The experiences of self-support in first-time mothers

M. du Toit

23296038

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Supervisor: Dr. H.B. Grobler

Co-supervisor: Dr. Z. McDonald

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SUMMARY

KEYWORDS: first-time mothers; motherhood; self-support; Gestalt Therapy Theory; Self Determination Theory; Positive Psychology; social support

A notable paucity in practice interventions and literature currently exists in regard to self-support in first-time mothers. Recent literature and practice interventions seem to focus largely on social support resources, highlighting the deficiency in the investigation of self-support in first-time mothers as an integral and holistic concept and/or focus point for intervention. Literature continues to illustrate the many challenges first-time mothers encounter and therefore this study focuses on self-support experiences of the first-time mother in relation to her environment by providing an original stance of enquiry. The investigator aimed to explore and describe the experiences of self-support in first-time mothers in the Cape Metropole. The study was conducted qualitatively and according to an Interpretive Phenomenological Analysis (IPA) research design. This provided the researcher with a dual method of investigation: The first undertaking was to describe actual accounts of the participants' self-support experiences, while the second was to give an interpretation of these accounts which would reflect their experiences in an understandable, yet authentic manner. The meta-theoretical framework of Gestalt Therapy Theory (GTT) was applied due to its holistic and integrative nature, while the additional theoretical frameworks of Self Determination Theory (SDT) and Positive Psychology (PP) served as contributors to deepen understanding. The sample consisted of thirteen first-time mothers from moderately diverse socio-economic backgrounds. The study succeeded in giving in-depth exploratory descriptions of their self-support experiences during the first two years of motherhood. Findings displayed that the participants' self-support cannot be separated from their constantly shifting environments and that self-support is an integrated and dynamic process of development. Internal elements as well as environmental factors prove to disrupt this process of self-support development. Vital components for developing self-support were assuming responsibility for own well-being as a mother; as well as arriving at insight. Joy and gratefulness as experienced by the participants were proven to serve as motivators to sustain self-support. The study further exhibits that a supportive relationship is able to exist between the first-time mother's self-support and her environment when she is able to effectively

identify, reach out and utilise social support resources available in her environment. Self-support serves as an experiential process (as an alternative to a fixed outcome) where the first-time mother is able, through experience, to mature and become more self-supportive. Findings argue that ideal self-support during novel motherhood is the capability to be in a mature interactive relationship with the environment, constantly adapting according to the organisation of the environmental field.

OPSOMMING

SLEUTELTERME: eerste moeders; moederskap; selfondersteuning; Gestalt Terapie Teorie; Teorie van Self-determinasie; Positiewe Sielkunde; sosiale ondersteuning.

Daar bestaan tans ‘n beduidende gebrek aan huidige literatuur en praktyk-intervensies wat op die selfondersteuning van eerste moeders betrekking het. Huidige literatuur en praktyk-intervensies fokus grootliks op sosiale ondersteuningsbronne wat dui op ‘n nodigheid vir die ondersoek van selfondersteuning onder eerste moeders as ‘n holistiese en geintegreerde konsep en/of fokuspunt vir intervensie. Literatuur bewys dat daar steeds vele uitdagings vir eerste moeders bestaan en daarom fokus hierdie studie vanuit ‘n nuwe paradigma. Hierdie nuwe perspektief fokus op die ervaringe van selfondersteuning in eerste moeders in verhouding tot haar omgewing. Die navorser het gepoog en daarin geslaag om, in lyn met die doel van die studie, die ervaringe van selfondersteuning in eerste moeders van die Kaapse Metropool te eksploreer en te beskryf. Die studie was kwalitatief van aard en het ‘n Interpreterende Fenomenologiese Analise (IFA) as navorsingsontwerp gevolg. IFA het ‘n tweedoelige ondersoek toegelaat: eerstens om die verslae van deelnemers so akkuraat moontlik te beskryf en tweedends om hierdie verslae te verduidelik aan die hand van geloofwaardige interpretasie. Weens die holistiese aard van Gestalt Terapie Teorie (GTT) was dit die meta-teoretiese raamwerk wat gevolg is, terwyl die Teorie van Self-determinasie (TSD) en Positiewe Sielkunde ‘n verdere teoretiese bydrae gelewer het ten einde verklaring van bevindinge te verdiep. Die steekproef het bestaan uit dertien eerste moeders van redelike diverse sosio-ekonomiese agtergronde. Selfondersteunings-ervaringe van die eerste twee jaar van hul moederskap is in-diepte ondersoek. Die bevindinge bewys dat selfondersteuning nie apart staan van die deelnemers se omgewings nie en dat sekere interne elemente sowel as omgewingsfaktore ‘n afname in die ontwikkeling van hul selfondersteuning veroorsaak het. Selfondersteuning is bewys as ‘n dinamiesie proses van ontwikkeling waar twee essensiele komponente hiervan uitmaak: die eiening van verantwoordelikheid vir eie welstand as ‘n moeder; sowel as die bereiking van insig. Ervaring van genot en dankbaarheid tydens moederskap was aangegee as motiveringselemente wat selfondersteuning onderhou. Die studie toon verder dat ‘n selfondersteunende eerste moeder oor die vaardigheid beskik om in

‘n volwasse verhouding tot haar omgewing te staan waar sy gepaste en beskikbare bronne in haar sosiale omgewing kan identifiseer, daarna kan uitreik en dit kan benut. Die studie bewys dus dat die selfondersteunende moeder deur ervaring tot verbeterde selfondersteuning kom, maar dat selfondersteuning nie staties is nie en dat dit moet kan aanpas volgens die organisasie van haar omgewing.

FOREWORD

This dissertation is presented in article format in accordance with the guidelines set out in the **Manual for Postgraduates Studies, 2010 of the North-West University**. The technical editing was done according to the guidelines and requirements set out in Chapter Two of the Manual. The Harvard referencing style was used for section A and C, and the APA 6th edition referencing style was used for section B.

The article will be submitted to the *Journal of Family Issues***.** The guidelines for the submission to the journal are attached in Annexure IV, Journal submission guidelines.

DECLARATION

I, Madré du Toit, declare herewith that the dissertation entitled: **The experiences of self-support in first-time mothers,** which I herewith submit to the North-West University: Potchefstroom Campus, is my own work and that all references used or quoted were indicated and acknowledged.

Signature: _____ Date: _____

Mrs. M. Du Toit

Editor's confirmation, signature and contact details

Signature: _____ Date: _____

Mrs. A. Gildenhuys

akdt@sun.ac.za

SECTION A

PART I: ORIENTATION TO THE RESEARCH

1. INTRODUCTION AND PROBLEM STATEMENT

Motherhood can be seen as a major life event that brings with it immense joy, fulfilment and personal maturation (Taubman, 2009:943-945). Motherhood holds the potential to lead the mother to psychosocial growth and achievement as she constructs and defines her sense of self in a new and positive light by portraying confidence and competence in her role as a mother (Mercer, 2004:226-231). The experience of motherhood can thus be positive and life-altering.

A positive experience of motherhood is true for many mothers. Others, however, struggle to meet the challenges motherhood brings and cannot ease comfortably into the role as they feel overwhelmed and burdened by this transition (Gauthier *et al.*, 2010:1146; Ngai *et al*., 2007:348;Pawlby *et al*., 2008:241). First-time mothers can experience a multitude of problematic adaptations and challenges (Mercer, 2004:226-227). Harwood (2007:8-10) established that first-time mothers' high expectations of motherhood do not always correlate with the realistic, demanding experiences that it brings. The demanding transition into parenthood in combination with inadequate support may lead to a negative experience of motherhood, including emotions such as anxiety, unhappiness, and anger (Graham *et al*., 2002:222; Porter & Hsu, 2003:54;Thorp *et al*., 2004:362). Findings in a recent meta-analysis show a 27% prevalence of postpartum depression within developing countries (Villegas *et al.*, 2010:278). Furthermore, Goodman (2007:107) established that the peak period for the onset of depression amongst women occurs during the childbearing years bringing about a significant negative secondary effect on their children as well as on their families.

From the above it is evident that the challenges mothers encounter can have an impact on their mental health. There is a wide variation in the definition of mental health in the field of

psychology. It is therefore difficult to conceptualise mental health theoretically due to the complexities created by cultural and contextual variations. A description of mental health, from policy documents, is however employed for the purpose of this study. Mental health presents not only as an absence of a diagnosed mental disorder, but is rather the ability to cope with everyday stressors; to be able to regulate a sense of well-being and optimise one's own potential regarding cognitive, emotional and interpersonal abilities (Australian Institute of Health and Welfare, 2012; Western Cape Government Department of Health, 2003;World Health Organisation, 2012). Furthermore, the Australian Institute of Health and Welfare (2012) and the World Health Organisation (2012) refer to mental health as healthy interaction between individuals and communities. Also, various psychological, environmental and biological factors may have an impact on a person's mental health which may lead to distressing behaviour and symptoms that have a damaging influence on the individual as well as others around him (Australian Institute of Health and Welfare, 2012).

From the above, it can be argued that a mentally healthy mother is a mother who has no mental illness, such as postpartum depression or a postpartum anxiety disorder (Tatano Beck & Driscoll, 2006:123, 143); is able to regulate her own sense of well-being; is aware of her full potential in the mothering role; will be cognitively and emotionally comfortable as a mother and will have the ability to handle the challenges motherhood brings. With regard to good interpersonal abilities, she will make efficient contact with her infant in order to enhance attachment between her and her child and also to function healthily in the family and community context. Keeping this depiction of a mentally healthy mother in mind and taking into consideration the difficulties and challenges motherhood may bring, it is evident that sufficient and effective support is imperative to ensure optimal mental health in mothers.

Early theorists in the field of psychology and psychiatry described support in terms of social support. According to Cobb (1976:300), social support is defined as mental and material support acquired from the environment. Another classic author conceptualises support according to the categories of emotional support, for example love and empathy; appraisal support such as community resources; informational support such as guidance and advice; as well as instrumental support, for example time and money (House, 1981). Peteet (1982:21-23) describes support in

terms of the goal it wishes to achieve towards a patient in psychiatry as either to comfort, to strengthen, to maintain or to advocate.

Current literature on psychological support extensively emphasises different conceptualisations of social support. A major European Union mental health initiative, the MINDFUL project, perceives social support in terms of how and to what degree the individual believes her social network is available in times of stress (National Institute for Health and Welfare of Finland, 2008). Numerous studies highlight the discrepancy between perceived support (subjective social support) as seen by the individual obtaining support and the provided support (objective social support) given by the environment (Den Oudsten *et al*., 2010:499-508; Dolgard, 2009; Haber *et al*., 2007:133-144; Kaul & Lakey, 2003:59-78; Lakey *et al*., 2010:132-142; Leskela *et al*., 2009:728-735; Norris & Kaniasty, 1996:498-511;Wethington & Kessler, 1986:78-89).

In the South African health practice, the support at the disposal of mothers includes an endless amount of external resources in the form of social support. A few examples are given according to the classification proposed by House (1981). Individual- or family counselling given by counsellors and psychologists in order to support the emotional experience of motherhood, can be seen as emotional support available to first-time mothers. Informational support offered is for example perinatal education, birth and breastfeeding advice given by doctors, nurses and midwives. Existing instrumental support for first-time mothers could for instance be physical help in delivering the infant and caring for the infant; or medication for emotional distress such as antidepressants for postnatal depression given by doctors, psychiatrists, nurses and midwives.

A systematic review of commonly employed international postpartum support interventions provided by health professionals, discovered that there is no randomised controlled trial evidence showing efficacy of either of these interventions. Interventions were found to be ineffective in optimising attitudes, maternal knowledge as well as skills related to parenting, mental health of mothers or maternal quality of life (Shaw *et al*., 2006:218-219). Furthermore, with regards to antenatal education, a popular and commonly used resource in South Africa, the following has been found in literature: Antenatal education supports the mother by increasing her knowledge of childbirth and helping her to perceive childbirth as a positive emotional experience; supporting her towards a better awareness of physical health while being pregnant; as well as encouragement

in seeking interpersonal support from her social network (Koehn, 2002:10; Malata *et al*., 2007:67-68; Spinelli *et al*., 2003:94;Stamler, 1998:939). Unfortunately, in further studies, mothers reported that antenatal education does not provide sustained adequate support postpartum and that it is not sufficient to support mothers in the difficult transition into motherhood (Barclay *et al*., 1997:722; Deave *et al*., 2008:30; Fabian *et al*., 2005:436).

Alternatively, in juxtaposition to social support, some theorists and researchers see the concept of support in mothers from a different stance, by taking some aspects of internal support and the role of 'the self' into consideration. Some studies specifically addressed internal resources mothers may utilise. An early study examined maternal sensitivity and noted the significant role it plays in supporting mothers (Ainsworth *et al*., 1978). Maternal sensitivity refers to the mother's accurate and suitable response to her infant's cues with respect to the infant's developmental level and needs emerging from the immediate situation (Ainsworth *et al*., 1978:142-143). George and Solomon (1996:198-216), Sun (2007:35-50), Walker (1986:68-71) as well as Walker and Montgomery (1994:105-110) examined maternal identity as a positive contributing factor in supporting first-time mothers. Maternal identity can be described as the assimilation of the maternal role into the woman's concept of the self, which in turn includes how she describes and evaluates herself as a mother (Mireault 2002:289). Another means of dealing with distress during motherhood was established by Gichia (2000:86, 91) who concluded that African-American mothers rely on internal support such as personal fortitude and ingenuity. Edge and Rogers (2005:15-25) also found that Black Caribbean mothers in the United Kingdom focused on personal agency such as self-efficacy and resilience as resources to help in the early stage of motherhood.

Furthermore, Terry *et al*. (1991:129-132) built on the theory of Lazarus and Folkman (1984). Lazarus and Folkman's (1984) classic cognitive-phenomenological theory of stress and coping suggests that the mother will be in continuous interaction with her environment via her personality in order to adjust to her role as mother. Coping includes the decision-making process of deciding whether a situation is stressful or not, what resources are available and finding an appropriate response to reduce stress (Lazarus & Folkman, 1984:147-148). Apart from personality to help in the process of coping, Terry *et al*. (1991:129-132) additionally identified good self-esteem as a

beneficial contributor to support the mothering experience. Taubman (2009:946) added self-mastery to this list as it also helps in coping and healthy psychological adjustment of the mother.

Thus, to summarise the current position of support in mothers: In practice, a vast amount of support is available to mothers in order to optimise their mental health. Firstly, in terms of social support, and secondly, in terms of internal support. It seems that the largest emphasis of support for mothers is on social support. Although it is evident that social support contributes to many positive aspects in motherhood, the mother is not optimally supported by solely relying on social support. Although internal support resources are present to a certain degree amongst the views on support, the predominant focus still remains on what can be gained from the environment in order for the mother to feel supported. By relying on the specific resources of internal support for mothers discussed above, some of the neglected needs are addressed.

To move away from reductionist reasoning of deciding between either social or internal support, a Gestalt Therapy Theory (GTT) perspective may rather provide a renewed, alternative viewpoint. Support from a GTT perspective defines social support as environmental support, and internal support as self-support. GTT describes support in holistic terms, where it is an integration of environment and the self (Kirchner, 2009). The individual is not seen as a passive entity that depends on the environment, as the individual herself principally determines her degree of support and her utilisation thereof. Therefore, in order for the individual to feel supported, she ideally needs to be self-supported.

- Support is seen in *field theoretical terms* – which represent the interdependent interaction between environmental- as well as self-support. Parlett (1996) draws the following important conclusion: When an individual is stressed, physically unwell or emotionally burdened (which mothers undeniably sometimes are), she may not be able to utilise the support that is available in the environment in the present situation (Parlett, 1996, text in brackets added).
- Parlett (1996) further states that when an individual is able to use adequate self-support in a challenging situation (such as any demanding situation in a particular mother-child environment), she will be able to engage in the present *here and now* of the environmental field. When she is fully present with all her resources; intelligence, competencies, attention to

the support the environment offers, she is supporting herself (Parlett, 1996, text in brackets added).

- By doing this, she will live zestfully in the present by being aware of herself in that moment (*full awareness*) and because of the necessary self-support, will strive towards elevations of growth, will not be stuck in the past, but rather be excited by what the future holds (Fernbacher, 2005:120-121; Kirchner, 2009; Reynolds, 2005:162;Yontef, 1993:181).
- Awareness leads to efficient *contact with herself and her environment* where the mother will enable her self-support. Humans, as self-regulating beings, can address their emerging needs, through the consistent, rapidly self-enhancing flow of *contact* (Crocker, 2005:73) *between self-support and environmental support*.
- In this process of contact between the self and the environment, *creative adjustment* is one of the core elements to be able to self-support. Yontef (1993:144) explains that creative adjustment is an essential component of healthy functioning, for it is an ongoing process of change where the individual shows creative interaction with the environment, adjusts accordingly to what the present brings, and assuming responsibility for the balance between the self and the environment.
- By showing the ability to creatively adjust in a healthy, beneficial way, an individual also functions according to her *organismic self-regulation*, by constantly reorganising herself to be able to adapt healthily to change; as well as to act in a holistic manner by making choices through integration of mind, body, thought, feeling, spontaneity and deliberateness (Blom, 2006:23; Kirchner, 2009;Yontef, 1993:60).
- Deliberateness entails *responsibility*. Kirchner (2009) states that a person reflects adequate self-support and behaviour when she is able to respond with precision and a willingness to assume *responsibility* by being pro-active instead of passive.

A final thought contributing to the concept of support from a GTT perspective, is that of classic Gestalt theorist, Perls (1965), as well as Aronstam (1989): Maturity – one of the ideal outcomes of motherhood as mentioned initially – begins when an individual starts to integrate; by relying less on the environment and rather turn her environmental support inward and thus facilitating self-support.

Therefore even with all the vast amount of current external resources in place for the new mother, she still may not feel optimally supported and healthily adjusted into her role as mother, if her capacity to self-support is not optimally developed and enabled. In Gestalt theoretical terms, it seems that the importance of self-support can never replace the significant part environmental support plays in a mother's life, but rather that integration is a precondition for healthy functioning and for the mother to be able to reach homeostasis in the dynamic task of motherhood.

Supplementary to GTT, Positive Psychology (PP) as well as Self Determination Theory (SDT) emphasise the significance of the first-time mother supporting herself. In PP, the acknowledgement and development of human strength is believed to prevent or lessen the impairment of disease, stress and disorder (Gable & Haidt, 2005:105). Davis and Asliturk (2011:101) established evidence that a PP approach may help in coping with anticipated events. By realistically orientating oneself through the internal human capacity of being resilient; showing virtue; striving to attain one's meaning in life and to long for happiness, it is argued that one is able to adapt more smoothly to hardship (Davis & Asliturk, 2011:101; Wong, 2011:72), thus pointing to the ability to be self-supportive.

According to SDT, Deci and Ryan (2012:85) explain that human-beings primarily want to feel capable in a certain role or task (such as the role and tasks of first-time motherhood). In SDT, autonomous motivation in comparison to controlled motivation, has been linked to psychological health (Deci & Ryan, 2012:85). Through autonomous action (coming from the self) instead of controlled motivation (coming from others' expectations), the first-time mother are being self-supportive.

With this preamble in mind, the researcher utilised the perspective of GTT on the concept of support; specifically, the concept of self-support in first-time mothers. To strengthen the understanding of self-support, PP and SDT served as additional perspectives on the concept. To address the evident paucity in literature and to start with the groundwork thereof, the researcher largely focused on an in-depth understanding of self-support in first-time mothers. In the broad field of psychology research, aspects of self-support in mothers need more attention. Self-support also needs to be examined from a GTT perspective as there has been no study which could be

located that investigated self-support in first-time mothers in this field. A GTT perspective addresses a fundamental and crucial element in the process of support – the individual herself *in relationship* with the environment in order to reach ultimate *homeostasis*. PP and SDT further accentuate the first-time mother's active role in her own supporting process.

Current literature on support is broadly categorised into either social support or self-support. The predominant focus area of current interventions and literature, specifically for first-time motherhood, is on social support and its effectiveness or lack thereof. With the current vast amount of environmental support accessible to first-time mothers, the researcher specifically wanted to examine the experiences of self-support in first-time mothers. The paucity in current research on self-support was addressed by examining how first-time mothers integrate their self-support, thus referring to their experiences of self-support. The study specifically focused on the experiences of the first two years of first-time motherhood as this is a novel and crucial time for adjustment of the mother as well as a vital period for development of attachment between mother and child (Prior & Glaser, 2006:19-20). To examine this phenomenon, the researcher explored the question: How do first-time mothers experience self-support?

2. AIM OF THE STUDY

The principal aim of this study was to explore and describe, through qualitative exploration and an Interpretive Phenomenological Analysis (IPA) research design (Clarke, 2010:57; Smith *et al.*, 2009:11), the experiences of self-support in first-time mothers in the Cape Metropole.

3. PARADIGMATIC PERSPECTIVE

3.1 Meta-theoretical assumptions

GTT was the meta-theory that underpinned this study. Based on the work of Blom (2006), Joyce and Sills (2010), Kirchner (2009), Woldt and Toman (2005) and Yontef (1993), the researcher interpreted GTT as follows: This paradigm relies on a phenomenological-existential approach and the focus is on awareness of the here-and-now experience of human behaviour where the human being him/herself is the expert of his experience. Gestalt theorists' biological field theory argues

that all organisms in the environment are continuously interactive and interdependent with mutual effect on each other. Nothing stands alone or can be reduced to single entities – by the process of contact and withdrawal an organised whole exists in humanity. The whole is significantly more complex and different from the sum of its individual parts. Healthy functioning human beings are constantly trying to form a "gestalt" or an organised whole through experience and learning which leads towards growing change and integration. By striving towards integration and growth, one's organismic self-regulation needs to be utilised. This also leads to the human being trying to reach balance within himself as well as with his environment. This points to the concept of reaching homeostasis.

Thus, the researcher conceptualised support in terms of the interactive relationship between the mother and her environment – where the mother is able to utilise environmental support resources towards mature self-support in order to reach homeostasis subsequent to taking on another role; motherhood. The hypothetical argument in line with a GTT perspective were that even with the vast amount of environmental support resources available for the mother, she may still not be able to adjust healthily into her mothering role if she cannot mobilise self-support. Integration needs to take place in order for her self-support to function optimally. Then, her internal as well as environmental needs will be addressed in the holistic context of motherhood.

