it is limited to the researcher releasing this information to her supervisor/promoter. I consent to this research being audio-taped and transcribed and understand that the recorded material is confidential and will not be released to anyone without the participant's written consent. To ensure anonymity, all research materials will be kept safe and destroyed after completion of the research. I further understand that information from this research process may be used anonymously for research purposes such as professional meetings, presented at Department of Psychology / Departement Sielkunde 205 Nelson Mandela Drive/Ryalaan, Park West/Parkwes, Bloemfontein 9301, South Africa/Suid-Afrika PO Box/Posbus 339, Bloemfontein 9300, South Africa/Suid-Afrika, T: +27(0)51 401 2187, www.ufs.ac.za conferences, or published in journals or books. I fully understand that no identifying information will be used at any point in time. Should I have any questions about this research, I may contact the supervisor of this process, Dr. L. Nel on NelLi@ufs.ac.za. I agree that my daughter may participate in this research and will receive a copy of this consent form.

Participant's Mother Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Individual obtaining consent I confirm that I have explained to the above-mentioned participant's mother the nature and purpose associated with participation in this research. I have answered any questions that were raised and consent to providing the participant with a copy of this form.

Researcher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX G: RESEARCH STUDY INFORMATION

### **RESEARCH STUDY INFORMATION SHEET**

**Date:** 2019

#### **Research title**

The experiences of adolescent daughters of mothers diagnosed with borderline personality disorder

#### **Principle investigator/researcher name and contact number:**

Researcher: Marlize Heppell (083 27 39 245)

#### **What is the aim/purpose of this study?**

The aim of this psychological study is to explore and describe the experiences as they relate to the attachment of adolescent daughters of mothers diagnosed with borderline personality disorder.

#### **Who is doing the research?**

I, Marlize Heppell, will be doing the research. I am currently a registered Clinical Psychologist (HPCSA nr: PS0093505), conducting my research on adolescents with mothers diagnosed with borderline personality disorder. In addition to academic purposes (PhD degree (Degree code: BC190648, Programme code: B1990) for which I am registered, the data collected in the study might be used for publication in journals and conference presentations.

#### **What is the nature of participation in this study?**

I plan to have two 45 – 60 minute semi-structured interviews (6 months apart) with twelve adolescent daughters of mothers diagnosed with borderline personality disorder. The interviews will be audio-recorded and transcribed. Pseudonyms will be used throughout the study as to respect privacy and confidentiality.

### **Can the participants withdraw from the study?**

Participation in this study is completely voluntary. Neither incentives nor coercion will be used in the recruitment of participants. Should you decide on participating in this study, you will be provided with a copy of this information sheet and asked to sign a written consent form. Semi-structured interviews will be conducted during the following year and participation in this study should, therefore, be carefully considered. If you want to decline or withdraw from participation in this study, you may do so without a reason and without any negative repercussions.

### **What are the potential benefits of taking part in this study?**

The information you will share with me may not benefit you personally, but will assist other adolescents in future by means of providing psychologists with more information in this regard. The findings of this research will also greatly contribute to the academic community.

### **What is the anticipated inconvenience of taking part in this study?**

The discussion on the relationship between you and your mother, may be uncomfortable for some individuals. Should you experience any discomfort or distress as a result of participating in this study, you may contact Dr. E. van der Smit (018 468 5365).

### **What will be kept confidential?**

It is a priority to protect participants from any potential harm, thus the data collected will be handled with confidentiality. The data collected will only be available to the researcher and the research supervisor/promoter. The interviews will be audio-recorded but your name will be kept separately from the information collected so that a definite link cannot be drawn from you in the written document, a pseudonym will be used to protect your identity. If data collected in this study would be used in publications in general, articles or presentations, your identity will still remain anonymous.

### **How will the information be stored and ultimately destroyed?**

Hard copies of your answers will be stored in a locked cupboard/filing cabinet at the researcher's office for future research or academic purposes and electronic

information will be stored on a password protected computer. The data collected will be stored for a period of 5 years. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. After this period, the data will be destroyed to prevent the access of unauthorized persons.

**Will I receive payment or any incentives for participating in this study?**

There will not be any form of payment or reward offered for participating in this study to prevent coercion of any kind to play a role in the results of the study.

**How will the participants or their mothers be informed of the findings/results of the study?**

If you or your mother would like to be informed of the final research findings, please contact the researcher after completion of the research. These findings will be accessible to participants or their mothers once they requested a copy of the final document.

**Contact persons**

Should you have any concerns about the way in which the research has been conducted, you may contact the researcher or the study leader (Dr. L. Nel at 051 401 [2732/nelli@ufs.ac.za](mailto:2732/nelli@ufs.ac.za)). Alternatively you may contact the administrator for the faculty of Humanities Research Ethics Committee, Mrs. C. Vercueil at 051 401 7093/[vercueilcc@ufs.ac.za](mailto:vercueilcc@ufs.ac.za)

Thank you very much for reading this document.

Best wishes for your future.

Regards

Marlize Heppell

**APPENDIX H: LETTER OF WILLINGNESS TO PROVIDE THERAPEUTIC SERVICES**

**Dr. Elizma van der Smit**

B.A., B.A. Honns., M.A. Klin. Psig. (PU vir CHO), M.Phill (PPL) (RAU);  
PhD

Pr nr 8645779

*Kliniese Sielkundige / Clinical Psychologist*

"Die Park"  
5365  
Williams str 58  
5618  
Wilkoppies, 2571

Tel: 018 468

Faks: 018 468

[elizmavdsmit@lantic.net](mailto:elizmavdsmit@lantic.net)

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To whom it may concern

**WILLINGNESS TO PROVIDE THERAPEUTIC SERVICES**

I, **Dr Elizma van der Smit**, hereby declare my willingness to assist **Marlize Heppell** in her PhD studies by means of providing **any therapeutic intervention** that might be needed as a result of her research project.

Thank you



Elizma van der Smit

## APPENDIX I: INFORMATION TO MOTHERS OF PARTICIPANTS

Date: 2019/2020

Dear mother of potential participant

I am Marlize Heppell, a clinical psychologist enrolled for my full time PhD (doctoral) degree (Degree code: BC 190648 Programme code: B 1990) at the University of the Free State. My research is about the experiences of adolescent daughters of mothers diagnosed with borderline personality disorder.

With this study, I wish to collect data from your daughter's lived experiences and her own challenges with and management of living within the mentioned environment. Information will be gathered through two semi-structured interviews (6 months apart). I will be having the interviews with your daughter at my private practice, situated in Margaretha Prinsloo Avenue 13, Klerksdorp. The findings of this study will hopefully contribute towards a better understanding of the challenges and management that might exist within this mentioned context and it will also greatly contribute to the academic knowledge base.

In discussing the relationship between you and her, your daughter might experience some discomfort. Should she feel any distress within the duration of the study (up to 3 months after the last interview), she may contact Dr. E. van der Smit (registered clinical psychologist (pr. nr. 8645779) in Klerksdorp, 018 468 5365) for a total of three (3) counselling sessions. The costs involved will be covered by me. As your daughter is already older than 12 years, she is regarded old enough according to the Children's Act, 2005, Act No. 38 of 2005, section 129 (2), to decide for herself on the need for counselling. It will thus remain her own decision whether to inform you about her need to receive counselling from Dr. Van der Smit. As per usual psychotherapy processes, confidentiality will be prioritized and no feedback regarding these sessions will be

given to the researcher or to the parent. These interviews will be scheduled on dates and times that will be convenient to you and your child and not to disrupt your child's study or extra mural programme. It is important to note that your daughter can withdraw from the study at any time and that confidentiality will prevail at all times. It is important to note that both you and your daughter need to give consent for her to partake in the study.

The study received ethical clearance from the General Human Research Ethics Committee of the University of the Free State (contact nr. 051 401 2116) in August 2019 and the ethical clearance number is: UFS-HSD2019/0641/1308.

Thank you for allowing your daughter to participate in this study and feel free to contact me after the completion of the study to inform you on the research findings.

Regards



Marlize Heppell

Researcher and Clinical Psychologist

[marlizeheppell18@gmail.com](mailto:marlizeheppell18@gmail.com)

Dr. L. Nel

Supervisor

[nelli@ufs.ac.za](mailto:nelli@ufs.ac.za)

## APPENDIX J: CODING REGISTER

1.	Inconsistency
2.	Patience
3.	Play
4.	Quality Time
5.	Projection of own emotions
6.	Parental role
7.	Growth/improvement
8.	Positive Contact
9.	Mother isolates herself – negative coping
10.	Displacement
11.	Avoidance of conflict
12.	Conflict
13.	Substances
14.	Emotional availability
15.	Acceptance
16.	Communication
17.	Guilt feelings
18.	Complex father relationship
19.	Friends over mother
20.	Sensitive for rejection
21.	Non-existent
22.	Physical Abuse
23.	Unapproachable/distant
24.	Active push away
25.	Resilience
26.	Intergenerational pattern
27.	Emotionless

28.	Neglectful
29.	Unstable
30.	Emotional distancing
31.	Hurtful relationship/Broken
32.	Feeling stuck
33.	Efforts
34.	Scared/panic attack/anxiety/overthinks
35.	To stay quiet
36.	Assertiveness
37.	Hostility
38.	Emotional dysregulation
39.	Self-respect
40.	More calmly
41.	Maternal stress
42.	Ignoring my mother
43.	Melodramatic
44.	Child withdraws – negative coping
45.	Avoidant behaviour from child towards mother
46.	Lack of warmth
47.	Lack of empathy
48.	Lack of trust
49.	Lack of open-mindedness
50.	Sadness/depression
51.	Sensitivity
52.	Urge to heal
53.	Urge for compassion
54.	Personal changes
55.	Urge to maintain a good relationship - child

56.	Bad friends
57.	Honesty
58.	Poor self-esteem
59.	Interpersonal problems
60.	Sibling favouritism
61.	Mother replacement (grandmother)
62.	Loneliness
63.	Boundaries
64.	Unprepared to raise children
65.	Selfish (mother)
66.	Mother who overshares
67.	Mother being a hypocrite
68.	Critical mother
69.	Jealousy
70.	Mother's needs are unfulfilled
71.	Effort from mother
72.	To do girl's stuff together
73.	Self-directed anger (child)
74.	Poor coping skills (child)
75.	Rigidity / extremes
76.	Irritated/angry
77.	Irrational
78.	Different
79.	Retaliates
80.	Lack of assertiveness
81.	Need for lifestyle changes

## APPENDIX K: SUBORDINATE AND SUPERORDINATE THEMES

<b>THEMES DEDUCTED FROM THE INTERVIEWS</b>		
<b>THEME 1</b>	<b>SUBTHEME</b>	<b>SUB-SUBTHEME</b>
Experiencing complex interpersonal dynamics	<ul style="list-style-type: none"> <li>• "you never know what you get"</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistencies, confused, boundaries, swapped roles</li> <li>• Consistent conflict</li> <li>• Lack of communication</li> </ul>
	<ul style="list-style-type: none"> <li>• "the easy way out"</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawal and avoidance</li> <li>• Projection</li> <li>• Emotional distancing</li> </ul>
<b>THEME 2</b>	<b>SUBTHEME</b>	<b>SUB-SUBTHEME</b>
The experience of emotional dysregulation	<ul style="list-style-type: none"> <li>• "I feel what she feels"</li> </ul>	<ul style="list-style-type: none"> <li>• Scared and sad</li> <li>• Self-esteem and guilt</li> <li>• Numbness</li> </ul>
	<ul style="list-style-type: none"> <li>• "where is my mom?"</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional unavailability</li> </ul>
<b>THEME 3</b>	<b>SUBTHEME</b>	<b>SUB-SUBTHEME</b>
Not managing the system	<ul style="list-style-type: none"> <li>• "What about the others?"</li> </ul>	<ul style="list-style-type: none"> <li>• Living arrangements</li> <li>• Fathering</li> <li>• Systemic conflict and challenges</li> </ul>
	<ul style="list-style-type: none"> <li>• "when things go wrong"</li> </ul>	<ul style="list-style-type: none"> <li>• Additional challenges</li> <li>• Other role players</li> </ul>
<b>THEME 4</b>	<b>SUBTHEME</b>	<b>SUB-SUBTHEME</b>
Having positive expectancies	<ul style="list-style-type: none"> <li>• "Having a great time"</li> </ul>	<ul style="list-style-type: none"> <li>• Time</li> <li>• Fun</li> </ul>
	<ul style="list-style-type: none"> <li>• "It is still my mom"</li> </ul>	<ul style="list-style-type: none"> <li>• Loyalty</li> <li>• Growth &amp; expectancies</li> </ul>
	<ul style="list-style-type: none"> <li>• "growing despite"</li> </ul>	<ul style="list-style-type: none"> <li>• Assertive skills</li> <li>• Resilience</li> </ul>

## APPENDIX L: ETHICAL CLEARANCE



### GENERAL/HUMAN RESEARCH ETHICS COMMITTEE (GHREC)

13-Aug-2019

Dear Mrs Heppell, Marlize M

#### Application Approved

Research Project Title:

**The experiences of adolescent daughters of mothers diagnosed with borderline personality disorder**

Ethical Clearance number:

**UFS-HSD2019/0641/1308**

We are pleased to inform you that your application for ethical clearance has been approved. Your ethical clearance is valid for twelve (12) months from the date of issue. We request that any changes that may take place during the course of your study/research project be submitted to the ethics office to ensure ethical transparency. Furthermore, you are requested to submit the final report of your study/research project to the ethics office. Should you require more time to complete this research, please apply for an extension. Thank you for submitting your proposal for ethical clearance; we wish you the best of luck and success with your research.

Yours sincerely

**Prof Derek Litthauer**

**Chairperson: General/Human Research Ethics Committee**

Digitally signed  
by Derek

Litthauer

Date: 2019.08.14

11:09:51 +02'00'

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Park West/Parkwes  
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[www.ufs.ac.za](http://www.ufs.ac.za)



**APPENDIX M: CONFIDENTIALITY CONTRACT: TRANSCRIBER, TRANSLATOR AND  
TECHNICAL SERVICES**

**Confidentiality Contract:**

This agreement is between:

Marlize Heppell

and

Mrs. Zandienne Nel; Dr. Althea Erasmus; Mrs. Deidre Duvenage

for

Research Project Title: *The experiences of adolescent daughters of mothers  
diagnosed with borderline personality disorder*

Ethical Clearance Number: UFS-HSD2019/0641/1308

I agree to:

1. Keep all the research information shared with me confidential. I will not discuss or share the research information with anyone other than with the Researcher or others identified by the Researcher.
2. Keep all research information secure while it is in my possession.
3. Return all research information to the researcher when I have completed the research tasks or upon request, whichever is earlier.
4. Destroy all research information regarding this research project that is not returnable to the Researcher after consulting with the Researcher.
5. Comply with the instructions of the Researcher about requirements to physically and /or electronically secure records (including password protection, file/folder encryption, and/or use of secure electronic transfer of records through file sharing, use of virtual private networks, etc.).
6. Not allow any personally identifiable information to which I have access to be accessible from outside South Africa (unless specifically instructed otherwise in writing by the Researcher).
7. Other (specify):

**Transcriptionist:** Zandienne Nel 8 March 2022

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(Print name) (Signature) (Date)

**Language Editor:** Dr Althéa Kotze

---

(Print name) (Signature) (Date)

**Typesetter:** Deidre Duvenage

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(Print name) (Signature) (Date)

I agree to:

1. Provide detailed direction and instruction on my expectations for maintaining the confidentiality of research information so that (transcriptionist/research staff) can comply with the above terms.
2. Provide oversight and support to (transcriptionist/ language editor/technical assistance) in ensuring confidentiality is maintained in accordance with the Ethical Conduct for Research of the UFS.

Researcher

Marlize Heppell 8 March 2022

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(Print name) (Signature) (Date)

## APPENDIX N: TRANSCRIPT CASE 1 – PETRA

(Please see an attached flash drive for all transcriptions.)

**Please note:** It is respectfully requested that the examiner destroy the flash drive with all the interviews at the end of the examination process to maintain confidentiality.

### Participant 1: Petra – Interview 1

1	<b>MH:</b> Can you tell me a little bit about your relationship with your mom right now? <b>Participant:</b> Sometimes it doesn't go so well and sometimes I get along with my mom. Sometimes it goes well and sometimes it doesn't.
2	<b>MH:</b> What do you mean? <b>Participant:</b> Sometimes I fight with my mommy and then sometimes my mom and I play.
3	<b>MH:</b> Tell me about it when you disagree or then fight? Why do you think this is it? <b>Participant:</b> Sometimes I take a little time before school and then mom fights with me.
4	<b>MH:</b> What is positive about you and your mother's relationship? <b>Participant:</b> What's nice about our relationship is we play with each other; we do nice things with each other.
5	<b>MH:</b> What would you say is not good for you or negative about your relationship? <b>Participant:</b> When we fight, I don't like it.
6	<b>MH:</b> If you are under stress at school, then how is your and mommy's relationship? When you're not feeling well. <b>Participant:</b> Then we struggle, she sometimes gets angry and then she asks me what's wrong and then I tell her.
7	<b>MH:</b> How would you compare you and mommy's relationship with some of your friends' relationships with their moms? <b>Participant:</b> I think my mommy is friendly but she if she feels stressed then she goes on, but if I feel stressed, I'm not going on.
8	<b>MH:</b> Tell me why? <b>Participant:</b> I don't know how to explain it.

