A retrospective analysis of childhood experiences in conflicted relationships

by

Carli Schoeman

Submitted in partial fulfilment of the requirements for the degree

PHILOSOPHIAE DOCTOR

in the

Faculty of Education

at the

UNIVERSITY OF PRETORIA

Supervisor:

Prof. Melanie Moen

Co-supervisor:

Dr. Hannelie du Preez

April 2023

Declaration of originality

I, Carli Schoeman, declare that this thesis,

A retrospective analysis of childhood experiences in conflicted relationships

which I hereby submit for the degree Philosophiae Doctor in Education at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

_Carli Schoeman_____   27 May 2023_____

Signature   Date

Ethics clearance certificate

FACULTY OF EDUCATION
Ethics Committee

RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE	CLEARANCE NUMBER: **EDU101/20**
DEGREE AND PROJECT	PhD
	A retrospective analysis of childhood experiences in conflicted relationships
INVESTIGATOR	Ms Carli Schoeman
DEPARTMENT	Early Childhood Education
APPROVAL TO COMMENCE STUDY	30 September 2021
DATE OF CLEARANCE CERTIFICATE	08 February 2023

CHAIRPERSON OF ETHICS COMMITTEE: Prof Funke Omidire

Mr Simon Jiane
Prof Melanie Moen
Dr. Hannelie du Preez

This Ethics Clearance Certificate should be read in conjunction with the Integrated Declaration Form (D08) which specifies details regarding:

- Compliance with approved research protocol,
- No significant changes,
- Informed consent/assent,
- Adverse experience or undue risk,
- Registered title, and
- Data storage requirements.

Fakuiteit Opvoedkunde
Lefapha la Thuto

iii

Ethics statement

The author, whose name appears on the title page of this thesis, has obtained, for the research described in this work, the applicable research ethics approval. The author declares that she has observed the ethical standards required in terms of the University of Pretoria's *Code of Ethics for Research* and the *Policy and Procedures for Responsible Research*.

Carli Schoeman
_____

Signature

27 May 2023
_____

Date

Proof of editing

PROOF OF EDITING

Dr. L. Hoffman, APEd (SATI), APRed (SAVI)

Klerksdorp

BA, BA(Hons), MA, DLitt et Phil, Certificate (English Grammar for Editors)

Accredited Professional Text Editor – English and Afrikaans (South African Translators' Institute)

Member of South African Translators' Institute – No. 1003545

Cell no: 079 193 5256   Email: larizahoffman@gmail.com

DECLARATION

To whom it may concern

I hereby confirm that I have edited and proofread the following thesis, including the bibliography.

Title of thesis

A retrospective analysis of childhood experiences in conflicted relationships

Student

Carli Schoeman

Lariza Hoffman
Klerksdorp
15 April 2023

Dedication

This thesis is dedicated to the women in my family. Your unconditional love and acceptance have shaped me to be the woman that I am today.

Grandmothers: Alet Schoeman; Grieta van Rooyen

Mother: Anna-Marie Schoeman

Sisters: Marli van Aardt; Ninette Schoeman

Nieces: Cari van Aardt; Nina Schoeman

Illustrator: Maria Magdalena Campbell (2021)

"For you created my inmost being; you knit me together in my mother's womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well." – Psalm 139:13-14 (NIV)

Acknowledgements

The completion of this thesis has truly been a challenging endeavour. I want to express my deepest gratitude to the following people:

- My supervisor, Professor Melanie Moen. You truly were my biggest inspiration from the start of this research journey. Your own field of research has intrigued me to delve deeper into the mother–daughter relationship. I am forever grateful for the valuable support that you provided to me.

- My co-supervisor, Doctor Hannelie du Preez. Your valuable insights into this study have been of considerable worth. Your motivation and gentle guidance have contributed to the researcher I am today.

- The mother and daughter participants in this study. You have taught me the importance of the special bond between generations of women. Thank you for being vulnerable and willing to share your stories with me.

- Doctor Lariza Hoffmann. Thank you for the language and technical editing and for ensuring that my work is always up to standard.

- The University of Pretoria. Thank you for the financial assistance.

- Magdalena Campbell. I am grateful to you for capturing the essence of intergenerational relationships between grandmothers, daughters, and granddaughters with your hand-drawn illustration.

- My parents, Tertius, and Anna-Marie. You motivated me to pursue my postgraduate studies and were my biggest cheerleaders throughout this journey. Your support has meant the world to me.

- Jurie, Ninette, Nina, Awie, Marli, Cari, and Braam. Thank you for your endless support and motivation. I am truly blessed to have you in my life.

- Jaco. How thankful I am for your presence in my life! I never thought that I would meet such an amazing partner. Your selfless nature is admirable.

- Lastly, 'oom' Jan Oosthuizen. Your belief in me has shaped the course of my entire career. Words cannot express my gratitude.

Abstract

This qualitative research study aimed to understand the dynamics of the conflicted mother–daughter relationship. The literature shows that although mothers and daughters have a unique and intimate bond, their relationship is complex, as the relationship must adapt and change over the course of its lifespan. This study focused on the role that disagreements and adverse childhood experiences have on the dynamics of the mother–daughter relationship from childhood throughout adulthood. There is a lack of research on mother–daughter relationships in the South African context, where diverse family units, family statuses, socioeconomic statuses, and cultural practices exist.

Fourteen mother–daughter participants participated in this study. The study relied on a qualitative, symbolic interactionist paradigm to allow the researcher to gain an in-depth understanding of the role that conflict and disagreements play in the dynamics of the mother–daughter relationship. Dollahite's ABCD-XYZ resource management model of crisis or stress was chosen as the theoretical framework for this study. Data generation methods included semi-structured interviews, observations, life maps, and the Mmogo method (construction of a clay model). These methods allowed the researcher to keep a transparent and reliable audit trail. This study made use of retrospective analysis, which allowed the researcher to identify sequences of events that had an impact on the lives of the mothers and daughters. Retrospective studies are especially useful when a researcher wants to observe and understand change over time. Presenting these major life events chronologically allowed the researcher to identify events that had a significant impact on the mother–daughter relationship.

The research results highlighted the intergenerational cycle of unresolved trauma and adversities. This study considered the unique adversities that South African families are faced with. Exposure to early adversity in the mother's life had a significant impact on her and her daughter's wellbeing, parenting, and interpersonal relationships. The quality of the attachment between mother and daughter was complicated by adverse living circumstances where mothers and daughters were separated for an extended period. Conflict between mothers and their daughters was at its highest during specific developmental periods in the daughters' lives, such as adolescence. The positive influence of the community and extended family members

and friends were evident during times of need, especially in close relationships, such as the mother–daughter relationship. The challenge to process their experiences of childhood trauma prevented the mother–daughter relationship to follow its normal cycle of development, resulting in rigid interaction between mothers and daughters. The participants in this study were unwilling to compromise by changing their own behaviour for the benefit of the relationship. This study was able to confirm that the bond between mothers and daughters remains strong throughout their lives, despite the presence of significant adversities.

Keywords:

- Adversity
- Conflict
- Conflicted relationships
- Disagreement
- Mmogo method as projective method
- Mother–daughter relationship
- Relationship dynamics
- Retrospective research

Table of contents

List of addenda

List of tables

List of figures

List of photographs

List of images

List of acronyms

ACE   adverse childhood experience

WFB   work-family balance

WFC   work-family conflict

Chapter 1: Overview of the research inquiry

1.1 Introduction to the chapter

Research has shown that the longest relationship a daughter will have in her[1] lifetime is with her mother[2] (Pickering et al., 2015). Mothers and daughters have an intimate bond, sharing a wide range of information and experiencing similar experiences, such as raising their children and caring for their families (Smith et al., 1998). Mother–daughter relationships have often been described as complex (Smith et al., 1998; Usita & Du Bois, 2005) because the relationship has to adapt and change throughout its lifespan.

According to Mize et al. (1997), the mother–daughter relationship provides a secure space where the daughter feels free to explore her identity for future womanhood. Part of the road to womanhood requires that the daughter comes to express her expectations and aspirations by identifying, observing, and exploring, with characteristics and values that are different from or similar to those of her mother. Stories and narratives frame the meaning a child attaches to personal experiences (Mize et al., 1997) and inform her perceptions about the nature of all future relationships (Fingerman, 1998).

Research clearly indicates that multiple aspects play a role in shaping the mother–daughter relationship. For this study, I shall focus specifically on the influence of disagreements and conflict on the dynamics of mother–daughter relationships. Adverse childhood experiences (from now on "ACEs") and lifelong consequences of trauma affect a child's holistic development. Any exposure to or the presence of an ACE before the age of 18 disrupts childhood development (Guss et al., 2018; Nakazawa, 2015). These ACEs have long-lasting effects on the child's holistic progress, sense of security, wellbeing, and development of identity. Acute, chronic, or complex happenings, such as all types of abuse and neglect, mental and physical

---

[1] Using someone's self-defined pronouns is an important step to respect all identities on the spectrum. Pronouns are integral to one's sense of being. Using the correct pronouns is an important way of affirming one another's identity. In light of LGBTQIA+ as initialism, it is important to state that all the participants identified as female and preferred using the pronouns "she"/"her".
[2] The legal category of "mother" is based on the reproductive experience, rather than the traditionally sex or gendered body. Thus, for this study, "mother" is associated with women who identify as female. Also, "father" is associated with men who identify as male.

illnesses, substance use and addiction, domestic violence, and divorce or the incarceration of a family member, present in a child's life indicate family dysfunction (Nakazawa, 2015; Van der Hoven, 1988). Kenway and Fahey (2008, p. 640) state that victims of violence have an "archive of emotions[3]", involving an uncontrollable collection of feelings[4] that are stored over time in the body and are sometimes demonstrated by rage and outrage, which are aimed not at the abuser but at the victim's family and friends.

The presence of any ACE within the family unit informs a mother's choice of parental strategies and, ultimately, her relationship with her daughter (Kenway & Fahey, 2008; Khan & Renk, 2019; Provençal et al., 2015). The quality of a relationship includes a mother's decision-making capabilities, memory, reactions to stress, cognitive development, and physical and mental health (Treat et al., 2019). In light of the parenting style (e.g. authoritarian, authoritative, permissive, uninvolved, and over-involved), the daughter's interpretation, reaction, and processing of an ACE will differ from those of an adult woman. Vulnerable women who have experienced any form of ACE are more prone to having relationships that are mired in conflict or show patterns of behaviour that sustains or increases conflict (high-conflict people), or entering abusive adult relationships, which means a vicious cycle of ACEs is reintroduced and "allowed" in their family units (Crowell et al., 2010).

As indicated at the beginning, it is crucial for all children to have the means to express themselves. Communication plays a vital role in establishing an open relationship, where the daughter can voice her concerns to her mother (Usita & Du Bois, 2005). Mize et al. (1997) declare that mothers and daughters who regularly share information have fewer disagreements and more conflict resolution strategies at their disposal. Current literature, however, shows that the mother–daughter relationship is exposed to more conflict and disagreement in comparison to the father–daughter relationship during early and middle adolescence (Allison & Schultz, 2004). Conflict in the household is not ideal; nonetheless, it is an integral part of the parent–child relationship, where adolescents learn to make decisions on their own, take responsibility for their own behaviour (Allison & Schultz, 2004), and develop a

---

[3] Emotions are associated with bodily reactions that are activated through neurotransmitters and hormones released by the brain.

[4] Feelings are the conscious experience of emotional reactions.

sense of autonomy (Grotevant & Cooper, 1985). Disagreements are inevitable, but how a daughter perceives it is of more concern. In this regard, the work of Allison and Schultz (2004, p. 106) is important, as they have categorised disagreements into sets of morality (e.g. lying and breaking promises), multifaceted issues (e.g. physical appearance and room care), and personal issues (e.g. music, television, and clothing choices). In general, conflict between a mother and her daughter is mostly solved through power assertion ("Because I said so!"), upon which the daughter will usually submit to and comply with the demands of her mother (Branje, 2008).

Although mothers and daughters experience many aspects of their relationship as conflicted or complex, multiple sources have noted that, despite these differences, the relationship between mothers and daughters is rarely ended (Mize et al., 1997; Smith et al., 1998; Usita & Du Bois, 2005). Regardless of their differences, an intense connection is observed throughout their lifespan (Mize et al., 1997).

Against the backdrop of this introduction, I, as the principal investigator, aim to gain an in-depth understanding of the dynamics of *conflicted* mother–daughter relationships. Predominant research focuses on the positive effects of the parent–child relationship; however, the important aspect of unhealthy, challenging, or negative facets thereof is usually omitted. Providing opportunities to give adult daughters and their mothers a voice to narrate their experiences offers a trajectory from which scholars and other stakeholders can benefit. A closer look at aspects that contribute to conflicted relationships and how these affect childhood development and education gave me insight into the dynamics of mother–daughter relationships. The early identification of these adverse aspects may further benefit parents and learners in the Foundation Phase, as trained staff may provide sufficient support to them.

1.2   Rationale of inquiry

The phenomenon of the mother–daughter relationship has been widely investigated by scholars from the United States of America (Allison & Schultz, 2004; Jaramillo-Sierra et al., 2016; Mize et al., 1997; Paikoff et al., 1993; Pecchioni & Nussbaum, 2000; Pickering et al., 2015; Smith et al., 1998) and various European countries (Bodenstab, 2004; Branje, 2008; Visser et al., 2016). However, there is a lack of

research on this topic in the South African context, where there are diverse family units, family sizes, socioeconomic statuses, and cultural practices. The family unit[5] is the origin of and continuous context for mother–daughter relationships. As the principal investigator, I also belong to a family, and my interest in this phenomenon is academic, methodological, and personal.

1.2.1 Personal rationale

As a Foundation Phase teacher, I have gained insight into the household circumstances of many female learners in my class. My interactions with the girls and their parents brought to my attention the diversity of family units, such as single-parent families, extended families, stepfamilies, and grandparents who are raising children in South Africa. At times, I felt unprepared to assist learners, parents and families who experience adversities such as poverty, unemployment, household violence, and abuse. On multiple occasions, I invited parents to a parent–teacher meeting to discuss serious matters, such as academic progress based on assessment, classroom observations, and the child's holistic development, and to my surprise, a representative of the family attended the meeting, and not the parents themselves. Many learners in my class were raised by substitute primary caregivers, as their parents were employed elsewhere.

My interest in the relationships between mothers and daughters started early in my teaching career. It was clear that some mothers and daughters have established a secure bond, while other girls seem to be much closer and connected to their fathers. Since birth, I, the youngest of three children, have had a strong relationship with my mother. My relationship with my mother has had a significant impact on my life and my perception of relationships. Her constant support and affection have carried me through the trials, errors, and tribulations throughout my life.

1.2.2 Methodological rationale

Studies on mother–daughter relationships are mostly conducted within the context of the daughter's self-esteem and their relationship throughout the daughter's

---

[5] A family unit constitutes a group of members of a household who live in close proximity, such as the father, mother, peers, grandparents, extended family, and so forth (Van der Hoven, 1988).

development, while other studies focus predominantly on normal relationships, rather than explicitly problematic ones (Pickering et al., 2015). These studies are not necessarily from a dynamics perspective. Instead, scholars who conduct research on relationships mostly adopt a single view to understand the phenomenon by applying a case study or narrative research design, with little research being conducted by using the retrospective analysis as a design framework. This design allows participants to "look back" (Leonard-Barton, 1990), reflect on the relationship, and identify factors or aspects that have been present or absent. Little is known about the effect of chronic conflict and disagreements on the conflicted mother–daughter relationship in South Africa. Examining the role that conflict and disagreements play in the dynamics of the mother–daughter relationship may provide valuable insight into the meaning assigned to continuously conflicted relationships.

1.2.3 Academic rationale

Families are related by blood, marriage, adoption, or affiliation, and they share emotional attachments that go beyond sharing a physical residence (Amoateng et al., 2015). The family unit is meant to be a shelter and safe space where all members are secure (Van der Hoven, 1988). A safe and conducive living environment is essential for the development, growth, and education of the daughter to cope with multifaceted, sometimes complex, and dynamic, social relationships. Within any family unit, different types of personalities come together. The daughter is introduced to and challenged with new roles and functions that she continuously has to master, cope with and adapt to (De Witt, 2016).

Some households are perceived as healthy, conducive, and positive, while there are others in which the members' journey is experienced as destructive, insecure, and negative (Pickering et al., 2015). To understand the dynamics within a family unit, an in-depth understanding of the spectrum of experiences should be positioned between two extreme points, such as conflict resolution and conflict dissonances (Pickering et al., 2015). By only focusing on normal family relationships, researchers and other role players fail to notice the impact that experiences of disagreement, aggression, and resentment have on children's development and perception of relationships. In South Africa, a typical nuclear family, where two biological parents are raising their children, is no longer regarded as the norm (Lemmer et al., 2012).

5

Family structures are diverse in South Africa, ranging from parents who are raising their grandchildren to child-headed households, same-sex marriages, and single-parent families due to incarceration, divorce, or death. Blended families are also commonly found, where two single or previously divorced parents remarry. These different family types are more prone to being confronted with conflict situations, as the quality and nature of the parent–child relationship are affected by the changes in the family unit over a lifetime (Yu et al., 2010). The spectrum of experiences and the intensity and quantity of disagreements depend on the family structure and dynamics (Paikoff et al., 1993). For example, in South Africa, family units are influenced by socioeconomic status, demographical profile, education, and family size, to name only a few. There are, thus, multiple adversities that inform relationships and have an impact on the functioning of households. Poverty, for instance, is commonly associated with poor health, malnutrition, a lack of physical resources and privileges, poor education, challenges in communication and language abilities, and a distrustful view of the future (Prinsloo, 2011). Family members who are confronted with such an environment can be more violent towards one another than those in a functioning family unit (Van der Hoven, 1988). Violence within the family refers to violent actions committed by the members of a family towards one another, with the main purpose of inflicting pain. Such happenings are rarely discussed with members outside the family unit, as the fear of further abuse, embarrassment, and concerns about their social status and safety motivate members to keep quiet about violence in the household (Van der Hoven, 1988). Violence has become normalised in communities where children are frequently exposed to violent acts in environments such as the home and the school (Moen, 2019). Understanding the complexity of mother–daughter relationships can inform the interpretation and implementation of the school curriculum, especially on the dynamics of the mother–daughter relationship, and provide empirically based evidence to teachers and parents on developing a healthy perception of relationships. Sufficient training on the early identification of adversities in learners' lives may provide learners with the opportunity to come to terms and deal with their adversities in a sustainable way.

1.3 Problem statement

As stated earlier, the literature affirms that the longest relationship a daughter will have in her lifetime is with her mother (Pickering et al., 2015). Considering this, the lack of research on such an important relationship across multicultural family units in South Africa is worrying. The focus of this research inquiry is, therefore, to explore the phenomenon of the dynamics of the conflicted mother–daughter relationship, specifically in terms of the role of chronic conflict and disagreement. Data generated from seven subsets of mothers and daughters will provide an in-depth understanding of the mother–daughter relationship in South Africa. A retrospective narrative analysis of this relationship, from early childhood to adulthood, will reveal past experiences that may have contributed to the participants' current feelings towards and perception of the nature of their relationship. Thus, the study will provide the body of scholarship with a trajectory that explains various dimensions of influences on such a relationship.

Gaining insight into mother–daughter relationships will equip me for strengthening the interpretation and application of current policies in the Foundation Phase curriculum. Training and informing teachers and parents on important aspects, such as the value and necessity of the mother–daughter relationship and the influence thereof on the social and emotional wellbeing of the young child, may lead to the future development of preventative programmes that can be set up in schools and communities to educate community members in the neighbourhood as well. These programmes may include mentoring sessions between mentors and at-risk learners, where support and guidance are provided. The findings can shed more light on how cross-disciplinary therapists can approach families with conflicted relationships. In view of the aforementioned problem statement, the following research questions guided my inquiry.

1.4 Research questions

Primary research question:
What are the dynamics that shape conflicted mother–daughter relationships?

Secondary research questions:

- How do mothers and daughters define the construct "disagreement"?
- How do mothers and daughters retrospectively describe their relationships?
- In what way do geographical and biographical profiles shape mother–daughter relationships?
- Which theoretical insights into mother–daughter relationships are relevant to the study?

1.5   Concept clarification

The following concepts reflect scholarly accepted notions about this phenomenon and design. No universal definition is available for any of the listed concepts.

1.5.1   Relationship dynamics

According to Nadler (2015), *relationship dynamics* include one's interaction, communication, and work with other individuals, consequently forming the experiences in their lives. Within the context of this inquiry, the concept "relationship dynamics" refers to any aspect of a mother's or daughter's life that brings about change, growth, and development within the relationship. These dynamics include chronic conflict, disagreements, and adversities that may have contributed to the quality of the conflicted mother–daughter relationship.

1.5.2   Retrospective research

Retrospective studies look back in time to study a specific phenomenon from a known outcome (Weiten, 2014). Retrospective views of any relationship provide a good understanding of the nature of the relationship between two people (Allgood et al., 2012). Within the context of this inquiry, the participants reflected on their relationship with their mother or daughter, with a distinct focus on the dynamics of conflict and disagreement within the relationship from birth to adulthood.

1.5.3   Disagreement

Barker et al. (2007) refer to *disagreements* between parents and their adolescent children as "discrepancies". Disagreements occur when parents or children are

emotionally distant or when communication is characterised by negative patterns, which, in turn, cause age-related conflict and family disruptions (Phinney & Ong, 2002). Such interaction between the parent and the child may include small disagreements, such as adolescents failing to share their whereabouts with their parents, or larger disagreements, such as negative communication between the mother and the adolescent. Thus, "disagreement" between mothers and daughters in this inquiry refers to the everyday problems and differences that exist in the mother–daughter relationship.

1.5.4   Adversity

According to Nakazawa (2015), childhood *adversity* is linked to painful and traumatic incidents in childhood and may include emotional, physical, or sexual abuse, childhood neglect, chronic stressors (divorce, domestic violence, parents who are addicted, or mental health issues within the family), or a family member who went to prison. For the purpose of this inquiry, "adversity" refers to any negative childhood experience that has made a significant impact on the child's or adult's wellbeing.

1.5.5   Mmogo method as a projective method

The *Mmogo method* is a visual-projective research method that aims to gather data by providing participants with open-ended material, such as neutral clay, wooden stalks, and beads, in order to answer an open-ended question posed by the researcher (Roos, 2012). This method allows participants to project aspects of themselves, while the researcher will be able to gain insight into the socially constructed contexts in which the participants function (Roos, 2012). This unique method provides the researcher with visually constructed objects and represents the participants' intra- and interpersonal relationships with their community, society, and sociocultural context (Roos, 2008). Using the Mmogo method as a data generation technique in this study allowed me to gain insight into how the participants assigned explicit and implicit social meanings to the phenomenon of mother–daughter relationships (see Roos, 2008; Roos & Ferreira, 2008).

9

1.5.6 Mother–daughter relationship

Relationships are personal and interpersonal experiences that bring people together (Clarke et al., 2010). According to Baumeister and Bushman (2011), one can differentiate between two different types of relationships. Firstly, exchange relationships are mutual and just – people do things for one another in exchange for a benefit. Secondly, communal relationships are based on mutual love and concern for the other person. In this relationship, people do things for one another without expecting anything in return. Informal interaction, such as get-togethers, and frequent communication help to build the relationship between a mother and her daughter (Lefkowitz & Fingerman, 2003). For the purpose of this inquiry, the term "mother–daughter relationship", therefore, refers to the bond and interaction that exist between a mother and her daughter throughout their lifetime.

1.5.7 Motherhood

According to Chase and Rogers (2001), mothers are the primary caretakers of their children. *Motherhood* takes on two dimensions, namely the public dimension and the personal dimension (Chase & Rogers, 2001). The public dimension of motherhood involves policymakers, advice givers, healthcare professionals, educators, and childcare workers. The personal dimension refers to the mother's act of raising her children. For the purpose of this study, the term "motherhood" refers to the state of being a mother, which involves taking care of her children.

The abovementioned concepts guided me throughout the study in order to gain an in-depth perspective of the dynamics of the conflicted mother–daughter relationship. In the next section, past and current research on the parent–child relationship is reviewed.

1.6 Preliminary literature review

Mother–daughter relationships are known for their closeness and emotional involvement; yet several studies have shown that mother–daughter relationships are confronted with multiple adversities, conflict, and disagreement. In other words, it is not uncommon for relationships to have episodes of chronic conflict, because conflict serves the purpose of change and growth taking place over time (Mize et al., 1997);

however, there is a thin line between what is regarded as constructive and what is damaging.

Seminal work done by Fingerman (1995, 1998, 2002) on mother–daughter relationships has revealed that conflicted behaviour can be divided into one of three categories, namely constructive, destructive, and avoidant behaviour. In terms of conflict resolution, constructive approaches include communicating one's intentions to improve the relationship and showing loyalty by hoping that the situation will get better. Destructive relationships are characterised by one individual neglecting the other by withdrawing contact and mistreating the other on purpose or leaving the relationship entirely. Avoidant behaviour includes efforts to find a way around the conflict situation by avoiding talking about it. Daughters tend to use avoidant behaviour when they are upset with their mothers, while the mother is unaware of her daughter's feelings because she does not express herself but intentionally hides her adverse feelings (Fingerman, 1995; Lefkowitz & Fingerman, 2003).

Considering conflict resolution and categories for describing a relationship, it is imperative to view relationship dynamics from a developmental point of view, called "periods of transition". According to Clark-Lempers et al. (1991) and Allison and Schultz (2004), the conflict between parents and children is at its highest during the early adolescent phase, while it is at its lowest during the late adolescent phase. Throughout the early adolescent phase, multiple periods of transition are evident as the young adolescent develops his or her identity and pleads respect for voicing his or her thinking and opinions (Branje, 2008). During this period, the relationship will be interrupted, and conflict dynamics will be characterised by "standoffs, compliance and power assertions" (Branje, 2008, p. 1630). As daughters become older, they prefer spending more time with others (peers) than with their parents (Brown, 2004). In addition, they explore a range of different life directions in terms of romantic relationships, careers, and views about the world (Arnett, 2000).

Another interesting factor underlying the origin of disagreement is gender (Jaramillo-Sierra et al., 2016). Allison and Schultz (2004) observed that the traditional male and female gender roles were found to be a transformative factor in the dynamics between mother–daughter disagreements, as parents have more domiciliary expectations of their daughters than of their sons. These expectations can lead to

the daughter being passive about her role in the household, as daughters are socialised to accept an inferior role to boys in the same family unit (Van der Hoven, 1988). Disagreements that come about due to external factors are described by Usita and Du Bois (2005) as unwanted advice from the mother and meddling in the life of the daughter, the mother and daughter failing to live up to each other's expectations, and, lastly, daughters' independence of their mothers. Some parents see their children as their legacy and tend to maximise their similarities, and some are living out their unachieved aspirations through their children (Fingerman, 1995). Meanwhile children, during adolescence, aim to make their own mark on the world by highlighting the differences between themselves and their parents and minimising the similarities they may have (Fingerman, 1995). Complicated and insecure mother–daughter relationships make it more difficult for the daughter to separate from her mother and express and develop her own identity (Nagy & Spark, 1973).

Transitions throughout the course of life bring about various stressors in the mother–daughter relationship. The period in their lives when mothers are in their midlife and daughters are in adulthood is characterised by a plethora of contributors that have an impact on their relationship (Bojczyk et al., 2011), for example the separation of mother and daughter when the family unit is confronted with divorce or unemployment and requires continuous separation in terms of housing (Smith et al., 1998; Usita & Du Bois, 2005). Women, and thus mothers, in their midlife are confronted with new adult experiences that require decisions about employment, marriage, and parenthood (Bojczyk et al., 2011). In South Africa, female adults (mothers) are also potentially faced with additional burdens of poverty, unemployment, family violence, or abuse within the household. One result of adverse circumstances for girls is unplanned teenage pregnancy.

According to the World Health Organisation (2020), approximately 12 million girls, aged 15 to 19 years, in developing regions give birth each year. The birth of a baby is a big occasion in any household, but the early transition of roles may result in mixed emotions, especially for a young grandmother who had different aspirations for her daughter (Brown et al., 2008). Adolescent girls who become pregnant are more likely to drop out of school due to the demands of the baby at home (World Health Organisation, 2020). The conflict between the mother and her daughter increases, as the young mother is taxed with aspects such as finances, schooling,

social judgement, and rejection (Brown et al., 2008). Consequently, unplanned pregnancies have a lasting effect on the entire family system. Not only does the young mother have to make a quick transition into adult- and motherhood, but the grandmother is obliged to adopt and fulfil an unplanned role in the now extended family unit (Brown et al., 2008).

Women are socialised to maintain close relationships with other family members and invest in relationships within the larger family (Lefkowitz & Fingerman, 2003). They do this by planning family gatherings and encouraging the rest of the family to attend. Conflict and any other tension between the mother and daughter will have an impact on the functioning of the larger family as well (Fingerman, 1998). During late childhood and early adulthood, girls have larger social networks to rely on, resulting in their being more selective of their sources of support during stressful times (Gaylord-Harden et al., 2013). These sources may include other family members to help lessen the tension between the mother and daughter and to work through the conflict (Usita & Du Bois, 2005). The bonding with other family members can place mother–daughter relationships under more pressure if it is perceived as threatening, disloyal, or intrusive. Due to their loyalty to other family members, mothers and daughters who have a conflicted relationship often struggle to see themselves as two separate individuals (Thompson & Walker, 1987).

As mentioned before, the expectancies of daughters include performing household duties, dressing suitably, and being compliant and agreeable at home. A daughter will feel valued and worthy of being part of the mother–daughter dyad when she receives positive influence, healthy perceptions, and support from her mother (Whalen et al., 2014). Such a relationship will seek daily interaction and an intentional decision to maximise the enjoyment that they share and not respond negatively with negativity (Lefkowitz & Fingerman, 2003).

It is also important to note that nowadays, parents and their adolescent children have different expectations of the responsibilities and obligations within the family unit. The literature shows that conflict and disagreements in all mother–daughter relationships are different according to their cultural background; therefore, it is possible that the nature of their interactions and disagreements may also vary (Lefkowitz & Fingerman, 2003). Across different cultures, there are specific culturally

defined duties that children are supposed to carry out within the household, which can serve as a source of disagreement (Phinney & Ong, 2002). In some Western cultures and contexts, parents limit their daughters' freedom to go to some places on their own, and they may also decide how their daughters should spend their free time (Allison & Schultz, 2004). In a Western context, conflict within the household is seen as normal, whereas some non-Western cultures place emphasis on the interdependence of the family and tend to avoid conflict with family members (Phinney & Ong, 2002). Within these non-Western families, the importance of respect for elders, obedience to authority, and family harmony is stressed. Thus, disagreement within the family is seen as unacceptable. The intensity and frequency of conflict and disagreements in mother–daughter relationships may, therefore, vary, as mothers and daughters are exposed to a variety of conflict resolution behaviours.

One of the obligations that fall upon the adult daughter – not the son – in African cultures is taking care of her elderly mother. It is expected of these daughters to fulfil their household and caregiving duties while balancing their family life with a full-time job. The dynamics of the mother–daughter relationship are further confronted when the roles change when the daughter has to care for her mother (Pickering et al., 2015). As parents age and become more dependent on their daughters, decisions will be solely made by the adult daughter, as the need for personal care rises (Pecchioni & Nussbaum, 2000). In a study of black mothers and daughters, Bower et al. (2020) found that adult daughters' emotional health declined due to the mounting stress of caring for their ageing mothers. These adult daughters revealed that they received support and assistance from male family members, but because they were female, it was taken for granted that they were responsible for caregiving tasks, such as bathing their mothers, cooking food, and taking them shopping (Bower et al., 2020).

Another interesting dynamic studied by Jaramillo-Sierra et al. (2016) is daughters' anger towards their mothers and fathers. They observed that young women were more hesitant to express their anger towards their fathers, as their (fathers') reaction was unpredictable. Fathers practise power within the father–daughter relationship to such an extent that daughters are discouraged to express their disagreements through anger. On the other hand, when a daughter rarely expresses anger towards her mother, it may be because of a conflicted or inferior view of her mother's

14

influence and position within the family unit. A possible reason for not expressing her anger towards her mother can be her resignation in her mother's capability to empathise and see her point of view or out of protection, as she is perceived as delicate and frail and there is a possibility that she could be hurt by her daughter's anger. These findings indicate that daughters accept their feelings of anger and submit to silence towards their father and either distance from or act upon their anger towards their mother. Mothers and daughters tend to interact in dyads (pairs of two individuals), while sons will interact in larger groups by involving more family members (Lefkowitz & Fingerman, 2003).

When a mother and daughter experience unresolved issues, they may contribute to continuous conflict situations where unresolved feelings and opinions reappear (Smith et al., 1998). If the relationship with the parent is already strained, the daughter will be less than eager to communicate any information with her parents, giving rise to more conflict situations (Barker et al., 2007). During any conflict situation, an individual's perception of his or her own behaviour may play an important role in understanding what is being communicated. Not only must the content of the disagreement be considered, but also the medium through which the daughter is trying to communicate (Fingerman, 1995). Mothers and daughters must be provided with the opportunity to express and communicate their feelings, emotions, and experiences. My research inquiry provides an opportunity to identify factors contributing to conflicting relationships and how these influence the development and wellbeing of children. To frame my understanding of this phenomenon, a specific theoretical framework was identified.

1.7 Theoretical framework

The selected theoretical framework provides a researcher with a platform from where the research inquiry is planned, based on existing ideas within the chosen field of research (Hartell & Bosman, 2016). It further provides a paradigm of existing knowledge that the researcher can use to interpret and compare the findings of the inquiry to, in order to address gaps, contradictions, and new insights within the research (Ferreira, 2012). The framework serves as a purpose for providing the researcher with participants who will be included and excluded in the inquiry and

describing what relationships are present in the inquiry, thus providing the researcher with subjective constructs (Nieuwenhuis, 2016c).

1.7.1 Applicable theories

In the process of deciding which theoretical framework to use for this inquiry, I conducted a thorough investigation of possible theories applicable to the relationships between mothers and their daughters. For this inquiry, theories on adversity and developmental theories were considered.

Theories related to adversity mainly focus on young children's early years of development and their immediate environment, as well as how these influence aspects of their physical, social, and emotional development. Other adversity theories are primarily concerned with conflict in groups, adverse circumstances that have played a significant role in individuals' lives, and the growth following adversity (Hicks et al., 2009).

The grand theories in developmental psychology, such as Erikson's theory of psychosocial development, Kohlberg's theory of moral development, Freud's psychoanalysis theory, Piaget's theory of cognitive development, Cicchetti's theory of developmental psychopathology, and Nagin's developmental trajectory, were also considered for inclusion. Theories on developmental psychology are concerned with the development of the young child over the course of his or her lifespan, in areas such as social and emotional development, play, learning, memory, understanding, language, literacy, and executive functioning (Whitebread et al., 2019). Developmental psychology is a good source of knowledge and provides insight for early childhood educators to enhance the effectiveness of their work (Whitebread et al., 2019).

Having investigated various theories, I decided to use Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress to better explain and understand the dynamics of the mother–daughter relationship. This model takes the unique context of each family into account, as this context influences all aspects of stress and coping resources that are available to the family, including events or situations that are viewed as stressors (Dollahite, 1991). This theory is discussed in further detail in the next subsection.

16

1.7.2 ABCD-XYZ resource management model of crisis or stress

Seminal work on family stress has been done by researchers such as Hill (1958) and has lain the foundation for research on stress within the family context. However, the ABCD-XYZ resource management model of crisis or stress (Dollahite, 1991) has been chosen as more relevant for this inquiry.

According to Boss (2002), family stress is a process of family change, rather than a single event or situation that occurs inside the family. Family stress can also be defined as "a disturbance in the steady state of the family" (Boss et al., 2016, p. 2). The family stress process contains a series of actions by the family members to uphold stability within the household (Malia, 2006). The change within the family context is complicated because, in addition to the changes that the group has to work through, each individual member of the family has his or her own matters to deal with (Malia, 2006). The family encounters stressors, which can be positive or negative and have the consequence of bringing forth change within the family (Malia, 2006).

Boss (1987) built the adapted contextual model of family stress on the foundation of Hill's (1958) ABC-X family stress model, where each alphabet letter represents a factor contributing to the family stress or crisis. This model proposed that four elements must be considered when studying family crises: the stressor event (A); the resources (B); the definition of the event (C); and the crisis (X). However, I decided to rather use the ABCD-XYZ resource management model of crisis or stress (Dollahite, 1991). This model is applicable to individuals in a family context, as well as families. Dollahite (1991) extended the ABC-X model by adding three components that are represented by alphabet letters: demands posed by the stressor (D); decisions on cognitive coping and management resources (Y); and the individual's response to the cognitive coping and management decisions made (Z). This model is, therefore, more suitable for this study, as it would allow me to identify the actual and perceived demands that are placed on participants because of the stressor, and their choice of coping and management resources. Lastly, the model would display how the participants acted on coping and management decisions that were made. The model is shown in Figure 1.1 below and discussed thereafter.
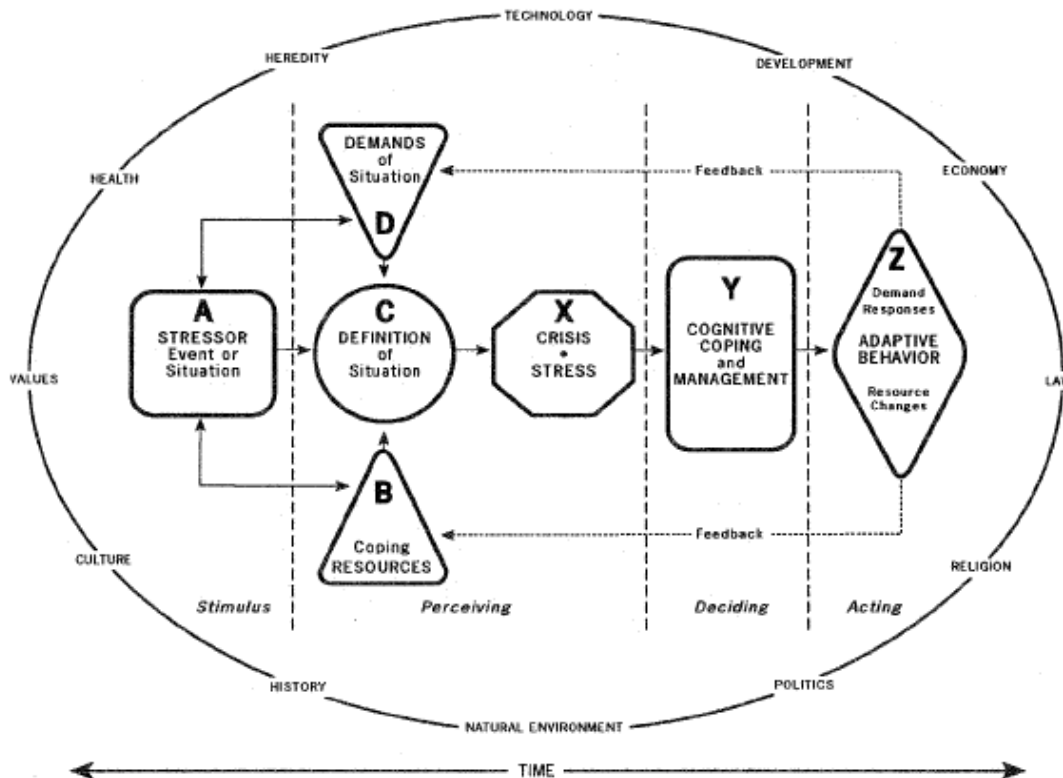
Figure 1.1: ABCD-XYZ resource management model of crisis or stress (adapted from Dollahite, 1991, p. 365)

Context is central to the ABCD-XYZ resource management model of crisis or stress and places individuals and families within their historical, economic, technological, cultural, legal, political, religious, and natural environmental contexts (Dollahite, 1991). Other important contexts of the individual or family are included as well, such as health (mental and physical), values (beliefs), heredity, and development (stage of life cycle). The mother and daughter participants in this study came from different backgrounds, where unique household circumstances had implications for their relationships. This model, therefore, allowed me to consider the structure, cultural beliefs, and attitudes that are represented by each family in this study.

The A-factor represents the stressor event or situation that forces a response from the family or individual. The stressor both influences and is influenced by the resources for coping and the demands of the stressful situation. The B-factor involves the individual or family perceiving how the resources for coping (B-factor) balance or compare with the demands that are faced (D-factor). This comparison is necessary, as it influences the individual's definition of the situation (C-factor), which,

18

in turn, influences the perceived presence of the crisis or the degree of stress (X-factor) (Dollahite, 1991). Resources may include individual, family, and community strengths that are available to the family during the stressful event (Boss et al., 2016). The C-factor is the individual's or family's own interpretation of the stressor. Their definition of the stressor is affected by their perception of their coping resources and the demands that are faced because of the stressor. The D-factor refers to the interaction between actual and perceived demands that are placed on the individual or family as a result of the stressor. Demands may refer to external demands that are placed on individuals or families by their environment (e.g. the need to pay bills) and internal demands placed on individuals or families by themselves (e.g. goals, desires, and hopes for the future) (Dollahite, 1991).

The X-factor represents the crisis or stressful event within the individual's or family's life that affects the functionality of the individual or family. According to Boss (1987), a crisis is a severe, acute change that immobilises the individual or family, and stress is pressure or change that may not result in a crisis. At the time of a crisis, individuals or family members are no longer able to function normally, as their physical and psychological actions are compromised (Boss et al., 2016). The Y-factor refers to the individual's or family's cognitive coping and management resources that are available. This is a crucial part of the stress management process, as this is the stage where individuals or families make decisions on how they will adapt to the stressor. Lastly, the Z-factor includes acting on the cognitive coping and management decisions that were made. The implementation of these refers to the adaptative behaviour of individuals or families (Dollahite, 1991).

The seven factors that were mentioned above cover four distinct phases within the model and are discussed in more detail in Section 2.7. The ABCD-XYZ resource management model of crisis or stress has been identified for this inquiry as the family is seen as a central aspect of the mother–daughter relationship. The theory assisted me in making provision for the different types of families. The dynamics of each mother–daughter relationship are different and have many aspects that contribute thereto, such as the religion and culture of each family, major life events, and their extended families. By studying the dynamics of each family and the aspects that cause stress within the family, I was able to identify features that caused disagreements and conflict in the mother–daughter relationship. By using a

retrospective lens to conduct the data analysis, I was able to identify factors throughout their lives that had contributed to the conflicted mother–daughter relationship.

1.8 Methodological paradigm

The methodological component of the meta-theoretical framework is discussed next in terms of how the dynamics of mother–daughter relationships that contribute to disagreements and conflict can be investigated. The alignment of the research mode of inquiry and design reflects the assumptions of the symbolic interactionist paradigm.

1.8.1 Symbolic interactionism

Lombard (2016) defines a paradigm as a collection of views about what reality entails. A paradigm, therefore, represents people's understanding of the world, which determines how they perceive or respond to any given situation (Lombard, 2016). Creswell (2014b) prefers to use the term "worldview" and states that each researcher has a different philosophical orientation he or she brings to the research.

Symbolic interactionism is a theoretical perspective that emphasises the role of symbols and interactions in shaping social reality (Carter & Fuller, 2015). As a research paradigm, symbolic interactionism involves a qualitative approach to data generation and analysis that guides researchers to understanding the meanings and interpretations that participants attach to their experiences (Denzin, 2004).

For me, as a researcher, this means that I must be attuned to the subjective experiences and perspectives of the participants I am studying. I need to observe and interpret social interactions and to understand the symbols and meanings that mothers and daughters use to communicate with one another (see Denzin, 2004). This requires a high level of sensitivity, empathy, and reflexivity, as well as a deep understanding of the cultural and social contexts in which my research is situated. This paradigm also requires that I generate rich and detailed data that capture the nuances and complexities of the social interactions and meanings of the participants, and to analyse these data in a way that generates insight into and an understanding

of the dynamics of mother–daughter relationships (see Carter & Fuller, 2015). Overall, conducting research from a symbolic interactionist perspective requires a commitment to understanding the social world from the perspective of the participants who inhabit it and to using qualitative research methods to capture and interpret the complex and dynamic nature of social interactions and meanings (Denzin, 2004).

1.8.2 Mode of inquiry: qualitative research

Qualitative research enables researchers to describe a phenomenon within a natural setting where interaction and processes of people's social life occur spontaneously (Nieuwenhuis, 2016b). Adopting a qualitative mode of inquiry means I am interested in "how humans arrange themselves and their settings and how inhabitants of these settings make sense of their surroundings through symbols, rituals, social structures and social roles" (Nieuwenhuis, 2016b, p. 53). I was naturally part of the research process in a contextual, conceptual, and methodological capacity (see Engelbrecht, 2016; Maree & Van der Westhuizen, 2009).

Conducting qualitative research required me to use words instead of numbers to analyse the generated data (see Polkinghorne, 2005 as cited in Nieuwenhuis, 2016b). While conducting the data generation[6] process, the inherent nature of this inquiry obliged me to interact with the existing body of knowledge on this topic and directly with the participants who had experienced this reality. Utilising qualitative data generation methods to inductively describe a social phenomenon as accurately as possible is required (Creswell, 2014b). This would ensure my understanding of the literature and my interpretation of the participants' descriptions and how their declarations reflected their intentions and reality (see Engelbrecht, 2016). It was, therefore, imperative to identify a mode of inquiry that would enable me to identify a reality that is described by literature and explained by theories in order to select the most suitable participants and research sites to generate data to analyse in order to

---

[6] The term "data collection" is replaced by "data generation" in qualitative research, emphasising that the researcher arranges situations that produce rich and meaningful data for further analysis. Data generation comprises activities such as searching for, focusing on, noting, selecting, extracting, and capturing data (Goldkuhl, 2019).

contribute to the existing body of scholarship (see Joubert, 2016; Rule & John, 2011).

1.8.3 Multiple case study with retrospective analysis

A case study is "a systematic and in-depth investigation of a particular instance in its context in order to generate knowledge" (Rule & John, 2011, p. 4). Adopting a case study design enables researchers to gain an in-depth understanding of a phenomenon within a real-world context or natural setting (Bromley, as cited in Nieuwenhuis, 2016c). Also, a case study enables researchers to investigate, describe, explain, and evaluate a phenomenon and compare the differences and similarities with other cases (Joubert, 2016; Nieuwenhuis, 2016c).

A multiple case study design has numerous advantages and can be used for various purposes. Four of these advantages are depth, flexibility, versatility, and manageability (Creswell, 2014a; Rule & John, 2011). This design allows for gaining access to any type of in-depth experience from a specific sample by utilising a variety of data generation methods. Because of the flexibility of this design, it can be used in conjunction with other research designs or analysis methods without compromising manageability in terms of time constraints and resources.

In light of the information provided in the previous paragraph, for this study, the multiple case study design was combined with retrospective analysis to deduce themes and categories and present them on a timeline. Retrospective studies involve collecting data about past events and are mainly used to observe and understand change by incorporating the dimension of time to identify the cause of observed changes in behaviour (De Vaus, 2006). Retrospective data are useful for providing sequences of significant events in a participant's life (De Vaus, 2006). The data analysis process is iterative because various phases of generation should be repeated to reach data saturation. Data saturation means that new information or understandings revealed by the participants about the phenomenon will not alter the analysis or interpretations (Creswell, 2014a; Engelbrecht, 2016). During the data analysis phase, I knew that I had reached data saturation once I noticed that no new information was discovered and that further data collection would yield similar results. The analysis and interpretation process is directly linked to the meta-

theoretical framework and the acknowledgement that the researcher's own view is part of the interpretations to present the findings (Creswell, 2014a).

For this inquiry, thematic analysis was selected, with a retrospective spin-off. The seven cases were studied, and the themes that emerged from the data, by using inductive reasoning, were grouped together to form a category (see Engelbrecht, 2016; Lombard, 2016) that reflected the diverse components of the phenomenon at different points in time. Deductive reasoning, with *a priori* categories from the theoretical framework, was used to organise and describe my understanding and reasoning that were independent of the data generation strategies. Thus, the theoretical framework also helped me deduce connections and patterns through reason alone. The entire methodological process is depicted below in Figure 1.2.
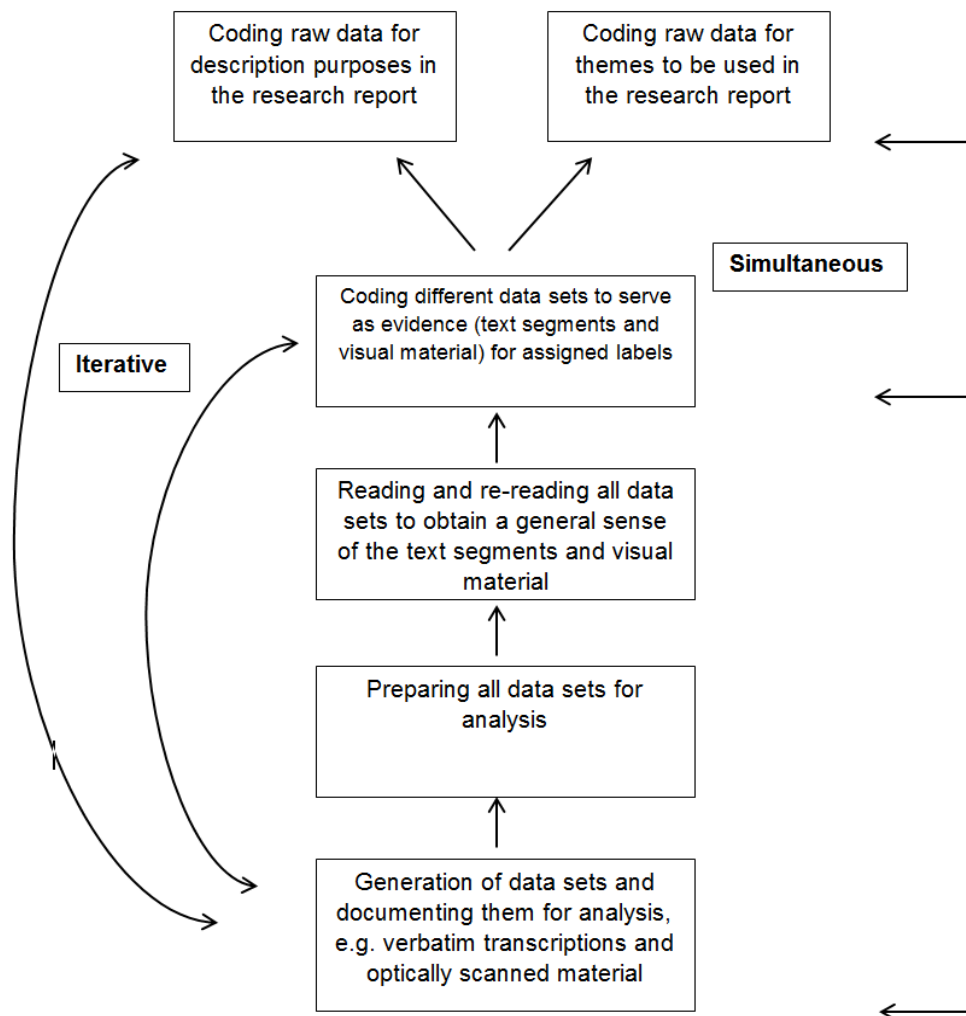
Figure 1.2: Qualitative process of retrospective data analysis (adapted from Creswell, 2014a, p. 261)

The generation of data sets (semi-structured interviews, observations, life mapping, and visual items) requires the planning, organisation, and preparation of the raw data for analysis. All data sets must be transcribed verbatim or visually depicted to ensure they reflect the participants' exact expressions. Each data set should be read and re-read to obtain an overall feel and meaning of the raw data before attempting to code the data. The data sets are intellectually grouped into meaningful units and descriptive themes by using deductive reasoning skills, which are guided by the theoretical framework (Nieuwenhuis, 2016a). Utilising deductive stances of the data sets allowed me to align the raw data with each factor within the theoretical framework (refer to Table 4.3). This allowed me not only to understand and interpret each participant's unique reality in detail but also to detect any inconsistencies with new trends that emerged. The mentioned phases are iterative, as the researcher should go back and forth between the data sets to promote deeper understanding and ensure data saturation (Creswell, 2014a).

1.9   Participant selection

According to Nieuwenhuis (2016c), the number of participants that are selected depends on the research questions, the research design, and the researcher's experience and skills in conducting research. The sampling of participants refers to the population on which the research will focus (Cohen et al., 2007). For this inquiry, purposive sampling was used to identify and select the participants.

Utilising a non-probability purposive sampling strategy means that the researcher can justify why specific participants are identified based on specific characteristics and biographical data to construct a sample that suits the needs of the research inquiry (Cohen et al., 2007). Researchers of multiple case studies are not interested in the representativeness of the sample, but rather in participants who can offer relevant knowledge to provide an in-depth and trustworthy account of the phenomenon (Rule & John, 2011).

Furthermore, I made use of the *snowball sampling technique*. Strydom (2021) states that this technique requires the researcher to approach an individual who can provide rich data with regard to the phenomenon under investigation. This individual

is then requested to refer the researcher to other individuals with similar experiences (Grinnell & Unrau, 2014).

The inclusion criteria stipulated the identification of seven mother–daughter pairs or until data saturation was reached. In total, there were 14 participants in seven groups. The inclusion criteria that were used to select the participants are listed below in Table 1.1.

Table 1.1: Criteria for selection of participants

Participants	Reason for selection
Seven mother–daughter pairs, or until data saturation is reached	Diverse races need to be included in the sample in order to represent the multicultural South African context
All the mother–daughter pairs need to be situated within the Pretoria region	The researcher lives in the Pretoria region
Seven cases of participants who are experiencing or have experienced a conflicted relationship based on: • intensity and quantity of conflict and disagreements; and • exposure to or the experience of trauma	• Previous research was mostly done in the United States of America and Europe • There is a lack of research on conflicted mother–daughter relationships against the backdrop of childhood adversities within the South African context
Biographical and demographical details of the mother: • 45 years or older • Different or the same residential address as that of her daughter • Fluent in English or Afrikaans • Literate in English or Afrikaans	• Mothers in adulthood • Results and findings may be different when mothers and daughters live alone or together • Literacy – the researcher is fluent in English and Afrikaans
Biographical and demographical details of the daughter: • 17 years or older • Different or the same residential address as that of her mother • Fluent in English or Afrikaans • Literate in English or Afrikaans	• Adolescent or adult daughters • Results and findings may be different when mothers and daughters live alone or together • Literacy – the researcher is fluent in English and Afrikaans

1.10   Data generation strategies

In a qualitative research process, the researcher is the primary instrument through which different data sets are generated (Engelbrecht, 2016). The researcher spends a lot of time in the research environment to generate data (Creswell, 2014a) and to

raise the quality of the case study. Yin (2014) suggests that the researcher use multiple strategies and resources to generate data and develop a dependable data-capturing platform for all generated evidence with a reliable audit trail.

During the data generation phase, four different data generation strategies were used, namely semi-structured interviews, observations, life mapping, and the Mmogo method (see Addenda A-D). The data generation strategies were constructed according to the SMART principles (**s**pecific, **m**easurable, **a**ttainable, **r**ealistic, and **t**imeous) and are set out below in Table 1.2.

Table 1.2: Data generation strategies aligned with the SMART principles

Data generation method
Semi-structured interviews: **S** – Separate interviews with mothers and daughters, and in the end, a joint interview with the mother and daughter **M** – Participants answer interview questions (refer to Addendum A) **A** – Answers will shed light on the dynamics of their relationship **R** – Interview questions will be posed in order to assist in answering research questions and will be transcribed after the data generation has taken place **T** – The researcher will be realistic, considering the time available for data generation and the transcription of interviews
Observations: **S** – Observe interaction between mothers and daughters, as well as their emotions and facial expressions **M** – Observation checklist will be used (refer to Addendum B) **A** – Conducted during the joint semi-structured interview and by using the Mmogo method **R** – The checklist will provide valuable information for data analysis **T** – Observations will be made during the joint semi-structured interview and by using the Mmogo method and transcribed after the data generation
Life mapping: **S** – Participants map their life story on a chronological timeline (refer to Addendum D) **M** – The researcher gets a visual map of the participants' lifespan

Data generation method
A – Major life events and change throughout the participants' lives are documented **R** – The life map can be used in conjunction with other data generation techniques **T** – This visual activity will not be time-bound
Mmogo method: **S** – Visual objects are made by answering an open-ended question, using unstructured materials (refer to Addendum C) **M** – Participants convey the meaning they assign to the object **A** – The researcher is provided with rich visual, observational, and textual data **R** – Participants receive only one prompt to which they should respond **T** – Participants complete the object in the time provided and explain the meaning assigned to the researcher

1.10.1 Semi-structured interviews

Interviews usually refer to one-on-one discussions between a researcher and a participant (Rule & John, 2011), where one person is seeking information and the other provides information (Cohen et al., 2007). The main purpose of conducting interviews is to establish rapport, gain insight into the participants' perceptions and definitions of specific situations, and determine their construction of reality (Engelbrecht, 2016). According to Creswell (2014b), interviews allow a researcher to gain biographical and historical information from participants, while also allowing him or her to have control over the line of questioning.

Semi-structured interviews involve a set of predetermined questions that will initiate the discussion between the researcher and the participant, but throughout the interview, further questions may arise as the discussion progresses (Rule & John, 2011). During the interview, the participant may get distracted, but the researcher is there to guide the participant back to the focus of the interview (Nieuwenhuis, 2016c). An advantage of using semi-structured interviews is that the interview is flexible; the researcher can adapt the interview questions as the discussion evolves, being careful not to deviate too far from the focus of the inquiry (Engelbrecht, 2016).

Three semi-structured interviews were conducted with each of the seven mother–daughter pairs (refer to Addendum A). The first semi-structured interview was conducted with the mother alone; the second one was conducted with the daughter on her own; and the third interview was done with the mother and the daughter together. During the joint mother–daughter interview, I needed to gain an in-depth perspective of the dynamics of their relationship. By only doing separate interviews with the mother and daughter, I would have been unable to gain insight into both of their perceptions of the relationship. The participants were given the option to complete the interview online, where I would send the interview questions to them via e-mail. Thus, 21 semi-structured interviews in total were conducted with the seven mother–daughter pairs.

1.10.2 Observations

Observation is "the process of gathering open-ended, first-hand information by observing people and places at a research site" (Creswell, 2014a, p. 235). The purpose of observations is to observe and describe behaviour within a natural setting (Engelbrecht, 2016), allowing the researcher to hear, see, and experience reality as the participant perceives it (Nieuwenhuis, 2016c). At the same time, the information can be documented exactly as it occurs in the setting, and the participants' behaviour can be studied (Creswell, 2014b).

Observations can be divided into two categories – formal and informal observations (Yin, 2014). During formal observations, a case study researcher may record a particular type of occurrence within a specific period, while informal observations may refer to observations made during an interview. The researcher should determine in advance what he or she wants to observe and then conduct multiple observations over time to obtain the best information from the research site and the participants (Creswell, 2014a). Although observations are used in many qualitative studies, they have some limitations. The researcher needs to be aware of how his or her presence may influence the participants' behaviour and responses (Rule & John, 2011). Also, researchers should be objective in recording their observations (Nieuwenhuis, 2016c).

28

For this inquiry, an observation checklist was used (refer to Addendum B). The observation checklist was compiled in advance to determine what I should observe and document during the interviews. The checklist consisted of the following categories that would enable me to reflect on the data generation process:

- Participants' interaction with each other during the interviews and the construction of the visual object (Mmogo method)
- The emotions they express during the semi-structured interviews
- Facial expressions and body language used by the participants
- The use of language and the ability to express themselves

1.10.3 Life mapping

According to Powell (2010), maps have a history of being used for representing physical landscapes, as well as an individual's social, personal, and psychological connections to a place. Life maps are drawn on a horizontal line, starting with the individual's date of birth on the left side and ending with the current date on the right side of the line (Brott, 2005). Details of the individual's life are then added to the timeline (Brott, 2005). Life maps are used to visually illustrate the life course of individuals, which includes their life stories and their periods of transition, such as important events, people, and places (Worth, 2011). A life map is individualised (Melton, 1990) and chronological, which means that details are arranged by the participant according to how the mentioned events happened in time (Worth, 2011).

Chope and Consoli (2007) note that when difficulties are experienced in life, life mapping allows individuals to identify the length of time that something in their life has been bothering them and to look at the impact that the situation has had on several aspects of their life. In a study where Worth (2011) used the life-mapping method to explore transitions to adulthood with visually impaired young people, she found that the life maps of the participants could be used to add detail to the interviews that she had conducted with them. She notes that one participant omitted a stressful life event in the interview because the story was too difficult to talk about. However, the participant was able to add it to the life map.

Life maps align well with creative visual research methods (e.g. the Mmogo method), as participants are given the chance to tell their own life stories and communicate to

the researcher what is "unsayable" or difficult to form into a story (Gauntlett, as cited in Worth, 2011, p. 408). Therefore, life maps were used to map out each participant's life story in chronological order on a timeline to represent major life events for further reflection (refer to Addendum D). I used the life maps and compared them to the semi-structured interviews to see whether the participant had omitted some aspects. These life maps could contribute to identifying the aspects that had contributed to the origin of the conflict and disagreements within the mother–daughter relationship.

1.10.4 Mmogo method

The term "Mmogo" originates from the Setswana language and refers to interpersonal relatedness, co-ownership, people being together, and interpersonal themes (Roos, 2012). The Mmogo method is a visual-projective data generation method where neutral media, such as beads, clay, and straws, are used and constructed to serve as visual data (Roos, 2012). Using the Mmogo method, the researcher instructs the participants to use unstructured materials to answer an open-ended question. By constructing the item, the participants convey their emotions and experiences (Roos, 2012). By using this method, the researcher collaborates with the participants to gain insight into social issues from the participants' points of view (Roos, 2008). The participants are able to access their feelings, perceptions, and attitudes by constructing objects with the materials (Roos, 2016). They are allowed to work separately or together to construct meaning in their visual representation (Roos, 2008), depending on the nature of the inquiry.

After the construction of the object, each participant explains his or her visual representation to the group, thereby adding to the group discussion. Photographs are taken of the visual representation. The other group members are also allowed to contribute to discussing the phenomenon under investigation. This means that anonymity can be ensured only partially. Through the process of utilising the Mmogo method, the researcher is provided with rich visual, observational, and textual data (Cherrington, 2016; Roos, 2016).