3.2 Theoretical assumptions

In addition to GTT, the researcher acknowledged PP and Self Determination Theory (SDT) as supplementary theories in the exploration of self-support. Both of these theories acknowledged the importance of first-time mother's development of qualities and abilities as part of self-support. From the stance of PP, the first-time mother needs to develop certain virtues and traits in order to support herself in a healthy manner. According to SDT, the first-time mother needs to reach to a point of autonomous action in her role and duties in order to support herself and function healthily.

3.3 Central theoretical argument

Ideally, motherhood should be a remarkably positive and life-altering experience, but the unfortunate reality is that the difficulties motherhood brings, may have a negative effect on her functioning. In order to address these difficulties, adequate psychological support needs to be implemented. The concept of support in present literature is largely considered as either social support or studies relating to self-support. By addressing an essential scarcity in literature, the researcher moved away from choosing a singular option of support in mothersand rather saw self-support in relationship with the environment, where the first-time mother plays an active role in the context of her support.

4. LITERATURE REVIEW

The literature reviewed and resourced in this study was firstly the current mental health status of mothers in South Africa, especially that of first-time mothers. Secondly, support interventions in the categories of a) social support as well as b) self-support within the international and national context were reviewed. Lastly, GTT, PP and SDT were examined by giving theoretical explanations of applicable concepts in the context of self-support. The search engines used were those available through the library services of North-West University: A to Z journal list; Ebsco Host, Google Scholar, JSTOR, SciVerse and Sage publications.

5. RESEARCH METHODOLOGY

5.1 Research approach and design

The researcher used qualitative enquiry to gather relevant data. As Delport and De Vos (2011:65) explain qualitative research, the researcher wanted to capture the meaning, experience, perceptions, beliefs and values underlying the phenomenon of self-support in the participants' own written or spoken words. Also, the advantage of the inflexible nature of qualitative research is that it allowed meaningful comparison of data between participants (Mack *et al.*, 2005:3). Lastly, to agree with Creswell, a qualitative design provided a complex and holistic view of the study (Creswell, 2007:39), which is congruent with a GTT perspective.

For the purpose of this study, the researcher utilised an Interpretive Phenomenological Analysis (IPA) research design. IPA is seen as the qualitative enquiry of how individuals make sense of a major life experience (Smith *et al.*, 2009:1) such as first-time motherhood. As this approach is specifically concerned about "what happens when everyday flow of lived experiences takes on a specific significance for people" (Smith *et al.*, 2009:1), the researcher was able to explore the significance of self-support for a sample group of first-time mothers through the analysis of their experiences. Smith et al. (2009:2) refers to Dilthey's (1976) conceptualisation of experience to be able to grasp this concept more fully: experience refers to small units of experiences as well as experience as a process (Dilthey, 1976:210). Thus, IPA involved the description of the exploration of participants' individual experiences or components relating to their self-support as well as their self-supporting experience during first-time motherhood as a whole or process.

Above conceptualisation strongly connects with GTT's philosophy of the whole is more than the sum of its parts (Perls, 1965). The phenomenological existential perspective as well as the social constructivist perspective are theoretical notions underlying an IPA design (Eatough & Smith, 2008:184 and Smith *et al.*, 2009:16,17,19). This being said and with GTT being a theoretical paradigm fundamental to this study, it is significant to include how these viewpoints might be unified. GTT is an integrative approach rooted in existential paradigms (Clarkson & Cavvichia, 2013:3). GTT additionally connects with social constructivism as it emphasises the importance of subjective experience in relationship and context with its environment (Eatough & Smith, 2008:184). This interrelatedness thus motivates that IPA is an appropriate design for this particular study.

In accordance with above theoretical conceptions, IPA is the process of "exploring, describing, interpreting and situating the means (Smith *et al.*, 2009:40) by which the participants were making sense of their self-supporting experiences. Before relevant interventions regarding self-support in first-time mothers can be implemented and to contribute to the evident lack in psychology literature, the groundwork needed to be done by capturing the experiences of self-support in first-time mothers in rich detailed exploration, which IPA allowed for.

5.2 Population

The researcher obtained her sample from a defined population group, namely that of first-time mothers from the Cape Metropole, South Africa. The researcher argued that self-support is an inherited organismic function applicable to the diverse population of first-time mothers; therefore mothers of different races, socio-economic classes, religions and cultures were considered for inclusion into the study.

5.3 Sampling size and method

Non probability sampling techniques were used due to the qualitative nature of the research (Strydom & Delport, 2011:391). Silverman (2005:112) states that when using this technique a sample may simply be chosen because it allows access. To make the study relevant to the diversity of South Africa, the following inclusion criteria were used to select a sample: In the first instance, purposive voluntary sampling was used to select a few participants from three diverse child health clinics in the Cape Metropole, South Africa. The participants had to be first-time mothers and able to converse, read and write in English or Afrikaans in a comfortable manner to ensure effective communication with the researcher. Secondly, mothers of different races, socio-economic classes, religions and cultures were chosen. Additionally, snowball sampling was used, as more participants were needed. Snowballing entailed one participant identifying other potential similar cases (Strydom & Delport, 2011:393).

The sample size was only established after saturation had taken place. Nineteen participants were initially identified for the study, but unfortunately six participants dropped out of the study due to logistical hindrances. The sample consisted of thirteen participants in the end. However, saturation was cot compromised.An information leaflet explaining the nature and purpose of the study was made available at three diverse child health clinics. Interested potential participants who met the inclusion sample criteria were asked to leave their contact details with the respective clinic sister, upon which the candidates were contacted by the researcher. Participants identified additional candidates via the snowball method.

5.4 Data gathering

Group discussions, semi-structured interviews, incomplete sentences, as well as reflective and descriptive field notes were used as data gathering methods.

For each participant, the data gathering process unfolded as follows: Every participant underwent one group discussion. Thereafter she was personally interviewed. After the interview, she undertook a second group discussion. This process was concluded with completion of incomplete sentences on a written document. Throughout this whole development, the researcher kept comprehensive field notes as well as the participants were asked to keep a reflective journal.

A first set of group discussions was held to explore the data that emerged from the creative timeline; as well as the participants' general experiences of self-support. Due to logistical complications three of these group discussions were held with different participants in order for all participants to be part of group discussions. The creative timeline was used to initiate spontaneous communication as a preamble towards the central themes of the discussions. The participants were asked to assemble a creative timeline giving specific attention to particular situations where support was discernible (or indiscernible) in their first two years of motherhood. The researcher acted as a group facilitator in this regard, which allowed for data to spontaneously emerge as she merely facilitated towards issues regarding self-support. Group discussions allowed for information to expand by widening the range of responses and activating forgotten details, due to the nature of such an interactional process.

After the first set of group discussions, semi-structured interviews (Hesse-Biber & Leavy 2011:104) were held individually with each participant to explore personal experiences more deeply.

A second set of group discussions was held to reflect on the first group discussion and semi-structured interviews to ensure that any new insights about their experiences of self-support were explored and recorded. This also allowed for member-checking. Due to logistical complications three of these group discussions were held with different participants in order for all participants to be part of a second group discussion. These group discussions were specifically done via open-

endedly asking the participants what they recognise as self-support from their priorly described experiences and to confirm what stood out most from their insights as voiced in their first group discussion and personal interview.

Directly after the second group discussion, incomplete sentences were given to each participant. Some participants completed these on site and other preferred to email it later. The incomplete sentences were used as a conclusive data gathering method in order to confirm all recorded accounts subsequent to other data gathering methods, as well as to strengthen triangulation of data.

With the last contact between researcher and participant, appropriate and sensitive debriefing and termination was done. This entailed exploring participants' positive and negative experiences of the data-gathering process and offering external support after the research process if it was necessary.

Throughout this whole process, the participants were asked to keep reflective journals (Ortlipp, 2008:695) about their motherhood experience and matters related to self-support to further help them to mobilize their meaning-making process. Constant reflective and descriptive fieldnotes (Lodico *et al*., 2010:118) of the researcher were used as a tool to eventually make a synthesis from the emerging themes that arose from the process.

The various procedures of data gathering thus allowed for in-depth investigation, triangulation, crystallization and confirmation of data.

5.5 Data analysis

The researcher worked towards the interpretative philosophy which underpins qualitative data analysis, by using examination of meaningful and symbolic content of qualitative data (Nieuwenhuis, 2007:126). Schwandt (2007:6) gives a short but quite accurate description of this process: Qualitative data analysis can be described as the activity of making sense of, interpreting and theorising data. The researcher did not aim to measure data (Nieuwenhuis, 2007:127), but rather used a process of inductive reasoning and analysis, thinking and theorising, which is far

removed from mechanical and controlled procedures to make conclusions from empirical evidence in the social world (Schwandt, 2007:7). This method of analysis allowed the researcher to focus on emerging research findings from the most frequent and significant themes, which was not restrained by a structured process (Nieuwenhuis, 2007:126-127). Creswell (2007) describes the process of data analysis as a spiral, intertwined process and not linear by merely following successive steps, for the researcher moved back and forth in analytic circles (Creswell, 2007:150). Consistent with the broad outline of of the data analysis process given by De Vos et *al.* (2011:403-404), the researcher did the following: a) Preparing and organising data: the researcher transcribed all audio data into text; scanned all written data and stored it electronically as well as grouping all data sets into one electronic document. b) Reducing the data: the semi-structured interviews as well as the incomplete sentences were used for coding and categorising of categories, themes and sub-themes. These findings were tested if congruent with the other data sets such as data from the group discussions, reflective journal entries and the researcher's field notes. The data were subsequently interpreted by the researcher. c) Lastly; visualising, representing and displaying of data were represented as truthful as possible.

6. TRUSTWORTHINESS

Firstly, by portraying the participants' realities (Creswell & Miller, 2000:126) of their self-support in the first two years of their motherhood as truthful as possible, *credibility* was ensured. The researcher assessed the accuracy of the findings as described by both the researcher and the participants (Creswell, 2007:206-207). The researcher spent extensive time in the field and gave her descriptions in great detail and as thorough as possible. She was also in close proximity with the participants in order to contribute to thoroughness of the study. The researcher additionally ensured triangulation as well as construct validation. Triangulation was attained through using multiple data gathering sources such as group discussions; semi-structured interviews; incomplete sentences; field notes as well as reflective journaling. Although the GTT perspective was the lens through which data was explored, the researcher was not bound by the limitations this perspective may bring and used PP and SDT to complement her interpretation. Construct validation was done through recognising constructs that truthfully exist in the field, which ties in with the existential phenomenological approach of GTT, for the researcher did not impose theories or constructs on

the participants. The researcher bracketed her own phenomenological field when she investigated each participant's different and unique phenomenological field. Lastly, when the researcher made interpretations of the data, member-checking was done and thus included the participants in the interpretational process, with the presumption that all interpretations are time-based and always open to reinterpretation as Angen (2000:392-393) argued.

Transferability as described by Lincoln and Guba (1985) is the ability to determine applicability of the study in other contexts (Lincoln & Guba, 1985, cited by De Vos *et al.*, 2005:346). The researcher strived towards optimal transferability by providing thorough background data regarding the context of this study. The nature of an IPA study design allowed for an in-depth and detailed description of self-support from a diverse group of first-time mothers. The researcher additionally provided thorough comparisons between these contexts and the sample size was only reached when data were saturated.

Dependability was ensured by taking into account changing conditions in the phenomena as well as consistency of the internal process of study (Bradley, 1993:437). *Confirmability* refers to "the extent to which the characteristics of the data, as posited by the researcher, can be confirmed by others who read or review the research results" (Bradley, 1993:437). The researcher guaranteed dependability of data by using external colleagues as co-coders to confirm the data. The researcher examined the process as well as the product of this research carefully, consistently and systematically. Confirmability was enhanced by documenting the procedures of checking and rechecking of data. Triangulation as well as crystallisation as explained above also assisted in confirming the validation of data.

7. ETHICAL ASPECTS

According to Mack *et al*. (2005:9) the most imperative priority of the researcher is to research according to ethical guidelines by always putting the participants' well-being above the goals of the study. Hence, in accordance with the Human Sciences Research Council (2012) and Strydom (2011:115-121); the researcher respected and protected the participants autonomy by not doing harm towards the participants, physical or emotional; letting the participants give informed

consent; not violating their privacy (they also had the right to withdraw from the research at any stage) and keeping all data anonymous and confidential.

The researcher strived towards scientific and academic professionalism and never used her position as researcher for personal gain. The researcher subdued to the guidelines given by the Research Ethical Committee (REC) of North-West University. The researcher ensured that responsibility and liability of research were taken by getting permission from the Research Ethical Committee (REC) of North-West University to perform this study. The researcher acted sensitively and carefully to the moral issues and actions that emerged from the research. As Brinkmann and Kvale (2008:218) state, the researcher saw her role as researcher as a contributing factor to moral integrity and her sensitivity and devotion towards moral issues and actions regarding the research. Strydom (2011:123) accentuates the importance of competence of the researcher. The researcher under no circumstances made any value judgment concerning cultural aspects of the applicable communities of research (Strydom, 2011:123-124). The researcher believes that she had the appropriate knowledge and experience in order to perform this study and made use of advice and guidance from superiors in the North-West University as needed. As suggested by Strydom (2011:124-125), a clear contract was set up between the researcher and her research supervisors in order to ensure cooperation.

The researcher was transparent at all times. This included participants being thoroughly informed about what the study entailed, the implications thereof, the goal and advantages of the study as well as ensuring that the research findings were trustworthy and transparent (Human Sciences Research Council, 2012). The research findings and publication are clear and accurate as well as avoided plagiarism, ambiguity or over accentuating in order to manipulate findings, as stipulated by Lourens (2004:8) and Strydom (2011:126). The researcher made sure that the participants were not mislead in any way, consciously as well as unconsciously (Strydom, 2011:118-119). Debriefing and termination of participants were done with the last contact session which allowed for participants to reflect on their accounts and to withdraw from the research process.

8. CHOICE AND STRUCTURE OF RESEARCH ARTICLE

This dissertation is according to the article format as prescribed by the North-West University.

The dissertation is divided into the following sections:

Section A: **Part I: Orientation to the research (Harvard referencing style)**

Part II: Literature review (Harvard referencing style)

Section B: **Article (APA 6th Ed referencing style)**

Section C: **Summary, evaluation, conclusion and recommendations**

Section D: **Annexures**

The Journal of Family Issues has been identified as a possible journal for submission.

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SECTION A

PART II: A LITERATURE REVIEW ON SELF-SUPPORT IN FIRST-TIME MOTHERS

1. INTRODUCTION

The aim of this literature review is to explore and describe the concept of self-support in first time motherhood. The following components relating to self-support will be covered: First and foremost a broad view on the mental health status of first-time mothers will be given. This is necessary to accentuate that first-time mothers face many challenges during first-time motherhood and that support is therefore needed. The subsequent rationale behind support for first-time mothers will be outlined. The current support measures in place for first-time mothers as it relates to the context of theory and past research will then be highlighted. This will be followed by the meta-theoretical perspective that underlies this study, which will also cover core concepts relating to self-support.

2. MENTAL HEALTH OF FIRST-TIME MOTHERS

2.1 Mental health of first time mothers: a global perspective

For many first-time mothers, the pleasure of motherhood brings about fulfilment, personal and psychosocial development and achievement as the new mother positively redefines her sense of self by portraying confidence and competence (Mercer, 2004:226-231;Taubman, 2009:943-945). Sadly, other first-time mothers have a less optimistic experience where amongst the many influencing factors; poor mental health is a major hindrance in their path to enjoy this positive life altering experience.

As part of these challenges hindering the well-being of first-time mothers, mental illness encompasses a fundamental component of mental health for first-time mothers. Of all the

difficulties first-time mothers may potentially encounter, a vast amount of research focuses on the severity of mood and anxiety disorders during motherhood. The World Health Organization (2008:7) underpins the severity of mental illness and the problematic effect it has on not just mothers, but also on the global society. Saxena *et al.* (2007:878) illustrates that common mental disorders (depression and anxiety) are an endemic concern and even more common in populations of low economic status, thus very relevant to the population of this study. Goodman and Tyer-Viola (2010:477) established that a noteworthy number of mothers are familiar with a first onset of mood- or anxiety disorders during pregnancy or within the first few months after giving birth. Mothers who display a history of psychiatric disorders have an greater risk of reappearance of symptoms (Goodman & Tyer-Viola, 2010:477). Also, Cohen and Nonacs (2005:1) noted that the time after childbirth for the first-time mother is a high risk period for mood disorders to develop. According to Miller (2002:762) and Freeman *et al*. (2005:929) postpartum depression is the most common disorder after childbirth and affects between 10% and 15% of new mothers, lasting up to six months after delivery. Also, a new mother who experiences postpartum depressive symptoms directly after childbirth has a higher risk of postpartum depression during the subsequent months (Goodman, 2004). The symptoms of postpartum depression can begin within the first few weeks postpartum and last for about a year after childbirth (O Hara & Swain, 1996 cited by Piontkowski, 2011:2). Less severe complications, labelled as depressive symptoms, affect 15 %- 30 % of mothers after birth (Goodman, 2004:410). These symptoms still pose a significant threat to the mental health of mothers as they lead to maladjustment which in turns also affects the family context negatively (Cummings *et al*., 2005:479).

Taking a contrary stance, some researchers such as Brockington *et al*. (2006:253) and Wenzel *et al*. (2005:253) proved that more women suffer from anxiety disorders after birth than predicted above, but that it is often misdiagnosed and left untreated. Anxiety disorders such as generalised anxiety disorder, panic disorder, phobias, obsessive compulsive disorder as well as post-traumatic stress disorder after childbirth (Wenzel, 2005:296-297) are more common than depression during pregnancy according to Brockington *et al*. (2006:260).

Sequentially, the researcher would like to point out the less predominant but equally important representation of good mental health. The Australian Institute of Health and Welfare, the Western

Cape Department of Health (2003) and the World Health Organization (2012) describe good mental health as not just an absence of a diagnosed mental disorder, but rather the ability to cope with everyday stressors, to be able to regulate a sense of well-being and to optimise one's own potential regarding cognitive, emotional and interpersonal abilities. With this depiction in mind it is apparent than when a major life transition such as new motherhood starts to unfold, all of the above factors may impact the first-time mother's well-being.

Being a new mother entails mastering several new tasks which may potentially determine healthy functioning of the first-time mother. New motherhood is a process of transition during the first year after the first birth and is a major developmental undertaking in a woman's life marked by intense changes within the self (Mercer, 2004:226) and in the immediate environment. Early researchers even went so far as to describe the transition to new motherhood as a total 'reconstruction of the self' which could initially be an extremely uncomfortable situation where the mother feels particularly unready, drained, alone and experiences a significant sense of loss (Barcley *et al.,* 1997:729,719). Similarly, Thorp *et al*. (2004:362) established that transition to motherhood leads to severe stress which sometimes causes ambivalence, feeling overwhelmed, having conflict within the self and even loss of the self. When the factor of a new sick born comes into play, many new mothers experience a significant decrease in family function and personal coping abilities (Pinelli *et al.,* 2008:156). Some mothers experience a loss of freedom and independence, feelings of social isolation from family and friends that can all lead to significant stress for the new mother (Piontkowski, 2011:19, 22). Harwood *et al.* (2007) noted that the major developmental task during transition includes having positive, but realistic expectations of parenting (Harwood *et al.,* 2007:1). Furthermore positive unrealistic expectations in relation to less positive actual experiences, leads to significant depression symptomology and poor relational adjustment within the family (Harwood, 2007:1-2). This would accordingly require a new mother to overcome obstacles by showing personal satisfaction as a parent, striving towards a strong sense of self and good well-being, being able to positively adjust to role change as well as managing stress levels (adapted from Harwood *et al.*, 2007:2).

2.2 Mental health of first-time mothers: an African perspective

Rochat *et al*. (2011:362) noted that women of low-income countries as well as those living in middle income countries are particularly at high risk for poor mental health during motherhood, specifically for depression after childbirth. A study done by Goyal *et al.* (2010) address serious concerns regarding this issue. It has been concluded that women with at least four socio economic risk factors such as unemployment and a low monthly income, less than a college education and being unmarried, compared to women with less socio economic risk factors, are eleven times more prone to have severely elevated clinical depression scores after childbirth, even after prenatal depressive symptoms have been controlled for (Goyal *et al.*, 2010:78). A thorough systematic review examined 35 studies and a total of 10880 participants from eight different African countries and concluded that depression is the most commonly assessed mental disorder in Africa during motherhood with a prevalence of 11.3% during pregnancy and even higher prevalence (18.3 %) after childbirth. Anxiety before childbirth is estimated at 14.8% and after childbirth, 14%. The occurrence of posttraumatic stress disorder is at 5.9% after childbirth (Sawyer *et al.*, 2010:17). Thus, in an African context, it is vital to have proper support structures in place for these mothers.

Especially in South Africa, the mental health status of mothers is depicted as an essential public health issue (Mental Health and Poverty Project, 2008). Rochat *et al.* (2011:362) established that in the overall rural South Africa, the prevalence for postpartum depression amongst mothers is extremely high (47%) where 67% of these mothers reported an episode duration of longer than two months. Similarly, a review of literature done by Tomlinson *et al*. (2009) revealed that poor mental health, particularly mental illness during motherhood, is significantly higher in South Africa than other developing countries. For example, a study on peri-urban settlements in Cape Town established that 46% of mothers experience severe distress after childbirth (Tomlinson *et al*., 2009:368). Rochat *et al*. (2011:362-363) concluded that this particularly high occurrence is possibly linked to the multiple depression risk factors evident in South Africa. This includes poverty, intimate partner violence and a growing threat of HIV (Rochat *et al.*, 2011:363). The Mental Health and Poverty Project (2008) added that apart from above risk factors, a lack of

social support, refugee status, substance abuse and teen pregnancy all contribute to mental illness of first-time mothers in South Africa.

Although these risk factors are linked to mental illness, the risk factors additionally contribute to an overall undesirable well-being of first-time mothers. Several supplementary factors in South Africa such as the pressure a mother has when she needs to manage multiple roles between work and motherhood; the recession that affects the whole population; as well as the high divorce rate in South Africa ranging from 22 936- 34 045 between 2001 and 2010 (Lehola, 2010:17); are all factors that may have a harmful impact. The mental health context of African and South-African first-time mothers thus represents high concern. Apart from the direct influence poor mental health has on the first-time mother, the negative repercussions on the child need to be emphasized.