9	<p><b>MH:</b> Try telling me?</p> <p><b>Participant:</b> When I'm stressed or not?</p>
10	<p><b>MH:</b> Yes, tell me why you can't go on when you're stressed. Remember I'm asking how does you and your mom's relationship compare to some of your friends' relationships with their moms? So, you say sometimes it feels like you can't go on, so I just want to understand why you say that?</p> <p><b>Participant:</b> Because I don't want to be rude and get ugly and fight.</p>
11	<p><b>MH:</b> If you're stressed how, you should explain to me now, if you're stressed, how does your mom handle it?</p> <p><b>Participant:</b> If I'm stressed, then my mom handles it very well. When she asks me about my stress, I feel better.</p>
12	<p><b>MH:</b> So, you have to tell me now, how do you and your mommy's relationship compare to some of your friends' relationships with their moms?</p> <p><b>Participant:</b> I don't know.</p>
13	<p><b>MH:</b> How do you think there's a difference, isn't there a difference?</p> <p><b>Participant:</b> There is no difference.</p>
	Question was not asked
14	<p><b>MH:</b> Tell me how do you see yourself?</p> <p><b>Participant:</b> I feel very bad about myself. I'm not very neat.</p>
15	<p><b>MH:</b> Tell me a little bit about it, why do you feel that way?</p> <p><b>Participant:</b> How I feel about myself is I'm very unneat, and I don't go for my hair and so on.</p>
16	<p><b>MH:</b> And how are your relationships with your buddies and your relationships that you generally have with people. Tell me a little about this.</p> <p><b>Participant:</b> My relationship with my buddies is, sometimes we're okay and then I don't want to fight but they just keep going. And then with my people I'm friendly and I'm not rude with anyone.</p>
17	<p><b>MH:</b> Can you explain to me or tell, what kind of relationship do you have with your mom? What is the type of relationship you have?</p> <p><b>Participant:</b> I think, the type of relationship my mom and I have is, we play with each other a lot, but sometimes things don't go right then I get angry, and my mom gets angry and like that type of stuff.</p>
18	<p><b>MH:</b> Tell me what happens then?</p> <p><b>Participant:</b> Then my mom and I fight, but it's not that much. Then I just say sorry to my mom and then she's kind again.</p> <p><b>MH:</b> Thank you very much.</p>

## Participant 1: Petra – Interview 2

1	<p><b>MH:</b> Can you tell me a little bit about your relationship with your mom right now?</p> <p><b>Participant:</b> It's going very well with us right now, we're getting along well.</p>
2	<p><b>MH:</b> And in the past, is it better now?</p> <p><b>Participant:</b> In the past we fought a lot, but now it's better.</p>
3	<p><b>MH:</b> Why would you say you've fought a lot in the past?</p> <p><b>Participant:</b> Things about my dad. About the things my dad did to me. In the past, I've taken it out a lot on my mom, but now I don't take it out on her anymore.</p>
4	<p><b>MH:</b> What positive experiences or good things that have happened between you and your mother?</p> <p><b>Participant:</b> We don't fight anymore, we talk to each other more and we're friendly with each other.</p>
5	<p><b>MH:</b> Could you always have talked to each other?</p> <p><b>Participant:</b> No, in the past I've spoken to her very rudely. But now I'm talking to her like my parent.</p>
6	<p><b>MH:</b> Can you tell me about the negative or bad things that have happened between you and your mother in the past?</p> <p><b>Participant:</b> We were fighting one day, then my mother got so angry she wanted to run away. Then she asked me why I was talking to her in such a bad manner.</p>
7	<p><b>MH:</b> And then, what was your reason?</p> <p><b>Participant:</b> My dad, the stuff he did to me.</p>
8	<p><b>MH:</b> Can you tell me about you and your mother's relationship when there's a lot of stress in the house?</p> <p><b>Participant:</b> When she's stresses and I keep on bothering her, she will take it out on me.</p>
9	<p><b>MH:</b> Why do you say that?</p> <p><b>Participant:</b> Because the stress about my dad, and that he wants to see me and I don't want to see him.</p>
10	<p><b>MH:</b> Can you tell me how do you and your mother's relationship compare with your friends' relationships with their mothers?</p> <p><b>Participant:</b> My friends with their mothers are very friendly, but not somedays. My mom and I get along well.</p>

11	<p><b>MH:</b> How would you describe the ideal mother and daughter relationship to me?</p> <p><b>Participant:</b> I would say to spend time with my mom and be able to be with her on holidays.</p>
12	<p><b>MH:</b> How close do you and her relationship get to it?</p> <p><b>Participant:</b> It's getting there, little by little, I'm going to be with her this holiday.</p>
13	<p><b>MH:</b> Your idea of an ideal relationship is to spend time with each other and to be with her more? It's your ideal idea, how far do you think you and you are from it?</p> <p><b>Participant:</b> I think it's starting to get everything together.</p>
14	<p><b>MH:</b> How do you see yourself at the moment?</p> <p><b>Participant:</b> How I see myself is that I've changed a lot. I'm more friendly and I speak more openly.</p>
15	<p><b>MH:</b> Why do you think it has changed and from where has it changed?</p> <p><b>Participant:</b> I think it's changed and is going better because I haven't seen my dad for two years now.</p>
16	<p><b>MH:</b> So do you think it was a big improvement because you didn't see him at the time?</p> <p><b>Participant:</b> Yes, that was a big improvement.</p>
17	<p><b>MH:</b> So if you have to say how you see yourself now? How would you describe your self-image?</p> <p><b>Participant:</b> I don't know how to describe it.</p>
18	<p><b>MH:</b> If you had to describe to someone else how you see yourself now.</p> <p><b>Participant:</b> I don't know, I just know I've changed a lot.</p>
19	<p><b>MH:</b> Change in which way?</p> <p><b>Participant:</b> I turned into a good kid and I'm no longer <i>mean</i>, about not having to see my dad anymore.</p>
20	<p><b>MH:</b> Tell me about your relationships in your life until now? Any relationships with people in your life, any interpersonal relationships?</p> <p><b>Participant:</b> My mom and I fought one day and now we get along well.</p>
21	<p><b>MH:</b> And the fight, can you tell me what it was about?</p> <p><b>Participant:</b> I told my grandmother she had to pick me up from school at 12:45, because that's when school came out, then she forgot her black book on the bonnet and when she was driving, and then she lost her black book.</p>

22	<p><b>MH:</b> Okay, so would you say if you looked at your relationships with girlfriends and family members, you could just explain to me what your relationships with people close to you look like in your life?</p> <p><b>Participant:</b> I had a lot of bad friends at first. My friends I have now are much better, we get along really well we're not naughty and do our school work and so on.</p>
23	<p><b>MH:</b> Where did that move come from bad friends to close friends?</p> <p><b>Participant:</b> I told my mom and then my mom said I'm not allowed to play with them anymore and then there came a fight and then I got to know two good friends.</p>
24	<p><b>MH:</b> Can you generally explain to me the way you and your mother communicate with each other?</p> <p><b>Participant:</b> We're just talking to each other, if there's fighting, we're just talking it out nicely.</p>
25	<p><b>MH:</b> How do you find your interaction style?</p> <p><b>Participant:</b> It's just very uncomfortable for me because I don't usually talk to my mom about the fight we have.</p>
26	<p><b>MH:</b> Can you tell me why not? Why is this uncomfortable for you?</p> <p><b>Participant:</b> I don't feel good about the fight.</p> <p><b>MH:</b> Thank you very much.</p>

## APPENDIX O: TRANSCRIPT CASE 2 – WILMA

(Please see the attached flash drive for all transcriptions.)

**Please note:** It is respectfully requested that the examiner destroy the flash drive with all the interviews at the end of the examination process to maintain confidentiality.

### Participant 2: Wilma – Interview 1

1	<p><b>MH:</b> Tell me a little about your relationship with your mom?</p> <p><b>Participant:</b> Our relationship is pretty good. We understand each other. And we talk to each other about everything and if I'm looking for advice I can go and ask my mom.</p>
2	<p><b>MH:</b> Can you tell me a little about the good and positive things between you and your mother, in your relationship?</p> <p><b>Participant:</b> We go out, then we have such nice times. We go to movies and if we're just at home we're just watching stories as well together. And when I was younger, we jumped trampoline together and she helped me fry marshmallows and stuff like that.</p>
3	<p><b>MH:</b> Can you tell me a little about the negatives or the bad things you and your mother have experienced in your relationship?</p> <p><b>Participant:</b> Nothing really, just sometimes, when my brother and I were naughty then mommy just gave us a hiding, otherwise nothing really.</p>
4	<p><b>MH:</b> Tell me about how you and your mother's relationship is going when there's a lot of stress in the house?</p> <p><b>Participant:</b> If there's stress in the house then mom and I usually sit down together in the room and then we usually just talk on our phones and if it gets really so bad that me and mommy fight then mommy just sits in her room and I sit in my room, we just cool down and then we come back together and talk it out.</p>
5	<p><b>MH:</b> How does you and your mother's relationship compare with your friends' relationships with their mothers?</p> <p><b>Participant:</b> I would say my mother and I are closer than my friends and their mothers.</p>

6	<p><b>MH:</b> What do you think the ideal mother and daughter relationship should be and look like?</p> <p><b>Participant:</b> I would say it should be like me and my mother's. They go and shop together and have a good time together. And go for facials and such stuff.</p>
7	<p><b>MH:</b> Can you tell me what you think you can improve in you and your mother's relationship?</p> <p><b>Participant:</b> We might just go out a little bit more on weekends.</p>
8	<p><b>MH:</b> How do you feel about yourself?</p> <p><b>Participant:</b> I feel since I've been here XXXXX and since mommy is talking to me more now, I feel a lot better about myself than I used to.</p>
9	<p><b>MH:</b> How did you feel before?</p> <p><b>Participant:</b> I felt like everything was just my fault and as if I didn't deserve to be like this, but then mommy spoke to me and then I didn't feel that way anymore.</p>
10	<p><b>MH:</b> Why did you feel that way?</p> <p><b>Participant:</b> I don't know for sure about the people who leave me all the time and step over me.</p>
11	<p><b>MH:</b> Haven't your relationships worked out until now? Your friendships, the people who leave you all the time?</p> <p><b>Participant:</b> Yes, every time I tell them something that bothers me, like, for example, with my other girlfriends, then they just leave me to tell them. Then we talk a lot less and in the end, we don't talk at all.</p>
12	<p><b>MH:</b> Do you trust people?</p> <p><b>Participant:</b> Not really.</p>
13	<p><b>MH:</b> Do you feel people are letting you down?</p> <p><b>Participant:</b> Some of them.</p>
14	<p><b>MH:</b> In your personal life, who has let you down the most?</p> <p><b>Participant:</b> One of my girlfriends, when she told everyone about something I had done. And from my dad who didn't want me.</p>
15	<p><b>MH:</b> Tell me what it's like in the relationships you've had so far? That's actually a lot we've talked about right now. But expand a little on that, what went wrong? What are the things that have bothered you a lot in friendship relationships? You can even tell a little about your father and your relationship that isn't always so good.</p> <p><b>Participant:</b> Most of the time it's just the girls who are going around and telling other girls what I told them and then I asked them please don't go and tell them, and then they still do. With my dad, I don't really know.</p>

16	<p><b>MH:</b> How would you describe your and your mother's relationship and how you communicate with each other, how would you describe it?</p> <p><b>Participant:</b> I'll describe it like very very well, my mom and I are very close she's like my best friend.</p> <p><b>MH:</b> Thank you very much, thank you for sharing.</p>
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**Participant 2: Wilma – Interview 2**

1	<p><b>MH:</b> Tell me a little bit about your relationship with your mom?</p> <p><b>Participant:</b> It's going a lot better – she and I are doing more things together and I feel like these illnesses have brought us closer together.</p>
2	<p><b>MH:</b> What diseases are you referring to?</p> <p><b>Participant:</b> The depression.</p>
3	<p><b>MH:</b> Can you tell me about the good things you and your mother have experienced together?</p> <p><b>Participant :</b> We baked cookies, we play with my sister and we do a lot more things together.</p>
4	<p><b>MH:</b> Tell me about the negative or the bad things you and your mother have experienced?</p> <p><b>Participant:</b> There's nothing really, except if I forgot to do my homework, then she's raging a little bit.</p>
5	<p><b>MH:</b> Tell me about how you and your mother's relationship is going when there's a lot of stress in the house?</p> <p><b>Participant:</b> We sit nicely in the room and talk it out nicely.</p>
6	<p><b>MH:</b> And how would you say, your relationship with your mother compares to your girlfriends and their mothers?</p> <p><b>Participant:</b> I'll say about my dad not being with us, it's going to be better with me and my mom. Because it is just me and her, and we can be more open with each other.</p>
7	<p><b>MH:</b> How do you think a mother-and-daughter relationship should be?</p> <p><b>Participant:</b> I think they should be very close, not lie to each other. Be open with each other.</p>
8	<p><b>MH:</b> Was it something that was a problem before?</p> <p><b>Participant:</b> A little, but not really.</p>

9	<p><b>MH:</b> What have the problems been mainly in the past?</p> <p><b>Participant:</b> It was mostly that I wasn't honest with her, or I didn't do something she asked me to do.</p>
10	<p><b>MH:</b> Can you tell me how you feel about yourself?</p> <p><b>Participant:</b> I feel much better about myself. I learned that I must love myself.</p>
11	<p><b>MH:</b> How did you feel about yourself in the past?</p> <p><b>Participant:</b> In the past, I felt like everything was my fault, and I didn't really like myself.</p>
12	<p><b>MH:</b> Tell me how it was in the relationships you've had so far?</p> <p><b>Participant:</b> Things are much better.</p>
13	<p><b>MH:</b> What was it like in the past?</p> <p><b>Participant:</b> It was mostly because I didn't love myself, then I couldn't love other people.</p>
14	<p><b>MH:</b> And how would you describe you and your mother's relationship, or the way you communicate with each other?</p> <p><b>Participant:</b> I would describe it as much better with us being more open with each other and we're much more honest with each other.</p>
15	<p><b>MH:</b> Just explain a little bit to me about what it was like between the two of you in the past?</p> <p><b>Participant:</b> We did not really talk to each other in the past about problems and stuff, but now we're talking to each other more.</p>
16	<p><b>MH:</b> Why do you think?</p> <p><b>Participant:</b> I think it's about me being in the hospital that made me better and because I learned I needed to love myself.</p>
17	<p><b>MH:</b> And how would you describe what was the reason for the problems that were there in the past?</p> <p><b>Participant:</b> I'm not sure.</p> <p><b>MH:</b> Thank you very much.</p>

## APPENDIX P: TRANSCRIPT CASE 3 – CARYN

(Please see the attached flash drive for all transcriptions.)

**Please note:** It is respectfully requested that the examiner destroy the flash drive with all the interviews at the end of the examination process to maintain confidentiality.

### Participant 3: Caryn – Interview 1

1	<p><b>MH:</b> Tell me about the relationship you have with your mom?</p> <p><b>Participant:</b> My mom supports me a lot, now that my boyfriend and I have broken up and her and my dad have separated, she understands better and we support each other.</p>
2	<p><b>MH:</b> Tell me about the good things you and your mother have experienced together.</p> <p><b>Participant:</b> We went to the seaside, Decembers we normally go on vacation together. We've been together at Sun City, and we've had a lot of good experiences together.</p>
3	<p><b>MH:</b> And the less good stuff? The negative things?</p> <p><b>Participant:</b> My mom and I didn't have a good relationship when I was in the 8th grade. She and my dad fought a lot, she took everything out on me because there was no one else there. Because I didn't understand it, I didn't even take it seriously.</p>
4	<p><b>MH:</b> How did this affect your relationship at the time?</p> <p><b>Participant:</b> We weren't always as <i>close</i> as we are now, we fought a lot.</p>
5	<p><b>MH:</b> And when you, fought what was it mostly about?</p> <p><b>Participant:</b> If I didn't get good marks, or if I disrespected her.</p>
6	<p><b>MH:</b> What happened when you disrespected her, what was your experience of her then?</p> <p><b>Participant:</b> I used to be very ugly with her, and I always said sorry to her because I could see that it hurt her.</p>
7	<p><b>MH:</b> And where did it start to get better?</p> <p><b>Participant:</b> When my dad moved out and when I moved back in two weeks later to live with her. Thats when our relationship got better.</p>

8	<p><b>MH:</b> Tell me about you and your mother's relationship when there is stress in the house?</p> <p><b>Participant:</b> So we would just be talking about it a lot and we would be trying to figure a way out.</p>
9	<p><b>MH:</b> Has it always been that way?</p> <p><b>Participant:</b> No, it's only since we started getting <i>close</i> again.</p>
10	<p><b>MH:</b> In the past, if there was stress, how was it handled?</p> <p><b>Participant:</b> She always broke me down, or she discussed it with my little brother or sister instead.</p>
11	<p><b>MH:</b> How would you compare your relationship with your mother, to your girlfriends' relationships with their mothers?</p> <p><b>Participant:</b> Good, much better. I think all my girlfriends I've had, have abused their mums and manipulated them, I don't do that.</p>
12	<p><b>MH:</b> What would you say, should a mother and daughter's relationship look like?</p> <p><b>Participant:</b> Very well, you have to do things together and spend a lot of time together.</p>
13	<p><b>MH:</b> Was it that way in the past with you and your mother?</p> <p><b>Participant:</b> Yes, my little brother and sister were there too, but she gave all her attention to them.</p>
14	<p><b>MH:</b> What about now?</p> <p><b>Participant:</b> No my little brother and sister are now staying overseas, so I'm the only one with her.</p>
15	<p><b>MH:</b> So now you get all the attention</p> <p><b>Participant:</b> In a way.</p>
16	<p><b>MH:</b> Tell me how you feel about yourself?</p> <p><b>Participant:</b> I feel like my mom supports me very well. I feel good about myself because she always stands by me.</p>
17	<p><b>MH:</b> Tell me about your relationships in your life up until now?</p> <p><b>Participant:</b> It went pretty well. I have many friends from a young age where we are still friends. With my last boyfriend, I had written a lot of friends off too, we were fighting a lot and he didn't want to visit them and so on.</p>
18	<p><b>MH:</b> And your friendship relationships generally?</p> <p><b>Participant:</b> We have good relationships.</p>
19	<p><b>MH:</b> How would you say is your and your mother's way of communicating?</p> <p><b>Participant:</b> Very well, through everything she supports me very well.</p>

20	<p><b>MH:</b> How do you communicate with each other?</p> <p><b>Participant:</b> We talk about everything, we no longer hide things from each other like in the past.</p>
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**Participant 3: Caryn – Interview 2**

1	<p><b>MH:</b> Tell me a little about your relationship with your mom.</p> <p><b>Participant:</b> My mom and I have a great relationship. Our relationship improved after I was admitted to the hospital. I came to stay with her in Welcome. We started communicating better, we're talking about everything now and I've started sharing everything with her, she's sharing everything with me.</p>
2	<p><b>MH:</b> What have been the challenges in the past?</p> <p><b>Participant:</b> When she and my father started thinking about divorce, she took it out on me a lot. I realized that my father did not always treat her well. My father had not been right with her either.</p>
3	<p><b>MH:</b> Tell me about the good things you and your mother have experienced together?</p> <p><b>Participant:</b> Wow, there are so many. My mom and I have been to the seaside together a lot, we've made a lot of <i>memories</i>. My grandmother always wanted to know where we were going and what we were doing and then my mom and I just laughed about it, it was very funny. We have great experiences every day.</p>
4	<p><b>MH:</b> Tell me about the negative and the bad things you and your mother have experienced together?</p> <p><b>Participant:</b> The road between XXXXX and XXXX was flooded, then we had to drive all the way through XXXXXX.</p>
5	<p><b>MH:</b> Tell me about the bad things in your relationship.</p> <p><b>Participant:</b> We fought about little things, for example, she will tell me to do things and when I don't, we will fight. She also favours my brother and sister over me but that I have accepted by now.</p>
6	<p><b>MH:</b> Tell me how your relationship is going when there is a lot of stress in your home.</p> <p><b>Participant:</b> My mom was struggling financially, and she is now getting some extra money, so we have a new place where we stay. If she's stressed she'll start to get anxious and I'll just try to calm her down.</p>

7	<p><b>MH:</b> How would you compare your relationship with your mother to your girlfriends' relationships with their mothers?</p> <p><b>Participant:</b> My mom and I are good. I have a friend whose father has passed away, she and her mother are now alone but they still don't have a very good relationship.</p>
8	<p><b>MH:</b> How would you say a mother and daughter's relationship should be?</p> <p><b>Participant:</b> It must be <i>amazing</i>, they have to share everything with each other.</p>
9	<p><b>MH:</b> How do you feel about yourself right now?</p> <p><b>Participant:</b> I feel so much better than I did in the past. I started talking to my mom, she supports me more because she knows what's going on. In the past, I felt that I didn't really have anyone to talk to anymore, where now if something happens I tell my mom right away.</p>
10	<p><b>MH:</b> How about your relationships in general, throughout to your life?</p> <p><b>Participant:</b> I think I've become a much better person since I moved. When I was still living in XXXXX I would have given people dirty looks and if someone had accidentally bumped into me I would have personally attacked or cursed at them. Now I just say sorry all the time, even if it's not my fault.</p>
11	<p><b>MH:</b> What do you think has given indication to it, that it has changed?</p> <p><b>Participant:</b> When I moved, I decided to change. The <i>vibe</i> is so much better here. These people are so friendly. The kids here aren't like the kids in XXXX, they don't judge you that much.</p>
12	<p><b>MH:</b> How would you describe the communication in your relationship with your mother?</p> <p><b>Participant:</b> Very good, it's very good. I just feel like a mother should always know what's going on in her daughter's life. A daughter will always need her mother.</p>

## APPENDIX Q: TRANSCRIPT CASE 4 – BEA

(Please see the attached flash drive for all transcriptions.)