An open-ended question was posed to each mother–daughter pair (refer to Addendum C), after which they constructed a visual item in response to the question. The visual presentation was photographed and used as visual data. The participant

then reflected on the item she had made and stated the meanings she attached to the object. I posed questions that followed the participant's explanations. This information was recorded by using an audio recorder. Then the data were transcribed verbatim and used in the data analysis phase. The participant's visual object became the central point of the group discussion. Due to the sensitivity of the research topic, the participants were offered the opportunity to talk to a trained psychologist if the need arose (refer to Addendum I). The psychologist was used as a reference only, and only the participant's name would be available. If a participant preferred to book a session with her own psychologist, she could do so. During the construction of the visual object, the research assistant and I recorded observational data by observing how the participants interacted with each other, the manner in which they constructed their objects, and the emotions they were experiencing throughout the process.

Before the data generation took place, I had to undergo training to learn how procedures within the Mmogo method were completed. During the data generation phase, two people were present – I, as the researcher, and a research assistant who assisted me. The main responsibilities of the assistant were to assist me with the general set-up of the research site, make sure that each participant had a name tag, ensure that all the participants signed the letter of informed consent (refer to Addenda E & F), and assist with the preparation of refreshments. Furthermore, the assistant took photographs of the participants while they were constructing the visual object, assisted with the audio recorder, and wrote down observations that were made during the day. Lastly, the assistant helped the participants and me to debrief once the data generation was finished. The research assistant had to submit her *curriculum vitae* in order to ensure that she had received sufficient training for the Mmogo method. The research assistant signed a letter of consent where she agreed to adhere to particular criteria (refer to Addendum G). When the data analysis was conducted (refer to Section 1.8.3), all transcribed data were coded by me and an external researcher to avoid the projection of data.

1.11 Quality criteria

The concept of trustworthiness promotes thoroughness and transparency within a qualitative inquiry (Rule & John, 2011). In this inquiry, trustworthiness was achieved

by using multiple data generation methods, as suggested by Maree and Van der Westhuizen (2009). Guba (in Babbie & Mouton, 2001) suggests that when researchers aim to provide a trustworthy inquiry, the following four criteria should be used: credibility, transferability, confirmability, and dependability.

1.11.1 Credibility

A researcher can ensure the credibility of any inquiry by conducting the research as thoroughly, openly, and honestly as possible (Joubert, 2016). Multiple measures can be utilised to ensure the credibility of a research inquiry, such as using well-established research methods and a research design and theoretical framework that are suitable for the inquiry (Nieuwenhuis, 2016a). Furthermore, the credibility of an inquiry can be enhanced by frequent communication between the researcher and the participants, reflecting on the research process, and member checking (Nieuwenhuis, 2016a). Member checking is the process where the researcher asks one or more participants to check the accuracy of the findings (Creswell, 2014b). Only a small number of participants had access to the Internet; therefore, I provided a few participants with hard copies of the transcribed data. I also made use of telephonic interviews with each participant to member-check (verify) factual information from the raw data (refer to Section 4.2).

1.11.2 Transferability

Rule and John (2011) state that case study researchers understand the phenomenon being studied within its specific context. When the researcher provides thick descriptions of the case, the context of the case, and the research design (Nieuwenhuis, 2016a), the reader is able to judge whether the findings of one inquiry can be applied to another inquiry (Joubert, 2016). The theoretical framework of this study assisted me in analysing each case according to the four different phases within the model (refer to Section 2.7.). The life events of each participant were aligned with the seven different factors within the framework (refer to Tables 4.3 & 4.4).

1.11.3 Confirmability

Confirmability within the research inquiry is closely linked to the transferability of the inquiry (Joubert, 2016). According to Nieuwenhuis (2016a), a researcher develops a relationship with the participants while collecting the data, after which the researcher's bias becomes apparent. To increase the confirmability of an inquiry, researchers need to reduce their bias within the inquiry by admitting their own convictions (Nieuwenhuis, 2016a). Throughout this research inquiry, I was in constant conversation with my supervisor to discuss my perspectives and possible bias and assumptions.

1.11.4 Dependability

The dependability of any research inquiry is shown by the research design and how it was implemented, how the researcher generated the data, and the way in which the researcher reflected on the data (Nieuwenhuis, 2016a). The dependability of the inquiry is shown when the researcher allows the reader to see the raw data and uses member checking to verify transcribed data (see Section 1.11.1). Furthermore, the researcher should provide thick descriptions of the case and the context of the case (refer to Sections 4.3-4.9), while also being self-reflective about his or her role in the research process. All actions by the researcher must be documented to provide an audit trail that can be read by the reader (Joubert, 2016) (refer to Section 3.4).

1.12 Role of the researcher

Creswell (2014b) notes that all researchers need to discuss their role and position within the study, reflecting on their biases, values, and assumptions. In my role as the researcher, I entered into a collaborative partnership with the participants and established rapport by building an emotional relationship with them. I was responsible for preparing and structuring the data generation instruments, namely the semi-structured interviews, observation checklists, and life mapping. When the Mmogo method was used, I was assisted by a research assistant. In addition, I had to analyse the visual objects that had been made.

Throughout this inquiry, all the decisions I made are discussed to ensure transparency, including the choice of the research sites and the criteria that were

used to select the participants. During the course of the research, I needed to be self-reflective about my role within the inquiry and aware of how my own frame of reference, history, educational background, culture, and socioeconomic status influenced the research (see Creswell, 2014b).

Assumptions are beliefs within the scope of research that are necessary to conduct the research but cannot be proven (Simon & Goes, 2013). As a researcher, I constantly had to be aware of my own assumptions, taking into consideration that they might be incorrect or unfounded.

1.13 Ethical considerations

The credibility of any researcher's work is linked to his or her ethical principles (Du Plessis, 2016). Cohen et al. (2007) state that each stage of the research process raises different ethical issues, which may arise from the research project itself, the circumstances of the research project, the data generation and interpretation, the nature of the data collected, and, lastly, what the researcher will do with the data. In order to address these ethical principles, specific measures had to be adhered to, as outlined below.

1.13.1 Voluntary participation and informed consent

In research, informed consent requires that the researcher fully informs the participants about the nature of the research. Informed consent gives the participant the choice of whether to participate in the research after being given the facts about the inquiry and the freedom to withdraw at any stage once the research has begun (Cohen et al., 2007). Therefore, exposure to risk is undertaken with a participant's consent. The participants in this inquiry were, therefore, informed of the nature of the research. Consent was obtained after careful consideration from each participant by means of a written and signed letter.

1.13.2 Privacy and confidentiality

As all participants are vulnerable, the privacy of each participant must be taken into account. Privacy in research refers to the sensitivity of the information being given, the setting in which the participant is observed, and the distribution of the data that

have been collected (Cohen et al., 2007). Furthermore, participants' identities need to stay anonymous to protect them (Cohen et al., 2007). Lastly, the research has to ensure that the data are confidential. Although researchers know who their participants are and what information they have provided, they should not make it known who has provided the information.

During this inquiry, I made use of letters of the alphabet and numbers to represent the mother and daughter participants (refer to Section 3.4.2). For example, the letter "A" represents the first case. The number 1 represents the mother and the number 2 represents the daughter. Consequently, Participant A1 is the mother in the first case and Participant B2 is the daughter in the second case. In addition to the codes, names were assigned to each participant and is linked to the alphabet letter of their case; for example, Participant C1 is Clarise. In this way, the identity of each participant is protected, as no name is made known in the study.

1.13.3 Protection from deception and harm (beneficence and non-maleficence)

Deception occurs when participants are not fully informed about the nature and extent of the research being conducted (Stangor, 2011). In this study, the participants were thoroughly informed about the nature of the research, including the advantages and possible disadvantages of the inquiry. The participants were protected, and no harm was done to any of them. Due to the sensitive nature of the research topic, the participants were referred to a trained counsellor or psychologist (refer to Addendum I).

1.13.4 Role of the researcher and scope of practice (personal and professional standards)

Researchers must balance what they feel is right with what is classified as right according to professional standards (Center for Substance Abuse and Treatment, 2000). This research inquiry was conducted in line with the *Ethics and Research Statement* of the University of Pretoria.

1.13.5 Ethical recruitment of participants

Ethical clearance was obtained from the University of Pretoria, according to the guidelines given by the Research Ethics Committee. The participants were ethically recruited by using the purposive sampling technique, as explained in Section 1.9. The criteria that were used to select the participants were set out in Table 1.1. Seven mother–daughter pairs who had conflicted relationships volunteered to take part in the research, and complied with the inclusion criteria as set out in Table 1.1 were used as participants.

1.13.6 Principle of justice

The principle of justice refers to all participants being treated impartially and equally by the researcher (Center for Substance Abuse and Treatment, 2000). In this research inquiry, all the participants received the same treatment, and no participant was given an unfair advantage or special treatment.

1.13.7 Principle of autonomy

All participants should be allowed to make autonomous decisions, which are made intentionally and with a meaningful understanding of what they are agreeing to and should be given options and allowed to make voluntary choices (Entwistle et al., 2010). As mentioned in Section 1.13.1, the participants were fully informed about the nature of the research, and their informed consent was obtained. The participants were assured that they would be able to withdraw from the research inquiry at any time without any judgement.

1.13.8 Principle of fidelity

Fidelity requires the researcher to tell the truth at all times and to keep promises that were made between the researcher and the participant (Center for Substance Abuse and Treatment, 2000). Rapport is established between a researcher and a participant by building and maintaining an emotional connection throughout the course of the study. As has previously been mentioned, in this inquiry, the participants were informed about the nature of the research and how the data would

be generated. Possible advantages and disadvantages of the inquiry were discussed with the participants.

1.13.9 Intellectual property and secondary data

The sharing of data has become very important in many fields of research. Researchers should be very careful to protect each participant and follow the principles of justice, autonomy, and fidelity (Ochieng, 2009), as discussed previously. As the researcher, I shared the data for secondary analysis. However, I first ensured that all the participants were protected from any known elements, such as exploitation.

1.14   Anticipated limitations

Due to the small size of the sample, the results of this inquiry cannot be generalised to the broader population. In other words, the results are not representative of the whole community of mothers and daughters. I conducted all data generation strategies on my own; thus, it was labour-intensive and time-consuming. I only received assistance from a research assistant during the implementation of the Mmogo method. Thus, I was able to control the environment where the data generation took place, that is, the research site.

Specific assumptions are made about qualitative research. These were addressed by ensuring quality control, as set out in Section 1.11. As the researcher, I had multiple roles within this research inquiry (see Section 1.12). The quality of research always depends on the experience of the researcher (Anderson, 2010).

1.15   Proposed chapter outline

Chapter 1: Overview of the research inquiry

The first chapter provides an overview of the proposed inquiry. An introduction to the topic is given, together with the purpose of the inquiry and the rationale. Furthermore, I briefly discuss the theoretical framework that guided the inquiry. Lastly, the data generation and interpretation are explained.

Chapter 2: Literature review

The second chapter contains relevant literature on family adversities, disagreements, and conflict within the family and, especially, mother–daughter relationships. This literature provides the background on which the inquiry is based. It is followed by the theoretical framework that guided the rest of the inquiry.

Chapter 3: Research methodology

The methodological aspects of this inquiry will guide the reader as to the data generation and interpretation methods that were utilised. Quality criteria are discussed, as well as the ethical measures that were adhered to.

Chapter 4: Data presentation and analysis

In the fourth chapter, the collected data are used to provide an in-depth background of each mother and daughter. A summary of each conflicted mother–daughter relationship is provided. The chapter concludes with evidence of how the raw data, data generation methods, and identified themes and sub-themes are aligned with the theoretical framework.

Chapter 5: Research results and literature control

Chapter 5 contains a discussion of the link between the current literature on conflicted mother–daughter relationships and the findings of this study. The main themes and sub-themes that were identified allowed me to identify similarities and contradictions with current research.

Chapter 6: Summary, conclusions, and recommendations

In the final chapter of the inquiry, the results of the research are linked to the research questions posed in Chapter 1. The main research question and secondary research questions are answered by using the analysed data. The possible contributions of this inquiry are discussed, and recommendations for future research are provided.

1.16 Summary

The purpose of Chapter 1 was to provide a general overview of the layout of this study. Concepts that were relevant to the dynamics of the conflict in mother–daughter relationships were clarified. In the preliminary literature review, I discussed the importance of the different developmental stages that each mother–daughter relationship undergoes. Other important aspects that influence the conflict between mothers and daughters were also discussed.

In the following chapter, I discuss current and past literature related to mother–daughter relationships. I then take a closer look at the various aspects that influence the dynamics of conflicted mother–daughter relationships, especially in the unique South African context. The chapter is concluded with the theoretical framework that was chosen for the study.

Chapter 2: Literature review

2.1 Introduction to the chapter

The previous chapter provided an in-depth look at the aspects that form part of the dynamics of conflicted mother–daughter relationships. Furthermore, an overview was given of the general layout of the study, where I discussed the selection criteria for the different subsets of mother–daughter participants, the data generation, and the measures of quality control that were implemented.

As mentioned previously, there is a paucity of research relating to the dynamics of the mother–daughter relationship in the South African context, with specific reference to different subsets of ethnic groups (refer to Section 1.2). By retrospectively looking at their relationship from childhood to adolescence, mothers and daughters may gain insight into the complex dynamics of their relationship.

In Chapter 2, the focus is on discussing the literature relating to the mother–daughter dyad in the South African context, while also exploring adverse circumstances that influence this relationship. Next, the communicative strategies used by mothers and daughters are discussed. Furthermore, the family context of the mother–daughter relationship is examined. I highlight the transitional periods in the mother–daughter relationship and have an in-depth look at the reason for conflict and disagreements between mothers and daughters. I conclude the chapter by discussing the theoretical framework that guided this study. Each theme is discussed separately; however, some of the content related to the mother–daughter relationship may overlap.

2.2 The mother–daughter dyad

Throughout the literature, the mother–daughter relationship is described as one of the most emotionally intense, connected, and long-lasting relationships that any daughter will have throughout her life (Mesidor & Maru, 2015; Miller-Day, 2012; O'Neil & Case, 2012; Suitor & Pillemer, 2006). Most daughters will have their first, most compelling connection in life with their mothers; thus, they have a shared sense of femaleness and interdependence, which is unique compared to other close relationships in the family context (Mottram & Hortaçsu, 2005). Mothers and

daughters are, consequently, connected in many ways, both physically and emotionally (Shapiro, 2006).

Relationships between mothers and daughters account for a big part of their everyday lives (Korolczuk, 2010); therefore, the mother is central to her daughter's development (O'Neil & Case, 2012). One area of development where a mother plays a considerable role is the child's emotional regulation. The child is dependent on the caregiver from infancy throughout his or her childhood to co-regulate his or her emotions, which later shifts to the self-regulation of emotions (Hollenstein et al., 2017). This sense of intimacy that mothers feel with their daughters is unique and fosters mutual support within the dyad, where mother and daughter provide support to each other throughout the developmental stages of life (Mesidor & Maru, 2015) (discussed in further detail in Section 2.5.1).

The mother–daughter relationship experiences more emotional closeness and interdependence than any other intergenerational relationship (Fischer, 1981). Suitor and Pillemer (2006) argue that the strong bond between mothers and daughters can partly be attributed to shared gender experiences. These experiences can be described as a "oneness" with the other in aspects such as marriage, pregnancy, and childbirth (Shapiro, 2006, p. 93). As mothers and daughters grow older, this unique bond assists them in building relationships across generations within the family (Fingerman, 1998).

It is argued that mothers and daughters experience a more enduring bond compared to fathers and sons (Fingerman, 1998). The mother–daughter dyad bonds through shared gender experiences, but the bond can also be strengthened through more informal processes and interactions, for instance shopping (Gillison et al., 2015). Such an activity may present quality "girl-time", where the mother provides advice and listens to her daughter, thereby strengthening the bond between them (Gillison et al., 2015, p. 240, 241).

Experiences that are shared between mothers and their children at different developmental stages of the children's development may lead to differential rewards in the mothers' relationships with their daughters compared to sons (Suitor & Pillemer, 2006). In a study by Mitchell et al. (2009), adolescent daughters reported that they felt less close to their mothers compared to their male peers. These

daughters also reported that they had lower levels of communication and experienced less satisfaction in their relationships with their mothers during adolescence compared to sons. These results may be attributed to the individuation period during adolescence, when the daughter distances herself from her mother in defining her autonomy (Brouillard et al., 2019) (refer to Sections 2.2.3 & 2.5.1). Another explanation can be that daughters' standard of being close to their mothers is different in the mother–daughter relationship compared to the mother-son relationship (Mitchell, 2009).

The importance of the mother–daughter relationship is highlighted throughout the literature and is highly significant and different across cultures (Gilani, 1999; Rastogi, 2002; Rastogi & Wampler, 1999). Very little research is available on the dynamics of the *conflicted* mother–daughter relationship in the South African context. Miller-Day (2012) mentions that there is a dearth of literature relating to the relationships between mothers and daughters, as the literature mostly focuses on single dimensions of a complex phenomenon. She suggests that multiple roles, contexts, and dimensions of relationships must be studied, as the dynamics of the relationship are unique. A better understanding of the dynamics of conflicted mother–daughter relationships may also assist us in gaining an understanding of the relationships of women who differ in their level of power in the family, such as the role of the mother versus the role of the daughter (Korolczuk, 2010).

2.2.1 Motherhood in the South African context

The significance of motherhood is widely supported in the literature; however, certain unique factors must be considered when the topic of motherhood in South Africa is discussed (refer to Section 1.6). A significant number of mothers in South Africa are faced with adverse circumstances such as poverty, unique family structures, domestic violence, unemployment, high rates of crime, and teenage pregnancies. This is especially true for a country such as South Africa, where violence and crime are at the order of the day.

Parents play a significant role in their children's lives by creating a homely environment where the child feels loved, monitoring the child's development, accepting the child for who he or she is, maintaining a positive relationship, and

encouraging the child to achieve his or her goals (De Witt, 2016). During their child's lifetime, parents get to know more about the child's habits, characteristics, and likes and dislikes (De Witt, 2016). Parents have an important place in life (Onayli & Erdur-Baker, 2013), and a supportive relationship with their children may foster closeness between parents and their children (Sellers et al., 2011). However, this may not be the case for every child in South Africa. High rates of unemployment and the prevalence of HIV and Aids cause severe disruptions in many South African families. The disruption of family life through adverse circumstances, such as the death of a spouse, often results in women becoming the main breadwinner and caregiver within the household within the context of limited economic opportunities.

One of the situations that many South African parents are faced with on a daily basis is poverty. Poverty can be defined as the state where individuals or communities lack the financial resources or essentials to maintain a basic standard of living. Children who grow up in poverty are exposed to multiple stressors, adding strain to the parent–child relationship (McKenzie & Loebenstein, 2007). Poverty has a great impact on families and households (Gumede et al., 2017), and those who experience unemployment are more likely to have dysfunctional family environments (Holborn & Eddy, 2011). De Witt (2016) states that poverty is reproduced from generation to generation, which means that most children who grew up in poverty will likely grow up to be poor adults.

Unemployment is often the cause of poverty, which results in the inability of parents to provide food and shelter to their children (Department of Education, 1997). Poverty forces many parents to work in larger urban areas to obtain a better income. This often results in single-parent households, where mothers or grandmothers take the sole responsibility for the household and upbringing of the children (McKenzie & Loebenstein, 2007). Some of these children grow up in "skip-generation" households, where children are raised by their grandparents because of their parents' absence (Holborn & Eddy, 2011, p. 6). Many of these households financially depend on social grants from the government (De Witt, 2016).

Another societal issue in South Africa is pregnancy and childbearing among teenage girls. According to Statistics South Africa (2017), 16% of women aged 15 to 19 years have given birth to a child. At the time of the research, 12% of these girls had

already given birth, while 3% were still pregnant. Furthermore, the proportion of women aged 15 to 19 years who have had a child rises rapidly with age – from 4% at age 15 to 28% at age 19 (Statistics South Africa, 2017).

Young mothers are often still children themselves, and many of them lack the maturity and emotional and financial resources to be a parent (Brendtro et al., 2009). This is a crucial time in the adolescent's life, where issues of identity, autonomy, and independence are prevalent (refer to Section 2.5). Most teenage mothers are dependent on their families to support them with the newborn, relying on them for physical and financial support (Caldwell et al., 1998).

Even though a teenager's mother and family are her most consistent source of support during this time (being pregnant and having a baby), being dependent on them for so many resources can be a great source of conflict (Caldwell et al., 1998; Sellers et al., 2011). Conflict may exist between co-residing mothers, that is, the baby's grandmother and the pregnant teenage daughter who co-reside, as the quality of their relationship before the pregnancy needs to be taken into consideration. Thus, conflict may have begun even before the baby was born. The birth of the child may increase or decrease existing mother–daughter conflict, as young grandmothers are still raising children of their own (Sellers et al., 2011). Therefore, the conflict level of teenage mothers and their mothers is expected to increase compared to their non-parenting peers, due to the additional stress of raising a child during adolescence (Caldwell et al., 1998; Sellers et al., 2011). Interestingly, researchers have found that young black mothers reported more conflict with their mothers (the babies' grandmothers) about childrearing matters than white families did (Caldwell et al., 1998). The reason for this may be that black mothers still see the teenage mother as a child in the house, while white grandmothers indicated that they started treating their daughters as adults after they had given birth (Caldwell et al., 1998).

Continuous conflict between a teenage mother and her mother may place the daughter under much stress. One of the difficulties that these young mothers must face is their schooling. According to Statistics South Africa (2017), teenage mothers are more likely to experience adverse outcomes for their pregnancy and are more challenged in pursuing their educational opportunities compared to their peers who

delay childbearing. Most teenage mothers cannot provide for their children's needs and, consequently, rely on their mothers, families, and child support grants to support their children (Thobejane, 2015). Becoming pregnant at a young age disrupts the leap from education to employment (Bhana et al., 2010), causing some mothers to step into employment that offers them a meagre income at the end of the month (Thobejane, 2015).

As mentioned previously, a teenage mother's family is also placed under stress (refer to Section 1.6). The entire family system must adjust to its new role. The teenager becomes a mother, the parents become grandparents, and the grandparents become great-grandparents. Adjustments within the family unit are influenced by the nature of the relationships that existed within the family before the teenager's pregnancy, as well as her level of dependency on the relatives (Caldwell et al., 1998). The mother's (the baby's grandmother's) co-parenting also has a big impact on that of the young mother, supporting her daughter (Sellers et al., 2011).

2.2.2 Adversity and the link to mother–daughter relationships

2.2.2.1   Childhood adversity

The Center for Disease Control and Prevention (2019) states that ACEs are possible traumatic events that occur in childhood (0-17 years). These ACEs affect children directly (e.g. childhood abuse and neglect) and indirectly (e.g. incarceration or mental illness of a parent) in their living environment (Hughes et al., 2017). The first major ACE study was conducted in the United States after Doctor Vincent Felitti noticed a pattern in some of his patients. He noticed that adult patients who were obese had experienced traumatic incidents during childhood. In partnership with Doctor Anda, he discovered that chronic stress or physical adversity in the participants' lives was making them sick, even though they led a healthy lifestyle (Nakazawa, 2015). Together, Felitti and Anda developed the adverse childhood experiences (ACE) questionnaire (refer to Addendum H).

According to Harris (2020) and Nakazawa (2015), ACEs can be categorised as follows: emotional abuse (recurrent), physical abuse (recurrent), sexual abuse (contact), physical neglect, emotional neglect, substance abuse in the household

(e.g. living with an alcoholic or person with a substance abuse problem), mental illness in the household (e.g. living with someone who suffers from depression or mental illness or who has attempted suicide), the mother treated violently, divorce or parental separation, and criminal behaviour in the household (e.g. a household member going to prison).

The questions in the ACE questionnaire are divided into two parts. The first five questions ask participants about emotional and physical stressors that they may have faced during childhood or their teenage years. The last five questions are about other close family members, specifically referring to the household in which the participant grew up (Nakazawa, 2015). After completing the questionnaire, the participant then calculates his or her "ACE score" (Anda et al., 2010) or "stress load" (De Witt, 2016) by counting the "yes" answers. Participants who score more than four ACEs are twice as likely to be obese or overweight and 32,6 times more likely to suffer from learning and behavioural problems. Participants with an ACE score of six or more have a shorter life expectancy compared to people with no ACEs (Harris, 2020).

The first major ACE study in the United States of America examined the relation between the number of ACEs reported by more than 17 000 participants and their health condition as adults (Hughes et al., 2017). It found that the higher the participant's ACE score, the better the chance of the participant being at risk of risk behaviour such as smoking, alcohol abuse, and both infectious and non-communicable diseases (Hughes et al., 2017), such as cancer, autoimmune diseases, and diabetes. Another important finding was that most patients who were exposed to one category of abuse or household dysfunction were most likely exposed to at least one other (Felitti et al., 2019).

To understand the full extent of childhood adversities, we must acknowledge the role that stress and one's childhood play in whatever health problems one is facing as an adult (Nakazawa, 2015). The effects of ACEs on a child's ecology are long-term and include effects on the child's developmental trajectory that influence the child's educational accomplishments, health status, and duration of life (Shonkoff et al., 2012). The following quote by Doctor Vincent Felitti (in Nakazawa, 2015) captures the essence of ACEs:

> Time does not heal all wounds. One does not "just get over something" – not even fifty years later. Time conceals. And human beings convert traumatic emotional experiences in childhood into organic disease later in life. (Nakazawa, 2015, p. 15)

To understand the stress systems in a person's brain, one needs to assess the functioning and purpose of the system. When an individual experiences a stressful situation, the hypothalamus releases hormones that stimulate the pituitary and adrenal glands, which pump chemicals throughout people's bodies. Adrenaline and cortisol trigger immune cells to produce molecules that activate the immune response. When one's body relaxes, one's hypothalamus and the two previously mentioned glands ("the HPA stress axis") calm down (Nakazawa, 2015, p. 29). When a child is chronically exposed to stressful situations, a heightened susceptibility to social stress is created, resulting in chronic stimulation of the stress response systems (Wade et al., 2020).

As mentioned above, stress should not be studied in isolation from the context of the household and the family (De Witt, 2016). When a child is chronically exposed to stress, the architecture of the developing brain is changed, which has a major impact on the child's stress responses (Shonkoff et al., 2012). Research has shown that children experience a wide range of stressors throughout their lives, and these stressors can be categorised into different levels of severity. Ordinary stressful events may include the birth of a sibling, and more stressful situations may be the restructuring of a family, while situations such as child abuse or alcoholic parents are at the extreme end of the spectrum (De Witt, 2016).

Chronically conflicted relationships between mother and daughter can also be categorised as an ACE, as these fights and disagreements can result in the child feeling unfairly or cruelly treated by her mother (Pickering et al., 2015). Emotional stress experienced by adolescents includes chronic insults from parents or a caregiver, emotional neglect, parental divorce, or the mood changes of a depressed or addicted parent (Nakazawa, 2015). Conflict is part of the daily interaction between mother and daughter, but in some relationships, confrontation is inevitable. Daughters often enter every interaction with their mother with the expectation that it will end in confrontation, a fight, or an argument (Pickering et al., 2015). These interactions may act as stressors within the mother–daughter dyad.

In the United States, the National Scientific Council on the Developing Child (in Harris, 2020) describes three different kinds of stress responses to see how early adversity affects the young child. The three different types of stress responses are set out below in Table 2.1.

Table 2.1: Summary of stress responses (adapted from Harris, 2020, p. 54-55; Shonkoff et al., 2012, p. e235-e236)

Stress response	Definition	Level of severeness	Example
Positive stress response	This response is normal and necessary for a child's healthy development	Mild to moderate	Receiving an immunisation, the first day of school, or dealing with frustration
Tolerable stress response	This response is activated in response to a greater threat or adversity	Significant to serious	The loss of a loved one, a natural disaster, or a serious illness or injury
Toxic stress response	This response is activated in response to strong, frequent, and prolonged adversity	Severe	Child abuse or neglect, parental substance abuse or addiction, or maternal depression

For every ACE that a child has, the likelihood of tolerable stress tipping over into toxic stress increases, as the stress response system must respond repeatedly due to multiple stressors (Harris, 2020). It is important to note that a supportive adult can have a buffering effect on stressful situations. When *positive stress* is experienced, a caring and responsive adult who assists the child to cope with the stressor can provide the child with protection, thereby allowing the stress response system to go back to normal. Similarly, a supportive adult may be able to buffer the effects of *tolerable stress,* such as physiological harm, and long-term consequences for health by providing the child with adaptive coping methods. Sadly, in most cases, the absence of a supportive adult results in detrimental effects on children during *toxic stress* (Shonkoff et al., 2012).

High levels of exposure to ACEs can produce feelings such as anger, anxiety, stress, and depression in children, causing them to turn to coping mechanisms, such as

smoking, drinking alcohol, and using drugs. Individuals who are exposed to a number of ACEs have an increased likelihood of smoking at the age of 14 or smoking chronically as an adult, resulting in the presence of smoking-related diseases. These coping mechanisms may manifest in health-related diseases such as emphysema, decades later, making it difficult to understand the full causes of the disease after so much time has passed (Felitti et al., 2019) (refer to Figure 2.1 below).
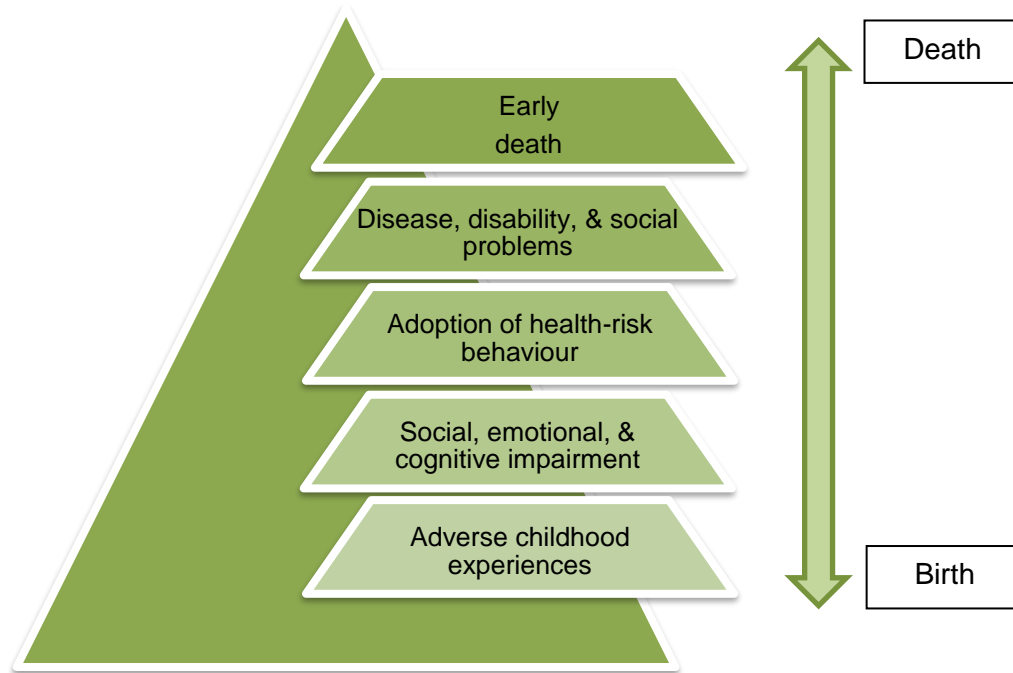
Figure 2.1: Potential influences throughout the lifespan of ACEs (Felitti et al., 2019, p. 784)

As mentioned earlier, ACEs range from emotional or physical abuse that the child experienced during his or her childhood and teenage years to the household circumstances in which he or she grew up. Research is clear that ACEs are associated with diseases and adult health status. Adversities that children experience during their early lives do not have to be severe abuse to create substantial physical changes that will lead to problematic health outcomes during adulthood (Nakazawa, 2015). The repercussions of ACEs are intergenerational, as they have adverse effects for generations to come (Treat et al., 2020).

De Witt (2016, p. 341) describes child abuse as "continued and deliberate prejudice of children by either active or indirect abuse, or by neglectfully withholding care". The neglect of children is the leading form of child maltreatment (Hooper, 2007). In a

family where maltreatment occurs, the parent does not actively respond to the immediate needs of the child, for example when the child is sad, the parent will not serve as a secure base for comfort, leading the child to feel that he or she is unworthy of comfort and support (Hooper, 2007).

Parents' own experiences of ACEs, such as alcohol and substance abuse, mental illness, or marital problems, may contribute to their mistreating their children (Hooper, 2007). The literature shows that mothers who have been sexually abused as children report a lack of role models in their childhood; consequently, they may expose their children to high-risk behaviour by getting involved with abusive men (DiLillo & Damashek, 2003) who are undependable support figures (Herman et al., 1997). Moreover, childhood experiences of violence in the household may lead to the development of alcoholism during adolescence, leading these children to participate in criminal activities and juvenile delinquency (Downs et al., 1987). Parents who have been abused in their childhood tend to emotionally rely more on their children (DiLillo & Damashek, 2003).

In households where ACEs are present, role reversal or "parentification" takes place. During this process, the child takes on the responsibilities of the adult in the household, taking care of the logistical and emotional needs of the parent or parents (DiLillo & Damashek, 2003; Hooper, 2007). These children respond to the emotional needs of their parents or siblings, solve disagreements, and even take on duties such as cleaning and cooking (Hooper, 2007). Children who perform these duties may look more mature compared to their peers, but their overall development can suffer in the long term (DiLillo & Damashek, 2003).

Children of mothers who were exposed to ACEs as children are at higher risk of internalising and externalising their problems and emotions (Thompson, 2007). One of these internalising strategies is called "dissociation". Dissociation can be explained as the strategies that one uses to "keep oneself safe from the pain of a traumatic experience" (Emmasko et al., 2010, p. 104). The level of trauma that mothers experienced in their childhood determines their level of dissociation (Emmasko et al., 2010). According to the website of Abundance No Limits (2023), children who are raised by mothers who experienced severe adversities during their childhood are at risk of compromised parenting. If these mothers were not able to

process their childhood trauma, they may be unable to provide their children with the necessary warmth, care, and attention that they need. These mothers are often preoccupied with their own needs. This phenomenon is also known as "cold mother syndrome", where emotionally distant mothers are physically present but are unable to meet their children's emotional needs.

Lastly, children who have been exposed to ACEs are also at risk of educational adversities. These children are at risk of reading difficulties, lacking stamina and concentration at school, and health-related issues due to bad nutrition (De Witt, 2016). Learners who are physically, emotionally, or sexually abused are exposed to increased stress, which may cause the learner to miss school days, drop out of the system, or eventually leave the family home and live on the street (Department of Education, 1997).

To conclude, ACEs remain a serious concern in households across the world and have a detrimental impact on the lives of children and adults (Center for Disease Control and Prevention, 2019). Social problems that are linked to ACEs (e.g. violence, mental illness, substance abuse, and chronic conflict) can cause ACEs for the next generation, highlighting the intergenerational and circular nature of family dysfunction (Emmasko et al., 2010; Holborn & Eddy, 2011; Hughes et al., 2017; Metzler et al., 2016). Even though conflict is part of a mother and daughter's everyday interaction, chronically conflicted relationships are known to exhibit feelings of hostility, disaffection, mistrust, anger, and resentment within the dyad (Pickering et al., 2015). When these negative feelings persist after the daughter's adolescence, the mother–daughter relationship can suffer long-term effects. It is apparent throughout the literature that adversities and hardships will always be present in people's lives, but with the right support, these adversities can prepare them for difficulties that will arise later in life (Harris, 2020; Nakazawa, 2015).

2.2.2.2   Mental health and stress

There is a stigma in society around women with mental illness, which limits their input in valuables roles such as parenting (Pilgrim, in Mesidor & Maru, 2015). Mental health behaviour such as depression may have a negative impact on mothers' relationships with their daughters. Major depression, also called "clinical depression",

51

is a clinical disorder characterised by a depressed mood, loss of interest in pleasure, weight loss, insomnia or hypersomnia, fatigue, and loss of concentration (Burke, 2012). A psychiatric diagnosis such as depression for a mother may have an impact on her adolescent daughter's cognitive, emotional, and physical functioning. While the focus is on the mother's externalising behaviour, the daughter's needs may go unnoticed. This can have major implications for the future development and functioning of the mother–daughter relationship.

Depressed mothers often display parenting behaviour that is undesirable, such as less patience with their children and the use of inconsistent methods of discipline in the household (Loeber et al., 2009). These mothers often experience a loss of sleep and appetite, poor concentration, a lack of interest in previously enjoyable experiences, and questioning their parenting skills (Andreas et al., 2018), which may contribute to increased conflict between mother and daughter. In their early years, mothers spend more time with their children than fathers do; therefore, boys and girls at this age are more exposed to such externalising, maladaptive behaviour of depressed mothers than that of fathers (Andreas et al., 2018). Caplan (2002) describes an incident where a mother gave her daughter permission to tell her friends about her mental illness so that the friends would have a better understanding of when they could not visit. This resulted in the whole town thinking that the mother was insane due to the townspeople's ignorance and misconceptions. Such prejudice causes people to perceive these mothers as unsuitable for their role, while their needs and their concerns for their children are overlooked (Mesidor & Maru, 2015). However, daughters are not exempt from mental illness.

According to Samek et al. (2018), depression rates increase drastically during the adolescent years. The literature affirms that the daughters of depressed mothers are highly likely to be depressed themselves (Caldwell et al., 1998; Samek et al., 2018). These daughters may further seek out peer relationships or environments that are aligned with their depressed temperament, which may lead to increased conflict with their mothers (Samek et al., 2018). Children prefer to interact with peers of the same gender in their early school years (Andreas et al., 2018). By identifying with the parent of the same gender, children may behave more confidently in different social contexts, such as a playdate, but this may also mean that the child is exposed to

negative influences in cases where parental depression is present (Andreas et al., 2018; Samek et al., 2018).

To accommodate mental illness within the mother–daughter dyad, it is necessary for mothers to deal with the stigma of mental illness by creating a positive attitude towards mental illness in general, which would give them the freedom to actively seek support from peers or organisations. By communicating with their daughters, mothers can have more open and honest conversations about their mental health with their families (Mesidor & Maru, 2015).

2.2.2.3   Marital problems and divorce

Conflict between parents in the absence of divorce appears to have long-term effects on the relationship between parents and their children (Amato & Afifi, 2006; Fagan & Churchill, 2012). Children who experience high levels of conflict in the household may be unable to avoid their parents' marriage problems, even in adulthood (Amato & Afifi, 2006). These children are exposed to stressful situations, as their mothers depend more on them emotionally (DiLillo & Damashek, 2003), and they are often pressured to take sides between their parents, which results in their losing valuable guidance and support from one parent (Amato & Afifi, 2006). Pressure on the child to side with one parent may lead to an alignment or coalition with one parent, disengagement from the other parent, or, in severe cases, withdrawal from the child by both parents (Koerner et al., 2000). Parents making negative comments about the other parent causes the child to experience disruptions in attachment and to declare loyalty to one parent (Kleinsorge & Covitz, 2012). This phenomenon is widely known as the "parental alienation syndrome", where children are influenced by one parent to side against the other parent (Gardner, 1992). Gardner (1992) further states that children whose parents are involved in high-conflict divorces display the following characteristics: withdrawing from the targeted parent; expressing hate or dislike for the targeted parent; expressing support or love for the alienating parent; and an absence of guilt regarding their negative feelings with regard to the targeted parent.

Mother–daughter relationships are affected negatively when the daughter feels caught between the parents, as the daughter may experience difficulty adjusting to the new, post-divorce household circumstances, which, in some cases, may lead to

depression and deviance (Amato & Afifi, 2006). Adolescents are more mature and are expected to be better equipped emotionally to have empathy with each of the parents' perspectives during the divorce (Amato & Afifi, 2006).

A critical factor in any household divorce or conflict situation is how the parents manage the situation (Jackson, 2002). Parents can be sensitive to their children's feelings and the adjustment period after the divorce by not fighting in front of them, not including them in adult conversations (e.g. legal and financial matters) (Kleinsorge & Covitz, 2012), agreeing on issues such as discipline (Jackson, 2002), and refraining from undermining the children's relationship with the other parent (Amato & Afifi, 2006).

Divorce affects all children, regardless of race, socioeconomic status, or religion (Kleinsorge & Covitz, 2012), and is a traumatic event in any child's life (Jackson, 2002). According to Statistics South Africa (2018b), 25 284 divorce forms were processed in South Africa in 2018. Of these divorces, 56,6% involved couples with children younger than 18 years. A total of 50,6% of children who were affected by divorce were from the black African population group, 19,9% from the coloured population group, 17,8% from the white population group, and 4,2% from the Indian or Asian population group (Statistics South Africa, 2018b).

Stepfamilies can have both positive and negative consequences for children. One of the positive consequences is that the household income increases, while the negative effects include stress in the renegotiating of family boundaries (Mitchell et al., 2009). Divorce in the family decreases the child's ability to handle conflict, as some children see that shouting, violence, or physical abuse is used to solve the conflict between their parents (Fagan & Churchill, 2012). The difference between divorced families and families where the mother and father are still married lies in the parents' ability to handle conflict and reach an agreement (Fagan & Churchill, 2012). Adolescents who adjust the best after divorce are children with parents who engage in collaborative parenting after the divorce (Amato & Afifi, 2006).

As mentioned above, family boundaries must be renegotiated after a divorce. These boundaries refer to direct and indirect rules that negotiate the interaction among family members (Koerner et al., 2000). One example is the violation of intergenerational boundaries, where parents disclose personal information to the

child that is typically only shared among adults (Amato & Afifi, 2006; Koerner et al., 2000). The two topics that are mostly disclosed to a child by the mother after a divorce are their financial concerns and complaints about the ex-husband, which place the child in a vulnerable position (Koerner et al., 2000). These sensitive disclosures may be beyond the child's understanding, as the child may still have an idealised view of his or her mother or father, seeing the parent only in his or her capacity as a parent and not as a multifaceted person with multiple roles and relationships (Koerner et al., 2000). Disclosing sensitive information about the family may cause stress for the child, for example the financial incapacity of the parent to afford higher education. Emotional stress affects all individuals in a substantial way, but when children encounter emotional stressors such as divorce, they are greatly affected, and the repercussions thereof are lifelong (Nakazawa, 2015).

2.2.2.4   Household violence

According to the *Domestic Violence Act* (1998), domestic abuse includes physical, sexual, emotional, and economic abuse, intimidation, harassment, stalking, damage to property, unauthorised entry into the victim's residence, and any other controlling or abusive behaviour towards the victim. Domestic violence occurs when force or threats are used by the abuser and may increase over time. As the abuser and victim often share financial, social, and familial ties, domestic violence is complicated (Department of Justice and Constitutional Development, 2014).

Domestic violence affects individuals of all ages, cultures, and religions (Gabriel et al., 2018), and South Africa is no exception. According to Faber (2020), government-based call centres for gender-based violence reported 120 000 victims during the first three weeks of the lockdown during the Covid-19 pandemic. Faber (2020) further states that many female victims and their children who were confined to their homes with their abusers contacted call centres, seeking urgent help due to the restrictions that were put in place to prevent the spread of the coronavirus.

The literature affirms that mothers and their children, rather than fathers, are more likely to be victims of domestic abuse (Cowan & Hodgson, in Douglas & Walsh, 2010). Children who experience violence in the household are innocent, unwilling bystanders (Gabriel et al., 2018). One study reveals that 73% of parents have

reported at least one moderate or serious violent incident that was directed at their child during the child's lifetime (Downs et al., 1987). Parental violence and a negative emotional environment in the family have been linked to later maladaptive behaviour in children, such as alcoholism, substance abuse (Downs et al., 1987), showing negative behaviour in social relationships, and violent outbursts that lead to violent acts. When children witness their parents commit acts of violence, they see these as acceptable techniques to reach whatever the aim of the argument was (Avci & Güçray, 2010).

Jaramillo-Sierra et al. (2016) point out that men generally tend to express their anger through aggressive behaviour, while women tend to express their anger indirectly and allow it to build up inside their bodies. Mothers are mainly responsible for childcare; thus, they spend more time with their children and have more opportunities to be violent to their children. However, men are larger and stronger compared to women; therefore, violence by fathers may result in more serious physical harm compared to violence by mothers (Downs et al., 1987). Examples of serious violence within the household are threatening or hitting someone with an object, kicking, biting, hitting with a fist, injuring another individual, or threatening to use a knife or gun (Downs et al., 1987). When a mother expresses violent behaviour towards her daughter, either the father of the child or another family member may be able to stop the mother (Downs et al., 1987). However, with father-to-daughter violence, there will likely be no one to stop him from harming the daughter, as the father has the greatest physical and economic power in the family (Downs et al., 1987).

2.2.3 Identity construction

Throughout the literature, it is evident that the mother–daughter relationship may be the primary relationship between mothers and daughters (Sterk & Deakins, 2012) and is important for both parties (Bojczyk et al., 2011). This unique relationship is lifelong (Pickering et al., 2015), and an abundance of information and experiences is shared over the course of their lifetime (Smith et al., 1998). On both sides of the mother–daughter dyad, mothers and daughters want to love and be loved by the other person (Sterk & Deakins, 2012).

According to Rastogi (2002), the mother–daughter relationship consists of three different dimensions, namely connectedness, interdependency, and trusting the hierarchy. Cultural and ethnic differences are evident in all mother–daughter dyads. Some cultures value allocentric beliefs, where the focus is on making sacrifices for the benefit of the family, while maintaining strong family ties. Other cultures may value family visits, geographical distance, and an exchange of resources more. The *connectedness* among family members is, therefore, exhibited by practical and behavioural indicators of expressing care to one another. *Interdependence* is displayed through emotional and practical ways within the mother–daughter relationship, such as the daughter seeking the mother's help and advice and feeling free to do so. In some cultures, adult daughters are expected to defer to, seek advice from, and otherwise continue in *hierarchical* relationships with their mothers. It is assumed that mothers know best for their children; therefore, many adult daughters will rely on their mothers' wisdom in times of need (Rastogi, 2002).

The mother–daughter relationship is characterised by turning points, referring to major events within the dyad, such as the daughter leaving home (Korolczuk, 2010). The daughter's period of adolescence is an important chapter or turning point in the mother–daughter relationship. Adolescence can be described as the transition period between childhood and adulthood, and depending on biological and sociocultural factors, it starts between ages 11 and 13 and ends between ages 17 and 21 (Louw, Louw et al., 2007). During this time, the adolescent daughter develops her independence and autonomy and fulfils adult roles, such as starting a career (Louw, Louw et al., 2007). During adolescence, the relationship between a parent and child is known to experience a decrease in support and warmth, as well as an increase in confrontations and conflict (Brouillard et al., 2019). During this developmental period, expectations between mother and daughter can change (Gonzales et al., 1996), as the daughter establishes her autonomy and struggles to separate from her mother, while the mother experiences a sense of loss as the daughter's independence causes them to move apart (Miller-Day, 2012). The shift between mother and daughter is known as the "individuation" period, where the adolescent redefines the parent–child relationship by becoming autonomous from her parents (Brouillard et al., 2019).

During the individuation period, the adolescent demonstrates matureness by transforming the parent–child relationship into an autonomous, peer-like relationship (Sellers et al., 2011). Not all daughters experience the individuation process in a similar manner, as some daughters find it difficult to break their independence from their mothers and establish their individuated sense of self (Kabat, 1996) while still relying on their mothers for support (Sellers et al., 2011). Kabat (1996) postulates that the adolescent daughter has difficulty seeing herself and her mother as separate individuals, as the mother is seen as not only the protector and provider but also as opposing the adolescent daughter's autonomy. The daughter, therefore, must create her own identity in life, as seen in the following quotation:

> Daughters who yearn to create an identity separate from the mother must learn to acknowledge that their mothers are daughters as well, and perhaps their mothers were once in the same position in which these daughters find themselves. (Herrera, in Sterk & Deakins, 2012, p. xvi)

The daughter can only build her sense of self if she knows where she comes from and from whom, namely her mother and grandmother, who, most likely, experienced these developmental transitions as well. Thus, the daughter's relationship with her mother is the basis on which her mother cared for her; thereafter, she needs to distinguish herself from her mother during adolescence (Sterk & Deakins, 2012). (Refer to Section 2.5 for a detailed discussion of the developmental transitions in the mother–daughter relationship.)

2.2.4 Communication

Communication can be defined as the process where information is conveyed from one person (the sender) to another person or a group of people (the receiver) (Lemmer et al., 2012). Successful communication occurs when the message received matches the message that was sent by the sender (Lemmer et al., 2012). Communication shows what is valued among individuals and shapes the meaning of the information that is communicated (Sterk & Deakins, 2012). People do not perceive things the same way, as they react from unique value systems that make up their belief system. Therefore, individuals communicate according to their perception of the environment, which is based on cultural experiences (Lemmer et al., 2012).

According to Beaumont (2000), mothers and daughters use different conversation styles when they communicate with each other. Tannen (in Beaumont, 2000) identified two broad categories of conversation styles, namely *high involvement* and *high considerateness*. The high involvement style is known for a faster rate of speech, faster turn taking, an avoidance of interturn pauses, and frequent initiations of simultaneous speech. In contrast, the high considerateness style is characterised by slower speech, slower turn taking, longer pauses between turns, and the avoidance of simultaneous speech. Conflictual interaction between a mother and daughter may be attributed to the differing conversation style used, as daughters mostly use the high involvement style, while mothers use the high considerateness style (Beaumont, 2000). Daughters may have less communicative experience compared to their mothers; therefore, some of their misunderstandings can be attributed to using different conversational styles (Beaumont, 2000).

Although mothers and daughters in general often experience difficulties in their relationship, they express concern for each other by communicating on a frequent basis (Mesidor & Maru, 2015). Mothers and daughters communicate frequently by making use of different methods of communication that structure their relationship, such as talking to each other on the telephone (Mesidor & Maru, 2015), letters, face-to-face interaction, agreements and disagreements, eating together, shopping together, encouraging each other, asking and offering advice (Sterk & Deakins, 2012), and many more.

As mentioned earlier (refer to Section 2.2.2.2), mothers spend more time with their children during their early years than fathers do (Andreas et al., 2018). While fathers spend time playing with their children or doing physical activities, mothers spend time in verbal interaction with their children (Beaumont, 2000). This interaction leads to the development of children's verbal abilities, which allow them to verbally challenge their mother or father, resulting in conflictual interaction with their parents (Panfile et al., 2012) (refer to Section 2.6).

Mothers and daughters have a multitude of ways in which they can communicate with each other, even if they live far from each other. Rastogi and Wampler (1999) state that the geographical distance between mother and daughter does not determine or influence their level of closeness, as new technology allows parents

and their children to interact and communicate freely (Mitchell et al., 2009). When daughters get married and have their own children, the level of contact with their parents can be increased (Amato & Afifi, 2006) when they seek involvement and support from their parents. Proximity to the mother is a strong indicator of intergenerational interaction and assistance (Pillemer et al., 2010), where the grandmother can assist with babysitting, arrangements can be made at the last minute, and the daughter and mother are close to each other in case of emergency (Fischer, 1981). In addition to sharing closeness and maternal love, women broaden the definition of motherhood by including other women, such as grandmothers, in the act of raising their children, ringing true to the saying that "it takes a village to raise a child" (Sterk & Deakins, 2012, p. xxii). The grandmother's role is strengthened by having frequent interaction with her grandchildren (Fischer, 1981).

However, there are two factors that can limit the opportunity for contact between mothers and daughters, namely time and money (Fischer, 1981). Mothers' and daughters' work schedules may not allow them enough time to visit each other, while the daughter must also look after her own family and perform household duties, such as cooking. If the daughter lives far from her mother, travelling expenses and work schedules need to be taken into account.

2.2.5   The mother as role model

The female lineage (also referred to as the "mother line") of a family provides a history of strong connections among women (Shawler, 2004; Sterk & Deakins, 2012). Women are influenced by role models within their families, as they convey a sense of strength and determination in times of crisis (Shawler, 2004). In previous generations, the role of a woman was more traditional, where the daughter would step into the mother's shoes and perform the same household role that her mother did (Hasseldine, 2017). However, over the past few decades, women were given more opportunities to further their education, step into leadership positions, and many more (Hasseldine, 2017). Mothers support their daughters and put in a substantial amount of effort to allow their daughters to further their education and have interesting careers (Korolczuk, 2010). A mother's unconditional love, support, and guidance pave the way for the daughter's work-related success (O'Neil & Case, 2012). Mothers set the example for their daughters on how to be a mother and a

woman, and daughters rely on this relationship with their mothers as a source of knowledge and understanding of what is expected from them in these roles (O'Neil & Case, 2012). The mother–daughter relationship serves as the basis for the daughter's development of self-esteem, as the mother's continuous support and interest cause a higher level of psychological wellbeing and self-esteem (Onayli & Erdur-Baker, 2013).

Some mothers simply did not have the opportunities that their daughters have. Daughters nowadays are showing their mothers exactly what they missed out on, as well as the freedom that they did not get to enjoy (Hasseldine, 2017). Self-reflection may increase a daughter's understanding of her mother's life, generating more empathy and appreciation for her (Hasseldine, 2017), as the mother likely did not have that kind of relationship with her mother (Mesidor & Maru, 2015).

2.2.6   Similarities and differences between mother and daughter

Throughout the literature, the mother–daughter bond is viewed as one of the strongest human ties, and this tie remains strong throughout the course of their lives (Suitor & Pillemer, 2006). Intergenerational ties are important to daughters of all ages: young daughters rely on their parents for financial and emotional support; middle-aged daughters have regular contact with and support their grown children and older parents; and older daughters, now mothers themselves, regard their grown children as important social ties (Kim et al., 2019). In their study of the associations of wellbeing with parent–child ties within families, Kim et al. (2019) describe three different types of parent–adult relationships: structural (physical contact and frequency of interaction between parents and children); functional (support given and received between parents and children); and affectional (positive and negative relationship qualities). One needs to keep in mind that parents may have more than one child and that each relationship is unique, being more demanding or more problematic compared to other relationships in the family unit (Kim et al., 2019).

Bowen (1972) states that mother–daughter relationships are unique, as they are the mode of transmission of family traditions and patterns from generation to generation. Grandmothers, mothers, and daughters share their interests and talents, such as cooking, recipes, artwork, and painting (Shawler, 2004). As mentioned in Section

61

2.2.5, previous generations of daughters were expected to fulfil the role that their mothers had fulfilled. Access to better educational opportunities gave women the freedom not to repeat their mothers' lives. The implication is that mothers and daughters must now connect from a place of difference, as not all mothers had the opportunities that their daughters currently have (Hasseldine, 2017).

Women who have advanced in their education, hold a good job, or are in a good marriage are inclined to experience "matrophobia" – the fear of becoming like your own mother (Lawler, in Korolczuk, 2010, p. 478). Daughters do not always like the similarities they share with their mothers. Fischer (1981) reports that married daughters are more likely than single daughters to view their behaviour like their mothers'. Daughters view their mothers from a dual perspective; on the one hand, the daughter must deal with the same aspects her mother had to deal with, such as cooking for her family; but on the other hand, she sees herself as a daughter, where her past may potentially be repeated with her own daughter (e.g. the negative attitude she had towards her own mother during adolescence) (Fischer, 1981).

Research shows that daughters are filled with concerns about "turning into" their mothers, while also wanting to know and love them (Sterk & Deakins, 2012). Despite these concerns and the presence of tension and conflict in their relationship, both mother and daughter view the relationship as important (Mesidor & Maru, 2015).

2.2.7 Perceptions of the relationship

The mother–daughter relationship can be distinguished from other intergenerational relationships during adulthood for specific reasons (Fingerman, 1998; Rastogi & Wampler, 1999). The daughter's first connection is made with her mother (O'Neil & Case, 2012). The mother–daughter relationship is one of the strongest human ties (Suitor & Pillemer, 2006), and it will also be the longest relationship that the daughter will have in her lifetime (O'Neil & Case, 2012). A relationship that lasts as long as this one often breeds loyalty between the mother and daughter (Fingerman, 1998).

Women fulfil many roles during their lives, including those of sister, girlfriend, aunt, niece, wife, mother, or even grandmother, but only one is universal – the role of being a daughter (Miller-Day, 2012). Throughout the literature, the role of the mother, or motherhood, is clearly defined, while the role of the daughter, or daughterhood, is

unclear. In a study by Korolczuk (2010), participants were asked to define their role as a daughter. The participants were uncertain as to what attitudes, behaviours, and feelings defined their "daughterhood", using concepts such as "responsibility" and "duty" to define this role. Some participants stated that daughterhood is a very demanding role, as they were struggling to be a "good daughter" even though they respected and loved their mothers. The role of the daughter is adaptable and culturally and historically diverse, as women have been allowed access to paid employment, professional careers, and advanced education over the past few decades (Korolczuk, 2010).

The role of the mother in the family is more clearly defined, as all women are familiar with the maternal role learnt from their mother, even before they have children themselves (Crowell & Feldman, 1988). A good mother is defined by Korolczuk (2010) as a mother who makes her children feel secure and loved, monitors their development, and passes down the family traditions to the next generation. However, the definition of good mothering has changed over the past few decades, and older mothers and their adult daughters may have different views of motherhood. Korolczuk (2010) state that younger mothers believe motherhood can be learnt from the media such as books, while older mothers believe mothering is improved with practice, using their so-called maternal instincts. Older and younger mothers also have opposing ideas about childrearing. Older women in Korolczuk's (2010) study mentioned that motherhood was a vocation and that mothers needed to give up their educational or career aspirations or give in to their husbands to maintain the family. The younger women only mentioned the emotional costs of motherhood, such as being composed all the time (Korolczuk, 2010). There are reasons for the younger and older mothers' opposing ideas on motherhood in Korolczuk's (2010) study. For older women, being a mother meant an extensive break in their education or career. They lived in times when they were not necessarily allowed to talk about their feelings, and family relations were highly patriarchal. Young women return to work as soon as possible due to financial or practical reasons and having to juggle their roles at work and home.

The mother–daughter relationship undergoes many changes in life (refer to Section 2.5). As mothers age and their health fail, their daughters must take over some of their responsibilities and family traditions, for example cooking the Sunday lunch

(Shawler, 2004). The help that daughters provide to their mothers may anticipate the development of their relationship, as the mother may become more dependent on the daughter as she ages (Fischer, 1981). When daughters take on these responsibilities, both mothers and daughters report maturity within their relationship, as new family leaders emerge (Shawler, 2004). Even though the mother–daughter relationship is filled with conflicting desires, opposing ideas on motherhood, and multiple periods of transition, the relationship is regarded as highly important by both mothers and daughters (Fingerman, 1998) and is ultimately one that both partners want (Sterk & Deakins, 2012). Both mothers and daughters mention the strong attachment between them, as well as the satisfaction they receive from this relationship (Rastogi & Wampler, 1999).

2.3   Attachment and the mother–daughter relationship

In 1978, Mary Ainsworth and her colleagues were interested in the attachment between mother and child. They used a technique called the "strange situation" to measure children's quality of attachment to their mothers. This technique includes a series of eight different tests, where a baby is introduced to several stressful situations, for example separation from the mother, exposure to strangers, and being reunited with the mother. The baby's reactions to these situations depict the attachment style (Louw & Louw, 2007a). Attachment can be defined as the "bond, tie, or enduring relationship between a young child and his/her mother" (Ainsworth et al., 2015, p. 17). A child is born with a need for a protective bond with his or her main carer, which is usually the mother. Children's experiences of this early relationship develop their cognitive and emotional capabilities that inform their expectations of future relationships across their lifespan (Bifulco & Thomas, 2013).

In response to learning experiences in the early years, infants develop mental representations or internal working models of the world (Burke, 2012). These internal working models are formed because of attachments and their related childhood experiences. They have three purposes, namely to help an individual to interpret the behaviour of the people around him or her, to help a person to make predictions about future behaviours, and to organise his or her own and others' responses (Main et al., 1985).

The five different attachment styles that were identified by Ainsworth and colleagues are as follows (Louw & Louw, 2007a; Pritchett et al., 2013):

- *Secure attachment:* Babies use their mothers as a secure base from where they explore. These babies are upset when they are removed from their mothers but very happy when the mothers return. They react positively to strangers when their mothers are present.

- *Avoidant attachment:* These babies are not upset when they are removed from their mothers. When the mother returns, the baby ignores her. These babies do not explore their surroundings when their mothers are present, and they are not upset in the presence of strangers.

- *Ambivalent or resistant attachment:* These babies are anxious before their mothers leave and are visibly upset when they leave. The babies react in an ambivalent manner when their mothers return: on the one hand, they try to make contact with their mothers, and on the other hand, they avoid their mothers by crying, kicking, and hitting. They are careful in the presence of strangers, even when their mothers are present.

- *Disorganised attachment:* This type of attachment reflects the most uncertainty and occurs when the mother is oversensitive, offensive, or abusive in some way. The child will greet the mother upon her return but turns away and shows contradictory behaviour.

- *Reactive attachment disorder:* This disorder is a severe disorder of social functioning. Research shows that reactive attachment disorder is a result of severe maltreatment during childhood, mostly identified in maltreated, institutionalised, and formerly institutionalised children. Early symptoms include the inability to gain weight, unusual eating habits, a lack of empathy, and impulse control, which may lead to criminal behaviour and cruelty to animals.

The role of the mother, therefore, cannot be underestimated. Young children explore and interpret the world around them through social interaction (Falci, 2006), as well as interaction with their parents or caregivers (Treat et al., 2019). The parent's role is, therefore, to protect the child from external harm by providing a safe haven where the child feels safe and secure (Bifulco & Thomas, 2013). Mothers and fathers fulfil different dimensions in parenting their children: the mother mostly acts as the

primary caregiver who calms the child down and consoles him or her when necessary, while the father engages in playful activities with the child (Andreas et al., 2018).

The attachment theory postulates that the attachment style established between a child and parent is intergenerational (Hall, 2015) and influences future relationships (Bifulco & Thomas, 2013; Hooper, 2007). Parents who fall into the *secure* category regarding internal working models of relationships are likely to have children who are also categorised as secure. On the other hand, *detached* parents are likely to have anxious or avoidant children, while *preoccupied* parents may have children classified as anxious or resistant. Children who start their lives with disrupted attachment may be at risk for developmental difficulties, such as a lack of self-esteem, poor emotional regulation, difficulty establishing relationships with peers, and a lack of empathy (Pritchett et al., 2013). These children may struggle to relate to others. Expectations that others are hostile, untrustworthy, or distant arise from their lived experiences of neglect or abuse (emotional, physical, or sexual) (Bifulco & Thomas, 2013).

It must, however, be noted that an adult's attachment style can change, as new experiences and relationships in adulthood can influence the internal working models of the individual (Bowlby, 1977). Therefore, a child who experiences poor parenting and is classified as insecurely attached is not destined to follow this attachment style for the rest of his or her life (Hooper, 2007). Hall (2015) states that mothers who have an insecure attachment style often experience more stress in their parental role, do not feel close to their children, and are, therefore, less supportive and less responsive in their daily interaction with their children. In comparison, secure mothers promote autonomy in their children and create a healthy interdependency with their children (Smith et al., 1998).