2.3 The impact of the first-time mother's mental health on her child

One cannot ignore the perturbing influence a mother's mental health has on her own child. Some examples of psychological and emotional effects on children are: poor bonding with the mother, feelings of fear, antisocial behaviour and conduct problems (Bonari *et al.*, 2004:38; Bergman *et al.*, 2007:1545; Kim-Cohen *et al.*, 2005:173). Also, anxiety during pregnancy is shown to have severe effects on the psychological and emotional development of the child (Austen & Leader, 2000:331; Glover O' Connor, 2002:389).

A study done by Alder *et al.* (2007:189) determined that depression during pregnancy relates to a range of foetal and obstetric problems and seriously disadvantaged developmental outcomes. The World Health Organization (2009) proposes evidence that these outcomes extend towards psycho-social developmental delays and even severe physical health issues for children. Jones *et al.* (2010:203), Murray *et al*. (2010:218) and Van Doesum *et al*. (2007:747) established that mothers with depressive symptoms are less positive, spontaneous and responsive to their infants comparing to their counterparts. These behaviours may have a harmful effect on optimal physical and psychological care towards infants and thus attachment of mother and child. Several studies highlights that depression and stress during and after pregnancy contributes to poor child cognitive development (Krstic, 2007:113; LaPlante, 2004:400; Talge *et al*., 2007:245). This includes poor language development (LaPlante *et al.*, 2004:400); poor processes of recognition

and memory; as well as reduced adaption to stress amongst children (Krstic *et al.*, 2007:117). The challenges the first-time mother encounters and the consequent potential damaging effect on children, undeniably motivate an urgent re-evaluation of support for the first-time mother.

3. RATIONALE BEHIND SUPPORT FOR FIRST-TIME MOTHERS

Prince *et al.* (2007:859), Rahman and Creed (2007:115) and Rochat *et al*. (2011:369) stress that persistent human, social and economic consequences of poor mental health of mothers demand urgent and rigorous action from health planners and policy developers and that we are far from where we are supposed to be in motherhood support development. Although problems are widespread amongst all mothers, envision how this burden will lessen and will prevent further complications for the mother in her later childbearing years if this process of prevention and maintenance of well-being already starts with the first-time mother.

Mental illness, the challenging transition from woman to first-time motherhood, the consequence of a mother's mental health on her child and the parallel challenges as discussed above, accentuate the critical need for a multi-disciplinary approach to facilitate this multifaceted process. This study aims to address the need for support from a psychological perspective with its rightful place in a multi-disciplinary approach towards support in motherhood. The psychological paradigm and specific gap in literature this study aims to fill will be elaborated on at a later stage. For now, the researcher would like to first elaborate on current support structures for the first-time mother.

4. CURRENT STATUS OF SUPPORT FOR FIRST-TIME MOTHERS

4.1 Interventions of support

Interventions aimed at first-time mothers are a substantial component contributing to support in becoming and being a first-time mother. As mental health forms part of general healthcare, interventions not only in the field of psychology, but also in the fields of psychiatry and nursing (from a South African as well as from an international perspective) are found in literature.

Within international interventions, a few studies evaluate the effectiveness of antenatal education as an intervention strategy to support first-time mothers. A study to evaluate prenatal and postnatal adaptation in a Turkish context established that antenatal education has a significant positive effect on first-time mothers' prenatal adaptation, but no significant change was found to help with postnatal adaptation (Serçekuş& Mete, 2010:99). One study established that antenatal education does help mothers to be more knowledgeable and prepared for childbirth in order to have a more positive birthing experience (Malata *et al*., 2007:67), but Deave *et al*. (2008:30) found the effect of antenatal education towards preparation of new motherhood has no significant benefit for first-time mothers with regards to feeling confident and equipped in the new parenting role. These antenatal education interventions are mainly directed by nursing professionals and pertain to medical issues regarding pregnancy, childbirth and the early postpartum period.

An interpersonal-therapy-oriented childbirth psycho-education programme aimed towards first-time Chinese mothers proved to display better psychological well-being, a reduction in depressive symptoms and an improvement in interpersonal relationships for the participnats at six weeks postpartum compared to mothers who did not receive the programme. The programme was conducted by trained midwives (Gao *et al*., 2010:1208-1209). With a three month follow-up on the preceding study, Gao *et al*. (2011:274-275) found further progressive significant results. The mothers showed improvement on perceived social support and maternal role competence, less depressive symptoms and a better psychological well-being compared to a control group.

An antenatal intervention programme from Australia aimed at reducing depression, anxiety and improvement of parenting abilities in first-time parents, involved a self-guided workbook with weekly telephonic support. The workbook was composed by clinical psychologists and telephonic support was given by psychologists or trainee psychologists. The findings suggest a significant improvement in depression, anxiety and parenting abilities in the transition towards new motherhood (Milgrom *et al*., 2010:385). With more focus on postnatal depression, a cognitive behavioural counselling intervention programme in Sweden was evaluated by Wiklund *et al*. (2010:1100). The findings suggest that brief cognitive behavioural counselling is an effective prevention for women at risk of developing postnatal depression (Wiklund *et al*., 2010:1100).

Apart from single study evaluations, two literature reviews and one systematic review bring about insightful conclusions. A large literature review which focused on public health interventions for new mothers in Canada, evaluated strategies which reduce or alleviate the impact of postpartum depression on the mother-infant relationship as well as the growth and development of children (Stewart *et al.,* 2003:2). This review concluded that the potential opposing effect of postpartum depression on the mother-infant relationship and child development, underpins the necessity for early identification and effective treatment models. Unfortunately, there are very few studies that provide proof that public health interventions in Canada may prevent or alleviate the impact of postpartum depression on mother-infant relationships.

A literature review on the effectiveness of preventing postpartum depression amongst mothers in Australia was done by Dennis and Creedy (2007:14). Here, fifteen trials involving 7600 mothers were included. The findings suggest that women who receive psychosocial intervention prior to becoming a mother are equally at risk to develop postpartum depression as those who receive standard perinatal support in hospitals by nurses, midwives and doctors. Psychosocial interventions with only a postnatal component show more promising results than those which incorporate antenatal care. It is concluded that a provision of intensive professionally based postpartum psychosocial support may be effective and beneficial for mothers who suffer from postpartum depression (Dennis & Creedy, 2007:22-23).

A thorough systematic review on global postpartum care of 22 randomised control studies done in the years 1999 to 2005 wanted to establish the effectiveness of postpartum support interventions to improve maternal parenting, mental health and quality of life in mothers (Shaw *et al.,* 2006: 210-211). Despite the vast amount of postpartum support interventions that were reviewed, no evidence of efficiency was established with respect to maternal mental health or maternal quality of life, maternal knowledge, attitudes as well as paerenting skills (Shaw *et al*., 2006: 218-219). These interventions were performed by hospital staff such as nurses, midwives, physicians and paediatricians.

From a South African perspective, a successful intervention for vulnerable mothers has been taking place over the past few years. The Perinatal Mental Health Project is an initiative from the University of Cape Town and has been operational from 2002 in four public obstetric facilities in

Cape Town and works in close partnership with the Western Cape Provincial Department of Health. This project has been recognised by the World Health Organization and is one of only a few interventions of its kind in developing countries. It focuses on the physical and mental health of pregnant and vulnerable women in the perinatal period. It specifically focuses on women who are particularly affected by poverty, HIV/AIDS, violence, abuse, a lack of social support, isolation, issues around teenage pregnancy, refugee status and those who cannot financially afford help from the private sector. Currently, the initiative has screened 12,710 pregnant women and counselled 2,248 mothers in distress. Service through the Perinatal Mental Health Project include on-site and free of charge mental health screening, therapeutic counselling and psychiatric services. Preliminary analyses conducted in 2011 show that counselling given to mothers has a beneficial impact on mood, coping, and general functioning of mothers in the perinatal and longer postpartum period. The mothers who suffered significant distress showed the following positive changes: 86% of mothers reported that their distress as a mother is better or resolved after the Perinatal Mental Health Project intervention; 95% report rewarding bonding with their infants and 88% report being able to cope with parenting and life circumstances (Perinatal Mental Health Project, 2012).

In summary, it is noticeable that the need to intervene and offer support to mothers and specifically first-time mothers, is mostly recognised by professionals in the nursing profession. The amount of research they have directed to promote the mental health of mothers during the antenatal period is very prominent in the literature and must be appreciated. This is possibly due to the direct contact nurses have with mothers in the very early phase of transition into motherhood, which is also experienced as an extremely vulnerable period for mothers. Nurses identify the urgent need for proper mental health care for first-time mothers. Unfortunately, those interventions that focus on antenatal education and regular peripartum support without psychological intervention are shown to be less effective in promoting certain crucial elements of support for first-time mothers. Interventions that have a postpartum psychological element show promising results in improving mothers' coping ability. In South Africa, the Perinatal Mental Health Project is providing a substantial amount to support mothers in distress. It is noticeable that the target population of this project is only in Cape Town and surrounds and mostly for vulnerable women of low socio economic status. As previously discussed, challenges of first-time

motherhood are not restricted to class, religion or culture- it is a global hindrance. Thus, unfortunately first-time mothers of high socio economic status may still feel obliged to only find support in ordinary interventions at private health clinics such as antenatal education that does not include a psychological component, despite their distress and lack of relief thereof. Also, as the need for proper intervention and support would undeniably be more urgent and even drastic amongst vulnerable low socio economic mothers, it is an unfortunate reality that according to the Perinatal Mental Health Project (2012) that only 7% of psychologists in South Africa work in the public sector. Regrettably, the project does not provide for the private sector, or one could even argue that the private sector chooses to ignore such an initiative as possible intervention for first-time mothers seeking help in the private health context. Just think of the great beneficial impact a multidisciplinary team and even collaboration between the public and private sector of mental health may have on the overall progression of support for first-time mothers; regardless of race, culture, socio economic status or geographic area.

Apart from the evidence that psychological interventions as part of a multidisciplinary approach in public as well as in private sector are needed, it is prominent that above interventions focus on improvement of external resources for the first-time mother. In contrast to this stance, the consequent disparity this study wants to primarily deal with, is support entrenched internally, rather than externally. The principal focus on external support and neglected focus on internal support for first-time mothers of current theoretical perspectives of support in first-time mothers are further outlined in the following theories discussed.

4.2 Theoretical perspectives of support for first-time mothers

4.2.1 *Social support*

Early theorists in the field of psychology and psychiatry described support in terms of social support. The historical term of social support and what it involves are still widely accepted in current literature and practice. According to Cobb (1976:300), social support is the mental- or material support attained from the environment. Cobb (1976:300) describes that the individual gets support from her social network by feeling loved and cared for, respected and valued as a person. Another classic author conceptualises support according to four main categories:

emotional support, appraisal support, informational support and instrumental support (House, 1981). Emotional support normally derives from family or friends in the form of empathy, concern, trust and love (House, 1981). Appraisal support is defined as confirmation, social comparison and feedback from friends and family, community resources and co-workers (House, 1981). Informational support can be guidance, advice and recommendations in order to assist the person in personal or situational difficulties (House, 1981). Instrumental support is support in a concrete form such as money, time and explicit involvement on the person's behalf (House, 1981). These categorical concepts of social support are still widely used in current literature.

Peteet (1984) describes support in terms of the goal it wishes to achieve towards a patient, given by a health practitioner. Here support is explained in four categories, namely: to comfort, to strengthen, to maintain and to advocate. To comfort is to help the person to carry her emotional burden through sympathy, reassurance and practical expressions of concern. Strengthening has to do with reinforcing an individual's ability to sustain her healthy functioning. Maintenance goes against the psychological principle of gaining insight. It focuses rather on the psychiatrist "lending his own ego" to the patient by taking away the responsibility of the patient to gain his own independence and insight. Lastly, advocacy refers to the promotion of the patient's interests, by optimistically comprehending the experiences and dynamics of the patient and presenting interpretations and recommendations on the patient's behalf in a natural way (Peteet, 1984:21-23).

In numerous other historical as well as current studies varied theories exist in the discrepancy between perceived support (subjective social support) as seen by the individual obtaining support, as well as the provided support (objective social support) given by the environment (Dolgard, 2009; Den Oudsten *et al*., 2010:499-508; Haber *et al.*, 2007:133-144; Kaul & Lakey, 2003:59-78; Lakey *et al.*, 2010:132-142; Leskela, *et al.*, 2009:728-735; Norris & Kaniasty, 1996:498-511;Wethington & Kessler, 1986:78-89). With the focus on perceived social support, a major European Union mental health initiative, the MINDFUL project, perceives social support in terms of how and to what degree the individual believes her social network is available in times of stress (National Health Institute of Finland, 2008).

With specific attention on social support in the setting of motherhood, Darvill *et al*. (2010:357-366) explored the psychosocial factors that influence the first-time motherhood experience and

recognised that the transition to first-time motherhood already starts early in pregnancy. Also, that mothers have an unmet need for social support during and after their pregnancy, especially from other new mothers. A qualitative study by Seefat-van Teeffelen *et al*. (2011:122) highlights the urgent need mothers have to receive proactive psychosocial support from midwives during transition to motherhood. Some studies point to the important role of fathers or partners to socially support first-time mothers and that fathers need to play a more active role in infant caregiving (Leahy-Warren, 2005:47; Leahy-Warren *et al*., 2012:388; Razurel *et al*., 2011:237). Proper appraisal social support has a significant influence on the first-time mother's confidence in infant care (Leahy-Warren, 2005:479). Informational social support from interventions has a weaker but also statistically significant relationship with confidence in infant care (Leahy-Warren, 2005:479).

With regards to depression, Gao *et al*. (2008:50) established that social support is significantly associated with depression in first-time mothers in China. Another study that focused on this domain, presented that mothers with poor prenatal and postnatal social support had a significant increase in postpartum depression, compared to mothers who had more evidence of prenatal and postnatal social support (Xie *et al*., 2009:637). Leahy-Warren *et al*. (2012:388-397) points out significant relationships between functional social support and postnatal depression; informal social support and postnatal depression; and informal social support and maternal self-efficacy. The results of the latter propose that nurses and midwives must be aware of and acknowledge their role as a beneficial contributor to social support. A qualitative study (Razurel *et al*., 2011:237) however, established that social support given by medical staff during the prenatal period through the means of educational information after birth are not perceived as sufficient and that first-time mothers rather present with an unfulfilled need to receive long-term counselling as problems and difficulties arise during the motherhood transitioning period.

From a divergent viewpoint, Medina and Magnuson (2011:90-96) emphasize the role of counsellors as social support towards mothers. These authors accentuated the large and demanding pressure society places on motherhood where it is expected of mothers to excel in their role. The study underpins the necessity for counsellors to revaluate their own biases, beliefs and values of motherhood to prevent an unintended imposition of these social constructs of motherhood when working with mothers and family contexts (Medina & Magnuson, 2009:23).

As apparent from above discussions of literature on support in first-time motherhood, studies on social support almost overwhelm the reader. Still, some theoretical stances do not fall into this category. Certain theorists and researchers do in fact conceptualise and seek psychosocial variables that play a role in support from an alternative viewpoint, by identifying internal properties and the neglected but extremely valuable role of 'the self'. Still, much more research needs to be conducted in this domain to regain equality in research between social support and self-support.

4.2.2 *Self-support*

As a valuable segment of self-support research, Positive Psychology (PP) focuses on human internal strengths. Research in this field proves its scientific value as a psychological paradigm to enable support. In PP, an understanding of human strength is believed to prevent or lessen the impairment of disease, stress and disorder (Gable & Haidt, 2005:105). Davis and Asliturk (2011:101) established evidence that a PP approach helps in coping with anticipated events. By realistically orientating oneself through the internal human capacity of being resilient; showing virtue; striving to attain one's meaning in life and to long for happiness, it is argued that an individual is consequently able to adapt more smoothly to hardship (Davis & Asliturk, 2011:101; Wong, 2011:72). For the new mother a PP approach may be of great value to her when she perceives her subjective experiences as beneficial towards her well-being. She can do this by focusing on her positive individual traits that would strengthen her capacity to be a good mother and also focus on viewing her situation of new motherhood as beneficial for her personal growth as well as for her child to be optimally cared for.

Seligman *et al*. (2005:412) identify six virtues of PP that need to be developed in order to strive towards internal happiness in any given life situation, such as first-time motherhood. They are *wisdom and knowledge, courage, humanity, justice, temperance* and *transcendence*. A total of 24 characteristics are listed under these virtues. Characteristics that may play a role in self-support are for example: creativity, open-mindedness and love of learning (*wisdom and knowledge*). A new mother may adjust more easily in her role by thinking of novel and productive ways to cope and care for her child (creativity). It may help to think things through and examine a challenge from all sides (open-mindedness). She may be able to adjust if she is willing to master the skills of

motherhood (love of learning). By developing authenticity and speaking the truth of her joys and suffering as a mother; being brave and not shrinking away from challenges of motherhood; being persistent in her task as mother and approaching life zestfully, she conveys the virtue of *courage*. If a mother for example shows *humanity* she will be able to be kind towards her child, giving love to her child and portray social intelligence by being aware of her own as well as the infant's needs and feelings. *Temperance* may be utilised if the mother is willing to show forgiveness (maybe towards her spouse in the new challenging context of both being parents); prudence by carefully calculating one's choices in motherhood and lastly; by self-regulating one's own feelings and actions. If a mother shows *transcendence*, she will act with gratitude, have hope for better times, use humour to ease stress and tension or even have religion as an internal resource for support (adapted from Seligman *et al*., 2005:412).

Self-determination theory (SDT) is another perspective that relates with self-support. Deci and Ryan (2012:85) explain that SDT scientifically proves that all individuals have the fundamental needs to be competent in a role or task and act autonomously. When these needs are satisfied, an individual's autonomous ability gets facilitated. When these needs are not met, it leads to controlled motivation and the feeling of being pressured to behave in a particular way. Autonomous motivation in comparison to controlled motivation has been linked to psychological health. A social context affects the need satisfaction as well as type of motivation of an individual (Deci & Ryan, 2012:85). Thus, when a new mother uses her mothering skills autonomously and competently as part of a self-regulating process, she may be able to adjust and cope easier into her role. If the environment overwhelms her with expectations about how motherhood should be and she acts accordingly to this pressure, it may be an unhealthy process.

Apart from these theoretical paradigms, other theoretical conclusions done in single studies are also recognised. Two studies show maternal optimism as well as displaying personal fortitude and ingenuity in order to help with the novelty of being a first-time mother (Taylor *et al*., 2010:468; Gichia 2000:86, 91). Also, Terry *et al*. (1991:129-132) established that personality as well as a good self-esteem are coping abilities which mothers rely on. The findings of Terry *et al* (1991) are built on the classic cognitive-phenomenological theory of stress and coping of Lazarus and Folkman (1984) which explains coping as the decision-making process of deciding whether a

situation is stressful or not, what resources are available and finding an appropriate response to reduce stress (Lazarus & Folkman, 1984:147-148). This ties in with findings from Ngai *et al*., (2011:189) which verify that Chinese first-time mothers use the capability of making personal and achievable decisions in their own context of motherhood as a coping strategy.

Another concept that relates to self-support and which receives quite a substantial amount of attention in literature is the internal development into the role of a new mother. The original notion that first-time mothers undergo a process of accepting a new role was introduced by Rubin (1967) in Darvill *et al.* (2010:358). Rubin (1967) described the term of maternal role attainment (MRA) as a course of progressive stages: mimicry, role-play, fantasy, introjection-projection-rejection, and lastly identity. The first-time mother will therefore through psychological progression during and after pregnancy initially search for information about being a mother, mimic observations, seek expert models of mothers, role-play these models and fantasize about herself as a mother. She will then introject witnessed behaviours of other mothers, project how these behaviours would be for her, reject behaviours she displeasures and finally move into the full identity development of motherhood. During this process she will also experience grief over parts of her previous identity that she loses which is not attuned to motherhood (Rubin, 1967:237-245). Mercer (2004:227), a student of Rubin, performed a study with the proposal to change the term MRA to becoming a mother (BAM). Mercer (2004:231) reasoned that becoming a mother is more complicated than Rubin's conceptualisations. It is rather a life-transforming experience with the commitment to growth, development and new self-definition. A mother's maternal identity changes continuously and progressively as her child's development and reality unfolds with the challenges and disruptions it brings. Disruptions in the mother's self-confidence and belief of competence as a mother are influenced by different variables, leading to constant shifts in maternal identity (Mercer, 2004:231).

Specific examining of factors that affect maternal identity was established through studies performed by Mireault *et al.* (2002:287), Weis (2008:2) and Hyun-Ju *et al*. (2011:733). Mireault (2002:287) found that motherless mothers report a lower maternal identity. Weis (2008:2) examined the formation of maternal identity amongst mothers in the military where family and friends to confirm the mother's new identity were not always present. Weis (2008:2) established

that poor community support and family adaptability lead to a lower maternal identity for new mothers. Hyun-Ju *et al*. (2011:740) recognized that maternal identity is significantly influenced by infant temperament. These are all external factors and might rather relate to social support. Alternatively though, Hyun-Ju *et al.* (2011:740) additionally established that transitional gratification to motherhood and childcare stress affect maternal identity. Thus, transitional gratification to motherhood and perception and coping with childcare stress would be elements that relate to self-support.

The 'transition to motherhood' which undoubtedly accompanies the above, is a theoretical concept ardently researched. Gauthier *et al*. (2010:1145,1151) examined how mothers' perceived needs' satisfaction and depressive symptoms are consistent during the transition to motherhood. Self-reported anxious attachment with the mother's partner is associated with depressive symptoms and vice versa. Additionally, self-reported high levels of parental autonomous motivation correlates with decreased depressive symptoms. Taubman *et al*. (2009:962-966) sees the transition the motherhood as a time for growth and identified that internal resources such as self-mastery, self-esteem as well as problem-focused coping ability instead of emotion-focused coping all lead to positive progression as a new mother. Piontkowski (2011:i) concluded that gratitude and emotional approached coping facilitates healthy adjustment as a new mother during the transition to motherhood.