**Please note:** It is respectfully requested that the examiner destroy the flash drive with all the interviews at the end of the examination process to maintain confidentiality.

### Participant 4: Bea – Interview 1

1	<p><b>MH:</b> I want you to tell me a little bit about your relationship with your mom.</p> <p><b>Participant:</b> It's crazy, but I grew up with my grandmother. So over the past two years, we've started to build our relationship.</p>
2	<p><b>MH:</b> Tell me about the good things you and your mother have experienced together. Just the positives.</p> <p><b>Participant:</b> My mom has been with her new boyfriend for almost a year now. Which I think is a good thing because that's the only good dad figure I've had in my life until now. That's the only big thing.</p>
3	<p><b>MH:</b> The fact that your mom is now more happy with the current boyfriend?</p> <p><b>Participant:</b> Yes.</p>
4	<p><b>MH:</b> Then tell me more about the negative side, the worse part of the relationship between you and your mother.</p> <p><b>Participant:</b> My mom and I are still struggling to communicate. And there are still some things that I struggle to tell her. Little things, but just that scared feeling, of what she might think.</p>
5	<p><b>MH:</b> Tell me why?</p> <p><b>Participant:</b> I actually saw my grandmother as my mother. Most of the time of my life, so talking to my mom is still like I'm talking to a friend.</p>
6	<p><b>MH:</b> How about you and your mother's relationship when there is stress in the home?</p> <p><b>Participant:</b> My mom doesn't talk much when she's under stress. When she's under pressure, I'd rather stay away. But when we're with each other, we're just sticking together and talking it out as much as we can.</p>

7	<p><b>MH:</b> How does she experience or deal with, specifically stress?</p> <p><b>Participant:</b> She gets pretty quiet and sometimes she can only <i>snap</i> when she's stressed. She can sometimes be angry or she just gets quiet or she just wants to be around no one.</p>
8	<p><b>MH:</b> Is it harder to handle the relationship when there is stress?</p> <p><b>Participant:</b> Yes definitely.</p>
9	<p><b>MH:</b> Why would you say that?</p> <p><b>Participant:</b> There is almost no communication when there is stress, and if there is, it will usually be aggressive.</p>
10	<p><b>MH:</b> How do you experience it, if so?</p> <p><b>Participant:</b> It makes me very concussed and it also makes me very stressed in that situation. So for me to just stay away and then there's no communication, that's just all I can do.</p>
11	<p><b>MH:</b> How would you compare your relationship with your mother to your friends' relationships with their mothers?</p> <p><b>Participant:</b> My mom is very young, and I'll also say I'll see her more as a friend than a mother, majority of the time.</p>
12	<p><b>MH:</b> Have you ever thought about that? Is it something you compare your friends' relationships with their mothers to your relationship with your mother?</p> <p><b>Participant:</b> Sometimes yes. I would have wished my mother and I could have been that <i>close</i> too, or maybe if we were less trouble we would have had such a good relationship as well.</p>
13	<p><b>MH:</b> So that's something that bothers you sometimes?</p> <p><b>Participant:</b> Sometimes yes, but not always.</p>
14	<p><b>MH:</b> What do you think a mother and a daughter's relationship should actually be like?</p> <p><b>Participant:</b> More communication and better handling of situations. My mom is also very young, so she probably doesn't know as much as an older mothers would know. So then there are some things where she can't help me, or things she doesn't understand.</p>
15	<p><b>MH:</b> If you say better coping with situations, and certain things she won't be able to help you with. How do you feel when you say she can't always help you?</p> <p><b>Participant:</b> I won't be able to say.</p>
16	<p><b>MH:</b> What would your ideal mother daughter relationship have looked like?</p> <p><b>Participant:</b> I don't know much about it so I won't be able to say.</p>

17	<p><b>MH:</b> How do you feel about yourself right now?</p> <p><b>Participant:</b> My self-esteem is a bit low. But I'm trying to feel better about myself right now.</p>
	<p><b>MH:</b> Explain to me why do you say your self-esteem is a little low?</p> <p><b>Participant:</b> Friends who say they are leaner or look more beautiful, and have more friends. Why couldn't I have looked like this or have better <i>social skills</i>.</p>
18	<p><b>MH:</b> How did you feel about yourself early on?</p> <p><b>Participant:</b> It's already gotten a lot better. I always threw myself one side and felt bad about how I looked and wondered why I should always be so anxious about people, who have always just broken down my self-esteem even more.</p>
19	<p><b>MH:</b> Tell me about the people who broke down your self-esteem?</p> <p><b>Participant:</b> Well, I would break down my own self-esteem. I didn't have many friends, I was always lonely, it was just me always so far away.</p>
20	<p><b>MH:</b> Tell me how it went in your relationships so far in your life?</p> <p><b>Participant:</b> Pretty okay. If I had friends, I would try to keep them for as long as possible. But I've also had so many friends that I've known in the past...</p>
21	<p><b>MH:</b> Do you have good friends right now?</p> <p><b>Participant:</b> Yes.</p>
22	<p><b>MH:</b> How would you describe your and your mother's relationship and the way you communicate?</p> <p><b>Participant:</b> We don't actually communicate a lot, but if we do then we talk pretty okay, don't know how to describe it.</p> <p><b>MH:</b> Thank you very much.</p>

#### Participant 4: Bea– Interview 2

1	<p><b>MH:</b> Can you tell me a little about you and your mom's relationship please?</p> <p><b>Participant:</b> Our relationship is very good, we talk regularly and there aren't times that I don't talk to her, and we spend as much time as possible with each other.</p>
2	<p><b>MH:</b> Can you tell me about the positive experiences between you and your mother?</p> <p><b>Participant:</b> Positively, my mom and I have been through a lot. Very much together, and now we do very well, where we talk every day and where we share everything with each other. We weren't always like that, we couldn't always talk to each other, and we couldn't always talk, but now we can.</p>

3	<p><b>MH:</b> What made the difference?</p> <p><b>Participant:</b> I opened up, I lowered my walls and I started talking to her.</p>
4	<p><b>MH:</b> Where did this change come from?</p> <p><b>Participant:</b> I was always afraid to talk to my mom. And after everything that's happened over the past few years, my mom and I never had a bond. I would have loved to have had this with my mom. So I made the changes to start it with her.</p>
5	<p><b>MH:</b> Tell me about the negative things that were there between you and your mother in the past, you mention it now, when you say all the things that happened in the past, so tell me of the negative things and negative feelings that were there between you and your mother.</p> <p><b>Participant:</b> My stepfather hurt us a lot of the time and he wasn't in our lives for very long, but he was very <i>abusive</i>, physical and emotional. And that made my mom break away from us. And because my brother is ADHD and <i>borderline</i> autistic she took him in and paid more attention to him. I was jealous because I was a sweet kid.</p>
6	<p><b>MH:</b> Tell me about how it is with you and your mom's relationship in times where there's a lot of personal stress.</p> <p><b>Participant:</b> Now I'll sit with her and I'll ask her what's wrong and we'll talk about it, and we'll talk more about it instead of just doing nothing and to just leave it.</p>
7	<p><b>MH:</b> And in the past?</p> <p><b>Participant:</b> We struggled to get to each other. We would close ourselves in our rooms and just stay away from each other.</p>
8	<p><b>MH:</b> How would you compare your relationship with your mother, to your friends' relationships with their mothers?</p> <p><b>Participant:</b> My mom and I are very <i>close</i>, I'll say we're more like friends than mom and daughter, there are times where I feel like she's more my mom in situations. My mom and I are like sisters. We talk about everything. There's nothing we don't talk about.</p>
9	<p><b>MH:</b> How do you see a mother-daughter relationship?</p> <p><b>Participant:</b> I don't know.</p>
10	<p><b>MH:</b> Try to explain.</p> <p><b>Participant:</b> A mother should be there for her daughter and she should do things for her daughter. And a daughter must be there for her mother.</p>

11	<p><b>MH:</b> How do you see yourself at this point?</p> <p><b>Participant:</b> Stronger than I was, more positive, and I see a much more brave person than I was before and I'm much more <i>confidant</i>. I can talk more and show my feelings and I don't have to be ashamed of them.</p>
12	<p><b>MH:</b> Tell me what it was like in the past?</p> <p><b>Participant:</b> I couldn't talk to people at all, and I was trumped back. I'm quiet. I felt ashamed if I had to talk about myself, and talking about myself just felt wrong.</p>
13	<p><b>MH:</b> What influenced that, do you think?</p> <p><b>Participant:</b> Probably the fact that my mom and I never had a bond before, and my stepfather. I also had friends who just left me in times I really needed them.</p>
14	<p><b>MH:</b> Tell me about your experiences in relationships up to now in your life.</p> <p><b>Participant:</b> It was never good. It's getting better now because I'm talking more and expressing myself more, but there aren't many relationships I know of.</p>
15	<p><b>MH:</b> What reasons were there to hold relationships that added to this problem?</p> <p><b>Participant:</b> There was never communication and there was always just fighting.</p>
16	<p><b>MH:</b> How would describe your way of interacting between you and your mother?</p> <p><b>Participant:</b> I don't know.</p>
17	<p><b>MH:</b> Try? If you need to describe your relationship to me?</p> <p><b>Participant:</b> Good. We talk often, nothing we don't say to each other.</p>
18	<p><b>MH:</b> Thank you.</p> <p><b>Participant:</b> OK, cool.</p> <p><b>MH:</b> Thank you very much, it was then the nine questions, not even ten.</p>

## APPENDIX R: TRANSCRIPT CASE 5 – TANDI

(Please see the attached flash drive for all transcriptions.)

**Please note:** It is respectfully requested that the examiner destroy the flash drive with all the interviews at the end of the examination process to maintain confidentiality.

### Participant 5: Tandi – Interview 1

1	<p><b>MH:</b> Tell me about your relationship with your mother.</p> <p><b>Participant:</b> I just feel like it is non-existent. I just have a mother, but only by blood. And that's it. I don't feel like there is a relationship, nothing is going on. She is not there financially, emotionally, physically. She is not there.</p>
2	<p><b>MH:</b> Can you share with me some of the positive experiences between you and your mother?</p> <p><b>Participant:</b> No, it's hard to recall. I don't know if it is overshadowed by all of this, I can't. I cannot. The only thing is I remember was us buying makeup.</p>
3	<p><b>MH:</b> Can you share some of the negative experiences between you and your mother?</p> <p><b>Participant:</b> Was her beating me up when I was trying to stop her from beating my brother up. Her emotional abuse. And just her not being in my life as a whole is just a negative thing.</p>
4	<p><b>MH:</b> Can you recall anything else?</p> <p><b>Participant:</b> No.</p>
5	<p><b>MH:</b> Tell me about your experience in your relationship with your mother during times of personal stress?</p> <p><b>Participant:</b> Like?</p>
6	<p><b>MH:</b> When you are stressed?</p> <p><b>Participant:</b> I don't talk to her, because I feel like she pushes me away. So, I don't see the use in talking to her. And even if I try, she does push me away, so I don't see the use of talking to her.</p>

7	<p><b>MH:</b> How does your relationship to your mother compare to your friend's relationships to their mothers?</p> <p><b>Participant:</b> It's totally different, my friends have the best relationships with their mothers. They are like best friends, I would not like to say that it makes me jealous, but it is painful for me to see them having such great relationships with their mothers and then me basically not having a relationship with my mother.</p>
8	<p><b>MH:</b> Tell me about your perception of a mother-daughter relationship?</p> <p><b>Participant:</b> It's just basically being best friends.</p>
9	<p><b>MH:</b> Tell me about your perception of yourself?</p> <p><b>Participant:</b> I don't understand.</p>
10	<p><b>MH:</b> How do you see yourself?</p> <p><b>Participant:</b> I see myself as strong. Being able to go through this life journey without a mother as painful as it may be, and always having that light of hope, no matter how dark things may be. That's how I see myself.</p>
11	<p><b>MH:</b> Share with me your experiences in the relationships you have had so far.</p> <p><b>Participant:</b> Like relationships or friendships?</p>
12	<p><b>MH:</b> Any?</p> <p><b>Participant:</b> With both friendships and relationships it has been very difficult because before I actually knew about my depression, I was pushing people away. Even people who loved me, but then, in the end, I got to realise, despite my depression and everything else, people that are actually supposed to be in my life, they stayed. They did not use it against me, they did not judge me. And I also feel like it's a good part of life that actually made me realise who is for me and who is not for me. So, when coming to both relationships and friendships, it was not easy and it is still not easy, but I am trying.</p>

13	<p><b>MH:</b> If you say it is not easy, tell me more about the reasons you are saying that?</p> <p><b>Participant:</b> It is because of the way my situations have turned me out to be. Like snapping at people, getting irritated very quickly. Not even having the urge to discuss something that I am not feeling happy about. First when I was not happy about something I would just cut you off and stop talking to you. I have this thing of when you do something I don't bother talking to you. I just ignore you, you don't even exist anymore. There is this thing that exists in me of switching you off, where you no longer exist. Even if a car was to hit you dead, I will walk past you as if you don't exist. I would switch that thing on in my mind. That you don't exist, just because of that simple thing. And then you would be dead to me. So I am working on that, and learning how to love. Because I did not feel that I was loved. So why would I love if I feel that I was not loved? So I basically did not have emotions at all. I even felt like I could kill a person and then not feel anything afterward. I was that emotionless. The way I felt like the life out of me was sucked out.</p>
14	<p><b>MH:</b> And the reasons for that?</p> <p><b>Participant:</b> I just feel like, my entire life, up until now, that had me drained. I just feel like only my flesh was what was left.</p>
15	<p><b>MH:</b> How would you describe you and your mother's interaction style?</p> <p><b>Participant:</b> We don't.</p>
16	<p><b>MH:</b> So, the style, how would describe it?</p> <p><b>Participant:</b> We just pass one another. Even if it is just greeting, it is just hello and we leave.</p>
17	<p><b>MH:</b> How would you describe it then?</p> <p><b>Participant:</b> There is none.</p>

### Participant 5: Tandi – Interview 2

1	<p><b>MH:</b> OK, I will ask you the same questions again that I ask you at the first interview; so the first one will be that you must just tell me a bit about your relationship with your mother now.</p> <p><b>Participant:</b> It is just okay.</p>
2	<p><b>MH:</b> Tell me what is different from the previous time when I spoke to you, what happened in the mean time?</p> <p><b>Participant:</b> We just talk normally now, there is not really fighting anymore.</p>
3	<p><b>MH:</b> What made the change?</p> <p><b>Participant:</b> I don't know, it just happened.</p>

4	<b>MH:</b> When did it change? <b>Participant:</b> Just recently.
5	<b>MH:</b> How did it come to the point where? <b>Participant:</b> I don't know, it just happened just just happened.
6	<b>MH:</b> Can you tell me some of the positive experiences between you and her? <b>Participant:</b> When she came for my matric dance.
7	<b>MH:</b> What happened then? <b>Participant:</b> She was there helping me.
8	<b>MH:</b> Did you know that she's going to come for the matric dance? <b>Participant:</b> Not until she said it.
9	<b>MH:</b> Were you surprise when she came? <b>Participant:</b> Yes.
10	<b>MH:</b> OK, can you tell me if you look at the past and what negative experiences can you recall? <b>Participant:</b> It's triggering me.
11	<b>MH:</b> It is? <b>Participant:</b> The question is triggering me.
12	<b>MH:</b> Why do you say that? <b>Participant:</b> It is still this topic is something that is still hurting me so when I talk about it it's triggering me and taking me back, that's why I don't like talking about it.
13	<b>MH:</b> Is it changes as the changes being just too sudden? <b>Participant:</b> Yes.
14	<b>MH:</b> So you don't really know what to expect now? How do you feel with the status quo now? <b>Participant:</b> I'm just okay.
15	<b>MH:</b> Can you tell me a bit more about your relationship with your mother in terms of stress? How has that been in the past? <b>Participant:</b> This whole topic is triggering me; it's taking me back now it's going to start making me ...
16	<b>MH:</b> Just tell me something about that. <b>Participant:</b> We didn't talk.
17	<b>MH:</b> And in the past? <b>Participant:</b> There was nothing.
18	<b>MH:</b> And if you just need to touch on some of the negative experiences made you know, broadly speaking, what would you mentioned. <b>Participant:</b> It's just her not being there.