ACEs (refer to Section 2.2.2.1) have a negative impact on attachment styles between mothers and children. According to DiLillo and Damashek (2003), the children of mothers who have experienced childhood trauma such as physical or sexual abuse are more likely to display a disorganised attachment style. Disorganised attachment among victims of abuse may be carried into adulthood, resulting in impaired relationships with their own children (DiLillo & Damashek, 2003). Infant daughters who have insecure or detached attachments with their

mothers experience interpersonal problems in later adulthood (Onayli & Erdur-Baker, 2013), as well as decreased life satisfaction and estrangement from family members, which can have a negative impact on their wellbeing (Gilligan et al., 2015). Bifulco and Thomas (2013) note that ACEs throughout childhood may threaten the attachment between parent and child and may create the onset of disorders such as depression. The attachment theory thus gives a clear indication of how an individual is dealing with experiences from his or her past that is relevant to the present (Hooper, 2007).

One needs to keep in mind that attachment is culturally embedded, and different cultures will likely encourage different levels of closeness in a particular developmental phase of a child's life (Hazan & Shaver, in Rastogi & Wampler, 1999). An exception to this is the role of the mother. Throughout childhood, the mother is the primary attachment figure to the child and stays on as a significant attachment figure for adult children (Rastogi & Wampler, 1999).

2.3.1 Socialisation of coping

According to Weiten (2014, p. 564), *coping* refers to the "active efforts that are undertaken by an individual to master, reduce, or tolerate the demands created by stress". "Coping" is also the general term that is used to describe how people deal with adverse experiences, such as trauma, and go back to their normal life (Baumeister & Bushman, 2011) or efforts that are made to alter the situation or control one's emotional responses when one experiences a problem (Birditt et al., 2009). Several potential ways of coping have been identified in the literature. People can use *adaptive* or *maladaptive* coping strategies in dealing with the demands of stress (Weiten, 2014). An example of an adaptive coping strategy will be to increase one's study efforts when one failed a test, while a maladaptive coping strategy will be to blame it on the lecturer. Eschenbeck et al. (2018) state that coping behaviours can be categorised as follows: problem solving (strategies used to address the stressful situation); avoidant coping (strategies used to distract from the stressful situation); anger-related coping (externalising behaviour such as anger); social support (emotional efforts to adjust to the stressor); and electronic media (indirect strategy not focusing on the stressor). As people get older and become better at regulating their emotions, they tend to use more avoidant instead of destructive coping

67

methods (Birditt et al., 2005). Thus, when daughters become more independent and spend less time with their mothers during their adolescent years, mothers and daughters may use different coping strategies when conflict arises (Birditt et al., 2009).

Research shows that women tend to have larger and more supportive social networks compared to men (Fiori & Denckla, 2012). During times of stress, women are more likely to make use of their social support network, a pattern called "tend and befriend" (Fiori & Denckla, 2012; Taylor et al., in Shawler, 2004). Women maintain more same-sex relationships compared to men, and they are satisfied with the support they receive from these friendships in times of stress (Taylor et al., in Shawler, 2004). During their midlife, adult women are both a major source and a beneficiary of social support for and from others (Antonucci et al., in Fiori & Denckla, 2012). Support from peers can play an important role when the relationship between a parent and child is troubled (Call & Mortimer, in Falci, 2006).

2.3.2 Parenting styles

Parenting style reflects the way parents raise or parent their children, including their use of discipline, how they relate to their children, their communication with their children, and how their children are perceived (Askelson et al., 2012). Louw and Louw (2007a) add that parenting styles are a combination of parents' behaviour over a wide range of daily occurrences that have an impact on the environment in which their children grow up. Parents' behaviour in parenting produces two distinct factors, namely responsiveness and demandingness (Baumrind, 2005). *Responsiveness* refers to the degree to which parents encourage independence and autonomy for their children by being responsive to their children's needs. *Demandingness* refers to the actions parents make to integrate their children into society by regulating and controlling their behaviour, confronting them, and monitoring their activities.

Parenting styles, therefore, define a parent–child relationship at a specific time in the child's development (Baumrind, 2005). In total, the literature distinguishes between six different parenting styles, namely authoritative, authoritarian, permissive, neglectful, overinvolved, and under-involved parenting. The different types of parenting behaviours shown by parents are shown below in Table 2.2.

Table 2.2: Parenting styles (adapted from Louw & Louw, 2007a, p. 195)

	More responsive	Less responsive
More demanding	Authoritative Overinvolved	Authoritarian
Less demanding	Permissive	Neglectful Under-involved

Firstly, *authoritative* parents are acceptant and involved and are warm, sensitive, and responsive towards their children, but set the necessary boundaries (Askelson et al., 2012; Louw & Louw, 2007a). This parenting style is regarded as the most successful style (Louw & Louw, 2007a). The *overinvolved* parenting style is characterised by parents who are overly involved in their children's lives (Nelson, in Givertz & Segrin, 2014). The parent may have good intentions, but excessively overinvolved, controlling, and rigid parenting may hinder the child's success and wellbeing (Givertz & Segrin, 2014). This phenomenon of overparenting is further characterised by parents being overly responsive to their children's needs. *Authoritarian* parents are highly in control, have high expectations of their children, and are low in communication and nurturance. These parents humiliate their children by exerting control over them, screaming at them, and criticising them (Louw & Louw, 2007a). *Permissive* parents do not place any demands on their children (Askelson et al., 2012), but they are low in communication with and control over their children (Louw & Louw, 2007a). These children must often make their own decisions at an age where they are not ready to do so (Louw & Louw, 2007a). *Neglectful* and *under-involved* parents are low in acceptance and involvement and do not set demands for their children or respond to them because they often experience their own problems or are attracted to more exciting activities (Askelson et al., 2012; Louw & Louw, 2007a).

Parents who experienced ACEs (refer to Section 2.2.2.1) in their childhood may be at risk of compromised parenting characteristics. Mothers who have highly conflicted relationships with their own mothers struggle to nurture their children and make use of negative ways to control their infants' behaviour (Sellers et al., 2011). Adults with alcoholic parents and mothers with a history of sexual abuse in childhood tend to be

more permissive in their parenting, simply because they are emotionally more burdened compared to other mothers and may have less energy to discipline their children (DiLillo & Damashek, 2003). Parents who were physically abused as children are at risk for diminished parenting skills and poor emotional regulation, resulting in harsher punishment towards their children (DiLillo & Damashek, 2003).

Although the literature is in favour of the authoritative parenting style due to the outcome of children's positive mood, self-control, and maturity, different cultures have different beliefs on parenting children (Louw & Louw, 2007a). For example, Chinese parents place emphasis on control and directive measures to achieve self-control and achievements, while black parents use control and being strict to achieve self-control, especially in high-risk areas (Louw & Louw, 2007a). It was likely that the participants in this study would also use different parenting styles due to their cultural orientation.

2.4 The family context

2.4.1 Family structure and the extended family

Family relationships are one of the most influential factors during early childhood (Louw & Louw, 2007a). Family members share resources such as time and affection, are involved in one another's lives, and are concerned about how their decisions may affect the other members (Mottram & Hortaçsu, 2005). The relationship between children and their parents is continuous but represents change over time as children grow up and move across several developmental stages (De Witt, 2016; Louw & Louw, 2007a). According to the *South African Children's Act* 38 of 2005, a family member, in relation to a child, means:

> A parent of a child; any other person who has parental responsibilities and rights in respect of the child; a grandparent, brother, sister, uncle, aunt or cousin of the child; or any other person whom [sic] the child has developed a significant relationship, based on psychological, or emotional attachment, which resembles a family relationship. (p. 20)

Nowadays, the structure of the family is completely different compared to families a few decades ago. Over the past 30 years, the traditional family structure has changed drastically. The current types of family can be categorised as set out in Table 2.3 below.

Table 2.3: Types of families (adapted from De Witt, 2016, p. 253-254)

Type of family	Definition
Nuclear family	Also called the "modern family", comprised of a man, his wife, and their children.
Polygamous family	In this family, a man is married to more than one wife, and all the families are combined to form a family unit.
Extended family	Two or more nuclear families are linked through the parent–child relationship, for example a man and his wife and child who live with the man's parents.
Single-parent family	This family is made up of one parent and one or more children.
Reconstituted family	This family is formed when a single parent remarries and one or both spouses have children from a previous marriage.
Child-headed family	The eldest sibling in the family cares for the rest of the children.
Same-sex marriage	Two parents of the same gender are married and their children live with them.

The family structure refers to where the biological parents of the child live and whether a stepparent is residing in the household (e.g. children in divorced families have one residential and one non-residential parent, but no stepparent). These residential changes cause the child to undergo a period of adjustment and can influence the quality of the parent–child relationship (Falci, 2006). There are major transitions and changes that occur within the household when parents separate or divorce. Divorce has been proven to influence the child's mental health, behaviour, schoolwork, interpersonal problems, and many more (Louw, Richter et al., 2007). Divorce during the daughter's adolescent years appears to have a negative impact on the mother–daughter relationship, where daughters report less closeness with their mothers compared to daughters in intact families (Falci, 2006). However, when a mother gets divorced, she may have more opportunities to talk with her daughter about family issues, which may again increase the closeness between mother and daughter (Falci, 2006).

The relationships between parents and their children undergo several developmental changes throughout their lifetime (refer to Section 2.5.1), for instance when children move out of the family home, when children get married, and when adult children have their own children. When a daughter gets married, her mother must accept that

the daughter's main responsibility is now her husband and children (Sheehan & Donorfio, 1999). Middle-aged adults may have more than one child and two living parents. In some families, certain relationships may be more demanding or problematic compared to others (Kim et al., 2019), for example the mother–daughter versus the father–daughter relationship. The ways in which mothers and daughters deal with these types of issues may have an impact on the functioning of the rest of the family (Fingerman, 1998).

The role of the extended family should not be overlooked. Intergenerational ties among family members have a positive impact on adults' emotional and physical wellbeing, as well as positive outcomes across their lifespan (Kim et al., 2019). The extended family also serves as a source of social support (e.g. babysitting) for mothers and their children (Sadler & Clemmens, 2004). It is important to note that the level of closeness between extended family members differs across cultures (Rastogi & Wampler, 1999). The degree of closeness can be determined by the geographical distance between family members, the living arrangements of the family, and cultural beliefs.

2.4.2 The daughter's relationship with her father

It is widely known that fathers are crucial to the healthy development of their children (Weiten, 2014). A father's presence in the household is advantageous to both his spouse and his children (Louw, 2009), having an important impact on his children's development, which spans and develops from before birth over the course of the child's life (Brouillard et al., 2019; Cabrera et al., 2014). As mentioned before, mothers tend to spend more time near their children during childhood compared to fathers (Andreas et al., 2018), as mothers are mainly responsible for caregiving (Cabrera et al., 2014). Although the literature shows a plethora of studies that showcase the advantages of the father's involvement in a child's life, there are many households in which the father is absent. Father absence is associated with elevated risks for behavioural problems such as teenage pregnancies, drug use, violent crimes, teenage suicide (Weiten, 2014), and problems at school (Mitchell et al., 2009).

72

Within the South African context, there can be various explanations for a father's absence in the household. In South Africa, migrant labour (refer to Section 1.5.7) has an enormous effect on the presence of the father in the household. Men have the socially defined role as the breadwinner or authority figure of the house; therefore, migrant work often forces fathers to leave their children in the care of members of the extended family, for example the siblings of the parents or the children's grandparents (Louw, 2009). These family members are usually female (Louw, 2009) and are seen as the primary caretakers and emotional nurturers of the child (Ratele et al., 2012).

Men's position within the household further needs to be considered against the background of the unique South African context. Lesch and Scheffler's (2015) research within a low-income community in the Western Cape showed that fathers were faced with numerous adverse circumstances within their households. These circumstances include the death of close family members due to substance abuse, fostering the children of family members who were removed from their parents by authorities, families who reside together in small household spaces, teenage pregnancies, children who leave school early, community and household violence, crime, and imprisonment. In Lesch and Scheffler's (2015) study, most fathers reported that poverty caused them to grow up with a lack of material possessions and with low levels of educational achievement; therefore, they desired a better life for their daughters. They implemented various strategies to protect their daughters against the abovementioned aspects, such as restricting their time and places of socialisation.

The father's individual characteristics need to be kept in mind; for example, aspects such as his age, level of education, fertility, role identity, beliefs, mental health, and personality have an impact on his involvement with his children and grandchildren (Cabrera et al., 2014). It is not only biological fathers that can "be there" for their children but also social fathers, who may be significant male role models and father figures who play a significant role at different times in the child's life (Ratele et al., 2012).

According to Weiten (2014), divorce may be one of the leading factors for fathers being absent. Divorce is a highly stressful situation for children and disrupts their

lives (Weiten, 2014). According to Falci (2006), non-resident fathers visit their children approximately one to three times a month, and this contact may not be enough to have a significant impact on the child. However, non-resident fathers are not only involved with their children by means of physical contact. Non-resident fathers may pay child support, communicate with their children via phone, and be emotionally close to their children (Mitchell et al., 2009). Fathers in intact families maintain their involvement with their children during childhood by playing with their children and organising activities in their free time but spend less time with their children as they grow up, for example during adolescence (Brouillard et al., 2019). Less contact with a non-resident father may lead to lower levels of warmth between father and child, but it may also lead to a decrease in conflict situations, as the child spends more time with his or her resident mother (Brouillard et al., 2019).

Multiple differences in maternal and paternal parenting can be attributed to differences in family structure, education, cultural beliefs, and values in the household (Cabrera et al., 2014). As seen above, the family structure may determine the level of contact that the daughter has with her father, resident or non-resident. Fatherhood means different things to different people and is dependent on several aspects, such as time and place (Ratele et al., 2012), which may be important to consider in the South African context. These aspects may show visible differences in the quality of the mother–daughter relationship versus the father–daughter relationship in terms of closeness and level of conflict.

2.4.3 Sibling relationships

Sibling relationships often contribute to adversity, especially when there is conflict or rivalry between siblings. Sibling conflict can occur for a variety of reasons, including differences in personality, interests, and life experiences. Conflict between siblings can take many forms, such as verbal or physical aggression, exclusion, or competition (McHale et al., 2012). When sibling conflict is frequent or severe, it can have negative effects on children's development. Research suggests that sibling conflict is associated with increased emotional and behavioural problems, including depression, anxiety, and aggression. Sibling conflict can also contribute to poor academic performance, social difficulties, and low self-esteem (Waite et al., in Portner & Riggs, 2016).

In addition to conflict, other factors within sibling relationships can contribute to adversity. For example, if siblings experience neglect or abuse from one another, it can have significant negative effects on their wellbeing. Similarly, if siblings are exposed to substance abuse or other high-risk behaviour by one another, it can increase their own risk for negative outcomes (Rende et al., in McHale et al., 2012). It is important to keep in mind that some siblings are exposed to adverse household circumstances. Children who are raised in divorced households often spend some time with each of their parents; their time may be split between their parents, and therefore, they spend less time with their siblings (Noller, 2005). These children often have stepsiblings or half siblings.

However, it is important to note that sibling relationships can also be a source of support and resilience for children, especially in times of stress or adversity. Positive sibling relationships can provide emotional support, companionship, and a sense of belonging. Siblings can also provide a source of guidance and advice and can help children learn important social skills and coping strategies (Noller, 2005). In general, the quality of sibling relationships can have a significant impact on children's development, both positive and negative. Therefore, it is important for parents and caregivers to encourage positive sibling interaction, provide support and guidance to address conflict when it arises, and seek help when needed to ensure the wellbeing of all children involved.

2.4.4 Handicapped sibling

Having a handicapped sibling can contribute to adversity in some cases, especially if the child with a disability requires a significant amount of care and attention from his or her parents or other family members. Caring for a child with a disability can be emotionally and physically taxing, and it can significantly influence family functioning (Dyke et al., 2008; Hartling et al., 2010).

For siblings of children with disabilities, there may be feelings of resentment, jealousy, or neglect (Burke, 2010). Children may feel left out or ignored by their parents who are focused on caring for their sibling with a disability. They may also feel pressure to take on caregiving responsibilities themselves, which can be overwhelming and stressful (Dyke et al., 2008). In addition, the siblings of children

with disabilities may experience social stigma or discrimination from others who do not understand their family situation. This can lead to feelings of isolation or shame, which can contribute to emotional or behavioural problems (Hartling et al., 2010).

However, it is important to note that having a handicapped sibling can also have positive effects on children's development (Roeyers & Mycke, in Goudie et al., 2013). Research suggests that the siblings of children with disabilities may develop greater empathy, patience, and understanding of diversity (Burke, 2010). They may also develop stronger relationships with their parents and other family members as a result of shared caregiving responsibilities. In order to support siblings of children with disabilities, it is essential for parents and caregivers to provide open communication, emotional support, and opportunities for siblings to engage in activities outside of their caregiving role (Dyke et al., 2008). This can help siblings to feel valued and supported, while also reducing the negative effects of caregiving stress.

2.4.5 Gender and variations across cultures

Gender roles refer to behavioural norms for men and women that are defined in different cultures and influence important decisions that individuals must make regarding their choice of occupation, the number of hours worked, and their role description in the household (Jaga & Bagraim, 2017). The cultural context has a major impact on family life in terms of beliefs, values, traditions, and attitudes. Although the mother–daughter relationship is valued in every culture, childrearing practices and the way in which the family functions are different (Onayli & Erdur-Baker, 2013). Families are constantly in a state of transition as members of the family move through the developmental stages of life, such as marriage, birth, divorce, and death (Ross, 2021). Over the years, expectations for women and men have changed, and children nowadays are exposed to a very different family culture compared to their counterparts a few decades ago (Ross, 2021).

According to Louw and Louw (2007b), children can correctly identify themselves as male or female at the age of two and a half to three years, although they do not understand the concept of gender being consistent (e.g. three- to five-year-olds think that if a girl cuts her hair and wears pants, she can be a boy). Only at the age of five

to seven do they understand that gender is consistent (Louw & Louw, 2007b). They, therefore, enter school with a stable gender identity – male or female (Louw & Louw, 2007b). Gender role identification is important in children's education, as there are differences in the socialisation of boys and girls (De Witt, 2016).

Children learn their specific gender roles from their parents, identifying with their own gender and performing these roles successfully (De Witt, 2016). This process allows boys and girls to understand masculinity and femininity (De Witt, 2016). When children are exposed to only the mother doing the cooking and cleaning or only the father going to work, they will believe that these constructs are only meant for either women or men (Louw & Louw, 2007a). Strebel et al. (2006) report that traditional gender roles are still recognised in vulnerable communities in the Western Cape, where women are submissive to their husbands and have to perform household duties such as cooking and cleaning, while the husband is seen as the provider of the family. When parents share household responsibilities, children form less stereotyped views (Louw & Louw, 2007b). The traditional role of the woman is one that portrays her as fulfilling many roles, such as wife, mother, friend, member of society, or career woman. Many women value the maternal role – being able to bear children and being the caregiver of a child – while other women find their identity by furthering their education or pursuing a career or individual talents (De Witt, 2016). Many mothers want to have an identity that stretches beyond motherhood (Mesidor & Maru, 2015).

In conservative countries such as Turkey, women still have traditional roles within their families. Mottram and Hortaçsu (2005) state that marriage for women in Turkey acknowledges their adult status within society, while motherhood raises the woman's status. Turkish mothers feel that it is their duty to protect their daughter's reputation to ensure a desirable marriage; once married, that responsibility is handed over to the daughter's husband (Mottram & Hortaçsu, 2005). According to Jaga and Bagraim (2017), Hindu mothers in South Africa have to hold full-time jobs, while childcare and elderly care remain the responsibility of the woman in the house. A Hindu father's work outweighs his responsibility at home, while the mother has to sacrifice her career in the interest of her husband's career and children's education (Chandra, in Jaga & Bagraim, 2017). High levels of conformity, hierarchy, and interdependence are prevalent in Asian-Indian American families, where women are expected to make

sacrifices for the good of the family, rather than focusing on their own needs (Rastogi & Wampler, 1999).

Although gender socialisation theories hold the view that girls engage in less conflict than boys, as girls are socialised to be less conflictual, especially in public (Panfile et al., 2012), it is women who experience the highest rate of work-family conflict (from now on "WFC"). In many societies, women work longer hours in terms of paid and unpaid labour and have less leisure time compared to men (Strebel et al., 2006). The husbands of women who experience heightened levels of WFC value traditional gender roles where the distribution of family responsibilities is unequal (Jaga & Bagraim, 2017). For example, in the Hindu culture, girls are socialised to have limited participation in decision making, even when they are married. Girls who value being submissive in families are less likely to challenge requests and opt to avoid conflict (Jaga & Bagraim, 2017). These traditional gender roles are also widespread in countries such as South Korea, where gender segregation is common in the workplace (Lee, 2013).

In South Africa, existing gender roles are being challenged across ethnic groups due to the high rates of unemployment among men. By being the breadwinner, employed women have more economic power within the household, which may lead to elevated levels of conflict and household violence (Strebel et al., 2006). Violence towards women may increase because of the overturning of traditional gender roles, high rates of unemployment among men, and the woman's economic dependence on the man (Strebel et al., 2006). Young people's culture and beliefs about gender and their role within the community can often be seen as a precursor of their social conduct (Varga, 2003).

Families are greatly influenced by the attitude in their culture towards gender roles within the household. As the children in the family grow up, they reflect new values and experiences within the culture of the family unit. The differences between gender roles in cultures suggest that researchers and practitioners who work with culturally diverse families need to use caution when they evaluate relationships.

2.5 Periods of transition and developmental changes in the mother–daughter relationship

The mother–daughter relationship experiences many transformational periods, which bring about major changes in their relationship. This unique relationship may be viewed as having a "life cycle" (Fischer, 1981, p. 613) or experiencing "turning points" (Korolczuk, 2010, p. 480), characterised by several transitional periods such as the daughter's adolescent years, the daughter's marriage and motherhood, and the mother's frailty in her old age (Fischer, 1981). Miller-Day (2012) states that the most significant periods of change in the mother–daughter relationship occur first when the daughter is an adolescent and the mother is in her midlife, and second when the daughter is in her midlife and the mother is in her old age. These transitions may be a source of conflict in mother–daughter relationships, but the tie between mothers and daughters remains strong throughout all stages of life (Fingerman, 2002).

As mothers and daughters age, their roles within the relationship shift and change over time as new female leadership comes forth (Shawler, 2004). As mentioned above, the first turning point in the mother–daughter relationship is the daughter's adolescence. Adolescence is a transitional period between childhood and adulthood, and generally starts at age 13 and ends at age 21 to 22 (Weiten, 2014). Louw, Louw et al. (2007) argue that adolescence can start earlier, between the ages of 11 and 13, and ends at age 17 to 21, taking into consideration various biological, sociocultural, and individual factors. During early adolescence, the mother–daughter relationship is characterised by changing patterns and expectations between mother and daughter (Gonzales et al., 1996), where the adolescent is separating from the parent and forming her own identity (Gemelli, 1996).

During adolescence, there is a gradual decrease in support and warmth in the parent–child relationship, as well as an increase in confrontation and conflict (Brouillard et al., 2019). This shift can be attributed to the individuation period, where the adolescent becomes autonomous from the parents and the relationship between parent and child is redefined into a more mutual and understanding one (Brouillard et al., 2019) (refer to Section 2.2). During this period, the parent and child seek two different outcomes; the adolescent wants to separate from his or her parent and

79

establish his or her own independence, while the parent strives for a sense of uninterrupted connection with his or her child (Fischer, 1981). Conflict between the parent and adolescent increases as the childs spend less time with his or her parents, decreasing their parental influence (Weiten, 2014). Due to peer pressure (Weiten, 2014), adolescents are at higher risk for risky behaviour (Mitchell et al., 2009). This striving for autonomy can be a great source of marital conflict, as well as conflict between parents and their children (Hsueh et al., 2018). Conflict between parents and adolescents can also be attributed to how adolescents think about their parents' roles and their own roles within the family (Holmes et al., 2012).

During adolescence, the daughter is developing a unique identity as an adult, while the mother feels a sense of loss and rejection as the daughter pulls away from her (Miller-Day, 2012). Adolescent girls struggle to separate from their mothers developmentally (Miller-Day, 2012), due to the intensity of their shared gender experiences and needs within their relationship (Chodorow, in Winograd, 2016). Research shows that mothers demonstrate a preference for their daughters over their sons, due to shared gender experiences (e.g. pregnancy and birth) and their level of closeness and emotional support (Suitor & Pillemer, 2006). However, mothers choose their sons as sources of support in cases of emergency based on their knowledge and maturity (Suitor & Pillemer, 2006).

When the daughter gets married, the transition to motherhood redefines the mother–daughter relationship in three ways: the daughter's marriage affirms her status as an adult; the daughter takes on a new role, not as her mother's daughter but as a mother herself, a role which she has witnessed her mother fulfil; and the nuclear family structure shifts to that of an extended family orientation (Fischer, 1981). Mothers' and daughters' shared sense of femaleness is increased when the daughter gets married and has her own children (Mottram & Hortaçsu, 2005). This process allows the mother and daughter to re-evaluate their relationship and become more involved in each other's lives (Fischer, 1981). One must, therefore, assume that mothers and daughters will now interact in new ways. These shared gender experiences cause the daughter to have greater empathy for her mother (Mottram & Hortaçsu, 2005), as the daughter is now confronted with some of the same problems her mother experienced, such as dealing with small children, feeding a family, and

adopting the same view their mother did when confronted with adolescent behaviour with her own child (Fischer, 1981).

Throughout the literature, daughters are often described as "extensions of their mothers" (Miller-Day, 2012, p. 91). In Section 2.2.6, it was mentioned that daughters do not necessarily want to be like their mothers; however, Miller-Day (2012) notes that daughters must identify with their mothers to accept the adult female role in their marriage and motherhood. As mentioned above, mother and daughter often struggle to separate from each other. When their daughters get married, mothers must respect the boundaries around the daughter's house, as the son-in-law must also be considered (Fischer, 1981). The daughter wants the mother to come and visit her, as the daughter demonstrates her domestic skills and is surrounded by material proof of her marriage (Fischer, 1981). The mother experiences feelings of loss when her daughter comes to maturity but also struggles with feelings of rivalry and envy due to her spending more time with her new husband (Winograd, 2016). In contradiction to these motherly feelings, Korolczuk (2010) report that some mothers are happy when their daughters leave home, as they no longer have to disagree with them about chores or money when they are free and independent.

The mother–daughter relationship takes on a natural cycle, as mutual exchanges cause them to take turns in taking care of each other (Mottram & Hortaçsu, 2005). Older mothers have an ageing awareness, a time in their later lives when they realise that they are getting older with increasing physical and mental limitations, depending on their daughters more frequently (Sheehan & Donorfio, 1999). The role of the mother and daughter is reversed as the mother's age causes her to be more dependent on her daughter (Mottram & Hortaçsu, 2005). Daughters take on new responsibilities, such as advising and directing the mother and being concerned about her wellbeing (Mottram & Hortaçsu, 2005).

In the case of a mother who loses her spouse, widowhood implies the loss of status as well as the loss of the husband who managed the male duties within the household (Mottram & Hortaçsu, 2005). The mother's widowhood increases the amount of support received from children, as feelings of obligation arise to fulfil the father's household duties (Mottram & Hortaçsu, 2005). Mother–daughter relationships are also influenced by social structural factors that have an impact on

81

them (Fingerman, 1998). Older women are less likely to remarry after the death of their husbands and are more likely to turn to their daughters for assistance with household tasks that were previously done by the husband (Fingerman, 1998).

According to Hershberg (in Winograd, 2016), the ideal mother–daughter relationship moves between two modes of relating – firstly, understanding each other's feelings, and secondly, having separate viewpoints throughout their lives. So even though they experience transitional periods filled with conflict and disagreements, mothers and daughters are heavily invested in their relationship. Mothers and daughters have a shared investment in their relationship; therefore, daughters cannot replace their unique history with their mothers (Fingerman, 1998).

2.5.1   Caregiving and dependency in the mother–daughter relationship

The mother–daughter relationship is generally characterised by warmth, shared values, mutual support, interdependence, and various transitions throughout their lifetime. These periods of transition include the mother looking after and caring for the daughter, followed by the daughter having to fulfil these roles.

Caregiving does not solely refer to caring for an elderly mother or father. According to Turcotte (2013), family caregivers can refer to various roles of caregiving: adult children providing care to their elderly mother or father; family members who provide care for one another in times of sickness; providing care for a close friend or neighbour; providing care to one's grandparents; caring for a spouse who is sick; or lastly, parents who provide their children with care. Despite shifting gender roles, women are responsible for most of the household and childcare tasks, despite having full-time employment (Barnett, 2004; Christopher, 2012; Ciciolla & Luthar, 2019; Hill & Zimmerman, 1995). Mothers provide physical care to their children in numerous ways, for example organising schedules, maintaining order in the home, cooking, cleaning, and taking care of household finances. In addition, they are dually responsible with the father for the child's emotional needs by instilling values and shaping the child's character (Ciciolla & Luthar, 2019). Mothers care for their children by continually putting their children's needs above their own (Christopher, 2012).

The transitional period from the mother's independence into caregiving of the elderly mother is possibly one of the last transitions in this relationship (Pohl et al., 1997). As

women age, they are at greater risk for a health crisis (Shawler, 2004); therefore, they are more dependent on their adult daughters. Planning and decision making for elderly care and health care are essential when the adult daughter's mother ages (Shawler, 2004).

In a study where Sheehan and Donorfio (1999) explored the themes or meaning systems that caregiving daughters and their elderly mothers applied to caregiving, it was reported that their relationships were redefined in the context of the mothers' frailty and changing needs. The daughters did not want to have the label of "caregiver" describing their new responsibilities, as these daughters did not see caregiving as a burden (Sheehan & Donorfio, 1999). Some offspring see caregiving as an act of service performed due to lifelong attached relationships with their mothers, while others simply see it as something that has to be done (Pohl et al., 1997). Taking care of others is a way of showing that one loves someone and that one cares about him or her (Korolczuk, 2010); thus, caregiving cannot be seen as a role that is separate from the mother–daughter relationship (Sheehan & Donorfio, 1999).

After their daughters get married, mothers realise that their daughters' primary responsibility is now their husbands and families (Mottram & Hortaçsu, 2005). Older mothers may have more than one child (Fingerman, 1998); therefore, they may rely more on the daughter who resides in close proximity for care and assistance (Brody et al., in Fingerman, 1998). The caregiving situation may cause the mother and daughter to spend more time together. However, Fingerman (2002) states that by late life, mothers and daughters have learnt how to manage their interaction to maximise pleasure and minimise conflict, for example by avoiding specific topics of discussion (Sheehan & Donorfio, 1999). Some mothers and daughters live together during the caregiving period, and this may also seem to bring forth renewed conflict after years of independence (Pohl et al., 1997). To the contrary, when one's mother becomes ill and in need of care, attachment is strengthened and issues of conflict are seen as less important (Pohl et al., 1997).

Daughters' caregiving for their elderly parents may prove to be stressful as their parents' dependence on them increases. Some daughters' feelings of attachment decrease, as they see caregiving as a burden (Pohl et al., 1997). They also

experience disruptions in their routines (Pillemer et al., 2010), a lack of time, feelings of inadequacy for assistance needed, and feeling obliged to help the elderly parent even though they do not feel close to the parent (Declani et al., 2001). A point that is often overlooked is that caregiving may be difficult for elderly parents as well. Excessive help from children can have a negative impact on the wellbeing of elderly parents, as their feelings of autonomy decrease when their sense of dependency increases (Birditt et al., 2009). Parents may receive help with mixed feelings, as they may feel that their competence and independence are threatened (Declani et al., 2001).

Elderly mothers begin to realise that they are not in control, as their reliance on their daughters includes their having to make most decisions regarding health care (Declani et al., 2001). Mothers experience many changes during this difficult time, such as a decline in their physical energy and the number of activities they can complete, a change in personality, as some daughters report their mothers being more sensitive due to increased dependency and helplessness, and an increased level of tolerance (Mottram & Hortaçsu, 2005). During this caregiving period, daughters assist their mothers with multiple tasks, such as bathing, personal care, shopping, housekeeping, and transportation (Sheehan & Donorfio, 1999).

Caregiving may be an arrangement within the family, for example legal arrangements, a care home, or moving in with one of the children (Pillemer et al., 2010). The caregiving of a family member can be rewarding in many ways. Some daughters feel that they should "repay" their mothers for everything that their mothers have done for them throughout their lives (Sheehan & Donorfio, 1999). Mothers and daughters experience growth and satisfaction in their relationship (Pohl et al., 1997; Sheehan & Donorfio, 1999), while being actively engaged in relational exchanges with each other (Shawler, 2004). Daughters value their parents' confidence in them for the act of caregiving (Pillemer et al., 2010). Although the transition to caregiving can be overwhelming to both mothers and daughters, their relationship transforms at a deep level as they trade dependence and control (Sterk & Deakins, 2012).

Mothers and daughters experience difficult circumstances during the transition to the mother's late life. The mother–daughter relationship endures over their lifetime, and

their bond is strengthened through the caregiving experience (Pohl et al., 1997), knowing that their relationship is in the last phase of the mother's life (Shawler, 2004).

2.5.2 Employment and careers

Not only does work have financial advantages but it also contributes to one's identity; for example, an individual's employment reflects who and what the person is (Louw, 2009). Work fulfils the following functions in an individual's life: it is a means of survival as the income is used to buy household items, a means of self-expression and creativity, determines one's status in society, contributes to the individual's self-worth, defines one's daily schedule, offers an opportunity for social interaction outside the family, and provides opportunities for personal growth and intellectual stimulation (Rothmann et al., 2005). Now, more than ever, women are involved in the workforce of South Africa. According to Statistics South Africa (2018a), women accounted for 43,8% of total employment in the second quarter of 2018. However, women who are employed experience multiple aspects that cause WFC.

Greenglass (in Lo et al., 2003) highlights the connection between social support and the ability to cope with work-family stress. Giving and receiving social support are basic to women's socialisation (Lo et al., 2003). Families who live close to one another have shared resources (Jaga & Bagraim, 2017) and are able to assist one another with daily tasks and in cases of emergency. Mothers offer their support in their daughters' houses by helping with tasks such as babysitting and housework (Mottram & Hortaçsu, 2005). A supportive husband with non-traditional expectations of his wife may buffer her from the demands of work and family life by willingly assisting with the children and household tasks (Lo et al., 2003).

In some cultures, cultural perceptions still require women to manage and complete all household responsibilities. In countries such as Nigeria, women's employment is secondary to their household duties and sacrifices that are made for the family (Adisa et al., 2016). Jaga and Bagraim (2017) report that South African Hindu women have obligations toward their extended family, such as family gatherings over weekends. These strong family connections create additional demands that make it difficult for Hindu mothers to maintain a balance between work and family (Jaga &

85

Bagraim, 2017). Other outcomes of WFC are decreased wellbeing and anxiety, depression, burnout (Jaga & Bagraim, 2017), emotional exhaustion (Lo et al., 2003), and less time available to spend with family members and children (Kim et al., 2019). Women are often exhausted from their role demands at home and work, and sometimes have to cope with very little support from their husbands (Lo et al., 2003). These stressors may cause women to develop an adverse attitude towards their work role (Jaga & Bagraim, 2017).

As mentioned earlier, women's participation in the South African workforce has grown. High unemployment rates among men often cause women to be the main breadwinner in the household (Strebel et al., 2006). When women have to balance the demands of full-time employment with their role requirements at home, WFC is increased (Bazana & Dodd, 2013). The research of Patel et al. (2008) in South Africa has shown that professions that are predominantly female, such as nurses, require women to practise their role as carers and nurturers both at work and at home. Difficult working conditions, including work overload, long hours, shift work, staff shortages, and poor salaries, lead to dissatisfaction in their work and negatively influence their family lives (Lu et al., in Patel et al., 2008).

Work-family balance (from now on "WFB") is defined as the strategies and coping methods that are used by women to negotiate their work and family demands (Adisa et al., 2016) to the extent that they are equally engaged in and pleased with each role demand. As mentioned above, cultural perceptions of women in the workforce differ greatly; therefore, these differences allow them to make use of different coping strategies. Adisa et al. (2016) investigated the various coping strategies used by working mothers in the cities of London (Great Britain) and Lagos (Nigeria). They found that the British mothers had more coping strategies at their disposal, as their workplaces offered the following: switching from full-time to part-time; day-care centres close to work; extended maternity leave; emergency childcare and family leave; reduced working hours; and the option to work from home. The Nigerian mothers used the following coping strategies: a family member who co-resides in the household; employing domestic workers; and making use of neighbours' help. These mothers do not have access to the same services, as childcare is very expensive in some countries. Their coping strategies can be due to the difference in their unique

family structures, cultural orientation, and economic and societal development (Adisa et al., 2016).

Some mothers must adjust their career expectations downward in order to maintain WFB, as they do not have the finances to employ au pairs, domestic workers, or tutors (Lo et al., 2003). If professional women keep on adjusting their career expectations downward, it can be assumed that promotions may be refused or delayed, negatively affecting their career paths (Lo et al., 2003). Working mothers should be aware of the negative effects of WFC in order to seek support at home and at work (Opie & Henn, 2013). It is, therefore, of the utmost importance that employers pay more attention to the needs of full-time employed mothers, as it can produce economic advantages over the long term.

2.6   Conflict and disagreements

Weiten (2014) describes conflict as an unavoidable feature of everyday life where two opposing motivations or behavioural impulses are expressed. Unfortunately, very few problems are successfully solved in this way (Jackson, 2002). When a person behaves in a particular way, they do so because they intend to carry out an action, and this intention refers to the effort the person is willing to make in order to complete the action (Holmes et al., 2012).

Conflict is more common among mothers and their daughters compared to any other parent–child relationship (Collins & Russell, 1991). This may be due to the transitional nature of the parent–child relationship, from the time when the infant is totally dependent on the parent to the time when the adolescent rebels against the parent to the years when adult children have their own families (Fingerman, 1997). The perception of ageing parents and their adult children of their relationship may have an impact on the quality of their current relationship (Fingerman, 1997).

2.6.1   Sources of conflict

Parent–child relationships involve people of different ages who find themselves in different developmental stages and among different groups of people (Fingerman, 1998). According to Holmes et al. (2012), conflict is not typically planned or reasoned behaviour. In mother–daughter relationships, conflict is typically centred on

predictable topics, such as chores and curfews (Allison & Schultz, 2004). Conflict is much more than noncompliance with parents' demands and includes disagreements between parents and children. Furthermore, conflict between parents and children occurs frequently and is totally normal and beneficial, as it determines how the child will handle conflict later in life (Panfile et al., 2012). As mentioned above, the mother–daughter relationship is transitional, and over time, the techniques that mothers and daughters use to resolve their conflict are influenced by multiple factors, including the daughter's education, her husband, or even the media (Fingerman, 1998). According to Sheehan and Donorfio (1999), these transitions and shared experiences give knowledge and understanding of the other person, thereby reducing the likelihood of conflict within the relationship.

2.6.1.1   Emotional development during the daughter's adolescence

Emotional development occurs through repeated events of emotion-related opportunities by practising emotional regulation across a period of time (Hollenstein, in Hollenstein et al., 2017). Children's emotional development is mainly developed through interaction in the mother-child relationship (Hollenstein et al., 2017); therefore, it can be assumed that older dyads who experienced conflicted relationships during the early years may struggle to get along. Conflict and disagreements between mother and daughter may exist due to their level of maturity and age, as all individuals use different behaviours to deal with interpersonal problems; for example, a daughter's choice of conflict tactics during childhood may reflect the strategies used by her mother (Fingerman, 1998). Previous conflictual interaction contributes to one's general expectations regarding new disagreements and includes whether the person thinks that the conflict can be solved or not (Holmes et al., 2012).

As mentioned before, conflict increases between parent and child during adolescence. Adolescents spend less time with their parents and considerably more time with their peers (Weiten, 2014). During adolescence, adolescents struggle to separate from their mothers, while trying to establish their autonomy and independence. Conflict between parent and child can arise due to non-compliant behaviour by children where they use strategies to influence the parents or not comply with their demands (Panfile et al., 2012).

88

2.6.1.2   Maternal history of the mother

Mothers have greater involvement in their children's upbringing, and their tendency to react more actively to their children's troubles may cause increased levels of conflict (Brouillard et al., 2019). Panfile et al. (2012) state that a variety of factors can contribute to the frequency of mother–daughter conflict, namely maternal factors (personality, mood, or background), child factors (temperament and gender), relationship qualities (attachment style), and contextual factors (environment). As the mother–daughter relationship is the longest relationship for most women, it is important to consider the maternal history that contributes to the dynamics of the relationship (Pickering et al., 2015).

It is important to note that the personalities of the father and the mother have an important link to the attachment style between parent and child. As mentioned earlier, children form different attachment styles to their mothers (refer to Section 2.3), namely secure attachment, avoidant attachment, ambivalent or resistant attachment, disorganised attachment, or reactive attachment. Similarly, parenting behaviour can be associated with the aforementioned attachment styles. That is, infants with parents who demonstrate enjoyment in their relationship with their children represent a balanced representation of their children; parents who convey a lack of emotion and who do not see themselves playing a significant role in their children's development have a disengaged representation of their children; and parents who give incomplete descriptions of their parent–child relationship have distorted representations of their children. Therefore, the infants of parents with balanced representations are usually *securely* attached, while the infants of parents with disengaged representations show *avoidant* attachment, and the infants of parents with distorted attachments show *resistant* attachment (Foley & Hughes, 2018). Early experiences between mothers and their children affect their relationships and interpersonal competence during childhood (Priel & Besser, 2000).

2.6.1.3   Adverse childhood experiences and mental health

Maternal factors, such as the ACEs (refer to Section 2.2.2.1) that mothers experienced in childhood, can negatively influence the quality of mother–daughter relationships. In a study where Mesidor and Maru (2015) investigated the effect of

mothers' depression on their relationships with their daughters, it was found that mothers' childhood experiences influenced their own parenting. Mothers reported that ACEs such as their own mothers' mental illness made them want to raise their daughters in a different way than they had been raised. Some mothers display poor parenting behaviour due to trauma experienced in their childhood and do not provide their daughters with good guidelines for parenting (DiLillo & Damashek, 2003). Therefore, adult daughters find themselves repeating some of the parenting behaviours that their mothers used.

The quality of the parent–child relationship is one of the main causes of declines in adolescent mental health (Falci, 2006). Research shows a clear link between symptoms of depression among adolescents and interpersonal relationship problems (Brouillard et al., 2019). Symptoms of depression, such as irritability, a lack of interest, and negativity, are linked with poorer quality parent-adolescent relationships that are filled with more conflict and less support (Branje et al., 2010).

2.6.1.4   Teenage pregnancy

Another source of conflict between the mother and the daughter is the daughter becoming pregnant during her teenage years (refer to Section 2.2.1). The family serves as the young mother's greatest source of support during the pregnancy, and when the child is born, the teenager's mother plays the biggest role in her adjustment to motherhood (Sadler & Clemmens, 2004). The adolescent mother has to take on many new responsibilities, such as the child's upbringing, organising day care, disciplining the child, decisions with regard to her own schooling, and prioritising her time between family and friends (Brouillard et al., 2019). These aspects may serve as major sources of conflict between the mother and her adolescent daughter, as the adolescent is still financially dependent on her parents. Teenage mothers tend to co-reside with their parents while they and their children are still young, with their mothers serving as a great source of support (Sadler & Clemmens, 2004). Despite the initial shock and their sudden role change to a grandmother, most grandmothers express love for their grandchildren (Sadler & Clemmens, 2004). In spite of the support and assistance that these grandmothers provide, their teenage daughters often perceive this guidance as interfering with their parenting (Caldwell et al., 1998). The new grandmother experiences elevated levels

of stress, as her new role creates tension in the family system and she has to worry about coaching her daughter in parenting, completing her household duties, the baby's wellbeing, and the household finances (Sadler & Clemmens, 2004). Having continuous high levels of conflict with her daughter may have negative consequences for the grandmother's wellbeing (Caldwell et al., 1998).

2.6.1.5   The mother's self-sacrifice

The last source of conflict is self-sacrifice, which is a common theme in mother–daughter relationships. A good mother is often seen as someone who completely sacrifices herself for the people around her and honours and respects other people's feelings, even if it means ignoring her own (Hasseldine; 2017; Korolczuk, 2010). The mother gives more of herself to other people, while her daughter sees these people as taking advantage of her mother, which, in turn, causes friction between mother and daughter (Korolczuk, 2010).

Children are central in the lives of older parents (Fingerman, 1997), and although mothers and daughters experience conflict throughout the various stages of their relationship, they usually maintain a strong and positive relationship (Fingerman, 1998). Conflict situations may involve an intention to connect rather than fight with each other (Winograd, 2016).

2.6.2   Responses to conflict

According to Van Doorn et al. (2011), three different conflict resolution styles are used by mothers and their daughters, namely positive problem solving, conflict engagement, and withdrawal. *Positive problem solving* occurs when a person is trying to understand the other person's side of the argument and uses constructive methods to work out compromises. *Conflict engagement* involves destructive methods such as verbal abuse and losing one's temper and self-control. *Withdrawal* refers to someone who is distant and avoids talking about the problem. Constructive methods are likely to improve the development of the relationship, while destructive methods are a key characteristic of destructive relationships (Laible & Thompson, 2002).

91

Seminal research on mother–daughter relationships by Fingerman (1995, 1997, 1998) shows that mothers and daughters favour constructive rather than destructive resolution methods during conflict. Three reasons support this statement, namely that mothers and daughters have a great investment in this relationship, that they perceive the relationship in positive terms, and that they do not have alternatives to their partner (Fingerman, 1998). Over the course of their relationship, mothers and daughters develop increased tolerance for and acceptance of each other (Sheehan & Donorfio, 1999). Constructive conflict resolution methods include not having unrealistic expectations of each other, putting their conflict and differences aside, and choosing not to talk about specific topics that increase conflict (Sheehan & Donorfio, 1999), while negative methods include the avoidance of conflict (Holmes et al., 2012). Daughters who avoid problems with their mothers by avoiding talking to them are usually the ones who engage in very positive interaction with their mothers; therefore, they do not know how to respond in constructive ways when they are upset with their mothers (Lefkowitz & Fingerman, 2003).

A mother's perception of conflict can influence the family's perceptions of the positive and negative aspects of conflict. Furthermore, a mother's negative beliefs about conflict can cause the child to believe that conflict is pointless, whereas positive beliefs about conflict can provide the child with opportunities to strengthen relationships, solve problems, and contribute to personal development (Holmes et al., 2012). Van Doorn et al. (2011) report that adolescents' use of constructive conflict-solving methods increases from early to middle adolescence, as parents also adapt their conflict-solving methods as their relationship with the adolescent changes over time. Parents often have stereotypical beliefs about adolescents, thinking that they are argumentative and difficult. If parents believe that their adolescent son or daughter is going through a difficult development phase with mood fluctuations and risk taking, they are more likely to parent in controlling and demanding ways (Holmes et al., 2012).

Beliefs about other people may have an impact on one's behaviour, as these beliefs influence the amount of power an individual has to determine the outcome of a conflict situation (Holmes et al., 2012). Mothers and daughters experience differing developmental needs across their lifespan, as daughters also age and begin to fulfil roles similar to those of their mothers (newlywed, new mother, etc.) (Miller-Day,

2012). These transitions in their relationship may bring forth new grounds for conflict, as the mother has aged away from those roles towards her own individual needs (Miller-Day, 2012).

2.6.3 Management of conflict

It can be established from the above discussion that conflict in the mother–daughter relationship can be attributed to the transitional periods throughout their lifespan, such as the adolescent period when conflict levels are at their highest. However, conflict is part of the day-to-day interaction of the mother–daughter relationship (Shawler, 2004). The strong ties between mothers and daughters in late life involve a balance of positive and negative feelings, intense connections and autonomy, and a mixture of closeness and distance (Fingerman, 2002).

As mentioned earlier, mothers and daughters favour constructive over destructive problem-solving methods. The long-lasting intensity of mother–daughter relationships shows that mothers and daughters mostly handle conflict situations in a way that strengthens the relationship, rather than weakens it (Fingerman, 1998). The members of the dyad must believe that constructive methods can be utilised to successfully solve conflictual interaction (Holmes et al., 2012). The literature shows that mother–daughter dyads use multiple constructive methods in dealing with their conflict, such as not responding to negativity with negativity, avoiding behaving in negative ways when upset (Lefkowitz & Fingerman, 2003), tolerating and accepting the other person and avoiding particular topics for discussion (Sheehan & Donorfio, 1999), responding to conflict in supportive ways (Whalen et al., 2014), using other family members to mediate their conversations (Sadler & Clemmens, 2004), and establishing direct lines of communication in the case of a misunderstanding (Mesidor & Maru, 2015). These strategies allow for less conflict and more acceptance and understanding between mother and daughter (Fingerman, 1998).

Children's relationships with their parents generally improve towards the end of adolescence, when conflict levels are known to decrease (Brouillard et al., 2019). As daughters age, they gain a better understanding of their mothers, as they have to fulfil the same roles as their mothers (Sheehan & Donorfio, 1999), for example raising young children, doing household duties, and being employed. With ageing

93

comes so-called filial maturity, when adult children recognise their parents' vulnerabilities as well as their own (Blenkner, in Fingerman, 1998).

Research shows that parents experience higher levels of compatibility and closeness to their children compared to similar reports by children (Caldwell et al., 1998; Fingerman, 1998). These reports may be due to parents' greater investment in their children (Gonzales et al., 1996), where the one with the greatest investment is more likely to be accommodating when he or she is confronted by the unwanted behaviour of the other person. It is, therefore, expected that the mother will likely be accommodating when she is upset with her daughter (Fingerman, 1998). When children feel upset or hurt by their parents, they may not feel the need to express their feelings, as their parents may not understand their efforts to do so, which can increase tension between parent and child (Fingerman, 1995).

The majority of mothers and daughters do not end their relationship due to disagreements and negative emotions, but continue on to a caregiving relationship in later life (Pickering et al., 2015). Fingerman (1998) agrees with this idea and states that there is no evidence in the literature that mothers and daughters sever ties when they are upset with each other. Therefore, it is understandable that mothers and daughters express their disapproval of each other when they are certain that the other person will not withdraw from the relationship (Fingerman, 1998).

2.6.4   Unresolved issues

Although most mother–daughter relationships are characterised by mutual respect, intense connection, and high admiration for each other, there are still some relationships in which elevated levels of conflict and disagreements are experienced. These dyads may experience long-standing problems within the family context (Kim et al., 2020). Deeply conflicted, ambivalent, and poorly differentiated relationships between mothers and daughters can result in the decline of their mental and physical health (Kim et al., 2019; Shapiro, 2006) (refer to Section 2.2.2.2), and professional assistance or therapeutic intervention may be needed in the long term. Adult mothers who have difficult relationships with their own mothers may need more intensive therapy, which can have a direct impact on their relationships with their mothers, as well as their relationships with their daughters (Sellers et al., 2011).

Throughout this chapter, literature related to conflicted mother–daughter relationships was discussed. Furthermore, I discussed ACEs that might have major influences on this relationship. Transitional periods throughout the relationship were explored, specifically highlighting the adolescent period in the daughter's life. In the next section, the theoretical framework that was utilised for this study is set out.

2.7   Theoretical framework of the study

The theoretical framework provides the researcher with a paradigm of existing knowledge where the researcher can compare the results of the study and identify similarities, knowledge gaps, contradictions, and new insights (Ferreira, 2012). In other words, the theoretical framework provides the researcher with a "lens" through which the data are designed and interpreted in each section of the research inquiry (Anfara & Mertz, 2014; Creswell, 2014b). Within the context of this study, the theoretical framework allowed me to compile appropriate research questions related to conflicted mother–daughter relationships, as suggested by Hartell and Bosman (2016). These questions were aligned with the theoretical framework, which addressed the cognitive coping and management resources used by mothers and daughters during stressful situations.

The theories that were considered for this study were mentioned in Section 1.7.1. The socio-historical and biographical background of each mother and daughter made it necessary to select a framework that would accommodate the unique South African context, where families are daily faced with adverse circumstances. Stress is normal and inevitable in any family system and forces the family to develop, mature, and change over time (Boss et al., 2016). Stressors bring about different sets of changes within a family, where the family grows stronger by adjusting its family rules, roles, and problem-solving skills (Boss et al., 2016).

A suitable and contextual model of family stress and resource management has not yet been developed in South Africa. Therefore, I decided to use the ABCD-XYZ resource management model of crisis or stress (Dollahite, 1991) as the theoretical framework for this study. As discussed earlier (refer to Section 1.7.2), the model consists of seven letters (ABCD-XYZ), which each presents a different aspect of the

resource management model of crisis or stress. The letters in the model are shown and defined below in Figure 2.2.
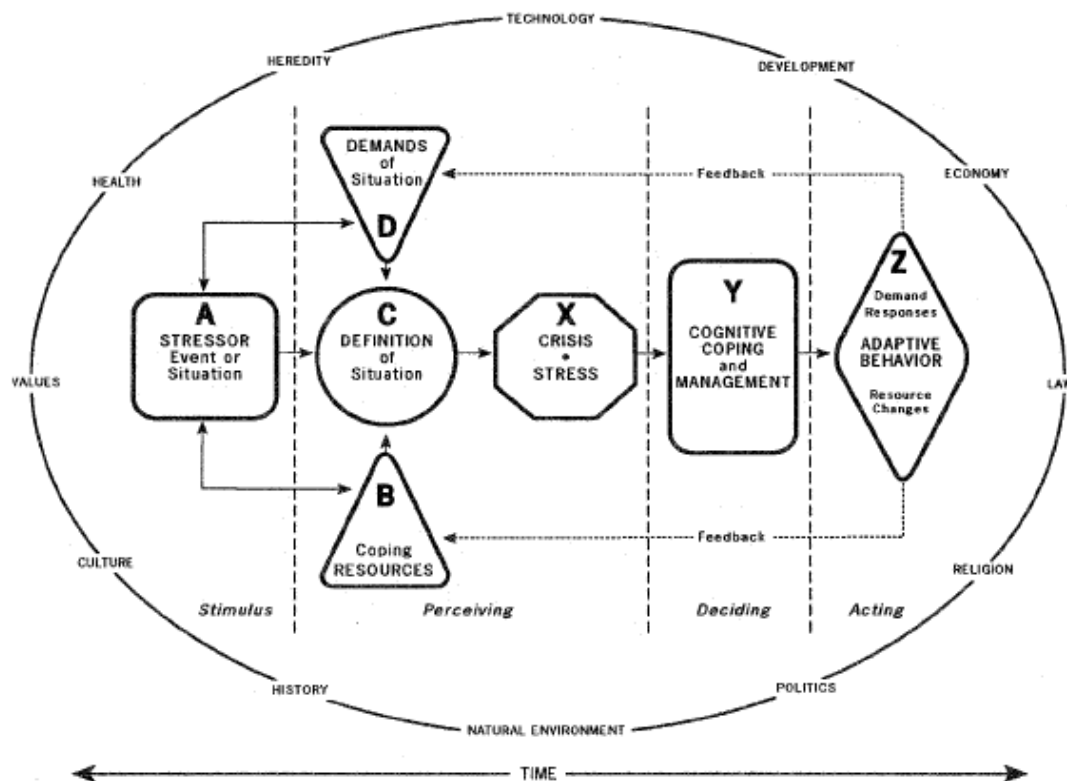
Figure 2.2: ABCD-XYZ resource management model of crisis or stress (Dollahite, 1991, p. 365)

As seen in Figure 2.2 above, the model places individuals and families within their historical, economic, technological, cultural, legal, political, religious, and natural environmental contexts. Additional contexts included are health (mental and physical), values (beliefs), heredity, and development (stage of life cycle) (Dollahite, 1991). The contexts that are mentioned are extremely important, as they influence the stress and coping process of the individual or family. In addition, the individual's or family's context determines which situations or events the individual or family regards as stressful and the degree of vulnerability to these stressors (Boss, 1987). Time is external to each context within the model and is the dimension through which all processes of family stress and crisis occur.

Figure 2.2 shows that the ABCD-XYZ resource management model of crisis or stress covers four distinct phases (Dollahite, 1991):

- Phase 1: Stimulus (includes A-factor)
- Phase 2: Perceiving (includes B-, C-, D-, and X-factors)
- Phase 3: Deciding (includes Y-factor)
- Phase 4: Acting (includes Z-factor)

The four phases of Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress are discussed next.

Phase 1: Stimulus (includes A-factor)

According to Boss et al. (2016, p. 74), a stressor event "is an occurrence that is of significant magnitude to provoke change in the family system". The A-factor is, therefore, the stressor event or situation, that is, the stimulus that forces a response from the individual or family. A stressful event in any individual's life may lead to a crisis or stress but is not necessarily stressful in itself (Dollahite, 1991). A stressful event can be *internal* to the family system (e.g. the death of a parent) or *external* (e.g. the Covid-19 pandemic) (Boss, 1987). The stressor influences and is influenced by the resources that are available to the individual or family for coping and the demands faced as a result of the situation. The demands that are faced by the family may increase if the family or individual has limited resources available (Dollahite, 1991).

Phase 2: Perceiving (includes B-, C-, D-, and X-factors)

The second phase of the model involves the individual's or family's perception of how the resources that are available for coping (B-factor) compare with the demands of the stressor or situation (D-factor). This comparison influences the individual's or family's definition of the stressor (C-factor), which then influences the presence of a crisis or the degree of stress (X-factor) (Dollahite, 1991).

The B-factor refers to social, emotional, interpersonal, and material coping resources that are utilised by individuals or families to meet the demands of the stressful situation (McCubbin & Patterson, in Dollahite, 1991). The C-factor refers to the individual's or family's perception and interpretation of the stressful situation. This is influenced by their perception of the coping resources that are available and the demands of the situation that are related to the stressor. The individual's or family's

interpretation of the stressor is largely influenced by their values and cultural beliefs about stressors, demands, and resources. The D-factor refers to the interaction between actual and perceived demands that are placed on the individual or family as a result of the stressor. Demands may be *internal demands* that are placed on the individual or family by the environment (e.g. the need to pay taxes) or *external demands* that are placed on the individual or family by themselves (e.g. goals and desires) (Dollahite, 1991). Lastly, the X-factor refers to a disturbance in the individual's or family's life that is so overwhelming or severe that the individual or family is unable to function optimally. During the crisis, the individual or family is unable to utilise behaviour that has assisted them to cope with stressful situations or crises in the past (Boss et al., 2016).

Phase 3: Deciding (includes Y-factor)

The third phase (Y-factor) refers to the cognitive coping and management resources of the individual or family. This is an important part of the stress management process, as this is the stage where the individual or family makes decisions that will influence how they will adapt to the stressful situation. Included are cognitive coping resources, such as putting the crisis or situation into context, maintaining emotional distance, or choosing to seek social support. Also included are central cognitive processes of resource management, such as clarifying values, setting goals, seeking information, planning, considering alternatives, and making decisions about resource use (Dollahite, 1991).

Phase 4: Acting (includes Z-factor)

The fourth phase (Z-factor) refers to the individual's or family's response to the cognitive coping and management decisions that were made. These cognitive responses and managerial plans are implemented to adapt to the stressor. In order to make a better fit with the environment, the individual or family needs to make changes to adapt to the environment (Dollahite, 1991).

Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress was, therefore, suitable for use in this study. Stress is normal and inevitable in all families, and the mother–daughter relationship is no exception. This model considers the family's unique characteristics, such as its cultural context and the community where

98

the family resides. This aspect is especially important in this study, as the seven mother–daughter pairs came from differing cultures and socioeconomic areas throughout the Pretoria area. The model also considers each participant's choice of coping and management resources, as well as the participants' individual reactions to the stressful situation or crisis. By studying the unique characteristics of each family, I was able to identify stressors in the mother–daughter relationships that caused conflict and disagreements.

2.8 Summary

Mothers and daughters experience many stressors throughout their lives, such as transitional periods, marital conflict, financial strain, and problems at work. The quality of the mother–daughter relationship can mediate the effect of stressors on the daughter's life, as the mother is the most reliable source of support for the daughter. Even though people experience many hardships in life, even in their relationships with their mothers, daughters express a need to have them in their lives. For many women, motherhood shapes their identity and makes them feel as though they belong; therefore, mothers and daughters owe it to themselves to dig deeper and identify the sources of their conflicted relationships.

In this chapter, a thorough literature review was done to gain an in-depth perspective of the dynamics of conflicted mother–daughter relationships. The importance of the mother–daughter relationship was highlighted, taking the unique South African context into account. Possible ACEs in the lives of mothers and daughters were discussed, as well as the effects thereof on the dynamics of mother–daughter relationships. It became clear that heightened levels of conflict are apparent during transitional periods, such as the daughter's adolescence. Thereafter, the theoretical framework that guided this study was discussed. In the following chapter, the methodological choices that were made for this study, including the selected paradigm, the data generation instruments, and the data analysis methods that were utilised, are discussed. These choices are justified against the purpose of my study and the research questions that were formulated in Chapter 1.

Chapter 3: Research methodology

3.1 Introduction to the chapter

In Chapter 2, the literature on conflicted mother–daughter relationships was reviewed. The importance of the mother–daughter relationship was emphasised, including the influence of ACEs as a source of conflict and disagreement. The findings from Chapter 2 suggest that mother–daughter relationships undergo transitional periods throughout their lifetime when elevated levels of conflict occur. Several adverse experiences throughout mothers' and daughters' childhood were seen as having a direct impact on the mother–daughter relationship in later life. To make sense of this phenomenon, I discussed the chosen theoretical framework, namely Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress.

Chapter 3 focuses on the research methodology that guided the execution of this study. The research methodology of a study is the science of how a research study is carried out and which methods are utilised to solve the proposed research questions. After presenting brief details of the research methodology, I provide a comprehensive account of the research paradigm and the research mode of inquiry and design applied in the study. I discuss the qualitative nature of the study by addressing the chosen research sites and the inclusion and exclusion criteria that were utilised for the selection of participants. Furthermore, I describe the sampling technique used to generate the data, as well as the theoretical framework and how it relates to the data generation. Thereafter, I discuss the four data generation strategies and the procedures that guided me in analysing the data sets. This is followed by an explanation of the data analysis. The chapter concludes with a discussion of the ethical measures that were adhered to and the permission procedures that allowed me to conduct the research, as well as an explanation of how trustworthiness was attained.