As part of the transitioning process into motherhood and as an additional means of self-support, are studies relating to self-efficacy in motherhood. Conceptions on parent self-efficacy are examined by Edge and Rogers (2005:15-25) and Erdwins *et al*., (2001:230) who conclude that the ability of self-efficacy leads to a positive motherhood experience. Parenting self-efficacy is defined by Leahy-Warren*et al*. (2012:389) as the personal beliefs or judgements around parenthood which a new mother utilizes and develops according to her conditions and capabilities into organised, situation-specific parenting tasks under sometimes difficult circumstances.

Furthermore, resilience is explained in literature as the capability of being relatively resistant to environmental risk experiences and to overcome or recover from significant stressful events and hardship in life (Rutter, 2006:1). Resilience in first-time mothers is a multidimensional construct, as it needs two conditions to arise: some form of difficulty as well as positive adaption

(Cheeseman *et al*., 2011:32). Studies on resilience in motherhood display that despite external risk factors mothers may face, they have the inherent ability to protect themselves and demonstrate resourcefulness that brings about positive adaptation (Cheeseman *et al.*, 2011:32). One study demonstrates first-time mothers' positive bonding styles with their own mothers as a donating factor to resilience when they themselves become mothers (Miranda, 2012:21). Edge and Rogers (2005:15-25) found that Black Caribbean mothers in the United Kingdom focused on resilience as a means of personal agency to help in the early stage of motherhood. Resilience is therefore an internal form of support in first-time mothers that may help to strengthen their coping ability, despite the challenges they may encounter.

With a concluding thought and also to address the important factor of the secondary influence self-support may have on a first-time mother's child, Ainsworth *et al.* (1978) in Gudmundson and Leerkes (2011:158) describes the classic concept of maternal sensitivity. Maternal sensitivity is depicted as the competence to timely and appropriately respond to a child's cues, keeping in mind their developmental level as well as their social cues. Being able to demonstrate maternal sensitivity is of critical importance for a child's emotional and social development (Gudmunson & Leerkes, 2011:158-159). Gudmunson and Leerkes (2011:158) additionally recognised that mothers' disengaged coping style positively associates with insensitive responses to children's negative emotions. Also, Shin *et al.* (2006:425) found that having a maternal self-identity as well as being able to identify with your infant has an impact on maternal sensitivity. Thus, reflecting on the fact that good mental health also means healthy interaction between individuals, (Australian Institute of Health and Welfare, 2012; The World Health Organization, 2012) it is of undeniable importance for the mother to establish a maternally sensitive relationship with her infant where the infant feels emotionally safe. In turn, the mother's mindfulness may potentially strengthen the bond between mother and child, leading her towards the path of effective care for her child and possibly result in a less stressful and frustrating environment for the mother, as well as for her child.

To accumulate the research done on support in first-time motherhood, a brief summary follows: The perspectives on support in first-time motherhood are predominantly focused on social support. A minority of interventions, single studies and theories focus on some aspects of self-

support, but do not focus on all the interrelated elements of the concept as a whole. The gap here is therefore an evident motivation for further examination of self-support in first-time mothers. PP as well as SDT would undoubtedly address imperative factors that relate to self-support, but the researcher argues that these theories on its own would still neglect a holistic viewpoint on support. Also, no such interventions for new motherhood have been proved as efficient by research. For these reasons the researcher moves away from reductionist thinking of deciding between either social support or self-support, and rather proposes a Gestalt Therapy Theory (GTT) perspective on support in first-time motherhood that would provide not just an integrated-, but also a novel stance. The researcher does not however recognize a GTT perspective as the only means to explore self-support in first time mothers, but because of its holistic nature, will use it as the primary meta-theory. With the literature control, other theories and concepts as reviewed above will also be considered. Support from a GTT perspective theorizes social support as *environmental support*, and internal support as *self-support*. GTT describes support as an integration of environment and the self (Kirchner, 2009).

5. GESTALT THERAPY THEORY: A META-THEORETICAL PERSPECTIVE

5.1 What is *'the self'* in self-support?

The first-time mother's identity is undoubtedly imbedded in the self and consequently also in her self-supporting ability. In contradiction to PP which is interpreted by the researcher as a focus on internal strengths as a means of coping and happiness as well as striving towards a 'happy, ideal self', GTT sees the self of a new mother as an emerging, dynamic, interpersonal system, changing and accepting according to contact with the environment and not a static process of development (Phillipson, 2009:2; Polster, 2005:3-21). The past, the present, her hopes for the future, her different environments are all thus part of who she is and how she responds in the context of new motherhood.

5.2 Self-support and the *biological field theory*

The biological field theory in GTT is borrowed from Lewin (1952:240) where a field is described as the totality of interdependent and coexisting elements in a life space. The individual's life space consists of all factors (internal or external) in a given moment or time(Hergenhahn, 1997:278). An individual cannot be reduced to separate parts and human behaviour and functioning can only be understood in its collaborative interconnected and interdependent whole (Kirchner, 2009) between the individual and the environment; the self and others; and the individual within the communal context (Parlett, 1997:16). The field is subjective, from a **phenomenological perspective** and all reality is interpretive where no "objective" reality of a field exists (Yontef, 2005:85 cited by Woldt & Toman, 2005). The field is a subjective here-and-now awareness (Yontef, 1993a). The self is a phenomenon of the field, where the self is co-constructed by the individual in relationship with her environment (Yontef, 2005:84 cited by Woldt & Toman, 2005). The relationship between parts of a field means that no part is uninfluenced by another (Yontef, 1993a). This relates to the semantic meaning of the term *gestalt* which refers to an *organised whole.*

The field theory narrowly intersects with the **paradoxical theory of change**, where change is seen as a function of the whole context in which the person lives (Yontef, 2005:84 cited by Woldt, 2005). If change happens anywhere in the field, it will affect all subsystems of the field (Yontef, 1993a). Change is not a fixed solution to a specific challenge, but is rather seen as a time and space process where the forces of the field are events in constant flux and movement (Yontef, 1993a). Therefore, change cannot happen when an individual *tries* to change herself; it needs to happen in a context of acceptance of **polarities,** integration and **holism**.

The constant movement of the **environment-field relationship** are further understood through the **figure/ground process** of GTT. As the individual experiences the external field, a primary figure moves into the foreground, becomes prominent and is organised against the background, recognised as the 'ground'. This background includes for example past experiences, beliefs, needs, emotions, constructs, physiology and culture. Its main purpose is to provide a 'context' (Melnick, 2008:3). Mackewn (1997:16) explains the background context as the development of individual organised perceptions to form configurations which an individual assigns meaning to.

An individual does not comprehend the 'whole' self in one's environment in one full entity, but rather selects an emerging need at a given point in time of the here-and-now experience. When the need is addressed, the part of interest fades into the background and no longer is perceived as an immediate area of interest (Mackewn, 1997:16). An impasse in this spontaneous movement and flux of the figure/ground process may lead to dysfunction where there is a blockage in the natural process of figure/ground formation (Melnick, 2008:3). Parlett (1996) expanded on this thought by saying that when an individual is stressed, physically unwell or emotionally burdened, she may not be able to utilise the support that is available in the environment and in the present situation (Parlett, 1996) and thus cause a blockage.

To put this theory into context, the biological field theory in a hypothetical setting of new motherhood will be explained. For the first-time mother her prior environment was perhaps solely that of a "wife" or "working woman". In her new context of motherhood, she additionally is part of the interdependent and interconnected environment of first-time motherhood, where the organisation of her prior field gets reorganised. This organised totality is her own subjective and phenomenological viewpoint on reality. Full awareness of the fluidity in the whole field, making meaning of these situations, accepting its polarities as well as to know how it influences her, may play a crucial role in utilising her self-support to initiate positive change. A polarity may be that she perhaps has a strong support network in the form of her husband, family and friends, but on the counterpoint, that her infant is extremely fussy and colicky. An acceptance of the polarities will lead her to a holistic comprehension of her field and contribute to the meaning making process. Furthermore, her new field or 'life space' consists out of all the elements (internal elements such as capabilities, feelings or thoughts as well as external factors from different situations) that impact on her motherhood context at a given moment or time. The field of new motherhood is not fixed, but in a continuous flux and movement as needs from within and her environment emerge. This is then the natural figure-ground process coming about. Her self-support is also in a constant flux with emerging situations and may not be optimally utilised if unmet needs are still in the background. The way she uses her self-support or does not use it, relates to the organisation of the parts of her field such as the behaviour of her child, her husband, her doctor or any other part that makes out her here-and-now reality for that matter.

It may be easier for a new mother to respond to her infant if she is well rested, than when she feels agitated and tired. She may therefore be able or not be able to use her self-support to the advantage of a situation mainly because of the context of a field. If the internal elements of a field regarding the mother's ability or inability to calm her child, are feeling rested or feeling tired and the external elements are the infant's crying as well as the presence of her husband; these all influence each other. If she decides to act on her individual need such as to rest or relax for a few minutes, drink a cup of tea and hand the infant over to her husband, her need gets addressed and she may only then feel energised to respond to the subsequent environmental need of her child. She also had to firstly accept that she is allowed to feel tired and in the same breath be a caring mother (integrate polarities).The infant is now calm because of her husband that intervened, but now she may even realise that her infant is showing cues of hunger- which she could not be aware of in her previous state of tiredness and agitation for it was an unaddressed need. After the mother's internal need (her tiredness) is met, the external need (her child's crying and hunger) can consequently be addressed which forms a meaning making situation, even if it involved asking her husband for help, for all elements are part of the field. She may use the meaning making process as a 'context' to understand succeeding situations. Still, this is not fixed (for her husband may not always be there to lend a hand) and for the mother to healthily function in her motherhood field, she must be able be *aware* of and integrate the consistent and fluid movement of happenings surrounding her.

5.3 Self-support and awareness

Awareness is according to Yontef (1993b:139) being in touch with one's own existence and with what *is*. Yontef (1993b:139) and Kirchner (2009) state that full awareness is the process of being intentionally alert and in true contact with the most important internal and external elements of a specific situation in the organism-environment field that enquires full sensorimotor, emotional, cognitive, energetic support and excitement. The natural flow of awareness is parallel to the figure/ground process (Kirchner, 2009) because full awareness is a necessity in order to respond to the foreground need. Awareness is an identification with one's state where the individual identifies with the emerging needs of a present situation, allows awareness and in turn allows for action to be organised by the dominant need (Yontef, 2005:86 cited by Woldt & Toman, 2005).

Awareness is thus grounded in the present need of the self in relationship with the environment and includes insight which is an immediate comprehension of the unison of separate elements in the field. Awareness according to Perls *et al*., (1994) (cited by Woldt & Toman, 2005:87) is contact, sensing, excitement and gestalt formation. If the individual is fully aware, she is also in full contact with herself and with others in the environment and this is when new meaningful wholes gets formed where she starts to integrate (Yontef, 1993b:139). Awareness is always in the here and now (Yontef, 1993b:140) and even if thoughts, experiences or memories are from the past, it is still manifested in the present. Full awareness requires self-knowledge, a direct knowing of the present situation and how the self presents within the situation (Yontef, 1993a). If an individual engrosses herself in the act of full awareness she is taking ownership of her reality in that present situation. Ownership of a situation is marked by assuming responsibility for a situation and to act accordingly. The individual therefore *knows* the situation, *responds* to the situation, is aware of *what* she is doing in the current situation, *how* she is doing it and is making use of alternatives to *choose* what she is doing (Yontef, 1993b:140).

In the context of new motherhood, if the first-time mother is not fully aware of her situation, she is not in contact with the unified field of her and her child and all the elements that form part of this relationship; she may not be able to respond accordingly and in turn not make use of efficient self-support to manage a specific situation. Therefore, in simplistic terms, full awareness will implicate that the first-time mother asks herself what am I experiencing, feeling, thinking, sensing in the here and now? What do I need and how am I reacting? What does my environment need and how do I feel about that? This means she is integrating her full sensorimotor, emotional and cognitive self-supporting abilities to intentionally respond to her novel and consistently changing environment of motherhood. Full awareness is the crucial starting point for enablement of a first-time mother's self-support. This can be demonstrated by the **Gestalt Cycle of Experience** which will be explained at a later stage. Awareness needs to be imbedded in the first-time mother's **here-and-now experience**. Blom (2006:57) explains that growth cannot happen when you hold on to a recreation of the past or prediction of the future. Many mothers may have idealised notions of motherhood or past negative experiences with their own mothers which may block the process of full awareness, consequently also blocking a first-time mother's own present identification and

state of motherhood. If these past and present experiences overshadow her present, it may hinder her self-supporting capability.

5.4 Self-support and contact

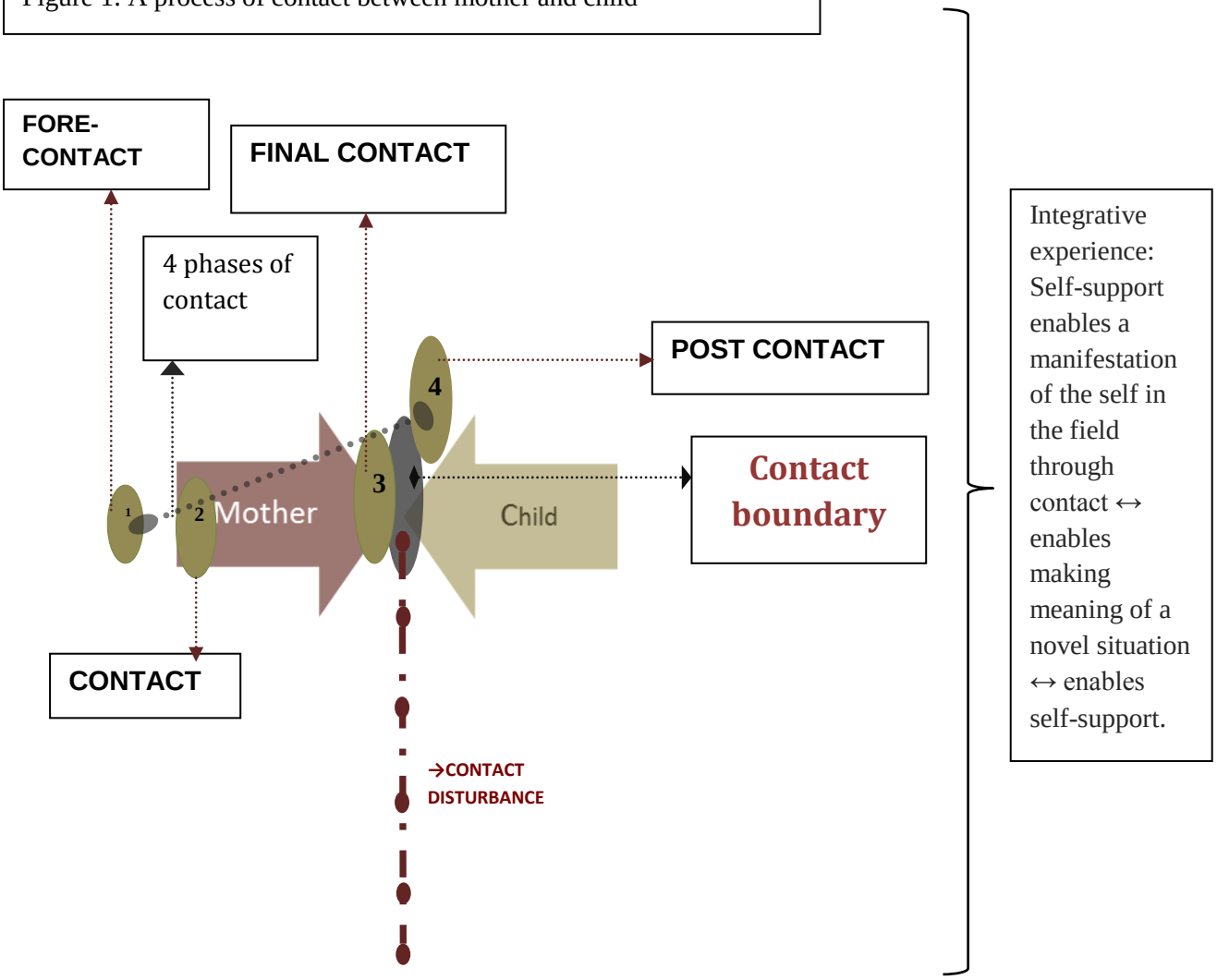
Contact with the self and with the environment follows after awareness of the present situation and field and is an integrate part of self-support. In basic terms, contact refers to the first-time mother's ability to really connect with the people and happenings in her present environment as well as the ability to relate or not relate to aspects in her environment. In theoretical terms, the self gets manifested through a process of contact and withdrawal from an encounter. This process in GTT consists out of four phases with each a different dynamic on the figure/ground process (Lobb & Lichtenberg cited by Woldt & Toman, 2005:31-32). At the moment where excitement of an individual emerges to initiate the figure/ground process, the self gets activated which is defined as *fore-contact*. Then, the individual orientates herself regarding the possibilities in that situation. She moves on to manipulation where the self manipulates the environment by choosing or rejecting possibilities and overcoming obstacles. Then the self moves toward the contact boundary where the stage of *contact* happens. The third phase is identified as *final contact* where the foreground figure is now very prominent; the whole self is freely engaged with the environment; awareness is high and the self is fully present at the contact boundary. Assimilation of the novel situation takes place. In the final phase of *postcontact* the self is integrating and making meaning of a situation involuntarily, thus also assimilating, but without awareness. Unless there is a contact disturbance here, the self can withdraw from the situation (Lobb & Lichtenberg cited by Woldt & Toman, 2005:31-32).

Contact disturbances can take place during any time during this process of engagement with the environment and includes the following: *Introjection* happens when the individual takes something from the environment that is not specifically intended for her and makes it applicable to herself without integrating or discriminating it as part of herself. The individual sacrifices own opinions and beliefs to accept other conceptions without questioning (Blom, 2006:32). *Projection* happens when the individual is unconsciously confused about something that is truly the self and then attributes it to the outside or holds the environment responsible for something that happens

within the self (Yontef 1993a; Blom 2006:33). *Confluence* as a contact boundary disturbance where instead of knowing who one is or not is in a specific situation, the individual experiences an unclear experience of herself, merging and going with the environment. Instead of differentiating yourself from the other in the environment, you only have a vague understanding of who you are (Kirchner, 2009). *Retroflection* is when an individual holds back an impulse to take action towards the environment and rather substitutes it with a response for herself (Joyce & Sills, 2001:114;Kirchner, 2009). *Deflection* happens when the individual ignores or turns away either an internal stimulus or one from the environment in order to avoid full recognition and awareness of the situation. (Joyce & Sills, 2001:116.) *Desensitization* is a sensorimotor method of avoidance where the individual numbs herself to the sensation of her body and consequently existence, pain or discomfort does not transfer into awareness (Joyce & Sills, 2001:118). *Egotism* refers to a weakened spontaneity by determined introspection, in order to make sure that there is no threat, danger or risk of a situation (Blom, 2006:38) It is also marked by being extremely occupied with one's own thoughts, feelings and behaviours and thus sometimes leads to an objective, rational awareness of an experience instead of a subjective and emotional awareness of an experience (Blom, 2006:39)

Figure 1 demonstrates a hypothetical process of this integrative experience:

Figure 1: A process of contact between mother and child



This demonstration can be hypothetically interpreted as follows: Fore-contact happens when the mother displays an energised response of hearing her infant's cry and develops a need to comfort her. Contact occurs when the self gets activated. In this instance the mother's "caring self" for example gets activated. The mother will orientate herself by contemplating alternatives for soothing her infant. She then manipulates her environment by deciding that she will not ignore her infant, but will rather pick her up, feed her or soothe her until she calms down. Contact therefore happens when the mother picks up her infant. Final contact will be when the mother's whole self is occupied with her infant's need and the nourishing exchange with the novelty of the situation

takes place. Here true meeting occurs at the contact boundary as the infant calms down. The final phase of post contact is when the novelty gets integrated unconsciously; the mother makes meaning of the situation and knows now she is a caring mother who is able to soothe her child. She consequently withdraws from the contact boundary where the special exchange of true meeting between her and her child happened. This special occurrence also changed the internal organised 'gestalt' of who she is and will be in similar future situations.

Alternatively, some contact disturbances that will hinder above process and will result in the mother not making contact with her child where no meeting at the contact boundary would have occurred, are for example:

- Projection (mother shouts at her husband because of her frustration with the crying infant) Confluence (mother hears her infant cry and also feels terribly upset *with* her, but does nothing about the situation)
- Retroflection ("I am a bad mother; that is why she is crying.")
- Deflection ("If my husband just supported me more with the chores in the house it would have been easier.")
- Desensitization (the mother is not bothered by her infant's need or her own discomfort about it)
- Egotism (mother wants to control the situation and exhibits excessive introspective planning and rationalisation such as: her infant needs to sleep more; maybe she must change the bottle type; maybe she should have breastfeed for longer; maybe she must get a better rocking chair; maybe she must be a better mother; maybe she must get a nanny to help her…)

Parallel to this whole process, is the infant also going through these four stages of contact, but perhaps with different dynamics in order to meet the mother at the contact boundary. Contact disturbances on the infant's behalf may also occur at any stage.

In summary the above depiction of contact explains that self-support enables a manifestation of the self in the field through contact. This in turn helps the first-time mother to make meaning of a

novel situation; integrate it as part of the self or reject it if she wishes to choose so. By choosing how she wants to act in that situation, she reinforces her perception of who she is in that situation and therefore displays her ability to use contact as a means of self-support. However, if a contact disturbance hinders her to make contact, her self-support is detrimentally impacted.

5.5. Self-support and creative adjustment

In the process of contact another vital essential for fluent movement between the self and the environment is the gestalt principle of creative adjustment. Yontef (1993b:144) explains that creative adjustment is an indispensable component of healthy functioning, as it is an on-going process of change where the individual shows creative interaction with the environment, adjusts accordingly to what the present brings, and assumes responsibility for the balance between the self and the environment. Creative adjustment implies the dynamic nature of the movement as one creates new ways of being and living in response to life situations (Mann, 2010:8). Healthy creative adjustment entails making contact with the present situation, rather than re-enacting the past depiction of what one once was (Mann, 2010:8).