19	<p><b>MH:</b> So how do you see the current, to come back to my question, the current status quo? How do you perceive this now?</p> <p><b>Participant:</b> I'm just fine. I don't have any emotions. I am okay. I'm just saying I don't ever need anything and I'm okay.</p>
20	<p><b>MH:</b> What do you expect?</p> <p><b>Participant:</b> Nothing.</p>
21	<p><b>MH:</b> So you don't have any expectations really now?</p> <p><b>Participant:</b> No.</p>
22	<p><b>MH:</b> Has it ever happened this way before?</p> <p><b>Participant:</b> No.</p>
23	<p><b>MH:</b> OK, how does your mother relationship compare with your friends relationships?</p> <p><b>Participant:</b> Well, obviously it's painful because do it's not the same I don't have one and then they have.</p>
24	<p><b>MH:</b> You mentioned it's painful?</p> <p><b>Participant:</b> [Nonverbal]</p>
25	<p><b>MH:</b> What is your perception of a mother daughter relationship?</p> <p><b>Participant:</b> I don't have any emotions towards this. Like, I just, what was the perfect way to explain this, I don't care! That is okay. I just, it's fine. I don't even imagine a day, it's nonexistent in my mind. I don't even think about it, it is a nonexciting thing.</p>
26	<p><b>MH:</b> Why do you prefer to handle it in in such a way?</p> <p><b>Participant:</b> I don't know.</p>
27	<p><b>MH:</b> Why do you think?</p> <p><b>Participant:</b> Because it doesn't hurt.</p>
28	<p><b>MH:</b> To not have expectations then?</p> <p><b>Participant:</b> Yes</p>
29	<p><b>MH:</b> Are you, what emotions come up to your mind?</p> <p><b>Participant:</b> Nothing! I'm not feeling anything, I feel nothing.</p>
30	<p><b>MH:</b> How do you see yourself at the moment?</p> <p><b>Participant:</b> What do you mean?</p>
31	<p><b>MH:</b> Yourself esteem how would you describe yourself esteem at this point in time?</p> <p><b>Participant:</b> Just not a thing.</p>
32	<p><b>MH:</b> How do you feel about yourself?</p> <p><b>Participant:</b> Just fine.</p>

33	<b>MH:</b> Are you satisfied? <b>Participant:</b> I'd like to say so
34	<b>MH:</b> If you compare it with how you felt about yourself in the past? <b>Participant:</b> Yes.
35	<b>MH:</b> Better, worse? <b>Participant:</b> Better.
36	<b>MH:</b> Does it have anything to do with your mother's recent behavior changing? <b>Participant:</b> No.
37	<b>MH:</b> What changed? <b>Participant:</b> It's just growth and having to accept life the way it is. And just not caring.
38	<b>MH:</b> Why do you say that? <b>Participant:</b> Because I cared, and it just brought me pain so not caring helps.
39	<b>MH:</b> OK, can you share some of your experiences in your own interpersonal relationship so far in your life <b>Participant:</b> How?
40	<b>MH:</b> You look at your own interpersonal relationships how did it go in your own relationship so far can even be friendships? <b>Participant:</b> I never really had bad relationships; they have mainly just been good
41	<b>MH:</b> Did your relationship last or not? <b>Participant:</b> Yes.
42	<b>MH:</b> How long was the longest relationship you had? <b>Participant:</b> With friendship since primary till now.
43	<b>MH:</b> How would you describe you and your mother's interaction style? <b>Participant:</b> I don't know what to say.
44	<b>MH:</b> Try to explain? <b>Participant:</b> How? I don't understand?
45	<b>MH:</b> If you need to explain to somebody what's going on between you and your mother? <b>Participant:</b> Why, I won't.
46	<b>MH:</b> Why not? <b>Participant:</b> I don't want to talk about it, it's not something I, no.
47	<b>MH:</b> Meaning? <b>Participant:</b> Simply because of the pain I went through. So why? I don't want to talk about things that bring me pain everyone.

48	<p><b>MH:</b> like you use it with the first question first question that you just felt that she was not there was that the main factor?</p> <p><b>Participant:</b> Yes.</p>
49	<p><b>MH:</b> Any any other elements that you want to just mention that caused the pain? Anything apart from that? And now the way forward?</p> <p><b>Participant:</b> The way forward is just not caring and living my life.</p>
50	<p><b>MH:</b> About her or not caring in general?</p> <p><b>Participant:</b> In general.</p>
51	<p><b>MH:</b> Is it stemming from the experiences you had in your mother relationship?</p> <p><b>Participant:</b> I just feel like it is a personal discission that works for me.</p>
52	<p><b>MH:</b> Do you detach from your emotions then?</p> <p><b>Participant:</b> Not really detach but I just learn from them. Even though I might feel something then I just tried not to care</p>
53	<p><b>MH:</b> Where is it coming from?</p> <p><b>Participant:</b> I don't know</p>
54	<p><b>MH:</b> So how are you going to get involved in meaningful interpersonal relationships?</p> <p><b>Participant:</b> I don't want to.</p>
55	<p><b>MH:</b> How are you going to go through life?</p> <p><b>Participant:</b> Well?</p>
56	<p><b>MH:</b> Do you prefer to do it on your own then?</p> <p><b>Participant:</b> Yes.</p>
57	<p><b>MH:</b> When did you take the decision to</p> <p><b>Participant:</b> It just happened.</p>
58	<p><b>MH:</b> And your expectations now from this mother relationship?</p> <p><b>Participant:</b> Nothing.</p>
59	<p><b>MH:</b> And your father relationship?</p> <p><b>Participant:</b> Nothing, there is just nothing.</p> <p><b>MH:</b> Okay, thank you.</p>

## APPENDIX S: TRANSCRIPT CASE 6 – GLADYS

(Please see the attached flash drive for all transcriptions.)

**Please note:** It is respectfully requested that the examiner destroy the flash drive with all the interviews at the end of the examination process to maintain confidentiality.

### Participant 6: Gladys – Interview

1	<p><b>MH:</b> Tell me about the relationship between you and your mother?</p> <p><b>Participant:</b> It is very neglectful, distant, and very unstable.</p>
2	<p><b>MH:</b> Tell me why do you say that?</p> <p><b>Participant:</b> I feel that my whole life, our relationship has been a choice to her and that if something happens to me, she chooses everything over me. And from that point, from there on I decided to distance myself from her, trying to keep my emotions and feelings from getting hurt.</p>
3	<p><b>MH:</b> Tell me about the more positive experiences between you and your mother?</p> <p><b>Participant:</b> The positive experience between me and my mother, is that when we see each other then we both really get hurt. We don't see each other as mother and daughter, we see each other as a broken woman and a broken child. So, we try to work things out and communicate. And I feel I can honestly say that we communicate better, but personally, there has not been any progress.</p>
4	<p><b>MH:</b> Can you tell me why you say the communication got better? Why do you say that?</p> <p><b>Participant:</b> Because I am used to staying very quiet, I was very scared. If I said something I am used to being hit and told to stay in my place. So, as I got older, I became more confident and I would tell my mom that what she was doing was not okay. As I started standing up for myself, I had begun to respect myself that was in a manner that was very hostile, I was screaming, crying, and breaking down. She saw how that affected me, and from there on we talked more calmly.</p>

5	<p><b>MH:</b> I understand. Can you share some of the negative experiences, between you and your mother?</p> <p><b>Participant:</b> Since she did hit me a lot, I don't like her touching me. From hugs or anything like that. I was so used to her hurting me that even if she swiped her hand to shoo off a fly I would flinch. And when she is saying or holding anything like a drink, I feel like I am going to have a panic attack.</p>
6	<p><b>MH:</b> I want you to tell me about your experience in your relationship with your mother during times of personal stress?</p> <p><b>Participant:</b> I have come to realise when my mother is under stress not to listen to her. My mother is very melodramatic, she would turn any stressful thing into a tragic thing. When I experience stress in the house, I kind of tend to go on my own and feel my feelings on my own instead of staying in the same room with her.</p>
7	<p><b>MH:</b> How does your relationship with your mother compare to those of your friends and their mothers would you say?</p> <p><b>Participant:</b> What I have realised is our lack of passion and empathy. Because I do remember sleeping over at a friend's house one time, and I saw the relationship between her and her mother. It is something that I really craved and was jealous of. They could tell each other anything. And when I would tell my mother something personal, she would turn around and use it against me.</p>
8	<p><b>MH:</b> What would you wish to have in your relationship that you feel should be in a mother-daughter relationship?</p> <p><b>Participant:</b> Passion, empathy, open-mindedness, better communication. I want her to get better and I want her to take responsibility for everything she did. And I want her to just be a mother again.</p>
9	<p><b>MH:</b> Tell me about your perception of a mother-daughter relationship, how do you see it?</p> <p><b>Participant:</b> It is really hard to explain. When I think about it, it is really bad, because immediately I think about our relationship and how bad it is. I see non-affection, tragedy, sadness and heartbrokenness. I have never felt warmth with my mother.</p>
10	<p><b>MH:</b> Tell me about your perception of yourself?</p> <p><b>Participant:</b> Healing, sensitive, open-minded. When I think about myself, I think of everything that has happened to me and I think of everything I have learned. So, I strive to stay open-minded and sensitive, and compassionate.</p>

11	<p><b>MH:</b> Tell me about the relationships you have had up until now?</p> <p><b>Participant:</b> It is very hard to trust. Because I trusted my mother and look how she treated me. It is very hard to build trust with people, it's very hard to come to a place where I feel comfortable with people now. I do overthink a lot, I wonder what will happen, I try to keep the relationship to a point where I try to change myself, to keep the relationship happy and healthy.</p>
12	<p><b>MH:</b> How would you describe you and your mother's interaction style?</p> <p><b>Participant:</b> Hostile, morbid. When we interact, we interact very professionally, not like mother and daughter. It is very formal.</p> <p><b>MH:</b> Thank you so much.</p>

### Participant 6: Gladys – Interview 2

1	<p><b>MH:</b> I want to ask you your couple of questions today, tell me more about your relationship with your mother, please?</p> <p><b>Participant:</b> With my mother it's not a, how can I say, mother daughterly relationship; there's no sympathy, there's no care, there's no like: Are you OK or are you healthy, are you happy? It's more like, I have to do this for you because quote unquote, I'm your mother and societies view I have to do this because I gave birth to you. It's not like, I love you so much I want to do this for you, it's like I need to do it for you or I won't be seen as a good parent and other people's views.</p>
2	<p><b>MH:</b> Do you feel that she's just doing it because it is expected from her and that it is not really coming from an emotional perspective?</p> <p><b>Participant:</b> Yes, my sister said it well. Both of us we weren't planned ... they weren't ... they weren't mentally prepared ... they were still in a phase of their lives where they went out to party and went out to party so mentally they are still there ... they weren't ready for kids and they still aren't ready for kids.</p>
3	<p><b>MH:</b> All right, so if you could change, how would you have done that?</p> <p><b>Participant:</b> Simple way would be start over. You know none of us, I cannot speak for my sister, but I think it will be easier if I was not born. I would think it would be harder on my sister because she would have been alone, but financially it would have been better on my parents, it wouldn't have to stress and feel like oh you had a seizure I guess we need to take you hospital because that's what they did with my first seizure ... they complained about the finances so I think it would be better if they never had kids in the first place ... because I don't know how it feels to have a real sympathetic mother or affectionate mother so I cannot really say how it</p>

	should be or how I could change it. If I could change it would be like start over completely wiped clean.
4	<b>MH:</b> And if you can have a clean slate how would you have it then? <b>Participant:</b> How do you mean by clean slate?
5	<b>MH:</b> If you can still start over from scratch how would you wish it to be? <b>Participant:</b> I wish she didn't expose me to adult things when I was nine years old, I wish I didn't see how my how my mom had to beg on her knees for my dad to stay. I wish she did not tell me how bad my dad was or show me pictures of him cheating and it was like that's just traumatizing enough ... that's damaging a relationship enough. I think she just really should have stayed quiet stop drinking stop and think.
6	<b>MH:</b> Was that something that was lacking the thinking? <b>Participant:</b> Yes, because her thinking processes scarily, it's scary because she doesn't think before she does, she goes on emotion and that's not right if she feels hatred towards my dad she would call my sister and be like I hate your dad when just this afternoon she called me and she was like yeah 'jou pa het gery en jis hy maak my so kwaad' (your dad left and he makes me so angry). I don't want to hear it I don't need because in my view both of you are my parents and you're just damaging a parental image in my view and it's that's why my relationship with my dad it's not a relationship ... it's more like your you just have the title of dad it doesn't mean anything.
7	<b>MH:</b> But it was also influenced, I suppose then? <b>Participant:</b> Yes.
8	<b>MH:</b> OK then. I want to ask you if you can share some of the more positive experiences between you and your mother if you can just share that. <b>Participant:</b> I think what she influenced in me is like she let me question everything like because she quote unquote, says she's a Christian but then she is abusive ... she's alcoholic but so I really questioned my religion I questioned if things or if this is really wrong that is really right. So, I became really open-minded in today's society like I'm OK with LGBTQ plus I'm very open minded because of her. But positive experience that I had with her ... it's I'm OK this is going to be some really bad but I know she gives in very easily so I used to manipulate it to be like can I get data can I get this can I get that ... so that's my view, OK. because what she did it won't equal it out.

9	<p><b>MH:</b> Do you think did you know that sometimes you can be a bit manipulative to things in order to get certain things or to bring on certain positivity in the relationship?</p> <p><b>Participant:</b> I tried, I think like I changed ... I never relationship and this is not healthy. I changed a lot of myself to make the relationship better or to see like, oh OK, you like this and I would like it to some type of thing and I started thinking that you know what is one thing new my mom have in common ... it's like we both like watching YouTube videos, so I went ... I started going to her sitting at a laptop being like do you want to watch YouTube video with me? Trying to generally start small and rebuild and it turned into something being like, no I'm good and then I was like ... and then I just stopped trying so we did for a week or two sit down and actually watch videos but then it dialled back down ... so that's one good thing I have for my mother is like just sitting in quiet and watching video together.</p>
10	<p><b>MH:</b> OK, all right, OK, and then [moving to] the negative side ... if you could tell me some of the negative experiences between you and her, I suppose you will be able to elaborate on that?</p> <p><b>Participant:</b> Yeah, very well. With her I couldn't really talk to her about any childhood like normal teenage things like, oh I have a crush on this boy because then she would use it against us being like, oh you're such a whore such a slut ...and then I was like 11 years old so I cannot really talk to her about anything like normal teenage stuff like my feelings towards a guy or friends or anything ... and then she would just turn around and use it against me and then later point of and or if we come into an argument like today's house, that she would be like, Oh yeah just go talk to your friend then you use it against me and I would negative she would ... she would hit me to the point where when I was just walking by her and this happened a month ago I would instantly flinch and she would use that being like 'yeah jy beter' then and then I just, OK then I just don't right like she really negatively, she would emotionally, like still to this day I don't like to tell people how I feel because I'm scared of if they were going to use it against me one day or I'm scared of physical touch. I don't like physical touch because of her.</p>
11	<p><b>MH:</b> Why don't you like physical touch?</p> <p><b>Participant:</b> Because she would hit me so much.</p>
12	<p><b>MH:</b> And warmth? Any of these?</p> <p><b>Participant:</b> We used to do 'neusie-neusie' where we rub noses together but one time she did it when she was drunk and I smelled her breath and that was the last time she did that and I and I told her that please don't do that again ... please don't</p>

	<p>hug me because I feel uncomfortable in my own mother's arms and when I realized that I knew this is not how you're supposed to feel it's not how a daughter. But when I see my friends with their mother I envy it's almost I it seems impossible to me that you can love someone that much but yet I crave that love that's one thing that's so confusing to me like it's impossible you cannot love someone that much but yet I crave that love it's I know being hypocritical but I don't know it's just I hate to see people happy.</p>
13	<p><b>MH:</b> All right, tell me about your experience in your relationship with your mother during times of personal stress.</p> <p><b>Participant:</b> Fake, dramatic, she over-exaggerates so much at a point where, like if were your feelings every true in the beginning. With, like with my dad I remember his one time they were partying and then he just disappeared and so my mom you feel like 'O! ons moet nou gaan rond kyk en kyk waar is jou pa' (We need to look around and see where is your dad). My sister was in the back seat, I was young so we were ... we did not know what was going on but I was confusing to me being like you just told us how much you hate him and now you looking for sympathy. Every time I would wake up ... not every time, one time I woke up from my seizure in the hospital not knowing where I was or what happened and she instantly put a phone next to my ear and be like it's your grandma, talk to your grandma. And I was just like I don't know where I am I don't know what's going on. Also when I broke my pinky she would call her sister instantly, because I don't know why and instead of when someone is in pain grief stress doesn't matter ...she always has to tell someone else ...she looks for sympathy gratitude because sometimes they're like, oh you're such a good mother and she craves that being like, oh I just got validated oh how are you by the way she, every time she's in stress I just roll my eyes because not in stressed but if something happens I don't I don't know if I should believe or not. Because I'm like, you don't you don't I don't see care I don't see passion I see, I need validation, I need someone else's opinion.</p>
14	<p><b>MH:</b> So is it that if you've got stress and you discuss that with her and at the end of the day everything is about her and her about you then?</p> <p><b>Participant:</b> Just this morning when she called me I told her about my seizure and how I felt how it happened she goes we were on video call she turned the camera around and showed that the gardener Felix from my neighbors and our gardener chatting and her being like, oh isn't he or aren't they like funny and cute like best friends. I wish I had I do have voice notes of her even when I was recovering from overdosing, she would barge into my room and tell me how can you say that to</p>

	<p>your dad and why I was just two minutes ago try to kill myself. I literally have the voice as if you would love me to play them I would play them with all my heart full volume and that's it's just another point of view how everything somehow somehow turns into her. Even if you're talking about dog shit, she would be like "Oh yeah". No so I, everything turns up about her it's so frustrating it's if you say something, she has, she feels the need to tell something that happened, to tell you something that happened about her she feels the need to. And that's so irritating, when my sister was in the hospital because she had a panic attack last year, um she had to go call my dad, she had to go call my grandma she had to. And there's a difference between I have to and I have to the difference between like when my grandma was in the hospital because of a stroke, I knew I had to call my aunts to inform them what was happening but I didn't do that ... being like oh I need to like tell them this gossip and no I need to inform them with what's happening because it's a medical emergency, with my mom it's our house to tell them they're going to love this they're going to die with this type of thing.</p>
15	<p><b>MH:</b> OK, what effect does it have on you, know if you are under stress, and you tell her about it and she turns it around? So, I wonder if it does it have on you now?</p> <p><b>Participant:</b> When I tell her, when, OK, when I told her you know I want to myself I want to kill, sorry, I want to kill myself she talked about a video that we haven't watched yet and I just stood up for my chair went to my room and cried and later on I learned not to tell her because it's useless. I used to be like, listen to me yell, scream, knock things over. An exclamation of my emotions and my physical behavior by you know, punching my fist on the chair and everything and later on I wish like it's useless it's useless I used to verbally and physically show my frustration ... I used to have anger lashes out ... I used to I broke my door so it's anger, it's frustration.</p>
16	<p><b>MH:</b> I understand. How does your mother relationship compare; I think you touched on it with one of your answers now. but how does it compare with your friend's relationships with their mothers?</p> <p><b>Participant:</b> It's toxic, it's not great, it's disgusting. With my first sleepover I went to my friends Anoushka's house and her mother was like oh let me do your hair for you let me do that let me like what are you going to wear and I was like this ... This is why she normally does ... is this this is how it but what's going on and I just thought that her mother was overbearing and then I was like, and then I saw it with all my other friends as well and then I was like, my mom, she doesn't do this she doesn't come in to my room being like, so what did what did he say, did you see a</p>

	<p>cute boy? She would come to my room and show photos of my dad cheating that's it's toxic. She thinks we're one of her friends being like you never you were never guess what he just did and then we just stand there being like that's my dad you cannot tell a child that of a parent, it's not parental.</p>
17	<p><b>MH:</b> Do you think the role expectations are sometimes, you know, turned around now?</p> <p><b>Participant:</b> Yes, I said this to my sister ... I told her I wish I can give you know if we are in an argument just pause OK mom say this and this and then I would say that I'm then you do that OK and start from the beginning just to be like this is what you should do ... this is how you should act this is how you should care for your child. I feel I feel in a sense that I've raised myself ... like in the in my early days I had very my emotion I did not know how to control it like, if I did not know it was it was up down here and there you would know and I had to learn to control it by myself ... I had to learn to do things by myself. I had to I had to learn .. I bought my own menstrual cycles I had to do it by myself because my mom she didn't do that ... I had to with my sisters help raise myself in a way.</p>
18	<p><b>MH:</b> I understand. Tell me about your perception of a mother-daughter relationship?</p> <p><b>Participant:</b> Like I said ... you should care ...you should show affection ...you should show protectiveness ... you should be able to step up when asked ...I mean you should just be ready to be a mother like, you cannot just OK, I have a child I have to do this. You have to be mentally prepared being like if I have a child, I'm going to do this and this and that you need, you need to love her child.</p>
19	<p><b>MH:</b> Is that what you wish?</p> <p><b>Participant:</b> Yes I sometimes be like, I wish you did that but I know, I know for a fact if tomorrow she would change into this loving, you know, cartoon mom with the apron and the freshly baked apple pie, I would just turn around and leave because I already have this picture of my mother this awful orbit or horrible abusive mother and if that and I don't think I don't think I would accept her if she all of a sudden was like, oh I care for you now?</p>
20	<p><b>MH:</b> Why won't you accept it?</p> <p><b>Participant:</b> Because why now ... why now ... why? Why not when I was born ...why why the sudden change ... why wouldn't we ask you stop drinking stop hitting us stop doing this stop that ... why didn't you do it then why now thought it was I got angry.</p>