Table 3.1 provides an overview of the research methods and processes applied to the research I conducted.

Table 3.1: Outline of Chapter 3

Methodological framework	Methodological justifications	Practical implications
Meta-theoretical paradigm	Theoretical framework	ABCD-XYZ resource management model of crisis or stress
Research paradigm	Symbolic interactionism (nested in pragmatism)	• Ontological suppositions • Epistemological suppositions • Suppositions about human nature • Methodological suppositions
Research design	Qualitative	Underlying principles • Central phenomenon • Descriptive events in everyday life • Thick descriptions
Research approach	Multiple case study	• Several bounded cases are selected • In-depth understanding • Findings are analysed across similar cases
Research strategies	Sample and research site	• Non-probability sampling • Inclusion criteria • Exclusion criteria • Escalated to snowball sampling
	Data generation techniques and documentation method	• Semi-structured interviews • Guided observations • Life mapping • Mmogo method
	Role of the researcher	• Behave honestly and ethically • Safeguard participants and the data • Access the thoughts and feelings of the participants • Convey knowledge to the body of scholarship
Data analysis strategy	Retrospective thematic method	• Thematic analysis • Deductive (*a priori*) • Inductive (emerging)
Quality assurance	Data verification method	• Credibility • Transferability • Dependability • Confirmability
Ethical considerations	Institutional	Ethical clearance from the Faculty of Education
Research generalisations	Textual	• Do not generalise findings • In-depth perspective of the role of conflict and disagreements within the mother–daughter relationship • Analytical and logical

Sources: Adapted from Maree (2016) and Nieuwenhuis (2016a)

101

The structure used in Table 3.1 is applied to the following sections. It is important to reiterate that the theoretical framework utilised for this study is to describe and understand the phenomenon of the conflicted mother–daughter relationship better, while the symbolic interactionist paradigm describes how the scientific process (qualitative case study approach) is conducted.

3.2 Research paradigm

Nieuwenhuis (2016a, p. 52) defines a paradigm as "a set of assumptions or beliefs about fundamental aspects of reality which gives rise to a particular worldview". In addition, Sefotho (2021) defines a paradigm as a construct that serves as a model of how the researcher achieves what he or she set out to achieve at a specific time. Therefore, paradigms influence a researcher's view of the world (phenomenon) and determine how an individual interprets and explores reality (methodology) and handles the situations and occurrences of everyday life (Lombard, 2016; Nieuwenhuis, 2016a). Creswell (2014b) adds that the researcher's worldview defines his or her orientation to the world and what the researcher brings to his or her research accordingly. The researcher's paradigmatic worldview entails particular assumptions that he or she has of the world, which influences his or her way of interpreting reality (Maree & Van der Westhuizen, 2009).

3.2.1 Ontology, epistemology, and methodology

Lombard (2016) states that *ontology* refers to an individual's reality without any external influences, such as social interaction, that may change his or her viewpoint. Reality can, therefore, be seen as a given, where the individual has little to no control over it. In contrast, reality can change due to the researcher's social, historic, political, or economic interaction. An *epistemological* approach would require the researcher to verify and test reality to make any predictions. Reality is, therefore, known and reported according to observed facts, which can be approached objectively. *Human nature* focuses on the individual's subjective experiences and emphasises that interaction with the social world influences one's views of reality (Nieuwenhuis, 2016a). Lastly, the *methodological* approach requires the researcher to gain knowledge of reality by considering different research methods to study different cases and reach conclusions (Lombard, 2016).

102

3.2.2 Symbolic interactionism as selected paradigm

Symbolic interactionism is the paradigm on which the theoretical framework of this study is found and, therefore, is regarded as important for this inquiry. Symbolic interactionism draws on many of the key principles of pragmatism (discussed later in this section) and who see meaning as something that emerges from interaction between people, focus on the observation and analysis of social interaction, such as conversations, meetings, and teamwork. Symbolic interactionists also emphasise the importance of subjective experience and interpretation, and argue that meanings are not fixed or objective, but are, instead, shaped by the context in which they are used. This emphasis on the practical consequences of ideas and beliefs, as well as the importance of empirical observation and subjective interpretation, aligns with many of the key principles of pragmatism. In general, symbolic interactionism emphasises the importance of language, culture, and history (Crotty, 1998) in the shaping of one's interpretations and experiences of organisational and social worlds.

According to pragmatism, concepts are only relevant where they support action (Kelemen & Rumens, 2008). Pragmatism originated in the United States of America in the late 19th to the early 20th century in the work of philosophers Charles Pierce, William James, and John Dewey. It strives to reconcile objectivism and subjectivism, facts and values, accurate and rigorous knowledge, and different contextualised experiences. Pragmatism does so by considering theories, concepts, ideas, hypotheses, and research findings not in an abstract form but in terms of the roles they play as instruments of thought and action and in terms of their practical consequences in specific contexts (refer to Table 4.3). Reality matters to pragmatists, as practical effects of ideas and knowledge are valued for enabling actions to be carried out successfully. For a pragmatist, research starts with a problem and aims to contribute practical solutions that inform future practice. Researcher values drive the reflexive process of inquiry, which is initiated by doubt and a sense that something is wrong or out of place, which re-creates belief when the problem has been resolved (Elkjaer & Simpson, 2011). As pragmatists are more interested in practical outcomes than abstract distinctions, their research may have considerable variation in terms of how "objectivist" or "subjectivist" it turns out to be. If one were to undertake pragmatist research, this would mean that the most important determinant for the research design and strategy would be the research

problem that the researcher would try to address and the research question. The research question, in turn, would be likely to incorporate the pragmatist emphasis on practical outcomes.

3.2.2.1   Assumptions underlying symbolic interactionism

Consequently, researchers' underlying principles and assumptions have implications for their methodological choices (Babbie & Mouton, 2001; Cohen et al., 2007). These important aspects cause researchers to make use of different research methods, as the chosen paradigm determines the content of the research, how the research is supposed to be conducted, and how the research results must be interpreted (Lombard, 2016). For researchers to gain insight into and an understanding of people's behaviour in different contexts, they need to be aware of the underlying assumptions of the paradigm. According to Dunn (2021), symbolic interactionism is based on the following assumptions:

- Symbolic meaning: Society consists of small groups of individuals who interact based on the various ways in which they interpret their cultural symbols, such as verbal and non-verbal language, including media images, gestures, language stereotypes, perceptions, and belief systems. These are used to convey information and establish social relationships.

- Social construction of reality: People's interaction with those around them is, therefore, the shared understanding they have of their cultural symbols. Reality is socially constructed through symbolic interaction. This means that individuals interpret and give meaning to their experiences based on the social context in which they occur.

- Subjectivity: People's experiences and interpretations are subjective and shaped by individual differences in perception, emotion, and cognition. This means that people may have different interpretations of the same social situation, based on their individual perspectives. It is, therefore, a micro-level paradigm that is interested in human behaviour.

- Agency: Individuals have the ability to act independently and make choices based on their own interpretations of social reality. This means that individuals are not passive recipients of social forces but active participants in shaping social reality.

- Self: A sense of self is developed through social interaction with others. This sense of self is not fixed or predetermined but is constantly evolving through social interaction and interpretations.

By choosing the correct paradigm and research methods to constitute valid research, researchers must answer particular questions that determine the way in which their research project will be conducted (Lombard, 2016). These paradigmatic questions or assumptions and perspectives are summarised in Table 3.2.

Table 3.2: Paradigmatic assumptions and perspectives (adapted from Lombard, 2016)

Assumptions	Symbolic interactionist	Conflicted mother–daughter relationships (resource management of crisis or stress)
Ontology (What is the nature of being?)	• Complex, rich, and external phenomenon • "Reality" is the practical consequences of ideas • Mix of developments, experiences, and practices • Human capacity for self-reflection • Social reality is created and constructed through social interaction and shared meanings	Findings are based on observable and empirical data that are influenced by context, perceptions, and behaviour. Multiple data sets are generated to ensure that various points of view are considered before interpreting reality.
Epistemology (What signifies acceptable knowledge?)	• Real-world meaning of knowledge in specific contexts • "True" beliefs and knowledge are those that allow successful action • Focus on problems, behaviour, and importance • Problem solving and up-to-date future behaviour as influence • Meaning emerges from interaction between participants in a natural context	Rapport is established to understand the reality from the participants' point of view. Strategies are used to obtain an in-depth understanding of language and behaviour. The researcher takes on the role of data generator to understand the reality and context in which the participants find themselves. The researcher is immersed in the process to develop a better understanding of the problems, perceptions, and behaviour. The relationship between the researcher and the study is

Assumptions	Symbolic interactionist	Conflicted mother–daughter relationships (resource management of crisis or stress)
	• Generation of meaning and production of narratives • Gain an in-depth understanding of people's subjective experiences and interpretations	ethical and subjective, and generalisability is not important.
Axiology	• Value-driven research • Research started and sustained by the researcher's doubts and beliefs • The researcher reflects but should not impose his or her own values or beliefs onto the research process	The truth is not context-free. The interpretation of data sets requires constructive critique to ensure that meanings or behaviours are not overlooked. It is also important to understand the mother's and daughter's subjective experiences and interpretations without making judgements or imposing the researcher's own values onto the research.

3.3 Research design

The research design of any study includes a "blueprint" or plan of how the researcher aims to conduct the research (Babbie & Mouton, 2001). This plan includes the specific procedures that will be utilised for collecting, analysing, and reporting on the data that are generated (Creswell, 2014a). The research questions posed by the researcher determine how this plan will be executed (Hartell & Bosman, 2016). In the following section, I elaborate on the importance of the chosen paradigm for this study, which is accordingly aligned with the chosen theoretical framework and purpose of the inquiry.

3.3.1 Qualitative research

Qualitative research is used by researchers to explore and understand a central phenomenon, that is, the key concept, idea, or process, throughout the study (Creswell, 2014a), which individuals or groups use to assign meaning to a social or human problem (Creswell, 2014b). Stangor (2011) notes that qualitative research is

descriptive in that it is focused on observing and describing events as they occur in everyday life. Qualitative research attempts to study the participants' actions from an "insider's perspective", with the goal of describing and understanding the behaviour instead of explaining and predicting the individual's behaviour (Babbie & Mouton, 2001, p. 53). According to Mouton (in Engelbrecht, 2016), there are three aims within a qualitative study, namely to explore (literature study), to describe (the phenomenon being investigated), and to declare (evaluation and prediction).

Qualitative methods are chosen by researchers, as they can provide a researcher with rich descriptions of the phenomenon under investigation (Engelbrecht, 2016), while also shedding light on the relevance of the research in other contexts (Rule & John, 2011). A qualitative researcher studies a phenomenon by collecting or generating data from participants and then analysing and interpreting the meaning of the data sets by drawing on reflections and past research (Creswell, 2014a, 2014b). Denzin and Lincoln (as quoted in Engelbrecht, 2016, p. 110) state that qualitative researchers "seek answers to questions that stress how social experience is created and given meaning". Qualitative data generation methods generate words, rather than numbers, and aim to answer and understand the "what", "how", and "why" questions in terms of the collected data (McCusker & Gunaydin, 2019). Therefore, these generation methods are concerned with the individual's subjective meanings, rather than objective facts (Silverman, 2020). Hence, the emphasis of qualitative research is on methods of observation and analysis that "stay close" to the participant, such as interviews, observations, and personal documents (Babbie & Mouton, 2001, p. 53). Not only documents are used for data generation but also the perspectives and convictions of all role players, including the researcher and the participant (Engelbrecht, 2016). Furthermore, qualitative researchers need to reflect, discussing their role and position within the study to reflect on their own biases, values, and assumptions (Creswell, 2014a) (refer to Section 3.2.1).

Using a qualitative design as a scientific mode of inquiry with symbolic interactionism as paradigm is a suitable approach to understanding mother–daughter relationships within their natural environment and obtaining closer contact with the reality of their relationships and the conflict they face therein. Utilising verbal and non-verbal data generation techniques enabled me, as the researcher, to gain insight into their

relationships when they reflected on the influence of adversity and conflict within their relationships.

3.3.2 Multiple case study research approach

Rule and John (2011, p. 4) define a case study as "a systematic and in-depth investigation of a particular instance in its context in order to generate knowledge". Joubert (2016) adds that case studies are comprehensive investigations of a specific case completed by any person or researcher. Case studies enable researchers to develop an in-depth analysis or exploration of a specific case, which can be one or more individuals, a programme, an event, or even a process (Creswell, 2014a, 2014b). The categories of different case study designs that researchers can use are named and defined in Table 3.3.

Table 3.3: Categories of different case study designs

Type	Definition	Type	Definition
Explanatory	• The purpose of this case study is to explain how or why something occurred (Yin, 2014). • Case studies that explore the cause and effect between variables (Fisher & Ziviani, 2004).	Intrinsic	• The purpose of this case study is to study the case in depth to gain more knowledge about the phenomenon (Joubert, 2016). • The purpose of the intrinsic case study is to study a case (e.g. an individual, a group, or an institution) where the case is the primary interest of the research. The purpose of the study is to learn more about the uniqueness of the case, and not to build theory (Mills et al., 2012b).
Descriptive	• The purpose of descriptive case studies is to describe the case in its real-world context (Yin, 2014). • Descriptive case studies describe a study in which specific interventions or evaluations were applied (Fisher & Ziviani, 2004).	Instrumental	• Instrumental case studies explain in order to create theory, while also expanding on or assessing the validity of the theory (Joubert, 2016). • In instrumental case studies, the case serves as the main instrument to gain in-depth knowledge about something else. The case is, therefore, the main tool used for the exploration of the phenomenon, thereby creating theory and rewriting generalisations (Stake,

108

Type	Definition	Type	Definition
			in Mills et al., 2012b).
Exploratory	• The purpose of the exploratory case study is to identify possible research questions that will guide the research study. It may or may not be a case study (Yin, 2014). • This type of case study explores different situations where a single outcome is not expected (Fisher & Ziviani, 2004).	Multiple	• This is a case study that is organised around two or more cases (Yin, 2014). • Multiple cases are selected to gain a deeper understanding of the phenomenon being studied. The purpose is to compare the cases in order to create theory, elaborate on it, or test the validity thereof (Joubert, 2016). • Multiple cases are carefully selected to predict results that are either similar or contrasting, but for predictable reasons (Yin, 2014). • Multiple bounded cases are selected, as they can provide the researcher with a more in-depth understanding of the case than a single case can. Comparisons across cases may provide more substantial explanations of the phenomenon (Mills et al., 2012a).

(Adapted from Fisher & Ziviani, 2004, p. 185-186; Joubert, 2016, p. 140; Mills et al., 2012a, p. 2; Mills et al., 2012b, p. 2; Stake, in Mills et al., 2012b, p. 2; Yin, 2014, p. 238-239)

From the different types of case study designs available to researchers, I selected the multiple case study design. This design was suitable for my study, as several cases were selected to investigate the phenomenon of the conflicted mother–daughter relationship. Furthermore, this design allowed me to document the similarities and differences across the various cases.

The defining characteristics of a case study are its focus on an individual unit of analysis (Babbie & Mouton, 2001). Yin (2014, p. 16) describes the scope of the case study as follows:

> A case study is an empirical enquiry that investigates a contemporary phenomenon (the "case") in depth and within its real-world context, especially when the boundaries between phenomenon and context may not be clearly evident.

Case studies allow a researcher to identify similar aspects and ideas of the participants' words and actions within the context of the case (Joubert, 2016). Typically, case studies use a combination of data generation methods during different moments of interaction over a period (Eisenhardt, 2011; Stake, in Creswell, 2014b). While interviews, observations, and archival sources of data are common in case study research, inductive researchers are not confined to these data generation methods (Eisenhardt, 2011). Inductive methods are used in cases where the researcher studies different cases, with the main aim of identifying similar aspects of a specific phenomenon to understand the concept better (Lombard, 2016).

According to Babbie and Mouton (2001), the following four general design principles are apparent in case studies:

- Conceptualisation: The structure and framework of the study need to be clear and detailed, for example the interpretation and methodological frameworks.
- Contextual detail: The researcher needs to clearly describe the context in which the data generation takes place, for example environmental factors that may have an impact on the unit of analysis.
- Multiple sources of data: The research process needs to include more than one data generation method (triangulation) to provide thick descriptions of the data sets.
- Analytical strategies: The data analysis process includes organising the findings, deciding whether the findings are generalisable, and presenting the findings (data analysis is further discussed in Section 3.5).

Joubert (2016) refers scholars to some of the advantages of using the case study in the research context. First, case studies are *versatile* and *flexible*, as the researcher has the freedom to choose from several options in defining the "case", which can be an individual, a group, or an organisation. Next, a case study allows the researcher to act as an investigator but also to explore the nature of the case. This gives the researcher the opportunity to gain an *in-depth look* at the uniqueness and complexity of the case. Rule and John (2011) add that the case study is *manageable*, in that the researcher only has a single unit to study and has to complete this in a set time frame. Lastly, case studies can provide the researcher with theoretical insight into real-life experiences, as the in-depth investigation into the phenomenon is detailed and concise (Schurink et al., 2021). However, the issue of generalisability in case

studies is the subject of an ongoing debate. The literature shows that researchers are unable to generalise findings from case studies due to the small sample size. The aim of this study was not to generalise findings, but rather to understand and describe the role of conflict and disagreements in the mother–daughter relationship.

As mentioned earlier (refer to Section 1.8.3), a multiple case study design with a retrospective analysis spin-off was used in this study. Retrospective studies are mainly used to observe and understand change, where changes in behaviour are documented. As mentioned in Table 3.3, the multiple case study design requires the researcher to select two or more cases to provide a deeper understanding of the phenomenon under study (Joubert, 2016). I selected seven cases in various contexts (refer to Figure 3.1 below). By selecting more than one case, I was able to identify similar and contrasting results by comparing the various cases with one another (see Mills et al., 2012a; Yin, 2014). This would not be possible if only one case had been selected.

In Figures 3.1, 3.2 and 3.3 below, the seven case studies of this study are shown to be adherent to separate contextual conditions, which included multiple variables. The first three case studies (Cases A, B, and C) were situated in a low-income suburb of Pretoria North, characterised by aspects such as poverty, unemployment, and substance abuse. Cases D and E were situated in a working-class neighbourhood in Pretoria South. Lastly, Cases F and G were located in middle-class neighbourhoods in Pretoria East and Pretoria North. The dotted lines in the figures show that the boundaries between the context and the case are not distinct (see Yin, 2014), which means that there may be similarities between the cases that share the same context.

3.4   Methodological considerations

3.4.1   Research sites and contextual descriptions

The context of any occurrence refers to the circumstances that form the event or situation and the terms in which it can be fully understood (Rule & John, 2011; Tennant, 2017). The context in which research takes place, therefore, refers to the "relevant factors, relationships and structures in which the case is situated" (Rule &

John, 2011, p. 40). Babbie and Mouton (2001) point out that researchers will be able to assign meaning to the researched phenomenon once they have considered the background of the context. In any research study, it is of the utmost importance to describe the context of the setting accurately, as the results and interpretation of the data depend on it.

According to Seekings (2003), South African society can be structured according to social groups, where class inequalities are widely visible. The five social class groups in South Africa are differentiated as follows (Schotte et al., 2017): the *chronic poor*, who are characterised by prolonged poverty; the *transient poor*, who have above-average chances of escaping poverty; the *non-poor but vulnerable*, whose basic needs are currently being met but who have an above-average chance of slipping into poverty; the *middle class*, who is in a better position to maintain a non-poor standard of living, even in the event of negative circumstances; and the *elite*, whose living standards are far above the national average. These five groups allowed me to assign the participants into three groups according to the context of their residential area.

The first three case studies, labelled A, B, and C, consist of three mother–daughter pairs, or six individuals, who were situated in a low-income suburb of Pretoria North. The socioeconomic context of this case study can be described as a poor community where unemployment is common and second-hand shops and car dealers and scrap yards are prominent. The communities are usually a mixture of white and coloured racial groups. It is not uncommon in these communities to fall victim to abusive behaviour and addiction. Some households within this context are unable to satisfy their basic needs, such as food, and are dependent on social grants.

Context: White and coloured *(chronic poor)*

Case A:	Case B:	Case C:
Participant A1	Participant B1	Participant C1
Participant A2	Participant B2	Participant C2
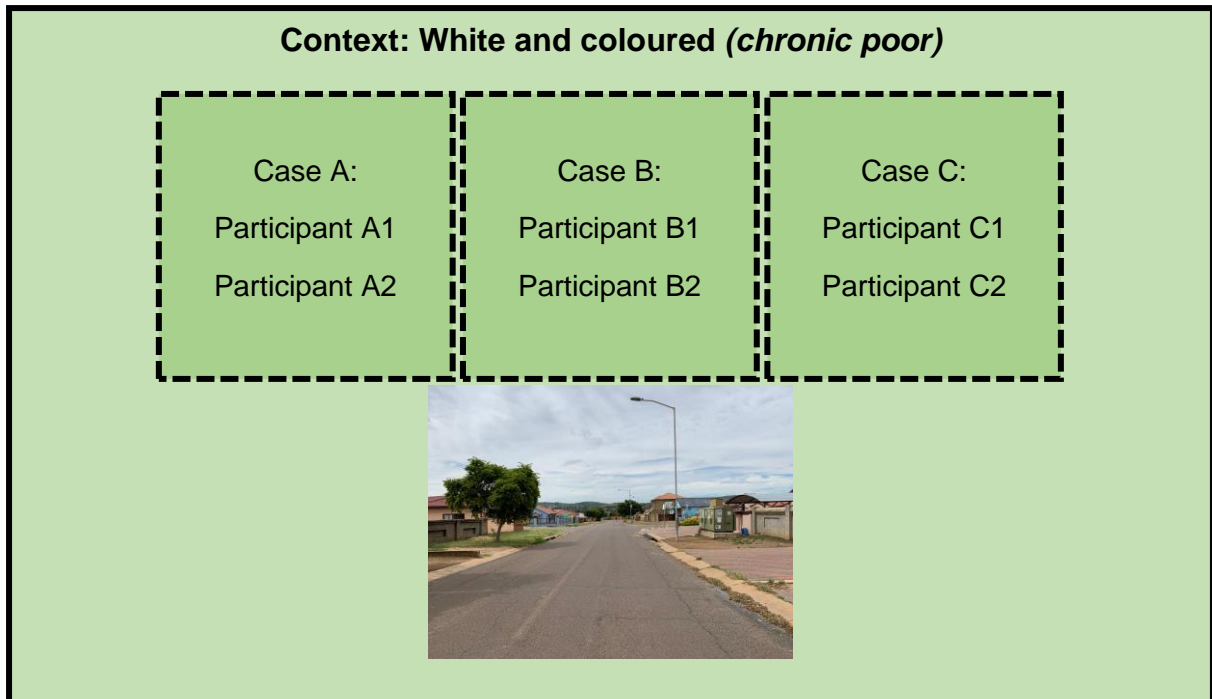
Figure 3.1: Visual depiction of Cases A, B, and C

The case studies labelled D and E consist of two mother–daughter pairs, or four individuals, who were situated in a working-class neighbourhood in Pretoria South. The socioeconomic context of this case study can be described as a community characterised by overgrown parks, drug-related crime, and unemployment. This community is predominantly from the coloured racial group. Social issues such as drug and substance abuse and teenage pregnancy can be attributed to the high levels of unemployment in the area (South African Government, 2014).

Context: Coloured *(non-poor but vulnerable)*

Case D:	Case E:
Participant D1	Participant E1
Participant D2	Participant E2
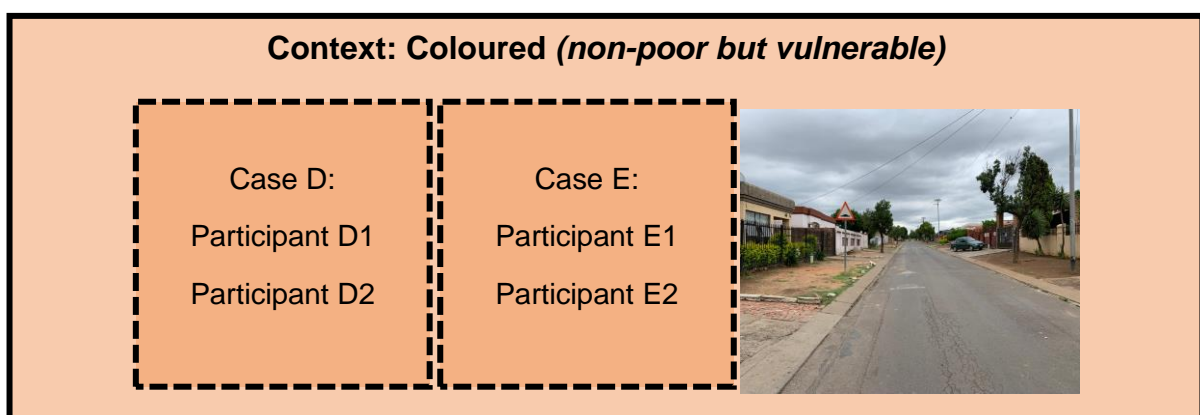
Figure 3.2: Visual depiction of Cases D and E

Lastly, the cases labelled F and G consist of two mother–daughter pairs, or four individuals, who were situated in middle-class neighbourhoods in Pretoria East and Pretoria North. The socioeconomic context of this case study can be described as an affluent area with multiple shopping centres, parks, and gardens. Among the middle class, high proportions of household heads are employed, with higher levels of education compared to the social classes previously mentioned (Business Tech, 2018). These areas are not racially exclusive and are characterised by white, black, coloured, and Indian populations.
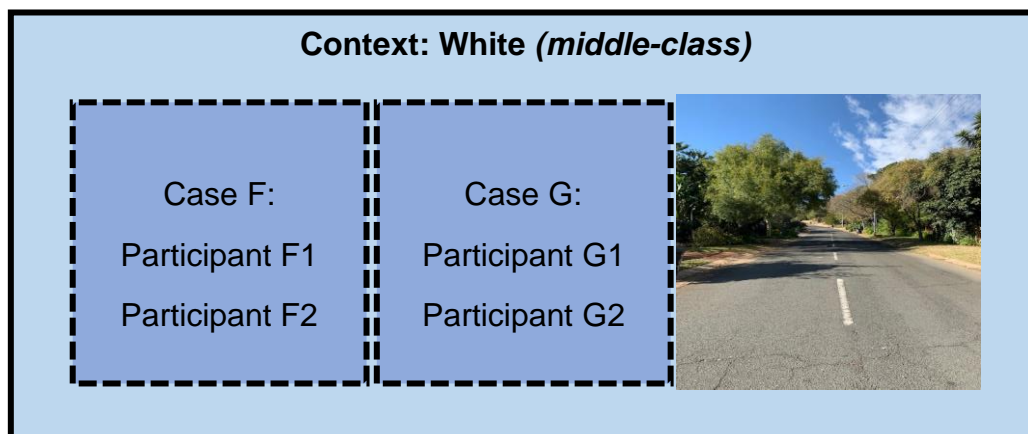
Figure 3.3: Visual depiction of Cases F and G

The multiple case study method was, therefore, suitable for this study, as conflict and disagreements within mother–daughter relationships were studied in retrospect. This method allowed the mothers and daughters to look back on their relationship and identify significant events or occurrences that might have had an impact on their conflicted relationship (see De Vaus, 2006). Through an analysis of the seven different cases, I was able to gain a comprehensive overview of the differences and similarities of each mother–daughter pair from childhood through adulthood, while also identifying comparisons across the seven cases within the three different contexts. This provided me with extensive insight into each case, as I was able to gain insight into longer periods of each participant's life, and not only a restricted period (see Mills et al., 2012c).

Rule and John (2011) state that the case in a case study needs to be bound, meaning that the unit of analysis must be clearly described. In the following sections, the selection of participants (refer to Section 3.4.2), the data generation methods

(refer to Section 3.4.3), and the methods used for data analysis (refer to Section 3.5) are described.

3.4.2 Sample and purposive selection of participants

In order to conduct the data generation, the target population of this study had to be specified. According to Creswell (2014a), the *population* of a study refers to a group of individuals who have the same characteristics. Spradley (in Babbie & Mouton, 2001) state that the researcher must select participants according to three criteria, namely *thorough enculturation* (in this case, mothers and daughters who have been enculturated in conflicted relations), *current involvement* (in this case, mothers and daughters who experience conflicted relations at the time of data generation), and *adequate time* (spending time with crucial participants and asking them to provide the researcher with other possible participants).

For the purpose of this study, mothers and daughters who experienced chronically conflicted relationships were included in the research. The target population is the subgroup that the researcher will study, from which he or she can make generalisations of the target population (Creswell, 2014a). As elaborated on in the literature review, a conflicted relationship in this context includes persistent and recurring conflict in the relationship, which causes problematic behaviour and tension in the members' daily interactions. The participants who volunteered to participate in this study were older and more experienced in life, which made it easier for them to talk about their emotions and experiences within their conflicted relationship with their mothers or daughters.

The next step was to identify the *sample* of participants that were used for data generation. In this study, non-probability sampling was used to select the mother–daughter participants. According to Patton (in Nieuwenhuis, 2016c), purposive sampling is used to select groups that display differences across the phenomenon under study. The researcher's main aim is to involve cases that are rich in information (Lombard, 2016), which allows the researcher to compare the different subgroups within the study. Mothers and daughters who experienced persistent and recurring conflict in their relationship were purposefully selected, as they would be able to provide me with an insider's perspective of their day-to-day experiences.

115

Such subgroups provide a researcher with useful information about the phenomenon under study (Creswell, 2014a). Furthermore, I made use of the *snowball sampling technique*. Lombard (2016) states that snowball sampling originates from a single source that was identified by the researcher, for example a participant, whereafter the researcher depends on the source to introduce him or her to more possible participants. Researchers may ask participants to identify other possible participants during an interview or in informal conversations during the data generation phase (Creswell, 2014a).

In order to choose participants who adhered to the aforementioned aspects, pre-selected criteria were compiled to determine which participants would be included in the study (see Nieuwenhuis, 2016c). The criteria that were used for selecting participants are outlined in Table 1.1. In Figure 3.4 below, the steps that were taken to select participants are shown. The target population was mothers and daughters who experienced chronically conflicted relationships. I made use of purposive sampling, using a set of inclusion and exclusion criteria to reach possible participants. Due to the Covid-19 pandemic and the nationwide lockdown, I had to utilise the snowball sampling method, where existing participants provided me with other possible participants. Voluntary participants were recruited with the help of various individuals that were known to me throughout the Pretoria region. These individuals assisted me in initially contacting the various participants, whereafter the participants were contacted individually.
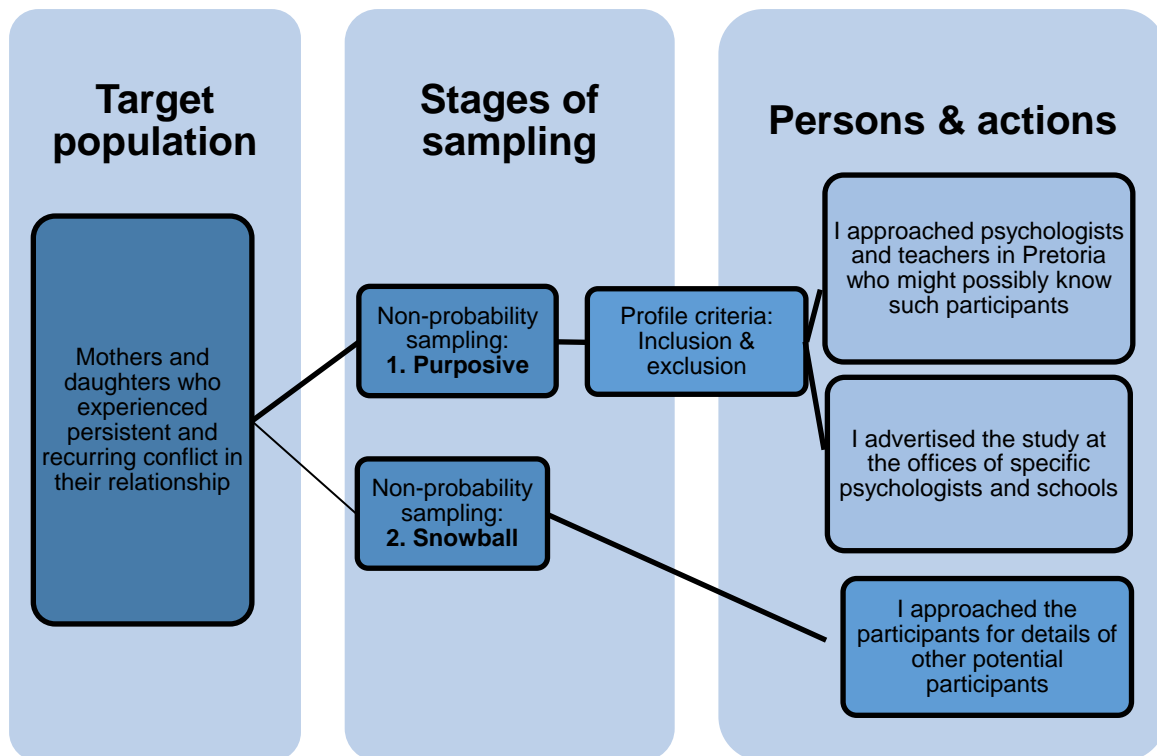
Figure 3.4: Steps taken in the purposive sampling of participants

Interviews were scheduled according to the participants' personal schedules. The interviews mostly took place over weekends, as most of the participants were employed full-time. The participants had to be willing and available to participate in the interviews and the Mmogo method, which took place after the interviews had been conducted.

Table 3.4 below provides the biographical data of the participants who were purposefully selected for the data generation phase, which took place from March 2021 to August 2021. It is important to note that the data generation stretched over an extended period due to the Covid-19 pandemic. Some participants and I tested positive for the coronavirus during this time, which resulted in interviews and the completion of the Mmogo method being postponed. The data generation was further interrupted when the level of restrictions was escalated to level 4 lockdown in July 2021. Two of the participants who were in Grade 12 attended school on alternate days, which also influenced the scheduling of the data generation.

The names of participants were concealed by using codes, for example "Participant A1". The letter represents the first case or mother–daughter pair. The number 1 represents the mother, and the number 2 represents the daughter; for example,

Participant A1 is the mother in the first case, while Participant B2 is the daughter in the second case. In addition to these codes, the participants were assigned a pseudonym that started with the letter assigned to their case; for example, Participant A1 was called Amanda, and Participant B1 was called Belinda. Participants who did not meet the inclusion criteria as set out in Table 1.1 were not included in the study. The details of the participants are provided in Table 3.4 below.

Table 3.4: Participant involvement details

Number	Code name	Age	Age difference	Sites where data sets were generated	
				Site 1	**Site 2**
1	A1 (Amanda)	55	23	Local church in their area of residence	Open-air setting suitable for group interaction
2	A2 (Alicia)	32			
3	B1 (Belinda)	50	33		
4	B2 (Bronwyn)	17			
5	C1 (Clarise)	47	29		
6	C2 (Candice)	18			
7	D1 (Daphne)	46	20	Own residential home	
8	D2 (Denise)	26			
9	E1 (Elise)	52	30		
10	E2 (Estie)	22			
11	F1 (Felicity)	66	31		
12	F2 (Frances)	35			
13	G1 (Greta)	57	40		Own residential home
14	G2 (Gugu)	17			
Average age of mothers: 53 years					
Average age of daughters: 24 years					

The research site is the place where a researcher conducts research and where the data generation takes place. The data generation for this study took place at different sites, depending on each mother–daughter pair. For Participants A1, A2, B1, B2, C1, and C2, the data generation took place at a local church in their area of residence. This was convenient for them, as none of the participants had transport. Participants D1, D2, E1, E2, F1, F2, G1, and G2 were interviewed at their homes. This was convenient for the participants, as they did not have to travel. The Mmogo method was conducted in a neutral environment that was close to the participants' residences.

The participating mothers and daughters lived in different parts of Pretoria, South Africa. The semi-structured interviews and the Mmogo method were scheduled for times that were convenient for both the participants and me. The interviews mostly took place over weekends. The completion of the Mmogo method took place at different research sites. For Participants A1, A2, B1, B2, C1, C2, D1, D2, E1, E2, F1, and F2, the Mmogo method was conducted in an open-air setting that was suitable for group interaction. The Mmogo method was conducted at home for Participants G1 and G2.

3.4.3   Data generation methods

In a qualitative study, the researcher is the primary instrument through which the case is identified and data are generated (Engelbrecht, 2016). Creswell (2014a) argues that data generation does not comprise only interviewing or observing participants. He mentions that there are five interrelated steps in the data generation process. These steps are as follows: identifying the participants and the research sites; gaining access to these participants and sites by obtaining permission; once permission is obtained, deciding which information will assist in answering the research questions; designing instruments that will assist in recording the data; and lastly, administering the data generation with special reference to ethical issues that may come forth (Creswell, 2014a).

Qualitative researchers have numerous data methods to choose from (Geyer, 2021), and therefore, case study researchers make use of multiple data generation methods in a study (Rule & John, 2011). In effect, the methods chosen for data generation will assist the researcher in answering the predetermined research questions (Babbie & Mouton, 2001). In this study, the multiple data generation methods that were selected were aligned with the SMART principles (**s**pecific, **m**easurable, **a**ttainable, **r**ealistic, and **t**imeous), as set out in Table 1.2. The advantages and challenges of these data generation methods are summarised below in Table 3.5.

Table 3.5: Summary of data generation methods

Data generation method	Advantages	Challenges	How were these challenges addressed?
Semi-structured interviews	• Interviews are flexible, enabling multisensory channels to be used (verbal, non-verbal, spoken, and heard) (Cohen et al., 2007). • Provide the researcher with thick descriptions, exploring a topic with a smaller sample (Geyer, 2021). • The participants answer the same questions, which increases the comparability of the responses (Cohen et al., 2007). • Allow the researcher to ask additional questions that arise from the discussion (Rule & John, 2011). • Interviews are recorded, transcribed, and analysed in detail (Berger, 2020).	• Interviews are time-consuming (Cohen et al., 2007). • Standardised wording of questions may constrain the naturalness of the interview responses (Cohen et al., 2007). • Transcription of interviews is time-consuming (Geyer, 2021). • Reflexivity – participants tell the researcher what he or she wants to hear (Yin, 2014).	• Time allocation for each interview was set to avoid unnecessary and meaningless conversations. • The setting of questions might initiate other questions relevant to the conversation. • By transcribing the interviews, I could gain thorough knowledge of the collected data.
Observations	• Allow the researcher to record information that was previously unnoticed. • Ideal for the gathering of non-verbal behaviour (Berger, 2020).	• The researcher's presence may have an impact on the participants' behaviour and responses (Rule & John, 2011). • Validity (observer is forced to rely on his or her own perceptions)	• I spent time in the research environment to allow the participants to become familiar with me (see Rule & John, 2011). • Triangulation with other data

120

Data generation method	Advantages	Challenges	How were these challenges addressed?
		(Berger, 2020; Yin, 2014).	generation methods.
Life mapping	• Specific and broad – can contain the exact names and dates of events over a period of time and across events (Yin, 2014). • As written evidence, it saves the researcher the time of transcribing (Creswell, 2014b).	• Some participants fail to remember to correct dates of important life events. • Life mapping is time-consuming.	• I did not focus on the exact dates, but rather the event itself. • Some participants chose to do the life mapping without me present. In these cases, it was collected afterwards.
Mmogo method	• Participants create and share knowledge (Rule & John, 2011). • Creates dialogue and provides fun and enjoyment (Rule & John, 2011). • Provides insight into cultural features (Yin, 2014).	• Participants may feel that their clay object is not perfect.	• I emphasised the fact that there was no right or wrong; the clay objects were not judged.

3.4.3.1   Semi-structured interviews

Interviews are one of the most widely used data generation techniques in qualitative research (Geyer, 2021) and allow researchers to obtain information that cannot be gained through observations alone (Berger, 2020). An interview can be described as a conversation between the researcher, that is, the person who wants to gain more information on a topic, and the participant, that is, the person who may have information on the subject (Berger, 2020; Cohen et al., 2007; Rule & John, 2011). Furthermore, an interview allows the researcher to gain insight into the construction of reality through the eyes of the participant (Nieuwenhuis, 2016c), as the participant is responsible for most of the talking (Babbie & Mouton, 2001). Interviews also allow the researcher to have better control over the information that is being received, as

the researcher can ask specific questions to extract this information (Creswell, 2014b).

During a semi-structured interview, the researcher has a list of predetermined questions that guide the conversation (Berger, 2020), also known as the interview schedule (Rule & John, 2011). According to Brown and Danaher (2019), semi-structured interviews are positioned between structured interviews, where the interviewer does not deviate from the predetermined interview schedule, and unstructured interviews, where the conversation is more free-flowing and is concerned with general topics, rather than specific questions. The semi-structured interview is, therefore, flexible, as it allows the researcher to pursue lines of inquiry that arise from the discussion between the researcher and the participant (Rule & John, 2011), while the researcher is also allowed to approach each participant differently, still covering the same questions (Azungah, 2018).

During semi-structured interviews, researchers can easily get side-tracked by unimportant aspects that are unrelated to the research questions. If this is the case, the researcher should guide the participant back to the main focus of the discussion (Nieuwenhuis, 2016c) by always keeping the research questions in mind (Engelbrecht, 2016).

All interviews must be recorded and transcribed for the purpose of data analysis (Nieuwenhuis, 2016c). Transcriptions should be done as soon as possible after the interview, allowing the researcher to become more familiar with the data set by doing it him- or herself (Braun & Clarke, in Geyer, 2021). Geyer (2021) posits that the data, and not the researcher, determine the point of data saturation. The researcher should continue collecting data until the point is reached when no new information is generated and when the responses of participants are repeated (Braun & Clarke, in Geyer, 2021). The degree to which semi-structured interviews are effective in a study depends on the relationship, rapport, and level of trust between the researcher and the participants (Brown & Danaher, 2019).

The individual semi-structured interviews (refer to Addendum A) with the mothers and daughters lasted between 30 and 50 minutes. The dual interviews with the mother–daughter pairs lasted between 40 and 45 minutes. I conducted all interviews. The interviews were recorded with a tape recorder and transcribed verbatim as soon

as possible after the data generation. The predetermined interview questions (refer to Addendum A) ensured that I posed questions that were related to the themes identified in the literature study.

3.4.3.2 Guided observations

Berger (2020, p. 282) defines guided participant observation as a process where the researcher is "learning about a social group and its culture, or subculture, through engaging in the group as a member". Strydom (2021) adds that guided participant observation requires the researcher to study the natural and everyday set-up of a community or situation under study. When making guided observations, a researcher must "walk in the shoes" of each participant and be actively involved in all activities related to the data being collected (Strydom, 2021). Brinkmann (in Aagaard & Matthiesen, 2016, p. 41) supports this statement and adds that the researcher must "be there" with his or her physical presence, situating him- or herself among the participants and the phenomenon under study. The researcher takes notes on the behaviour and movements of the participants at the research site (Creswell, 2014b). Guided participant observation allows the researcher to study the participants in real-life situations and record events as they are taking place, rather than relying on second-hand accounts (Cohen et al., 2007).

As the data generation is unfolding, the researcher must balance his or her role as a participant and an observer (Berger, 2020). The researcher may take one of two roles during participant observation. The first is the role of *participant as observer*; for example, the researcher participates in the same activities as the group being observed and enjoys an insider's perspective of the context and process while also observing and recording. The second role is that of *observer as participant*; here, the researcher is an outsider and has the sole responsibility of making observations and recording these observations (Berger, 2020). There are advantages and disadvantages to using each of these methods, but the choice of method will be guided by the goal of the research, the level of access to the participants, and ethical principles (Stangor, 2011).

Guided observations may lie on the continuum from highly structured to semi-structured to unstructured, depending on the researcher's preference. Important

questions that are of interest to the researcher are compiled prior to the guided observations being made (Creswell, 2014b). According to Cohen et al. (2007), *highly structured observations* make use of observation categories where the observer knows in advance what he or she wants to observe. For *semi-structured observations,* the researcher will have a list of issues and will gather data to highlight these issues but in a less organised way (Cohen et al., 2007). Meanwhile, *unstructured observations* require the observer to be less clear about what will be observed (Cohen et al., 2007).

Guided observations as a qualitative data generation method may hold multiple advantages for the researcher. For example, qualitative interviews favour verbal interaction between researchers and participants, and therefore, do not consider their non-verbal expressions, such as facial expressions (Aagaard & Matthiesen, 2016). Guided observations can, therefore, be used to supplement and clarify data that were collected during an interview, such as the participants' non-verbal behaviour, for example facial expressions, bodily tone, and clothing (Polkinghorne, 2005). Furthermore, guided observations allow the researcher to generate and document multiple sources of data, such as the following: *facts*, for example the number of students in a class; as they happen, for example the amount of group work done in a classroom situation; and *behaviour* and *qualities*, for example the friendliness of the teacher in the classroom (Cohen et al., 2007). Moreover, in guided observations, the researcher is able to see the participant's behaviour in a natural setting, which may not have been detected in an interview, and it is multisensory, in that it allows the researcher to include what he or she sees, hears, feels, and smells (De Walt & De Walt, in Suzuki et al., 2007). Guided observational data can also be useful in providing the researcher with additional information about the phenomenon under study, such as photographs (Yin, 2014). Such photographs may assist the researcher in conveying important characteristics of the case to the reader (Dabbs, in Yin, 2014).

On the other hand, observations are open to researcher bias, as researchers are forced to rely heavily on their own perceptions, which can influence the validity of the study (Strydom, 2021). Rule and John (2011) add that researchers should be aware of how their presence influences the participants' behaviour and responses, as shown in Figure 3.5 below.

```
          ┌──────────────────────────┐
          │   Can influence behaviour │
          └──────────────────────────┘

  ┌────────────┐                ┌─────────────┐
  │  Observer  │                │ Participants│
  └────────────┘                └─────────────┘

          ┌──────────────────────────┐
          │    Records observations  │
          └──────────────────────────┘
```
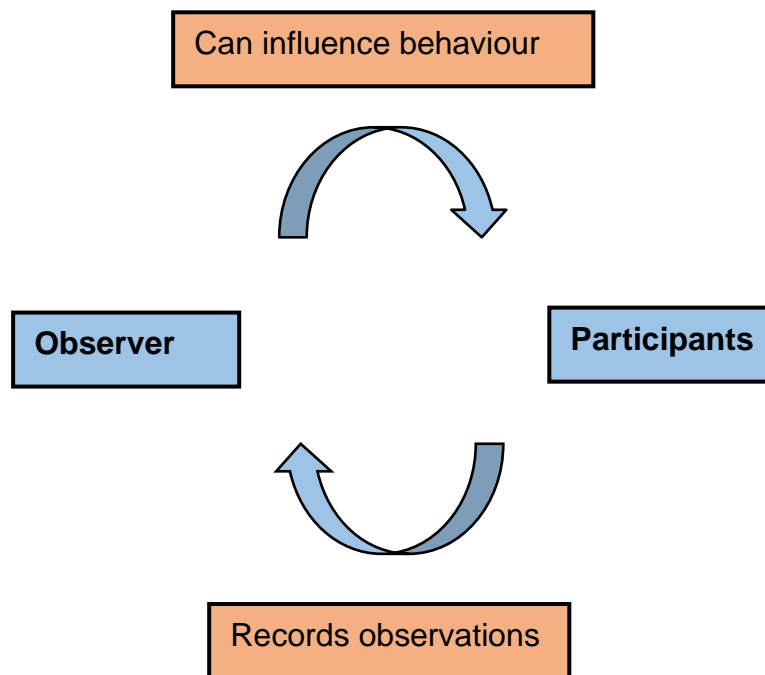
Figure 3.5: Relations between observer and participants (adapted from Rule & John, 2011, p. 68)

Figure 3.5 shows that the presence of the observer (researcher) may influence the behaviour and feedback of the participants (Maree, 2016). The participants may deliberately try to please the observer (interviewer) or attempt to prevent him or her from learning something about themselves by omitting important information (Al-Yateem, 2012) (refer to Table 3.5). To overcome these obstacles, I aimed to get familiarised with each participant before the interviews by spending time with them and sharing some personal information with them, as advised by Rule and John (2011). By interacting with each participant, I was able to build trustworthy relationships with them where everyone felt safe to share sensitive and important information.

The effect of researcher bias can be overcome or reduced by implementing the following methods. First, the researcher must spend some time in the research environment to allow the participants to become familiar with his or her presence as an observer. Also, researchers are encouraged to use more than one observer and then compare the observed data, which, in turn, can increase the reliability of the study (Yin, 2014). Observers must check the accuracy and meaning of observations

made, and discrepancies should be discussed (De Walt & De Walt, in Suzuki et al., 2007). Throughout the research process, a researcher should reflect on how his or her own experiences, assumptions, and biases may influence the research process, what the participants are saying, and how these verbal interactions are interpreted by the researcher (Strydom, 2021).

For the purpose of this study, I decided to use an observation checklist with predetermined criteria (refer to Addendum B) during the construction of the clay model in the Mmogo method. This allowed the research assistant and me to make detailed observations about specific aspects related to the relationship between the mother and daughter. By using the observation checklist, both the research assistant's focus and mine were narrowed down to particular observational criteria. Observational notes were used in conjunction with the transcribed conversations between the participants during the construction of the Mmogo clay model. This provided me with non-verbal information, such as the participants' facial expressions and body language. This was advantageous during the data analysis phase, as it allowed me to gain an in-depth understanding of the participants' experiences throughout the data generation process.

3.4.3.3   Life mapping

Garratt et al. (2021) describe a life map as a visual method that involves one person following another person's life over a specified period. The participant uses stationery such as pens and pencils to draw or "map" significant moments in his or her life on a chronological timeline. The life map is, therefore, flexible and interpretive, as it allows the participant to interpret the visual and textual presentation on the map; for example, the participant may choose to spend more time on a particular part of the map, which may inform the researcher of what is important to the participant at a particular point in his or her life.

The life map is especially useful in qualitative research, as it can be used to understand periods of change and transition within the participant's life. This may assist the researcher in understanding specific events that may have led to the current circumstances of the participant's life (Garratt et al., 2021). Life maps can also be used alongside other qualitative data generation methods, such as

126

interviews. Some participants may find it easier to use a diagram to relay a traumatic experience in their life than to verbally tell someone about the experience (Worth, 2011). Life maps also allow participants to be actively involved in the research process where they are drawing and narrating their life experiences (Worth, 2011).

Although life maps can be a useful tool in qualitative research, some disadvantages are associated with this method. Wheeldon and Faubert (2009) state that life maps can be difficult to analyse, as participants may complete them in unique ways. For instance, some participants may choose to use pictures or illustrations, while other participants may use textual data to organise their life maps chronologically. In Image 3.1 below, an example of a life map is shown, where a participant from this study (Greta) combined text and illustrations.
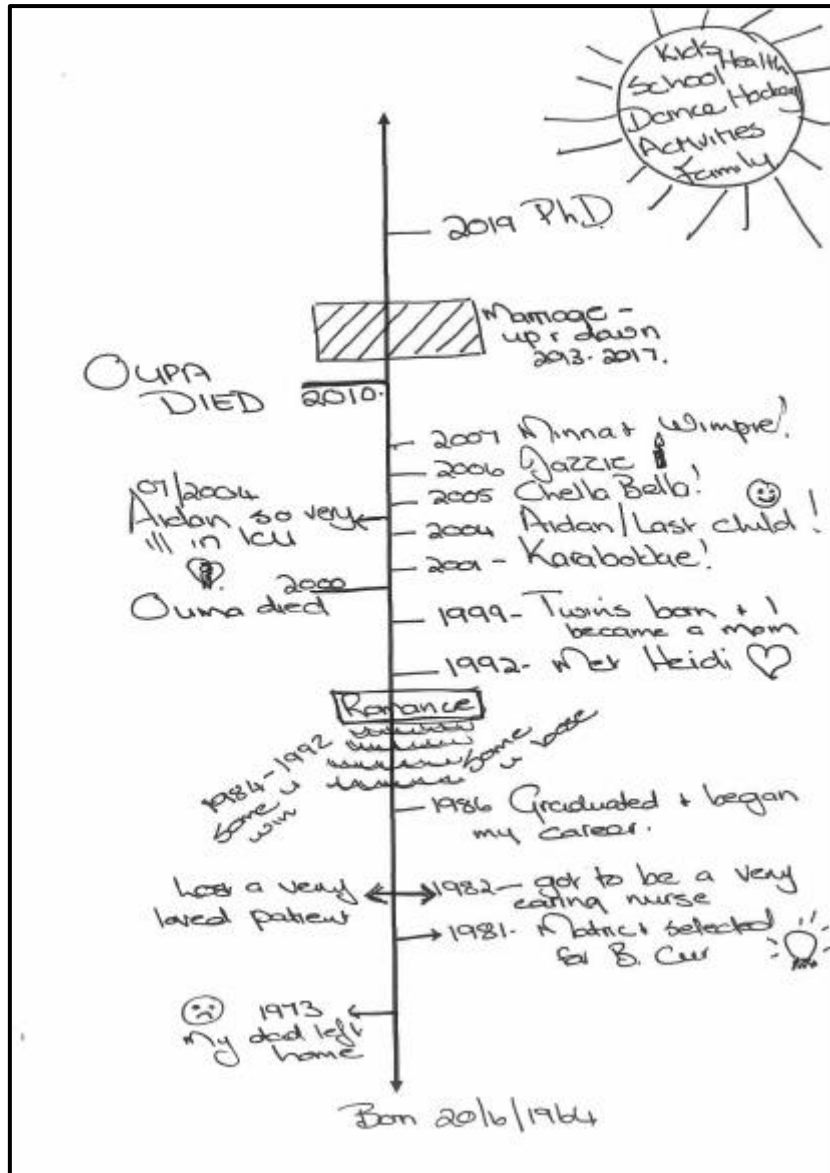
Image 3.1: Visual and textual depiction of Greta's life map (LM: G1)

In Image 3.2 below, an example of a participant's (Elise) textual life map is shown. This life map consists of only text on a chronological timeline, with no pictures included.

© University of Pretoria
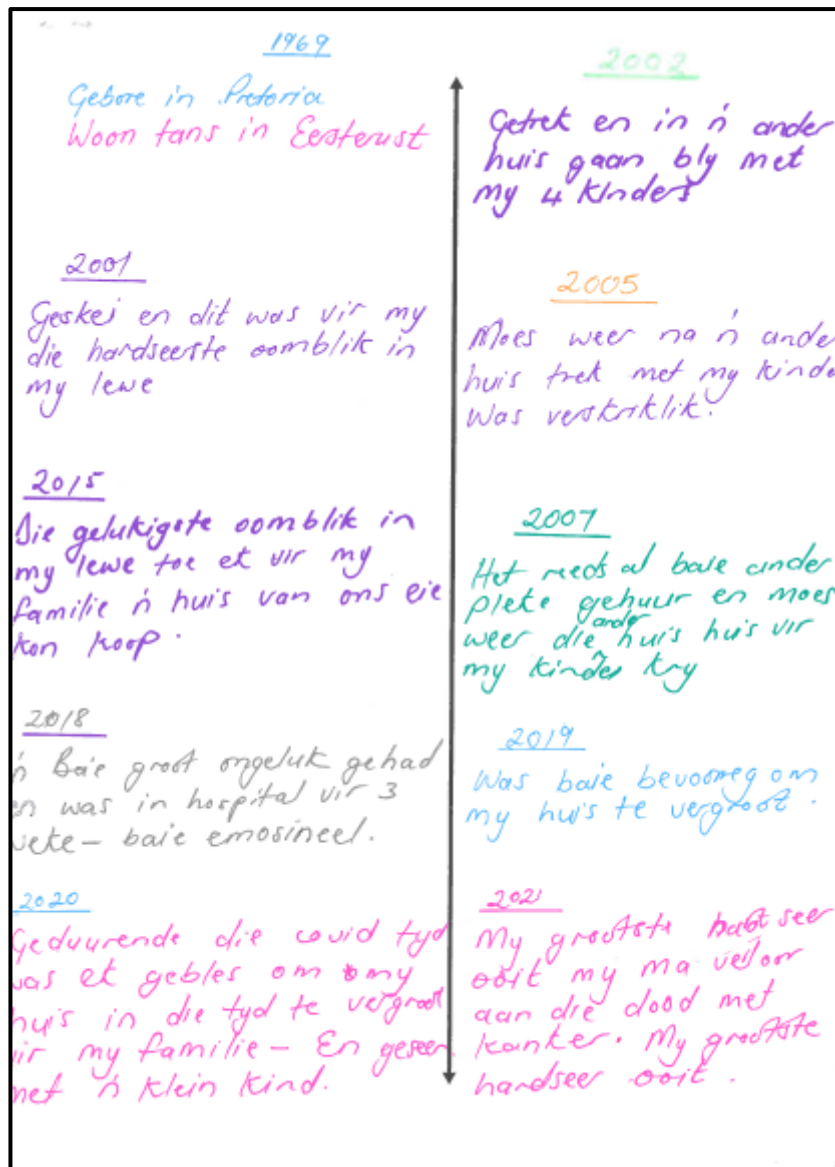
Image 3.2: Textual depiction of Elise's life map (LM: E1)

When researchers decide to use documents in their data generation, it refers to text and written documents such as film, photographs, and other artefacts that are used within qualitative data generation (Rule & John, 2011). The life map can, therefore, be regarded and utilised as a document. It may be useful for researchers to include documents in their data generation, as these documents may allow them to get familiar with the history of the case. According to Redfield (in Babbie & Mouton, 2001), human or personal documents refer to documents in which the individual finds expression, where some of his or her characteristics can be seen. This information may give rise to other important questions that may be asked during the semi-structured interview or observations (Rule & John, 2011).

129

Documents can assist researchers in reconstructing important life events in a participant's life (Nieuwenhuis, 2016c). Strydom (2021) states that documents are useful when the history of events or experiences is relevant to the phenomenon, especially when these events or experiences cannot be studied during observations or semi-structured interviews. Documents are, therefore, used to support other sources of evidence or data that may have been generated by the researcher (Yin, 2014).

During the first phase of data generation for this study, the participants completed a visual representation of their life maps on an open timeline that was provided to them (refer to Addendum D). The participants were encouraged to add any key life events that held significant meaning for them in chronological order. This activity allowed them to map out happy memories, sad memories, important places and people, and life-changing events. In Images 3.1 and 3.2, I showed examples of two life maps that had been completed by participants. The life map of each participant allowed me to gain an in-depth look at each participant's background and life story. For the purpose of this study, I used the information provided in the life map to supplement the data that were gathered during the semi-structured interviews.

3.4.3.4   Mmogo method

The Mmogo method is a visual data generation method where participants use open-ended materials (e.g. malleable clay, beads of different shapes and sizes, and wooden stalks) to create visual representations (Roos, 2016) (refer to Section 1.10.4). The participants are instructed to create a visual object through an open-ended prompt in a group setting. The Mmogo method allows the researcher to engage with the participants and to see things from their points of view (Roos, 2008). Furthermore, the Mmogo method allows participants to be actively involved in the process by giving them the opportunity to share their perspectives on social reality from the contexts in which they function (Roos, 2016). By using the Mmogo method as a data generation method, the researcher is provided with clay objects that were constructed by the participants. These objects can be seen as artefacts or visual representations.

According to Babbie and Mouton (2001), artefacts can be any concrete object, such as books, cars, buildings, and art pieces, such as poems, paintings, songs, and poetry. Yin (2014) states that physical artefacts (e.g. a piece of art) can be an important component in case studies, as they provide the researcher with a broader perspective of the data compared to data generation strategies such as observations. Data generation methods that go beyond interviews and observations may capture reader interest and can provide useful information that cannot be collected by typical qualitative data generation methods (Creswell, 2014b).

By using visual sources as a data generation method, a researcher can gain access to additional layers of meaning that participants attach to the phenomenon under study (Glaw et al., 2017). Visual data generation methods also allow the researcher to gain insight into social, cultural, and additional factors related to human behaviour (Roos, 2012). According to Madden (2010), visual objects are open to subjectivity, meaning that they may have a different meaning for each person. Researchers should, therefore, consider the different interpretations of a situation, which may vary from time to time and on specific occasions (Strydom, 2021).

As mentioned in Section 1.10.4, I was assisted by a research assistant during the Mmogo method. The responsibilities of the assistant included general assistance with the set-up of the research site, taking photographs of the participants during the construction of the clay model, lending assistance with the audio recorder, and making observations. The assistant formed part of the debriefing session once the data generation was finished. She signed a letter of consent in which her role and ethical responsibilities were outlined (refer to Addendum G).

When the Mmogo method is used as a data generation method, visual, textual, and observational data are obtained (Roos, 2016). In Figure 3.6 below, the process of data generation and data analysis is depicted. On Level 1, participants construct their visual objects with open-ended material following an open-ended prompt. On Level 2, the researcher obtains the participants' experiences of the meaning attached to the object in the group discussion. The group discussion also aims to get all the participants involved. Multiple sources of visual, textual, and observational data are obtained. On Level 3, the visual, textual, and observational data are

analysed. Lastly, on Level 4, the analysed data are used to explain the phenomenon under investigation.
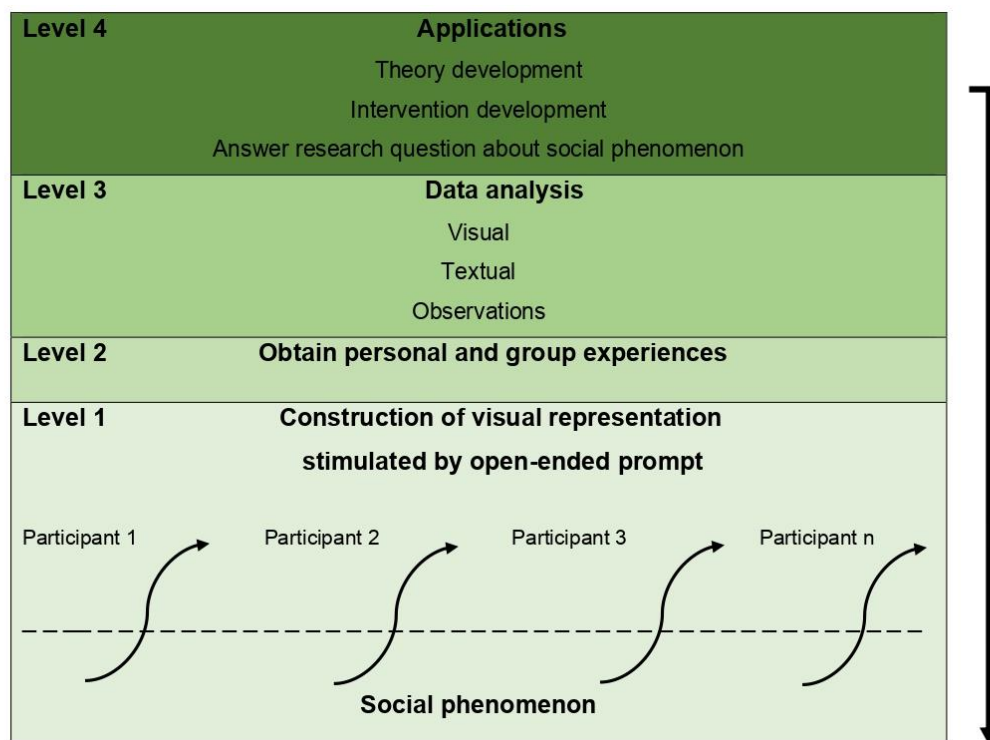
Figure 3.6: Visual representation of the application of the Mmogo method (Roos, 2016, p. 12)

The Mmogo method covers four distinct phases (Roos, 2012), which were practically applied as described below.