On this note, humans' self-regulating abilities, ego functions and the role responsibility plays in these three gestalt principles, need to be emphasised. **Organismic self-regulation** is the essential outcome of healthy creative adjustment. A healthy self-regulating human being will live according to organismic needs (what one wants to do) and not according to *shouldistic* needs (what one should or ought to do) (Yontef, 1993a). Human beings regulate themselves according to the fluctuating circumstances of life (Crocker & Phillipson cited by Woldt & Toman, 2005:73). This results in organismic balance- either within the individual herself or within the larger organism-environmental field (Crocker & Phillipson cited by Woldt & Toman, 2005:73). Self-regulation is a process in which an individual strives for the maintenance of an equilibrium that is continually disturbed by needs and recuperated through the satisfaction or rejection of these needs (Kirchner, 2009). It is the innate act of regular and healthy reorganising of the self in a holistic manner by making choices through integration of mind, body, thought, feeling, spontaneity and deliberateness (Blom, 2006:23; Kirchner, 2009 ; Yontef, 1993b:60). Thus, an individual is always seen with the potential to self-regulate, even if circumstances are sometimes difficult.

An individual's **ego functions** need to be in full working order for this to happen. The self is a complex system of contacts and functions necessary for adjustment (Lobb & Lichtenberg cited by Woldt & Toman, 2005:28). The id, ego and personality are not seen in traditional psychoanalytic terms in GTT, but rather in experiential and phenomenological terms: as abilities that operate in a cohesive and integrated context of experience that organises the self (Lobb & Lichtenberg, 2008:25). The id is the sensorimotor background of the experience and is linked to an internal physical experience; the personality is the total assimilation of contact experiences which gradually and constantly adjusts the self; and the ego is identified as the energy or drive behind action which helps the individual to choose or reject an experience as part of the self (Lobb & Lichtenberg cited by Woldt & Toman, 2005:25).

5.6 Self-support and responsibility

Yontef (1993b:60) mentions the making of deliberate choices is part of the integral act of organismic self-regulation. Kirchner (2009) adds to this argument by stating that a person reflects adequate self-support and behaviour when she is able to respond with precision and a willingness to take on responsibility by being pro-active instead of re-active. Blom (2006:53) mentions that taking responsibility for one's own life means to be able to react to expectations, wishes, fantasies and actions of the self and of others. It also implies to be aware of the fact that you are not responsible for the behaviour, attitudes or emotions of others. In the same breath this does not mean a lack of concern and care for others or the incapacity to react to their needs (Blom, 2006:53). The individual herself is the primary instrument in determining her own behaviour and reactions and therefore a healthy individual cannot live according to shouldistic beliefs or blaming another, for there is a distinct difference between what is given and what one chooses (Yontef, 1993a). It is therefore crucial for the individual to be able to take action (via her ego function) when she feels uncomfortable in any given situation. As Yontef (1993b) states: a person who shows creative adjustment assumes responsibility for the ecological balance between herself and his environment. The choice an individual makes in a specific situation is not a choice between the environment and the individual, but more accurately between the individual herself and her

own regulation of his environment (Yontef, 1993b:144). Hence, note the interaction between creative adjustment, organismic self-regulation and assuming responsibility.

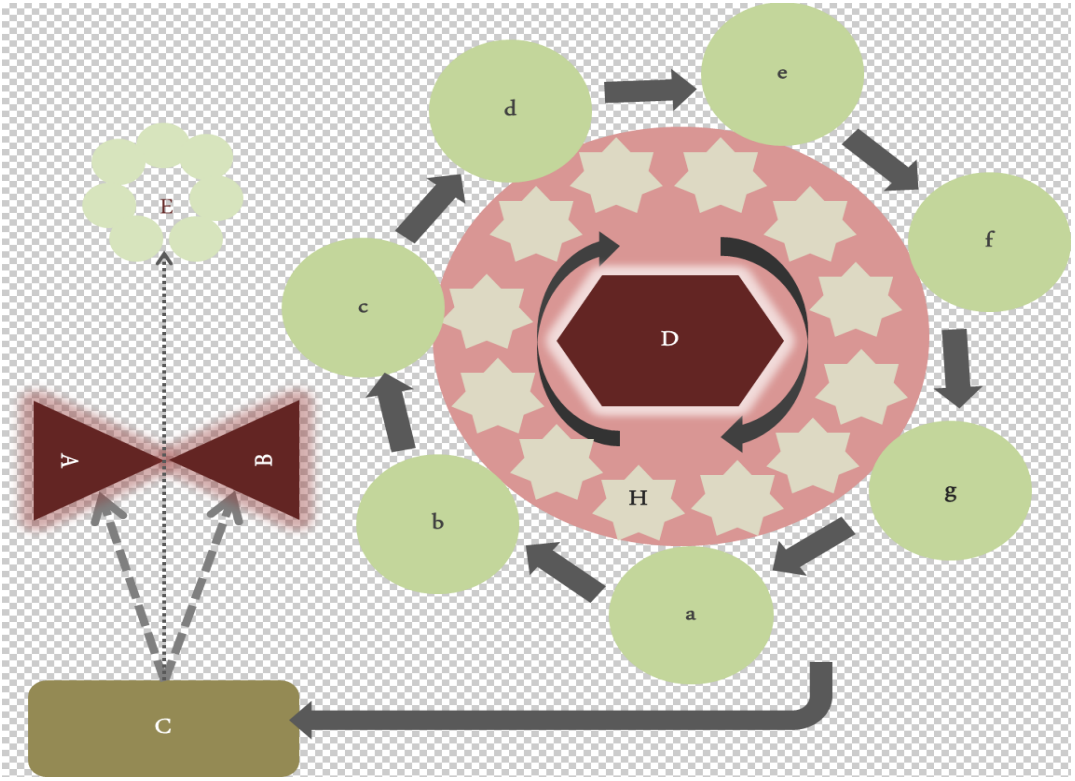
Therefore, the first-time mother may show efficient self-support because of her ability to creatively adjust to the novel experience of motherhood and handle the challenges as they come. Every new challenge creates an obstacle or a need that has to be met from within or from the environment. If she mobilizes enough ego strength she may be able to creatively adjust with fluidity, thus her organismic-self regulation is in full working order. This can be done through the holistic and integrative action of mind, body, thought, feeling, spontaneity and also very importantly; deliberateness. Deliberateness implies that the first-time mother assumes responsibility for her own happiness, adjustment into new parenthood and coping ability. The first-time mother has a choice in how she reacts in difficult situations of motherhood and if her self-support is well embedded, she is able to regulate herself in her environment in order to cope.

Accordingly, the researcher wants to acknowledge the fact that it is obviously much more difficult for a new mother in high risk situations such as abuse, poverty and HIV/AIDS (which is an unwelcoming reality amongst South African women) to use her self-support optimally. The researcher wants to stand still at this point for a moment. If a first-time mother is so overwhelmed with her negative environment, does it mean you can take her self-supporting *ability* out of the equation? Wheeler (1998) in Kirchner (2009) states that an individual creatively adjusts according to the opportunity the environment gives her. However, the *opportunity* first-time mothers have is not always so positive. Still, the researcher wants to accentuate that people are all inherently self-supporting beings with our own will and responsibility for own happiness regardless of what our circumstances are. Even if some first-time mothers need *more* environmental support than others and their extremely unfavourable organism-field environments are more complex than others, the first-time mother can still from a subjective, phenomenological viewpoint, creatively adjust to her situation. One mother's here-and-now need may be to make sure she remembers to purchase milk on her way home from work, while another's need is to scrape something together from neighbours just so that she can provide one decent meal for the day. Both situations require self-support, no matter how insignificant the need seems in the eyes of others. A final conclusive thought that highlights this argument is the insight of Perls (1965) as well as Aronstam (1989)

which state that maturity begins when an individual starts to integrate; by relying less on the environment and rather turn her environmental support inward and thus facilitating self-support. In the end, it all boils down to if the first-time mother is able to make it better for *herself and consequently her infant*.

5.7. Mobilising self-support to reach homeostasis

Figure 2: A Gestalt Cycle of Experience: Developing self-support in first-time motherhood.



As the reader probably notices, it is impossible to explain the gestalt theoretical principles that guide self-support as detached linear entities. The mobilisation of self-support requires an incorporation of all these principles which impact each other. The mobilisation of self-support is part of an integrative process which is demonstrated via the Gestalt Cycle of Experience (Figure 2).

Woldt and Toman (2005:x) explain that a cycle of experience consists out of seven phases (a-g) which starts with sensation and perception; followed by awareness; excitement and mobilization; encounter and action, interaction and full contact; assimilation and integration and finally differentiation, closure and withdrawal.

In the figure/ground process, all organisms are constantly interrupted by an internal or external need that comes to the foreground at a here and now moment. This is also the time when a cycle of experience starts to emerge. The cycle in Figure 2 could for example be the "Developing self-support in first-time motherhood". Several cycles can simultaneously occur in the totality of the field for example while the cycle in Figure 2 is playing off, the first-time mother may also be busy with "loving her husband" or "eating breakfast".

The fluidity and constant reorganising of the self from a phenomenological view is marked by D. D is continuously influenced by H. H symbolizes all the principles of GTT that influence this process as earlier discussed under heading 5 such as: *awareness, here-and-now experience, contact, contact disturbances, creative adjustment, organismic self-regulation, responsibility etc.* which circulates dynamically and interactively to form a fluid self. The seven phases within the cycle of experience are marked by a-g. The first-time mother can also experience a contact disturbance in any of these phases (see discussion on contact disturbances in 4.3) which may result in a back and forth action between the phases until the last phase is eventually reached. The first action, sensation and perception (a), refers to the sensorimotor discomfort which could be experienced for example as headaches or a body that feels very heavy. Awareness (b) is when the mother actually is making meaning of why she is having this sensorimotor experience and may realize that new motherhood is quite scary and it causes her to feel emotionally overwhelmed. Excitement and mobilization (c) is marked by the new mother's need to do something to adapt or change healthily to her new environment. With the next phase, encounter and action (d), the mother decides to reach out via her self-support to get support from psychologists, doctors, her family, reading books etcetera. The interaction and full contact (e) takes place when the new mother starts to actually use her self-support effectively to be able to respond to her environment and experience that she is now coping. This process starts to assimilate and integrate (f) as a meaning making event where she realizes she is now a mother who is able to cope, even if it is

tough. In the last phase, differentiation; closure and withdrawal (g), she may differentiate between who she is or who she is not: she is sometimes stressed, emotionally overwhelmed, sometimes needs support from others, but is also tough, cares for her child, not a bad mother and is able to cope. She can now reflect on the experience and have closure to be able to withdraw from the cycle. This leads to regaining her balance and move into a state of homeostasis (C). Once again, homeostasis is continuously disturbed and regained through the organism-field environment and the tension between her self-support and environmental support illustrated by A and B. If one cycle finishes, a new need can move to the fore where a next cycle starts to develop (E).

Figure 2 principally demonstrates the researcher's hypothesized theory that the first-time mother is not a passive organism that solely depends on the environment, for she essentially regulates her degree of support and her utilization thereof in an active relationship with her environment.

6. CONCLUSION

This literature review highlights that although first-time motherhood can ideally be a very positive experience, many first-time mothers may be faced with challenges, which are applicable to a national, African and international context. Challenges may even have a detrimental impact on the first-time mother's state of mental health as well as optimal development of her child. The discussion consequently points out the imperative need for effective support for first-time mothers. The disparity in current practice methods as well as current literature with regards to self-support in first-time mothers is explained. This explanation involves a discussion on previous studies that would relate to self-support during first-time motherhood as well as the motivation for choosing GTT, SDT and PP as a novel stance to understand this phenomenon. Self-support of first-time mothers in context of these theoretical frameworks succeed to provide an understanding of the phenomenon in an integrative and holistic manner comprising of several components all affecting one another.

Section A provided the orientation towards the study and a review of literature as background. Section B will provide the reader with an overview of the study in article format. Section C will conclude with an evaluation of the study and recommendations for future research and practice.

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SECTION B

THE EXPERIENCES OF SELF-SUPPORT IN FIRST-TIME MOTHERS

Abstract: *Evidence shows that although first-time motherhood can be a positive experience, several challenges do exist. Literature and practice interventions emphasise social support resources for first-time mothers, where this investigation strived to provide a novel, holistic comprehension of self-support in relationship with the environment. Findings from thirteen first-time mothers from the Cape Metropole demonstrated that some internal elements and environmental factors disrupted their development of self-support. When challenges arose, self-support developed via two vital components: the attainment of responsibility and arriving at insight. Experiences of joy and gratefulness proved to sustain self-support. Many social support resources evidently strengthened their self-support, but this study adds that ideal self-support for the participants was the mature interactive relationship with their environment. The findings imply that self-support is an experiential process of growth where the self-supportive first-time mother will always strive towards balance through experience, and continually move to new levels of self-support.*

Keywords: first-time mothers; self-support; Gestalt Therapy Theory; Self Determination Theory; Positive Psychology

Introduction and Orientation

First-time motherhood can be a positive life-altering event (Mercer, 2004; Taubman, 2009), but for some it is challenging to ease comfortably into this role as they experience stress, ambivalence and conflict within the self (Barcley et al., 1997; Mercer, 2004; Thorp et al., 2004). Other hindrances include feeling overwhelmed, burdened, lost, socially isolated, unhappy, angry,

anxious and depressed (Cohen & Nonacs, 2005; Freeman et al., 2005; Gauthier et al, 2010; Goodman, 2007; Graham et al., 2002; Harwood et al. , 2007; Mercer, 2004; Miller, 2002; Ngai et al., 2007; Pawlby et al., 2008; Porter & Hsu, 2003; Thorp et al., 2004, Villegas et al., 2010; WHO, 2012). This adversity may, concomitantly, have an undesirable impact on their infants such as severe negative emotional and psychological effects and poor developmental outcomes throughout childhood (Austin & Leader, 2000; Alder et al., 2007; Bonari et al., 2004; Glover & O' Conner, 2002; Jones et al., 2010; Kim-Cohen et al.,2005; Krstic et al., 2007; LaPlante, 2004; Murray et al., 2010; Talge et al., 2007; WHO, 2009). Understanding whether support for first-time mothers can be a means to transcend these challenges, could thus be constructive.

Two orientations of support exist within literature: support given by the environment (social support) and support coming from the self (self-support). Social support as defined by classical theorists is described as love, care and respect from a support network (Cobb, 1976) in the form of emotional-, appraisal-, informational- and instrumental support (House, 1981). Current perspectives on social support refer to perceived support (the support experienced) or provided support (the actual support given) (Dolgard, 2009; Haber et al., 2007; Lakey et al., 2010; Leskela, et al., 2009; Norris & Kaniasty, 1996; Wethington & Kessler, 1986).

Many studies explore social support for first-time mothers (Darvill et al., 2010; Gao et al., 2008; Leahy-Warren, 2005; Leahy-Warren et al., 2012; Medina & Magnuson, 2009; Razurel et al., 2011; Seefat-van Teeffelen et al., 2011; Xie et al., 2009).

Compared to social support, self-support receives trivial attention. Self-support may link to the following studies: Some authors describe self-support as serving the psychological functions of being self-determined, taking self-action and assuming responsibility (Ling et al., 2012). A few studies acknowledge personal strengths to aid with challenges of first-time motherhood, such as maternal optimism (Taylor et al., 2010); personal fortitude and ingenuity

(Gichia, 2000); self-efficacy (Edge & Rogers, 2005; Erdwins et al., 2001); good self-esteem (Taubman et al., 2009; Terry et al., 1991); self-mastery (Taubman et al., 2009); resiliency (Cheeseman et al., 2011; Edge & Rogers, 2005; Miranda et al., 2012); ability to experience gratitude (Piontkowski, 2011); and emotional approached coping (Piontkowski, 2011). Current research however generally fails to approach self-support of first-time mothers as a unification of elements of self-support and as an integrative, holistic concept; incorporating the relationship of the first-time mother with her environment.

Self-support in this study is understood as 'how first-time mothers would support themselves" and is grounded in Gestalt Therapy Theory (GTT), Positive Psychology (PP) and Self Determination Theory (SDT) with the purpose to address this phenomenon from a holistic perspective. GTT as the meta-theory underlying this study, is based on the approaches of existential phenomenology, holism and the field perspective (Yontef, 1993). Existential phenomenology focuses on people's existence, their relations with each other and their subjective experiences such as joys and suffering (Yontef, 1993). GTT assumes that the new first-time mother together with her environment cannot be reduced to single segments, but rather that her functioning is to be understood in its collaborative, interconnected, organised and interdependent whole (holism) with no part influenced by another; hence the field perspective (Kirchner, 2009; Yontef 1993). GTT emphasises the critical integrative balance between self-support and social support (Kirchner, 2009) where self-support entails the recognition of your needs and duties (Yontef, 1993) and the utilisation of all internal resources such as competencies and intelligence, as well as paying attention to the appropriate support the environment offers (Parlett, 1996). Although a person exchanges with the environment, Yontef (1993) believes that the fundamental support must come from the self. Within a PP framework (Davis & Asliturk, 2011; Wong, 2011), self-support is the ability to adjust to challenges of first-time motherhood through the utilisation of

certain virtues and characteristics. SDT (Deci & Ryan, 2012) would explain that self-support is the healthy motivation and psychosocial functioning of new motherhood as the result of feeling competent and autonomous in a role or task. Using these theoretical frameworks, this study aimed to explore and describe, through a qualitative phenomenological interpretive design, the experiences of self-support in the first-two years of first-time mothers in the Cape Metropole in order to answer the research question: how do first-time mothers experience self-support?

Methodology

Research design

Qualitative investigation (Delport & De Vos, 2011) was conducted through Interpretive Phenomenological Analysis (IPA) which led to the comprehension of how first-time mothers "made sense of their lived experiences" with regards to self-support "on a psychosocial level" (Clarke, 2010) IPA is a particularly appropriate study design when used to understand an experience correlated with a major transition (Smith et al., 2009) such as first-time motherhood. IPA thus helped to capture and reflect the subjective experiences of the participants and "gave voice" to their accounts. It also provided an interpretation of these accounts through the use and extension of psychological concepts (Larkin & Thompson, 2012) such as those described in accordance with GTT, SDT and PP.

Procedures of data gathering

Non-probability sampling techniques were used (Strydom & Delport, 2011). Through initial purposive voluntary sampling (Mack et al., 2005) participants who were first-time mothers within or just over the period of two years (gave birth between 2009 and 2012) and who could understand basic English were identified via three diverse health clinics in the Cape Metropole, South Africa. To ensure demographic and cultural diversity, more first-time mothers were identified via the snowball method (Mack et al., 2005) until data were saturated. Nineteen

participants were initially identified for the study, but unfortunately six participants (all which were isiXhosa-speaking) dropped out of the study due to logistical hindrances. The remaining 13 participants' age varied from 20 to 32 with the median age being 26. Four participants were English-speaking, eight were Afrikaans-speaking and one was isiXhosa-speaking. All of the participants could understand basic English and a translator was used to clarify written or oral conversation when necessary. Four participants were single mothers, two were in a committed relationship and seven were married. The sample came from varied socio-economic backgrounds with regards to financial income and education. Nine participants had tertiary education and four had basic education. Five participants worked full-time, four participants were not working at the time, and four participants worked from home or did part-time work.

Group discussions around the topic of self-support in new motherhood were held. A first set of group discussions was held to explore the participants' general experiences of self-support. Subsequently, individual semi-structured interviews (Hesse-Biber & Leavy, 2011) were held. A second set of group discussions was held to reflect on the first group discussion and semi-structured interviews to ensure exploration of any new insights about their experiences of self-support. Journal entries (Ortlipp, 2008) of participants, incomplete sentences and the researcher's descriptive and reflective field notes (Lodico et al., 2010) were also used.

Data analysis

The qualitative analysis included the processes of inductive reasoning and analysis, thinking and theorising (Schwandt, 2007) which lead to a focus on emerging research findings from the most frequent and significant themes of data (Nieuwenhuis, 2007) in order to make meaning thereof. Content analysis to identify keys in order to understand and interpret the raw data (Nieuwenhuis, 2007) as well as thematic analysis to identify, analyse and report patterns were used. Themes were interpreted and described in rich detail (Braun &Clarke, 2006). Analyses

were formulated from the individual semi-structured interviews, reffered to in the substantiated quotes as (I) and incomplete sentences (S). The group discussions, journal entries and descriptive and reflective field notes were used as confirmation of interpretation. The data included transcribed audio recordings of the group discussions and semi-structured interviews as well as text documents (journal entries and incomplete sentences). Coding was done via the identification of emerging keywords or phrases in texts and these were subsequently labelled as different phenomena (De Vos et al., 2011). From this, labelled codes were grouped according to thematic categories, themes and subthemes.

Ethical issues

A research proposal, which included how ethical concerns would be addressed, was approved by the research and ethics committees of the North-West University and permission was granted to perform this study under the ethical code NWU-0006-A1. In order to safeguard **trustworthiness** (Wellington, 2000), crystallisation (Ellingson, 2005; Nieuwenhuis, 2007; Richardson, 2000) formed the corner stone thereof. Various data gathering methods (semi-structured interviews, incomplete sentences, two group discussions and journal entries) and data analysis techniques (content analysis and thematic analysis) were used. Credibility (Wellington, 2000) of data was enhanced by having several different contact sessions with participants and keeping thorough descriptive and reflective field notes. Construct validation (Trochim, 2006) ensured that constructs which tie in with GTT, PP and SDT truthfully exist in the field. These theoretical interpretations were only made after data gathering and thematic analysis and the researcher did not impose theories or constructs on the participants while data was gathered. The diversity within the sample with regards to family context, culture, race and geographic background ensured transferability (Lincoln & Guba, 1985 as cited in De Vos et al., 2005). Through the guidance and input of peers and two study leaders the research results were

confirmed and thus allowed for confirmability (Bradley, 1993). All the procedures of this research were documented and checked by the study leaders and thus ensured dependability (Bradley, 1993).