21	<p><b>MH:</b> I hear what you say, tell me about your perception of yourself?</p> <p><b>Participant:</b> Sexy, long legs (laughing) no, open-minded, I don't know sympathy is a very difficult thing for me. I don't ... I don't know how to ... I know how to give it but in certain situations I don't know. I know that I can't feel emotion sometimes, but I'm very open-minded ... I'm ready to understand and sometimes I think I understand too much and I try to listen too much instead of standing strong and having my own opinion but I I'm very open-minded, carefree, I'm rebellious, uhm, you know I'm just I think more mature natural because I don't ... I just ... I'm very hypocritical. I just said that I would change sometimes ... would change myself to fit in a relationship but then again I say you know I'm natural I don't fake myself but it's ... it's sometimes I can't help it because when I'm in a relationship with my friends I feel the need to protect our relationship even if that means losing myself and trying to work on it ... it's not going so well but yeah it's yeah that's me.</p>
22	<p><b>MH:</b> How do you think or tell me how do you think that your mother's behavior influences your behavior, in what way?</p> <p><b>Participant:</b> When I see how she used to behave and I knew I had to do the opposite ...if she would yell by something I would just stay quiet and that's still this day I would rather sit in a corner in a party. And just mind my business, when she would act some type of way I would just do the opposite it's behavior. She's loud physical. Yeah no it's totally opposite.</p>
23	<p><b>MH:</b> Share with me your experiences in the relationships you had so far.</p> <p><b>Participant:</b> I feel the need to change myself a lot when I became friends with sports girls like netball. I'm not ... I did do sports but then I grew out of it so but I felt like, oh I had to get back on it, like goes, I would lose my friends I would lose the relationship and I would rather die if I lose the relationship and then I was like, this is why, my relationship with like romance I feel that I did not have one yet but my previous ones I felt that you know you're not right for me I'm going to walk away, you're not mentally stable to me. I'm going to walk away and I need and it's I know it's a lot to ask I need someone mentally stable because I know I'm not mentally stable and if both of us are not mentally stable we're going to jump over the same bridge. I'm sorry, I'm sorry, so I this will like I need someone that's like me because I would literally throw myself away just to fix a relationship that was never going to work out and I just with my one friend Jonathan, he's very into politics. I was too because I thought, you know, what I'm going to become a lawyer, you know. My granddad always says like, oh I can argue, so I was like, OK, well OK, let's be friends. Politics law it's do this and I stepped away from politics be like, I want to go</p>

	<p>into business and I felt the need to stay in politics or I'm going to lose my friend and so slowly I started to know backtracking and becoming myself and I saw that he didn't know me, like he was like, what are you doing, like what's going on here, you never talk about this, you never dress like this, like what's going on? Then I realized he never knew me, you never knew the real me I had to fake it for you.</p>
24	<p><b>MH:</b> OK how would you describe you and your mother's interaction style?</p> <p><b>Participant:</b> I have to use humor it's like talking to a two-year-old, if you don't, if you don't wave a little, you know colorful toy that makes sounds you know you're not going to get a positive outlook ... you're not going to get something that you really want, not want but like you know, with communication so when I talk to her on the phone, just this morning like I knew that you know just tell a joke or two it's going to be fine and that clicked and she was like, haha and she continued with the conversation. Me and her never talk so long on the phone because I hate her, but now that I'm here and you know just like I'm going to focus on myself so I don't give a second thought to her anymore. I just wave a little toy in front of her ... she talks to me more ... she, I'm not going to say listen but she's on the phone longer and so when we interact I use humor because that's one thing that I know of her. Is her humor style, so.</p>
25	<p><b>MH:</b> Just give me the information on why are you not with her anymore, where are you now? Just give me that information.</p> <p><b>Participant :</b> I am staying with my grandparents in XXXXXX, I'm from XXXXXX originally, because I stayed with my parents but things got too hectic, it got physical. My mom um she was an alcoholic ... she drank every Friday, she would hit us, tell us how horrible my dad is and you know very narcissistic and so I couldn't take it anymore so I asked my grandparents if I can move in with them and they said yes. Same with my dad ... he was never present ... he was he's also an alcoholic but we didn't see him drink because he was always away at work for months end.</p> <p><b>MH:</b> Thank you so much.</p>

## APPENDIX T: TRANSCRIPT CASE 7 – VERA

(Please see the attached flash drive for all transcriptions.)

**Please note:** It is respectfully requested that the examiner destroy the flash drive with all the interviews at the end of the examination process to maintain confidentiality.

### Participant 7: Vera – Interview 1

1	<p><b>MH:</b> OK, my first question to you is, can you tell me a little more about you and your mom's relationship, please?</p> <p><b>Participant:</b> We always had a good relationship, until I became depressed.</p>
2	<p><b>MH:</b> OK.</p> <p><b>Participant:</b> And, I think, because she lost her brother through it, she didn't want to accept that I had depression</p>
3	<p><b>MH:</b> OK. What has changed since then? How did you experience it?</p> <p><b>Participant:</b> We still love each other very much and well, we're just much more snappy with each other.</p>
4	<p><b>MH:</b> What did you experience from the change that has taken place? How do you feel about that</p> <p><b>Participant:</b> A little sad, but life happens.</p>
5	<p><b>MH:</b> Can you tell me some of the positive experiences between you and your mom?</p> <p><b>Participant:</b> When we did each other's hair and each other's makeup or eyebrows or something together. Just quality time spent together.</p>
6	<p><b>MH:</b> How did you experience these moments?</p> <p><b>Participant:</b> Very good</p>
7	<p><b>MH:</b> How often did this happen?</p> <p><b>Participant:</b> About once in two months.</p>
8	<p><b>MH:</b> OK. My next question is, tell me about some of the negative experiences between you and your mom?</p> <p><b>Participant:</b> If we fight a lot, if I'm being rude.</p>
9	<p><b>MH:</b> What's the fight about? Can you tell me more about that?</p> <p><b>Participant:</b> It's about small things, like simple stuff.</p>

10	<p><b>MH:</b> And how would that affect you in your life?</p> <p><b>Participant:</b> Not so bad, because my mom is just strict, she's just an angry mother.</p>
11	<p><b>MH:</b> Tell me how you experience the relationship between you and your mother during times of personal stress? So, if both of you are under stress or one of you is under stress, how does it affect your relationship?</p> <p><b>Participant:</b> We're just fighting with each other because we both have the same personalities so when we're stressed then we take it out on other people.</p>
12	<p><b>MH:</b> How do you think your mother's personality influenced your personality?</p> <p><b>Participant:</b> I don't know.</p>
13	<p><b>MH:</b> What do you think if you have to say now</p> <p><b>Participant:</b> That I'm just like me now.</p>
14	<p><b>MH:</b> OK. Tell me how does your relationship with your mother compare to your friends' relationships with their mothers?</p> <p><b>Participant:</b> My friends and their relationships with their mothers, it sounds so wonderful and apparently their mothers never fight with them and things like that.</p>
15	<p><b>MH:</b> How does that make you feel?</p> <p><b>Participant:</b> I'm a little jealous, but everyone's moms are different.</p>
16	<p><b>MH:</b> Tell me your perception of a mother-daughter relationship? What is your honest view of how this should be?</p> <p><b>Participant:</b> That a mother will always be there for her daughter and won't fight over everything with her daughter. Not taking everything too seriously.</p>
17	<p><b>MH:</b> Do you feel that sometimes it is your experience in your mother's and your mother's relationship?</p> <p><b>Participant:</b> Yes.</p>
18	<p><b>MH:</b> That's actually what I want to ask you is, would you say your relationship is always the same or not?</p> <p><b>Participant:</b> No.</p>
19	<p><b>MH:</b> Describe to me?</p> <p><b>Participant:</b> Look, now we're fine again.</p>
20	<p><b>MH:</b> OK. So how would you say, out of your perspective do the two of you deal with conflict?</p> <p><b>Participant:</b> My mom doesn't talk to me for a few days, and then she just talks to me again.</p>

21	<p><b>MH:</b> Between your emotions and her emotions, is there a similarity would you say?</p> <p><b>Participant:</b> Yes.</p>
22	<p><b>MH:</b> Tell me how you see yourself?</p> <p><b>Participant:</b> As a young, wild, not wild but I have a very big personality, so I'm a lot more extra than other people.</p>
23	<p><b>MH:</b> What do you mean by that?</p> <p><b>Participant:</b> I like, like blingy stuff and cheetah print and such stuff.</p>
24	<p><b>MH:</b> How would you say it makes you different from other people? Describe to me a little more so that I understand you better?</p> <p><b>Participant:</b> Other people are a bit plain.</p>
25	<p><b>MH:</b> And you?</p> <p><b>Participant:</b> I'm not a plain person at all.</p>
26	<p><b>MH:</b> Try describing it in a sentence just again?</p> <p><b>Participant:</b> I don't know, Doctor.</p>
27	<p><b>MH:</b> Just try to describe to me more or less yourself, that I'm just getting more information about how you see yourself versus other people?</p> <p><b>Participant:</b> OK, I have a bigger bone structure than other people. I'm more rude than other people, not exactly rude but louder than other people.</p>
28	<p><b>MH:</b> Where would you say it came from?</p> <p><b>Participant:</b> I don't know, probably my grown-up years, Doctor.</p>
29	<p><b>MH:</b> How would you describe it?</p> <p><b>Participant:</b> I'm always a tough person when it comes to people I don't love.</p>
30	<p><b>MH:</b> What caused it? Tell me about this?</p> <p><b>Participant:</b> I don't know. My mother is also a tough person, and I've learned it that way. Like, if people yell at my sister, she'll turn around and walk, if they yell at me, I'll scream back.</p>
31	<p><b>MH:</b> Tell me more about your experience with interpersonal relationships so far in your life, how would you describe it?</p> <p><b>Participant:</b> Good Doctor, but me and a few of my friends, fight every now and then, it's just stupid things we're fighting over.</p>
32	<p><b>MH:</b> How would you have liked it differently?</p> <p><b>Participant:</b> That we didn't fight at all, that we all just, have peace and sit and talk to each other instead of fighting.</p>
33	<p><b>MH:</b> And is that a given in your relationships, what's always there?</p> <p><b>Participant:</b> No. We're usually all together and we usually hang out with everyone.</p>

34	<p><b>MH:</b> OK. How would you describe the long-term effect on the relationships if you were together, how would you describe those relationships?</p> <p><b>Participant:</b> Me and one of my friends don't talk to each other at all because someone told her I saw this and this and this, like hear-say and then they added unto the story, so it's very bad for me because she's friends with all my other girlfriends and she and I are no longer friends.</p>
35	<p><b>MH:</b> OK. How would you use your and your mother's style of interaction?</p> <p><b>Participant:</b> We like to do shopping and, anything with animals, like we go to animal shelters together, we go to the mall together or Pick n Pay or so.</p>
36	<p><b>MH:</b> How do you think your mother's emotions influence you?</p> <p><b>Participant:</b> Sometimes good, Doctor, and sometimes bad because sometimes when something bad happens in my mother's life, she is very hard with the people around her. If something good happens, it's back to normal.</p>
37	<p><b>MH:</b> Would you say you always know what to expect from your mother or is it sometimes hard for you to understand it?</p> <p><b>Participant:</b> No, I always know what to expect, Doctor.</p>
38	<p><b>MH:</b> Do you think it's the same as other young people your age, how they can expect from their mothers, or do you think it's different?</p> <p><b>Participant:</b> I think it's different because some children's mothers are the same as mine and some aren't.</p> <p><b>MH:</b> Thank you.</p>

### Participant 7: Vera – Interview 2

1	<p><b>MH:</b> I want you to tell me a little bit about your relationship with your mom.</p> <p><b>Participant:</b> My relationship with my mother has always been, from a young age, "close", but as you get bigger you grow away from that. You start your own life and so on.</p>
2	<p><b>MH:</b> How would you describe it at the moment?</p> <p><b>Participant:</b> Good, better.</p>
3	<p><b>MH:</b> If you were going to look back now on the relationship of you and your mother, would you say it varied over time, then good and then bad?</p> <p><b>Participant:</b> Yes.</p>

4	<p><b>MH:</b> Tell me about the good things you and your mother have experienced together.</p> <p><b>Participant:</b> We would try to do something together every week, and our passion is animals, so we have bonded, by animal “rescues” and so on.</p>
5	<p><b>MH:</b> Then tell me more about the negative side, the worse part of the relationship between you and your mother.</p> <p><b>Participant:</b> We fight very easily; we have much the same personality, and we are both very stubborn. So, we fight very easily over simple stuff.</p>
6	<p><b>MH:</b> Tell me what are you fighting about?</p> <p><b>Participant:</b> Like how the bed should be made up, or how the towels should be folded up or about what we're going to eat tonight.</p>
7	<p><b>MH:</b> Okay, so the negative stuff is the conflict then, and sometimes it's little things. Is it also sometimes big things?</p> <p><b>Participant:</b> Yes, sometimes. Like if I did something wrong, failed or have a bad attitude, something like that.</p>
8	<p><b>MH:</b> Can you communicate then?</p> <p><b>Participant:</b> Yes.</p>
9	<p><b>MH:</b> Can you solve that? Do you feel satisfied, then, with how you solve it?</p> <p><b>Participant:</b> Yes.</p>
10	<p><b>MH:</b> How is you and your mother's relationship when there is a lot of stress in the home?</p> <p><b>Participant:</b> Not good, because if she stresses then she takes it out on other people. And I'm exactly the same. So we take it out on each other.</p>
11	<p><b>MH:</b> Can you talk about it?</p> <p><b>Participant:</b> Yes sometimes.</p>
12	<p><b>MH:</b> But you haven't found a solution to that yet?</p> <p><b>Participant:</b> My mom talks to us about her stress now mostly.</p>
13	<p><b>MH:</b> How do you think a mother and daughter's relationship should be?</p> <p><b>Participant:</b> I don't think there's a perfect mother-daughter relationship. But I think it's just not taking your stuff out on your child or I'm not taking my stuff out on her.</p>
14	<p><b>MH:</b> How do you feel about yourself at this point?</p> <p><b>Participant:</b> Better than I have.</p>
15	<p><b>MH:</b> And how was it before?</p> <p><b>Participant:</b> That I didn't accept myself as I am, and that I felt sorry for who I am. And it's not like that anymore.</p>

16	<p><b>MH:</b> What brought about this change?</p> <p><b>Participant:</b> I think I just realized that I'm not going to change and that I am who I am.</p>
17	<p><b>MH:</b> What made the realization take place?</p> <p><b>Participant:</b> I don't know.</p>
18	<p><b>MH:</b> In other words, you realized that you have to accept yourself as you are.</p> <p><b>Participant:</b> Yes because otherwise I'm going to be in that one place all the time from, OK, I have to change for this person and that one, but what about myself?</p>
19	<p><b>MH:</b> Tell me how it has been in your interpersonal relationships so far in your life?</p> <p><b>Participant:</b> So-so, because some of the friends I had in elementary school, I still talk to, but one day we chat and the next day we fight then we talk the next day again.</p>
20	<p><b>MH:</b> How would you like it?</p> <p><b>Participant:</b> That we just don't fight and have differences.</p>
21	<p><b>MH:</b> How would you describe your and your mother's relationship and the way you communicate?</p> <p><b>Participant:</b> Good but not good either because we fight a lot.</p>
21	<p><b>MH:</b> Would you say that the way your mother communicates is much more likely than how you tend to communicate?</p> <p><b>Participant:</b> Yes.</p>
23	<p><b>MH:</b> Would you like to do something about it? Is this something you're comfortable with?</p> <p><b>Participant:</b> No, the thing is we jump on our horses very quickly. We're very inclined to fighting. That's what I am working on. It's getting better because in the last month my mom and I have only had a difference once, it wasn't a fight.</p>
24	<p><b>MH:</b> So there's growth taking place?</p> <p><b>Participant:</b> Yes.</p>
25	<p><b>MH:</b> What would you say was the big reason for the growth?</p> <p><b>Participant:</b> That we can only have a better relationship.</p>
26	<p><b>MH:</b> Do you think it's a need for both?</p> <p><b>Participant:</b> Yes.</p>
27	<p><b>MH:</b> Do you think there has been more change from your side in the last few years than with your mother, to make your relationship better?</p> <p><b>Participant:</b> No, I think it's on both sides.</p>
28	<p><b>MH:</b> Do you think it exists with both, to make the relationship better?</p> <p><b>Participant:</b> Yes.</p>

29	<p><b>MH:</b> So what's the one big thing you'd like better?</p> <p><b>Participant:</b> Trust. My mother trusts me, but she won't trust me with like her bakkie. But I understand that because my sister bumped her bakkie. But she trusts me to say like personal things to me and so on.</p>
30	<p><b>MH:</b> What else would you like, except for the trust, what would you still like to have changed in your relationship?</p> <p><b>Participant:</b> The way we talked to each other, but it's getting better now.</p>
31	<p><b>MH:</b> What was it like in the past?</p> <p><b>Participant:</b> That we shouted at each other.</p>
32	<p><b>MH:</b> What was the big reason that you had screaming and conflict, what was the big contribution?</p> <p><b>Participant:</b> I think work stress from my mother's side, and I also rebelled in high school so it had a big contribution as well.</p> <p><b>MH:</b> Thank you.</p>

## APPENDIX U: TRANSCRIPT CASE 8 – RACHEL

(Please see the attached flash drive for all transcriptions.)

**Please note:** It is respectfully requested that the examiner destroy the flash drive with all the interviews at the end of the examination process to maintain confidentiality.