Phase 1: Entering the research context

During this phase, the research assistant and I met with all the participants. All the individuals had name tags for easy identification. First, the goal of the research and the research process were explained to the participants. We also explained to the participants that they would construct a visual object, whereafter they would explain the meaning thereof to the group. I explained that there was no right or wrong way to complete the clay object and that there was no judgement. Photographs were taken while the participants were constructing their objects. These photographs were taken in such a way that the participants' faces were excluded. Furthermore, photographs were taken of their clay objects after completion.

132

Phase 2: Construction phase

The participants were provided with materials in a container – malleable clay, beads of different sizes and colours, and wooden stalks (refer to Photograph 3.1 below). To allow for their own interpretations, no specific instructions were given for using the materials.

Photograph 3.1: Materials used for the construction of the clay object

The participants were then given an open-ended prompt: "Use the materials provided to build any object of your choice" (refer to Addendum C). Then they started creating their visual representations. Some of the mother–daughter participants decided to complete the object individually, while other pairs did it together. As soon as the participants started with the visual representation, the research assistant and I retreated into the background in order to complete the observation notes. A tape recorder was used to capture informal conversations between the participants. As soon as the participants completed their visual representations, the clay objects were photographed. Some participants chose to complete their clay objects individually, while others completed the clay object together.

Phase 3: Discussion

After the completion of the clay objects, I asked the participants to explain the meaning of their objects to the group. The visual clay objects then served as stimuli for individual discussions. While the participant was explaining, I stood behind them to get the same view of the object as they had. If anything was unclear, I asked the

133

participant to explain further. After each participant's explanation of the object, the other participants were invited to join in on the discussion. Once more, the clay object then served as the stimulus for the group discussion.

Phase 4: Debriefing

After the completion of the visual representations and the discussions, the participants were asked whether they wanted to take the clay models home or break them up. All the participants chose to break up their objects. The participants were encouraged to debrief and explain their experiences of the session. At the end of the session, the research assistant and I cleaned up the research site.

The four phases of the Mmogo method were meticulously followed. The participants felt comfortable to express their views and feelings in a non-judgemental environment. They thoroughly enjoyed the process of expressing themselves creatively. This data generation method produced insightful data that were not found in any of the other data generation methods. The subjective meaning of each participant's clay model was used alongside the raw data from the other data generation methods during the data analysis phase (refer to Sections 1.8.3 & 3.5). In the photographs that follow, I present some of the clay models that the participants made. Amanda's clay model is shown in Photograph 3.2 below.

Photograph 3.2: Amanda's clay model (MM: A1)

Candice's clay model is shown in Photograph 3.3 below.

Photograph 3.3: Candice's clay model (MM: C2)

Greta's clay model is shown in Photograph 3.4 below.
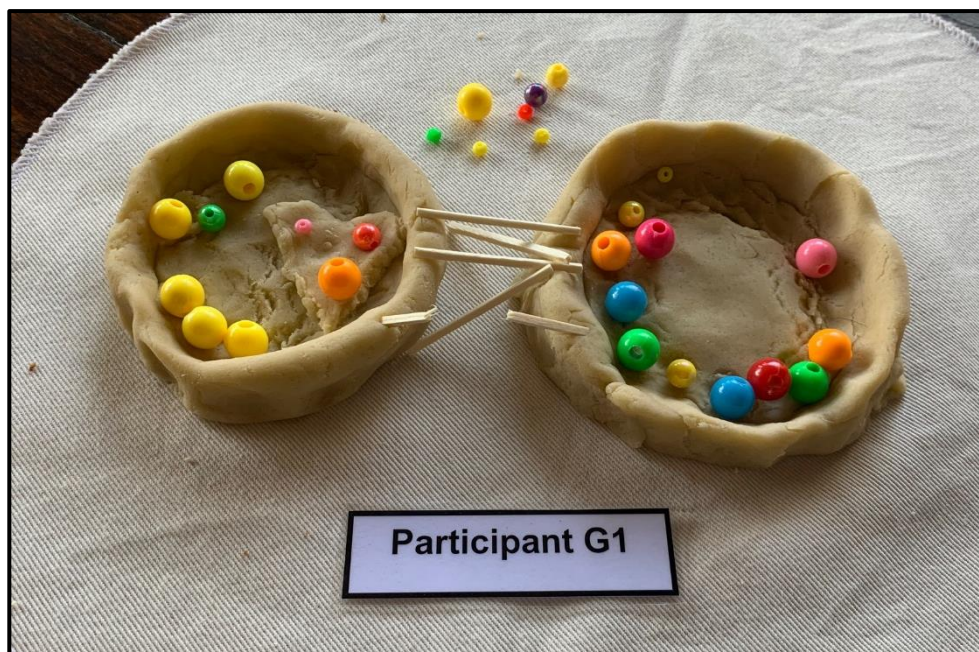
Photograph 3.4: Greta's clay model (MM: G1)

The photographs show that the participants used the malleable clay, beads, and wooden stalks in different ways. These materials helped the participants to express their views of and feelings about their relationship with their mother or daughter.

3.4.4 Overview of data generation methods, data extractions, and analysis
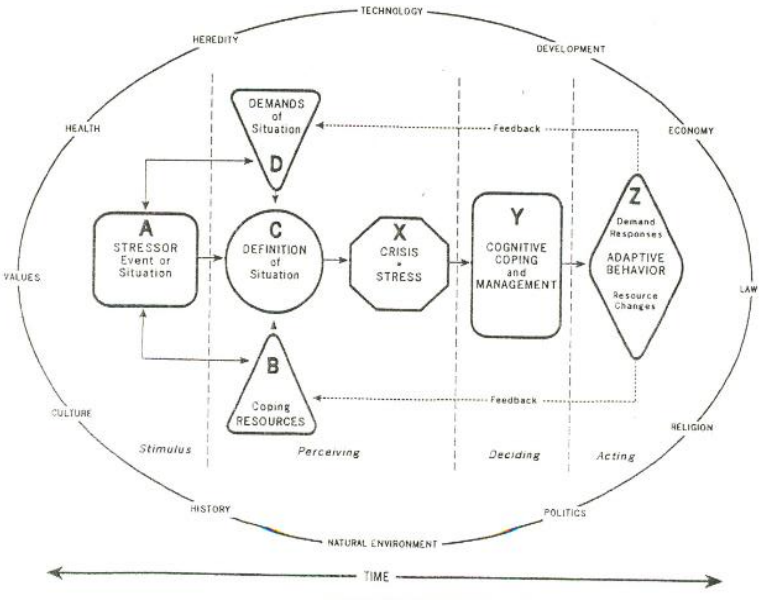
Constructively aligning the methodology with the theoretical framework is important. Alignment between factual, conceptual, and methodological information strengthens the trustworthiness and transparency of any inquiry (Swales, 2004). Thus, to make the link between these components clear, I used consistency in the use of research terminology and included logical evidence to structure ideas and arguments. In research terms, the theoretical alignment is deductive in nature, using the theories as *a priori* categories to indicate whether data saturation is reached and whether the theoretical framework has the power to interpret the unique profiles of the participants. Thereafter, theoretical alignment is also inductively applied to the same data sets to ensure alignment with the codes, topics, and themes. Showing deductive and inductive alignment strengthens transparency, repeatability, and crystallisation.

To accommodate the diverse needs of the mother–daughter participants (refer to Section 3.4.2), I made use of a wide variety of data generation methods (refer to Section 3.4.3). These data generation methods included verbal and non-verbal methods that assisted each participant to express her relationship with her mother or daughter. Each participant favoured a different method of data generation. I noticed that some participants included more personal information in one or more of the data generation methods. Some participants found it easier to share information through verbal interaction with me, while other participants found it easier to express themselves creatively by constructing the clay object in the Mmogo method. I was, therefore, able to ensure that all important aspects of the mother–daughter relationship were captured in one or more of the data generation methods set out in Section 3.4.3.

Table 3.6 below displays the alignment of the theoretical framework with each data generation method. The chosen methods of data generation helped me to address the seven different components within the theoretical framework. If the method of

136

data generation was applicable to the factor within the model, it is marked with an "x".

Table 3.6: Alignment of the theoretical framework and data generation methods

Resource management model of crisis or stress		Semi-structured interview (SSI)	Biographical data profile (BDP)	Life map (LM)	Mmogo method (MM)	Guided observations (GO)
Principle indicates …						
A-factor (specific event, stressor, stimulus, or situation)	**Disturbance** of the family system (internal/external).	x		x		
B-factor (available coping resources)	Family has **control over internal context,** including structural, psychological, and philosophical dimensions.	x	x		x	
C-factor (perception of the event, stressor, stimulus, or situation)	Stress is differently **interpreted** by family units.	x			x	x
D-factor (demands of the event, stressor, stimulus, or situation)	Stress **forces** development, maturation, and changes over a time span.	x		x	x	x
X-factor (degree of stress/family crisis)	Ways to deal with stress by using **coping mechanisms.**	x		x		
Y-factor (deciding on coping and management resources)	**Decisions that are made** that influence the adaptation to the stressor.	x		x	x	

137

Z-factor (acting on the coping and management decisions made)	Adaptive behaviours, e.g. change and growth in response to stressor.	x		x	x	x

Table 3.6 shows that the semi-structured interviews were crucial in the identification of all five of the factors within the theoretical framework, as the participants could freely express themselves verbally. For example, the refusal of Amanda (A1) and Alicia (A2) to participate in the joint semi-structured interview displayed the demands that were placed on their relationship due to increased levels of conflict. The life map provided a chronological timeline of each participant's life, where I was able to identify the stressor, as well as the effect thereof on the participant and family system. The Mmogo method was extremely useful, as some participants found it easier to express themselves creatively. The biographical data profile assisted me in compiling background information for each participant.

3.5 Data analysis process

Qualitative data analysis is the process where data are organised, accounted for, and explained to understand the meaning that participants assign to their experiences (Cohen et al., 2007). According to Neuman (as cited in Schurink et al., 2021), qualitative data analysis has the following four distinct features: qualitative research uses multiple strategies and techniques for data analysis; qualitative data analysis begins with data generation and is, therefore, not singled out as the final stage of the research process; qualitative data analysis blends collected data and abstract concepts together; and qualitative data are presented in the form of words that are contextually based. Furthermore, qualitative data analysis is an iterative process, whereby analysis is done simultaneously with other parts of the research process, such as data generation and research dissemination (Creswell, 2014b; Schurink et al., 2021). This means that the researcher may analyse some of the data that were generated while interviews or observations are still being conducted.

The way in which the collected data for this study were analysed was explained in Section 1.8.3 in Chapter 1. As indicated in Figure 3.7 below, several steps were taken before the data analysis took place. First, I decided which theory would be

applicable to this study, for example the research paradigm (symbolic interactionism) and the research design (qualitative research with a multiple case study approach). Next, I used purposive sampling to select suitable mother–daughter participants. The data sources for this study consisted of semi-structured interviews with the mothers and daughters (textual data), observations made during the Mmogo method (textual data), life maps drawn by the mothers and daughters (visual and textual data), and lastly, the construction of the clay objects during the Mmogo method (visual, textual, and observational data). I was able to identify patterns across the cases which assisted me in reaching data saturation.
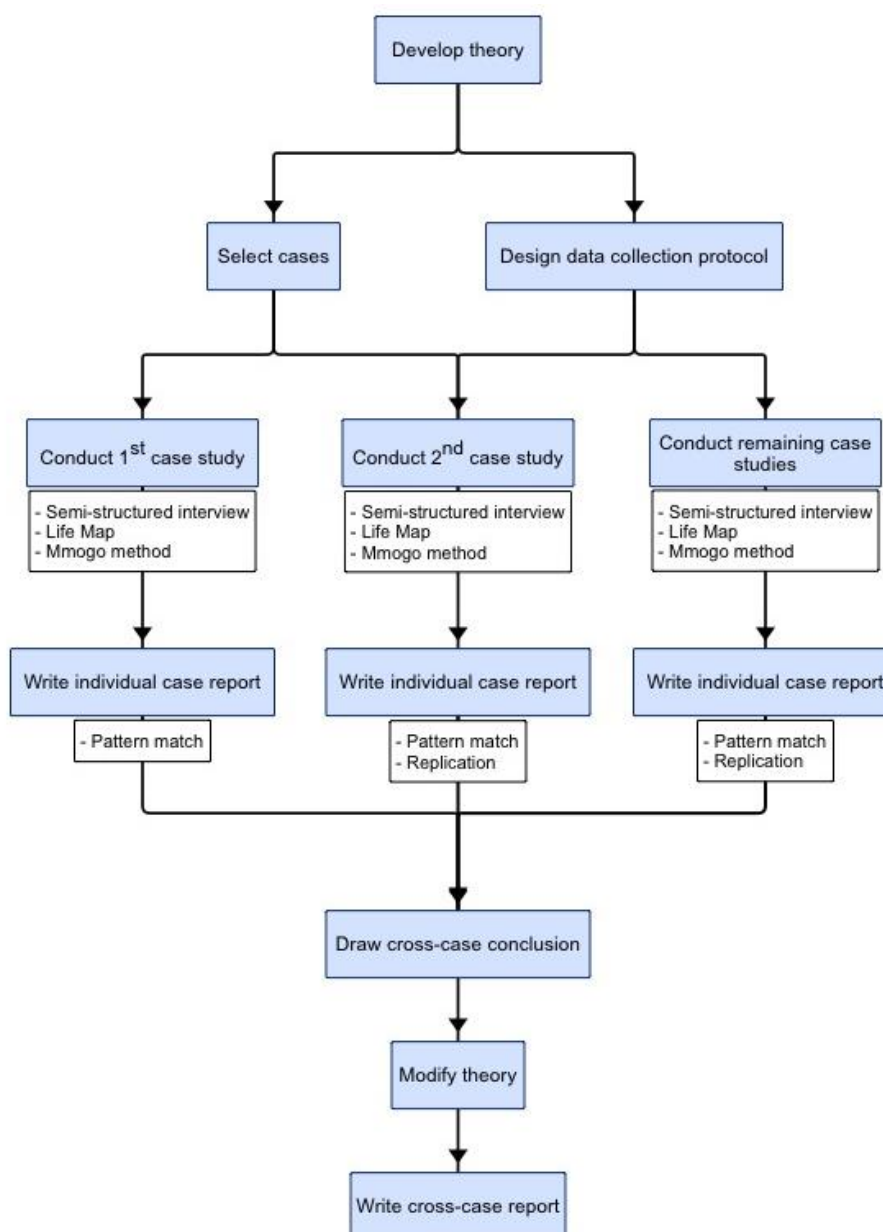
Figure 3.7: Steps taken in the data analysis process

As mentioned in Section 1.8.3, I decided to combine the multiple case study design (refer to Section 3.3.2) with retrospective analysis to deduce themes and categories from the collected data. The purpose of retrospective studies is to observe and understand change over a particular period, while also providing the researcher with significant events in the participants' lives (De Vaus, 2006). Retrospective case studies include events and activities that occurred in the past, where the outcome of these events is already known. This was especially important in this study, as I aimed to understand the dynamics of the conflicted mother–daughter relationship from childhood through adulthood. Case studies allow the researcher to evaluate longer timelines of participants' lives, compared to the restriction of a specific time period (Mills et al., 2012c).

As explained in Figure 1.2, all data sets were transcribed verbatim. Thereafter, each case study was examined, and the multiple data sources were studied to deduce codes, which formed themes and categories. Themes that were identified in the raw data were selected to effectively help me to explain the dynamics of the conflicted mother–daughter relationship. The coding process allowed me to break down the data into more manageable sections (see Engelbrecht, 2016). These categories represented the raw data during the different points of time during the data generation. As mentioned previously, the data analysis process was iterative, meaning that I had to go back and forth between the data sets in order to gain a deeper understanding of the raw data. This process allowed me to reach the point of data saturation, where new data would have provided very little new insight (see Rule & John, 2011).

3.6   Quality criteria

According to Babbie and Mouton (2001), the key principle of good qualitative research is the trustworthiness of the study. The concept of trustworthiness promotes scholarly rigour and a sense of openness (Rule & John, 2011), so that it is easy for others to see what actions were performed during the research process. This process allows the researcher to gain the trust of the research community (Rule & John, 2011). To ensure a trustworthy study, researchers must address the following quality criteria: credibility, transferability, confirmability, and dependability. These four criteria were discussed in detail in Section 1.11.

3.7 Ethical considerations

Ethical relationships and practices form part of the quality of the research, and the trustworthiness of any study is enhanced when research is conducted in an ethically sound manner (Rule & John, 2011). Strydom and Roestenburg (2021, p. 118) provide us with the following definition of ethical conduct:

> Ethics is a set of moral principles that is suggested by an individual or group, is subsequently widely accepted, and offers rules, and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants, and students.

The ethical principles that were adhered to in this study were thoroughly discussed in Section 1.13. These principles are as follows: voluntary participation and informed consent; privacy and confidentiality; protection from deception and harm; the role of the researcher and the scope of practice; ethical recruitment of participants; the principle of justice; the principle of autonomy; the principle of fidelity; and lastly, intellectual property and secondary data. Adhering to these principles allowed me to ensure trustworthiness and transparency throughout the study. In line with the ethical principles mentioned above, I had to obtain permission from the University of Pretoria to gain access to the mother–daughter participants (see Figure 3.8 below).

1. Permission from the University of Pretoria (Department of ECE)

2. Permission from the University of Pretoria (Ethics Department)

3. Mother and daughter participants
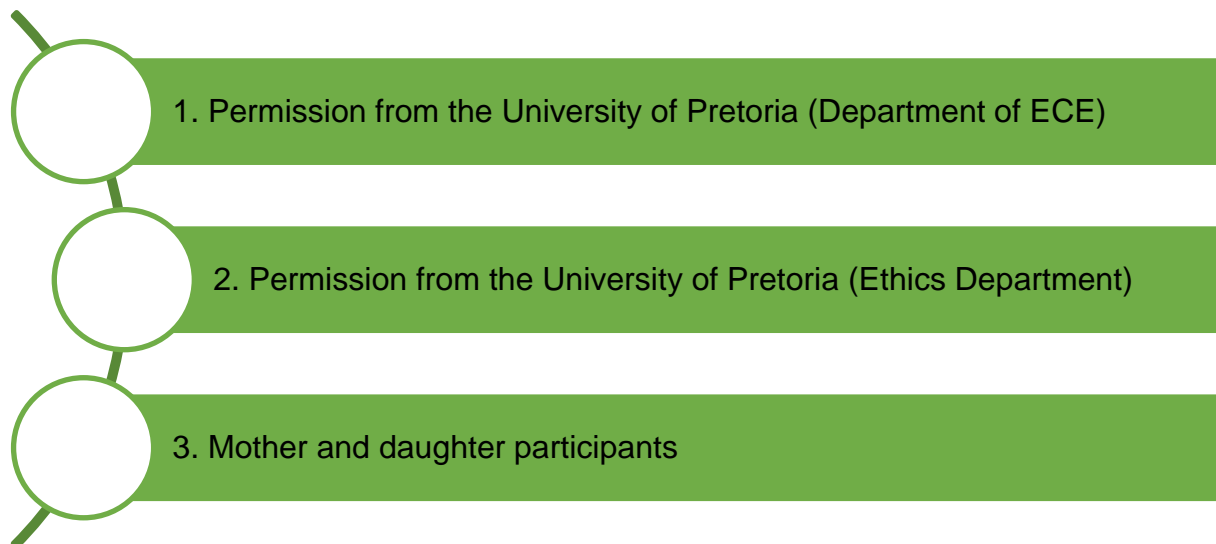
Figure 3.8: Permission for the University of Pretoria to gain access to the sample

As shown above, first, I had to get permission from the Department of Early Childhood Education of the University of Pretoria. Permission was granted by the successful defending of the research proposal. Next, ethical clearance was obtained from the Ethics Committee of the University of Pretoria. As soon as I obtained the ethical certificate, the process to find and identify participants started.

3.8 Summary

This chapter covered the research methodology that was utilised in this study. I discussed the research paradigm, the case study research design, and the different data generation methods that were used to collect data from the mother–daughter participants. Thereafter, the methods that were used for data analysis and the quality criteria and ethical considerations that were adhered to were explained.

In Chapter 4, I present background information for each participant that is based on the raw data. The context of each participant's upbringing is important to understand the possible factors that may have contributed to the conflicted relationships of the mother–daughter pairs. Chapter 4 also provides an overview of how the data sets and identified themes were aligned with the theoretical framework.

Chapter 4: Data presentation and analysis

4.1 Introduction to the chapter

In Chapter 4, I provide an in-depth look at the socio-historical and biographical background of each mother–daughter pair. This includes important aspects of the childhood of each mother and daughter, as well as their family background and the socioeconomic or contextual factors that could have contributed to their conflicted relationship.[7] Deeply conflicted relationships between mothers and their daughters are characterised by persistent and recurring conflict in their relationship, which can result in problematic behaviour and tension in their daily interaction. Disagreements and arguments often include shouting, screaming, threats, ultimatums, acts of manipulation, and in some cases, physical violence (refer to Section 2.6).

This chapter presents the generated data sets for each mother–daughter pair. The evidence included are as follows: (i) the data generation methods (e.g. biographical data profiles, semi-structured interviews, Mmogo method, guided observations, and life maps); (ii) the raw data sets as a result of the aforementioned methods; (iii) the underlying codes and their emerging (inductive) themes; and (iv) the alignment of the codes and themes with the theoretical framework (deductive and *a priori*) (refer to Section 2.7).

4.2 Overview of participants and research sites

In Chapter 3, an in-depth discussion was offered on the rationale for utilising specific data generation methods (refer to Section 3.4.3) with exclusively selected participants (refer to Section 3.4.2) at a neutral and safe research site (refer to Section 3.4.1). Each of the mentioned aspects is key to generating data. In Table 4.1 below, a brief overview of the abbreviations that were used for each data generation method is provided. Each participant's block is colour-coded according to the socioeconomic context of her residential area (refer to Section 3.4.1 & Table 3.4). Table 4.1 below displays a brief description of the telephonic interviews that I conducted to verify the factual information collected during the data generation

---

[7] As a researcher, I realise that a complex phenomenon such as this one can be a result of many factors I have not considered; for this study, I explored these categories as possible contributors.

phase. Pseudonyms were used to de-identify the participants of this study, as well as the people, organisations, locations, places, or cities they mentioned in the data generation methods. For example, in Case Study A, the names of the mother, daughter, places of residence, and all other mentioned parties were changed to start with the letter A. This was done for all case studies, from Case Study A to G.

Table 4.1: Overview of data generation methods, participants, sites, and their abbreviations

Data generation methods and abbreviation	Mother–daughter pair	Research sites
• Semi-structured interview (SSI) • Biographical data profile (BDP) • Guided observations (GO) • Life map (LM) • Mmogo method (MM)	A1 Amanda A2 Alicia	Local church in their area of residence
	B1 Belinda B2 Bronwyn	
	C1 Clarise C2 Candice	
	D1 Daphne D2 Denise	Own residential home
	E1 Elise E2 Estie	
	F1 Felicity F2 Frances	
	G1 Greta G2 Gugu	
Member checking		
Telephonic interview (TI)	Researcher (R)	I had a follow-up telephonic interview with each participant to member-check (verify) the information that had been generated through questions and captured textually
	Research assistant (RA)	The research assistant used an observation checklist to make guided observations during the construction of the clay model in the Mmogo method (refer to Section 3.4.3.2).

In the following section, I used the data that were generated to present the background information of each mother and daughter. Each participant's context was

important, as these unique contexts influence complex aspects of mother–daughter stress and coping processes, including which situations or events they regard as stressors (Boss, 1987, 1988). All background information of each participant was obtained from her biographical data profile (BDP), semi-structured interview (SSI), and life map (LM). I had a follow-up telephonic interview (TI) with each participant to member-check (verify) the information that had been generated through questions and captured textually. I grouped and aligned each participant's background information according to the factors within Dollahite's ABCD-XYZ resource management model of crisis or stress (refer to Section 2.7). Each colour represents a different factor of the model (refer to Section 4.10). The colours are as follows: stimulus (Factor A: gold); coping (Factor B: dark green); perception (Factor C: dark blue); demand (Factor D: orange); crisis (Factor X: red); deciding on coping and management resources (Factor Y: grey); and acting on coping and management decisions made (Factor Z: pink).

The background information that is presented for each mother and daughter is based on information that was provided by each participant and is, therefore, not my own conclusions. I was unable to confirm whether this information was true and factual through the analysis of police and professional records. It fell beyond the scope of the study to determine whether all cases of murder and sexual abuse had been reported and whether convictions had been made. I aimed to understand and describe each participant's lived experiences through her perspective of the events. All the participants were referred to attend sessions at centres where counsellors or trained psychologists were available in their area of residence (refer to Addendum I).

4.3 Mother–daughter pair 1: Amanda (mother, A1) and Alicia (daughter, A2)

In the following section, the case study of Amanda as a child and as a parent is discussed. Amanda's background information is grouped and aligned according to the factors within Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress.

145

4.3.1 Individual case study of Amanda (Amanda as a child and as a parent)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Amanda was born at home somewhere in the Cape Province, January in the 1960s (BDP: A1). She is the youngest of 12 children (seven boys and five girls) (BDP: A1).	
Amanda's family was poor, and they did not have running water or electricity in their house. The children had to collect firewood daily to boil water for bathing and cooking (SSI: A1). Amanda's grandparents lived near their house and offered them support. Even though her family was used to being poor, the children received love and attention in abundance from their parents. Amanda's grandparents spoiled her. Although Amanda described her parents as strict, she also described a happy and carefree childhood. She had a close relationship with her mother.	1st stimulus (A) Coping (B) Management (Y) 1st perceiving (C)
The family dynamics changed dramatically when her father passed away in the eighties. Amanda grew up fast after her father's death. She was 14 years old and was suddenly expected to take care of the household and her mother (LM: A1). Amanda felt displaced after her father's death, as the family lost their home.	2nd stimulus (A) 1st crisis (X) 1st demand (D)
Amanda's aunt invited them to stay with her on her farm in one of the neighbouring countries of South Africa (SSI: A1). Amanda was unable to complete her schooling because her aunt needed her support at home. Her highest level of education is Grade 7.	Coping (B) 2nd demand (D) 3rd stimulus (A)
The aunt was not kind to Amanda, and shortly after they moved there, she insisted that Amanda move to her great-grandfather. Her relationship with her great-grandfather was unbearable, as he treated her as his wife and even insisted on having children with her. Fortunately, no children were born from this	4th stimulus (A) 2nd crisis (X) 3rd demand (D)

Background information and accounts of lived experiences	Resource management model of crisis or stress
relationship (SSI: A1). It is unclear why Amanda lost touch with her mother, but after a few years, she wanted to get in touch with her again.	
Amanda felt abandoned and longed for what was once a close relationship with her mother. She went to Aggeneys to find her mother (SSI: A1). After two years, she located her mother. She described reuniting with her mother as one of the best moments of her life. After the reunion, they returned to the neighbouring country to be with their extended family. Her brother forced her to raise his five children, resulting in her losing her job in Aggeneys.	Management (Y) 2nd perceiving (C) 5th stimulus (A)
When Amanda was 18 years old, her mother became ill, and Amanda had to take care of her. During this time, Amanda met the father of her eldest child. They were in a relationship for approximately three years. She became pregnant, and they were about to get married when her mother passed away (LM: A1). A month after her mother's death, she gave birth to a baby boy – Andrew. Shortly after Andrew's birth, his father, Arnold, passed away (TI: A1). Amanda felt lost and grieved over the death of her mother and life partner. She had no one to give her guidance and support. The lack of a role model led Amanda to engage in relationships with abusive men.	6th stimulus (A) 4th demand (D) Coping (B) 3rd crisis (X) 4th crisis (X) 3rd perceiving (C)
In 1986, she moved to Alberton to make a fresh start (LM: A1). She met a man, Allen, with whom she started a relationship (TI: A1). Despite multiple warnings from her family and friends, she continued the relationship. Amanda was physically and emotionally abused. Allen controlled most aspects of her life, including her friendships and social life.	Management (Z) Coping (B) 4th perceiving (C) 5th crisis (X)
In 1988, Allen allegedly murdered Andrew, who was then two	6th crisis (X)

147

Background information and accounts of lived experiences	Resource management model of crisis or stress
and a half years old (LM: A1; SSI: A1). Amanda was devastated and felt as if her own life was over when her son passed away. She said that she had lost her joy in life.	6th perceiving (C)
A few months after Andrew's death, Amanda entered a relationship with a new man. Her relationship with Alex was described as unstable and filled with domestic violence. At the age of 23, Amanda stated that she was raped by Alex and fell pregnant with her daughter Alicia (LM: A1). Amanda mentioned that because she did not have a happy and stable relationship with Alex, Alicia was not born out of love (SSI: A1; TI: A1). The fact that Alicia was conceived by rape further complicated the mother–daughter relationship. Amanda was never able to establish a close bond with Alicia, as she was emotionally unavailable most of the time. Amanda pretended to love her daughter from a young age but was never able to love Alicia the way she had loved Andrew, her deceased son (SSI: A1). Amanda's two youngest sons were born from a relationship with another man, Austin (TI: A1). The man in her latest relationship is called André.	Coping (B) 6th stimulus (A) 7th crisis (X) 5th demand (D)
After various failed relationships and not having an education to fall back on, Amanda turned to Alicia for support. The total number of significant romantic relationships Amanda communicated was five: Arnold (deceased father of Andrew), Allen (murdered Andrew), Alex (father of Alicia), Austin (father of two sons), and André (latest partner).	7th perceiving (C) 7th stimulus (A) Coping (B)
Amanda's relationship with Austin did not last. She had no extended family members who supported her. Her daughter Alicia offered her a place to stay. During this time, Amanda found refuge in the local church.	8th perceiving (C) Coping (B)

148

Background information and accounts of lived experiences	Resource management model of crisis or stress
Amanda lives in a Wendy house in the backyard of Alicia's residence. Amanda is deeply religious and attends church on a weekly basis. She describes her relationship with the rest of her family, especially her other children and grandchildren, as secure (TI: A1). She is unemployed and financially dependent on Alicia (TI: A2). She looks after her youngest granddaughter during the day when Alicia is at work.	6th demand (D) Coping (B) 9th perceiving (C)

4.3.2 Individual case study of Alicia (Alicia as a child and as a parent)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Alicia was born in July in the late 1980s in Johannesburg and is the second of four children (BDP: A2; LM: A2).	
Alicia grew up in her aunt and uncle's home in Johannesburg (TI: A2). She, therefore, had limited contact with her mother during her early years (TI: A2). Because Alicia was conceived due to rape by her mother's partner Alex (SSI: A1), Amanda was unable to form a close bond with her daughter. Amanda stated that she never loved Alicia the way she had loved her deceased son, Andrew. Amanda never dealt with the trauma that she experienced with Andrew's death and was, therefore, emotionally unable to raise Alicia lovingly (TI: A2).	1st stimulus (A) Coping (B) 1st crisis (X) 2nd crisis (X) 1st perceiving (C)
Alicia's aunt and uncle served as substitute caretakers during her early years. She enjoyed living with her uncle and aunt, as they made her feel accepted in their home. Her siblings lived with other family members, as her mother Amanda was also	2nd stimulus (A) 3rd crisis (X) Coping (B)

Background information and accounts of lived experiences	Resource management model of crisis or stress
unable to look after them. Alicia's uncle and aunt were strict, but she has pleasant memories of this period of her life, as their home was filled with love. Her uncle always spoiled her with her favourite food (TI: A2).	
In 2002, when Alicia was 13 years old, her uncle passed away. She was forced to move back to her mother's house (TI: A2). She had to leave everything that was familiar to her in Johannesburg – her aunt, her friends, and a safe and homely environment. This was an unpleasant time for her because her mother's boyfriend at the time lived with them. For this study, he is called Austin. Austin was an alcoholic and was cruel to her. He sometimes chased her out of the house and forced her to sleep outside (TI: A2; SSI: A2). She decided to leave her mother's home in 2006 and run away at the age of 17. She had to make ends meet and found a position as a bartender in a nightclub. During this year, her father passed away (LM: A2). She felt unsupported and lost, as she had no parental figure who looked after her. Alicia was unable to finish high school due to financial limitations (SSI: A2).	3rd stimulus 4th stimulus 1st demand (D) 2nd perceiving (C) 3rd perceiving (C) Management (Z)
In 2006, Alicia met her ex-husband Anthony. They moved in together (TI: A2). They were together for 12 years, of which they were married for seven years. Anthony was emotionally abusive. He insulted and criticised her, and consequently, they got divorced in 2018. Alicia and Anthony had three daughters. Her eldest daughter was born in 2008 (aged 14), her second daughter in 2009 (aged 13), and her third daughter in 2013 (aged 9). During her first pregnancy, she felt as though she was unable to raise a child. She explained that her uncertainty stemmed from the fact that she did not grow up in her mother's	Coping (B) 5th stimulus (A) 3rd perceiving (C) 4th perceiving (C) 4th crisis (X) Management (Y)

150

Background information and accounts of lived experiences	Resource management model of crisis or stress
house and did not experience the love between a mother and daughter (SSI: A2). As soon as she had a child of her own, she realised that her own mother had not done enough for her (SSI: A2). Due to the emotional abuse in her marriage, she struggled with low self-confidence and low self-esteem (TI: A2).	
Alicia's youngest daughter was conceived during a short-lived relationship following her divorce (TI: A2). For this study, this man is called Aaron. Her daughter was born in 2020 (aged 2). Alicia is faced with the demands of being a single mother. She does not receive any financial assistance from the children's fathers (SSI: A2).	Coping (B) 2nd demand (D)
In 2021, aged 32, Alicia was employed as an office manager, which allowed her to pay for her studies (LM: A2; SSI: A2). She is currently pursuing a certificate in office management.	Coping (B)
Amanda exposed Alicia to three paternal relationships during the times she resided with her (Alex, Austin, and André). The total number of significant romantic relationships Alicia communicated was two: Anthony (ex-husband, father of three children) and Aaron (father of one child). Alicia supports her mother, Amanda, financially (SSI: A2). Alicia works full-time in Johannesburg, as her mother looks after the baby during the day. She lives with her four daughters and mother in a low-income suburb of Pretoria.	3rd demand (D)

4.3.3 Summary of conflicted relationship

Amanda and Alicia's relationship was compromised from an early stage. They were unable to establish a secure bond in their relationship due to personal and shared traumatic experiences. Amanda and Alicia both experienced severe levels of

instability during their childhood. Both Amanda and Alicia were removed from their core family unit (biological parents) and resided with family members. Alicia experienced a disrupted attachment with her mother, Amanda; although Amanda was physically present in the home, she was emotionally unavailable to form a secure bond with her daughter. Amanda provided no love, security, or affection to her children. Alicia felt abandoned by her mother during the years of formation and coming to adulthood. Throughout her life, Alicia has felt that her mother has always put her own needs above those of her daughter.

Amanda went through a traumatic experience when her son Andrew was murdered by her boyfriend Allen. This incident was a critical point in Amanda's life, as she noted during the interview that she was never able to love any of her other children the way she had loved Andrew. Amanda never dealt with the trauma of this incident. Her inability to come to terms with her son's death resulted in her engagement with abusive men. Amanda's unstable relationship with Alex led to rape, which resulted in the birth of her daughter Alicia. Due to the rape and the previous traumatic loss of a child, Amanda was never able to love Alicia unconditionally.

During their teenage years, both Amanda and Alicia were hurt by the men in their lives. These adversities ranged from abuse to neglect (physical, sexual, mental, emotional, etc.). The cycle of abuse, neglect, and being exposed to unhealthy paternal figures is evident and transferred across three generations.

The level of adversity throughout both Amanda's and Alicia's childhood paved the way for my perception of a lack of attachment and a close bond between this mother and daughter. Throughout the literature, it is emphasised that the biological mother is the primary attachment figure in a young child's life (refer to Section 2.3). Amanda and Alicia were unable to form a secure attachment, as Amanda was mostly absent throughout Alicia's childhood and adolescence. Amanda was not "present" in Alicia's life, as she was mourning the first child she had lost and relieved this trauma through various unhealthy coping mechanisms. Alicia viewed her aunt and uncle as her primary caregivers, and when she moved into her mother's home at the age of 13, her feelings of resentment towards her mother were established. She was also in a vulnerable early adolescent developmental phase, which complicated the re-establishment of their relationship. Therefore, Alicia did not see her mother as her

primary caregiver. She felt rejected and abandoned by her mother when she was forced to live with her aunt and uncle. Her mother's boyfriend, Austin, further rejected her by chasing her out of the house and forcing her to sleep outside. Amanda chose not to oppose Austin's behaviour, resulting in Alicia feeling unprotected and unloved. Amanda's relationships with men once again prevailed over the one with her daughter. Whether Amanda also displayed a lack of attachment to her other two children when she was with Austin was not explored.

Both Amanda and Alicia were never able to process the trauma that was present in their lives. The inability, reluctance, or denial to process trauma can lead to challenges in forming and maintaining healthy relationships, and even showing ineffectiveness in regulating feelings and emotions (Pritchett et al., 2013). Amanda experienced severe levels of despondency (potentially undiagnosed depression) after the death of Andrew, which had a negative impact on her relationship with Alicia and her other children. Alicia's severely conflicted relationship with Amanda, the death of her father, and the effects of her divorce and another failed romantic relationship all contributed to her inability to deal with her emotions. The inconsistency of love, respect, and acceptance in their relationship and their inability to communicate their feelings to each other have led to increased conflict and arguments between mother and daughter. Alicia resents her mother, Amanda, for the decisions she had made during her childhood. These unresolved emotional (and adverse) issues result in interactions that are loaded with conflict and resentment, as both mother and daughter are unwilling to make any changes and to forgive and forget.

The conflict between Amanda and Alicia ranges from general disagreements to verbal aggression. Amanda prefers to talk about her anger and solve the situation immediately, while Alicia tends to keep her frustration to herself. She then reaches a point where she explodes, taking her anger out on her mother. Amanda and Alicia's arguments are mostly verbal. They shout at each other and even threaten each other. Threats made in the past included the one telling the other that she would kill her. On one occasion, their argument turned violent. Amanda and Alicia got physical, and they hit and punched each other. The argument was so violent that someone had to stop the altercation.

In each data generation method, both Amanda and Alicia showed a deep desire for a higher power, placing emphasis on their spirituality and relationship with God (Christian). Spirituality includes a sense of connection to something bigger than oneself, while also trying to find meaning in one's life. Religion can offer people structure and a feeling of being connected and understood, which contribute to experiencing a sense of belonging, which is absent from Amanda and Alicia's mother–daughter relationship. Amanda and Alicia find refuge and comfort in seeking a connection with God and put their trust in spirituality to guide them through the trials and tribulations of life. Their spirituality serves as a coping mechanism throughout their lives. When times are tough, Amanda and Alicia pray that God will protect them and guide them so that they can use their circumstances as a testimony of His presence in their lives.

Amanda and Alicia are committed to each other due to their dependency on each other. Amanda is financially dependent on her daughter, as she lives in a Wendy house (small wooden cabin) in her daughter's backyard. Alicia works full-time because her mother looks after her youngest daughter (with Aaron) while she is at work and the other children at school. Her other three daughters (with Anthony) also live with her and visit their father on some weekends.

From each data source, it became clear that both Amanda and Alicia had a deep desire for love, belonging, and acceptance from each other. Their past experiences have a significant impact on the way they treat and respond to each other, as they never learnt how to express, regulate, and reciprocate their feelings in an appropriate and constructive way to each other. Unresolved feelings of hurt and rejection lead to a lack of respectful and healthy communication. Throughout their lives, both Amanda and Alicia were left to fend for themselves. They had to make important decisions by themselves at an early age, which forced them to always be defensive when involved in an argument. When the other party adds criticism and judgement to conversations, it ends in an argument (e.g. Alicia reminding Amanda of her past mistakes). These accumulating negative relationship factors contribute to the current state of their conflicted relationship.

4.4 Mother–daughter pair 2: Belinda (mother, B1) and Bronwyn (daughter, B2)

4.4.1 Individual case study of Belinda (Belinda as a child and as a parent)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Belinda was born in April in the early 1970s in the eastern parts of Gauteng (BDP: B1; LM: B1). She is an only child and has two children of her own (SSI: B1). The family now resides in Bronkhorstspruit.	
Belinda had a troubled childhood. Her family relocated often due to her father's occupation (TI: B1). According to Belinda, her father sexually abused her from a young age (SSI: B1). Belinda mentioned that her mother had been unaware of the abuse. Her mother was loving and very protective of her, and Belinda has fond memories of their relationship (TI: B1).	1st stimulus (A) 2nd stimulus (A) Coping (B)
In 1981, when Belinda was 10 years old, her mother fell ill and passed away (LM: B1). Belinda was heartbroken when she lost her mother and felt as though she was deprived of a mother's love and attention as a young girl. Belinda continued living with her father, and the sexual abuse continued.	3rd stimulus (A) 1st crisis (X) 1st perceiving (C) 1st demand (D)
After her mother's death, Belinda experienced instability in terms of her living situation with her father; her father changed his perspective of his relationship with Belinda. He did not want Belinda to live with him anymore. In the 1980s, when she was 12 years old, he picked her up from boarding school and dropped her off (and left her) to live with people that he knew (SSI: B1). She was afraid of them and cried a lot. She did not experience a loving family environment, as these people mistreated and abused her (LM: B1). She lived in their house for three years, as she had nowhere else to go (TI: B1).	2nd demand (D) 3rd stimulus (A) 2nd perceiving (C)
At the age of 15, she made the decision to run away. She went	Management (Z)

155

Background information and accounts of lived experiences	Resource management model of crisis or stress
to her grandfather's (father's side) house. He told her that he was unable to look after her (T1: B1). Belinda longed to feel accepted in a homely environment. A teacher at school assisted her to gain access to an orphanage in the North West Province (TI: B1). She lived in the orphanage for three happy years until age 18.	3rd perceiving (C) Coping (B)
In the late 1980s, Belinda matriculated while she was still living at the orphanage (LM: B1). The year after matric, she was employed in Bronkhorstspruit and moved in with her maternal grandfather (LM: B1). Belinda had a good relationship with her grandfather. She inherited his house in the western parts of Bronkhorstspruit, where she and her family still reside (LM: B1).	Coping (B)
Belinda never had a role model to whom she could look up. Her grandfather fulfilled this role by giving her fatherly advice (TI: B1).	4th perceiving (C) Coping (B)
At the age of 20, she met her husband, Ben. They got married in 1993 (LM: B1). Her grandfather (mother's side) passed away in 1996 (LM: B1). Belinda was heartbroken when he passed away, as he was the only family member from her childhood she had left (TI: B1).	4th stimulus (A) 5th perceiving (C)
When Belinda's eldest son (LM: B1) was born, he was diagnosed with a cognitive disability with only 8% sight in both his eyes (SSI: B1). He is currently living at home and is financially dependent on Belinda and her husband.	5th stimulus (A) 3rd demand (D)
Belinda's daughter, Bronwyn, was born (LM: B1), and Belinda spoils her because she herself had been deprived of luxuries when she was a young girl (SSI: B1). When Bronwyn was one year old, she attended a day-care centre. Bronwyn was allegedly sexually abused by one of the carers at the centre	6th perceiving (C) 2nd crisis (X)

156

Background information and accounts of lived experiences	Resource management model of crisis or stress
(SSI: B1; SSI: B2). When Belinda and her husband learnt about this traumatic incident, they immediately removed her from the centre. Belinda and Ben did not send Bronwyn for therapy to deal with this traumatic event.	
Throughout her life, Bronwyn experienced multiple mental health challenges. She was formally diagnosed with bipolar depression disorder and admitted into a mental health facility in the past year (SSI: B2). Belinda feels troubled by her daughter's challenges (TI: B1). Belinda was aware of the fact that Bronwyn was sexually abused by her brother. She feels guilty for not protecting her daughter from her son's (Bronwyn's brother) sexual abuse. Belinda is aware that her daughter is sexually active (SSI: B1), as she had a pregnancy scare a few years ago. Belinda took preventative steps by allowing Bronwyn to receive contraceptive injections to avoid pregnancy (SSI: B1). However, Belinda was not honest with Bronwyn about what these injections were for and deliberately deceived her by telling her the injections were for helping her deal with her anxiety and stress.	6th stimulus (A) 4th demand (D) 7th perceiving (C) Management (Z)
Throughout her married life, Belinda's father-in-law and mother-in-law fulfilled the role of supportive parental figures in her life. Their respective deaths in 2016 and 2018 (LM: B1) affected her greatly (SSI: B1).	Coping (B) 7th stimulus (A) 8th perceiving (C)
Despite the challenges Belinda faced in her own childhood and that of her children, she established a healthy and functional relationship with her husband Ben and continued her studies. In 2018, Belinda obtained her certificate in community development. She decided to use her life experiences to assist people in the community who experienced similar experiences,	Management (Z) Coping (B)

Background information and accounts of lived experiences	Resource management model of crisis or stress
for example sexual abuse and parental neglect (TI: B1).	

4.4.2 Individual case study of Bronwyn (Bronwyn as a child)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Bronwyn was born in March in the early 2000s in Bronkhorstspruit (LM: B2; BDP: B2). She is the youngest of two children.	
Bronwyn grew up in a poor neighbourhood in the western parts of Pretoria. Her father, Ben, is a policeman, and her mother, Belinda, is a homemaker. Her parents were very strict and overprotective when she was growing up (TI: B2).	1st stimulus (A) 1st perceiving (C)
Bronwyn went through multiple traumatic experiences throughout her childhood. At the age of 10 months, her family was involved in a car accident in which she broke both of her legs and ankles (LM: B2). Bronwyn still experiences medical difficulties as a result of the accident (TI: B2). Also, having a brother with a cognitive handicap has taken its toll on Bronwyn. She has always felt that her parents give him preferential treatment. His diagnosis of a cognitive disability, along with future events, traumatised her significantly.	2nd stimulus (A) 1st demand (D)
In 2005, at age one, Bronwyn attended a day-care centre. She was molested by one of the carers at the centre (SSI: B1). She did not receive counselling after this incident.	1st crisis (X)
In 2009, at the age of five years, Bronwyn was raped by her brother in her room within their family home (LM: B2). Her	3rd stimulus (A) 2nd demand (D)

Background information and accounts of lived experiences	Resource management model of crisis or stress
mother walked in on the incident. Social workers wanted to remove the two children from the house, but Bronwyn's parents refused and agreed to cooperate with the social worker's demands (SSI: B1). Bronwyn resented her mother and father for allowing her brother to stay with them in the house (SSI: B2), as he still lives in the family home. She does not have a close relationship with her brother and does not get along with him (SSI: B1; SSI: B2).	2nd perceiving (C) Management (Z)
Bronwyn experiences ongoing challenges with her own mental health. She has asthma, has been formally diagnosed with bipolar depression disorder, experiences suicidal thoughts, and has had multiple panic attacks when she is under pressure or faced with stressful situations (TI: B2; SSI: B2). She has attended a mental health facility in Pretoria to help her deal with her problems (SSI: B2).	2nd crisis (X) Coping (B)
The impact of Bronwyn's ACEs during her early years resulted in her engagement with high-risk behaviour. Bronwyn has been sexually active since 2019, age 15. In 2020, Bronwyn received contraceptive injections (SSI: B1). At the time, Bronwyn believed (was actually deceived) that the injections were administered to help her cope with her anxiety and stress levels (SSI: B1). A week after she received the injections, Bronwyn had a pregnancy scare (SSI: B1). She asked her father to buy her a pregnancy test. The test was negative. Ben, Belinda, and Bronwyn were relieved.	Coping (B) 3rd demand (D)
In 2019, Bronwyn went through another traumatic experience. She attended a party and had too much alcohol to drink. She fell, hit her head, and had no recollection of the incident (LM: B1; SSI: B2). While she was under the influence of alcohol, her ex-	Coping (B) 3rd crisis (X) 4th demand (D)

Background information and accounts of lived experiences	Resource management model of crisis or stress
boyfriend took advantage of her and raped her (SSI: B2). This was the third time Bronwyn's body was violated (sexual abuse and two instances of rape). She went to the hospital the day after the incident and spent two weeks in a mental health facility in Bronkhorstspruit (SSI: B2).	
Bronwyn was scared to confide in her parents and refrained from telling them for six months about her boyfriend raping her (MM3.3; 30-32). Her parents laid charges against the ex-boyfriend but decided to withdraw the case (MM3.3; 48-50). The investigating officer made them believe that there was too much evidence against her, as she was under the influence of alcohol at the time of the incident (MM3.3; 62-68). She received trauma counselling (MM3.3; 44).	3rd perceiving (C) 5th demand (D) Coping (B)
Since these incidents, Bronwyn has taken steps to regain control of her life. She is currently in Grade 12 and was selected as a leader in the school council (LM: B2).	Management (Z)

4.4.3 Summary of conflicted relationship

The data showed that Belinda and Bronwyn both experienced traumatic incidents during their childhoods that had a lasting effect on their perceptions of and behaviour towards relationships. Early adversity (especially sexual abuse) in Belinda's and Bronwyn's lives has had major implications for their interpersonal relationships. Both Belinda and Bronwyn were abused by people who they trusted and people who were supposed to protect them from harm. These experiences have influenced their interpretation of the world around them and, more specifically, the dynamics of their own relationship.

Due to the rape, Bronwyn does not have a close relationship with her brother. Also, this traumatic event was not given the attention it should have received when her

160

parents decided not to send her to therapy and not to deal with their son's behaviour. At age 15, Bronwyn's body had been violated three times (sexual abuse and two instances of rape), which led to or intensified her diminishing mental health and wellbeing. It seems that Bronwyn lost faith in her parents to react to her needs and admit to her adversities, as she did not take them in her confidence when she was raped the second time.

During her adolescence, Bronwyn's ACEs manifested in diminished mental health. She was diagnosed with bipolar disorder and experienced multiple panic attacks. After Bronwyn was released from the mental health facility, she was faced with many challenges. Her inability to process her childhood trauma furthermore resulted in her engagement with high-risk behaviour (sexually active, alcohol abuse, unhealthy friendships, etc.), which led to increased conflict with her mother.

As mentioned earlier, the conflict between Belinda and Bronwyn already started during Bronwyn's childhood. Belinda felt that her own mother's death and her father's abusive behaviour deprived her of a happy and carefree childhood. Belinda compensated by spoiling Bronwyn with material possessions, such as clothing and toys. Bronwyn uses manipulative tactics to get her mother to buy her certain items. She once had a panic attack when Belinda refused to buy her a particular item.

Over the years, Belinda and Bronwyn have built up a negative pattern of communication, which leads to heightened levels of conflict within their relationship. Each has her own way of dealing with conflict. Bronwyn prefers isolating herself and avoiding conflict. Also, she would rather discuss personal matters with her friends. Belinda disapproves of this and feels that their family matters should not be discussed with anyone outside the family. Neither Bronwyn's nor Belinda's needs are met in their relationship, as they do not confide in or trust each other. By avoiding conflict with her mother, Bronwyn suppresses her feelings and emotions, which contribute to her symptoms of depression. These feelings build up and result in heated conversations with her mother.

After her mother's death, Belinda never had a confidant with whom she could share personal matters. She, therefore, longs to have an open and safe relationship with Bronwyn, especially as they have shared similar traumatic experiences. Belinda told Bronwyn about her own father's sexual abuse and believed that it could help

161

Bronwyn in her healing process. However, Bronwyn has always had a stronger connection with her father and prefers to share personal matters with him. Bronwyn's rejection of her mother's company causes Belinda to feel excluded and unloved, triggering emotional trauma from her own childhood. Neither mother nor daughter has completely healed from her experiences of abuse, which now has a major impact on their interaction with each other. Moreover, neither mother nor daughter received counselling for the traumatic incidents in their lives, except for when Bronwyn was raped the second time.

The root of Belinda and Bronwyn's conflicted relationship dates back to Bronwyn's sexual abuse by her mentally disabled brother. Bronwyn resents her mother for not acknowledging the psychological trauma she experienced and allowing her brother to live in the family home after imposing himself on her. Even though her son committed the act, Belinda has sympathy for him. She persistently defends him and does not want other people to know about the incident, which leaves Bronwyn feeling as though her mother failed to protect her, which significantly harmed her ability to rely on her mother.

Bronwyn was raised in a family home as the sibling of her handicapped brother. Throughout her childhood, Bronwyn felt that her parents, Ben and Belinda, gave preference to her brother. Her brother's special needs meant that he required more attention and care. Bronwyn did not want to be a burden to her parents but felt the need to be "seen" and loved. These feelings, as well as the sexual assault incident committed by her brother, contributed to intense feelings of resentment towards him. The fact that her mother protected and defended his actions intensified her desperation for attention and belonging. Bronwyn's acts of sexual promiscuity meant that she felt loved by someone, although it brought on more feelings of rejection and sadness.

The unresolved emotional issues between mother and daughter have resulted in rigid forms of communication and interaction, where none of them is able to make changes to their behaviour or alter their perceptions of each other. Belinda longs to have an open relationship with her daughter, as she missed out on such a special bond with her own mother. Even though Bronwyn struggles to communicate and

express her feelings, she has expressed the need to be loved and accepted by both her parents and to know that they value her as much as they value her brother.

4.5 Mother–daughter pair 3: Clarise (mother, C1) and Candice (daughter, C2)

4.5.1 Individual case study of Clarise (Clarise as a child and as a parent)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Clarise was born in the early 1970s in a small town in one of the Cape provinces (TI: C1). She is one of four children and has four children of her own (SSI: C1). Her eldest child, Charlie, is from a previous relationship during her teenage years.	
Clarise never had a close relationship with her mother. She experienced feelings of abandonment and rejection from her mother, who left her and her three brothers to live with several extended family members during their childhood (SSI: C1; TI: C1). The family home was an unstable environment; therefore, the children grew up in her grandmother's and aunt's houses.	1st stimulus (A) 2nd stimulus (A) 3rd stimulus (A) 1st perception (C) 1st demand (D)
At the age of six, her mother came to fetch her from her grandmother's house, and they moved to Centurion (Pretoria) (LM: C1). After a few months, her mother sent the four children back to live with her aunt Chrystal in Cradock (LM: C1). Her mother only visited the children once in the 10 years that they lived with their aunt (TI: C1). Clarise never experienced a warm and loving relationship with her mother, as her mother was in the process of dealing with her own adversities. Her mother was absent and had no input in Clarise's upbringing.	3rd stimulus (A) 3rd demand (D) 4th demand (D) 2nd perception (C)
The children had to conform to Aunt Chrystal's authoritarian parenting style. Aunt Chrystal's husband, Christiaan, was an alcoholic (TI: C1). When he was intoxicated, she physically abused him in full view of the children (TI: C1). The children had	5th demand (D) 4th stimulus (A) 5th stimulus (A) 3rd perception (C)

163

Background information and accounts of lived experiences	Resource management model of crisis or stress
to complete chores and were beaten if these were not completed according to their aunt's specifications. Clarise was unable to form a bond with her substitute caregivers (her aunt and uncle).	
The children were provided with food and necessities but not with parental affection and warmth.	4th perception (C)
Aunt Chrystal and Uncle Christiaan were poor and struggled to provide for the family (LM: C1; SSI: C1). Clarise lived with them until the end of her Grade 10 year when she dropped out of school due to financial constraints (SSI: C1).	6th stimulus (A) 7th stimulus (A) 1st crisis (X)
One of Clarise's brothers fell ill and passed away in 1995 (TI: C1). Clarise was filled with sorrow. She had a close relationship with her brother. Her mother did not attend the funeral due to financial constraints and challenges with her mental health (TI: C1).	8th stimulus (A) 5th perception (C) 6th demand (D)
Clarise's mother experienced challenges with her mental health and was admitted to a psychiatric hospital in Centurion. Clarise was concerned about her mother but was unable to visit her mother during this time due to financial constraints.	9th stimulus (A) 8th demand (D)
At the age of 21, Clarise went to live with her cousin and was employed at a grocery store (LM: C1). She worked there for 18 years.	Coping (B)
Throughout her life, Clarise never had a role model who gave her guidance and advice (TI: C1). She ran up a lot of debt and was forced to use a large chunk of her salary to repay her debt (TI: C1).	5th perception (C) 10th stimulus (A) 9th demand (D)
Clarise's second child, Candice, was born in 2003, and her third child, Catherine, was born in 2004 (TI: C1). Her youngest daughter, Caroline, was born in 2013 (TI: C1). All three	Coping (B)

164

Background information and accounts of lived experiences	Resource management model of crisis or stress
daughters are fathered by Christopher, whom she married in 2010 (LM: C1).	
In 2013, Clarise resigned and started working at another grocery store until 2016 (LM: C1). After this, she worked at a fuel station where she was retrenched due to the Covid-19 lockdown (SSI: C1). Christopher and Clarise are both currently unemployed and struggle to provide food and basic items in their household (TI: C1). The family relies on donations from the local church.	Coping (B) 11th stimulus (A) 12th stimulus (A)
In 2016, Clarise moved back to Centurion with her family to be closer to her extended family members (LM: C1). During this time, her eldest brother also moved to Centurion to regain contact with their mother. When they visited their mother for the first time in several years, Clarise's mother did not recognise her own son (TI: C1). At the time, Clarise's mother had severe challenges with her own mental health.	Coping (B) 11th demand (D)
Christopher is an unsupportive husband and does not provide any emotional or financial assistance in the household. Clarise is, therefore, the sole provider (SSI: C1). Christopher is abusive and uses foul language to insult her and her three daughters (SSI: C1; TI: C1).	13th stimulus (A) 12th demand (D)
Clarise wanted to get a divorce from Christopher before but felt that she was too old and did not want her daughters to go through such an experience (SSI: C1).	2nd crisis (X) 6th perception (C)
Christopher does not get along with Clarise's son Charlie and does not want him to stay with them; therefore Charlie stayed behind in Cradock (Clarise regrets this decision) (TI: C1). Christopher and Charlie fought constantly and once stabbed each other with a knife during a physical altercation (SSI: C1). It is unknown whether the police were involved.	14th stimulus (A) Management (Y) 3rd crisis (X)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Clarise blames herself for not supporting and encouraging Charlie to complete Grade 12 (LM: C1). She thinks about Charlie every day and dreams about him at night (TI: C1). Charlie was involved in gang activities before and got into trouble with the authorities (TI: C2).	7th perception (C) Coping (B) 15th stimulus (A)
In 2021, at the age of 47, Clarise's father passed away (TI: C1). She did not have a close relationship with her father (TI: C1).	16th stimulus (A) 8th perception (C)
Clarise's relationship with her mother has not improved since childhood. Clarise's mother criticises her and her daughters frequently (SSI: C1). Clarise avoids any conflict with her mother and often wonders about certain aspects of her upbringing but does not have the courage to ask her mother (SSI: C1). They live in the same neighbourhood but visit each other infrequently.	17th stimulus (A) 9th perception (C) 13th demand (D)
Clarise has always felt that she was unworthy of being loved. Her mother and father abandoned her when she was young, and her husband is unsupportive and criticises her (SSI: C1). She has made a lot of personal sacrifices throughout her life. By consistently putting her family's needs above her own, she has neglected her own wellbeing.	Management (Y) 4th crisis (X) 18th stimulus (A) 10th perception (C)
She views her life as a failure (LM: C1), as she is unable to find secure employment, unhappily married, unable to provide for her children, and far removed from her son who lives in Cradock.	11th perception (C) 19th stimulus (A)

4.5.2 Individual case study of Candice (Candice as a child)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Candice was born in January in the early 2000s in Clifford (LM: C2). Her younger sisters, Catherine and Caroline, were born in 2004 and 2013 (TI: C2). Her half brother, Charlie, does not live with them (SSI: C1).	
Candice, her parents, and her two sisters live in a small one-bedroom house in Centurion. The house is in an unsafe neighbourhood with high levels of poverty and unemployment.	1st stimulus (A) 1st demand (D)
Candice had a happy childhood (TI: C2) and a lot of friends (TI: C1). Her parents were not strict and allowed her to sleep over at her paternal grandmother's house most evenings. She grew attached to her grandmother, as her grandmother spoiled her and gave her all the attention she needed (TI: C2).	1st perception (C) Coping (B)
At home, Candice felt that her two younger sisters were depriving her of her parents' affection. Her parents were both employed and had a steady income at the time (TI: C2).	2nd demand (D) Coping (B)
In 2016, both Candice's parents lost their jobs (LM: C2). The family chose to relocate to Centurion in search of employment. Candice felt displaced; her family relocated to a new home, and she and her sisters transferred to a new school. Her family experiences extreme poverty, as both parents are still unemployed (TI: C2). Some days, the family does not have any food to eat.	2nd stimulus (A) 3rd stimulus (A) 2nd perception 1st crisis (X)
Candice's mother and father both receive unemployment grants from SASSA (TI: C1). This money is used to buy food and necessities for the household. They are dependent on this money and donations from the church (TI: C1).	Coping (B) 3rd perception (C)
Candice struggled to adapt to her new life in Centurion (TI: C1). She found it hard to make friends at her new school and,	4th perception (C) 3rd demand (D)

Background information and accounts of lived experiences	Resource management model of crisis or stress
therefore, preferred to socialise with her female family members who were in the same school (SSI: C2). She was extremely shy and cried easily (SSI: C2).	Coping (B)
Candice was sad to see her half brother, Charlie, stay behind in Cradock. As mentioned earlier, Charlie did not get along with her father, Christopher (SSI: C1). Charlie and Christopher were involved in physical and verbal altercations; therefore, Christopher refuses that Charlie live with them (TI: C2). Candice feels that her mother and father abandoned Charlie by leaving him behind.	4th stimulus (A) 5th stimulus (A) 5th perception (C)
Candice's father, Christopher, is deeply religious. He teaches her and her two sisters lessons from the Christian Bible (SSI: C2; TI: C2). He is extremely strict with his three daughters and does not allow them to go out to visit their friends.	Coping (B) 4th demand (D)
However, Christopher contradicts himself by drinking large amounts of alcohol (SSI: C2). When intoxicated, he insults and verbally abuses Candice's mother and the three daughters. Candice often confides in her father about particular issues that she is dealing with but feels that her father's personality changes when he is intoxicated (TI: C2). Christopher accuses her of actions of which she is innocent (TI: C2). His hurtful words fuel Candice's feelings of inferiority.	6th stimulus (A) 5th demand (D) Coping (B) 6th perception (C)
Candice feels overlooked in the household. Her parents believe that her younger sister Catherine has better character traits than Candice (SSI: C2). As the eldest child, Candice feels that she has the responsibility to set an example for her two younger sisters but feels inferior when her abilities are being questioned. Christopher has accused Candice of negatively influencing Catherine (SSI: C2). Having been taught not to question her	Management (Y) 7th perception (C)

Background information and accounts of lived experiences	Resource management model of crisis or stress
father, Candice believes that she is the one who is responsible for Catherine's misbehaviour (SSI: C2).	
As a result of her parents' convictions, Candice has a low self-esteem. She also experiences learning difficulties at school. She is unable to ask her parents for assistance, as they are academically unable to help her.	2nd crisis (X) 6th demand (D)
Candice is unable to attend certain school events due to financial constraints at home (SSI: C2). She braids her friends' hair to earn extra money (TI: C2). She gives this money to her mother to buy food for the family.	7th stimulus (A) Management (Z) 7th demand (D)
Candice shares a close relationship with her father and prefers to share her feelings with him (SSI: C2). She longs to have an open relationship with her mother and talk to her about female matters, but her mother has mentioned that she is unable to give her advice, as she did not have a relationship with her own mother (SSI: C2). Therefore, Candice seeks out other female company.	Coping (B) 8th perception (C) 8th demand (D) Coping (B)
In 2021, Candice received numerous awards at her school, despite her learning difficulties. She was selected as a prefect (LM: C2). She wants to make use of the opportunities that are available to her to find secure employment to assist her family financially (TI: C2). She longs for her family to live together again (MM3.2; 17-20).	Coping (B) Management (Z) 9th perception (C) 10th perception (C)

4.5.3 Summary of conflicted relationship

Throughout the data, Clarise's and Candice's life stories are characterised by similar ACEs. Both Clarise's and Candice's childhoods were greatly affected by socioeconomic factors such as poverty, unemployment, and housing uncertainty. Clarise and Candice experienced instability during their childhood, especially in their

households, and in their relationships with their biological parents. Clarise was exposed to prolonged periods of toxic stress when she and her siblings were raised by extended family members. Clarise was unable to form a secure attachment with her mother, grandmother, and aunt, as a lack of time or affection influenced these bonds. Clarise's mother experienced mental health problems and was emotionally unavailable to her children. Clarise felt abandoned, as her biological mother only visited the children once during their nine-year stay with her uncle and aunt. Therefore, she did not experience a loving home environment. Similarly, Candice spent a lot of time at her maternal grandmother's house and was, therefore, unable to form a secure attachment with her mother, Clarise. The absence of a stable and loving home environment in Clarise's and Candice's childhood homes contributed to unresolved emotional issues between Clarise and Candice.