Findings and Discussion

Findings of research indicated six main thematic categories, assembled according to themes and subthemes as illustrated in table 1.1.below:

Table 1.1.: Classification of findings

THEMATIC CATEGORIES	THEMES	SUBTHEMES
Internal elements disrupting self-support	1. Mood disturbances 2. False preconceived ideas about motherhood 3. Being insecure as a mother 4. Experiencing guilt	
Environmental factors disrupting self-support		
The development of self-support	5. Assuming responsibility for own wellbeing as a new mother	a. Self-support through suitable knowledge b. Drawing from personal skills and knowledge c. Connecting with own spirituality d. Accepting responsibility as primary caregiver e. Expression of needs f. Pro-activity g. Nurturing the self
	6. Arriving at insight	c. Letting go d. Maintaining a predominant positive attitude
Motivators sustaining self-support	7. Joy 8. Gratefulness	
A supportive relationship		

between self-support and the environment		
Self-support serves as an experiential process of growth	9. Adjustment towards balance 10. Experiential progression towards self-support	

All the elements that encompass the experiences of self-support for these first-time mothers were reported as interrelated and part of a process, rather than a focus on a specific outcome. Self-support is thus described in terms of how it developed for the participants. The first category in this process is preoccupied with internal elements that disrupted their self-support development.

Internal elements disrupting self-supportmood disturbances.

Mood disturbances that made self-support difficult, were 'baby blues', anxiety and depressive disorders:

> I had baby blues on day 3, I was emotional and it was really bad…After a while I was diagnosed with depression and I realised I was busy falling to pieces (P12:I).

false preconceived ideas about motherhood.

The participants' preconceived ideas about birth and motherhood also lead to disruption of self-support:

> You think you have to be like those photos in books where the mother is smiling and holds the baby…that made me feel very insecure (P8:I). I felt resentment because I really had the expectation that my mother-in-law would be more actively supportive and involved in the beginning (P12:I)

being insecure as a mother.

Some participants reported feelings of insecurity which impaired their ability to develop self-support:

> You feel insecure and are not yet at a place where your feel comfortable (P11:S). Everything is just so new and overwhelming…I don't know what to do or what to expect…my fear was that I would feel inadequate (P10:I).

experiencing guilt.

Participants subsequently put a lot of pressure on themselves to be 'good enough' mothers which sometimes lead to experiences of guilt**.** This theme regularly appeared across data and participants displayed guilt over a variety of issues:

> In all the group discussions I heard that a lot of us feel guilty…guilt is such a big part of motherhood and I really don't know why…it brings us nowhere… (P6:I).

Drawing parallels from these findings with the literature; the impairment of self-support through mood disturbances contribute to existing data that already established this point (Brockinton et al., 2006; Freeman et al., 2005; Goodman, 2007; Goodman & Tyer-Viola, 2010; Miller, 2002; Wenzel et al., 2005). According to GTT, experiencing insecurity during the very early stages of new motherhood is quite normal because of it being a novelty that first needs to be metabolized through experience (Yontef, 1993). Feelings of guilt are quite commonly recognised in literature as part of motherhood (Rotkirch & Janhunen, 2010; Medina & Magnuson, 2009). GTT may theorise that having preconceived ideas; experiencing guilt; and having insecurities are due to 'shouldistic' beliefs (Yontef, 1993) -thus according to what first-time mothers think is expected of them and non-integrated willingness. The first-time mother thus needs to rather act according to her own internalised beliefs in order to minimise these experiences. Similarly, SDT will describe that these feelings may be due to controlled motivation (expectations) instead of autonomous motivation (Deci & Ryan, 2012).

Environmental factors disrupting self-support

Apart from internal elements, some factors from the environment also disrupted this process. These factors included birth complications, lack of sleep, financial instabilities, poor marital relationships, demands of partners' work, as well as demands of secondary roles:

> Giving birth was a very negative experience for me. When they brought my baby to me while I was in the ICU…because I am physically so weak…I felt that I was emotionally

> not ready to have a baby (P7:I). In the beginning it was extremely difficult… we really did not sleep- neither during the day nor the night (P10:I). I hate doing it (asking for money)…because it feels like I'm getting hand outs and I don't want that (P13:I). We really suffered when my husband got fired (P4:I).I did not have the support from my husband at all…he did not care…that made my first months unbearable…(P4:I). I was very angry about my husband's tough working conditions- it was really terrible that he could not be there for us in the beginning (P8:I). We as women actually brought this upon ourselves…we want to perform at work on the same level as men…and then the expectancy is created that we do have to perform…but then you get home tonight and there is the additional expectations of being a mother…making food, sorting out the baby…everything…that really confused me (P10:I).

These factors are quite close to the first-time mother's immediate environment which strongly associates with the biological field theory (Kirchner, 2009) and that the first-time mother can never be unaffected by others in her here-and-now environment.

Developing self-support

For effective development to take place, two undertakings were reported as imperative: Firstly, assuming responsibility for their own well-being as a new mother and secondly, to arrive at insight.

assuming responsibility for own wellbeing as a new mother.

self-support through suitable knowledge.

By assuming responsibility and as part of preparation for motherhood-related experiences, participants gathered knowledge through reading books, magazines, internet articles, websites on new motherhood related issues and by taking advice from significant others and professionals. As the various resources of information were sometimes experienced as overwhelming, it was important for the participants to use discretion of which provided knowledge to use or not:

> I just read, read and read everything I can- there is a lot of power in gathering knowledge (P8:I) I was very careful to not be bombarded with too much knowledge…from the beginning I tried to exclude a lot of information (P3:S).

The acquirement of suitable knowledge is according to Peterson and Seligman (2004), the active striving towards wisdom and knowledge. The participants' ability to judge and discern

suitable knowledge needed, explains that first-time mothers must be in contact with their most useful environmental resources in order to act appropriately (Hergenhahm, 1997; Kirchner, 2009; Lazarus & Folkman, 1984; Lewin, 1952;). By acting with prudence such as being thoughtful of choices (Peterson & Seligman, 2004) and the ability to reject or assimilate knowledge according to its appropriateness or inappropriateness in various situations (Wysong & Rosenfeld, 1982), are thus critical for responsible behaviour. According to Deci and Ryan (2012) the self-supporting first-time mother would need to responsibly choose suitable knowledge from a standpoint of autonomous motivation instead of controlled motivation (to act or behave in a particular way that she herself did not choose).

drawing from personal skills and knowledge.

By drawing from personal skills and knowledge acquired through previous experiences not related to motherhood is another facet of acting responsibly:

> As a mother, when a problem arises, I go and do something about it because during high school I was a pre-educator where we were taught how we must familiarize ourselves with organizations and people in our community so that should you ever encounter a problem you will know how to go about things and who you should go to (P13:I). It helped me to have a stressful job where I already worked long hours and very hard physically and mentally (P10). My…knowledge about health issues, pregnancy, birth and neo-natal babies gave me a lot of confidence as a mother (P11:S).

These findings display that first-time mothers can be responsible by sourcing support from their own personal skills and knowledge and adapting these to their new contexts. They therefore acted with deliberateness in order to creatively adjust (Yontef, 1993) to their new circumstances.

connecting with own spirituality.

Responsibility further entailed spiritual contact such as prayer, being part of a church and reading religious texts in order to connect with own spirituality. Of particular significance, in this regard, were participants who displayed faith in God as their primary source of internal strength*:*

> I read the Bible very often and found a lot of promises where God told me he will go out in front of me and he will make the path ready for me and I do not need to worry (P7:I). Optimal self-support for me is to be perfectly in line with how the Holy Ghost sees me- thus the truth (P4:S).

PP refers to the characteristic of religiousness (Seligman et al., 2005). Data from participants in this study however illustrates that spirituality was experienced as more than just religiousness; it was centrally integrated into their self-support. Religiousness alone speaks of introjection described as taking something from the environment and swallowing it "whole" without assimilation (Yontef, 1993) which can lead to unhealthy functioning. The presence of spirituality amongst these participants was specifically linked to self-support of first-time mothers because it entailed their ability to be present with; being receptive to and to interact appropriately with a significant mystery (Crocker, 1999), which for the participants in this study, was God. These findings additionally concur with Wilber's (2000) viewpoint of authentic spirituality going far beyond belief and spiritual experiences; for it is the realisation and experience of God without separation (Wilber, 2000)- thus spirituality imbedded within the self. Responsibility here involves integrating spirituality and the first-time mother making it her own.

accepting responsibility as primary caregiver.

Moreover, it was very important for the participants to accept responsibility as the primary caregiver by actively taking up this role and identifying with being a mother. The participants also portrayed an awareness of how they wanted to parent their children, they mentioned the importance of putting their own needs aside and recognising and acting upon their infants' needs through providing a flexible routine. Typical responses were:

> It was amazing for me to hold him and to know…this is my child and I immediately loved him (P8). I know that I want to have good communication with my child…I want to obviously create good opportunities for her….I do not want to put her in a little box of how I think she must be (P10:I). I will decide that I do not want to shout at my child like that mother…look at how he gets broken down…I always pick up on little things like that and then implement it into my own life (P7:I). A mother should have that unselfishness

> and sacrifice things, to just want to give it her all and sometimes forget about herself (P3:S). I understand my child…it comes very natural for me…I know when he needs something…and because he is in such a good routine, I know exactly what he wants. I know his different cries (P11:I).

By accepting responsibility as the primary caregiver the participants became aware of the mother-infant environment and accepted the interdepended coexistence of all the factors within this field (Hergenhahm, 1997; Lewin, 1952). When the participants put their own needs aside, they displayed the virtue of humanity by acting with kindness, love and social intelligence (Peter & Seligman, 2004) in order to meet their infants' needs. A caring first-time mother is thus able to make contact with her child through the responsive meeting with environmental and internal others (Kirchner, 2009); in other words, "the awareness of how she wants to parent her child" (the internal other)" and "recognising and acting upon her infants' needs" (the environmental other). The participants' awareness of how to parent their own infants speak of acting with autonomous motivation (Deci & Ryan, 2012)- thus coming from the self- and not because of feelings of obligation, societal norms or what they ought to be doing; that is 'shouldistic' beliefs (Yontef, 1993).

expression of needs.

To express needs was crucial for the participants as part of assuming responsibility for their own wellbeing:

> I decided that if my husband comes home in the afternoon and he wants to jog, as he usually does, I will communicate with him and say…sorry…please could you jog after you have bathed A and spend some time with him… (P8:I). I am constantly talking to my parents about my feelings…so that really helped me to not have as many issues (P5:I). I need to go to my psychologist...it is essential (P6:I).

Through the mere act of expression towards others, these participants thus became more self-aware of their needs. Expressing needs initiates true dialogue, which according to GTT is seen as a special form of contact that becomes the ground for deepened self-realization (Kirchner,

2009). Expressing needs is to be in true contact (Kirchner, 2009) with yourself and your environment, resulting in the characteristic of authenticity (Peter & Seligman, 2004). By the expression of needs through dialogue, contact and awareness as it emerges in the foreground, the participants thus allowed for healthy figure/ground formation (Mackewn, 1997; Melnick, 2008) which is regarded as essential for healthy flow of needs as it gets addressed and integrated (Kirchner, 2009).

pro-activity.

After needs were recognised through expression, the participants were able to move to a state of pro-activity where needs could be addressed through determined and responsible action. Participants played an active role in their own change:

> You cannot be susceptible to every person's opinion on how you need to do things (P1:I). I asked a few people…this one gave this advice and that one something different…I discriminated…and did my own thing…what I thought was best…even with the people I trust. I am a dedicated person…If I know I need to organise and set up a new schedule in order to be more effective…then I will work really hard to do something to make it better (P11:I).

In terms of PP, proactivity requires the first-time mother to be brave, persistent and live with zest as part of the virtue of courage (Seligman et al., 2005). Pro-activity is the ability of first-time mothers to be "response able" (Schoeman, 2007; Yontef , 1993) by taking ownership of own emotions and actions (Blom, 2006); act appropriately in a given situation and assume responsibility for their own responses. Pro-activity thus relates to self-sufficiency as part of the autonomy principle in SDT (Deci & Ryan, 2012) where the participants had to decide autonomously what they want to do, consider pro-active alternatives for change (Schoeman, 2007) and show determination (Deci & Ryan, 2012) when performing change. Being pro-active would therefore help first-time mothers to make nourishing contact with their environments (Woldt & Toman, 2005).

nurturing the self.

As a last aspect of assuming responsibility for own wellbeing as a mother, it was vital for participants to be self-nurturing. During and after pregnancy, getting rest, taking time-out, following a healthy diet, exercising regularly, doing hobbies or socializing with friends were part of nurturing the self. By taking care of and responsibility for themselves through nurturing the self, the participants reported that they were in turn able to care better for their infants:

> I was at the gym twice a week…and very careful with my diet…all of that helped me to have a calm mind and fantastic pregnancy because I felt I wasn't neglecting myself (P9:I). Self-support is to be self-nurturing…to do things that make you feel better…to take a nice warm bath…just to know that I am allowed to do my own thing (P12:S). I informed my colleagues that I was not going to be available on a Tuesday and Thursday between 13.00 and 14.00…I was going to get some exercise…and it is something I have to do to be a better person (P10:I). To care for yourself will have a definite positive effect…and a baby needs a healthy mommy…if you are emotionally not ok, your baby will be able to sense that…but if you are more relaxed…it will be better for your baby (P12:I).

For first-time mothers, to be self-nurturing (Schoeman, 2007) through healthy lifestyle choices such as rest and following a healthy diet correlate with the work of Kepner (2008) and Price (2006) who explain the importance of being in contact with the organismic needs of your body in order to be in contact with yourself. This implies that when first-time mothers address their biological needs, they are fact in touch with themselves. Through being bodily aware, other systems such as cognitive and emotional functioning (Kepner, 2008) of the first-time mother would thus also benefit. In correlation with literature on poor mental health of the mother negatively impacting the development of the infant (Alder et al., 2007; Austin & Leader, 2000; Bonari et al., 2004; Glover O' Connor, 2002; Kim-Cohen et al., 2005), these findings also suggest and support that when the first-time mother assumes responsibility for her own healthy functioning through being self-nurturing, she is in fact making a positive contribution to her infant's development.

arriving at insight.

By arriving at insight, participants were able to view their frustrations of new motherhood from a different angle, resulting in better coping and thus in developing self-support. During the initial phase of arriving at insight, participants shared that it was imperative for them to act from a calm place, to be patient and open-minded as illustrated below:

> In the first place there needs to be a calmness within me, otherwise I am overwhelmed with everything that is going on in my head and I don't accomplish a single thing (P6:I). When I sit with a crying baby I think by myself- I need to learn to be patient (P1:I). I did not even consider sleep training…and was strongly against it as with several other things…and came to realize, ok this is not working… I need to reconsider things…eventually sleep training resulted in a much happier mom and baby as well as saved my marriage (P10:I).

To act from a calm place thus required the first-time mother to self-regulate her overwhelming emotions (Peterson & Seligman, 2004) and be present-centred (Kirchner, 2009). Open-mindedness required the first-time mother to look at a situation objectively, thus allowing her to be in contact with all the options in her field (Hergenhahm, 1997).

letting go.

Another prerequisite for developing insight was reported as the ability to letting go. "Letting go" involved making peace with past and present situations, the awareness of future situations being sometimes challenging and undetermined and to be accepting towards the self.

> I needed to realise…there is no thing I could have done to change certain things… I also prepared myself for a possible difficult birth…and that made it easier (P13:I). You need to have grace with yourself and know it is ok and you are allowed to make mistakes (P3:I). It is so special to know that you do not have to be the perfect mother, but you know that you are the perfect mother for your baby (P8:I).

These findings imply the necessity of acceptance of positive and negative polarities (Kirchner, 2009; Yontef, 1993) within new motherhood. This would suggest that when first-time mothers strop trying to change deliberately and rather accept the polarities within and learn to apply these polarities (even negative) in the right contexts (the paradoxical theory of change

according to Yontef (2005), it will allow for healthy organismic self-regulation (Kirchner, 2009). Polster (2005) explains this as the point/counterpoint application: if the first-time mother thinks she is too critical for example, this trait can in counterpoint be applied positively when she needs to choose the correct day care for her child. Letting go also entailed the acknowledgement of the existence of negative experiences and being aware (Yontef, 1993) of their presence, but the process of accepting the polarities (Yontef, 1993) of a situation was especially important.

maintaining a predominant positive attitude.

When this acceptance took place, the participants were in the empowering position to choose their attitude towards their situations. Although difficulties were apparent, it helped them to seek positivity in a challenge:

> Yes, my baby is sick today, but it is ok, there are also so many other positive things happening (P10:I). I can either be blinded by the negative or decide to rather focus on the positive. You need difficult situations and negative surroundings to stay grounded and realistic and to also appreciate the positivity in your life (P6:I).

Participant 1 for example integrated the polarities of her situation when she acknowledged her child's illness; saying that her situation is 'ok' and then chose to focus on the positive. GTT describes that after this healthy integration of polarities (Yontef, 1993), growth can take place.

As illustrated with the last two quotes, these participants eventually reached a fresh perspective of their negative situations when they developed insight into the situation as a whole. In Yontef's terms, insight for the first-time mother means that she needs to be fully aware of how her environment is affecting her by being in attentive contact with the most significant information in the individual/environment field with optimal sensorimotor, emotional, cognitive and energetic support. Eventually insight is accomplished as the first-time mother understands her individual situation after all relevant factors fall into place with respect to the whole, and the

reality of the present perceptual field is comprehensible (Yontef, 1993), which in turn would contribute to developing self-support.

Motivators sustaining self-support

being grateful and experiencing joy.

In order to sustain this development, participants commented that being grateful and experiencing joy as a new mother are motivators to uphold their self-support. These were confirmed by the following quotes:

> After everything happened I only realised…ok what do I have left…I have my son and that is what I've got…and my heart just felt so thankful…an absolute gratefulness…because that is actually all that I can ever ask for (P7:I). Thank you Lord for the privilege of having this child…I see it as an absolute gift…and how the presence of her opens up my life in such a unique way…(P6:I). It is actually so weird…the joy that you experience despite all…In spite of the fact that J was so difficult during the night and also during the day…the times that she was adorable, she was particularly adorable…that really pulled me through (P10:I).

Piontkowski (2011) argues that being grateful helps lessen the burden of challenges during motherhood and makes her aware of and thankful for positive things (Seligman et al., 2005) as part of this experience. Experiencing joy points to appreciation of the beauty of motherhood and birth, growth and development of her child as part of transcendence (Seligman et al., 2005).

A supportive relationship between self-support and the environment

As evident with all of the above, self-support very much depends not on internal processes of the first-time mother, but also on external processes happening in the environment. This conclusion suggests the possibility of a relationship. This relationship proves to be interactive, for the participants' experiences of self-support were imbedded within their social support, i.e. external resources available to them. One of the participants responded:

> For me self-support and social support are totally intertwined (P6:I).

Social support resources that played a major role in strengthening self-support, were their partners, their own mothers, in laws, other close friends and family members, alternative care such as nannies or day mothers, domestic workers, written information, health clinics, psychologists or medication for depressive symptoms:

> The emotional support from my husband really helped…he was extremely involved…we literally made turns to do things (parenting tasks)…it worked perfectly (P12:I). My mother helped with cleaning the house and cooking food…and looking after R during the day (P3:I). I just handed my household duties over to Q, which was a very big support (P6:I). It helps a lot that my child is in a crèche (P12:I). Taking an anti-depressant really helped a lot (P12:I).

The interactivity of this relationship are marked by the first-time mothers' abilities to reach out towards help when needed; to trust others to help; to give over certain low priority tasks to others; and to make decisions regarding the use of resources:

> When I was unsure about something I just went to the clinic (P13:I). When I realised I am not doing well I went to a psychologist (P10:I). I had a few friends who are mothers and who I trusted for advice (P11:I). I decided to get a nanny to help me (P4:I).

Help from others lessened the pressure of new motherhood by allowing for more time to focus on the role of motherhood. To be confirmed by others, helped the participants to feel self-assured in their abilities.

> To have someone to keep the house clean and to cook helped me to just focus on me and my baby…I didn't have the stress and pressure that everybody else had (P9:I). Positive feedback from others helped me during that first period (P8:1). Confirmation from others helps a lot with confidence (P6:I).

As the main focus of investigation was on self-support, the researcher was not preoccupied with in-depth understanding of social support resources for first-time mothers. Yet, significant social support resources for the first-time mother emerged from findings, thus supporting the probability of an interactive relationship between self-support and social support. Self-support for first-time mothers is the knowing and consideration of which forms of provided support (Haber et al., 2007) are resourceful and reaching out towards the appropriate support as substantiated by the

biological field theory of GTT (Hergenhahm, 1997; Kirchner, 2009; Lewin, 1952). As proven above, the first-time mother has the ability to establish a supportive relationship between the environment and her own self-support.

Self-support serves as an experiential process of growth

All of above findings prove that self-support develops as a process. This process involved adjustment towards new life situations by regaining balance within their lives and living through difficult experiences first-time mothers inevitably experience.

adjustment towards balance.

The participants' transition towards readjustment included an adjustment towards balance within various aspects of their lives. To find a state of balance within the household, necessitated the first-time mothers to decide with their partners which roles and tasks they would fulfil as parents and within the household. This required good communication between parents in order to know what is expected of them. Finding balance also meant to focus on the well-being of the family as a healthy functioning unity. To regain balance within the marriage, participants felt that it was very important to make an effort to spend quality time alone with their partners. Working first-time mothers had to find a balance between motherhood and being a working professional. However, being self-actualised in other areas of life such as work made the participants feel satisfied which resulted in them being better mothers. Typical responses regarding finding balance were:

> My husband and I discussed that for him to provide was his biggest priority and my biggest priority was to care for our family…we also worked out a schedule…and divided our parenting tasks equally which really helped us (P10:I). We often send D to his grandparents so that we can just spend time with each other…have intimate time together (P12:I). I decided that I will only do one night shift a week…just to still feel stimulated (P11:I). I feel intelligent again, I have more patience…I am a mom but I am also someone that means something to society (P8:I).

Regaining balance within multiple facets in the self, required to find a balance between roles of mother, wife, friend and professional which can be understood as 'selves', emerging according to context (Polster, 2005; Phillipson, 2009). This means that the first-time mother needs to learn how and when to use these different selves in order to feel balanced within herself and within her environment. As the self-supporting mother is gradually regaining balance within the household, within her marriage and within multiple facets of herself, she is, according to the principle of homeostasis and organismic self-regulation (Nelson-Jones, 2000), functioning healthily because of her willingness to continuously strive towards an equilibrium within herself and within her environment. As the biological field theory and holism (Kirchner, 2009; Yontef, 1993) explains, the coming of a new baby may cause a disturbance in the balance of a first-time mothers' internal and external field, for any change requires the retrieval of equilibrium for the first-time mother. As also evident in findings, regaining balance not only required a balance within one specific facet of the first-time mother's life, but within many contexts. This proves that according to GTT, the whole is much more than only the sum of its parts (Perls, 1965). Regaining balance for the first-time mother is a dynamic, complex and on-going process; for if one part changes, the dynamic of the whole also changes.

the experiential progression towards self-support.