### Participant 8: Rachel – Interview 1

1	<p><b>MH:</b> I'm going to ask you a couple of questions. I want you to just be as honest as possible, try to give me as much information than you can, about the relationship between you and your mother. So the first question I want to ask you is I want you to just tell me a little bit about the relationship between you and the mother,</p> <p><b>Participant:</b> My relationship with my mother is very good. Nothing to complain about.</p>
2	<p><b>MH:</b> But your mother must now be your biological mother not your grandmother, so tell me more about that.</p> <p><b>Participant:</b> Yes, my mother is loving and she has always been there for me, unlike my dad.</p>
3	<p><b>MH:</b> OK, share some of the positive experiences between you and your biological mother?</p> <p><b>Participant:</b> Positive?</p>
4	<p><b>MH:</b> Anything you can share, you know, positive between you and your mother? Anything you know of?</p> <p><b>Participant:</b> The way she looks after me, maybe.</p>
5	<p><b>MH:</b> Explain to me?</p> <p><b>Participant:</b> Or the way we connect?</p>
6	<p><b>MH:</b> Tell me about both.</p> <p><b>Participant:</b> My mom is easy to communicate with. And she always listens and she's always there when there is something to talk about. But then sometimes she is always focusing on other people. And she doesn't have time to focus on herself.</p>

7	<p><b>MH:</b> OK, any positive other positive experiences that you had between you and her?</p> <p><b>Participant:</b> No.</p>
8	<p><b>MH:</b> OK, can you tell me some of the negative experiences between you and your mother?</p> <p><b>Participant:</b> When we fight, then she says some bad things.</p>
9	<p><b>MH:</b> Tell me more about that.</p> <p><b>Participant:</b> There was a time I pressed the wrong button on the TV, and then the TV just stopped working and then she shouted at me. Then she said when I went to my dad and she [inaudible].</p>
10	<p><b>MH:</b> Just say that last sentence again?</p> <p><b>Participant:</b> She said she wishes that I get raped when I go to visit my dad.</p>
11	<p><b>MH:</b> Get raped?</p> <p><b>Participant:</b> Yes.</p>
12	<p><b>MH:</b> OK, alright so can you give me more information on the negative experiences just tell me a little bit more about that so that I can just understand a bit better?</p> <p><b>Participant:</b> Like why did she say that?</p>
13	<p><b>MH:</b> Just in general, why sometimes would you say there are these negative experiences? Perhaps you can just take off your mask, so I can just hear a little bit clearer? Just tell me what would you say, what would you describe as negative in your relationship? Is she doing things that you regard as negative or any such?</p> <p><b>Participant:</b> Yes.</p>
14	<p><b>MH:</b> Explain to me. What kind of things are you referring to?</p> <p><b>Participant:</b> When she can't stay with just one person.</p>
15	<p><b>MH:</b> So relationship-wise, what will she do?</p> <p><b>Participant:</b> So let's say she has one person and the other one and they fight, then she will involve me.</p>
16	<p><b>MH:</b> To do what?</p> <p><b>Participant:</b> Then she will ask me who do I love better?</p>
17	<p><b>MH:</b> But then it is adult relationships then?</p> <p><b>Participant:</b> Yes.</p>
18	<p><b>MH:</b> But then you have to decide?</p> <p><b>Participant:</b> Yes.</p>
19	<p><b>MH:</b> How does it make you feel?</p> <p><b>Participant:</b> I don't really feel anything.</p>

20	<p><b>MH:</b> But you, do you feel that the responsibility, that you are aware of, that she puts on you is that sometimes a problem to you?</p> <p><b>Participant:</b> Yes.</p>
21	<p><b>MH:</b> What else would you regard as negative in your relationship with your mother?</p> <p><b>Participant:</b> Nothing.</p>
22	<p><b>MH:</b> Is there anything, at the house sometimes that is challenging to you?</p> <p><b>Participant:</b> No.</p>
23	<p><b>MH:</b> Tell me about your experience in your relationship with your mother during times of personal stress? When you are going through stress, she's going through stress and what is happening then in the relationship?</p> <p><b>Participant:</b> When my mom is stressed, she always takes her pills, like Tripoline and what-what not.</p>
24	<p><b>MH:</b> Correctly so or not?</p> <p><b>Participant:</b> No.</p>
25	<p><b>MH:</b> What does she do?</p> <p><b>Participant:</b> She always overdoses when she has stress or someone does something to her. And then she just leaves me like that.</p>
26	<p><b>MH:</b> And how does that make you feel?</p> <p><b>Participant:</b> It makes me feel very sad because she is always threatening, she will kill herself and she says bad things to her mother.</p>
27	<p><b>MH:</b> And just tell me again the feelings the emotions that's going through you in such times?</p> <p><b>Participant:</b> It makes me very sad and sometime angry. Sometimes don't know how to feel.</p>
28	<p><b>MH:</b> And how did that affect you, in your own life?</p> <p><b>Participant:</b> Then it will affect me but my grandmother was always there for me.</p>
29	<p><b>MH:</b> All right, so how does your mother relationship compare with your friends' relationships with their mothers?</p> <p><b>Participant:</b> It's a bit different because then their mothers don't have mental problems.</p>
30	<p><b>MH:</b> OK, in that sense it is different, would you say then your relationship, it is more challenging in your side because your mother is having a mental problem?</p> <p><b>Participant:</b> Yes.</p>

31	<p><b>MH:</b> Tell me about your perception of a mother-daughter relationship? How do you think must a mother daughter relationship actually be?</p> <p><b>Participant:</b> It should be filled with love and the mother must always be there for her daughter. She should not always choose someone else over her daughter because one day she will need to be there when her daughter needs her.</p>
32	<p><b>MH:</b> All right, tell me about your perception of yourself?</p> <p><b>Participant:</b> How do I describe myself? I am a very nice person, and I fit in really quick with some people.</p>
33	<p><b>MH:</b> Did you ever feel that you have to act like the adult in the mother-daughter relationship?</p> <p><b>Participant:</b> Sometimes.</p>
34	<p><b>MH:</b> How does it make you feel then?</p> <p><b>Participant:</b> It's a bit challenging, I don't feel anything.</p>
35	<p><b>MH:</b> Why don't you feel anything? If you say it is challenging but at the same time in the same sentence you also say you don't really feel something. Are you protecting yourself or why are you not feeling that much? Does it hurt?</p> <p><b>Participant:</b> Sometimes.</p>
36	<p><b>MH:</b> When specifically?</p> <p><b>Participant:</b> Like I have to do all the chores, like there is somethings you have to do as a mother. I always clean, because when she takes her pills, she becomes really really drowsy and then she drops things, she breaks things, she spills things and then I have to clean up.</p>
37	<p><b>MH:</b> All right, okay, share with me your experiences in the relationships you had so far. Just share me some of those experiences, I'm talking about any friendship relationships that you had so far.</p> <p><b>Participant:</b> Its very good. I don't have any problems with the relationships with my friends.</p>
38	<p><b>MH:</b> What challenges do you experience in your friendships?</p> <p><b>Participant:</b> I don't think I've gotten to this stage where I experienced challenges in my friendships.</p>
39	<p><b>MH:</b> How would you describe you and your mother's interaction style?</p> <p><b>Participant:</b> The way we communicate?</p>
40	<p><b>MH:</b> Yes.</p> <p><b>Participant:</b> Its very good. We do communicate on a daily basis.</p>

41	<p><b>MH:</b> What would you say are the main challenges in your relationship with your mother?</p> <p><b>Participant:</b> I'm not sure.</p>
42	<p><b>MH:</b> If you must just try and think about the challenges at the moment. What are the things that worry you? What worries most about you and your mother's relationship?</p> <p><b>Participant:</b> About her? My mom could change her lifestyle just a little bit, and then maybe she will be better as time goes.</p>
43	<p><b>MH:</b> Do you wish her to change it? Why?</p> <p><b>Participant:</b> Because it is just affecting me and her and everyone around her.</p> <p><b>MH:</b> Thank you so much.</p>

### Participant 8: Rachel – Interview 2

1	<p><b>MH:</b> Good day, I just ask you a couple of questions again, please. The first question will be that you must just tell me a little bit about your relationship with your mother. How is it between you and your mother?</p> <p><b>Participant:</b> We have a healthy relationship.</p>
2	<p><b>MH:</b> Elaborate – how would you describe the relationship?</p> <p><b>Participant:</b> I love my mom a lot.</p>
3	<p><b>MH:</b> OK, and was it like that since you can remember, or how was the relationship over the years?</p> <p><b>Participant:</b> It has always been like that.</p>
4	<p><b>MH:</b> So, tell me a little bit about the positive experiences between you and your mom, anything positive that you can recall in your relationship?</p> <p><b>Participant:</b> My mom always attends my netball games, she's always there when I need her.</p>
5	<p><b>MH:</b> Anything else is it something that you that it is not how you would wish it to be?</p> <p><b>Participant:</b> No.</p>
6	<p><b>MH:</b> OK, and can you tell me some of the negative experiences between you and your mother?</p> <p><b>Participant:</b> When my mother gets angry, she says bad things.</p>
7	<p><b>MH:</b> Mostly what makes her angry, what causes the anger?</p> <p><b>Participant:</b> Sometimes it's work things or she just had a bad day. Or I'm not behaving, I'm not listening to her.</p>

8	<p><b>MH:</b> Can you can you tell me a bit more about what makes her angry and when does it happen and what does she do when she's very angry?</p> <p><b>Participant:</b> When she is very angry, she sometimes takes it out on people and sometimes the cause is at work, they don't respect her or sometimes people don't do the things that she wants them to do.</p>
9	<p><b>MH:</b> OK, and how do you feel when she takes it out like you say – how does it make you feel?</p> <p><b>Participant:</b> Sadness.</p>
10	<p><b>MH:</b> Tell me how do you feel, explain to me the sadness.</p> <p><b>Participant:</b> I always talk to my mom's grandmother. She always tells me that my mom was never like this, she changed as time passed.</p>
11	<p><b>MH:</b> What do you think made the change?</p> <p><b>Participant:</b> Maybe hanging around with the wrong people then.</p>
12	<p><b>MH:</b> Tell me your experience between you and your mother in times of personal stress. Let's say there is now a lot of stress, so how does that affect you and your mother's relationship?</p> <p><b>Participant:</b> It does not really affect us because then we know how to handle it.</p>
13	<p><b>MH:</b> Tell me how do you handle it then – let's say this: There's this big stress now, how do you handle it, you and her?</p> <p><b>Participant:</b> What type of stress?</p>
14	<p><b>MH:</b> Personal, like something that happens at work, for instance, or a family crisis or some other stressor, you know, a big stressor. How would you and your mother now work through that, how would you handle that?</p> <p><b>Participant:</b> Sometimes we talk to each other or we just stay away from the whole situation.</p>
15	<p><b>MH:</b> OK, how does your mother relationship compare with your friends' relationships with their mothers?</p> <p><b>Participant:</b> It's a bit different because their mothers don't have like a mental disorder like my mother.</p>
16	<p><b>MH:</b> OK, elaborate a bit on that one.</p> <p><b>Participant:</b> I never really hear my friends telling me, that you know, 'my mother this' or 'my mother that'.</p>

17	<p><b>MH:</b> And how do you feel about that? If you can compare now, that the relationship that they have with their mothers and you compare it now with your mother?</p> <p><b>Participant:</b> Another thing is that some of my friends have older moms. Their moms are like about my grandmother's age like fifty and above and my mother is 30 something. So, I cannot really compare it. Because they are older and they have experience of life.</p>
18	<p><b>MH:</b> If you could, if you could bring on changes in the relationship, in your mother-daughter relationship, what would you wish that could have been different?</p> <p><b>Participant:</b> Communication.</p>
19	<p><b>MH:</b> Is that the main factor? That you would mention? And what else?</p> <p><b>Participant:</b> Only that.</p>
20	<p><b>MH:</b> OK, So, what is your perception of a mother daughter relationship, how do you see it or what is your perception?</p> <p><b>Participant:</b> That it should be full of love and a mother should advise her daughter or her son, and be a good mother.</p>
21	<p><b>MH:</b> Do you do you feel that those elements are present in your mother relationship or are there some of the elements that you feel they are lacking?</p> <p><b>Participant:</b> They are there.</p>
22	<p><b>MH:</b> Anything that you feel could have been a bit more prominent or better?</p> <p><b>Participant:</b> No.</p>
23	<p><b>MH:</b> And your perception of yourself?</p> <p><b>Participant:</b> How I describe myself?</p>
24	<p><b>MH:</b> Yes, how do you see yourself?</p> <p><b>Participant:</b> My personality, I'm a really shy person and I'm laughing. I'm always there someone needs me. I'm smart and I'm a nice person to be a round and I easily mixed with other people.</p>
25	<p><b>MH:</b> How would you describe your self-esteem?</p> <p><b>Participant:</b> Meaning?</p>
26	<p><b>MH:</b> Would you say your self-esteem, is it good or bad?</p> <p><b>Participant:</b> It's good.</p>
27	<p><b>MH:</b> Can you share some of the experiences you had in relationships so far?</p> <p><b>Participant:</b> With my friend?</p>
28	<p><b>MH:</b> Yes.</p> <p><b>Participant:</b> Maybe one of my friends, she was using me.</p>

29	<p><b>MH:</b> Tell me about that.</p> <p><b>Participant:</b> So, in grade 3 she took my book so that I could get in trouble with the teacher that I didn't do my homework and she took the book so that she could complete her homework and it made it look like I lost my book and I was in trouble with the teacher.</p>
30	<p><b>MH:</b> And how did that make you feel?</p> <p><b>Participant:</b> I was really angry because I was always helping her and I'm like the smart friend.</p>
31	<p><b>MH:</b> Did you have any relationships with other people now, in a love relationship and how was your experience with that?</p> <p><b>Participant:</b> It was just fine but there were challenges.</p>
32	<p><b>MH:</b> What would you regard as challenges?</p> <p><b>Participant:</b> Maybe the friends, they were always in the relationships.</p>
33	<p><b>MH:</b> They were interfering?</p> <p><b>Participant:</b> Yes, those interfering, they don't want to give us space.</p>
34	<p><b>MH:</b> So, what is influencing you and your mother's relationship in a negative way what would you say?</p> <p><b>Participant:</b> Nothing at the moment.</p> <p><b>MH:</b> OK,, thank you so much.</p>

## APPENDIX V: TRANSCRIPT CASE 9 – JACKIE

(Please see the attached flash drive for all transcriptions.)

**Please note:** It is respectfully requested that the examiner destroy the flash drive with all the interviews at the end of the examination process to maintain confidentiality.

### Participant 9: Jackie – Interview 1

	<p><b>MH:</b> Tell me a bit about your relationship with your mother?</p> <p><b>Participant:</b> Well, my relationship with my mother, has been good, well despite normal ups and downs. I feel like at some point I can say she is like my best friend and I can talk to her about anything, it's just that our living environment also has an impact on our relationship.</p>
	<p><b>MH:</b> Just say that last part again, I didn't hear properly.</p> <p><b>Participant:</b> Our living environment also has a big impact on our relationship.</p>
	<p><b>MH:</b> Why would you say that?</p> <p><b>Participant:</b> Well for the past few, well I can't say months, for the past few years, like in terms of her, I don't know her because like my grandmother who is her mother, like would bad mouth her, and she would be like my mother is the bad guy. And its been something that has constantly been happening.</p>
	<p><b>MH:</b> All right. So, describe to me now, you know, how are you perceiving the conflict between the two of them? Just tell me a little bit more about that.</p> <p><b>Participant:</b> Honestly, I have a friend from school who I actually talk to in terms of what happened, and then every time when there is a fight or an argument. It does affect me, especially at school. Anyway, I don't pay much attention to it because I don't want it to interfere with my academics.</p>

	<p><b>MH:</b> I can understand that, so if you say they are you know things happening in the environment that is that is not always, you know conducive, how can you give me more information on that describe it a little bit better to me so that I can just understand the nature of the ... of what is happening between you, your mother, and you and your grandmother. Just try and explain it a little bit better to me.</p> <p><b>Participant:</b> Yeah, okay. So somedays my mother goes out, just over weekends. She then normally comes back the same morning. So, whenever she goes out, she tells me where she is going and when she will be back, when I can expect her. So that day she said she will be back at a certain time and she told me to lock up the house, and my grandmother was also there. So then by the time she said she would be back I went and opened up and she was not back by that time, so then I thought I will give her a call and she did not answer or return my call back and then I started panicking because she had went to a lounge in the township so okay I was okay so I shouldn't worry about it maybe she is just sleeping over at a friend and next morning she came back and it turned out she had been mugged.</p>
	<p><b>MH:</b> OK, all right. OK, how does that make you feel?</p> <p><b>Participant:</b> Honestly, relieved, I was just glad she was back and that she did not get hurt in a way. Afterwards my grandmother ... okay she is her mother, she is supposed to comfort her and instead she decides to start bad mouthing her and stuff like that.</p>
1	<p><b>MH:</b> OK, and then how does that make you feel?</p> <p><b>Participant:</b> I like, I don't want to be actually involved in this, so I try not to think too much of it.</p>
	<p><b>MH:</b> So, you are in the position that the one side is the grandmother and another side is the mother and you are caught up in between?</p> <p><b>Participant:</b> Yes.</p>
2	<p><b>MH:</b> I understand. How can you explain to me or share some of the positive experiences between you and your mother?</p> <p><b>Participant:</b> Well, honestly, there is never a dull moment with her. I could come home from school in a bad mood or after something had happened and I would come home and she would be happy and in a good mood and tell me what happened at work, and we would then just sit and watch a movie. Because, like my dad has not been in my life for the longest time, like she is the mother and father to me.</p>

3	<p><b>MH:</b> OK ... all right. All right, and some of the negative experiences between you and her?</p> <p><b>Participant:</b> Well, I have an aunt which, she is my dad's sister. I would tell her like, when the academic term is starting and I haven't done my hair and I need a few things I will ask her for money, because my mother won't have money at that time. And then my mom feels like the aunt is taking her position in. And she always tries to prevent my aunt from sending me money, I think is it because she thinks my ant will take her spot. Like if we have an argument, it's usually about that.</p>
4	<p><b>MH:</b> All right, I hear what you say, in times where there is a lot of stress in the house you know how does that affect you and your mother's relationship?</p> <p><b>Participant:</b> When there is a lot of stress it is honestly not so bad because it actually brings us closer.</p>
	<p><b>MH:</b> In what way?</p> <p><b>Participant:</b> It brings us closer because every time like after there is tension between her and my grandmother and I will sit with my mother in her room and comfort her. And at the end of the day, we are like 'yeah, we will move out soon, so let's just hold on for the time that we are just here.'</p>
5	<p><b>MH:</b> OK, how would you say does your relationship with your mother compare with your friend's relationship with their mothers?</p> <p><b>Participant:</b> Honestly, like, in a way she is always saying like, don't ask your aunt for money. And that our relationship is not the same as my friends and their moms, whereby they would go out for lunch and me and my mom don't. Its not even just about going out, it is more about just having a proper conversation. Like this one time, at hockey, because I play hockey right, I'm the captain. So, there are so many times where I wish she could just be there. Because like, every single parent from my team has been to games and my mom is not there you know.</p>
6	<p><b>MH:</b> OK, all right, what is your perception of the of a mother-daughter relationship? How do you think that relationship must be like?</p> <p><b>Participant:</b> Like, obviously there are going to be a few arguments here and there and disagreements but then it's like, if the parent is emotionally available for their daughter. Because everything at one point becomes so very lonely. And that the mother also has their own problems but then they still get along.</p>