The adverse effects of Clarise's disrupted attachment with her own mother spilt over into her relationship with her daughter Candice. Clarise resents her mother for abandoning her and her siblings and expressed deep feelings of sadness and sorrow for the lack of motherly love she had experienced throughout her life. These unresolved emotional issues with her own mother have left Clarise feeling unable to provide any type of affection and support to her own children. By avoiding the trauma and pain she experienced in her relationship with her own mother, Clarise has created a deep rift between her and Candice.

Both Clarise and Candice long to have their family reunited. Clarise blames herself and views her own shortcomings as the reason why Charlie did not finish his schooling. Clarise was extremely emotional when she talked about Charlie, probably because she felt guilt for leaving him behind, allowing him to drop out of school, and not protecting him against Christopher's violent attacks.

Clarise and Candice still experience unresolved issues within their relationship, which have negatively influenced their patterns of communication. Both mother and daughter have become rigid in their behaviour towards the other; they struggle to communicate their feelings, as negative patterns of communication have been established in their relationship. Clarise takes her anger and frustrations out on her children, while Candice keeps her feelings to herself and complies with her mother's demands. Despite their conflictual interaction, it was clear that Clarise and Candice

experienced a deep commitment to their relationship, seeking acceptance from each other.

Since childhood, Candice has had a closer relationship with her father, Christopher. She prefers asking him for advice. The close relationship between Candice and her father makes Clarise feel unworthy of being a mother. Clarise experiences the same rejection that she experienced in her relationship with her own mother; she feels unappreciated and unloved. Candice has reached out to Clarise before; however, Clarise told her daughter that she was unable to support her, as she never had a close relationship with her own mother. Clarise's inability to relate to her daughter contributes to the distance between mother and daughter, as Candice then feels more compelled to share with her father.

During our conversations, it became apparent that Clarise experienced deep feelings of hopelessness. She views her whole life as a failure, as she cannot find permanent employment or proper housing for her family. She once mentioned that she would not have had children if she had known that her day-to-day struggles were going to be so hard. Clarise wants a better life for her children, as she was not granted the same opportunities they have. Sadly, Clarise is unable to provide her children with these aspired opportunities. Clarise's feelings of inadequacy as a mother have spilt over into Candice's life. Candice has difficulty with her schoolwork and feels unworthy of being the eldest child, as her parents compare her with her younger sister. Clarise and her husband both being unemployed further complicates the household dynamics, as Clarise has the sole responsibility and pressure of attending to the family's basic needs.

4.6 Mother–daughter pair 4: Daphne (mother, D1) and Denise (daughter, D2)

4.6.1 Individual case study of Daphne (Daphne as a child and as a parent)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Daphne was born in the mid-1970s in Danville (BDP: D1). She is	

Background information and accounts of lived experiences	Resource management model of crisis or stress
the youngest of three children.	
Daphne's father, Daniel, was never involved in her life since birth (TI: D1). Her mother, Diana, was financially unable to look after her and her elder sister; so, they were sent to live with her paternal grandmother, Demi, in Delmas (LM: DI; TI: D1). The two girls lived with their grandmother, Demi, for five years, from 1980 to 1985 (TI: D1). Her brother stayed with their mother in Danville.	1st stimulus (A) 2nd stimulus (A) 1st demand (D)
Daphne's grandmother was strict. She taught the two girls how to complete household chores and to respect their elders (TI: D1). Daphne's extended family lived in close proximity to her grandmother's house (TI: D1). They lived in poverty. For example, the family only ate meat on Sundays and special occasions (TI: D1). Daphne's aunts and uncles supported their grandmother financially (TI: D1).	1st perception (C) Coping (B) 2nd demand (D)
Daphne's grandmother was deeply religious. On weekends, the girls had to attend church with their grandmother (TI: D1).	Coping (B)
Daphne never had a close relationship with her father, Daniel, and only saw him on some occasions (TI: D1). Daphne's mother, Diana, and brother only came to visit them over the school holidays (TI: D1).	3rd stimulus (A) Coping (B)
In 1986, at the age of 11, Daphne and her sister moved back to Danville to live with their mother (LM: D1). The two girls only started building a close relationship with their mother at this time. At this stage, her mother and father were divorced (LM: D1).	4th stimulus (A) 1st crisis (X)
Daphne finished her schooling in Danville. She matriculated in the early nineties at the age of 18 (LM: D1).	
Daphne was unable to attend university due to financial	5th stimulus (A)

Background information and accounts of lived experiences	Resource management model of crisis or stress
constraints. She started working at a governmental institution in 1994, where she is still employed today (LM: D1; TI: D1).	Management (Z) Coping (B)
In 1994, Daphne was in a relationship with Damian, whom she met in high school. She got pregnant, and her baby daughter, Denise, was born (LM: D1). During her pregnancy, Daphne found out about Damian's infidelity with another woman (TI: D1). She ended the relationship immediately (TI: D1). Daphne raised Denise as a single parent.	Coping (B) 6th stimulus (A) 3rd demand (D) 4th demand (D)
Daphne and Denise lived in a small, two-bedroom house in Danville (TI: D1). After a few years, Daphne's mother came to live with them (TI: D2). They built a small cottage at the back of the yard where she stayed. Denise would often sleep over in her grandmother's cottage (TI: D2).	Coping (B) 5th demand (D)
In 2001, Daphne met her husband, Declan. He raised Denise as his own child (TI: D1). Denise was six years old at this stage. In 2006, Daphne and Declan's daughter Desiré was born (LM: D1). They got married in 2009 and are still happily married (TI: D1).	Coping (B) 2nd perception (C)
In 2012, Daphne's mother suddenly fell ill (TI: D1). She fell into a coma and did not recover for the two months that she spent in the intensive care unit.	7th stimulus (A)
Daphne found it hard to see her mother grow weak. Her mother passed away. This was an extremely difficult time for Daphne (LM: D1). Daphne had a close relationship with her mother (TI: D1) and felt lost without her mother. She felt that her world came to a standstill the day her mother passed away.	8th stimulus (A) 6th demand (D) 3rd perception (C)
In 2019, Daphne's eldest daughter got married and Daphne became a grandmother (LM: D1). Her daughter Denise was caught in an abusive marriage where Denise and her baby were physically abused, which Daphne was unaware of (SSI: D1).	9th stimulus (A) 4th perception (C) 5th perception (C) Management (Y)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Denise did not share information about any of the abusive incidents with her mother (SSI: D2). Daphne knew that something was wrong but did not enquire any further (SSI: D1). The abuse became worse; so, Denise had to disclose the circumstances to her mother and stepfather, Declan. Denise and the baby moved back into Daphne and her husband's home. Daphne arranged for Denise to attend therapy sessions after the divorce (SSI: D1).	
Denise and the baby lived with Daphne and her husband for two years. Daphne found it difficult to have her daughter in her home again, as Denise was used to being independent (SSI: D1). They experienced a lot of conflict during this time, as both fulfilled the role of mother at this time. Arguments revolved around the day-to-day aspects of the household and how Daphne was raising her child and enforcing discipline (SSI: D1; SSI: D2).	6th perception (C) 2nd crisis (X)
Daphne mentioned that she and her own mother had had a wonderful relationship and that she believed that she never disappointed her mother (SSI: D1; TI: D1). She feels as if she is not receiving the same input from Denise (SSI: D1). She feels as if Denise would always ask her for advice but then would rather follow the advice of her friends (SSI: D1).	7th perception (C) 8th perception (C)
In 2022, Denise entered into a new relationship with Donovan and fell pregnant (TI: D1). She and the two children moved out of Daphne's house and moved in with Donovan. They are still in a relationship but have decided not to get married.	10th stimulus (A)

4.6.2 Individual case study of Denise (Denise as a child and as a parent)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Denise was born in the mid-1990s in Danville (BDP: D2; LM: D2).	
Denise was raised by her single mother, Daphne (TI: D2). Even though she did not grow up in her father's (Damian's) house, he was still involved in her life (TI: D2). He supported her mother financially and visited often. Denise and Daphne still have contact with him.	1st stimulus (A) Coping (B)
Denise and her mother, Daphne, lived in a small two-bedroom house in Danville (TI: D2). Daphne was a strict mother and overprotective (TI: D2). She had a stable job and spoiled Denise with clothing and toys (TI: D2).	Coping (B)
Denise attended a primary school close to the family home (LM: D2) and had a lot of friends (TI: D2). Denise always felt as if her family was incomplete (TI: D2). She lied to her friends, not wanting them to know that she lived with her mother and that her father was living with his second wife and children (TI: D2). She went to visit her father on weekends and school holidays, but these visits were not enough to fill the void. She felt jealous of her father's other children, as he spoiled them and not her (TI: D2).	1st perception (C) 2nd perception (C) 2nd stimulus (A)
Denise's mother, Daphne, built a cottage for her grandmother in their backyard (TI: D2). Denise often slept over in her grandmother's cottage. She enjoyed spending quality time with her grandmother (TI: D2).	3rd perception (C)
In 2001, Denise's mother met Declan, who became her stepfather. He was a loving person and raised Denise as his own child (TI: D1). Until then, Denise was the only child in the house and received all the attention from her parents. When her sister, Desiré, was born in 2006, Denise struggled to adapt to the changes in the house (TI: D2), which had a negative impact on her behaviour. She	Coping (B) 1st demand (D)

Background information and accounts of lived experiences	Resource management model of crisis or stress
and her sister had an 11-year age difference.	
Denise attended a high school in Danville (LM: D2). Her family moved around frequently. During her Grade 8 and 9 years, she was involved with children who apparently had a bad influence on her. She and her friends taunted the teachers and disobeyed the school rules. She was expelled for her behaviour.	3rd stimulus (A) 2nd demand (D) 1st crisis (X)
The school accepted her back. This was a turning point for her, as she decided to work harder and stay out of trouble (TI: D2). She was one of the top students in her class at the end of Grade 10 and the top student in her school when she matriculated in 2013 (LM: D2).	Management (Z) 4th perception (C)
Denise was heartbroken when her grandmother passed away in 2012 (LM: D2). In 2014, Denise started her educational studies at a university in South Africa. She received numerous awards for her academic performance (LM: D2).	4th stimulus (A) Coping (B)
In 2018, she started teaching at a primary school (TI: D2). In 2019, she got married to Dominic. They bought a house and had a son called Desmond (LM: D2). Dominic was abusive towards Denise and Desmond (SSI: D2). Denise wrongfully believed that she was the one who caused him to be aggressive and abusive. Dominic's behaviour grew worse over time. He was guilty of infidelity and had multiple relationships with other women (SSI: D2). Dominic often shouted at Denise and physically abused her when he was angry.	Coping (B) 5th stimulus (A) 3rd demand (D)
Denise and her mother experienced heightened levels of conflict during this period (SSI: D2). Daphne realised that something was wrong, but Denise wanted her mother to believe that everything was fine. Denise wanted Daphne to believe that she could make her marriage succeed. Over time, the domestic violence worsened. Denise realised that she had to tell her mother (SSI: D2). Denise's	2nd crisis (X) 5th perception (C) 6th perception (C) Management

Background information and accounts of lived experiences	Resource management model of crisis or stress
life was in danger, and she was experiencing depression due to her constant feelings of fear and rejection in the marriage (LM: D2).	(Y) 3rd crisis (X) 4th crisis (X)
The divorce was hard for Denise, as well as her parents, as they had grown close to Dominic and trusted him (SSI: D2).	5th crisis (X)
Denise's parents converted their garage into a small cottage for Denise and the baby. However, they never lived in the apartment, deciding to stay in the main house with Daphne, Damian, and Desiré (SSI: D2). They lived there for two years.	Coping (B) Management (Y) 4th demand (D)
Denise attended therapy sessions to help her cope with the aftereffects of her abusive marriage (SSI: D2). Dominic is uninvolved in the baby's life and does not contribute financially (SSI: D2). He never enquires about young Desmond's wellbeing (TI: D2).	Coping (B) 7th perception (C) 6th stimulus (A)
Denise was used to being independent. Returning to her parents' house was difficult (SSI: D2). She had to follow her mother and stepfather's house rules, even though she was an adult. Her mother believed that she was still a child in the house and that she should still follow the rules of the house (SSI: D1). When she and her mother argued and shouted at each other, Denise experienced triggers from the trauma in her marriage (SSI: D2).	7th stimulus (A) 8th perception (A)
In 2022, Denise met Donovan. Donovan got along well with Denise's son. She fell pregnant and they all moved in together in a separate house (TI: D1). She is currently teaching learners with special educational needs in Danville (TI: D2).	Coping (B)

4.6.3 Summary of conflicted relationship

Daphne and Denise had similar experiences of adverse household circumstances during their childhood, which had particular implications for their own relationship. Daphne was raised by her grandmother and only saw her mother during school holidays. During this time, she missed her mother and the sense of a family home. She was able to establish a secure relationship with her mother when she went to live with her at the age of 11. Throughout her life, Daphne has used the quality of her strong relationship with her own mother as the standard by which she had measured her relationship with Denise. Daphne mentioned that her daughter Denise did not provide her with the same type of relationship that Daphne had had with her mother. Daphne's perfectionist nature and high standards have left Denise with feelings of inadequacy as a daughter and have resulted in her wanting to please her mother in various areas of their relationship. This may potentially be a reason why she did not confide in her mother about her abusive marriage.

Both mother and daughter were raised without the presence of a father in the household. Daphne's father was never involved in her life, and Daphne and Damian (Denise's parents) were never married. Damian was involved to some extent; he made financial contributions to Denise's upbringing but was emotionally unavailable. The absence of a supportive and accepting father figure in their lives influenced Daphne's and Denise's choice of men. Initially, both mother and daughter entered relationships with unreliable men. Damian was unfaithful to Daphne, whereafter the relationship ended. Denise's ex-husband was abusive to her and her son, Desmond. Initially, Denise wanted to impress her mother and did not disclose any information related to the domestic violence to her mother. Denise wanted her mother to believe that she could make a success of her marriage and motherhood.

Denise's marriage in 2019 brought about many changes in Daphne and Denise's relationship. Mother and daughter slowly drifted apart during this time. Denise refused to listen to her mother's marital advice; so, Daphne decided to keep her distance. Denise isolated herself and frequently lashed out towards her mother, who was unaware of the abuse at the time. The domestic violence worsened over time, and Denise was forced to confide in her mother.

178

At this time, the conflict between Daphne and Denise reached an all-time high. The dynamics within the household changed, as Denise now entered her childhood home as a daughter and newly divorced mother. Denise had to adapt and follow her mother and stepfather's household rules – something she struggled to do. She was still coming to terms with her failed marriage. Daphne was determined to keep her home neat and clean, which was difficult to do with her small grandson around. Daphne still viewed Denise as a child in her home and criticised everything she did, including the discipline methods she used with her son. Both Daphne and Denise were stubborn and rigid in terms of their own behaviour and reaction to change.

Daphne has a strong personality and is opinionated. She firmly believes that she does not make mistakes and refuses to make any changes to her behaviour. During her time as a single parent, she taught herself to be tough and less reliant on others. She strongly believes that her opinion is the most important and rarely considers someone else's input. When she is angry or upset with Denise, she dismisses her by raising her voice and shouting at her. Denise gets upset about her mother's verbal aggression, as her ex-husband treated her similarly. Denise mentioned that she experienced flashbacks to her abusive marriage when her mother shouted at her. Daphne firmly believes that the mother holds the position of authority in the relationship, and not the daughter. She reiterated that Denise must fulfil her role as an obedient daughter, even though she was not a child anymore. Denise is soft-spoken and does not like to engage in arguments with her mother. Daphne views her daughter's character traits as weak and perceives Denise as being unable to defend herself. Daphne always wants to have the last say during any argument with her daughter.

Even though Daphne and Denise experienced intense periods of conflict during Denise's divorce, they have maintained a close and intimate relationship. Both mother and daughter are aware of each other's weaknesses and have admitted that they often react in socially unacceptable ways during arguments. Daphne and Denise have agreed to work on their relationship to reach the level of intimacy and friendship they had before Denise's divorce.

4.7 Mother–daughter pair 5: Elise (mother, E1) and Estie (daughter, E2)

4.7.1 Individual case study of Elise (Elise as a child and as a parent)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Elise was born in the late 1960s in Eldoraigne, Pretoria (BDP: E1; TI: E1). She has four children: Emma (born in 1991), Estie (born in 1999), Estelle (born in 2002), and Eben (born in 2005) (TI: E1). Elise and her children still live in Eldoraigne.	
Elise is part of a large family. The entire family lives in a close-knit community and sees each other frequently (TI: E1). Elise and her elder sister, Eileen, were both born in the late 1960s, followed by the third daughter, Evette, in the early 1970s. Erica, the youngest, was born in the early 1980s (TI: E1). Elise's father was strict but submissive. Elise's mother had a dominant personality (TI: E1). She made all the important decisions in the household.	Coping (B) 1st stimulus (A)
Elise lived with her family in Edenvale's city centre until 1974 (TI: E1). At the end of 1974, they moved to Eldoraigne. Elise's mother and father stayed behind in the city centre to live close to their places of employment (TI: E1). Elise and her eldest sister, Eileen, went to live with their paternal grandparents during the week while their parents were at work (TI: E1). Elise and her sister did not attend preschool because their grandmother looked after them (TI: E1). The two girls only saw their parents on weekends.	2nd stimulus (A) 3rd stimulus (A) 1st demand (D)
Elise's parents built a house in the community where their extended family lived. They moved into this house when Elise was six years old (TI: E1). The following year, Elise started attending primary school (TI: E2). Elise had a lot of friends.	Coping (B)
Elise started her high school career in 1983 (TI: E1). She started	Coping (B)

Background information and accounts of lived experiences	Resource management model of crisis or stress
dating Eddie in her Grade 10 year. They were in love and dated for a few years (TI: E1). During her high school career, she participated in sports.	1st perception (C)
In her Grade 11 year, Elise fell pregnant with her first daughter, Emma (TI: E1). She felt ashamed of her pregnancy. Elise dropped out of school and did not return to school after Emma's birth in 1991 (TI: E1).	4th stimulus (A) 2nd perception (C) 1st crisis (X)
Elise and Emma stayed at Elise's parents' house (TI: E1). Eddie was involved in Emma's life. He contributed financially, and Elise and Emma were well looked after (TI: E1). Eddie and Elise were never married (TI: E1).	Coping (B)
In 1996, Eddie was murdered during a business trip to an informal settlement (TI: E1). Elise was heartbroken. It took her a long time to process her loss and come to terms with his death (TI: E1). After Eddie's death, Elise could no longer depend on his financial contribution to Emma's upbringing. Elise did not attend therapy sessions after Eddie's death.	2nd crisis (X) 3rd perception (C) Management (Y) 5th stimulus (A)
After this traumatic incident, Elise started working at a state-owned enterprise (TI: E1). She was employed here for 14 years. She resigned when the office was moved to Ennerdale. She was unemployed for one year until she started working at a printing company (TI: E1).	Coping (B) 6th stimulus (A)
Elise met Ethan in 1999 (TI: E1). Elise and Ethan's first daughter, Estie, was born in 1999 (TI: E1; BDP: E2). Estie was born prematurely at seven months. Estie was in the intensive care unit for two weeks, which resulted in Elise spending a lot of time at the hospital (SSI: E2). Their second daughter, Estelle, was born in 2002, and a boy named Eben was born in 2005 (TI: E1).	Coping (B) 7th stimulus (A) 2nd demand (D)

181

Background information and accounts of lived experiences	Resource management model of crisis or stress
Elise and Ethan were strict parents. Their marriage was in trouble when Elise found out that Ethan was unfaithful to her (TI: E1). Elise and the children moved out of the family home (TI: E1).	4th perception (C) 8th stimulus (A) 3rd demand (D)
The divorce was finalised in 2008 (LM: E1). Elise went through a difficult emotional time after the divorce (LM: E1). Elise and Ethan's three children attended therapy sessions after the divorce (TI: E1).	3rd crisis (X) 5th perception (C) Coping (B)
The three children do not get along with their father, Ethan. They resent him for abandoning them and the way he mistreated their mother (TI: E1). Ethan still supports the three children financially (TI: E1).	9th stimulus (A) 10th stimulus (A)
Elise and the three children moved between several rental homes (LM: E1). Elise decided that Emma should live with her paternal grandparents. In 2015, Elise bought her own house, where she and the children live until the present day (LM: E1). In 2019, Elise started renovating her house (LM: E1).	Coping (B) Management (Y)
In 2018, Elise was involved in a car accident and was hospitalised for three weeks (LM: E1). She hurt her neck and back.	11th stimulus (A) 4th demand (D)
At the end of 2019, Elise found out that her daughter Estie was pregnant (SSI: E1). Elise was extremely disappointed, as Estie was still studying at the time of her pregnancy (SSI: E1). Elise was familiar with the struggles of a single parent and was obliged to assist her daughter financially, even though she was unable to do so. Elise banned Estie from her house because of the pregnancy. Estie went to live with her grandparents for a few months (SSI: E1; TI: E1). Elise and Estie did not speak for a few months.	4th crisis (X) 6th perception (C) 5th demand (D)

182

Background information and accounts of lived experiences	Resource management model of crisis or stress
Elise and Estie rekindled their relationship after Elise's mother intervened and mediated the process (SSI: E2). In 2020, Estie's daughter, Elizabeth, was born. Elise became a grandmother for the first time (LM: E1).	7th perception (C) Coping (B) 6th demand (D)
Elise lost her job at the printing company in 2020 during the Covid-19 pandemic (TI: E1). She is still unemployed and experiences financial hardship. She bakes cakes and cookies and sells these for an income (TI: E1).	12th stimulus (A) 7th demand (D) Management (Z)
In 2021, Elise's mother passed away (LM: E1). Elise had a close and loving relationship with her mother. Elise mentioned that her mother had felt more like a best friend to her than a mother (SSI: E1).	13th stimulus (A) 8th perception (C)
Elise and her daughter Estie still experience conflict in their relationship. Even though her granddaughter was born out of wedlock, Elise accepts that Elizabeth will be part of their lives forever (TI: E1).	8th demand (D) Management (Z)
Elise is still unemployed but works as a consultant for the printing company where she was previously employed (TI: E1).	15th stimulus (A) Coping (B)

4.7.2 Individual case study of Estie (Estie as a child and as a parent)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Estie was born in the late 1990s in Eldoraigne (BDP: E2). She is the eldest of three children and has one half sister (SSI: E2).	
Estie was born prematurely when her mother, Elise, was seven months pregnant (LM: E2). As a new-born, Estie was in the	1st stimulus (A)

Background information and accounts of lived experiences	Resource management model of crisis or stress
intensive care unit for two weeks.	
Estie's parents were extremely strict during her childhood (TI: E1). They did not allow her to go out with her friends, and the family attended church on Sundays (TI: E1).	1st perception (C) 1st demand (D)
Estie stayed with her grandmother throughout the day while her mother was at work (TI: E1). She and her grandmother shared a close relationship. At the age of two years, Estie started attending a day-care centre (TI: E1).	2nd demand (D)
Estie attended two different primary schools in Eldoraigne and enjoyed participating in sports (TE: E1). She did not have a lot of friends (TI: E1). She had one close friend with whom she is still friends today.	3rd demand (D)
In 2008, when Estie was nine years old, her parents got divorced (LM: E2). Estie went through a very difficult time. She said that it *"felt like the world was coming to an end"* (LM: E2). Elise took the three children to attend counselling sessions after the divorce (TI: E1).	1st crisis (X) 2nd perception (C) Coping (B)
Elise, Estie, and the two other children had to relocate frequently, as they did not have a home of their own after the divorce (SSI: E2). Estie and her siblings felt displaced, having no place to call home after their parents' divorce. Estie's father stayed on in the large family home that had five bedrooms. Estie and her siblings resented their father for not allowing Elise and the children to stay at the large house (TI: E1). Estie's mother, Elise, noticed that her daughter was very quiet after the divorce. Estie never spoke to her mother about the divorce again (TI: E1).	2nd stimulus (A) 3rd perception (C) 4th perception (C) Management (Z)
Since the divorce, Estie and her father did not have a good relationship (TI: E1). According to court orders, she and her	3rd stimulus (A) 5th perception (C)

Background information and accounts of lived experiences	Resource management model of crisis or stress
siblings had to go and visit her father every second weekend (TI: E1). The children were reluctant to visit him, as none of them had forgiven him for the way he had mistreated them and their mother (TI: E1).	Management (Z)
In 2013, Estie started her high school career (TI: E1). At the end of her Grade 11 year, she was transferred to a different school. Her father wanted her to repeat her Grade 11 academic year to improve her marks (LM: E2). She was reluctant to adhere to her father's demands, but repeated Grade 11 and improved her marks. She matriculated in 2019 (LM: E2).	4th stimulus (A) 6th perception (C) Management (Z)
In 2021, both Elise and Estie experienced a few setbacks. Elise worked at a printing company. She arranged for Estie to start studying for a certificate in human resources management at one of the colleges the company was affiliated with (TI: E1). Estie studied and enjoyed it. She worked at the printing company on a part-time basis. During this same year, both Elise and Estie were retrenched due to the Covid-19 pandemic (LM: E2). Both mother and daughter were faced with financial constraints, as they had no alternative income within the household.	Coping (B) 7th perception (C) Management (Z) 5th stimulus (A) 4th demand (D)
At the time, Estie was involved in a relationship with Eugene. According to Estie's parents, Eugene had a bad influence on Estie. Elise and her ex-husband, Ethan, did not approve of this relationship (SSI: E1). Estie fell pregnant with Eugene's child.	Coping (B) 6th stimulus (A) 2nd crisis (X)
At first, Estie did not tell her parents about the pregnancy (SSI: E2). She first told her maternal grandmother, to whom she was very close. When Elise found out about the pregnancy, she was furious. She banned Estie from her house and broke all contact with her (TI: E1; SSI: E2).	5th demand (D)

185

Background information and accounts of lived experiences	Resource management model of crisis or stress
Estie went to live with her grandparents in the same neighbourhood as her mother's home (SSI: E2). Elise and Estie did not speak for a few months, until Estie's grandmother intervened (SSI: E2). The grandmother convinced Elise that she had to accept the situation and that she would not be part of her granddaughter's life if she continued resenting Estie (SSI: E2). Elise and Estie reconciled just before Elizabeth's birth.	Coping (B) 6th demand (D) Management (Z)
Eugene is not part of baby Elizabeth's life (SSI: E2). He does not get along with Estie's parents, and they do not allow them in their homes (SSI: E1). Eugene does not contribute financially to the baby's upbringing (SSI: E2).	7th stimulus (A) 7th demand (D)
Estie made the decision to take back control of her life. In February 2021, she started studying information technology at an online college and finished her studies in 2022 (TI: E1).	Coping (B)
Estie had to temporarily move into her father's house while renovations were being done at her mother's house, even though she did not get along with her father (LM: E2).	8th demand (D)
Estie and Elizabeth are currently living in a room in her mother's backyard (TI: E1). Estie works as a singer and photographer to earn an income (SSI: E2).	Management (Z)

4.7.3 Summary of conflicted relationship

Elise and Estie's relationship is characterised by shared personal experiences at various developmental stages of their lives, specifically childhood and adolescence. During each developmental stage, both mother and daughter were faced with adversity, which had implications for their family members and their relationship.

Elise's and Estie's families depended on the assistance of their extended family members during their early years. Elise and Estie were both removed from their core

family units due to the nature of their parents' full-time employment. Elise and Estie both spent most of their time with their respective grandparents, where a strong, and secure attachment was formed between the granddaughters and their grandmothers. Estie's grandmother was sensitive and responsive to her needs. Estie views her grandmother as her confidante, as she does not share the same kind of relationship with her mother, Elise.

The family dynamics were severely affected by Ethan and Elise's divorce in 2008. The instability of their living situation added more pressure to Elise's emotional load. Elise and her three children relocated between several rental homes after the divorce. Emma (Estie's sister) still lived with her paternal grandparents. She came to terms with her failed marriage but struggled to forgive Ethan for being unfaithful to her. Elise was verbally aggressive towards her children and used shouting as means of instilling discipline in them. She took the three children for counselling, but these sessions did not compensate for the adverse circumstances at home. Estie was only nine years old but had to assist her mother with general household tasks and look after her two younger siblings. Estie's added responsibilities and strong feelings of resentment towards her father had an impact on her relationship with Elise. Her inability to process the trauma related to the divorce contributed to her built-up feelings of anger and frustration, which later manifested in rebellious behaviour.

Elise and Estie were both raised in homes where strict discipline and house rules were enforced; the children knew what was expected of them in terms of chores and general household tasks. Elise and her ex-husband, Ethan, were overprotective, harsh in their approach to discipline, and did not allow their three children to go out with their friends. In both families, Elise and Estie were exposed to dominant female figures, namely Elise's mother and Elise herself. These women were controlling in their behaviour and forced their ways on their children. The strict nature of their upbringing possibly contributed to both Elise's and Estie's rebellious behaviour during their adolescence. Both mother and daughter rebelled against their parents and engaged in high-risk behaviour. Elise fell pregnant at the age of 17 and Estie at the age of 21. Elise was forced to drop out of school due to her parental obligations, and later, she had to process the trauma related to Eddie's death. She did not receive counselling after his death. Estie's pregnancy was highly condemned by her parents, and she was, consequently, shut out of her mother's life. Both participants

faced scrutiny from their friends and family. Elise and Estie had to fulfil roles for which they were not ready, namely grandmother and mother. The added pressure of financial obligations towards their children contributed to the difficult task they were faced with – raising a child mainly by themselves.

Their exposure to dominant female figures has influenced the conflict tactics Elise and Estie apply. Both have strong personalities and are unwilling to make changes in their behaviour towards each other. During arguments, they are unable to talk to each other calmly. Neither of them wants to submit to the other, as each wants to have the last say. Estie defies her mother by backchatting, something which enrages Elise. Elise believes that the parent has the position of authority in the household and children are allowed to voice their opinion but must listen to the parent. In the past, Estie has always been the first to apologise, as Elise refuses to admit defeat.

Early adversities in their lives have resulted in an insecure attachment between Elise and Estie. Estie's close and intimate relationship with her grandmother (Elise's mother) created further distance between her and Elise. Estie never shared any personal matters with her mother, as she felt that Elise never considered her wants and needs during arguments. Estie, therefore, found refuge with her grandmother. Elise felt rejected by her daughter when she did not disclose the news of her pregnancy to Elise first. Elise's anger originated from her own experience as a single mother. She assumed that her daughter would learn from her mistakes, as the pregnancy had many financial implications for the family.

When Elise and Estie argue, their personalities clash, as both experience intense emotions during an argument. Both of them are verbally aggressive: Elise uses foul language and raises her voice, while Estie shouts and is rude to her mother. These rigid and negative patterns of communication were established after Elise and Ethan's divorce, but their insecure attachment from the beginning has paved the way for their conflicted relationship. Elise and Estie, therefore, struggle to communicate their feelings to each other. Both want to assert themselves and are unwilling to make any changes to accommodate each other.

4.8 Mother–daughter pair 6: Felicity (mother, F1) and Frances (daughter, F2)

4.8.1 Individual case study of Felicity (Felicity as a child and as a parent)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Felicity was born in the mid-1950s in Florida (BDP: F1). She is one of four children (TI: F1). She lives with her youngest daughter, Frieda, in Florida.	
Felicity had a happy childhood, growing up with her siblings and being surrounded by their extended family (TI: F1).	1st perception (C) Coping (B)
Felicity's parents were not overly strict, and she had a close and secure relationship with her father and mother. Her parents never used corporal punishment in the household (TI: F1).	Coping (B)
She was attached to her father from a young age, as her mother was always preoccupied with the children and household chores. Her father was patient and provided a safe space for her to share personal matters. Felicity and her mother got along well but did not share a close bond. She preferred not to share particular aspects of her life with her mother, thinking that she would bother her mother while she was attending to her youngest sister (TI: F1).	1st stimulus (A) 2nd perception (C) Coping (B)
Felicity and her family lived in Florida until she was four years old (TI: F1). Her mother was a homemaker, and her father had a high-ranking position at a mine (TI: F1). The family relocated frequently due to her father's work (LM: F1). At the end of 1960, they moved to a neighbouring country (LM: F1). At the time, the family was planning to immigrate overseas (TI: F1).	2nd stimulus (A) 2nd demand (D)
Due to her father's work, he was called out to assist with emergencies related to mining accidents (TI: F1). In 1961, Felicity's father died in an accident at work. Felicity was six years old at the time of her father's death (LM: F1).	3rd stimulus (A) 1st crisis (X)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Her father's death had a great impact on Felicity (TI: F1). She had been very attached to her father. She felt as though there was a void in her life that nothing or no one else could fill (TI: F1).	3rd perception (C) Management (Z)
Her father's death had many repercussions for Felicity's family. Her mother had to look after four small children by herself; so, they moved back to Florida to be closer to their extended family (LM: F1). Felicity's father's estate provided sufficient financial assistance to her mother to buy a house in Florida (TI: F1).	4th stimulus (A) 3rd demand (D) Coping (B)
Felicity attended a primary school in Florida when they relocated. She made new friends and enjoyed seeing her extended family members more often. Felicity attended a high school in the Free State. She disliked living in the hostel (LM: F1).	Coping (B)
Felicity made friends and participated in various sports. She matriculated in 1973 (LM: F1). This was a difficult year because both her grandmother and grandfather passed away in 1973 (TI: F1).	Coping (B) 5th stimulus (A)
In 1974, Felicity started studying social sciences at a university (LM: F1). She frequently landed in trouble (TI: F1). Strict rules were enforced at the hostel, so Felicity decided that she did not want to live there anymore. She moved back in with her mother, who also lived in Ficksburg at the time (TI: F1).	Coping (B) 4th perception (C) 4th demand (D) Management (Z)
In 1979, in her final year of studying, Felicity got engaged to Frederik. Their relationship was unstable, and later, a mutual decision was made to end the engagement (LM: F1).	Coping (B) 5th demand (D)
When she finished her studies in 1980, Felicity moved to Franschhoek in search of employment (TI: F1). She lived there for four months and was unable to find employment (TI: F1).	6th stimulus (A) 6th demand (D)

Background information and accounts of lived experiences	Resource management model of crisis or stress
In 1981, Felicity moved back to Florida where she found employment and started working (TI: F1). After living in Florida for a few months, she met Fanie and got engaged to him in 1982 (TI: F1; LM: F1).	7th stimulus (A) Coping (B)
A few months later, she met a co-worker called Francois. She realised that she was not devoted to her fiancée, Fanie, and broke off the engagement (TI: F1). She and Francois were in a relationship from 1983 to 1986 and got married in 1986 (LM: F1). When Felicity was 31 years old, they had their first daughter, Frances (BDP: F2; LM: F1). She was pregnant at the time of their wedding (TI: F1).	7th demand (D) Coping (B) Management (Y)
Felicity had an easy pregnancy but was alone throughout the day, as she was not working at the time (TI: F1). Francois worked long hours. In 1988, their second daughter, Frieda, was born (LM: F1).	8th stimulus (A) 5th perception (C)
In 1990, the family moved to Ferndale. Felicity owned a venue where she hosted conferences and weddings (TI: F1). Frances and Frieda attended nursery school during this time.	9th stimulus (A)
Francois frequently had to travel to a neighbouring country for work. Felicity decided to relocate the family to this country, where they lived for 18 months (TI: F1).	10th stimulus (A) 8th demand (D)
In 1996, the family moved to Figtree (TI: F1). Frances and Frieda attended primary school, while Felicity was a stay-at-home mother. In 1999, they moved back to Florida where Francois opened his own business (TI: F1).	10th stimulus (A) 11th stimulus (A) 9th demand (D)
Felicity's elderly mother was living in an old-age home during her later years (TI: F1). She was sick and was unable to speak during the last three years of her life. This affected Felicity greatly, and she was sad to see her mother in this state (TI: F1).	12th stimulus (A) 6th perception (C)

Background information and accounts of lived experiences	Resource management model of crisis or stress
In 2002, Felicity's mother passed away (LM: F1).	
At the end of 2019, Francois fell ill. At the beginning of his illness, doctors were unable to provide a correct diagnosis (TI: F1). He was extremely sick for eight months until his death in July 2020 (LM: F1). His death caused a lot of uncertainty for Felicity, as Francois was the main breadwinner in the household (TI: F1). Felicity had to find employment to pay for general household expenses (TI: F1).	13th stimulus (A) 1st crisis (X) Management (Y) 10th demand (D)
Felicity rents out a garden cottage in her yard for an extra income and works at an aftercare centre at a primary school in her area of residence (SSI: F1).	Coping (B)

4.8.2 Individual case study of Frances (Frances as a child)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Frances was born in the mid-1980s in Florida (BDP: F2). She is the eldest of two daughters and currently lives with her life partner in Faerie Glen.	
Frances's parents were not strict when she was growing up (SSI: F1). Her parents were financially able to spoil the children and take them on holidays (TI: F1).	1st perception (C) Coping (B)
Throughout their childhood and adulthood, Frances never got along with her younger sister, Frieda (SSI: F1). Frances is free-spirited and engages in high-risk behaviour, such as drinking beer and smoking marijuana with homeless people (TI: F1), while Frieda has always been responsible, sticking to routines	1st stimulus (A) 2nd perception (C) Coping (B)

Background information and accounts of lived experiences	Resource management model of crisis or stress
and being disciplined in living a healthy life (TI: F1).	
Frances's parents did not enforce any routine in the household during her childhood (SSI: F1). On some occasions, Felicity socialised with her friends and forgot to feed her two daughters (SSI: F1). Frances would then wake up in the middle of the night and ask her mother for food.	1st demand (D) 2nd demand (D) 2nd stimulus (A)
In 1988, at the age of two years, Frances's sister Frieda was born (LM: F1). When Frances was four years old, her parents decided to move to a different neighbourhood in Florida (TI: F1). Her father, Francois, travelled for work frequently.	3rd stimulus (A) 4th stimulus (A)
Frances's mother, Felicity, looked after the two girls while their father travelled for work (TI: F1). Due to Francois' work, Frances and her sister attended several schools.	5th stimulus (A)
In 1994, Frances's mother, Felicity, decided to move the family to a neighbouring country where her father was working (TI: F1). This decision was made so that Frances and Frieda could spend more time with their father. Frances enjoyed living in this country, as she and her sister were granted ample space to play outside and enjoy their childhood (SSI: F2). Frances attended preschool and primary school in this country during their 18-month stay (TI: F1).	6th stimulus (A) 3rd demand (D) 3rd perception (C)
In 1996, Francois and Felicity decided to move back to South Africa (TI: F1). Throughout her primary school years, Frances struggled to adapt to new schools and make friends (TI: F1). She had no female friends, and exclusively socialised with boys (TI: F1).	7th stimulus (A) 4th perception (C) Coping (B)
In 1999, the family moved back to Florida. Frances was 13 years old at the time and finished Grade 7 at a primary school in Florida (TI: F1).	8th stimulus (A)

Background information and accounts of lived experiences	Resource management model of crisis or stress
In 2000, Frances started with high school (TI: F1). She excelled in her academics and participated in various sports. She still had difficulty making new friends. She only had male friends and socialised with them during her free time (TI: F1).	5th perception (C) 9th stimulus (A) Coping (B)
At the age of 15, Frances attended a party with her male friends. All the attendees at the party drank large amounts of alcohol. Frances was raped by one of her friends (SSI: F2). She felt ashamed about the incident and did not disclose this information to her parents or sister.	Coping (B) 1st crisis (X) Management (Z)
After this traumatic incident, Frances withdrew from all activities at school, including athletics. Her academic marks declined, and she lost interest in all activities that she had previously enjoyed (TI: F1). Her parents suspected that something was wrong, as they noticed that her behaviour and attitude towards her schoolwork changed dramatically (TI: F1). However, they were still unaware of the incident.	6th perception (C) 4th demand (D) Management (Y)
In 2003, when Frances was in Grade 11, she started dating Freek (TI: F1). Freek was a kind boy who was able to distract her from the traumatic incident in 2001. Frances matriculated in 2004 at the age of 18.	Coping (B) 7th perception (C)
In 2005, Frances started studying languages at a South African university (TI: F1). She did not enjoy the course and decided to discontinue her studies. She started with a different course at another higher education institution but discontinued this course as well (TI: F1). She decided to study computer science. She finished this degree in 2008 (TI: F1).	Coping (B) 8th perception (C) 5th demand (D) 6th demand (D)
After her graduation, Frances worked at a software company in Florida. She resigned after a few weeks due to an altercation with her boss. During this time, she also broke up with her	10th stimulus (A) 11th stimulus (A) 9th perception (C)

Background information and accounts of lived experiences	Resource management model of crisis or stress
boyfriend Freek. Frances was heartbroken and unemployed.	7th demand (D)
Frances decided to make a career change and joined her father's business (SSI: F2).	Management (Z) Coping (B)
Since birth, Frances had a very close relationship with her father. The family enjoyed travelling and going on holidays (SSI: F2). Their last holiday as a family was in December 2019 (TI: F1). At the time, Frances knew that her father was sick, but she was unaware of the severity of the diagnosis. Her father disclosed the diagnosis to the family, and Frances was devastated. She realised that her father's illness was severe and that his life expectancy was short.	Coping (B) 12th stimulus (A) 10th perception (C)
Frances's father passed away in July 2021 (SSI: F1; SSI: F2). Frances and her father had a lot in common and spent a few years working together in the family business.	2nd crisis (X)
Frances and her current partner, Franco, were unable to get married due to the Covid-19 pandemic (SSI: F2). Frances lives with Franco and his family and still works in the family business (TI: F1). She and her mother Felicity disagree about a lot of aspects related to the business. Frances is under a lot of pressure to make a success of the business, as her mother receives a monthly allowance from the business (SSI: F1).	Coping (B) 13th stimulus (A)

4.8.3 Summary of conflicted relationship

Felicity and Frances' relationship is characterised by similar adverse life experiences that influenced the quality of their relationship. Both grew up in loving homes, where they were primarily attached to their fathers during childhood. Both of them were raised in wealthy families where there was an abundance of material possessions and experiences. Felicity's father and Frances' father, Francois, held important

195

positions in their employment, which resulted in frequent relocations for both families. Felicity adapted easily to the changes that were presented due to the family's relocation, but Frances has had difficulty establishing interpersonal relationships with other people from a young age. She always struggled to make new friends and kept to herself most of the time.

Felicity and Frances were both unable to establish a secure relationship with their mothers in their childhood. Felicity followed in her mother's footsteps and was primarily preoccupied with household tasks during Frances's childhood. These actions led to an insecure attachment between Felicity and her mother, as well as between Felicity and Frances. Both participants' fathers fulfilled the position of primary attachment figure and shared a close and intimate relationship with their daughters. Felicity's and Frances' mothers were present in the family home but failed to provide any emotional support to their daughters. Felicity consistently put her needs above those of her two daughters. In her semi-structured interview, Felicity mentioned that she had felt "far" from Frances in their relationship since Frances's birth (SSI: F1; 129-131).

The emotional distance between mother and daughter was visible in both Felicity's and Frances's adolescence. Neither participant ever viewed her relationship with her mother as a "safe space" where she felt comfortable sharing personal matters. Frances utilised negative coping methods and engaged in high-risk behaviour with her friends. Due to their hostile relationship at the time, Frances did not have the courage to talk to her mother about her sexual assault experience. Felicity is still unaware of this incident until the present day. After this incident, Frances displayed symptoms of depression; she withdrew from all sports-related activities at school and regressed in her academic work. She did not get any counselling after the incident.

Throughout her adult life, Felicity has displayed indecisiveness and a lack of routine and commitment. She was engaged twice before her marriage to Francois and made impulsive decisions with regard to her employment. Felicity enforced no routine within the household during her children's childhood, which often led to the two girls going to bed without food. Felicity expressed regret for her decisions, claiming that she was a "*bad*" and "*absent*" mother (SSI: F1; 101). The data from this study showed that Frances's character traits were very similar to those of her mother,

196

Felicity. Frances discontinued her first choice of tertiary studies and impulsively resigned from her first place of employment after a minor disagreement with her employer. The data made it clear that both Felicity and Frances tend to make emotional decisions, with little or no consideration of what the repercussions are.

The death of Francois (Felicity's husband and Frances's father) in 2021 brought about many changes in the family dynamics. Frances no longer had someone to confide in and had very little time to mourn the death of her father. She was compelled to manage the family business. Felicity had no source of income and was dependent on a monthly allowance from the business to support her financially. Once more, the emotional rift between Felicity and Frances created distance between them. Felicity and Frances were unable to share their feelings of sadness and misery with each other, as rigid patterns of communication have been established over the years. When they did spend time together, unresolved emotional issues emerged. Felicity coped by keeping herself busy with household tasks and confronted Frances about her reckless lifestyle. Frances felt under attack and, therefore, avoided her mother's presence entirely. Felicity does not accept Frances' choice of friends and struggles to accept her daughter as she is.

Felicity and Frances both have expressive personalities. They are upfront with each other and do not hesitate to make their feelings known. They often shout at each other and curse during an argument. Frances has a low opinion of her mother and does not take her seriously. During the interviews, Frances often laughed when Felicity talked.

Despite her disapproval of Frances's lifestyle, Felicity loves her daughter unconditionally. She struggles to accept the irresponsible decisions that Frances has made but has learnt to tolerate these. Frances longs to have a more secure relationship with her mother but feels that Felicity needs to prioritise their conversations and not her household tasks. Even though Felicity and Frances are able to point out the changes that need to be made in their interaction, neither of them has implemented any of the suggestions mentioned.

4.9 Mother–daughter pair 7: Greta (mother, G1) and Gugu (daughter, G2)

4.9.1 Individual case study of Greta (Greta as a child and as a parent)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Greta was born in the mid-1960s in a neighbouring country (BDP: G1). She is the eldest of two children.	
Greta's mother, Glenda, was extremely strict (TI: G1) and verbally abusive towards Greta (SSI: G1; TI: G1). Greta's disrupted attachment with her mother had multiple implications for their relationship. Glenda often insulted Greta by telling her that she was ugly and not good enough for the family (TI: G1). Glenda was also abusive towards Greta's father, Gawie. She broke him down emotionally and physically assaulted him on several occasions (TI: G1).	1st perception (C) 1st stimulus (A) 1st demand (D)
Gawie was an alcoholic and an absent father figure, even though he lived in the family home. On one occasion, Glenda beat Gawie with a hammer when he was intoxicated (TI: G1). When he was sober, Gawie treated Greta with respect. Greta thought that her mother's behaviour was acceptable, as she grew accustomed to Glenda's discipline methods over the years (TI: G1).	2nd stimulus (A) 2nd demand (D) 2nd perception (C) Management (Y)
Greta attended preschool at an early age. She attended primary school in a neighbouring country (TI: G1). Greta started with Grade 2 in 1970 when she was only six years old (TI: G1). She describes herself as a loner who did not have a lot of friends.	3rd demand (D) 3rd perception (C) Management (Y)
Greta enjoyed playing hockey and was a disciplined student. When she was seven years old, her father, Gawie, left the family home (LM: G1). Her parents decided that she would stay with her mother. Greta did not see her father again for five years (TI: G1). The last time she saw him was when she was 12 years	Coping (B) 1st crisis (X) 4th demand (D) 5th demand (D)

Background information and accounts of lived experiences	Resource management model of crisis or stress
old. Greta's mother forced her to break all contact with her father (TI: G1). Even though her father had failed to fulfil his role in the family home, Greta saw him as her only emotional escape from her mother.	
In 1978, when Greta was 13, Glenda adopted a baby boy, George, who was six weeks old (TI: G1). Due to the big age gap between her and George, Greta was not attached to her adopted brother.	6th demand (D) 4th perception (C)
Glenda adored George, and he was the apple of her eye (TI: G1). George was a special-needs child. He experienced multiple intellectual and academic challenges and had to attend a school for learners with special needs (TI: G1). Glenda openly gave preference to George. Greta felt unappreciated and unacknowledged in her family and longed for her mother's love and attention.	3rd stimulus (A) 7th demand (D) 5th perception (C)
Greta matriculated in 1981 and was accepted for a diploma in nursing (LM: G1). During her matric year, she tracked down her father and tried to contact him. She found out that he had been diagnosed with Korsakoff syndrome, a type of dementia related to alcohol abuse (TI: G1). At the time, he was living in a care facility. Glenda found out that Greta had tried to contact her father; she banned Greta from her home (TI: G1).	8th demand (D) 4th stimulus (A) 2nd crisis (X)
In 1982, at the age of 17 years, Greta started her tertiary studies at a South African university (TI: G1). She thoroughly enjoyed her studies, as well as her freedom as a student.	Coping (B) 6th perception (C)
During her time as a student, Greta only saw her mother Glenda twice a year (SSI: G1). In 1983, when Greta was in her second year of studies, Gawie passed away (TI: G1).	5th stimulus (A) 3rd crisis (X)
She finished her nursing degree at the end of 1985. She met a	Coping (B)

Background information and accounts of lived experiences	Resource management model of crisis or stress
man named Gerhard, and they got engaged to be married. During this time, she met Geraldine and fell in love with her (TI: G1). This was the first time Greta entered a same sex relationship. She decided to end her engagement to Gerhard because of her romantic feelings for Geraldine (LM: G1).	9th demand (D)
In 1986, Glenda moved to South Africa (TI: G1). Greta went to visit her, but her mother was not home. Her mother was often away when she arrived at her house. On one occasion during a visit, Glenda denied having a daughter in the presence of her friends (TI: G1).	10th demand (D) 7th perception (C)
Glenda resented Greta because of her relationship with Geraldine (SSI: G1). Her mother's rejection made Greta even more resentful of her; therefore, she only went to visit her mother on a few occasions.	6th stimulus (A) 8th perception (C) Management (Z)
Greta continued her studies throughout this time and started specialising in psychology. She also obtained a master's degree in clinical psychology (TI: G1). She opened a psychology practice in Gezina but closed the practice after a few years (SSI: G1).	Coping (B)
In 1999, Greta and Geraldine's twin sons were born (LM: G1). They decided to adopt a girl named Grace in 2001 (LM: G1). In 2004, they took in a baby called Gugu who was only 10 days old (TI: G1). Greta and Geraldine were only supposed to look after Gugu for a few weeks but decided to adopt her (TI: G1). From 2005 to 2007, they adopted four more children (LM: G1). They were an interracial family.	11th demand (D)
When Greta became a mother, she realised that Glenda's way of talking to her and the manner in which she enforced discipline were unacceptable (SSI: G1; TI: G1). Neither her mother,	9th perception (C)

200

Background information and accounts of lived experiences	Resource management model of crisis or stress
Glenda, nor her father, Gawie, served as a primary attachment figure during her life. Since childhood, Greta was left to fend for herself. George offered her no support, as he knew that Glenda favoured him.	
Glenda did not acknowledge her daughter's marriage with Geraldine in 2011 (TI: G1). Nor did she accept Geraldine and Greta's adopted children. Greta presented her mother with an ultimatum: either she accepts her daughter and her children or lose her (SSI: G1). Glenda did not accept the situation, and consequently, mother and daughter did not speak again (SSI: G1). Before they could reconcile, Glenda passed away a year later (TI: G1).	7th stimulus (A) Management (Y) Management (Z)
At her mother's funeral, Greta and George had a verbal altercation due to the cost of the funeral. Greta and George did not speak to each other again. Greta cut all contact with her brother after he had tried to claim Glenda's life insurance by claiming that he was the only child (TI: G1). Once more, Greta felt that her presence in the family was not acknowledged.	8th stimulus (A) 4th crisis (X)
Greta is a strict mother who enforces the rules of the house (SSI: G1). Her partner, Geraldine, has limited involvement with the discipline of their children and prefers Greta taking charge (TI: G1). All the children have chores. Greta sometimes disciplines the children (hiding) (TI: G1).	10th perception (C) 13th demand (D) Management (Z)
Greta experiences extreme levels of conflict with her daughter Gugu (SSI: G1). Gugu verbally challenges Greta. When their conflictual interaction is heated, Greta and Gugu often raise their voices and scream at each other (SSI: G1). Greta's strict upbringing taught her that children are *"seen and not heard"* and that they must obey their elders, something that Gugu does not	9th stimulus (A) 14th demand (D) 11th perception (C)

Background information and accounts of lived experiences	Resource management model of crisis or stress
do (SSI: G1). These interactions make Greta feel as if she is being rejected by her own daughter, which triggers traumatic memories from her childhood (SSI: G1).	
Greta's partner, Geraldine, is a medical doctor (TI: G1). Greta works as a practice manager (BDP: G1). In 2022, she obtained her PhD degree in education (LM: G1). She and her family live in Gezina.	

4.9.2 Individual case study of Gugu (Gugu as a child)

Background information and accounts of lived experiences	Resource management model of crisis or stress
Gugu was born at the start of the year 2004 (BDP: G2).	
Gugu's biological mother, Gina, was a university student. Gina realised that she was not ready to be a mother and was unable to raise Gugu (TI: G1). Gugu was born in Gezina (TI: G1). Gina gave Gugu up for adoption after birth.	1st demand (D) 1st crisis (X)
At the time, Greta and her wife, Geraldine, offered to look after Gugu until her adoptive mother would return from overseas (TI: G1). Gugu became ill and was admitted to the intensive care unit for a few weeks (LM: G1). Her mother Greta never left her side and grew attached to her. Greta and Geraldine decided to adopt Gugu (LM: G1; LM: G2).	1st stimulus (A) Coping (B)
Gugu was a sickly baby during the first five years of her life and was frequently admitted to the hospital (TI: G1). Greta and Geraldine were strict parents, and the children knew what the house rules were (SSI: G1). Because of her illness, Gugu's	2nd stimulus (A) 1st perception (C) 2nd perception (C)

202

Background information and accounts of lived experiences	Resource management model of crisis or stress
mother Geraldine spoiled her a lot (SSI: G1). She received treats, toys, and clothes. Greta was afraid that the other children would notice that Gugu was being spoiled.	
When Gugu was 19 months old, she attended a day-care centre in their area of residence. The staff at the centre was unhappy about her behaviour. Gugu disobeyed her teachers and tried to climb over the gate on several occasions. Greta decided to take her out of the centre (TI: G1). After this, she started attending another day-care centre.	3rd stimulus (A) 2nd demand (D)
In 2007, when Gugu was three years old, her biological mother, Gina, contacted the social worker who had handled the adoption case (TI: G1). She wanted to know how Gugu was doing. Greta and Geraldine wrote her a letter and included a photograph of Gugu (TI: G1). Gina never made contact again.	7th stimulus (A)
Gugu's entire family speaks Afrikaans. All the children in the family are fluent in Afrikaans and English (SSI: G1). During her childhood, people often thought that she could speak an African language because of her skin colour (SSI: G1). This upset her. Gugu disliked it when people were biased, as she was raised in an Afrikaans home.	4th stimulus (A) Management (Z)
Gugu attended several primary schools. She had many friends and participated in various sports. Gugu's parents knew that they were going to move her to another school the next year, so Gugu was transferred to the Afrikaans class in Grade 3 (TI: G2). This decision was made to prepare Gugu for the Afrikaans classes at her next school. She attended this primary school until she was 10 years old.	3rd perception (C) Coping (B) 5th stimulus (A)
Gugu's parents decided to move her to another school closer to the family home (TI: G2). She was unhappy with this decision,	6th stimulus (A) 4th perception (C)

203

© University of Pretoria

Background information and accounts of lived experiences	Resource management model of crisis or stress
as she had to make new friends and adapt to a new school (TI: G2).	3rd demand (D)
In 2018, Gugu started attending an Afrikaans high school in Gezina (LM: G2). She made a lot of friends (TI: G2). She played hockey throughout her high school career.	Coping (B)
Gugu had a secure attachment with her mother Greta during childhood. However, conflictual interactions between Gugu and Greta increased dramatically during Gugu's adolescence. Mother and daughter grew apart as Gugu developed her autonomy, openly defied Greta, and spent less time with the family.	Coping (B) 5th perception (C) 4th demand (D) 5th demand (D)
During her high school career, Gugu was diagnosed with attention deficit hyperactivity disorder (SSI: G1). She started using medication to improve her concentration span in class. Gugu had to make a big effort to achieve the marks that she desired (SSI: G1).	8th stimulus (A) Coping (B) 6th demand (D)
Gugu does not get along with her mother Greta at all. When she experiences a problem, she prefers not to share it with Greta (SSI: G2). She would rather ask one of her siblings or friends for advice (TI: G2). Gugu has never expressed the need to meet her biological mother, Gina.	2nd crisis (X) Management (Y) 6th perception (C)
Gugu matriculated in 2022 (TI: G2). She enjoys doing arts and crafts projects with her brothers and sisters. She aims to pursue a career in somatology and has enrolled for a degree at a higher education institute (TI: G2). She lives with her family in Gezina.	Coping (B)

4.9.3 Summary of conflicted relationship

Greta and Gugu have shared experiences of an adverse childhood, along with contextual factors that have shaped their view of interpersonal relationships. Greta and Gugu both experienced extensive feelings of rejection and abandonment in their childhood. Both of them were raised in households where strict discipline was enforced. Greta experienced extreme parenting from her mother, Glenda, who insulted her by criticising her appearance and, on occasion, even denied that she had a daughter. Glenda's verbal and emotional abuse took its toll on Greta, who found emotional refuge with her father. However, Greta's father decided to leave the family home when she was seven years old. Greta felt abandoned by her father, as she was left to stay with her abusive mother. Similarly, Gugu's adoption brought about feelings of rejection from her biological mother. Greta and Gugu's relationship has been compromised since Gugu's childhood, as Greta was the sole disciplinarian in the family home. Gugu found refuge with her other mother, Geraldine, who spoiled her and was less strict.

In her relationship with her eight children, Greta experiences the most conflict with Gugu. During any conflictual interaction, Greta and Gugu are quick to respond to each other. Both mother and daughter say hurtful things to each other and fail to consider the impact of their words. Gugu often retreats into her room after an argument with her mother. They have built up a negative pattern of communication, where Gugu expresses what she knows is going to hurt her mother the most. Greta feels hurt by the harmful things that Gugu says. Being rejected by her daughter triggers hurtful feelings from her relationship with her abusive mother, Glenda. During her childhood, Greta was constantly dismissed, and she still experiences feelings of low self-worth and rejection, which cause even more conflict between her and Gugu. Greta is afraid that the heightened levels of conflict between her and Gugu will cause Gugu to leave the family home once she is not financially dependent on Greta and Geraldine anymore. She is afraid that Gugu does not feel loved and accepted within the family.

During her interview, Gugu mentioned that Greta has an inferior view of herself and would often refer to herself as "*dumb*" and tell her children that she is not good enough to be their mother (SSI: G2; 401). These feelings originate from Greta's

205

hostile relationship with her mother, Glenda, as well as Glenda's rejection of Greta's homosexual relationship with Geraldine and their adopted children.

Despite their conflictual interaction, both Greta and Gugu expressed that they love each other. Gugu stated that she would never leave the family home despite her mother's beliefs that she did not feel securely bound within the family. Both mother and daughter are seeking unconditional acceptance from each other. They do not know how to verbalise their feelings, as they have established negative forms of communication where they shout and say hurtful things to each other. Both parties are not willing to change their behaviour and firmly believe that their behaviour is justified.

4.10 Integration of data sets with theoretical framework

In the next section, the value of theory-guided analysis (also known as *a priori* categories) is discussed as one of the strengths of qualitative content analysis. It is important to note that, as with the case study research design, the main purpose of qualitative content analysis is that the researcher utilises the theoretical framework to make sense of the raw data sets, by iterating towards a theoretical framework that closely fits the data.

Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress was identified as a suitable theoretical framework for this study and was discussed in detail in Section 2.7. In order to merge the theoretical framework and the generated data, I had to consider the unique context of each participant's life story (refer to Sections 3.4.1 & 3.4.2). From all the generated data sets, I identified the life events that were most evident, as shown in Table 4.2.

Table 4.2: Inclusion of life events for the ABCD-XYZ resource management model of crisis or stress (Dollahite, 1991, p. 363-375)

Appearance	Included from this study
A-factor Specific event, stressor, stimulus, or situation that *forces a*	• Physical absence of parent in household • Death of close family member (grandparent, parent, aunt, uncle, or child) • Homelessness or housing uncertainty • Relocation and sense of displacement • Problematic attachment

206

Appearance	Included from this study
response from the family	• Abuse (e.g. emotional, verbal, physical, or sexual) • Unwanted pregnancy • Accident (e.g. car accident) • Substance abuse (e.g. drugs or alcohol) • Handicapped children or siblings • Being laid off or unemployment • Poverty • Adoption or stepchild • Rejection or infidelity • Rape or sexual abuse • Blended families (e.g. his, her, our children)
B-factor Perception of available coping resources	• Family as support network • Trust between mother and daughter • Boyfriends, romantic partners, or life partners • Employability and job skills • Career aspirations, future, or dreams • Spirituality or religion • Physical assets (e.g. inheritance or safe house) • Community upliftment programmes • Role models or mentors
C-factor Individual's perception or definition of the event, stressor, stimulus, or situation	• Displaced anger or frustration • Unsupported, unbacked, or unprotected • Rejection or ashamed • Avoidance of conflict • Absence of role model • Low self-esteem • Lack of self-control • Resentment, dissatisfaction • Vulnerability • Negative future outlook • Unmet needs
D-factor Demands of the event, stressor, stimulus, or situation	• Basic physiological needs • Child-caretaker • Disconnected • Illness • Single parent • Financial strain • Boundary ambiguity • Diminished mental health • Negative academic performance • Feelings of not being good enough or low self-esteem • Marital or relationship problems • Guilt

Appearance	Included from this study
	• Grief
X-factor Degree of stress or family crisis that affects functionality	• Divorce or single parenting • Severe poverty or hunger • Illiteracy, unschooled, or drop-out • Incest or illegitimate pregnancy • Dependency (e.g. person, substance, or finances) • Death (expected and unexpected) • Threat to health, mental health, or high-risk behaviour • Severe conflict or abuse Unprocessed or unresolved trauma leads to: • Inability to care for or look after children
Y-factor Deciding on cognitive coping and management resources	Cognitive coping resources such as: • Putting the crisis or stress situation into context • Seeking to understand the causes of the situation • Maintaining emotional distance or regulating emotional responses • Seeking social, spiritual, emotional, or physical support • Coping styles (e.g. withdrawal or denial) • Self-blame, self-hate, or guilt • Dwelling on negative emotions associated with the event • Minimising or normalising the situation or the impact it had on the individual Central cognitive processes of resource management such as: • Clarifying values • Setting goals • Seeking information • Planning • Considering alternatives • Making decisions about resource use
Z-factor Acting on the cognitive coping and management decisions made	Adaptive behaviour involves lasting cognitive, emotional, and behavioural changes that are implemented by an individual. These changes are made to create a better fit between the person or family and the environment.

Comparing the emerging codes, topics, and themes with the theoretical framework increases generalisability and internal validity. Below, the unique profile of the participants is presented based on all the data generated from each strategy in its research site. The presented data sets and the extracts thereof are in their original

208

state and subjected to member checking. Only the most important extracts are included, while the remaining data sets are included in the addendum. To indicate a holistic overview of every case study, the life events of the respective cases are summarised (zoomed out or bird's eye view) (refer to Table 4.2) before including the elaborative extracts (zoomed in or ant's eye view) (refer to Sections 4.3-4.9). It is also important to align the raw data sets to the theoretical framework before interpretation can take place.

Utilising inductive and deductive stances of the data sets helps not only with understanding the participants' unique reality in detail but also to detect if there are any inconsistencies or new trends that emerge. This can be aligned with the described theoretical framework. Thus, by scanning, scoping, and analysing the data sets, Table 4.3 below was generated to indicate the alignment between the generated data sets and components within the theoretical framework. Short verbatim transcriptions are provided to indicate how particular codes were derived from the raw data. The last column indicates the frequency of each factor within the data sets. The codes that were identified from the data sets were key in compiling the themes and sub-themes that emerged from the data (refer to Table 5.1).

Table 4.3: Overview of theoretical framework with *a priori* codes

ABCD-XYZ factors (resource management model of crisis or stress)	Extract from generated data	Code	Frequency of factor in raw data sets
Specific event, stressor, stimulus, or situation that *forces a response* from the family	*"**Ek het nie rykdom nie**, ek **het nie 'n huis van my eie nie**"* (I **don't have wealth**, I **don't have a house of my own**) (SSI: A1; 254). *"My droom is net om **meer geld te maak**"* (My dream is just to **earn more money**) (SSI: A2; 28-29).	Poverty	9
	*"My **ma het glad nie van my gehou nie** … sy was uiters **verwerplik**"* (My **mother did not like me at all** … she was extremely **rejectful**) (SSI: G1; 359-360).	Emotionally absent mother or dismissive mother	8
	*"Ek was **verkrag** gewees toe ek 6 jaar oud was"* (I was **raped** when I was 6 years old) (LM: B2). *"Ek was in 'n baie '**abusive**' verhouding"* (I was in a very **abusive relationship**) (SSI: D2; 18-21).	Exposure to abuse (e.g. emotional, verbal, physical, and sexual)	9
	*"**My pappie is dood** in 1980 en dit het my hele kinderlewe weggeruk"* (**My father died** in 1980 and it ripped my whole childhood away) (LM: A1).	Death of close family member (parent, grandparent, attachment figure, spouse, or child)	10
	*"Ek bid so hard dat ons **'n huis moet kry**"* (I pray that we **will get a house**) (TI: C2; 324-325).	Housing uncertainty or relocation	7
	*"Ek het **nie by my ouers groot geraak [sic] nie**"* (I **did not grow up in my parents' house**) (SSI: C1; 3-4).	Ambiguous loss: physical or psychological absence of parent	9
B-factor Perception of available coping resources	*"Ek leer my kinders om altyd **na die Here toe te hardloop**"* (I teach my children to always **run towards God**) (SSI: A2; 49-50).	Spirituality or religion	7
	*"Ek is daar deur alles; so '**I've got your back**'; so, ek gaan jou nie verkeerd lei nie"* (I got through everything; so, **I've**	Family as support network	11

ABCD-XYZ factors (resource management model of crisis or stress)	Extract from generated data	Code	Frequency of factor in raw data sets
	got your back; I am not going to lead you on the wrong path) (SSI: D1; 121-122).		
	"**Ek vertrou niemand met my kinders nie, behalwe my ma**, want ek weet my ma gaan … na my kinders kyk" (**I do not trust anyone with my children, except my mother** because I know my mother will look after my children) (SSI: A2; 158-160). "Dit was altyd **veilig by my ma**" (I always felt **safe with my mother**) (SSI: F1; 297).	Trust between mother and daughter	8
C-factor Individual's perception or definition of the event, stressor, stimulus, or situation	*"Ons het **nie 'n verhouding rêrig nie**" (We **don't really have a relationship**)* (SSI: C1; 253).	Problematic attachment	10
	*"1983 – Pa kom haal my by koshuis en **laai my by vreemde mense af; baie gehuil en baie bang**" (1983 – Dad picked me up at the hostel and **dropped me off with people who I did not know; cried a lot and was very scared**)* (LM: B1).	Rejection or infidelity	6
	*"Hy het 'n **drankprobleem**, maar hy wou nie aanvaar dat hy 'n probleem het nie" (He had a **drinking problem**, but he did not want to accept that he had a problem)* (SSI: C1; 41-42).	Substance abuse	7
	*"Ek vermoed dit, want kort-kort het sy 'n nuwe outjie. En dit het my begin pla, want **sy is gestimuleer daardeur**." (I suspect it, because every now and then she has a new boyfriend. And it started bothering me, because **she was stimulated by it.**)* (SSI: B1 ER; 40-41).	High-risk behaviour, teenage pregnancy, or single parent	6
	*"Nou die dag vra iemand **wie was my rolmodel. Ek het nie een nie.**" (The other day someone asked me **who my rolemodel is. I don't have one**.)* (MM3.1: B1; 532-533).	Absence of role model	5

ABCD-XYZ factors (resource management model of crisis or stress)	Extract from generated data	Code	Frequency of factor in raw data sets
	*"Ek het verder **pak gekry** as ek by die huis gekom het"* (I got another **hiding** when I got home) (SSI: A1; 65-66). *"My **mond het nou gebloei**"* (My **mouth bled** now) (SSI: A1; 84-86).	Measures of strict discipline or authoritarian parenting style	6
	*"… dat sy **nie met my kan praat nie en nie met my wil praat nie**"* (… that **she can't talk to me and does not want to talk to me**) (SSI: F1; 348-349). *"Een van my vriende het my ge'rape' en toe het ek **nie vir my ma of my sussie … gesê nie**"* (One of my friends raped me, and **I did not tell my mother or sister**) (SSI: F2; 303-304).	Denial or avoidance of stressor event	7
	*"… **ek is die ma** en **jy bly die kind**. Jy kan **nie my ma wil wees nie**."* (… **I am the mother,** and **you remain the child**. You **can't be my mother**.) (SSI: D1; 222-223).	Boundary ambiguity or friendship	8
D-factor Demands of the event, stressor, stimulus, or situation	*"Ek **het nie hoërskool ge-'reach' nie**"* (I **did not reach high school**) (SSI: A1; 103). *"Ek het **nie skool klaargemaak nie**"* (I **did not finish school**) (SSI: E1; 314-315).	Unable to finish school, drop-out, or special educational needs	4
	*"… **verloor hy sy werk**"* (… he **lost his job**.) (LM: C1). *"My ma-hulle het toe besluit om in 2016 te trek aangesien **hulle hul werk verloor het**"* (My parents decided to move in 2016 because **they lost their jobs**) (LM: C2).	Unemployment	9
	*"My **lewe het met my seun se dood ook gesterf**"* (My **own life died when my son died**) (LM: A1).	Unresolved trauma or loss	10

ABCD-XYZ factors (resource management model of crisis or stress)	Extract from generated data	Code	Frequency of factor in raw data sets
	*"**Ek staan op die oomblik op skei,** want ek was in 'n baie 'abusive' verhouding"* (**I am going through a divorce** right now because I was in an abusive relationship) (SSI: D2; 20-21).	Divorce or separation	5
	*"Ek moet alles doen in die huis – **sorg vir my kinders alleen**"* (I must do everything in the house – **I look after the children myself**) (LM: C1).	Absent, uninvolved, or deceased father	9
	*"**Sy verstaan nie hoe ek voel** nie. En dan maak dit dat ons baklei."* (**She does not understand how I feel.** And then it causes us to fight.) (SSI: B2; 124-125).	Feeling misunderstood or miscommunication	6
X-factor Degree of stress or family crisis that affects functionality	*"Ek **sien net rooi**. Dit is hoe ons … laas jaar … **ek sou haar lelik verongeluk het.**"* (I just **see red.** That is how we … last year … **I would have hurt her badly.**) (SSI: A1; 666-667).	Excessive or violent conflict	7
	*"Sy kon nie eers my **toelaag** wat sy my betaal elke maand kon **betaal nie. Ek het daai geld nodig.**"* (She was **unable to pay my monthly allowance. I need that money.**) (SSI: F1; 245-247).	Financial caregiving of close family member (excluding school-going children)	4
	*"Die psigiater het haar **'bipolar'** gediagnoseer"* (The psychiatrist diagnosed her as **bipolar**) (SSI: B1; 222). *"Daar was 'n tyd gewees … wat ek gevoel het soos **ek kan nie meer nie**, soos dit is nou tyd, soos **ek moenie meer hier wees nie**"* (There was a time … when **I can't do it anymore**, like, it's time, that **I must not be here anymore**) (SSI: B2; 64-66).	Threat to health, mental health, or high-risk behaviour	2
	*"**Ek het haar nie grootgemaak nie; haar antie het haar grootgemaak**"* (**I did not raise her; her aunt raised her**) (SSI: A1; 701-702).	Inability to care for or look after children or unfit parents	1 participant, or 3 of the mother participants' own

ABCD-XYZ factors (resource management model of crisis or stress)	Extract from generated data	Code	Frequency of factor in raw data sets
			mothers
Y-factor Deciding on cognitive coping and management resources	*"Dit hang af **watter omstandighede** hulle in hulle lewe het **waaroor hulle heeltyd gaan baklei**" (It **depends on which circumstances are present** in their lives, which, in turn, influence **what they are going to fight about**)* (SSI: F2; 327-329).	Putting the crisis or stress situation into context	9
	*"Ek het **nie met haar [moeder] gepraat nie**. Ek het **met pelle gepraat.**" (I **did not talk to her [mother]**. I **talked to my friends**.)* (SSI: F1; 334-335).	Maintaining emotional distance	11
	*"Frances het gesê **dit is ... 'n vriendin** ... Sy doen '**life counselling'.**") (Frances said it was ... **a friend** ... She does **life counselling**.)* (SSI: F1; 443-444).	Choosing to seek social, emotional, or physical support	10
	*"Ek hou daarvan om **alleen in my kamer te wees soos in tye wat ek hartseer is**" (I like to be **alone in my room at times when I feel sad**)* (SSI: B2; 130-131). *"Ek **hou baie goete vir myself**" (I **keep a lot of things to myself**)* (SSI: C2; 61).	Coping style: withdrawal, isolation, or suppressing feelings	7
	*"E**k was nie 'n goeie ma nie**" (I **was not a good mother**)* (SSI: F1; 149).	Self-blame, self-hate, or guilt	7
	*"**My lewe** was maar al die jare 'n **misluk[k]ing**" (**My life has been a failure** all these years)* (LM: C1).	Low self-esteem or low self-image	8
Z-factor Acting on the cognitive coping and management decisions made	"Ek **werk by die plaaslike sopkombuis**, maar kry nie betaling vir dit nie" *(I **work at the local soup kitchen**, but do not receive renumeration)* (TI: C1).	Exchanging resources	6
	*"Ek **kry nie dit wat ek gehad het met my ma**, kry ek nie soos in 100%, jy weet" (I **don't receive the same from her [Denise] as I received from my mother**, like 100% you know)* (SSI: D1; 184-185).	Lowering expectations or disappointment	7

214

ABCD-XYZ factors (resource management model of crisis or stress)	Extract from generated data	Code	Frequency of factor in raw data sets
	*"**Hierdie plekkie** hier agter … **was 'initially' vir ons, vir my en my kindjie**, want my ma-hulle was besig om 'renovations' te doen"* (**This place** at the back … **was initially for me and my child**, because my parents were doing renovations) (SSI: D2; 33-35).	Sharing resources	7
	*"Ek **gaan nie met hulle praat totdat hulle nie 'n sessie [by die sielkundige] vir ons geboek het nie**"* (I am **not going to talk to them until they book us a session [at the psychologist]**) (SSI: F1 & F2; 320-321).	Decide to act on certain negative behaviour	8

215

Table 4.4 below provides an overview of the life events for the factors related to the ABCD-XYZ resource management model of crisis or stress (Dollahite, 1991) for each participant. As mentioned earlier, the A-factor represents the stressor event or situation in each mother's or daughter's life; the B-factor represents the coping resources that are used by the mother or daughter; the C-factor represents the mother's or daughter's definition of the situation, which is affected by her perception of the coping resources and demands of the situation; and the D-factor represents the actual and perceived demands placed on the mother or daughter as a result of the stressor. Then, the X-factor represents the crisis that the mother or daughter was faced with when unable to deal with the stressor; the Y-factor represents the individual's decision on how coping and management resources will be implemented; and lastly, the Z-factor represents the individual's decision to act on the coping and management decisions that were made previously.

Table 4.4: Evidence from the data sets of each participant

Appearance	A1 Amanda	A2 Alicia	B1 Belinda	B2 Bronwyn	C2 Clarise	C2 Candice	D1 Daphne	D2 Denise	E1 Elise	E2 Estie	F1 Felicity	F2 Frances	G1 Greta	G2 Gugu
Phase 1 → STIMULUS → A														
Specific event, stressor, stimulus, or situation that *forces a response* from the family	Relocation and displacement Death of father, mother, and son Problematic attachment Homeless Abuse Unemploy-ment Unwanted pregnancy Poverty Rejection Rape	Physical absence of mother, father, and siblings Death of uncle and father Problematic attachment Housing uncertainty Displacement Poverty Rejection	Death of mother and grandfather Problematic attachment Abuse Physical absence of parents Displacement Handicapped child Poverty Rejection Rape	Abuse Car accident Substance abuse Problematic attachment Handicapped sibling Poverty Rejection Rape	Relocation and displacement Physical absence of parents Housing uncertainty Problematic attachment Abuse Being laid off Unemploy-ment Death of father Substance abuse (by husband) Poverty Rejection	Relocation Physical absence of sibling Substance abuse (by father) Problematic attachment Housing uncertainty Poverty	Relocation Physical absence of parents Death of mother Unwanted pregnancy Infidelity Blended family	Physical absence of father Domestic violence Displacement Stepchild Infidelity Blended family	Physical absence of parents Murder of boyfriend Housing uncertainty Relocation and displacement Car accident Being laid off Unemploy-ment Death of mother Unwanted pregnancy Poverty Infidelity	Divorce of parents Death of grandmother Physical absence of father Housing uncertainty Relocation Being laid off Unemploy-ment Unwanted pregnancy Poverty Infidelity	Death of father and husband Relocation Problematic attachment	Death of father Relocation Problematic attachment Abuse Substance abuse Rejection Rape	Abuse Physical absence of father Parental substance abuse Death of mother and father Problematic attachment Domestic Violence Handicapped sibling Rejection	Adoption Problematic attachment Rejection
Phase 2 → PERCEIVING → A + B + C + D + X														
B-factor Perception of available coping resources	Family as support network Boyfriends Spirituality or religion Community upliftment programmes	Family as support network Boyfriends Employability and job skills Career aspirations Spirituality or religion	Family as support Spirituality or religion Physical assets (house) Community upliftment programmes	Family as support network Boyfriends Career aspirations	Career aspirations Spirituality or religion Community upliftment programmes	Family as support network Career aspirations	Family as support network Trust between mother and daughter Spouse Employability and job skills Career	Family as support network Trust between mother and daughter Life partner Employability and job skills Career	Family as support network Trust between mother and daughter Employability and job skills Career aspirations	Family as support network Trust between mother and daughter Employability and job skills Career aspirations	Family as support network Spouse Physical assets (house and inheritance) Role model or mentor	Boyfriends Employability and job skills Career aspirations Physical assets (inheritance) Community upliftment programmes	Spouse Employability and job skills Career aspirations Physical assets (house)	Family as support network Career aspirations

217

Appearance	A1 Amanda	A2 Alicia	B1 Belinda	B2 Bronwyn	C2 Clarise	C2 Candice	D1 Daphne	D2 Denise	E1 Elise	E2 Estie	F1 Felicity	F2 Frances	G1 Greta	G2 Gugu
							aspirations Physical assets (house) Role model or mentor	aspirations Role model or mentor	Spirituality or religion Physical assets (house) Role model or mentor	Role model or mentor		Role model or mentor		
C-factor: Individual's perception or definition of the event, stressor, stimulus, or situation	Displaced anger Unprotected Rejection Absence of role model Lack of self-control Vulnerability	Displaced anger Unsupported Rejection Absence of role model Lack of self-control Resentment Vulnerability Unmet needs	Unprotected or unbacked Rejection or ashamed Absence of role model Low self-esteem	Displaced anger and frustration Unprotected Rejection or ashamed Avoidance of conflict Low self-esteem Lack of self-control Resentment Vulnerability Unmet needs	Displaced anger and frustration Unsupported Rejection Absence of role model Low self-esteem Lack of self-control Resentment Vulnerability Negative future outlook Unmet needs	Displaced frustration Rejection Avoidance of conflict Absence of role model Low self-esteem Vulnerability Unmet needs	Displaced anger and frustration Lack of self-control Unmet needs	Displaced anger and frustration Unsupported or unprotected Rejection or ashamed Avoidance of conflict	Displaced anger and frustration Unsupported or unbacked Lack of self-control Resentment Unmet needs	Unsupported or unbacked Rejection or ashamed Avoidance of conflict	Displaced frustration Unsupported or unbacked Lack of self-control Negative future outlook Unmet needs	Displaced anger Unsupported or unbacked or unprotected Rejection or ashamed Avoidance of conflict Absence of role model Lack of self-control Vulnerability	Displaced anger and frustration Unsupported or unbacked or unprotected Rejection or ashamed Absence of role model Low self-esteem	Displaced anger and frustration Unbacked Rejection Avoidance of conflict Resentment Unmet needs
D-factor: Demands of the event, stressor, stimulus, or situation	Basic physiological needs Child-caretaker Disconnected Financial strain Boundary ambiguity Diminished mental health Relationship problems Grief	Basic physiological needs Disconnected Single parent Financial strain Boundary ambiguity Feelings of not being good enough Marital problems	Basic physiological needs Illness Financial strain	Basic physiological needs Disconnected Financial strain Diminished mental health Feelings of not being good enough Relationship problems Guilt	Basic physiological needs Disconnected Financial strain Boundary ambiguity Feelings of not being good enough Marital problems	Basic physiological needs Financial strain Boundary ambiguity Negative academic performance Feelings of not being good enough	Basic physiological needs Single parent Financial strain Relationship problems	Basic physiological needs Single parent Negative academic performance Feelings of not being good enough Marital problems	Basic physiological needs Child-caretaker Single parent Financial strain Marital problems	Basic physiological needs Illness Single parent Financial strain Negative academic performance Feelings of not being good enough Relationship problems	Basic physiological needs Financial strain Grief	Basic physiological needs Disconnected Diminished mental health Negative academic performance Relationship problems Grief Guilt	Basic physiological needs Boundary ambiguity Feelings of not being good enough Marital problems	Basic physiological needs Disconnected Feelings of not being good enough
X-factor: Degree of stress or family crisis that affects functionality	Severe poverty Unschooled Incest Illegitimate pregnancy Dependency Death Mental health	Divorce Single parenting Severe poverty Drop-out Illegitimate pregnancy Dependency	Dependency Death Severe conflict	Dependency Mental health Severe conflict and abuse	Severe poverty Hunger Drop-out Illegitimate pregnancy Dependency Death Severe	Severe poverty Hunger Dependency Severe conflict	Single parenting Illegitimate pregnancy Death Severe conflict	Divorce Single parenting Illegitimate pregnancy Dependency Mental health High-risk behaviour	Divorce Single parenting Drop-out Illegitimate pregnancy Death Severe conflict	Single parenting Illegitimate pregnancy Dependency Mental health High-risk behaviour Severe	Dependency Death Severe conflict	Dependency Death Mental health High-risk behaviour Severe conflict and abuse	Death Severe conflict	Dependency High-risk behaviour Severe conflict

Appearance	A1 Amanda	A2 Alicia	B1 Belinda	B2 Bronwyn	C2 Clarise	C2 Candice	D1 Daphne	D2 Denise	E1 Elise	E2 Estie	F1 Felicity	F2 Frances	G1 Greta	G2 Gugu
	High-risk behaviour Severe conflict Inability to care for or look after children	Death Severe conflict			conflict Inability to care for or look after children			Severe conflict		conflict				

Phase 3 → DECIDING → After Phase 2 (Y manage B)

Appearance	A1 Amanda	A2 Alicia	B1 Belinda	B2 Bronwyn	C2 Clarise	C2 Candice	D1 Daphne	D2 Denise	E1 Elise	E2 Estie	F1 Felicity	F2 Frances	G1 Greta	G2 Gugu
Y-factor: Deciding on cognitive coping and management resources	Maintain emotional distance Seek social support Dwell on negative emotions Coping: denial Minimise the impact of the situation on the individual	Put the crisis into context Maintain emotional distance Seek social or emotional support Dwell on negative emotions Set goals Decisions about resource use	Put the crisis into context Seek social support Self-blame Dwell on negative emotions Regulate emotional responses Coping: denial Minimise the impact of the situation on the individual Seek information	Maintain emotional distance Seek social support Self-blame Dwell on negative emotions Coping: withdrawal Setting goals	Maintain emotional distance Seeking social and emotional support Self-blame Self-hate Dwelling on negative emotions Decisions about resource use	Maintain emotional distance Self-blame Coping: withdrawal Set goals	Put the crisis into context Maintain emotional distance Seek social support Coping: denial Decisions about resource use	Maintain emotional distance Seek social and emotional support Self-blame Dwell on negative emotions Regulate emotional responses Coping: withdrawal Setting goals	Maintain emotional distance Seek social support Dwell on negative emotions Coping: denial Set goals Decisions about resource use	Put the crisis into context Maintain emotional distance Seek social and emotional support Coping: withdrawal Setting goals	Put the crisis into context Self-blame Regulate emotional responses Seek information Decisions about resource use	Put the crisis into context Maintain emotional distance Coping: withdrawal	Put the crisis into context Self-blame Self-hate Regulate emotional responses Dwell on negative emotions Seek information	Maintain emotional distance Dwell on negative emotions Coping: withdrawal Setting goals

Phase 3 → ACTING → After Phases 2 & 3 (Z decide B)

Appearance	A1 Amanda	A2 Alicia	B1 Belinda	B2 Bronwyn	C2 Clarise	C2 Candice	D1 Daphne	D2 Denise	E1 Elise	E2 Estie	F1 Felicity	F2 Frances	G1 Greta	G2 Gugu
Z-factor Acting on the cognitive coping and management decisions made	Seclusion Lower expectations Share resources	Exchange resources Decide to act on certain negative behaviour	Lower expectations Share resources Decide to act on certain negative behaviour	Seclusion Lower expectations	Exchange resources Lower expectations Decide to act on certain negative behaviour	Share resources Decide to act on certain negative behaviour	Exchange resources Lower expectations Share resources Decide to act on certain negative behaviour	Exchange resources Decide to act on certain negative behaviour	Lower expectations Share resources	Share resources	Exchange resources Decide to act on certain negative behaviour	Lowering expectations	Decide to act on certain negative behaviour	Lowering expectations

219

In Table 4.3, I provided short transcriptions to show how specific codes were derived from the data sets. During the data analysis, I transcribed all the data that had been generated and identified patterns that emerged across the case study of each mother–daughter pair. I was able to identify codes that formed themes and categories applicable to this inquiry (refer to Section 3.5). These codes allowed me to break down the data into more manageable data sets. The frequency of these codes was indicated in the transcribed data and was instrumental in compiling the main themes and sub-themes that emerged from the data (refer to Table 5.1).

Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress has been discussed in detail and applied to each mother–daughter case study. In Sections 4.3 to 4.9, I provided each participant's background information. Table 4.3 displays the process of how codes were identified from the data sets, followed by Table 4.4, which shows a short overview of the challenges each participant faced and how the frequency of the codes contributed to the formulation of the main themes and sub-themes. It is important to note that the theoretical framework takes each participant's unique context into account. I carefully considered each participant's historical, economic, and cultural context.

4.11   Summary

In this chapter, I provided an in-depth look at the background of each participant. Specific details were included to give context to their conflicted relationships, such as their childhoods, their family backgrounds, and the various developmental periods of their lives. Data from each subset of mothers and daughters were provided, including the semi-structured interviews, the clay models in the Mmogo method, guided observations, and the life maps. It became clear that some mothers and their daughters had experienced extreme hardships throughout their lives.

In the next chapter, a literature control is conducted, where a correlation is made between the current literature on conflicted mother–daughter relationships and the themes and sub-themes that were identified.

Chapter 5: Research results and literature control

5.1 Introduction

In Chapter 4, I provided short extracts from the individual and joint semi-structured interviews, explanations of the Mmogo method, and major life events from each participant's life map. Each participant's background information and data assisted me in deducing the themes and categories that formed the themes and sub-themes of the study (refer to Section 3.5). Being familiar with the life story of each mother and daughter, I was able to identify circumstances in each participant's life that contributed to the level of conflict present in each mother–daughter relationship.

The life events of the participants, as outlined in Sections 4.3 to 4.9, allowed me to identify the main themes and sub-themes related to the conflicted relationships between the participating mothers and daughters. In this chapter, the themes and sub-themes are discussed separately and linked to the literature on conflicted mother–daughter relationships.

5.2 Main themes and sub-themes of the study

In Table 4.3, I explained how specific codes were derived from the data sets. Codes with a high frequency were used to form the main themes in order of importance. The codes with lower frequencies were not discarded but rather integrated with the main themes unless it was something out of the ordinary.

The circumstances mentioned earlier and in Sections 4.3 to 4.9 gave rise to the conflict in each mother–daughter relationship. A wide range of circumstances was present in each relationship and, therefore, had a different effect on each mother–daughter pair. The circumstances mentioned impaired each mother–daughter relationship to follow its normal cycle of development. I compiled the main themes and sub-themes by making use of the codes that were identified in Table 4.3. The main themes and sub-themes identified are provided in Table 5.1.

Table 5.1: Main themes and sub-themes

Main themes and sub-themes
Theme 1: Conflict between mother and daughter
Sub-theme 1.1: Origin or source of conflict
Sub-theme 1.2: Communication style
Sub-theme 1.3: Rigidness or inflexibility of relationship
Theme 2: Childhood adversity
Sub-theme 2.1: Traumatic experiences
Sub-theme 2.2: Adverse living circumstances
Sub-theme 2.3: Suppressed or unresolved trauma
Theme 3: Familial relationships
Sub-theme 3.1: Extended family
Sub-theme 3.2: Absent fathers and unavailable mothers
Sub-theme 3.3: Substitute primary caregiver
Theme 4: Critical life events
Sub-theme 4.1: Death of a close relative or caregiver
Theme 5: Motivation to rekindle relationship
Sub-theme 5.1: Mother as refuge

The first theme focuses on the origins and possible sources of conflict between mother and daughter and how their conflicted relationship affects their interpersonal relationships and interaction with the people in their inner circle. The second theme highlights the ACEs that were present in each participant's early years and the social and emotional impact of these ACEs on each participant. The third theme describes the presence and role of the extended family within the mother–daughter relationship. This theme further explores the father's absence in each participant's life story, as well as the importance of extended primary caregivers in each participant's life. The fourth theme explains the impact of the death of a close relative or caregiver on the mother–daughter relationship. The fifth theme describes the love between mother and daughter and how their dedication to each other acts as motivation to maintain their relationship.

Table 5.2 below displays the alignment between Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress and the themes and sub-themes that were identified from the data sets. Where the main theme or sub-theme was applicable to the factor within the model, it is written in the correct column. The table clearly shows that each of the main themes and sub-themes fits with one or more of the factors within the theoretical framework, which makes it important to include

222

them in Table 5.1. The main themes and sub-themes ultimately assisted me in answering the research questions applicable to this study and making recommendations for future research.

Table 5.2: Theoretical framework and identified themes and sub-themes

Appearance	Theme 1: Conflict between mother and daughter	Theme 2: Childhood adversity	Theme 3: Familial relationships	Theme 4: Critical life events	Theme: 5 Motivation to rekindle relationship
A-factor: Specific event, stressor, stimulus, or situation that *forces a response* from the family	Sub-theme 1.1: Origin or source of conflict Sub-theme 1.3: Rigidness or inflexibility of relationship	Sub-theme 2.1: Traumatic experiences Sub-theme 2.2: Adverse living circumstances Sub-theme 3.2: Absent fathers and unavailable mothers	Sub-theme 3.1: Extended family Sub-theme 3.2: Absent fathers and unavailable mothers Sub-theme 3.3: Substitute primary caregiver	Sub-theme 2.1: Traumatic experiences Sub-theme 4.1: Death of a close relative or caregiver	Sub-theme 3.1: Extended family
B-factor: Perception of available coping resources	Sub-theme 1.1: Origin or source of conflict Sub-theme 1.3: Rigidness or inflexibility of relationship Sub-theme 3.3: Substitute primary caregiver	Sub-theme 2.3: Suppressed or unresolved trauma Sub-theme 3.1: Extended family Sub-theme 3.3: Substitute primary caregiver	Sub-theme 3.2: Absent fathers and unavailable mothers Sub-theme 3.3: Substitute primary caregiver	Sub-theme 3.1: Extended family	Sub-theme 3.1: Extended family Sub-theme 5.1: Mother as refuge
C-factor: Individual's perception or definition of the event, stressor, stimulus, or situation	Sub-theme 1.3: Rigidness or inflexibility of relationship	Sub-theme 2.1: Traumatic experiences Sub-theme 2.2: Adverse living circumstances Sub-theme 2.3: Suppressed or unresolved trauma	Sub-theme 3.1: Extended family Sub-theme 3.2: Absent fathers and unavailable mothers Sub-theme 3.3: Substitute primary caregiver	Sub-theme 2.3: Suppressed or unresolved trauma Sub-theme 4.1: Death of a close relative or caregiver	Sub-theme 1.2: Communication style Sub-theme 1.3: Rigidness or inflexibility of relationship Sub-theme 5.1: Mother as refuge
D-factor:	Sub-theme 1.2:	Sub-theme 2.1:	Sub-theme 3.1:	Sub-theme 1.2:	Sub-theme 5.1: Mother as

Appearance	Theme 1: Conflict between mother and daughter	Theme 2: Childhood adversity	Theme 3: Familial relationships	Theme 4: Critical life events	Theme: 5 Motivation to rekindle relationship
Demands of the event, stressor, stimulus, or situation	Communication style Sub-theme 1.3: Rigidness or inflexibility of relationship	Traumatic experiences Sub-theme 2.2: Adverse living circumstances Sub-theme 3.3: Substitute primary caregiver	Extended family Sub-theme 3.2: Absent fathers and unavailable mothers Sub-theme 3.3: Substitute primary caregiver	Communication style Sub-theme 3.3: Substitute primary caregiver Sub-theme 4.1: Death of a close relative or caregiver	refuge
X-factor: Degree of stress or family crisis that affects functionality	Sub-theme 1.1: Origin or source of conflict Sub-theme 1.3: Rigidness or inflexibility of relationship	Sub-theme 2.1: Traumatic experiences	Sub-theme 3.1: Extended family Sub-theme 3.2: Absent fathers and unavailable mothers	Sub-theme 4.1: Death of a close relative or caregiver	Sub-theme 1.3: Rigidness or inflexibility of relationship Sub-theme 2.3: Suppressed or unresolved trauma
Y-factor: Deciding on cognitive coping and management resources	Sub-theme 1.2: Communication style Sub-theme 3.1: Extended family Sub-theme 5.1: Mother as refuge	Sub-theme 1.1: Origin or source of conflict Sub-theme 1.2: Communication style	Sub-theme 1.2: Communication style Sub-theme 3.1: Extended family Sub-theme 5.1: Mother as refuge	Sub-theme 1.2: Communication style Sub-theme 2.3: Suppressed/ unresolved trauma	Sub-theme 1.2: Communication style Sub-theme 3.1: Extended family Sub-theme 5.1: Mother as refuge
Z-factor: Acting on the cognitive coping and management decisions made	Sub-theme 1.2: Communication style Sub-theme 5.1: Mother as refuge	Sub-theme 3.1: Extended family	Sub-theme 1.2: Communication style	Sub-theme 1.1: Origin or source of conflict Sub-theme 1.2: Communication style Sub-theme 2.3: Suppressed or unresolved trauma	Sub-theme 1.2: Communication style Sub-theme 5.1: Mother as refuge

225

5.3 Literature control

In this section, I present the relationship between the current literature on conflicted mother–daughter relationships and the results of this study. Although each theme is discussed separately, some aspects of the research results may overlap.

5.3.1 Theme 1: Conflict between mother and daughter

In this section, I discuss the findings related to the conflict between mothers and daughters. I discuss the possible origins of the conflict in the mother–daughter relationship, the role and importance of communication, and how these contribute to the level of rigidity in the interaction between mothers and their daughters.

5.3.1.1 Sub-theme 1.1: Origin or source of conflict

The various origins and sources of conflict in the mother–daughter relationship are discussed in this section. Throughout the data, it became clear that all seven of the mother–daughter pairs had experienced periods of severe conflict within their relationships. These periods of conflict took place during critical developmental and transitional periods within the mother–daughter relationship.

During their childhood, four of the seven participants did not live with their biological mothers. Alicia grew up in her aunt and uncle's home and had limited contact with her mother throughout her childhood. Although she shared a special bond with her aunt, she was unable to form a secure bond with her own mother, as Amanda was emotionally unavailable. Belinda's mother passed away at a young age, and Belinda was forced to live with strangers. She had to endure abuse in their household and spent the remainder of her adolescence in an orphanage. Clarise and her siblings were sent to live with an abusive aunt who mistreated them. Her aunt provided for the children's basic needs, such as food and shelter, but lacked motherly love and affection. Daphne grew up in her grandmother's home, as her mother was financially unable to take care of them. She returned to her mother's home at age 11. Daphne is the only participant who was able to rebuild her relationship with her mother after spending most of her childhood away from her. Alicia, Belinda, and Clarise did not share an intimate bond with their mothers, as circumstances did not allow them to

226

spend adequate quality time with their mothers during critical periods of their childhood.

Attachment between the child and parent is driven by the need for a protective bond with the main caregiver – usually the mother (Bifulco & Thomas, 2013). This bond between mother and daughter is lifelong (Smith et al., 1998). All seven mothers in this study experienced some form of ACE during their early lives. The effects of a mother's ACEs are intergenerational and have far-reaching implications for her relationship with her daughter (Hall, 2015; Hooper, 2007). Four of the daughters in this study experienced a disrupted attachment with their mothers, which had implications for their interpersonal relationships. Children who start their lives with disrupted attachment are at risk for developmental difficulties such as a lack of self-esteem, poor emotional regulation, and difficulty establishing relationships with peers (Pritchett et al., 2013). Bronwyn and Candice experienced low self-esteem during their teenage years. Alicia, Bronwyn, Candice, Estie, Frances, and Gugu all have difficulty regulating their emotions. These daughters avoid difficult conversations with their mothers, which often leads to emotional outbursts. The data, therefore, correlate with the literature, which state that disrupted attachment between parent and child puts mother–daughter relationships at risk, as these daughters are not provided with the necessary tools to navigate the various key points of development and change from childhood to adulthood (Bifulco & Thomas, 2013).

The literature avers that mothers and their daughters experience the most conflict in their relationship during the daughters' early adolescence (Allison & Schultz, 2004; Clark-Lempers et al., 1991). This finding was applicable to the participants in this study. I observed that four of the seven mother–daughter pairs experienced significantly higher levels of conflict during the daughters' adolescence. The adolescent period of a girl brings forth many changes, as she establishes her identity and defines her autonomy (Branje, 2008; Brouillard et al., 2019). At the time of the data generation, three of the daughter participants were adolescents. Brown (2004) points out that daughters spend more time with their friends during adolescence. As a result, a mother's influence in her daughter's life decreases, as the daughter rather accepts the advice of her friends (Brown, 2004; Weiten, 2014). Amanda, Belinda, Clarise, Daphne, and Elise all complained that their daughters spent more time with

their friends during their adolescence. The findings of this study showed that conflictual interactions between the mothers and daughters increased during this time because the mothers felt that they were drifting away from their daughters.

The participants in this study experienced many changes in their relationships during the daughters' adolescence. These participants were often faced with multiple ACEs that had a severe impact during this critical developmental period. Many daughters in this study were faced with decisions to which children should not be exposed. Four participants were unable to finish their schooling; one participant spent her adolescence in an orphanage; and one had to leave her own mother's home to escape abusive household circumstances. Bifulco and Thomas (2013) maintain that children are able to deal with stress if they receive the necessary support and guidance from a supportive adult. Unfortunately, the findings showed that many participants in this study failed to receive adequate support from any of their parents.

The purpose of attachment between parent and child is for the parent to protect the child from external threats and harm and to provide a "safe haven" where the child feels safe and protected (Bifulco & Thomas, 2013, p. 11). The disrupted attachment between the mothers and daughters in this study and a lack of a close and reliable relationship had a major impact on the participants' ability to deal with trauma (refer to Section 5.3.2.3). Bronwyn and Frances were exposed to traumatic experiences of sexual abuse during adolescence. They chose not to share their experiences with their mothers, which rendered Belinda and Felicity unable to support and protect their daughters. Belinda and Frances experienced severe challenges with their mental health. Therefore, the data presented in these two cases confirm Bifulco and Thomas's (2013) finding that ACEs throughout childhood may threaten the quality of the attachment between mothers and daughters and can trigger onset disorders such as depression.

Early exposure to ACEs during mothers' childhood put them at risk for compromised parenting behaviour. A mother's parenting style has a significant effect on her relationship with her daughter. During the data generation, I paid specific attention to the way each mother disciplined her daughter, how she related to her daughter, and their communication throughout their relationship. In their parenting style, parents

228

produce two distinct aspects, namely *responsiveness* and *demandingness* (Baumrind, 2005). In this study, the mothers had varying levels of responsiveness to their daughters' needs, as some fostered independence and autonomy, while others were unable to do so due to their absence in their daughters' lives. The seven mothers in this study had different methods of discipline and parenting styles (refer to Section 2.3.2). Three mothers set very high expectations for their daughters in terms of their performance and abilities, after which they were let down due to the daughter's inability to uphold her mother's standards. One mother had strict household rules but struggled to enforce them due to her daughter's non-compliance.

The mothers in this study displayed parenting behaviour that could be linked to one of four parenting styles, namely authoritative, authoritarian, permissive, and neglectful (see Baumrind, 2015). I took cognisance of other parenting styles; however, I was able to identify specific traits that align with these four parenting styles. Two mothers identified with more than one parenting style. Amanda and Greta both identified with the *authoritative* and *authoritarian* parenting styles. Both mothers accepted their daughters as they were and were actively involved in their lives. However, Amanda and Greta found it difficult to communicate with and express their love and care to their daughters. Clarise, Daphne, and Elise identified with the *authoritarian* parenting style. These mothers were highly in control and often screamed at their daughters. All three mothers set high expectations for their daughters, which the daughters were unable to meet. Felicity was the only mother who identified with the *permissive* parenting style. Throughout her life, Felicity never placed any demands on her daughters and did not practise any control over them. The lack of routine within the household meant that Frances and her younger sister did not have any responsibilities and were allowed to complete tasks at their own convenience. Amanda was the only mother who identified with the *neglectful* parenting style. Collected data from Amanda's case aligned with the finding of Askelson et al. (2012) and Louw and Louw (2007a) that neglectful parents are unresponsive to their children's demands and preoccupied with their own adverse life events.

Due to the age difference between the mothers and daughters in this study, the levels of dependency on each other varied. According to Sheehan and Donorfio (1999), mothers develop an "ageing awareness" during their later years, as they become aware of their increased dependence on their daughters. Their daughters then have to take on new responsibilities within the family, as their mothers are no longer able to do so (Shawler, 2004). The combination of an insecure bond and a high level of dependency contributed to increased conflict between the mothers and daughters in this study. Even though they were not elderly at the time of data generation, two mothers were dependent on their daughters in terms of physical and financial assistance. Amanda is dependent on Alicia for accommodation and financial assistance. Felicity is financially dependent on the income of the family business. Some mothers and daughters often live together during the later stages of their relationship, which may bring forth renewed conflict after many years of the mother and daughter's independence from each other (Pohl et al., 1997). Amanda and Alicia lived in the same yard, which increased their conflict, as Amanda looked after Alicia's baby during the day. Denise and her young son moved back into her parent's home at the time of her divorce. Daphne and Denise had frequent conflictual interactions due to the renegotiation of their roles as grandmother, mother, and daughter within the family home.

The various developmental transitions in the daughter's life, that is, from childhood to adolescence and from adolescence to adulthood, contributed to the levels of conflict between the mothers and daughters in this study. Throughout their daughters' childhood, some mothers sacrificed their own needs to take care of and raise their children. The daughter's stage of development brought forth multiple changes in the dynamics of the relationship, as both mother and daughter seek different outcomes at different stages of their lives. Miller-Day (2012) argues that the transition in the mother's later life may bring about new grounds for conflict, as the mother has aged away from her role as a self-sacrificing being, focusing on her own needs. However, the findings showed that mothers who were dependent on their daughters in terms of finances or housing were unable to focus only on their own needs. Amanda felt obligated to look after Alicia's baby while she was at work, as Alicia offered her free

housing. Felicity assisted Frances with the family business administration to lessen her workload.

5.3.1.2   Sub-theme 1.2: Communication style

In this section, I discuss the communication strategies used by each mother–daughter pair. The interaction between the mother and daughter is explained throughout the different developmental stages of their relationship. I also discuss typical conflictual interactions between mothers and their daughters, and the various strategies used in conflict resolution and management.

The relationship between a mother and daughter is formed through various interactions when the bond between parent and child is strengthened. These interactions may include stories and narratives that frame the meaning the child attaches to personal experiences (Mize et al., 1997), as well as informal interactions that present quality time between mother and daughter (Gillison et al., 2015). According to Andreas et al. (2018), mothers spend more time with their children during their early years compared to fathers. In this study, six of the seven daughters spent most of their childhood with their mothers, when they were involved in verbal and social interaction and able to interpret the world around them. Hollenstein (2017) states that children's emotional regulation is developed when they spend time with their parents during their childhood. The six daughters in this study who had spent most of their childhood with their mothers were, therefore, able to learn how to identify their emotions and manage their responses in a socially accepted way. However, this finding was not applicable to all the participants in this study.

As mentioned in Section 5.3.1.1, four participants in this study did not grow up in their mothers' presence. Alicia, Clarise, Daphne, and Elise did not have the opportunity to have frequent interaction with their mothers. These four participants were introduced to a different family context, where they were forced to interact with substitute primary caregivers (refer to Section 5.3.3.3). They were often forced to interact with caregivers who were hostile and unaffectionate. Many scholars agree that early experiences between mothers and their children affect their relationships and interpersonal competence during childhood (Fingerman, 1998; Priel & Besser,

2000). This finding was applicable to the four participants mentioned. Throughout the data generation, I noticed that these participants had difficulty in their interaction with the people around them; more specifically, they experienced feelings of mistrust and inconsistency in their relationships with friends or extended family. For example, Clarise and Elise, who had insecure relationships with their own mothers, expressed feelings of inadequacy in terms of their parenting (refer to Section 2.3 for the effects of a broken attachment between mother and daughter).

The interaction and communication between the mothers and daughters in this study varied, as contextual conditions need to be considered (refer to Sections 4.3-4.9). Five of the seven mother–daughter pairs still lived together at the time of the data generation. Different methods of communication allow mothers and daughters to be informed about each other's whereabouts and express concern for the other (Mesidor & Maru, 2015). Some of the ways in which the mothers and daughters in this study communicated included face-to-face interaction, talking and sending messages to each other on their cell phones, cooking and eating together, shopping together, encouraging each other, and asking and offering advice. The majority of the mothers and daughters in the study communicated on a daily basis.

Communication between a mother and daughter often increases during certain developmental stages of the daughter's life. When a daughter gets married, the level of contact is increased as the daughter seeks her mother's involvement and support in terms of the grandchildren (Amato & Afifi, 2006). However, the data in this study showed contradictory results. Contact between Daphne and Denise decreased during Denise's marriage, mainly due to domestic violence within Denise's home. Elise broke all contact with her daughter Estie when she fell pregnant out of wedlock. The findings of this study are in line with Fischer's (1981) view that some mothers tend to re-evaluate their relationship after the daughter's marriage, whereafter they increase their involvement. It was only after Denise's divorce and at a later time in Estie's pregnancy that Daphne and Elise were able to give their daughters their full support with their grandchildren.

Taking into account the context of each daughter's childhood and the way each mother and daughter interacted and communicated, I had to consider the cultural

background of each mother–daughter pair. Mothers and daughters are exposed to diverse cultural experiences, which frame their perception of the environment in which they were raised (Lemmer et al., 2012). All mother–daughter relationships are different according to cultural background; therefore, it is possible that their interactions and disagreements may vary (Lefkowitz & Fingerman, 2003). For example, conflict is seen as normal within a Western household, whereas in a non-Western household, emphasis is put on respecting elders, obedience to authority, and family harmony (Phinney & Ong, 2002). The mother–daughter pairs within this study identified with both concepts mentioned, as conflict was a daily occurrence in all seven cases. I made an interesting observation that all seven mothers emphasised that they had been raised to respect their elders, especially the person who held the position of authority within the household. In five of the seven cases, this position was held by the mother and not the father. The results from all seven cases confirmed that the intensity and frequency of the disagreements and conflict in each mother–daughter relationship varied, as cultural beliefs differed across the cases. For example, Clarise did not view her conflict with Candice as significant or a threat to their relationship. Clarise had grown accustomed to aggressive behaviour in the household, for example physical violence, verbal aggression, and a general disregard for others' feelings. On the other hand, Felicity regarded her conflictual interaction with Frances as a serious threat to their relationship. Felicity was raised in a household where she received adequate love, support, and parental affection and where conflict was not a daily occurrence. Clarise and Felicity had been exposed to different sets of conflict resolution, which affected their interaction with their own daughters.

In this study, the different developmental stages in the daughter's life were central to the intensity of the conflict between mother and daughter. As mentioned earlier, daughters spend most of their time in childhood with their mothers. Verbal interaction between a mother and daughter develops the daughter's ability to verbally challenge her mother (Panfile et al., 2012). Because of the mother's increased presence in the daughter's life, she tends to react more actively to her daughter's troubles, which, in turn, increases opportunities for conflict (Brouillard et al., 2019). It is at this time that a daughter observes her mother's conflict tactics and models her behaviour

233

(Fingerman, 1998). Six of the seven mothers in this study had greater involvement in their daughters' upbringing compared to the father, which led them to react more regularly and intensely to their daughters' behaviour. Some daughters in this study, for example Gugu, had observed how her mother (Greta) lost her temper during an argument. During her interview, Greta mentioned that Gugu lost her temper and shouted at her during arguments.

As mentioned in Section 5.3.1.1, conflict between a mother and daughter is at its highest during the daughter's adolescence. All seven mother–daughter pairs in this study experienced an increase in confrontations and conflict in their relationships. The adolescent period is characterised by the daughter forming her own identity by separating from her mother (Gemelli, 1996). Disagreements between mothers and daughters are mostly age-related, such as the daughter not sharing her whereabouts with her mother and not doing chores and adhering to curfews (Allison & Schultz, 2004). The conflictual interactions between the mothers and daughters in this study were mostly verbal, where both mother and daughter raised their voices by screaming and shouting at each other. In some cases, threats were made and ultimatums issued to scare each other.

In general, conflict between mothers and daughters is solved through power assertion, where the daughter will submit and comply with her mother's demands (Branje, 2008). During conflictual interaction with their daughters, four of the mothers used their position of authority to impose power over their daughters to control their behaviour. These four mothers were accustomed to traditional roles held by mother and daughter, where the mother asserts power in the relationship and the daughter complies with her mother's demands. Amanda and Alicia were the only mother–daughter pair who were involved in a physical fight where someone had to intervene and separate them to avoid injury.

As mentioned earlier, girls have larger social networks to rely on during late childhood and early adulthood, which results in their being more selective of their sources of support during stressful times (Gaylord-Harden et al., 2013). In their quest for independence, three daughters in this study spent more time with their friends, and three daughters spent more time with extended family members. The mothers of

these daughters were upset and felt that their parental influence in their daughters' lives had decreased. According to Usita and Du Bois (2005), mothers and daughters often utilise the help of family members to reduce the level of conflict and tension between them (refer to Section 5.3.3.1). The data showed that the participants relied heavily on family members and friends during their times of need. For example, Estie's grandparents acted as mediators between her and Elise at the time of her pregnancy.

Holmes et al. (2012) and Jaramillo-Sierra et al. (2016) agree that conflict between a mother and daughter can also be attributed to the adolescent's view of her parent (in this case, mother) within the family. An inferior view of her mother's role within the household may cause a daughter to express her disagreements more freely (Jaramillo-Sierra et al., 2016). In contrast, a daughter may choose not to express her anger towards her mother, as she feels that her mother will be unable to see her point of view, or out of protection, as she thinks her mother will be hurt by her behaviour (Jaramillo-Sierra et al., 2016). There was a sense of agreement between the daughter participants that they did not feel understood by their mothers, which resulted in increased conflict. These daughters did not feel the need to engage in arguments with their mothers, as they assumed that their mothers would not consider their points of view. As one daughter said, "*sy verstaan nie hoe ek voel nie en dan maak dit dat ons baklei" / (she does not understand how I feel, and then it causes us to fight)* (SSI: B2; 124-125). Misunderstandings and arguments between a mother and daughter may also be due to the context in which the mother was raised. All seven mothers in this study were raised under the strict notion that children were to be seen and not heard; therefore, the mothers found it unacceptable that their daughters were challenging their parental authority during arguments. These seven mothers *demanded* respect from their daughters, but in some cases, respect was not mutual. The feeling of being disregarded by her mother changed the daughter's view of her own position in the relationship. A substantial emotional distance was created between the mothers and daughters when one lost respect for the other. For example, Candice felt as if she did not live up to her parents' expectations, which caused her to give up on her efforts to please them. Also, Daphne continuously compared her troubled relationship with Denise to that of her seemingly perfect

relationship with her own mother, which left Denise feeling inadequate. Candice's and Denise's need to feel accepted and loved resulted in verbally aggressive behaviour in which they would not usually have engaged.

However, it is important to consider previous conflictual interaction between a mother and daughter. Previous conflictual interaction contributes to one's expectations regarding new disagreements and includes whether the person thinks that the conflict can be solved or not (Holmes et al., 2012). If the relationship with the parent is already strained, the daughter will be less than eager to communicate any information with her parents, giving rise to more conflict (Barker et al., 2007). As mentioned above, some daughters in this study mentioned that they avoided conflict with their mothers, as they felt misunderstood during conflictual interaction. The insecure attachment between the mother and daughter has resulted in the daughter not viewing her mother's presence as a safe space where she is able to share personal matters. During her interview, Bronwyn mentioned that she did not deem it necessary to share personal matters with her mother after her brother had sexually assaulted her. Bronwyn avoided these discussions with Belinda, as she knew that her mother persistently protected her brother by blaming his behaviour on his cognitive disability (refer to Section 2.4.4).

Disagreements between parents and their children occur when the parent and child are emotionally distant from each other or when their communication is characterised by negative patterns (Phinney & Ong, 2002). Daughters who avoid talking to their mothers about their problems are usually the ones who respond in deconstructive ways, as they have built up the habit of not communicating with their mothers when they are upset with them (Lefkowitz & Fingerman, 2003). The mothers and daughters in this study made use of several methods of communication. However, some participants have grown accustomed to certain methods of interaction, which are not necessarily positive and constructive. Some of the negative patterns of communication that were observed were as follows: avoiding each other's presence after an argument; verbal attacks on the other; rude remarks; and reminding each other about their past mistakes. The avoidance of conflict results in individuals' anger building up inside their bodies (Jaramillo-Sierra et al., 2016).

236

Most of the participants mentioned at least one incident where they had chosen to avoid conflict with their mother or daughter, which led to an emotional outburst later.

I noticed that the mothers and daughters had trouble with their communication due to their opposing views on conflict resolution. Fingerman (1995, 1998, 2002) notes that mothers and daughters utilise one of three conflict resolution strategies, namely constructive, destructive, or avoidant behaviour. Patterns of behaviour that were observed across the data generation methods allowed me to assign one or more of the aforementioned resolution strategies to each case. Two participants utilised destructive behaviour; for example, Alicia once threatened Amanda that she would kill her if she continued with something she disapproved of. Four participants made use of avoidant behaviour, such as avoiding conflict by physically withdrawing themselves from the situation or, on some occasions, isolating themselves. Four participants made use of both constructive and destructive approaches; for example, the mother–daughter pair was verbally aggressive during arguments and screamed at each other until the daughter submitted. However, they reconciled afterwards by communicating their intentions to each other. According to Beaumont (2000), misunderstandings between mothers and daughters may be attributed to the daughter's lower level of communicative experience. This finding is relevant to this study, as four of the daughter participants were under the age of 25 at the time of data generation.

It is important for all children to have the means to express themselves. Communication is the key aspect by which mothers and daughters can establish an open relationship (Usita & Du Bois, 2005). Throughout their relationships, the participants in this study were affected by adverse living circumstances, such as poverty, unemployment, and abuse, that negatively influenced the dynamics of communication between mother and daughter (refer to Section 5.3.2.2). These mothers and their daughters grew accustomed to particular methods of interaction and communication, which have had an impact on their conflict management and resolution strategies until the present day.

The data from this study showed that some methods of communication had a major impact on the conflict between the participants in the study. The levels of conflict

varied as the mother and daughter progressed through the various transitional stages of the daughter's development, such as childhood, adolescence, and adulthood. The literature shows that conflict serves the purpose of an intention to connect, rather than fight with each other (Winograd, 2016). Conflict between a mother and daughter can, therefore, be beneficial, as it has the potential to strengthen the relationship, rather than weaken it (Fingerman, 1998). There is no evidence in the literature that shows that mothers and daughters end their relationship when they experience conflict and disagreements.

5.3.1.3   Sub-theme 1.3: Rigidness or inflexibility of relationship

During the data generation, I noticed patterns of behaviour across the cases that contributed to the elevated levels of conflict between the mothers and daughters. Some participants were less flexible in their ways of thinking, feeling, and behaving. This behaviour was formed over many years and resulted in rigid interaction between mother and daughter, which, in turn, influenced the overall quality of their relationship. In this section, I discuss the circumstances that had an impact on the behaviour of the participants, as well as the different ways in which it manifested.

In Sections 5.3.1.1 and 5.3.1.2, I highlighted the importance of the context of each participant's unique life story (refer to Sections 4.3-4.9). Rigid patterns of verbal interaction between mothers and daughters are influenced by their experiences and perceptions of the environment in which they were raised (Lemmer et al., 2012). The mothers and daughters in this study were raised in different family structures, where the dynamics of the household were unique. This set of circumstances and the behaviour of the residents of the household were prone to having an impact on each mother and daughter. It is important to note that the mothers and daughters did not perceive conflict the same way and reacted according to value systems that had been formed during their childhood.

In Section 2.3, I discussed the importance of a secure attachment between a parent and child. The adverse circumstances present in some of the participants' lives prevented them from forming a secure attachment with their mother or daughter. As mentioned earlier, four daughters in this study experienced a disrupted attachment

238

with their mothers, which had far-reaching implications for their individual relationships. Girls who experience an insecure attachment with their mothers during infancy experience interpersonal problems in later childhood (Onayli & Erdur-Baker, 2013). The data showed that Alicia, Bronwyn, Candice, Estie, and Frances experienced various difficulties in their daily interaction with their mothers. Some of the daughters struggled to regulate their emotions, which, in turn, led to emotional outbursts. The mothers of these four daughters – Amanda, Belinda, Clarise, Elise, and Felicity – never modelled the self-regulation of their own emotions and distress. The mothers' reactions during conflictual interactions were the opposite, namely raising their voices, arguing, and in one case, using physical violence. These mothers modelled a particular type of reaction to conflict, which influenced their daughters' views of conflict resolution.

According to Hall (2015), mothers who have an insecure attachment style often experience more stress in their parental role, do not feel close to their children, and are, therefore, less supportive and less responsive in their daily interaction with their children. On the other hand, secure mothers promote autonomy in their children and can create a healthy interdependency with their children (Smith et al., 1998). The findings of this study confirmed that the outcome of an insecure attachment with their own mother or daughter was applicable to four mothers in this study, namely Amanda, Clarise, Felicity, and Greta. These mothers experienced elevated levels of stress and anxiety in their parental role and mentioned that they felt an emotional distance between themselves and their daughters. These four mothers were emotionally unavailable to their daughters at some time, which led to compromised and inflexible patterns of behaviour and interaction. The lack of attachment between the mothers in this study and their own mothers had many implications for their daughters' adolescence.

During a girl's adolescence, both mother and daughter have different expectations for their relationship (Gonzales et al., 1996). The mother and daughter are introduced to and challenged with new roles and functions that they continuously have to master, cope with, and adapt to (De Witt, 2016). Over time, the modern roles of a mother and a daughter have changed dramatically. In previous generations, the roles of mother and daughter were more traditional – a daughter would simply step

239

into her mother's shoes and fulfil the household role that her mother did (Hasseldine, 2017). Mothers set the example for their daughters on how to be a mother and a woman, and daughters rely on their relationships with their mothers as a source of knowledge and understanding of what is expected from them in these roles (O'Neil & Case, 2012). However, the results from this study were in stark contrast to those in the reviewed literature. Alicia, Clarise, Daphne, Felicity, and Greta had a distorted view of the role of a mother, as their mothers never set an example of how to be a mother and a woman in a household setting. These participants had to navigate motherhood on their own, as they had no role model to guide them.

Traditionally, mothers were expected to be self-sacrificial beings who gave up their careers and aspirations to accommodate their new role as a mother. Some of the mothers in this study felt deprived of some opportunities due to the sacrifices they made for their children. According to Hasseldine (2017), mothers are shown what they missed out on when their daughters are granted opportunities that they did not have. Adverse living circumstances prevented some of the mothers in this study from pursuing their educational aspirations (refer to Section 5.3.2). Candice and Estie were able to complete their schooling, while Alicia, Bronwyn, Denise, and Estie were presented with the opportunity to further their education at a tertiary institution – opportunities their mothers never had. Mothers, therefore, need to connect with their daughters from a place of difference (Hasseldine, 2017). The view of a mother's role in the household that the mothers in this study held was inconsistent with that of their daughters. The life events that were mentioned in each participant's background required both mother and daughter to implement different levels of adaptation to overcome the effects of adversity (refer to Sections 4.3-4.9). The results from this study showed that only a few of the participants were willing to make particular changes for the benefit of the relationship. Most of the participants were unwilling to do so, which resulted in rigid and inflexible interaction between the mothers and their daughters.

The literature affirms that the daughters of mothers who were exposed to ACEs as children are at risk for compromised emotional behaviour (Thompson, 2007). As mentioned earlier, seven of the mothers in this study were exposed to some form of ACE (refer to Sections 2.2.2 & 5.3.2), which puts all seven daughter participants at

risk. The reaction of the mothers in this study to the stress and ACEs they experienced during childhood may have had an impact on the way their daughters react during conflictual interaction. Over the years, rigid patterns of interaction during conflictual interaction were formed.