The constant process of regaining balance meant that through the participants' lived experiences, a progression towards self-support commenced. By embracing experiences, it provided the opportunity for self-support to gradually grow:

> Motherhood is like…when you start doing exercise…in the beginning it is really hard, but the fitter you become, the easier it gets (P3:I).

Self-support was evidently sub-optimal for the participants in the beginning of new motherhood, meaning that their social support initially took preference:

> In the beginning everything is new and foreign and you are still trying to find your feet, so it is difficult to feel that you are doing ok…when you don't have a clue about motherhood (P8:I). During those first weeks social support was very important to me (P2:I).

However, participants eventually wanted to be more self-supportive. Self-support was seen as an enduring entity, reported as vital for healthy functioning in first-time motherhood:

> I needed to realise people cannot do everything for me…my self-support needs to kick in (P2: I). Self-support is the most important thing in order to cope…because nothing is everlasting…my mother and sister's support can be taken away from me in a split second… I therefore need to stand very strong (P3:I). The largest amount of support must come from within…you need to support yourself (P7:I).

Hence, as self-support progressed, participants started to rely less on social support and more on self-support. Living through these experiences and learning from them, helped the participants to grow and thus be more self-supportive:

> In the end you get to a point where you have enough confidence to go through a challenge on your own (P8:I). It boils down to the fact that I have totally grown through the process of new motherhood (P10:S).

GTT explains healthy human functioning according to a constant and dynamic 'gestalt' formation within the self and within the environment (Perls, 1965). Gestalt formation points to the ever changing "process" of humans' whole-making capacity (Perls, 1965) where healthy progression takes place as completed experiences get metabolized (Yontef, 1993). This process through experiences means that psychological growth, such as the development of self-support during first-time motherhood, does not happen linearly, it is rather constantly shifting according to completion of cycles of experiences (Woldt & Toman, 2005). The novelty of any learning experience must thus move to a point of integration of that experience in order for learning to take place (Yontef, 1993); gradually making it easier for the first-time mother to accomplish motherhood tasks and adjust to her new life situations as novelty tasks get assimilated through contact. Linking with the theory of BAM, 'becoming a mother' is a life transforming experience entailing development and new self-definition, disruptions in the first-time mother's confidence as

a new mother, which constantly shifts due to a number of variables (Barclay et al.,1997; Mercer, 2004) . Hence, in the experiences of first-time motherhood, the development of self-support occurred, thus proving that self-support is an experiential process for growth.

Implications for practice and future research

This exploration of the experiences of self-support in first-time mothers may serve as the groundwork for further study in this domain. It may also provide valid information for professionals working with first-time mothers, such as psychologists, psychiatrists, counsellors or social workers. A recommended follow-up study would be to test if first-time mothers' self-support would develop effectively through a psycho-social or therapeutic support intervention strategy using these results as guidance.

Conclusion

This article argued that exploration of self-support in first-time mothers through an IPA design is a significant area of study. Self-support development in first-time motherhood can be disturbed by internal as well as external elements. The development of self-support necessitates assuming responsibility for own well-being as a mother as well as arriving at new insight in the face of challenging situations. The first-time mother has the ability to establish a supportive relationship with her social environment, but needs to keep in mind that developing self-support is a process. Self-support in first-time motherhood is developed through actually living through experiences and a constant attainment of equilibrium, which in the end could lead to profound empowerment and internal change for the first-time mother.

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SECTION C

EVALUATION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

1. INTRODUCTION

Section C will give an overview of the study with a focus on the evaluation of the findings in the context of the research question and aims of the study. All components such as the research design, the meta- and theoretical perspectives, the data gathering and analysing procedures as well as trustworthiness of findings, will be incorporated into this discussion. Subsequently, the general experiences of the researcher will be reflected on. The limitations of the study and lastly, recommendations and implications for future research and practice with regards to self-support in first-time mothers will be discussed.

2. EVALUATION OF THE STUDY

The research question at hand was *how do first-time mothers experience self-support?* First-time mothers were specifically chosen, due to challenges first-time mothers encounter during this period of transition into motherhood as substantiated by literature in Section A. A sample of first-time mothers in the Cape Metropole was drawn from three diverse clinics, through the purposive and snowballing methods of non-probability sampling. The sample showed to be diverse with regards to race, socio-economic class and culture. The research question was qualitatively investigated through the attainment of the following aims: The principal aim of this study was *to explore and describe the experiences of self-support in the first two years of first-time mothers in the Cape Metropole.* The phenomenon under investigation was *the self-support experiences of first-time mothers*. This phenomenon was successfully explored and described through the application of an Interpretive Phenomenological Analysis (IPA) design. This design allowed for a twofold process: the research question was addressed by firstly giving voice to first-time mothers'

subjective experiences of their self-support during novel motherhood and secondly by giving an interpretation of these accounts via the collaborative efforts of both participants and the researcher.

Description and exploration of first-time mothers' "voices" of their experiences were obtained through data gathering which produced rich evidence. Data gathering was done through the following effective methods: Group discussions, semi-structured interviews, incomplete sentences, reflective journaling of participants as well as reflective and descriptive field notes of the researcher. A first set of group discussions served as an introduction where participants were thoroughly informed about what the study entailed. This first group discussion helped the participants to orientate themselves with regards to their self-support experiences, as they were asked to assemble a creative time line giving specific attention to particular situations where support was apparent or not apparent in their first two years of motherhood. This was a good starting point from which the group discussion could develop. The creative time line brought about spontaneous responses and was a successful prelude towards the central themes of the discussions that followed. Sometimes it was difficult for the participants to actually illustrate their creative timeline on paper because of their preoccupation with their infants during discussions, but an alternative verbal time line was just as effective. The subsequent individual semi-structured interviews resulted in profound exploration of their individual experiences of self-support.

A second set of group discussions after the interviews served the function of reflection on the process thus far and ensured the construction of participants' final insights of their experiences of self-support. Through the interaction of participants with each other, both group discussions allowed for broadening the array of responses and stimulating forgotten details. The researcher enjoyed directing the facilitation process of the group discussions. Incomplete sentences were used to confirm, through triangulation, all of the above accounts. The participants' reflective journaling on their self-support experiences as well as the reflective and descriptive field notes kept by the researcher aided with the meaning-making process of emerging data. The primary aim of examination to explore and describe the experiences of self-support in the first two years of first-time mothers in the Cape Metropole was thus portrayed by giving thorough, true and first-hand accounts of participants' experiences.

The analysis of data was preoccupied with the second phase of IPA- namely the interpretation of first-hand accounts. The interpretation and understanding of these accounts were done through clear and meaningful thematic analyses of findings which were validated by quotes of the participants. Consequently, by incorporating these themes into a conceptual perspective, comprehension of data was expanded further. The researcher's paradigm for comprehension of accounts was predominantly explained by following a Gestalt Therapy Theoretical (GTT) perspective, because of this theory's inclusion of the first-time mother's self-support *in relationship with her environment* and its holistic nature. Additionally, Self Determination Theory (SDT), as well as Positive Psychology (PP) were used to deepen understanding of findings. These three theoretical perspectives brought about a novel, original and meaningful understanding of first-time mothers' experiences of their self-support.

Data collection, analysis and description of findings displayed truthful exploration of the phenomenon. The elements of trustworthiness as set out in the table below ensured this:

ELEMENT OF TRUSTWORTHINESS	**APPLICATION IN STUDY**
Credibility	• Truthful first-hand accounts of the researcher were made through clear audio recordings of all interactions with participants and transcribing this into text. • Due to the extensive time spent with participants, the researcher could form a trusting relationship with the participants, thus making responses shared with the researcher honest and detailed. • The researcher did not impose ideas, theories or concepts from her own phenomenological field onto the participants in the data gathering process; she merely acted as a facilitator by clarifying and rephrasing what participants said.

	• Three theoretical perspectives (GTT, SDT and PP) allowed for complex and diverse consideration of concepts applicable to findings. • The meta-theoretical and theoretical perspectives that guided the researcher's interpretation were only considered after thematic analysis was completed and therefore she only recognised theoretical elements that truthfully existed in the field. • Member-checking with participants through clarification methods throughout discussions and interviews allowed for participants to be part of the interpretational process.
Transferability	• The provision of thorough background data regarding the context of the study was done in the orientation and background of the study and the literature review. • A moderately diverse group of participants with regards to race, culture and socio-economic background were part of the sample. • Sample size was only reached when data were saturated.
Dependability	• The diverse group of participants with regard to race, culture and socio-economic background as well as the varied life situations of each participant (e.g. some were single parents, some were married, some had postnatal depression etc.) resulted in various contexts for data gathering and analysing. Yet, although contexts differed, themes presented in findings gave account of the sample as a whole and can be used to understand self-support experiences of first-time mothers as a population.
Confirmability	• Three reliable external co-coders in related academic fields to code at least one data set were used as a practice method of thematic analysis with the researcher.

	• All documents related to data are electronically kept and are accessible on request.
Triangulation (applicable to credibility and confirmability)	• Triangulation was attained through using multiple data gathering sources such as group discussions; semi-structured interviews; incomplete sentences; reflective journaling as well as field notes.

First-time mothers' experiences of self-support prevailed in the following findings. The following discussion is just a descriptive summary of findings; please refer to Section B for a more detailed explanation.

The exploration of self-support in first-time mothers prevailed self-support as a developing process. In this process, some internal elements can disrupt the ability to uphold self-support. These include: mood disturbances such as depression and anxiety; having preconceived ideas about motherhood, which brings about disappointment in real-life situations; experiencing feeling insecure in the capability of being a good mother and lastly; experiencing guilt because of being not a 'good enough' mother. Apart from internal elements, a second category, namely environmental factors disrupting the process of self-support were also reported. Certain factors in the environment to have a unfavourable effect on self-support of the first-time mother are: birth complications; a mother's lack of sleep; financial instabilities within the household; poor marital relationships; pressure of partners' work and demands of secondary roles such as the role of wife or role of working professional.

Despite these obstacles, the developing of self-support is attainable via two imperative undertakings, which are firstly the acceptance of responsibility for own well-being as a mother; and subsequently the attainment of insight.

For the first-time mother to accept her responsibility for her own well-being it requires to be able to recognise valuable resources in her environment and to distinguish and autonomously decide between which knowledge to accept (that which is congruent with her wants, needs and personality); and which incongruent knowledge to reject. Secondly, she actively needs to draw

from applicable past experiences and skills and adapt them to novel contexts of first-time motherhood in order to creatively adjust. She will furthermore portray responsibility if she is able to make an effort to connect with her own spirituality as a major internal resource. Assuming responsibility, for the first-time mother, entails accepting responsibility as the primary caregiver of her child; expressing her needs when needed, being pro-active when she can and also allowing for self-nurturing. Data confirmed that a first-time mother who looks after herself, is also able to care for her child more devotedly.

Arriving at insight as a second essential contributor for developing self-support, as expressed by the first-time mothers in this study, involve two processes: letting go as well as maintaining a predominant positive attitude. Letting go involves being able to let go of past situations that are unchangeable as well as accepting certain situations as they are. First-time motherhood must therefore be accepted as containing polarities- comprising of both positive and negative. Apart from accepting circumstances, the first-time mother must also be able to accept herself and her polarities within, by using her unique different "selves" or set of characteristics to the advantage of different motherhood situations. As soon as this acceptance of polarities can take place through the act of letting go, the first-time mother is in charge of her own attitude towards a situation. It was imperative for the first-time mothers to choose a positive approach towards challenges. This implies that although the first-time mother should recognise and acknowledge that negativity in situations and in herself does exist she ultimately needs to strive towards a positive outlook to make challenges manageable.

Some motivators were reported as essential to uphold the development of self-support. Motivators sustaining self-support presented two themes: The first motivator is being grateful towards situations pertaining to motherhood, such as recognising the gift of a healthy infant; to appreciate having a supportive husband etc., which prove to reinforce self-support of the first-time mother. Secondly, the ability to experience joy during motherhood also strengthens first-time mothers to be self-supportive.

Apart from these internal motivators sustaining self-support, the next category displayed that an environment can also play a significant part in the first-time mother's self-support. Various forms of social support from the environment such as the support network of family and friends proved

to help first-time mothers to, for example, feel more confident and confirmed and thus be more self-supportive. Additionally, the self-supportive first-time mother has the ability to recognise and resource applicable social support means from her environment in order for a supportive relationship to be formed between her self-support and her environment.

In the last category, self-support proves to serve as an experiential process of growth. Self-support thus does not come easily, for it requires the first-time mother to accept self-support as a dynamic progression acquired through gaining experience. In this process, the first-time mother needs to readjust to a state of equilibrium within her household, within her marriage and within herself. She also needs to "live through" the novel experiences of first-time motherhood and learn from them in order to eventually feel self-supportive. Self-support is reported as vital and more enduring than social support by the participants. Self-support in first-time mothers is a continuous shifting process, developing according to different changing contexts within their environments.

The first-time mother continually moves to a healthy position of support where she, through experience, gradually strengthens her self-support towards mature interaction with her environment. By doing this she may be able to function healthily when faced with the struggles of first-time motherhood.

3. THE EXPERIENCES OF THE RESEARCHER

Due to the qualitative, in-depth exploration of this investigation it demanded the researcher to actively be part of the research process as in the first instance she had to conduct a feasible study that would address a noteworthy imparity in literature concerning self-support for first-time mothers. Secondly, she had to fulfil the role of facilitator effectively when interacting with the participants during the time of data gathering. After observation and recording of data, the researcher made meaning of the data through interpretation. Lastly, she conveyed the findings in a logical and understandable manner. In doing these actions, the experiences that were specifically significant to the researcher can be understood on two levels: The researcher firstly experienced the significance of the research process itself and secondly underwent specific noteworthy personal experiences throughout this process.

3.1 The experience of the research process

As the researcher was in contact with many first-time mothers in her field of work as well as in her personal life, she informally noticed that first-time mothers in her immediate environment have a need for effective support. When she explored this hypothetical supposition by arduously planning a relevant study within this theme and doing and in-depth literature review as background to the study; the lack in current research and interventions with regards to self-support during first-time motherhood, was profound.

This minor focus on self-support during first-time motherhood evident in current literature and practice interventions also corroborated with an observation of the researcher during the data gathering process. The researcher observed that self-support is quite a foreign concept which participants rarely thought of before. This became apparent during the first group discussion which served as an introduction to what the study entailed. When the researcher explained what self-support is in simplistic terms, the participants understood the concept but still felt that previously they were not as aware of what they did for themselves in order to cope during difficult times of new motherhood; they rather focused on the availability or unavailability of their social support resources. However, during the course of the study, it became obvious to the researcher that the participants became aware of their own self-support as they reflected upon their own experiences and eventually realised the vital role it played in their lives as new mothers. The participants really connected with each other and the researcher during the group discussions and personal interviews as they comfortably and eagerly shared their self-support experiences. It was remarkable to see how the participants gradually made contact with themselves as they explored their own self-support through the action of making contact with others and expressing their thoughts. To the researcher, this demonstrates that their awareness of their own self-support became significant through the act of interaction with others where they could relate or not relate with what other participants said. The fact that the participants so eagerly and comfortably shared sometimes vulnerable information perhaps showed that participants had a pressing need to sound-board their first-time motherhood experiences after the birth of their infants. This was also confirmed by participants during the debriefing sessions.

3.2 A personal experience

On a personal level, the researcher had attempted to remain aware of the participants' vulnerability due to the possible sensitivity of the phenomenon under study. The researcher was enthusiastically engrossed in the study and her participants' experiences where she meticulously reflected upon observed data through the application of thorough and reflective field notes. The researcher was in close proximity with the participants and established a trusting relationship in order for honest and detailed responses to be documented. It was easy for the researcher to connect with the participants, probably due to her professional and academic background experience in psychological counselling. Yet, the researcher made it clear to participants that the study was not a therapeutic intervention; but if they felt they needed additional support, the researcher would have helped them to find an appropriate means through the help of her superiors at North-West University. Nevertheless, the debriefing where general experiences of the research process were discussed was sufficient and participants said that it was worthy to just share their applicable stories with other mothers and the researcher.

After completion of the data analysis, the researcher in retrospect also recognised that it would have been a valuable experience if she had the opportunity to share her own first-time motherhood story with others. Because the researcher is a mother herself, she was consciously aware of her own phenomenological field which could have inferred bias upon the research process. The researcher however, deliberately bracketed her own phenomenological field throughout the process and rather used her relatedness to the phenomenon under study to only critically think about the issues that arose in order for further in-depth exploration from the participants' perspectives and to rephrase and clarify what participants stated. During the interpretation process of data she spent extensive time with data organisation, moved back and forth between the rich and vast amount of recorded text in her thematic analysis, and as data gradually made more sense, organised it in such a manner that would most effectively and truthfully reflect the participants' experiences. The researcher perceives the findings of research to be complex, yet thorough and understandable, especially in the context of the chosen theoretical frameworks.

4. LIMITATIONS OF THE STUDY

Certain elements can be regarded as limitations of the study:

4.1 Drop-outs of the study

From the initial 19 participants who were identified for the study and who gave their informed consent to partake in the study, six participants dropped out of the study after a first group discussion held in Khayelitsha with seven participants. All of these participants were IsiXhosa speaking and resided in this area. Only one IsiXhosa participant from that group discussion remained in the study. Several explanations for drop-out of the study could be considered.

Logistical hindrances such as transport and a suitable place to meet played a role. The translator who also stayed in Khayelitsha was very hospitable and offered opening her house for the discussions and interviews, but Khayelitsha is still a very large region and perhaps the effort to walk far especially while having an infant to look after, was problematic. When I followed up with some participants not showing up for their individual interview appointment, they either said they had forgotten or they had no means to get to the translator's house. Unfortunately the researcher felt unsafe to drive to these participants' houses due to the researcher being an outsider of their community and the high rate of crime in this area. Although the researcher believed that a central place in Khayelitsha would have been an appropriate and accessible meeting place, above mentioned factors were not taken into consideration.

Additionally, the participants who dropped out of the study could only speak English on a very basic level. Although a translator was used to clarify certain questions and answers, it was difficult for the researcher to fully connect with these participants as translation seemed to hinder the natural flow of conversation. Due to the process of translation, some concepts or interpretations on both the participants and the researcher's behalf may also have become unclear. To rectify this limitation the researcher could have used a translator who was familiar with both the field of research in psychology and the isiXhosa culture; or more than one translator to strengthen the accuracy of statements and questions.

During this first group discussion it was very clear that the lack of instrumental support such as finances were of vital importance to most of the participants who dropped out of the study. They reported either that self-support did not really matter to them or that they did not possess any form of self-support. The drop-out of the participants could thus have been because "supporting themselves" was too far removed from their contextual frameworks, as these participants were only struggling to survive without having their basic needs met. The participants who dropped out struggled with basic social support resources such as food and safety and lived in severe poverty. As the research also shows, social-support played a major role in the other participants' first-time motherhood experiences. Social support during early first-time motherhood was imperative to all the participants who partook in the study. Only later-on was their self-support experienced as more essential than social support. This could possibly signify that due to the dropped-out participants' lack in satisfaction of social support needs, they were in a position where self-support was not relevant to their contexts and therefore they did not consider further participation in the study.

Not sharing their self-support experiences in the first group discussion could alternatively mean that they felt unconfident or were incapable of effectively expressing their thoughts and accounts due to their low education level. The remaining IsiXhosa participant had a high education level (she was busy with her tertiary studies at the time of research) and was perhaps able to comfortably reflect and express experiences concerning her self-support because she was more educated. Although she was also functioning on low financial means, she displayed independent thoughts when conversing with the researcher. She was also purposely making plans for herself and her child to turn around their unfortunate life situation, which could demonstrate that she was already functioning on a level of self-support.

A limitation of the study may thus be that the conduction of this study was not appropriate to first-time mothers who have an extremely low level of social support due to extreme poverty; or to first-time mothers with poor education. These notions on their own can however serve as very significant data. The researcher could have re-approached these participants and explored this occurrence, but as the participants wanted to drop out of the study and she respected their right to withdraw, she unfortunately could not explore these reflections further

4.2 Diversity of sample

The former connects with the following limitation: The 13 participants' age varied from 20 to 32 with the median age being 26. Four participants were English-speaking, eight were Afrikaans-speaking and one was isiXhosa-speaking. All of the participants could understand basic English and a translator was used to clarify written or oral conversation when necessary. Four participants were single mothers, two were in a committed relationship and seven were married. The sample came from varied socio-economic backgrounds with regards to financial income and education. Nine participants had tertiary education and four had basic education. Five participants worked full-time, four participants were not working at the time, and four participants worked from home or did part-time work. This excludes participants who are illiterate or have a very low education level.

4.3 High report of self-support

The conclusive findings of the study display a prominent report of self-support amongst the participants. It is however uncertain why this report is so eminent. One reason for this uncertainty is perhaps that the first-time mothers who participated in the study were already functioning on a high self-support level. It can be argued that this specific study appealed to first-time mothers who already possessed self-support; for self-support requires an outreach to the environment. A mother with a low self-support level would thus not necessarily be able or willing to reach out to the environment such as becoming involved in a research project pertaining to her self-support experiences. A second reason may be that the first-time mothers only became aware of their self-support because of interaction with other first-time mothers and the researcher during the research process. This argument would display that all first-time mothers have the ability to be self-supportive, but that they needed to firstly become aware of their self-support by relating to others or by exploring their thoughts through expression in order to experience it. Although some factors attributing to low self-support, were highlighted in the study, a further limitation of the study is an in-depth exploration of experiences that lack self-support. This can be due to either the make-up of the sample (most participants were already self-supportive) or because of the awareness element in any exploratory research process i.e. participants became more aware of their self-support through their exploration process during research and accordingly did not want to focus

too much on the lack of their self-support.