	<p><b>MH:</b> Tell me about your perception of yourself. How do you see yourself?</p> <p><b>Participant:</b> Honestly, I see myself as a very strong person because with my background would not allow me to be as confident and happy as I am right now. I love myself, as soon as I saw that you can't make someone love you if you cannot love yourself first.</p>
	<p><b>MH:</b> Yes, that's true, that's true. Does your, you know the situation at home, you know, what you refer to the tension that exists at it does that sometimes happen effect on how you see yourself as well?</p> <p><b>Participant:</b> It can, well most of the time your mother is trying to do the best thing and then your grandmother might not. So, I'm not like a girly girl and then and I am not trying to fit in and my grandmother says that I try to hard and that people will try to get into my head. And she is always criticizing me.</p>
	<p><b>MH:</b> OK, and your mother is she doing the same?</p> <p><b>Participant:</b> She doesn't, sometimes like when I'm on the phone, she wants to know who I'm talking to, but she doesn't care whether it is a boy or a girl she doesn't mind. She is more understanding than my grandmother.</p>
	<p><b>MH:</b> Is the mother more understanding than the grandmother or?</p> <p><b>Participant:</b> The mother, yes.</p>
	<p><b>MH:</b> I understand what do you want them to be more understanding of?</p> <p><b>Participant:</b> Honestly, like, with regards to my mother, if she can understand like, that whenever I do something without her, like with my aunt or so, she doesn't have to have a broken heart, she must just understand I'm not looking hard, but she just understands that the aunt also cares and wants to assist where she can.</p>
	<p><b>MH:</b> OK. All right, so you perceive that behavior from your mother as it is unnecessarily sensitive?</p> <p><b>Participant:</b> Yes, like even yesterday she said 'oh you know you are almost 18 years old, and everything is just about your aunt.'</p>
	<p><b>MH:</b> OK, so where do you think this sensitivity is coming from for your mother?</p> <p><b>Participant:</b> I think it's coming from, like, my aunt, I would say is able to help, she is not even in South Africa, she is in the UK. And I think from my mother it is also just jealousy.</p>
	<p><b>MH:</b> OK, do you think it reflects on her self-esteem?</p> <p><b>Participant:</b> Yes.</p>

	<p><b>MH:</b> So, can you just share with me some of the experiences you had up to now in your own relationships you know might be with boys might be with girls?</p> <p><b>Participant:</b> Well, me being me, I have been known as the, well I am not into guys, like I am into girls. In the relationships has been okay, it's just that if there was a problem it was just because of communication.</p>
	<p><b>MH:</b> So okay, do you think that is something that is also lacking in the relationship between you and your mother actually the communication?</p> <p><b>Participant:</b> Communication is not a problem between us, actually, I don't cover anything from her. I think she also could not have a way to solve this thing, my best friend is like at her worst place right now, she is also being called and helped by her aunt and I cannot talk to my mom about it, because I cannot lose people I love. Like I also lost a guy friend, like a month ago. And then no one understood the fact that I needed him the most, he was kind of a father figure to me. And then any problem I had I could talk to him, like, my mom would be with a few guys at a time. And it would be all these different people. And it is painful, I shouldn't be looking for a father figure, because my father is there but he is not really in my life. The only time we talk is if I phone him first.</p>
	<p><b>MH:</b> And your mothers' relationships with men, how does that affect you? You know the current relationships she is having?</p> <p><b>Participant:</b> I don't really have a problem because she has just been really really like ... So at some point it was really difficult because when she breaks up with them she is already in another one.</p>
9	<p><b>MH:</b> How would you describe you and your mother's interaction style?</p> <p><b>Participant:</b> (Inaudible) We do communicate, there is nothing that we cannot talk about.</p> <p><b>MH:</b> Thank you.</p>

### Participant 9: Jackie – Interview 2

1	<p><b>MH:</b> OK, I'm gonna ask you a couple of questions for your second interview, so my first question will be you must just tell me about your relationship with your mother?</p> <p><b>Participant:</b> My relationship with my mother has been pretty well, although there have been some ups and downs but I would say we have a strong bond together.</p>
2	<p><b>MH:</b> OK, can you share some of the positive experiences between you and your mother?</p>

	<p><b>Participant:</b> Well, honestly, there's never a dull moment with her, so I would say every single time and the moment when we were out together or just having a little lunch together you know those are literally the positive moments with her.</p>
3	<p><b>MH:</b> You mentioned you never have a dull moment with your mother. Can you just tell me a little bit more about that?</p> <p><b>Participant:</b> Well, we have like more or less the same personalities and we relate in a lot of things like for example my music channel is the type of music we both listened to and this shows we watch you know when we're more or less interested in the same thing so it makes us get along very well.</p>
4	<p><b>MH:</b> All right, and if you can mention some of the negative experiences between you and your mother?</p> <p><b>Participant:</b> Most probably our arguments, not like serious arguments, they like just more or less about small things.</p>
5	<p><b>MH:</b> OK, can you elaborate a little bit on that one?</p> <p><b>Participant:</b> As I said in the first interview, whenever we have an argument about my aunt that sends me money and stuff like that, she does not like it in a way because she feels as if I'll be neglecting her and then the aunt is taking her spot and that's not the case. So, like that's something we have an argument about like every single time, that's why I never bring my aunt up in more conversations.</p>
6	<p><b>MH:</b> OK, so if we look at the times of personal stress in the house how would you say do you and your mother experienced those times? Please elaborate a bit on that. So let's say there is stress in the house, you know, some kind of stress, so how would you and your mother react towards a situation?</p> <p><b>Participant:</b> We talk to each other a lot and then she'll tell me if there's something bothering her about this certain situation that's happening, for example when it's about my grandmother for instance. I will sit in her bedroom with her and then we look at this situation and how we could solve it or find a solution.</p>
7	<p><b>MH:</b> OK, currently you're staying with your grandmother and your mother is also residing there but she has been living in Gauteng, sometimes, yes so how is the relationship you know between your mother and your grandmother and the situation at the house</p> <p><b>Participant:</b> Normally when she's there, well, like I would say like 60% of the time, it's fun and all but then the other 40% it's like, are arguing and then who did this and then most of it I like at some point, it does, it does like put a lot of stress on us as the children in the household and then that's one of the that's also one of the reasons why I actually wanted to go to hospital like my other sister, is my</p>

	grandmother chose my aunt with her is that I also wanted to go to hospital just to avoid all the drama from home.
8	<p><b>MH:</b> What causes that drama?</p> <p><b>Participant:</b> Mostly I would say my grandmother is like the person that's never wrong, like even if like she is wrong in certain situation she would not just admit it and then she'd make a huge thing out of it and I feel like she does not understand the way like, the modern generation actually behaves or is like, right now she does not understand like she's still living in the era when she was born and stopped like that how her parents treated her as how she wants to treat her kids you know and they some things just because she did not do them when she was still like and it's a teenager she does not want her kids to do those things.</p>
9	<p><b>MH:</b> And then how does that behavior from the grandmother effect your mother and you then?</p> <p><b>Participant:</b> Usually it affects my mother like, my mom does not show any emotion most of the time but then it does affect her, at the end of the day it's going to be like, I soon will be out of this house anyway.</p>
10	<p><b>MH:</b> OK, tell me about your perception of a mother-daughter relationship?</p> <p><b>Participant:</b> Well, I would say number one, communication in the reassurance and like spending time together.</p>
11	<p><b>MH:</b> OK, and if you compare the current relationship between you and your mom to those perceptions how would you say, would it correspond?</p> <p><b>Participant:</b> Well, they do correspond quite well because like all the things I've listed do happen in my current relationship with my mother.</p>
12	<p><b>MH:</b> OK, and your perception of yourself at this point in time?</p> <p><b>Participant:</b> Well, honestly I'm so positive about myself, like there is nothing I would actually point out and say I don't like this about myself or something like that you know.</p>
13	<p><b>MH:</b> OK and if you if you look at your relationships your own relationships that you have is so far in your love just show me some of those experiences that you had in those relationships.</p> <p><b>Participant:</b> Well, most of my relationships weren't like as tragic or having so much drama but then if there's one that I can actually list whereby I feel like a lot happened and I learned a lot as an individual I'd say I was in a relationship was last year, yes it was last year with some like 'anonymous'. Things that like made their relationship fell was like major communication and like 'anonymous' way of showing love is normally like words of affirmation right and then like mine is</p>

	<p>reassurance but she could not give back the she could not reciprocate the energy I was giving in a way that made me that made me a bit turned off and then for some reason, it went for a long time that relationship was like for seven months, something like that and then we stopped what we didn't quite stop we went to a December the 4th, and can't forget the date December the 4th 2021, is was there day there was a like a party type of thing but then it was at a guesthouse, you know, then we both went with my other friends and her friends, we went there and then that night she did something else with one of my other friends, you know, and then it was after like we had a bit of a break because she's like, we felt like everything was moving a bit way too fast and like we couldn't understand each other but we were always on each other's backs and stuff like that you know so after that break that when we went to the party and they know her <i>her</i> explanation to what she did was' no I put you over me and stuff like that and like you don't show any sense of emotion most of the time so like your actions in a way made me do this but then I don't blame you for for this this whole thing, but then we do talk right now this there's not much tension.</p>
14	<p><b>MH:</b> OK, how do you think that your mother's relationships influenced you and your relationships?</p> <p><b>Participant:</b> Well, obviously we have social media and I see like the right way of being in the relationship because my mom is not perfect and she's been with like several guys at the same time but then I learned that it's not right, anyway you know but then it's not like I'm going to go to her and tell her and stuff like that because it's going to seem disrespectful. So, my relationships I haven't actually been taking notes from my mom's relationships also because we dating like different genders, in a way you know, so she might have this perception of what a relationship should be like and then I have a different one.</p>
15	<p><b>MH:</b> OK, do you think there are other elements in her relationships and the way she behaves in her relationships that influence you in a way?</p> <p><b>Participant:</b> No.</p>
16	<p><b>MH:</b> Good, so tell me how would you describe you and your mother's interaction style, the way you communicate how would you say and do you interact and communicate?</p> <p><b>Participant:</b> We do really communicate very well 'cause most of the time if there's a problem for instance if like we're sitting in the dining room and then we all eating right I mean like she seems something is wrong she might like she texts me although she's like right next to me she might text me and tell me about it in the</p>

	<p>from day after eating then we'll go talk about it we were in her bedroom and stuff like that so we communicate like very well like there's nothing I would say has been a major effect of communication.</p>
17	<p><b>MH:</b> What would you say just do to link to the second question now about the negative experiences that you experienced you know that exists between you and your mother how would you what do you want to change in this relationship between you and her if if you can change anything what would it be?</p> <p><b>Participant:</b> I would, the only thing I think I'd change is I also as an individual want to know what's right and what's wrong and sometimes you need to do it to see if it's right or wrong but then like let's just circle instead of going out you know she she's OK with it but then when she agrees we can see that a part of her is like they like 'let me just agree' but then she absorb it too overprotective anyway you know.</p>
18	<p><b>MH:</b> Is that the main thing that you think is something that you would like to change?</p> <p><b>Participant:</b> Yes, nothing else.</p> <p><b>MH:</b> Thank you so much.</p>

## APPENDIX W: TRANSCRIPT CASE 10 – DINA

(Please see the attached flash drive for all transcriptions.)

**Please note:** It is respectfully requested that the examiner destroy the flash drive with all the interviews at the end of the examination process to maintain confidentiality.

### Participant 10: Dina – Interview 1

1	<p><b>MH:</b> Tell me a little bit about your relationship with your mom?</p> <p><b>Participant:</b> She and I just struggle a little bit now and then. She and I don't always get along.</p> <p>If I take clothes out for my child and tell her she should put them on for him, then she puts on something else as she wants to dress him then we argue. Many times we will basically argue about everything. I also struggle with depression and I also get angry very quickly, very quickly angry. You can ask my mom, I'm angry about anything. I was on a medication, but it didn't work for me. I've seen someone, xxxxx. It didn't work for me either. So, we're stuck a little bit me and my mom, we're not getting along well.</p>
2	<p><b>MH:</b> So, if you have to tell me now, the times you argue, are there certain things that are always the big reasons for you to get stuck?</p> <p><b>Participant:</b> Not really.</p>
3	<p><b>MH:</b> What are the things that contribute the most to your conflict?</p> <p><b>Participant:</b> Mostly about my child.</p>
4	<p><b>MH:</b> Ok, has it always been that way or was it different when you were younger?</p> <p><b>Participant:</b> No, it hasn't always been that way.</p>
5	<p><b>MH:</b> When did this get worse?</p> <p><b>Participant:</b> Ever since I became pregnant with my child.</p>
6	<p><b>MH:</b> Okay, tell me a little about the good things you and your mom have experienced together?</p> <p><b>Participant:</b> We haven't been, really, you can say that, we have not had so much fun.</p>
7	<p><b>MH:</b> Is this something you would have liked differently?</p> <p><b>Participant:</b> Yes.</p>

8	<p><b>MH:</b> Tell me about the negatives or the bad things you and your mom as experienced or experienced together?</p> <p><b>Participant:</b> Nothing negative.</p>
9	<p><b>MH:</b> What's the worst thing about thinking back to your mom's relationship that's the lowest point in your relationship?</p> <p><b>Participant:</b> As far as I know – nothing.</p>
10	<p><b>MH:</b> How about you and your mom's relationship when there's a lot of stress in the house?</p> <p><b>Participant:</b> Probably like fighting – if there is stress, we are fighting as well.</p>
11	<p><b>MH:</b> How do you handle this?</p> <p><b>Participant:</b> Usually my mom will whatsapp me, and then talk to me on the phone, she's never been able to talk to me in person. If we're fighting she goes on whatsapp and then she talks to me on whatsapp or so, she's never in person come and talk to me about things that bother her. She usually goes to my older sister.</p>
12	<p><b>MH:</b> How would you say your relationship with your mom compares to your friends relationships with their moms?</p> <p><b>Participant:</b> My friend I have, she and her mother are also not getting along.</p>
13	<p><b>MH:</b> What do you think an ideal mom and daughter relationship should actually be like?</p> <p><b>Participant:</b> I don't know.</p>
14	<p><b>MH:</b> If you have to think? What would have been the good things you were actually looking for?</p> <p><b>Participant:</b> It would have been so nice if my mom and I could do some shopping and not all the time because she, how can I say, my stepfather is everything in my mom's eyes, me and my stepfather do not get along very well either, we fight a lot and it just feels like my mom, choses my stepfather above us kids. She'll say no it's not like that, but a lot of people around me see that and not just me.</p>
15	<p><b>MH:</b> How does that make you feel?</p> <p><b>Participant:</b> Very sad.</p>
16	<p><b>MH:</b> How do you feel about yourself at the moment?</p> <p><b>Participant:</b> I don't know, I feel happy.</p>
17	<p><b>MH:</b> How has it been for you until now in your relationships with other people like girlfriends and friends. How did it go in high school? In your life</p> <p><b>Participant:</b> Fine. With all my girlfriends, I get along really well I've never had any problems</p>

18	<p><b>MH:</b> And other with relationships? With men?</p> <p><b>Participant:</b> No problems yet</p>
19	<p><b>MH:</b> Have you ever had a relationship that lasted for a while or does it tend to be shorter relationships?</p> <p><b>Participant:</b> The guy I am with, who is my child's father, it's my first boyfriend. We've been together for four years but we're fighting a little bit now, so things aren't going so well because I'm just getting angry quickly and he's got a short temper so we don't get along well. So, I don't know, we're just talking things out, but we've been together for almost five years. He is my first boyfriend.</p>
20	<p><b>MH:</b> Do you think there are many of your mother's behaviors that have also influenced your behavior?</p> <p><b>Participant:</b> Yes, she interferes a lot.</p>
21	<p><b>MH:</b> And?</p> <p><b>Participant:</b> She interferes a lot with us kids' stuff so then, it's also what we fight about a lot, she interferes where she shouldn't interfere.</p>
22	<p><b>MH:</b> How does that make you feel?</p> <p><b>Participant:</b> It makes me angry.</p>
23	<p><b>MH:</b> How would you describe your and your mother's relationship in the way you communicate with each other?</p> <p><b>Participant:</b> We don't really communicate. Most of the time, she's at work, then she comes home, makes food, then she goes to the room. We're not one of those families who sits down in the living room or so.</p>
24	<p><b>MH:</b> Do you consider it a void in your relationship?</p> <p><b>Participant:</b> Yes</p>
25	<p><b>MH:</b> How would you like that?</p> <p><b>Participant:</b> That we will sit with each other and have family times and when my grandmother was still alive we were always with each other and now since my grandmother passed away the family has fallen apart and it's just not the same anymore</p>
26	<p><b>MH:</b> At the moment where you are now in your life, how would you describe your life right now? How do you feel about your life?</p> <p><b>Participant:</b> Right now, confused ... I don't know</p>
27	<p><b>MH:</b> Sorry, what's the big reason that you're feel confused at the moment?</p> <p><b>Participant:</b> I don't know, I just feel very unhappy about my mom and them, on the one hand me and my boyfriend are also stuck. It's just not nice for me and I don't want to raise my child without a father.</p>

28	<p><b>MH:</b> Isn't your relationship in a good place right now?</p> <p><b>Participant:</b> Yes.</p>
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**Participant 10: Dina – Interview 2**

1	<p><b>MH:</b> My first question to you will be for you to tell me a bit more about the relationship between you and your mom, please?</p> <p><b>Participant:</b> She and I don't always get along well over little things, for example, if I take my child's clothes out and then I tell her she should put them on for him, then she will fetch other clothes from the closet for him to put on other clothes or she will, I will help her in the house like clean the floors and do the things she asked for, then she will not say thank you. Whether she is not, helping other people there, but I will help her in the house. Because I don't always want to clean up either, we have dogs and they're awful, very naughty and its males, four males and they pee everywhere. So, we are also fighting a lot about the house being clean, I'm very serious about it. Yes, we're just basically fighting over small stuff.</p>
2	<p><b>MH:</b> OK, what would bother you the most in your relationship with your mom? What causes the most conflict between you and your mother? So, what causes most fights?</p> <p><b>Participant:</b> I don't know, we haven't physically fought over the same thing yet.</p>
3	<p><b>MH:</b> What makes you, as you say, sometimes just you know you don't sit next to the same fire with her? What is it, you have now mentioned to me what you have said to me now, what else can you tell me?</p> <p><b>Participant:</b> Because she, I don't know if that's the case, but a lot of people say that she chooses my stepfather over us children. And yes, it just feels to me, Auntie can ask my sister too, Chantelle. We always think she, or she always chooses Natasha in before us, or before she talks to me and Chantelle, she chooses Natasha instead, OK she's older now, but she will never come and talk to the two of us or call us or so. If she calls us now then she doesn't want to talk to me or Chantelle, she wants to talk to the grandkids. So, she, she's also told Chantelle she doesn't care about Chantelle, she just worries about Joshua.</p>
4	<p><b>MH:</b> OK, and how does that make you feel?</p> <p><b>Participant:</b> Unhappy, because she, I don't know if she's more concerned about XXXX than for me and XXXXX.</p>