5. RECOMMENDATIONS AND IMPLICATIONS FOR FUTURE RESEARCH AND PRACTICE

In this section attention will be given to the provision of information for professionals in psychology or related fields when working with and doing research on self-support of first-time mothers.

The experiences of self-support in first-time mothers accounted for in this study could serve as the groundwork for any related professional or academic undertaking. A suitable undertaking would be a follow-up study using the findings as an informational framework for an intervention strategy aimed at struggling first-time mothers. The informational framework by itself could also be utilised by psychologists, counsellors or social workers when working with mothers in a therapeutic context who find first-time motherhood challenging. It could additionally serve as a relevant framework for the development of a psycho-educational postnatal intervention programme for first-time mothers. The informational framework could specifically help facilitate the accomplishment of self-support for first-time mothers by using the themes as focus areas for intervention. The following practical suggestions, based on the findings of the study and the theoretical perspectives of GTT, SDT and PP, could serve as a guideline for psychological researchers, psychologists, counsellors or social workers. The suggestions are based on evidence as represented in this study's findings, as well as on the works of Blom (2006), Joyce and Sills (2010), Kirchner (2009), Phillipson (2009), Polster (2005), Schoeman (2009), Woldt and Toman (2005) and Yontef (1993) for GTT; Deci and Ryan (2012) for SDT; and Gable and Haidt (2005) and Davis and Asliturk (2011) for PP.

5.1 Focus areas:

Focus area 1: ***Internal elements disrupting the ability to self-support***
Focus area 2: ***Environmental factors disrupting self-support***

Focus area 3:	***Developing self-support***
Focus area 4:	***Motivators sustaining self-support***
Focus area 5:	***The supportive relationship between self-support and the environment***
Focus area 6:	***Self-support serves as an experiential process of growth***

5.2 Practical suggestions:

5.2.1 Focus area 1

Internal elements disrupting self-support: These involve internal elements that disrupt the first-time mother's process of self-support. As proved by this study, factors to look out for are: mood disturbances, false preconceived ideas about motherhood, being insecure as a mother and feelings of guilt for not being a 'good enough' mother.

Look out for mood disturbances such as postnatal depression and anxiety or even mood disturbances that were apparent before birth. False preconceived ideas about motherhood bring about false expectations of how motherhood should be which could result in disappointment for the first-time mother. If the first-time mother can come to a position where she realises that the future is undetermined, she may be able to accept challenges that would come her way. Insecurities with regard to the novelty of being a first-time mother are part of any novel experience, especially something as significant as first-time motherhood. Focus on the first-time mother's process towards familiarity as experiences of first-time motherhood get "lived through" and eventually integrated. Feelings of guilt are an extremely common finding amongst first-time mothers as was evident in the findings and the literature. Give attention to where this guilt is apparent and why she is feeling this way. GTT and SDT explains that if the first-time mother experiences guilt due to environmental expectations she is living according to what "ought to be done" and not because of her own internal and autonomous motivation. The first-time mother should be facilitated towards autonomous motivation rather than controlled motivation from the environment when fulfilling her mothering role. One first-time mother may want to care for her

infant 24/7, while another would like to have time to be self-actualised in other areas of her life and appoint a nanny to take over some of the caretaking duties.

5.2.2 Focus area 2

Environmental factors disrupting self-support: Some environmental factors might also impair this process. Facilitate the first-time mother towards recognition of such factors. Vital areas to look out for are: lack of sleep; financial instabilities; poor marital relationships; demands of partners' work and demands of secondary roles.

5.2.3 Focus area 3

Developing self-support requires the following vital components: *assuming responsibility for own well-being as a mother* as well as *arriving at insight*.

Assuming responsibility for the own well-being as a mother would require the first-time mother to deliberately take action of her situations. Guidance can be given with developing the following abilities.

The ability to gather and identify suitable knowledge for a specific situation: Facilitate the first-time mother towards active and willing exploration of suitable resources applicable to her situation and her personality.

Drawing from personal skills and knowledge: Facilitate the first-time mother towards creative adjustment where she is able to make her personal skills and knowledge gained from past experiences applicable and beneficial to her present situation.

The ability to connect with own spirituality: If the first-time mother believes in a spiritual existence, help her to assume responsibility by connecting with this valuable resource. Help her to identify tasks or goals that she must fulfil to reconnect or deepen her connection with her spirituality through her own chosen actions. Facilitate the first-time mother to recognise the personal worth of her own spiritual connection.

Accepting responsibility as the primary caregiver: Facilitate the first-time mother towards identifying with the role of primary caregiver, wanting to autonomously fulfil this role and wanting to devotedly care for her child.

Expressing needs: Responsibility further entails the ability to express needs in order to make nourishing contact with the available environmental resources. Facilitate this process by helping first-time mothers to identify their needs, voice them and reach out towards applicable resources.

Pro-activity: Facilitate the first-time mother towards an active mobilising state where she is able to be pro-active when considering options for change.

Self-nurturing: Self-nurturing is a vital part for assuming responsibility for own well-being. Let the first-time mother understand that it is acceptable to nurture the self and that this is a very worthy process both for her and her infant.

The second vital component of developing self-support, is arriving at insight. Awareness can be strengthened through projective mediums, body work or sensory activities. Facilitate the first-time mother to move from basic awareness to a deeper insight. Focus specifically on the following.

Letting go: Facilitate the first-time mother towards integration of polarities within the environment as well as within the self. Letting go involves accepting certain situations as they are as well as accepting the self.

Maintaining a predominant positive attitude: After acceptance of polarities, the first-time mother is in the empowering position to choose to approach challenges positively.

5.2.4 Focus area 4

Motivators sustaining self-support: By focusing on aspects that forge meaning in the first-time mother's life such as displaying gratefulness for positive occurrences as well as experiencing joy because of these, are proved to be motivators that would sustain a first-time mother's self-support. To explore questions such as: "what are you grateful for in your life?"; "how does it give meaning

to your life?"; "when do you experience joy?" etc. could bring the first-time mother towards awareness of her own gratefulness and joy.

5.2.5 Focus area 5

A supportive relationship between self-support and the environment: As the first-time mother cannot control her environment, but rather her own actions, facilitate the first-time mother towards recognition of resourceful social support resources from her own environment that would strengthen her ability to be self-supportive. Keep in mind that self-support entails mature interaction with the environment and its resources. The first-time mother who is not married can perhaps not control the fact that she has no support of a current husband, and the fact that she is the only one who can console her constantly crying infant, may frustrate her. However, a self-supportive first-time mother could rather reach out towards an applicable available resource such as her paediatrician because of her infant's excessive and constant crying.

5.2.6 Focus area 6

Self-support serves as an experiential process of growth: Throughout intervention the focus must rather be on the process of self-support rather than the outcomes. Experiencing the process towards accomplishment of self-support is of vital importance. This process includes *finding a balance* within the household; within the marriage (if applicable) and within multiple facets of herself. By living through experiences, an equilibrium can be regained. The first-time mother must be reminded that this process however is not once-off, it is a constant fluctuation of circumstances which requires continual adjustment according to circumstances in order to be self-supportive.

6. CONCLUSION

This study succeeded in addressing a vital imparity in current research and interventions available to first-time mothers with regards to support. The study achieved the principal aim of the study, namely, to explore and describe the experiences of self-support in the first two years of first-time mothers in the Cape Metropole in a holistic, integrative and original manner. This study managed

to demonstrate in-depth exploration of first-time mother's self-support experiences. The first-time mother's self-support is imbedded in the self, but is also connected to the environment. This study highlighted certain internal elements as well as environmental factors which may detriment the development of self-support. Assuming responsibility for own well-being as a mother as well as arriving at insight is vital for the development of self-support. Additionally, internal motivators such as gratefulness and joy may sustain self-support development. The study additionally validates the ability for a supportive relationship to exist between the first-time mother's self-support and her environment. Although many social resources such as a good support network may strengthen self-support, ideal self-support in first-time mothers is rather their own ability to be in a supportive relationship with their environments. The self-supportive first-time mother primarily relies on her self-support and is able to recognise, reach out and utilise appropriate resources in her constantly changing environment through continuous mature interaction. Hence, self-support serves as an experiential process, where the first-time mother is able through experience, to grow and become more self-supportive. To see self-support as a process instead of an outcome is thus imperative, for it is not fixed, but is constantly adapting according to occurrences in first-time motherhood.

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SECTION D

ANNEXURES

ANNEXURE I

INFORMED CONSENT FORM

The information in this document will provide the participant with the necessary details in order to make an informed decision about voluntary participation in this study.

Title of study:

The experiences of self-support in first-time mothers

Institution:

North-West University

Name and contact details of researcher:

Madré du Toit

0790241414

6 Vaalboom Close, Kleinmeer Estate, Plattekloof 7500

The requirements of participants and reason for choosing the participant:

All participants must be first-time mothers, must reside in the Cape Metropole and must be able to converse in basic English. Participants from diverse backgrounds with regards to race, culture,

education level and income level will be considered. The participants were chosen via purposive voluntary sampling or the snowball sampling method.

What is the purpose of this study?

To explore and describe first time mothers' experiences of self-support.

What will be expected of the participant and what exactly will it involve?

It will be asked of the participant to share her experiences of self-support during first-time motherhood with the researcher. She will be asked to make a recollection of memories and feelings from first-time motherhood, with specific emphasis on the participant's support measures, especially self-support in this time of her life. The participant will be asked to take part in two group discussions, one to one semi-structured interviews; complete incomplete sentences; keep a reflective journal and communicate via e-mail or telephone when necessary. The data measuring methods will only be used to collect data about the experiences of self-support in first-time motherhood and will not be used in a therapeutic context. The researcher will additionally make field notes about her observation of the participant's reactions in the data gathering process. Collection of data will continue for at least five weeks or until saturation of data has taken place.

What are the potential discomfort and/or potential dangers and/or permanent consequences (however negligible) that participation in this study involves?

Although personal and sometimes emotional responses will be shared, the researcher will always strive to not cause any discomfort/ danger or permanent consequences. The participant has the right to withhold any information and may decide to withdraw from the study at any point in time.

What precautions have been taken to protect the participant?

The researcher will do everything possible to ensure confidentiality and anonymity. The name of the participant will not appear anywhere in the study. The records of the written descriptions will be electronically kept with no access to the public.

Is any remuneration or benefit offered to the participant when participating in the study?

No.

What potential general benefits which may arise from the study are there for the broader community?

The study will aim to contribute to probable directives for professionals in psychology or related fields when working with and doing research in self-support of first-time mothers.

How will the findings of this study (general results, as well as individual) be made available or conveyed to the participant?

The research findings will be part of a published magister thesis.

As the researcher, I confirm to the participant that the above information is complete and correct.

Signature of researcher: _____

Date: _____

Place of signature: _____

You are invited to take part in the research study as described above. It is important that you also read and understand the following general principles, which are applicable to all participants in the research study:

1. Participation in this study is completely voluntary and no pressure, however subtle, may be placed on you to take part.

2. It is possible that you may not derive any benefit personally from your participation in the study, although the knowledge that may be gained by means of the study may benefit other persons or communities.

3. You are free to withdraw from the study at any time, without stating reasons, and you will in no way be harmed by doing so. You may also request that your data no longer be used in the study.

4. By agreeing to take part in the study, you are also giving consent for the data that will be generated to be used by the researchers for scientific purposes as they see fit, with the prerequisite that it will be confidential and that your name will not be linked to any of the data without your consent.

5. You will be given access to your data upon request, unless the Ethics Committee of North-West University has approved temporary non-disclosure.

6. A summary of the nature of the study, the potential risks, factors that may cause you possible inconvenience or discomfort, the benefits that can be expected and the known and/or probable permanent consequences that your participation in the study may have for you as participant, are set out for you in the explanation above.

7. You are encouraged to ask the researcher any questions you may have regarding the study and the related procedures at any stage. The researcher will gladly answer your queries and will also discuss the study with you in detail, if that is your need.

8. The study aims are always secondary to your well-being and actions taken will always place your interests above those of the study.

I, the undersigned _____
(*full names & surname)* have read the preceding premises in connection with the study, as discussed in this informed consent form, and have also heard the oral version thereof and I declare that I understand it. I have also initialled every page. I was given the opportunity to

discuss relevant aspects of the project with the researcher and I hereby declare that I am taking part in the study voluntarily.

Signature of participant: _____

Date: _____

Signed at: _____

Witnesses:

Signature of witness 1: _____

Date: _____

Signed at: _____

Signature of witness 2: _____

Date: _____

Signed at: _____

ANNEXURE II

EXAMPLE OF CREATIVE TIMELINE

Creative timeline with first group discussion: Participant 9

ANNEXURE III

SEMI-STRUCTURED INTERVIEW SCHEDULE

The following questions served as a guideline for the researcher:

1) How will you describe your first two years as a mother?

2) In what way did you feel supported during this time of your life?

3) What in your environment (for example people or resources) helped you during this time of your life?

4) Were there situations or time periods where you felt you were really struggling as a first-time mother?

5) Could you do anything to make above mentioned situations/time periods better? How?

6) What internal characteristics or strengths helped you during challenges of first-time motherhood?

7) From all of your experiences of first-time motherhood- what would you perceive or define as self-support?

8) Question 3 refers to external resources or social support, where question 4-6 would refer to your internal resources or self-support. Would you consider the one being more important than the other? Or are they of equal importance? Please motivate your answer.

ANNEXURE IV

EXAMPLE OF INCOMPLETE SENTENCES

Incomplete sentences

Dear participant. Please complete the following sentences. There are no right or wrong answers-just write down what first comes to mind.

Name: xxxxxx (Participant 6)

1. Characteristics or strengths that I use to carry me through difficult times during first-time motherhood are:
   My faith and my ability to persevere- I know that I can make the best of any situation, no matter how difficult.

2. Other abilities that I sometimes use to help me during difficult situations during motherhood are:
   Communication and the ability to delegate as well as my ability to optimally care for my baby.

3. As a mother, it is easy for me to self-support in the form of:
   Communication with my child.

4. Other people would describe my self-support as:
   I am not sure- probably good- that was the image that I sent out, although I did struggle.
5. My self-support during first-time motherhood especially helps/helped me to:
   Be sane, to keep me grounded and to focus on my child.

6. As a first-time mother, I use my self-support mostly when:
   All the expectations of motherhood are smothering me.

7. The most important aspects of self-support for me during first-time motherhood are:
   The time that you spend with yourself to look after yourself physically and emotionally. It is very important to take care of yourself, even if it takes a lot of energy. As a mother I am allowed to support myself and I deserve a break once in a while- it does not make me a bad mother.

8. Optimal self-support for me during first-time motherhood would be:
   To really know myself in order to exactly know what and when I need help.

9. With regards to my own self-support during first-time motherhood, I wish I was more:
   Confident with leaving my baby with other family members.

10. As a first-time mother, I am not self-supportive when:
    I don't address my own needs and don't allow time for myself.

11. During the interview and group discussions I became aware of:
    All the other mothers who had experiences like my own.

12. With the first meeting I though self-support during first-time motherhood was:
    To know myself well.

13. Now I think self-support during first-time motherhood is:
    Pretty much the same, but that I have more dimensions within me to look out for.

ANNEXURE V

EXAMPLE OF JOURNAL ENTRY

Looking back…

My baby is now four months old and I feel overwhelmed with this little being. He cannot tell me why he is crying. I realise that he is experiencing discomfort but I feel helpless that I do not know how to make it better. I realise that I do not know everything and that I must allow for my family to step in. They also could not get xxxxxx to calm down, but the fact that my sister took over for a little while made me realise that I really do need time-out sometimes and that it does not make me a bad mother.

Journal entry: Participant 1

ANNEXURE VI

EXAMPLE OF DESCRIPTIVE/REFLECTIVE PROCESS NOTES

Process notes of the final group discussion of group 1: 30 September 2012

Today's group discussion, which revolved around reflection and debriefing of the participants' processes throughout the study, brought about deep awareness for them. It was as if they only became aware of their level of self-support as they described the whole research process. Participant 1, 2, 4 and 11 describe the study as very valuable to them, where for the first time they realised how strong they actually were and are as mothers. This awareness became apparent for them specifically in the individual interview after the first group discussion. Participant 6 reports that she felt guilty to take time for herself- but now realises how essential it is for the well-being of her and her whole family. It may be argued that there was a progression in her awareness of self-support, and that self-support is a constantly shifting process, is verified. The participants also report that there is a need for group discussions or someone to talk to for first-time mothers and that they wish there was someone to help them focus on their internal resources for the period after birth, as it was and sometimes still is a very big adjustment for them to be first-time mothers. This points out the possible need for postnatal psycho-educational intervention with regards to self-support for first-time mothers- this could serve as a worthy recommendation. Question to think about: there is a big report of self-support- is it perhaps because the mothers were already self-supportive or is it because they became aware of their self-support through exploration in this study?

ANNEXURE VII

THE DATA GATHERING PROCESS

This spread over a period of seven weeks.

Week 1-2 **First set of groupdiscussions**	• Participants were welcomed and thanked for their participation in the study. All participants had the opportunity to tell the other group members their name and something about themselves. • Three group discussions were held to accommodate all participants' availability. The following were covered in all of these discussions: • Participants were orally informed about what specifically the study entailed, including the goals of the study. • Participants assembled a creative time line (magazines, crayons, recycled items, paper etcetera were provided) in which they had to portray specific situations in their first 2 years of motherhood where support was discernible or not discernible. (See Annexure II). Some participants did the creative timeline orally; this was still effective. • Group discussions were held to probe and share the data that emerged from the creative time line.
Week 3-5	• Individual semi-structured interviews were held at a time and place of convenience for the participants. The preliminary interview

Semi-structured interviews	schedule was used. (See Annexure III)
Week 6-7 **Second set of group discussions**	• Three group discussions were held to accommodate all participants' availability. The following were covered in all of these discussions: • Thesegroup discussions were held to confirm the data that emerged and allowed for appropriate debriefing. This was just an informal discussion about the process thus far and the main objective was reflection on what they shared with the researcher and the group.
Week 5 **Incomplete sentences**	• Participants were asked to complete incomplete sentences after their individual interviews. (See Annexure IV)
Week 1-7 **Reflective Journal**	• Participants had to keep a reflective journal on their self-support. Most participants only wrote one journal entry. This was still valuable. (See Annexure V) Descriptive and reflective field notes were kept by the researcher throughout the whole process. (See Annexure VI)

Field Notes	

ANNEXURE VIII

EXAMPLE OF THEMATIC ANALYSIS

This is the thematic analysis of a transcribed semi-structured interview of participant 2.

From the transcribed semi-structured interview of participant 2, all the quotes applicable to self-support were categorised according to codes (key words/key phrases) as shown below in the first column of the table in A. The quotes were then highlighted according to preliminary themes, also in shown in A. Each colour represented a possible theme as illustrated in B. After all data sets were coded as in A, these possible themes were finally grouped according the final categories in C. The incomplete sentences were used to triangulate categories and themes from the interviews. The other data gathering methods were utilised to confirm overall findings.

A. CODING OF SEMI-STRUCTURED INTERVIEW

CODE	**QUOTE**	**RESEARCHER'S NOTES**
Social support	Number two for support is your nearest family and especially those who have children	Your close family Reach out to support network
	To leave my baby at my parents	Nearest family that have small children
Self-support relationship with social	To just go to the gym	Self-support gave her time to exercise

support		
	me-time is very important	Self-nurture
	When my husband took over, just to make time for my studies	To have time to study beacuse of social support
	You really need that time to refresh- to be a better mother	Self-nurture- part of repsonsibility
	To just take a bath- that is very important to me	Time alone revitalizes/ self-nurture
Balance within marriage	My husband was my main support network	available resources
	I decided to give bath-time to my husband- that is his duty	find balance within roles
	You need to communicate with each other	Express needs
	You need to be sure that your marriage will be ok through all this	

	I always want to put my marriage first	Make effort with your marriage to regain balance
	If I am not going to be a good wife, I won't have a good marriage…and if I don't have a good marriage…we won't have a happy family life	Cycle of marriage on child/ balance within household
Find appropriate resources	I will ask for advice when I need it	Know when to reach out
	I need to decide what advice to take and what will work	Appropriate resources
	I decided to not take every comment from others so seriously	Discriminate
Calm	And I just told her…I would cross that bridge when I get there	Calmness/ patience
	Patience is definitely a must	Patience
Self-support is enduring	During the first week, external resources were very important to me	

	And after that things changed- I realised that I cannot count on others to do everything for me	Progression towards self-support
	So after a while I was alone, and the self-support needed to kick in	
Enjoyment of motherhood duties/role	I used my excitement about my baby a to overcome certain fears	Positivity to overcome negativity
Responsible parent	I think I am very nurturing	Nurture child as part of parent duties
	I decide how my baby and I will cope and what I will do to make it better	Autonomous decisions about parenting
Insight	I just had to realise…I will see him just now…just get through this…there are thousands of mothers who get caesarians, It is not so bad. I will be fine.	Self-support during birth
Identity adjustment	It was a great adjustment for me… but it did not take that long.	

	As a mother, you really want to keep your identity	
	So I just added a new identity, but also kept my old identity.	Shift in identity, but old identity not lost.

B. POSSIBLE THEMES

Self-support through suitable knowledge

Calmness

Expression of needs

Self-nurturing

Assuming responsibility as the primary caregiver

The development of insight

Positivity

Social support

The supportive relationship between self-support and the environment

Progression towards self-support

Find balance between roles

Regain balance within marriage

Regain balance within household

Identity adjustment

C. FINAL CATEGORIES

FINAL CATEGORIES	APPLICABLE THEMES/SUB-THEMES						
Internal elements disrupting self-support							
Environmental factors disrupting self-support							
Developing self-support	Self-support through suitable knowledge	Calmness	Expression of needs	Self-nurturing	Assuming responsibility as the primary caregiver	The development of insight	Positivity

Motivators sustaining self-support							
A supportive relationship between self-support and the environment	The supportive relationship between self-support and the environment	Social support					
Self-support serves as an experiential process of growth	Progression towards self-support	Find balance between roles	Regain balance within marriage	Regain balance within household	Identity adjustment		

ANNEXURE IX

JOURNAL SUBMISSION GUIDELINES

Journal of Family Issues

The journal is devoted to contemporary social issues and social problems related to marriage and family life and to theoretical and professional issues of current interest to those who work with and study families.

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