5	<p><b>MH:</b> OK, tell me a little bit about the positive experiences you and your mom has had together? Good things.</p> <p><b>Participant:</b> Well, we're not going out like really, me and my mom don't go out together at all or do good things and things like that.</p>
6	<p><b>MH:</b> So, there's nothing that comes to mind that really stands out to you that you'll remember to say: It's been good for you now?</p> <p><b>Participant:</b> No.</p>
7	<p><b>MH:</b> Tell me about the negatives or the bad things that come to mind when you think about you and your mom's relationship?</p> <p><b>Participant:</b> I don't know if there is ...</p>
8	<p><b>MH:</b> The stuff you mentioned now.</p> <p><b>Participant:</b> Yes.</p>
9	<p><b>MH:</b> What you mentioned now, OK. Tell me how you see the relationship between you and your mom in times of stress, if there's a lot of stress in the house now, you're both very stressed, how does that affect you?</p> <p><b>Participant:</b> I don't know, we don't really have contact with each other at home. If we are at the table, we eat, she goes to her room, I go to my room. So, we didn't really...</p>
10	<p><b>MH:</b> Communication is not ...</p> <p><b>Participant:</b> No, not at all, we don't talk to each other at all.</p>
11	<p><b>MH:</b> All right, and how do you experience it that there isn't communication?</p> <p><b>Participant:</b> I don't know, I'm already so used to not being a part of it.</p>
12	<p><b>MH:</b> Would you have liked it differently?</p> <p><b>Participant:</b> Yes</p>
13	<p><b>MH:</b> How would you like that?</p> <p><b>Participant:</b> I would love it if we could talk together as a daughter and mom and go out a bit because Uncle Fanie is always there. We never have a time alone.</p>
14	<p><b>MH:</b> How would you say you and your mom's relationship compare to your girlfriends' relationships with their moms?</p> <p><b>Participant:</b> My girlfriend's mom and I always get along well, we always talk, always laugh.</p>
15	<p><b>MH:</b> So, if you had to watch your girlfriend and her mom get along with each other the way you compared it to you and your mom, what would you say, there are differences?</p> <p><b>Participant:</b> Yes, there are many.</p>

16	<p><b>MH:</b> Differences?</p> <p><b>Participant:</b> Yes.</p>
17	<p><b>MH:</b> Explain to me how do you see it, what are the differences, that I just understand? What are the differences you see between the two of them and the two of you.</p> <p><b>Participant:</b> My friend and her mom talk a lot. They say night to each other. They sit in the living room every day, and chat and they watch movies together. They, yes they just have a lot, I think a stronger bond than me and my mom.</p>
18	<p><b>MH:</b> OK, tell me what's your opinion of a mom and a daughter relationship, how do you think you'd actually like it?</p> <p><b>Participant:</b> I would say I would love to shop with her, chat with her, drive around and listen to music, just be relaxed.</p>
19	<p><b>MH:</b> Quality time?</p> <p><b>Participant:</b> Like family time together</p>
20	<p><b>MH:</b> Is this happening?</p> <p><b>Participant:</b> No if they go out then it's just her and Pete.</p>
21	<p><b>MH:</b> Your stepfather?</p> <p><b>Participant:</b> Yes</p>
22	<p><b>MH:</b> Tell me how you see yourself? How do you think about yourself?</p> <p><b>Participant:</b> I don't know.</p>
23	<p><b>MH:</b> If you have to tell me, how do you see yourself? Do you like yourself? Don't you like yourself? Just tell me.</p> <p><b>Participant:</b> Yes, I really like myself, I like to take pictures I do Tik TOKs I love to do hair, I love makeup.</p>
24	<p><b>MH:</b> Would you say you have good self-esteem or would you say you sometimes don't have such good self-esteem?</p> <p><b>Participant:</b> I would say I have good self-esteem.</p>
25	<p><b>MH:</b> Tell me a little bit more about your experiences in relationships, you know, what you've been in relationships until now, how has it gone?</p> <p><b>Participant:</b> The father of my child was my first boyfriend.</p>
26	<p><b>MH:</b> The father of your child? The current boyfriend?</p> <p><b>Participant:</b> Yes, father of my child was my first boyfriend.</p>

27	<p><b>MH:</b> And tell me how things are going in the relationship of both of you?</p> <p><b>Participant:</b> Right now, we fight a lot as we both have very short tempers. If I hear something from someone, I'll ask him the question they said they heard it and I'll ask him. He gets angry about it. I can't ask him a honest question - he can never tell me, he will always get angry about it or if, say, but he says that's how he wants to raise the child. I know that's how I want to raise the child, so we're just fighting over things like that. So, we're just arguing all the time. He also has a very short temper.</p>
28	<p><b>MH:</b> How would you describe you and your mom's style of interaction? Your way of interacting with each other, how you get along with each other? How would you describe it? In general, how you are with each other. How would you say, in your view, how is that?</p> <p><b>Participant:</b> I just think it's ugly in my eyes.</p>
29	<p><b>MH:</b> Why?</p> <p><b>Participant:</b> How will I say, she chooses Fanie over us children and like, we don't make time for each other. When she finishes dinner, she goes into her room. She's goes to be with Uncle Fanie, that's it, we're not talking. When we were little, we spent time together. When my mom and Uncle Fanie just came together, I was probably much smaller I was four or five years old. It was a lot, he played with us. We played hide-and-seek, we played in the living room and always had family time and as we got older, Natasha left the house at 16 because of Fanie. Chantelle was, I think, 14, but it was unstable, like that, then here, then there, she came back, then she went away again. Also because of Fanie, and his own daughter was also out of the house early, because of him. They were always fighting over our children. They always made it feel like we weren't welcome there. Or as if they did not want us there. They wanted to get us out of the house.</p>
30	<p><b>MH:</b> OK, how would you say your mother's behavior affected you? Influenced your behavior? What do you have in yourself that you can spot, your behavior that is the same now as your mom's?</p> <p><b>Participant:</b> No, I don't think we're exactly, we're the same.</p>
31	<p><b>MH:</b> What can you see, are there any similarities?</p> <p><b>Participant:</b> Mood swings.</p>
32	<p><b>MH:</b> Describe it to me? How's that for you? How do you feel when, you say, she has mood swings? What happens?</p> <p><b>Participant:</b> One moment she's happy, sad, angry. So she's friendly in the moment, then I ask her something then she'll answer rudely.</p>

33	<p><b>MH:</b> And the impact it has on you? The effect it has on you? How does that make you feel?</p> <p><b>Participant:</b> Unhappy. Sometimes I just don't care about it anymore. I just think, it's happened so many times, I just don't care anymore.</p>
34	<p><b>MH:</b> Do you see any of that behavior with you now?</p> <p><b>Participant:</b> Yes, the mood swings, I have that.</p>
35	<p><b>MH:</b> Does it bother you?</p> <p><b>Participant:</b> That I have the mood swings? Yes. I want to be the old person I've always been.</p>

## APPENDIX X: TRANSCRIPT CASE 11 – FLORIS

(Please see the attached flash drive for all transcriptions.)

**Please note:** It is respectfully requested that the examiner destroy the flash drive with all the interviews at the end of the examination process to maintain confidentiality.

### Participant 11: Floris – Interview 1

1	<p><b>MH:</b> Good, I want you to tell me a little bit about your relationship with your mother?</p> <p><b>Participant:</b> Well, I would say my relationship with my mother isn't that good at the moment. I'm trying to build a relationship and a bond with her. I'm trying not to close myself off from her more and try to be open now with her.</p>
2	<p><b>MH:</b> Why do you say it is not that good? What is the reason for that? Can you tell me more?</p> <p><b>Participant:</b> Because she always pushed me away, like when I was child then tried talking and opening up to her she was too strict I was always in the house and I couldn't go out with my friends. She was just not like, I don't know how to explain it.</p>
3	<p><b>MH:</b> But try to explain?</p> <p><b>Participant:</b> She always like, was focused with my other siblings instead of me, or other people from the street saw me that I wasn't fine but my mom didn't notice and all that she kept on putting pressure on me and like, always had this constant you should be better than this child and like all that.</p>
4	<p><b>MH:</b> Do you think because you are the oldest that she put more pressure on you?</p> <p><b>Participant:</b> I think so but the pressure she put on was really too much on me.</p>
5	<p><b>MH:</b> Why do you think, why she would do that?</p> <p><b>Participant:</b> I don't know?</p>
6	<p><b>MH:</b> But what's your honest opinion why she would do that?</p> <p><b>Participant:</b> I think she's trying the best for me for me to do my best. When I grow up, so she's guiding me as I can say.</p>

7	<p><b>MH:</b> Do you think if that's what your mother has told you about her own upbringing, do you think that also played a role in the way she treated you?</p> <p><b>Participant:</b> Well yes, she was always in the house, my grandmother always put her in the house, doesn't want her to go out, doesn't want her to associate and socialize with other people. My grandmother always put pressure on her, always comparing with other kids that's how my grandmother raised her, so she's putting everything she was told onto us. She doesn't want to change the ways she was taught in.</p>
8	<p><b>MH:</b> Right, share some of the positive experiences between you and your mother.</p> <p><b>Participant:</b> Well, I can't think of anything really, I can't. Maybe the time we went on holiday, yeah it was fine. We went to Sun City we had a little bit of fun, I guess.</p>
9	<p><b>MH:</b> Is that the only time that really comes up in your mind now?</p> <p><b>Participant:</b> Yes, it is.</p>
10	<p><b>MH:</b> And some of the negative experiences between you and your mother?</p> <p><b>Participant:</b> We are always fighting. I used to get a lot of beatings. I was always like, cast aside and all that. My opinion was not then taken into consideration when it came to ideas or where we would go, what we would do and all that stuff.</p>
11	<p><b>MH:</b> Tell me about your experience in your relationship with your mother during times of personal stress.</p> <p><b>Participant:</b> Well, she was thinking that it's the people outside doing this to me. She didn't see it was her affecting me. She was always blaming me for my phone "no it's your phone that's why you are like this and stressing and panicking" and all that but it was really her putting a lot of pressure and stress on me the whole time.</p>
12	<p><b>MH:</b> Do you think your mother is handling personal stress well or not?</p> <p><b>Participant:</b> No.</p>
13	<p><b>MH:</b> Why would you say so?</p> <p><b>Participant:</b> If she's stressing about her finances, she will put the stress on me and then I have to like, figure out what we will cut, so that my mom has money to get this and this really and like, I had to cut sports out so she can have money for my little sister's music class and the aftercare now I don't do any sports anymore so that she can have that money.</p>
14	<p><b>MH:</b> Right, how does you and your mother's relationship compare with your friends' relationships with their mothers?</p> <p><b>Participant:</b> Well, they are able to open up to their mother, their mothers are not that strict they allow them to go out and all that they have this unique bond that me</p>

	and my mom don't have. Like going out with each other and all that, going to the shops, which once again, my mom and I never do that at all.
15	<p><b>MH:</b> If you could change anything in your mother relationship, what would it be, the things that you would change?</p> <p><b>Participant:</b> That we should start going out more and stop being in the house, because we can't be introverted the whole time and have our own little bubble and not be out in the outside world. Because that's not how we should live. She should start asking me more about my day and how I feel and what's going on in my life than just ignoring the signs and everything.</p>
16	<p><b>MH:</b> Tell me about your perception of a mother daughter relationship, it touches now on the previous question, but what is your perception of a mother daughter relationship?</p> <p><b>Participant:</b> They should have a loving and caring, they should be loving and caring. They should have open communication. The mother should try to understand the child and what she or he is going through and all that.</p>
17	<p><b>MH:</b> And if you compare that with your own mother relationship?</p> <p><b>Participant:</b> Well, it's something else.</p>
18	<p><b>MH:</b> Tell me about your perception of yourself?</p> <p><b>Participant:</b> Well, I don't know how I'll say it, so people see a kind, loving, strong, unique girl but I don't see myself like that at all.</p>
19	<p><b>MH:</b> How do you see yourself?</p> <p><b>Participant:</b> I see myself as the ugly duckling in the world. I see myself as this shy, snobbish, spoiled brat girl. I see myself as not a good daughter, or friend or older sibling at all. Everything is just ... I don't know how to say it, I'm not unique, you know, I'm always trying to fit in and like I'm always concerned about my weight, how I look do I have the latest new things. It changes my whole mood. I'm also this introverted girl who doesn't want anyone in my personal space or bubble and I want everyone to like me for some reason and I'm also really depressed.</p>
20	<p><b>MH:</b> And why do you say you want everybody to like you with you think is that coming from</p> <p><b>Participants:</b> It feels like I'm the odd one and then like, no one likes me and like no one is there for me to be like my friend or shoulder to cry on at least if two people like me at school all be fine</p>
21	<p><b>MH:</b> Share with me your experiences in the relationships you had so far?</p> <p><b>Participant:</b> Well they were not good at all.</p>

22	<p><b>MH:</b> Why not?</p> <p><b>Participant:</b> Communication was bad and the love and caring side was not there at all.</p>
23	<p><b>MH:</b> How do you think that you're go relationship between you and your mother contributes towards the quality of the relationships that you had there with peers and so on.</p> <p><b>Participant:</b> I always had to hide everything from my mom, because she was so strict. That littlest thing that I did wrong I used to get the worst beating ever and then I'll be judged at school for the bruises I had on my face I remember one time on my hands on my thighs. And it affected how people saw me and they didn't want to like, show love in that caring side. They didn't have open communications to see what's wrong they just judged and all that. They shouldn't judge a book by its cover they should know what's behind that cover and all that.</p>
24	<p><b>MH:</b> How would you describe you and your mother's interactions style?</p> <p><b>Participant:</b> My mom, she's something else. I go up to her with an open heart feeling like, today I have to open up with my mom and then she takes it otherwise, she takes it in the wrong way if I try to talk about my bad day how it went why you she'll be like, why you always complaining why don't you see the negative side and I'm trying to show her and to open up to her so that she knows what's going in in my life and all that but she doesn't want that I can see it's like she's just trying to push me away that like I'm annoying her so that she can be busy with my siblings.</p> <p><b>MH:</b> Thank you so much.</p>

### Participant 11: Floris – Interview 2

1	<p><b>MH:</b> OK, I'm going to ask you a couple of questions for your second interview, so my first question will be you must just tell me about your relationship with your mother?</p> <p><b>Participant:</b> My relationship with my mother has not been that well, we have been fighting a lot, screaming a lot. Since the day I was discharged from hospital nothing has been the same. It's like my situation with her has gotten worse.</p>
2	<p><b>MH:</b> Why would you say it got worse after your admission?</p> <p><b>Participant:</b> It did get worse, like I'm an outsider, she always seems to target me and saying things like 'why is your notes look like this and this and that' and she makes me feel like I am unwanted and unloved from her.</p>

3	<p><b>MH:</b> Can you share any other positive experiences between you and your mother?</p> <p><b>Participant:</b> Well, there are not a lot. Last only from my childhood from when I was around six to seven. We had a family day, we spent the day with family time, like we went gaming and going out to eat.</p>
4	<p><b>MH:</b> So it was like the time that you spend together, the quality time that you said together that you saw as positive when you were smaller.</p> <p><b>Participant:</b> Yes.</p>
5	<p><b>MH:</b> Can you see some of the negative experiences between you and her?</p> <p><b>Participant:</b> Well, the fighting is one of the things and she always like putting pressure on me and that is really not good for because my anxiety levels always goes up and I don't like being the point of argument when it comes to me, with her and my dad, because then they fight and it's because they always put me in the middle. And every time they fight I have to be the messenger, from this parent to this parent telling them what the other parent said, and it's not good for me.</p>
6	<p><b>MH:</b> And how does that make you feel?</p> <p><b>Participant:</b> It makes me very angry and sad and very disappointed in my parents.</p>
7	<p><b>MH:</b> All right, if you refer to the pressure that she is putting on you, in what regard is she putting pressure on you?</p> <p><b>Participant:</b> Well it's in my school work. The thing is school work has gotten harder for me so I'm not on the same level as I was when I was in primary so the pressure right now is being so much for me.</p>
8	<p><b>MH:</b> OK, so she wants you to perform on the same level that you did previously?</p> <p><b>Participant:</b> Yes.</p>
9	<p><b>MH:</b> OK, can you tell me a bit about your experience between you and your mother in the times of personal stress?</p> <p><b>Participant:</b> She was never there for me when I was stressing out.</p>
10	<p><b>MH:</b> Why do you say that?</p> <p><b>Participant:</b> Because every time I told her like I stressed out she was like 'just walk it out'. And that really did not help me because I needed her next to me. Helping me and finding ways for me to cope under my stress.</p>
11	<p><b>MH:</b> And her herself, how is she handling her own her own stress?</p> <p><b>Participant:</b> When she is stressed, she seems perfectly fine, because we talked to her about why she stressed out and she would ask for advice and we would gladly help out.</p>

12	<p><b>MH:</b> OK, so you feel that you people can help her out but she's not helping you out?</p> <p><b>Participant:</b> Yes.</p>
13	<p><b>MH:</b> How does your mother relationship compare with your friends' relationships with their mothers?</p> <p><b>Participant:</b> Well it differs a lot because they have a special connection that is there and sometimes I feel I envy them for their mother relationship because I wish I had a similar relationship with my mother.</p>
14	<p><b>MH:</b> What makes it so special?</p> <p><b>Participant:</b> Well, the bond they have, talking clearly to each other, being friends with each other. Going out and spending time together. It literally hurts me.</p>
15	<p><b>MH:</b> All right, what is your perception of a mother daughter relationship?</p> <p><b>Participant:</b> Being able to talk to her when I am stressed and have anxiety and all of that. And also being able to go out and spend time together. And if she asked me how my day was, and if it was bad find a way to chill out.</p> <p><b>MH:</b> And if compare now the relationship with that ideal picture of a mother daughter relationship, how does it come out then?</p> <p><b>Participant:</b> Well, it's going to take a long time for it to be expected like that.</p>
16	<p><b>MH:</b> And your perception of yourself at the moment?</p> <p><b>Participant:</b> I still have doubts about myself, and my personality and how I am, I feel I am out of place with everyone.</p>
17	<p><b>MH:</b> Why?</p> <p><b>Participant:</b> Because of how I am, how my body looks like. How my personality is like. I feel like I'm too judgmental to other people but people say I am not that I'm not judgmental just understanding.</p>
18	<p><b>MH:</b> But do you see yourself as being judgmental?</p> <p><b>Participant:</b> Yes, I see myself like that.</p>
19	<p><b>MH:</b> Can you share some of your experiences in your normal relationships, you had so far.</p> <p><b>Participant:</b> Well, they were fine, I guess. I'm not sure most of them were stressful.</p>
20	<p><b>MH:</b> Stressful?</p> <p><b>Participant:</b> Yes.</p>
21	<p><b>MH:</b> Why?</p> <p><b>Participant:</b> Because of the pressure and the expectations I had to bring.</p>
22	<p><b>MH:</b> Have you had a relationship that lasted for longer than a year?</p> <p><b>Participant:</b> No.</p>

23	<b>MH:</b> Was it more short-duration relationships that you have had so far? <b>Participant:</b> Yes.
24	<b>MH:</b> How would you describe your and your mother's interaction style? <b>Participant:</b> She likes shouting and crying and screaming. <b>MH:</b> Thank you.