I observed that the rigid patterns of behaviour were unique in each mother–daughter relationship and were largely influenced by the context of their childhood. Smith et al. (1998) argue that mothers and daughters who experience unresolved issues may experience continuous conflictual interaction where unresolved feelings and opinions reappear (refer to Section 5.3.2.3). The data across four of the seven cases confirmed this finding. Examples of unresolved feelings and opinions between the mothers and daughters included resentment, the inability to forgive, disregarding the other's opinion, overemphasis on past mistakes, and inflexibility. These participants have not come to terms with past injustices and are struggling to move forward with their lives.

Another example of rigid interaction between the participating mothers and their daughters was controlling or avoiding certain situations or interactions. Amanda, Belinda, Daphne, Elise, Felicity, and Greta all used their position of authority as mothers to overpower their daughters during conflictual interaction. These mothers raised their voices, used foul language in some cases, and avoided further discussion about the matter at hand. They refused to make any compromises and were determined to win the argument to validate their position as a matriarch. Three of the daughter participants mentioned that they tried to avoid particular types of interaction with their mothers, as they had become accustomed to such interaction ending in conflict. These three daughters spend less time with their mothers and withdraw themselves to prevent conflictual interaction. Negative patterns of thinking and acting have resulted in poor-quality relationships between the mothers and daughters in this study.

The interaction between the mothers and daughters in this study clearly showed that the context of each participant's childhood and upbringing was important in identifying patterns of rigid behaviour. The levels of rigidity varied in each case. Individual views about conflict and conflict management were formed over the years

and paved the way for future interaction between the mothers and daughters. Some mother–daughter pairs were willing to adapt and make personal changes to their behaviour while others were not, which led to increased levels of conflict in some relationships.

5.3.2 Theme 2: Childhood adversity

This section contains a discussion on the link between ACEs and the conflicted mother–daughter relationships in this study. I focus on traumatic experiences that are present in each participant's life, as well as household circumstances that contribute to the level of conflict in each relationship. Lastly, I discuss the effects of unresolved trauma on each mother and daughter, as well as the impact it has on their relationship.

5.3.2.1   Sub-theme 2.1: Traumatic experiences

The term "adverse childhood experiences" or ACEs refer to possible traumatic events that occur in childhood and affect children directly (e.g. childhood abuse and neglect) and indirectly (e.g. parental incarceration or mental illness of a parent) in their living environment (Hughes et al., 2017). During the data generation, I compiled a list of specific events, stressors, or situations that served as an ACE in each participant's life (refer to Tables 4.2 & 4.4). These life experiences were then aligned with Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress. I identified each participant's coping resources, perception of the stressor, and the demands that the stressor brought about. Lastly, the participants' choice of and decision to act on coping resources were identified. It is important to consider the context of each participant's background, as this may have had an impact on the type of ACE she was faced with (refer to Sections 4.3-4.9).

The ACEs questionnaire was developed by Doctors Robert Anda and Vincent Felitti to determine the number of stressors that an individual has experienced prior to his or her 18th birthday (Nakazawa, 2015) (refer to Section 2.2.2.1 & Addendum H). The focus of the questionnaire is on emotional and physical stressors, as well as the household circumstances in which the individual was raised (Nakazawa, 2015). The literature affirms that individuals whose ACE score is higher than four are more likely

242

to experience challenges in terms of their health and behaviour, while a score of six or more puts the individual at risk of a shorter life expectancy (Harris, 2020). Individuals who have a high ACE score are more prone to engaging in high-risk behaviour, such as smoking and alcohol abuse (Hughes et al., 2017).

I used the ACE questionnaire (refer to Addendum H) to calculate each participant's score in Table 5.3 below. Seven participants had a score of two or lower. The remaining seven participants had a score of four or higher. The two participants with the highest scores were Alicia and Clarise, each with a score of seven. Each row in Table 5.3 is colour-coded according to the socioeconomic living standard of each participant's area of residence (refer to Section 3.4.1).

Table 5.3: ACE questionnaire score of participants

Mother	ACE score	Daughter	ACE score	Combined score
Amanda (A1)	6	Alicia (A2)	7	13
Belinda (B1)	4	Bronwyn (B2)	4	8
Clarise (C1)	7	Candice (C2)	5	12
Daphne (D1)	2	Denise (D2)	2	4
Elise (E1)	0	Estie (E2)	2	2
Felicity (F1)	0	Frances (F2)	1	1
Greta (G1)	5	Gugu (G2)	1	6

Sections 4.3 to 4.9 provided an in-depth look at each participant's background information. The findings of this study are in accordance with the literature, which states that participants who accumulated a score of four or more on the ACE questionnaire were exposed to more than one category of abuse or household dysfunction (Felitti et al., 2019). In this study, four mothers and three daughters had a score of four or more. These mothers and daughters were exposed to a multitude of ACEs, including abuse (physical, sexual, and emotional), neglect, mental illness, substance abuse. Participants who were exposed to poorer socioeconomic circumstances had higher ACE scores compared to participants from better socioeconomic circumstances (refer to Section 3.4.1).

Each mother–daughter pair responded differently to the challenges they were faced with. I noticed that two mother–daughter pairs who accumulated a lower ACE score

(Daphne & Denise; Elise & Estie) (refer to Table 5.3) experienced less conflict in general and were able to overcome some obstacles by utilising resources that were available to them at the time. However, this finding was not applicable to Felicity and Frances, who still experienced high levels of conflict at the time of data generation.

Another interesting observation was made in terms of the mothers' ACE scores and the level of conflict in each relationship. In cases where the mother's ACE score was above four, heightened levels of conflict were present in the relationship with their daughters. Amanda (ACE score: 6), Belinda (ACE score: 4), Clarise (ACE score: 7), and Greta (ACE score: 5) reported severely challenging and complicated interactions with their daughters. In a study where Mesidor and Maru (2015) investigated the effects of mothers' depression on their relationships with their daughters, it was found that mothers' childhood experiences influenced their parenting. Many mothers in this study were unable to come to terms with and process their childhood trauma (refer to Section 5.3.2.3). The effects of unresolved and unprocessed trauma were intergenerational, rendering some mothers almost incapable or caring for their children.

A chronically conflicted relationship between a mother and daughter can, therefore, be categorised as an ACE, as these fights and disagreements can lead the child to feel unfairly or cruelly treated by the mother (Pickering et al., 2015). This finding was applicable to this study. Throughout her life, Alicia has always felt that her mother neglected her. Alicia was still very young when her mother, Amanda, experienced multiple personal challenges. She was too young to understand that her mother had to work through her adversities in order to provide her with the motherly love and affection she desperately needed. Alicia always felt that her mother could have done more to protect her and has, consequently, never forgiven her mother for the way she had treated her. These feelings of resentment have created a deep rift between Amanda and Alicia.

In Sections 5.3.2.2 and 5.3.2.3, the effect that adverse household circumstances had on each participant's ability to process and come to terms with her ACEs is discussed.

244

5.3.2.2 Sub-theme 2.2: Adverse living circumstances

The presence of ACEs in any individual's life or household brings forth many challenges. Within this study, multiple adverse household circumstances were documented. In Sections 4.3 to 4.9, I provided an in-depth look at the living circumstances in which the participants were raised. Not all family homes are perceived as healthy, conducive, and positive; some households are destructive, insecure, and negative (Pickering et al., 2015). As mentioned earlier, each participant's life events were aligned with Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress to compile a list of the factors and life events that contributed to the state of each mother–daughter relationship at the time of data generation (refer to Table 4.4).

Boss (2002) states that family stress does not refer to a single event or situation, but rather a process where the family undergoes changes over time. Throughout the literature, it is evident that stress is normal and inevitable in any family system (Boss et al., 2016). Stressors can be positive or negative and forces a family to adapt and make changes over time (Boss et al., 2016; Malia, 2006). It is important to keep in mind that each family in this study perceived stressful events differently due to differences in perspectives, cultural values, and beliefs (see McNeil-Smith & Landor, 2018).

The seven families that were represented in this study utilised a variety of coping resources during stressful events. Malia (2006) suggests that while the stressful events in mothers' and daughters' lives are indeed stressful, one also needs to consider that in addition to the changes that the mother and daughter must work through, each individual also has her own personal matters to deal with. The results from this study are in accordance with McCubbin's (1979) three coping behaviours that are used by families during stressful situations. These coping behaviours are managing the stability of the family as well as the individual's anxiety, making use of social support from the community, friends, or extended family members, and addressing the stressor directly through individual or collective family efforts. In some cases in this study, these coping resources were positive and uplifting, while other participants made use of negative coping strategies.

Many participants relied on family members or friends when they were faced with stressful situations. These family members or friends were able to reduce the stress level of the participant and, in some cases, mediated the conflict between the mothers and daughters. A few participants decided to pursue their tertiary education. Alicia, Denise, and Estie worked hard by enrolling for additional courses that would benefit their careers. Two participants coped by engaging in high-risk behaviour, such as smoking, drinking large amounts of alcohol, and engaging in sexual promiscuity. Bronwyn and Frances used these coping behaviours during stressful situations, which ultimately contributed to challenges with their mental wellbeing.

As mentioned earlier, the context of a mother's upbringing and family structure must be considered. A typical nuclear family in South Africa is no longer regarded as the norm (Lemmer et al., 2012). The variety of family structures within this study was no different (refer to Section 2.4.1). Regarding each mother–daughter pair as a family, the range was as follows: two single-parent families; two nuclear families; two reconstituted families; and one same-sex marriage. Holborn and Eddy (2011, p. 6) state that individuals who grow up in "skip-generation" households are raised by grandparents or other family members because of the parents' absence. The nature of each of these family structures has unique implications for families, as the quality and nature of the parent–child relationship are affected by the changes in the family unit over a lifetime (Yu et al., 2010). The effects of this living situation were discussed in Section 5.3.1.1.

The presence of any ACE within a family unit may inform the mother's parental strategies and, therefore, influence her relationship with her daughter (Kenway & Fahey, 2008; Khan & Renk, 2019; Provençal et al., 2015). The findings of this study showed that two participants were negatively affected due to their mothers' parenting. Alicia and Clarise were exposed to less desirable parenting behaviour. Both participants felt ill-equipped when they had to raise their own children, as they had had no role model to guide them in caring for their children. Alicia and Clarise both mentioned that they wanted to raise their daughters differently than they had been brought up.

The literature indicates that mothers who have been exposed to ACEs report a lack of role models in their lives and, consequently, expose their children to more adversities by getting involved with abusive men (DiLillo & Damashek, 2003) who do not support their partners (Herman et al., 1997). The findings of the study showed that exposure to early adversities resulted in six of the participants entering relationships with abusive and unsupportive men during their adolescence or adulthood. During their group discussion, some participants mentioned that younger people had a lack of role models in their area of residence. Amanda summarised it as follows: *"Hulle val terug op drugs, hulle val terug op drank, hulle val terug op manne, manne wat hulle gebruik" (They fall back on drugs, they fall back on alcohol, they fall back on men, men who use them)* (MM3.4: B2, 38-39). Crowell et al. (2010) point out that women who enter these relationships unknowingly reintroduce and allow a vicious cycle of ACEs in their family units. This finding was applicable in Amanda and Alicia's relationship. Amanda was involved in five romantic relationships in her life, many of which were filled with violence and abuse. She consequently exposed her daughter, Alicia, to these men, which had a negative long-term impact on their mother–daughter relationship.

As mentioned above, many of the participants were involved in violent and abusive relationships or grew up in households where their parents were divorced. Children of divorced parents are exposed to stressful situations, as their parents tend to depend more on them emotionally (DiLillo & Damashek, 2003). Parents often pressure their children to take sides between the parents, which results in the children losing valuable guidance and support from one parent (Amato & Afifi, 2006). Daphne's, Estie's, and Greta's parents were divorced. Estie was often separated from her mother, as she had to spend some weekends at her father's home. Greta was exposed to acts of violence when her mother beat her father. Fagan and Churchill (2012) point out that divorce in the household decreases a child's ability to handle conflict, as some children see that shouting, violence, and physical abuse are used to solve conflict between their parents. This finding was applicable to Estie and Greta, as these participants struggled to contain their feelings of anger during conflictual interactions with their mother and daughter. Denise's parents were never

married but was the only case in this study where the parents made the decision to engage in collaborative parenting.

Each family unit in this study was confronted with stressful life events, which included poverty, unemployment, family violence, or abuse. Early adversity informs the parent–child relationship and has an impact on the functioning of the household (Prinsloo, 2011). Children who grow up in poverty are exposed to many stressors that add strain to the parent–child relationship (McKenzie & Loebenstein, 2007). The life circumstances of the participants that were set out in Sections 4.3 to 4.9 correlate with the literature, which states that poverty is reproduced from generation to generation (Neves, in De Witt, 2016). Five mothers and three daughter participants in this study were raised in households where unemployment and poverty were present. Clarise and her husband were unemployed at the time of data generation. Candice mentioned that there were times when her family had no food to eat. Amanda and Clarise were unable to finish their schooling due to a lack of finances. Both participants were, therefore, unable to find employment with a reasonable income.

Families who experience unemployment are more prone to having dysfunctional family environments (Holborn & Eddy, 2011). This may be due to the emotional and physical demands that are faced by parents who have to provide their children with basic needs, such as shelter, food, and clothing. In families that are confronted with these stressors, the members can become more violent towards one another compared to other functioning family units (Van der Hoven, 1988). Amanda and Alicia were the only mother–daughter pair who got physical during an argument. Clarise's husband and son were involved in a physical altercation where a knife was used to stab each other. These altercations were meant to inflict pain on the other person.

Violence within the family unit is rarely discussed with people outside of the family unit. Victims of abuse fear further abuse and have concerns over their social status and safety, which prevent them from disclosing this information (Van der Hoven, 1988). Contradictory to the literature, Amanda, Alicia, and Clarise were not hesitant to share their experiences of household violence with the other participants.

248

However, Belinda was hesitant to share her family's experience of a similar incident. Belinda tried to protect her son's reputation after he had sexually assaulted Bronwyn, which contributed to Bronwyn's feelings of resentment towards her mother.

Throughout this study, it was clear that all the participants were exposed to some form of stressor, whether it was related to abuse, family dysfunction, or another form of childhood adversity (refer to Section 2.2.2.1). Unfortunately, some participants were exposed to prolonged periods of toxic stress, which put them at risk for feelings such as anger, anxiety, stress, and mental health struggles, which caused them to turn to negative coping mechanisms. According to Shonkoff et al. (2012), supportive adults can buffer the effects of stressful situations on a child's life. Five participants had a supportive adult in their life. Estie was able to rely on her maternal grandmother at the time of her pregnancy. Her grandmother invited her to stay in their home and supported her in her adjustment to motherhood. Unfortunately, the absence of a supportive adult in the lives of the remaining nine participants in this study had a negative effect on their wellbeing, which is discussed next in Section 5.3.2.3.

5.3.2.3   Sub-theme 2.3: Suppressed or unresolved trauma

In Sections 5.3.2.1 and 5.3.2.2, traumatic experiences during each participant's life were discussed. I explained the impact of household adversities on the wellbeing of the mother and daughter, and how these circumstances may have contributed to conflict within the mother–daughter relationship. Nakazawa (2015) notes that childhood adversities do not have to be severe abuse to create substantial physical and emotional changes that lead to problematic outcomes during adulthood. The mothers and daughters in this study were exposed to adverse circumstances with varying degrees of severity (refer to Sections 4.3-4.9 & Table 5.3).

As mentioned earlier, some mothers and daughters did not have a supportive adult to protect them during stressful or traumatic experiences. In most cases, these participants were unable to deal with and process the aftereffects of their ACEs. The findings of this study align with current literature, which suggests that the repercussions of an individual's ACEs are intergenerational and have adverse

effects for their own families, specifically their daughters and granddaughters (Treat et al., 2019). Some adverse effects of ACEs in this study included social and emotional issues, such as domestic violence, mental health issues, substance abuse, and chronic conflict among family members. The participants' experiences of verbal aggression in this study support Kenway and Fahey's (2008, p. 640) view that victims of ACEs have an "archive of emotions" or a collection of feelings that build up inside the body and spill over into rage or outrage. The inability to come to terms with their childhood trauma has created barriers between the mothers and daughters in this study. Many scholars agree that family dysfunction is circular in nature and will have an impact on the next generation of family members (Emmasko et al., 2010; Holborn & Eddy, 2011; Hughes et al., 2017; Metzler et al., 2016). The findings of this study supported this statement, as the effects of the mother's family dysfunction were also visible in her daughter's life.

The level of trauma experienced by the mothers in this study had a significant impact on their relationships with their daughters. Mothers who are unable to process their childhood trauma tend to display poor parenting behaviour during their daughters' childhood (DiLillo & Damashek, 2003). Alicia, Denise, and Estie reported that they had repeated their own mothers' parenting behaviours. The level of trauma experienced by a mother further has a significant impact on her ability to assist her daughter with her experiences of trauma (Emmasko et al., 2010). Amanda was never able to process the trauma she experienced when her son died, which led to her absence during Alicia's childhood. Clarise and Felicity never experienced the feeling of a loving and present mother, which influenced their ability to form a connection with their own daughters. In contrast, three of the mothers in this study used their own experiences to support and encourage their daughters during stressful times. For example, Daphne's experience as a single parent helped Denise to cope after her divorce. All seven of the daughters in this study were, therefore, presented with various levels of support and made use of coping mechanisms that were available to them at the time.

Baumeister and Bushman (2011) define "coping" as a general term that is used to describe how people deal with adverse experiences and then go back to their everyday lives. This includes efforts that are made to alter the situation or control

250

emotional responses when faced with a problem (Birditt et al., 2009). According to Birditt et al. (2009), girls become more independent in their adolescent years and, therefore, use different coping strategies during conflictual interactions. The coping strategies that were used by the participants are in line with the categories of coping behaviours provided by Eschenbeck et al. (2018), namely problem solving (strategies used to address the stressful situation), avoidant coping (strategies used to distract from the stressful situation), anger-related coping (externalising behaviour, such as anger), social support (emotional efforts to adjust to stressor), and electronic media (indirect strategy not focusing on the stressor).

Seven of the participants reacted proactively by using active problem-solving methods during conflictual interactions. An example of one of these methods was when Greta mentioned that she and Gugu had chosen to avoid particular topics of discussion in order to minimise their conflict. I noticed that six of the seven daughters in the study used several strategies to avoid conflict with their mothers. Examples of this behaviour included daughters who isolated themselves in their bedrooms and daughters who physically ran away during conflictual interaction. The mothers of these daughters were more willing to address the conflict than their daughters. All 14 participants in this study used anger-related coping methods. All seven mother–daughter pairs reported that verbal aggression was present during their conflictual interactions.

The importance of a mother's or daughter's social support network was noticeable throughout this study. Support from peers or family members can play an important role when the relationship between a parent and child is strained (Call & Mortimer, in Falci, 2006). All 14 participants mentioned that they received assistance from family members, close friends, or organisations within the community. Each participant needed this support, as the mothers and daughters did not necessarily receive such support from each other. An interesting observation that was made was that the mother and daughter participants were willing to support other female friends or family members during stressful times but were emotionally unavailable to their own mothers or daughters.

The results of this study suggest that most individuals will be exposed to some form of adversity throughout their lives. The 14 mothers and daughters in this study each experienced adverse circumstances, with varying degrees of severity. At the time of the adverse event, each mother or daughter was faced with a unique and challenging set of circumstances. Not all the participants came to terms with their childhood trauma. It is my assumption that if these participants had received the appropriate support during their times of need, they might have been more prepared for the difficulties that they experienced later in life.

5.3.3 Theme 3: Familial relationships

In this section, I discuss the findings related to the importance of the family system within the conflicted mother–daughter relationship. Each sub-theme offers important insight into the unique dynamics of each family system that was represented in this study. The first sub-theme contains a discussion on the role that extended family members played in the lives of these mothers and daughters. Next, the impact of the father's absence in the household is explained. This section is concluded with a discussion of the role that substitute primary caregivers played in the participants' lives, and the impact of this living arrangement on the mother–daughter relationship.

5.3.3.1 Sub-theme 3.1: Extended family

When discussing the influence of the extended family on the dynamics of the mother–daughter relationship, one needs to consider the unique context of the family structure in South Africa. In Section 2.4.1, I described the different types of family structures in South Africa (refer to Table 2.3). As mentioned in Section 5.3.2.2, the range of families in this study reflected current literature on the constitution of modern families, namely two single-parent families, two nuclear families, two reconstituted families, and one same-sex marriage.

A family member, in relation to a child, refers to any individual who has parental rights or responsibilities towards the child (Boss et al., 2016; *South African Children's Act*, 38 of 2005). Extended family members, such as grandparents, aunts, uncles, cousins, nieces, and nephews, were included in this study. In addition, non-biological members were included as well, for example friends and in-laws. I included these

252

members of the participants' families due to their close relations to the mother or daughter. The retrospective method of data analysis allowed me to identify the influence that family members had on each mother–daughter relationship since childhood. The collected data provided a clear timeline of past events that contributed to the current state of each mother–daughter relationship.

The literature shows that the cultural beliefs of mothers and daughters determine their level of closeness to extended family members (Lefkowitz & Fingerman, 2003; Rastogi & Wampler, 1999). Another observation that was made was that a family's cultural beliefs influenced the members' view of coping strategies. The families represented in Cases A, C, D, and E focused on interdependence among family members during crises and stressful situations. The families represented in Cases B, F, and G did not rely on their extended families much and were focused on solving family issues by themselves. Due to socioeconomic circumstances such as poverty and unemployment, some mothers were obliged to ask extended family members and friends for help. Unemployment and poverty result in the inability of parents to provide for their children's basic needs, such as shelter and enough food to eat (Department of Education, 1997). Poverty was present in four households in this study (refer to Section 5.3.2.2). The four mothers in these households were highly dependent on family members when their daughters were born. Some mothers relied on extended family members to raise their children (refer to Section 5.3.3.3), while other mothers and daughters were dependent on the monetary contributions and social support of family members. The findings of this study, therefore, affirm the notion that attachment between family members goes beyond the sharing of a physical residence (Amoateng et al., 2015) and may include, for example, emotional support during crises and assistance in childrearing.

Some families are more likely to be confronted with conflict situations, as the quality of the mother–daughter relationship is heavily affected by the changes that the family unit endures (Yu et al., 2010). The dynamics of some family units in this study were affected by adverse circumstances, as well as favourable circumstances. Felicity and Greta raised their children in more affluent socioeconomic household circumstances. Both mothers could spend more time with their children during their childhood and were not dependent on their extended family members for assistance and financial

253

support. Although Felicity and Greta did not experience any financial hardship, their families were confronted with other challenges that increased the level of conflict they experienced with their daughters, for example the death of Felicity's husband, and Gugu's adoption.

Families undergo many states of transition, as members of the family move through the developmental stages of life, such as marriage, birth, divorce, and death (Ross, 2021) (refer to Section 5.3.1.1). The families that were represented in this study were no different. The various data generation methods allowed me to identify transitional periods that were significant to the development of the mother–daughter relationship. The participants' extended family members played an important role during these times.

According to Kim et al. (2019), intergenerational ties among family members have a positive impact on the adult's emotional and physical wellbeing, as well as other positive outcomes across their lifespan. The participants in this study were faced with a number of obstacles throughout the different developmental stages of their mother–daughter relationships. Extended family members serve as a source of social support for mothers and their daughters (Sadler & Clemmens, 2004). Families who live close to one another have shared resources (Jaga & Bagraim, 2017) and can help one another in case of emergencies. The participants from all seven cases reported that they relied on their extended family members for support and guidance. In some cases, proximity to extended family members was a determinant of the level of assistance provided. Examples included family members who shared a home, grandmothers who provided childcare, financial assistance, and emotional support.

The literature states that the contact between a mother and her daughter is increased when the daughter gets married and has her own children (Amato & Afifi, 2006). However, the results from this study were different. The contact between Denise and her mother, Daphne, decreased throughout Denise's marriage. Denise was involved in an abusive marriage and wanted her mother to believe that she was a good wife who was independent from her parents. It was only after the domestic violence worsened that Denise disclosed the details to her mother. Daphne was able to spend more quality time with her grandson after Denise's divorce. In Greta's case,

254

all forms of contact and interaction were ended between mother and daughter when Greta entered a same-sex marriage. Greta's mother disapproved of her daughter's relationship and interracial adoption. In the process, mother and daughter grew distant from each other. Greta never spoke to her mother again.

Throughout their lives, daughters are continuously introduced to and challenged with new roles and functions that they must master, cope with and adapt to (De Witt, 2016). As mentioned earlier, the family structure and cultural beliefs of each individual case determined the level of support that was received from extended family members. The seven daughters in this study were exposed to a different family culture compared to their mothers and grandmothers a few decades earlier. Many participants in this study were able to rely on their mothers, daughters, or family members in times of need who were willing to assist them despite strenuous relations. However, the findings of this study are also aligned with the outcomes of Fingerman's (1998) seminal research which found that continuous conflict and tension between some mothers and daughters had an impact on the larger family's willingness to assist them. Individuals in their inner circle were reluctant to provide support to mothers and daughters when they felt that their presence was not appreciated or valued.

5.3.3.2   Sub-theme 3.2: Absent fathers and unavailable mothers

Throughout the literature, scholars agree that a father's presence in the household is advantageous to his spouse and children (Louw, 2009). Fathers have an important influence in every stage of a child's development (Brouillard et al., 2019; Cabrera et al., 2014). As explained in each participant's background, some fathers in this study were, to some extent, absent for big parts of their daughters' lives (refer to Sections 4.3-4.9). Their absence can be attributed to a variety of social issues, such as child abandonment, divorce, substance abuse, or a general disinterest in the child's life. The fathers of three participants had passed away before the participants turned 15, and four divorces were documented during the data generation.

Within the context of this study, there may be other explanations for the absence of fathers. The fathers of two participants were uninvolved since their birth and failed to

© University of Pretoria

pay child support; three participants were separated from their fathers due to divorce; two participants' mother and father were never married; and three participants did not receive any financial support towards their children's upbringing. Even though the fathers of these participants were absent in the family home, they often made contact with or visited their daughters on occasion. Falci (2006) states that a father's untimely and sporadic involvement is insignificant and has no impact on the child's life. This was only partially true for the participants in this study. Although some fathers were mainly absent in the family home, their daughters still appreciated their presence and some daughters spoke of their fathers with admiration.

Father absence is associated with many adverse effects for the family system. The findings of this study showed that, in most cases, the mothers took on the sole responsibility of raising their daughters. The mothers in this study were put under a lot of pressure, being the main breadwinner and taking responsibility for the discipline of the children, while also managing the day-to-day tasks of the household. Even though Amanda, Daphne, and Elise were physically present in the family home, suppressed and unresolved trauma affected their parenting and emotional availability to their daughters – Alicia, Denise, and Estie (refer to Section 5.3.2.3). According to Abundance No Limits (2023), mothers who are unable to process their childhood trauma may be unable to provide their children with the warmth, care, and attention they need. This phenomenon was observed in three cases in this study, where mothers were physically present but emotionally unavailable to their daughters. Amanda was mainly preoccupied with the emotional effects of her own ACEs when Alicia needed her emotionally. Daphne and Elise raised their children as single parents, which left them focused on providing for their children's physical needs, often neglecting their emotional needs. These three mothers were emotionally distant and failed to provide their daughters with the closeness and care they needed at the time.

The physical absence of their fathers and the emotional absence of their mothers had detrimental effects for Alicia, Denise, and Estie. The emotional unavailability of the mother figure led to a weak foundation of parental effect for these three participants (refer to Section 2.3). These daughters felt unsupported, and it had a

cumulative negative effect on their emotional development. Alicia had to take on responsibilities for which she was not ready, such as leaving school at the age of 17 to gain an income. Estie felt emotionally neglected and experienced a lack of support and comfort after her parents' divorce. The effect of detachment from their parents had a lasting effect on these participants' wellbeing and perception of their relationships with their mothers.

The father's absence may also have contributed to elevated levels of conflict between the mothers and daughters in this study. Jaramillo-Sierra et al. (2016) aver that girls prefer to express their anger towards their mothers compared to their fathers, as their fathers hold the position of authority in the household and their reactions are unpredictable. The data from this study confirm these findings. The absence of their fathers meant that the daughters in this study expressed their anger and frustrations to their mothers, as they were predominantly responsible for their daughters. Under normal circumstances, a supportive husband or partner would have been able to buffer these mothers from the demands of being a single parent. Consequently, father absence may have contributed to behavioural problems in five of the cases in this study. Alicia worked as a bartender in a night club at the age of 17 and was exposed to behaviour that was not fit for a teenager. Alicia abused alcohol with her friends. Bronwyn's father was physically present in the family home and failed to provide emotional support. Bronwyn engaged in high-risk behaviour such as substance abuse and sexual promiscuity during her adolescence, which resulted in a pregnancy scare. Denise's rebelliousness in class during her high school career resulted in her being expelled from school. Estie's strict upbringing, her father's infidelity, and her parents' divorce resulted in her involvement with Eugene, which led to her pregnancy. The death of Frances's father brought about many changes in their family dynamics. The weight of her responsibility towards the family business resulted in Frances's choice of negative coping behaviour; she smoked marijuana and befriended people who had a negative influence on her.

Ratele et al. (2012) state that it is not only biological fathers who can be "there" for their daughters, but also social fathers who can be male role models or father figures who play a significant role in the daughter's life. This is applicable to the findings in this study, as some participants were raised by members of their extended family,

257

where they grew attached to a male member in the home. For example, Amanda was raised by her aunt and uncle, whom she loved dearly. Felicity's maternal uncle moved into their home and assisted her mother in raising her and her siblings after her father's death. Individuals may, therefore, attach different meanings to fatherhood, as it is dependent on several factors (Ratele et al., 2012), which may be important to consider in the South African context.

As mentioned in Section 2.4.1, the nuclear family is no longer regarded as the norm in South Africa. Various social and socioeconomic factors influenced the constitution of family structures in this study. The wide variety of cultural beliefs and orientations also influenced each participant's and family's view of the structure and dynamics of their family. As mentioned earlier, the families in this study reflect the current literature on the constitution of modern families, that is, two single-parent families, two nuclear families, two reconstituted families, and one same-sex marriage. Some of the daughters in this study were exposed to different family structures compared to their mothers. As mentioned previously, the mothers and daughters in this study, therefore, had to connect from a place of difference, as they had been exposed to assorted variations of the role of each family member. For example, Greta was raised in a nuclear family where her father and mother were present until her father's departure at age seven. Gugu was raised by her two mothers who were in a same-sex marriage. The conflict between Greta and Gugu may have been influenced by Greta's personal ideas and convictions about Gugu's conformity and nonconformity to the role of the mother and child within the household.

The physical absence of fathers within the family home was evident in this study and may have contributed to many aspects related to the conflict between the participating mothers and daughters. In three cases, the added stress of their mothers' emotional absence contributed to the levels of conflict between mother and daughter. The absence of the father within the household, as well as the emotional absence of the mother in some cases, forced different responses from each participant.

5.3.3.3   Sub-theme 3.3: Substitute primary caregiver

In Sections 4.3 to 4.9, I described each participant's life story and the contextual factors that had a major impact on the family dynamics. The participants in this study represented a variety of different family structures that represent the diverse nature of families in South Africa (refer to Section 2.4.1), namely two single-parent families, two nuclear families, two reconstituted families, and one same-sex marriage.

Some children grow up in "skip-generation" households where they are raised by extended family members due to the absence of their biological parents (Holborn & Eddy, 2011, p. 6). According to the data of this study, four mothers grew up in such skip-generation households. At the time, their mothers experienced personal circumstances that left them unable to raise their daughters themselves. Alicia, Belinda, Clarise, and Daphne were raised by aunts, grandmothers, and family friends who acted as substitute primary caregivers.

The four participants who were raised by substitute primary caregivers were unable to establish a secure attachment with their biological mothers (refer to Section 2.3). Pritchett et al. (2013) argue that children who experience a disrupted attachment during childhood may be at risk for developmental difficulties, such as a lack of self-esteem, poor emotional regulation, difficulty establishing relationships with peers, and a lack of empathy. The disrupted attachment that Alicia, Belinda, Clarise, and Daphne experienced with their mothers may have influenced their ability to regulate their emotions and establish secure relationships with peers and may have compromised their parenting behaviour. However, Alicia and Daphne were able to form a close bond with their aunt and grandmother respectively, which assisted them in the transition to their mothers' homes. Thus, they ensured a secure bond with a primary caregiver, even if it was not the biological mother.

Alicia and Daphne were sent back to live with their mothers during their early adolescence, which required them to form a bond with their mothers after spending more than 10 years apart. The timing of their return to their biological mothers' homes damaged the mother–daughter relationship even further, as conflict between parents and their children is at its highest in the early adolescent phase. In some cases, the daughter was faced with a different set of household circumstances than

259

what she had been used to. For example, in Alicia's aunt and uncle's home, she received motherly love and affection, while in her mother's home, she was faced with an abusive stepfather. This transition was a traumatic experience for each of the daughter participants. According to Louw, Louw et al. (2007), an adolescent girl develops her independence and autonomy during this developmental period. As she establishes her autonomy and struggles to separate from her mother, her mother experiences a sense of loss when the daughter's independence causes them to drift apart (Miller-Day, 2012). However, the findings of this study contrasted with those of the literature. Due to various adversities within the participants' lives, Alicia and her mother sought two different outcomes at this stage: Alicia had a deep desire to reconnect with her mother; however, it seems that Amanda embraced her daughter's independence and the increased emotional distance between her and Alicia, as she was unsupportive and failed to give her daughter affection and motherly love. Alicia was, therefore, left to fend for herself and made the decision to leave her mother's home. At the same time in Clarise's life, she made a similar decision to leave her aunt and uncle's home. Both Alicia and Clarise went to live with their cousins. Their decision to leave had negative implications for their lives, as they failed to finish their schooling.

The four daughter participants who were raised in skip-generation households were forced to move between several places of residence in their formative years. As mentioned earlier, these daughters were separated from their biological mothers and often separated from their substitute primary caregivers as well. This separation may have had a negative impact on their mental health, as they were exposed to inconsistent behaviour in terms of parenting characteristics, parental love, and affection, acceptance, and understanding. Alicia and Clarise were very young at the time when they were separated from their mothers. Their limited understanding may have caused them to believe that their mothers would return shortly, which was not the case. In Clarise's case, the separation from her mother was accompanied by the presence of an unaffectionate and cold substitute primary caregiver, which increased her mistrust, insecurity, and need for more protective caregiving.

In Section 5.3.2.3, the implications of unprocessed and unresolved trauma for mother–daughter relationships were discussed. All the participants in this study were

exposed to some form of ACE during their lives. The absence of a supportive adult during their childhood or adolescence had serious implications for participants such as Alicia, Belinda, Clarise, and Daphne. The absence of their biological mothers created emotional barriers between them and their mothers, as some of these absent mothers were unable to compensate for lost time and mistakes made. Although some of the mothers had no other choice than to leave their daughters in the care of an extended family member or friend, Alicia and Clarise still viewed these decisions as abandonment and rejection by their mothers. Their mothers made no effort to reconnect with them, which contributed to continuous rigid interaction between them and their mothers (refer to Section 5.3.1.3).

5.3.4 Theme 4: Critical life events

Critical life events are events in any individual's life that requires major adjustment and changes to his or her everyday life. In this section, I discuss the effect that the death of a loved one had on the participants in this study.

5.3.4.1 Sub-theme 4.1: Death of a close relative or caregiver

Throughout this chapter, I have described the link between the context of each mother and daughter's background and the long-lasting effect ACEs had on their relationship. The participants in this study each experienced adverse circumstances, with varying degrees of severity. Boss et al. (2016) describe family stress as any event that creates "a disturbance in the steady state of the family" (p. 2). One of the most stressful life events for the families in this study was the death of a close family member or caregiver.

The data showed that seven participants lost one or both of their parents, three participants lost one of their grandparents, one participant lost an uncle, one participant lost a child, and one participant lost her life partner (refer to Sections 4.3-4.9). It is important to consider that the death of these individuals was not in isolation from other ACEs in the lives of the participants and often occurred at a critical developmental time in the mother's or daughter's life. For example, Amanda, Belinda, and Felicity all were very young at the time of a parent's death. These participants experienced a range of emotional and behavioural reactions following

261

the death of their loved one and made use of a variety of coping resources. Considering the coping resources that were available to each participant, it is important to take into account the family structures of Amanda, Belinda, and Felicity. The findings of this study showed that families who were financially secure and had an additional support structure, such as extended family members, found it easier to adjust and make the necessary changes after the death of a loved one. Amanda's and Belinda's coping resources were limited after the death of their parents. Amanda's family was faced with additional challenges due to severe poverty, and Belinda had no extended family members or financial resources available to her. Meanwhile, Felicity's family was financially taken care of after her father's death, and the family received emotional support from their extended family members.

Shonkoff et al. (2012) state that a supportive adult can buffer the effects of tolerable stress by providing a child with adaptive coping methods; however, the absence of a supportive adult during toxic stress may have long-term effects for the child. The accumulation of ACEs and prolonged exposure to toxic stress left the participants in this study emotionally vulnerable due to the absence of a supportive parent (refer to Section 5.3.2.3). The participants affected by loss were unable to grieve due to adverse household circumstances to which they had to adapt (refer to Sections 4.3-4.9). DiLillo and Damashek (2003) and Hooper (2007) point out that role reversal or "parentification" takes place in some households where ACEs are present, which means that the child takes on the responsibilities of the adult. This phenomenon was observed in two households in this study. Amanda took care of household duties and cared for her ill mother after her father's death, and Felicity assisted her mother with her younger siblings and general household tasks after her father's death. In some cases, the parents of these participants were also unable to help their children to successfully process the trauma (refer to section 5.3.2.3), as they had to contend with their own feelings of grief and loss. Unresolved and unprocessed feelings of sadness and grief caused these mothers and daughters to avoid some of their emotions, which had a negative impact on their future relationships.

The affected participants' bereavement period was cut short by ongoing ACEs that were present throughout their childhood and adulthood. The lack of a supportive parent or attachment figure in a child's life results in their building up their emotions

262

(Jaramillo-Sierra et al., 2016). By not expressing their emotions, their feelings of grief manifested in anger. The buildup of feelings was a means of expressing the emotions that were brought on by the sense of loss. If the relationship with the parent is already strained at the time of the stressful situation, the child will avoid communicating with his or her parents, which gives rise to more conflict (Barker et al., 2007). Belinda lost her mother at an early age, which meant that she had no supportive figure throughout her life. She was unable to rely on her father who sexually abused her since childhood. Belinda, therefore, had no supportive adult in her life who was able to support her after her mother's death.

The results from this study correlated with Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress that served as the theoretical framework for the study (refer to Section 2.7). Boss (in Dollahite, 1991) notes that the context of each individual or family is important, as it determines the family's view of events that they regard as stressful. Stressful situations are inevitable in any family. Each family and participant in this study perceived their ACEs and the death of their loved ones differently and adapted according to the different coping resources that were available to them at the time.

5.3.5 Theme 5: Motivation to rekindle relationship

In this section, I discuss the unique bond that exists between mothers and their daughters. The findings of this study confirmed that each mother–daughter pair was faced with multiple adversities that had different outcomes for each relationship.

5.3.5.1   Sub-theme 5.1: Mother as refuge

The literature affirms that the relationship between a mother and her daughter is one of the most intimate, emotionally intense, and long-lasting relationships that any daughter will have in her lifetime (Mesidor & Maru, 2015; Miller-Day, 2012; O'Neil & Case, 2012; Pickering et al., 2015; Suitor & Pillemer, 2006). This relationship serves as the basis from where the mother models the role of a mother and a woman, and the daughter, therefore, relies on this relationship with her mother as a source of knowledge and understanding of what is expected from her in these roles (O'Neil & Case, 2012). Each mother–daughter relationship follows a different developmental

263

cycle, as mutual exchanges cause them to take turns in taking care of each other (Mottram & Hortaçsu, 2005).

As a daughter has her first, most compelling relationship with her mother, they are connected physically and emotionally since birth (Mottram & Hortaçsu, 2005; Shapiro, 2006). Scholars agree that the connection between mothers and daughters is strengthened due to shared gender experiences, such as raising children, displaying motherly love, marriage, pregnancy, and childbirth (Mottram & Hortaçsu, 2005; Shapiro, 2006; Smith et al., 1998; Suitor & Pillemer, 2006). The findings of this study confirmed that both the mother and daughter participants viewed their relationships as important, despite multiple challenges throughout the course of their relationships (refer to Sections 4.3-4.9).

The collected data showed that mother–daughter relationships experience heightened levels of conflict and disagreements during the transitional stages of the daughter's development. The relationship between a mother and daughter continues throughout their lives but changes over time, as both the mother and daughter age and grow accustomed to different roles within their relationship (De Witt, 2016; Louw & Louw, 2007a). Shawler (2004) states that mothers and daughters mature into new roles during these transitional stages, as developmental experiences during each stage bring about maturity in their separate roles. Adaptations had to be made by both the mothers and daughters in this study, as each developmental stage brought forth new challenges in their relationship, for example the daughter's transition from adolescence to adulthood, the daughter's marriage and motherhood, and the mother's transition from mother to grandmother (refer to Section 5.3.1.3).

Within the context of this study, some shared experiences initially drove the mothers and daughters away from each other. Daphne was a single parent, and her daughter Denise was divorced. Elise had a teenage pregnancy, and her daughter Estie became pregnant at age 21. In these two cases, adverse circumstances forced mother and daughter to re-evaluate their relationship. Both Daphne and Elise played an important role in the reconciliation with their daughters, realising that they had to put aside their differences to support their daughters and be part of their grandchildren's lives. Both mother–daughter pairs grew closer to each other during

© University of Pretoria

this time. The data from Denise's and Estie's cases confirmed Mottram and Hortaçsu's (2005) finding that daughters develop empathy for their mothers when they have their own children, as they are faced with the same challenges that their mothers had to overcome, namely raising their daughters as single parents.

The findings of this study support the current literature that all women within a family system broaden the idea of motherhood by including other women in the act of raising their children (Sterk & Deakins, 2012). In times of crisis, extended family members can act as role models for other women by conveying a sense of strength and determination (Shawler, 2004). In Sections 5.3.1.1, 5.3.1.2, and 5.3.2.2, I discussed the mothers in this study who relied on friends and extended family members for assistance and guidance in raising their daughters.

Miller-Day (2012) avers that a daughter needs to identify with her mother to accept the adult female role throughout her life. Herrera (in Sterk & Deakins, 2012) argues that a daughter can only build her sense of self if she knows where she comes from and from whom, namely her mother and grandmother, who also experienced these developmental transitions. Within the context of this study, one also needs to consider substitute primary caregivers, such and grandmothers and aunts. As mentioned in Section 2.2.6, daughters do not necessarily want to be like their mothers. Multiple daughters expressed this concern throughout the data generation process. When asked about the similarities she had with her mother, Bronwyn replied, *"Ek het geen idee nie" (I have no idea)* (SSI: B2; 141). Interestingly, all seven daughters were quick to respond when they were probed about the differences between them and their mothers. This is contradictory to the literature and shows that the daughters in this study did not want to be seen as "extensions of their mothers" (Miller-Day, 2012, p. 91). The daughter participants in this study identified with their mothers but wanted to be seen as unique individuals whose personalities and character traits had evolved over the course of time.

The transitions throughout the mother–daughter relationship pose many challenges that result in conflict, but the tie between mothers and daughters remains strong throughout all stages of life (Fingerman, 2002). It is, therefore, understandable that mothers and daughters feel safe to express their anger and disapproval, as they are

sure that the other will not leave the relationship (Fingerman, 1998). The seven mother–daughter pairs in this study were each faced with a different set of challenging circumstances, but no participant expressed the need to sever ties with their mother or daughter. A variety of adverse circumstances influenced the quality of the relationship between mothers and daughters in this study and will continue to obstruct the normal cycle of the development of their relationship if they are not properly addressed (refer to Section 5.3.2.3).

On both sides of the mother–daughter relationship, mothers and daughters want to love and be loved by the other person (Sterk & Deakins, 2012). Each of the participants in this study had a unique and irreplaceable history in her relationship with her mother or daughter. In most cases, it became clear that the conflict and disagreements between the mothers and daughters were often attempts to connect or reconcile with the other person. During the group discussion in the Mmogo method, Alicia gave her mother, Amanda, recognition for supporting her and her three daughters, despite the extreme levels of conflict in their relationship. She said, *"Ek glo dit is my ma wat my nog staande hou en dat ek sterk is soos wat ek is" (I believe it is my mother who has kept me standing and strong as I am)* (MM3.1: A2; 261-262). This statement proves that closeness and conflict often go hand in hand in mother–daughter relationships. Throughout the collection of data, no mother or daughter in this study expressed the need to end her relationship with the other person, despite the severity of the conflict, disagreements, and unsolved emotional issues.

5.4 Summary of the link between the findings and the main themes and sub-themes of the study

In Section 5.3, I discussed the relationship between the current literature on the dynamics of conflicted mother–daughter relationships and the results of this study. The main themes and sub-themes that were identified (refer to Table 5.1) emerged from the data that were analysed and presented in Chapter 4. It became clear that all seven of the mother–daughter pairs in this study experienced unique circumstances that had different consequences for each relationship. In some cases, the circumstances impaired the relationship from following its normal cycle of

266

development. The main themes, namely the origin or source of conflict, childhood adversities, familial relationships, critical life events, and the motivation for the relationship between mother and daughter, assisted me in considering the unique circumstances that led to the current state of their relationship. The sub-themes allowed me to explore each relationship in further detail. In this section, the relationship between the main themes and sub-themes and the findings of this study is discussed.

As mentioned earlier, most research on mother–daughter relationships focuses on normal relationships, rather than explicitly problematic ones (Pickering et al., 2015). The focus of this study was, therefore, to explore the phenomenon of the conflicted mother–daughter relationship in the unique South African context, specifically in terms of the role of conflict and disagreements. By using a retrospective lens, I was able to collect data from childhood to adulthood that shed light on experiences that might have contributed to each participant's perception of the nature of the relationship.

The data from this study showed that each mother–daughter relationship in this study was unique and should be considered against the context of each family's background (refer to Sections 4.3-4.9). The findings across the cases showed that all the participants were exposed to ACEs of varying degrees throughout their childhood and adolescence. These ACEs had a significant impact on each participant's life. Due to a variety of adverse living circumstances, some participants were unable to process and come to terms with their childhood trauma. In most cases, the mothers of this study were faced with their own adversities during their daughters' formative years, which led to instability in their daughters' lives, as they were raised by substitute primary caregivers. At the time, these mothers were emotionally unavailable to their daughters, which resulted in an insecure attachment between mother and daughter. As a result, the daughters developed feelings of resentment towards their mothers, as they felt neglected and unworthy of being loved.

Due to the lack of attachment, the mothers in this study did not provide their daughters with a safe space where they felt comfortable to share their most personal feelings. In some cases, the daughters formed attachments with substitute

caregivers who were not their biological mothers. All the participants were faced with stressful situations during their lives but failed to find the support they needed in their relationships with their mothers or daughters. In most cases, this support was provided by extended family members or friends. Rigid forms of interaction and negative patterns of communication were formed over the course of their relationship, which led to increased emotional distance between the mothers and daughters.

However, each participant in this study had a unique relationship with her mother or daughter, and in most cases, the conflict and disagreements were often attempts to reconcile with the other person. The findings of this study showed that no mother or daughter expressed the need to sever ties with the other person, despite heightened levels of conflict in their relationship. The relationship between the findings and the main themes and sub-themes is visually presented below in Figure 5.1.
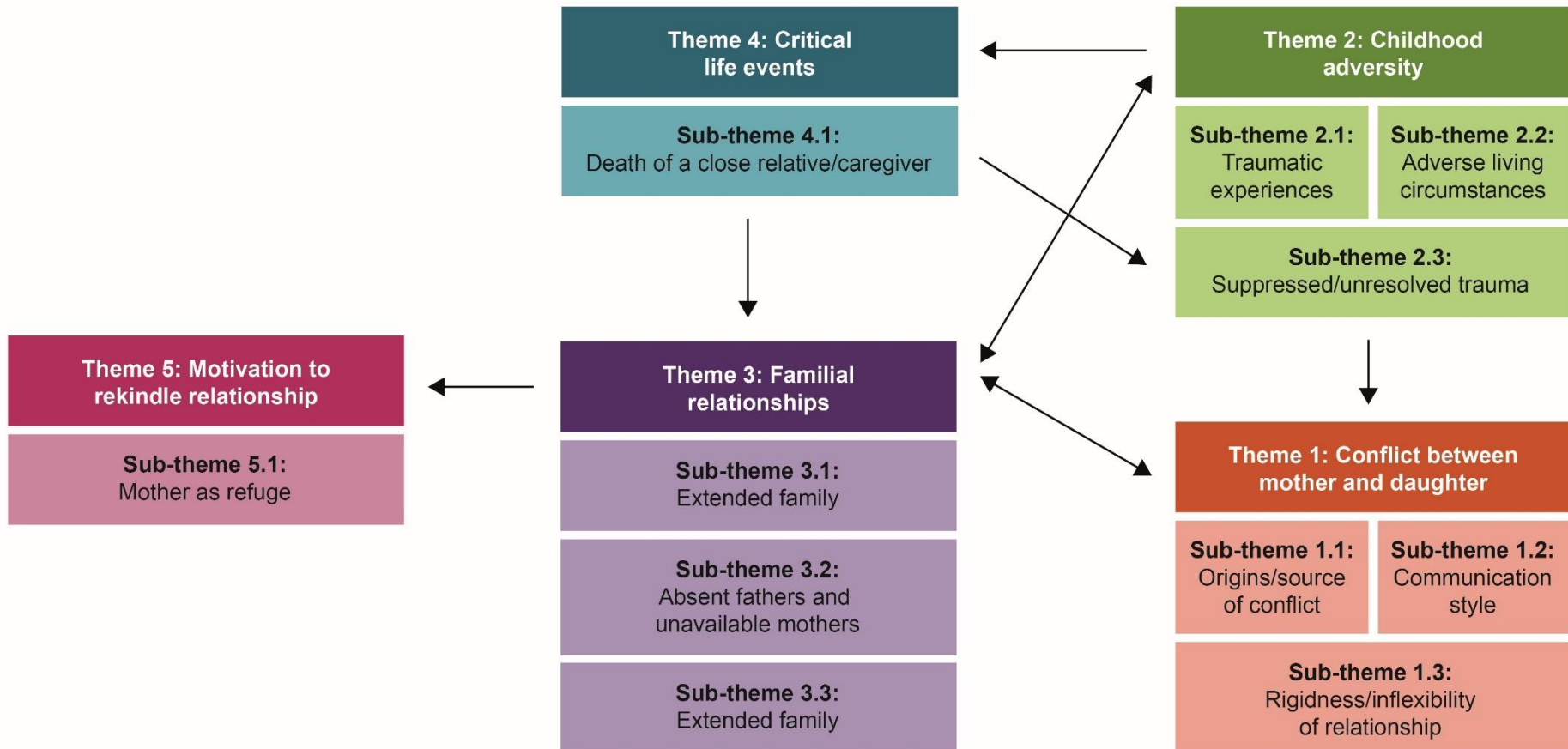
Figure 5.1: Visual presentation of the link between the findings and the main themes and sub-themes of this study

Figure 5.1 is a visual presentation of the link between the findings and the main themes and sub-themes of this study. Firstly, the figure shows that Theme 1 (conflict between mother and daughter) and Theme 2 (childhood adversity) are directly linked to each other. The context of each participant's background was different, but all the participants experienced some form of ACE that had a direct impact on the quality of attachment with their mothers or daughters. The ACEs that were documented in this study included abuse (physical, emotional, and sexual), substance abuse by family members, and parental neglect. Adversities that were present in the mothers' lives prevented them from preparing their daughters for the stressful situations in their lives. Negative patterns of communication were formed over time, which led to rigid, inflexible interaction between the mothers and daughters.

Theme 2 (childhood adversity) involved all childhood adversities, including traumatic experiences from childhood through adulthood, as well as adverse living circumstances that had lifelong implications for each participant's ability to process and come to terms with her childhood trauma. Due to a lack of role models and supportive adults in their lives, most of the participants suppressed their childhood trauma, resulting in compromised parenting behaviour and diminished mental health. Themes 2 (childhood adversity) and 3 (familial relationships) are, therefore, linked, as the participants relied on extended family members and close friends to support them during stressful situations. In the case of Sub-theme 3.2 (absent fathers and unavailable mothers), I am of the opinion that absent fathers and unavailable mothers can be regarded as an ACE, as these parents were unable to provide their children with the necessary parental support to cope with stressful situations.

Theme 3 (familial relationships) represents the individuals in each participant's life who provided support and guidance to the participant. The participants in this study mentioned that they relied on extended family members and close friends during times of need. These individuals assisted the participants in childrearing, made financial contributions to the participants, and provided emotional support during and after conflictual interaction between the mothers and daughters. As mentioned earlier, absent fathers and unavailable mothers led the participating daughters to develop feelings of resentment that made them feel unworthy of being loved. The

accumulation of neglect and receiving no support rendered some daughters incapable of coming to terms with their childhood trauma.

Theme 4 (critical life events) represents critical life events in each participant's life, specifically the death of a close relative or caregiver. This theme is linked with Sub-theme 2.3 (suppressed or unresolved trauma), as the accumulation of additional adversities affected the grieving process of some participants, which resulted in suppressed and unresolved trauma. This theme is also linked with Theme 3, as the participants relied on family members and close friends during stressful situations.

Lastly, the figure shows the link between Themes 3 (familial relationships) and 5 (motivation to rekindle relationship). The close relationships between the participants and extended family members or close friends played an important role in the reconciliation between the mothers and daughters in this study. The findings from the collected data showed that the bond between the mothers and daughters was strengthened due to shared gender experiences and the daughters' identification with the female role. Adversities that were present throughout their relationship hindered the normal cycle of development of their relationship. However, despite severe challenges in terms of conflict and disagreements, all the mother and daughter participants displayed a sense of commitment towards each other. I made the observation that conflictual interaction was often an attempt by a mother or daughter to reconcile and connect with the other person.

5.5 Summary

In Chapter 5, I presented the main themes and sub-themes and compared the existing literature to the data generated in this study. I was able to identify findings from the literature on conflicted mother–daughter relationships that supported the findings from the generated data, as well as studies that contradicted the findings from the data in this study. The seven cases differed from each other and provided me with insightful data on the dynamics of the conflicted relationship between each mother and daughter. Furthermore, some trends were identified throughout each case that were unique to the conflicted relationships between the mothers and daughters. The findings indicated that adverse contextual factors in each

participant's childhood had a major impact on the dynamics of her mother–daughter relationship. The various developmental stages of the relationship were central to their conflict and had an impact on the way the participating mothers and daughters responded to arguments and disagreements. A visual presentation was used to display the link between the findings and the main themes and sub-themes of this study and will be discussed in further detail in the next chapter.

Chapter 6 provides a summary of the research findings by answering the main research question and the secondary research questions. Furthermore, the research limitations and recommendations for future research are discussed.

Chapter 6: Summary, conclusions, and recommendations

6.1 Introduction

In Chapter 5, a comparison was made between the existing literature and the findings of this study. The similarities and differences between the current literature on conflicted mother–daughter relationships and the findings allowed me to identify trends and themes that were unique to this study. These findings are summarised and discussed in the following section.

In the final chapter of this thesis, I provide an overview of the chapters in this study. I then provide a summary of the key literature findings, followed by the answers to the secondary and main research questions. The possible limitations of this study are discussed as well. The chapter is concluded with recommendations to parents and early childhood teachers, as well as concluding reflective remarks about my research journey.

6.2 Summary of chapters

In this section, a short overview of each chapter in the thesis is provided.

In **Chapter 1**, I discussed the background information relevant to this study. The research rationale and main and secondary research questions that guided the study were discussed. Concepts that are relevant to conflicted mother–daughter relationships were clarified. The preliminary literature review provided an introductory overview of the dynamics of the conflicted mother–daughter relationship. Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress which served as the theoretical framework for this study was briefly discussed, along with the methodological considerations that were implemented. The four data generation strategies were mentioned. The chapter was concluded by listing the criteria that were used to ensure trustworthiness and the ethical measures that were considered.

Current and past literature on conflicted mother–daughter relationships were reviewed in **Chapter 2**. The significance of the mother–daughter relationship in the South African context was explained, where families are confronted with adverse living circumstances. The impact of ACEs on the mother–daughter relationship was

273

discussed, followed by the various modes of communication between mothers and daughters. I also explained the importance of the transitional stages in the daughter's development and the significance of the quality of attachment between mothers and their daughters. Thereafter, family structures that are unique to the South African context were reviewed. The literature review was concluded with the possible sources of conflict and disagreements in the mother–daughter relationship. Lastly, the choice of theoretical framework was justified against the contextual backgrounds of the participants in this study.

In **Chapter 3**, the research methodology that guided this study was set out. An in-depth look at the selected research paradigm and research design was provided. I justified my choice of a multiple case study approach and provided the contextual descriptions for each research site, which was aligned with the purposive selection of the mother and daughter participants. My choice of the four data generation methods, namely semi-structured interviews, guided observations, life maps, and the Mmogo method, was explained and aligned with the data analysis process. Lastly, I discussed the quality criteria and ethical measures that were adhered to in the study.

Chapter 4 contained the socio-historical and biographical background of each mother and daughter participant. Important aspects of the life of each mother and daughter that may have contributed to the current state of their relationship were included. Lastly, the raw data were integrated with the chosen theoretical framework.

In **Chapter 5**, the results of this study were compared to current and past literature on conflicted mother–daughter relationships. The codes that were identified in the raw data sets were used to compile the main theme and sub-themes. The main theme and sub-themes that were identified were discussed separately. The literature control allowed me to identify similarities and contradictions between current and past knowledge of the phenomenon and the results of this study.

A summary of the key literature findings is presented in **Chapter 6**. The findings from this study are discussed, and the main and secondary research questions are answered. This chapter, and with that, the study, is concluded by presenting possible limitations of this research inquiry and recommendations for future research.

6.3 Summary of literature findings

Across the literature, scholars agree that the mother–daughter relationship is one of the most important relationships in any daughter's life. The relationship with her mother is deemed one of the longest relationships that any daughter will have in her life (Pickering et al., 2015). The bond between a mother and daughter is unique, as this relationship provides the daughter with a secure space where she is free to explore her female identity (Mize et al., 1997). Multiple scholars agree that the relationship between mothers and their daughters is rarely ended when they are upset with each other (e.g. Fingerman, 1998; Pickering et al., 2015). However, one needs to consider the complexity of the dynamics of this relationship.

The aspects that shape the dynamics of the mother–daughter relationship were discussed in Chapters 1 and 2. The literature highlights the lifelong impact of ACEs on any individual's life. Prolonged exposure to ACEs influences the individual's response to stress, which often leads to negative outcomes for his or her wellbeing. Individuals who are exposed to ACEs are at risk for negative social, emotional, and educational outcomes. A supportive adult may be able to buffer the effects of stress and adversities by providing the child with adaptive coping methods (Shonkoff, 2012).

The added stress of dysfunctional households holds many negative outcomes for members of the family unit. In South Africa, many families experience adverse circumstances within the household, such as poverty, unemployment, and domestic violence. During the Covid-19 pandemic, 120 000 victims of gender-based violence were reported by government-based call centres (Faber, 2020). These adversities have major repercussions for each family member, including mothers and daughters. In the South African context, family structures are completely different compared to a few decades ago. Some households are so-called skip-generation households, where children are raised by extended family members or friends (Holborn & Eddy, 2011). These adversities influence the quality of attachment between parent and child, as some children spend extended periods away from their biological parents. Children who are frequently moved from one home to another often establish a more secure attachment with a caregiver other than their biological parents. The effects of

275

insecure attachments are intergenerational (Hall, 2015) and influence the individual's future relationships (Damian, 2013; Hooper, 2007).

The relationship between mother and daughter undergoes many changes as the daughter moves through various developmental stages. This relationship experiences many turning points (Korolczuk, 2010), which refer to the transitional periods in the daughter's development, such as childhood, adolescence and adulthood. In adolescence, girls distance themselves from their mothers, as they establish their autonomy (Brouillard et al., 2019). If there is an insecure attachment between mother and daughter, in addition to the developmental changes during adolescence, it may lead to rigid interaction within the relationship. This interaction includes compromised and inflexible patterns of communication between the mother and daughter, as none of them are able to make the necessary adaptations for the benefit of their relationship.

The effects of the trauma in mothers' and their daughters' lives create a lasting impact on their relationships. Mothers who are unable to process their childhood trauma tend to display poorer parenting behaviour during their daughters' childhood (DeLillo & Damashek, 2003). The impact of a mother's physical and emotional absence in her daughter's life, specifically childhood, is intergenerational and has adverse effects on the whole family (Treat et al., 2019). Some families rely on the assistance of their extended family members and friends for support during challenging times.

The mother–daughter relationship has been widely researched in countries such as the United States of America and Europe. However, there is a lack of research on this phenomenon in the South African context. The family context in South Africa is diverse, with unique family structures, socioeconomic status, and adversities such as unemployment and poverty. Most of the current and past literature on mother–daughter relationships focus on normative relationships, rather than explicitly problematic ones (Pickering et al., 2015). The focus of these studies is within the context of the daughter's self-esteem and the relationship between mother and daughter throughout the daughter's development. Therefore, the focus of this research inquiry was to explore the phenomenon of the conflicted mother–daughter relationship within the South African context.

The findings from this study strongly correlated with the literature on conflicted mother–daughter relationships that were presented in Chapters 1 and 2. The new findings are discussed in detail in Section 6.4 below. The context of each participant's background provided me with valuable information that informed the current stance of the mother–daughter relationships in this study.

6.4   Research conclusions

The main purpose of this study was to explore and describe the dynamics of *conflicted* mother–daughter relationships, with specific reference to conflict and disagreements. A retrospective lens was utilised to reflect on the participants' lives to identify factors and aspects that could have contributed to the current stance of their conflicted relationships. It is of the utmost importance to consider the context of each participant's background information, as these circumstances have influenced each mother–daughter relationship in unique ways (refer to Chapter 4).

After much reflection and many discussions, the research questions (refer to Section 1.4) can now be answered. The secondary research questions assisted in answering the main research question. The answers to the secondary research questions are discussed in Sections 6.4.1 to 6.4.4, whereafter the answer to the main research question is provided in Section 6.4.5.

6.4.1   Secondary research question 1

How do mothers and daughters define the construct "disagreement"?

Throughout the course of this study, the attachment style between mothers and daughters had a significant impact on their interaction and, ultimately, the quality of their relationship. Children who start their lives with disrupted attachment may perceive others to be hostile, untrustworthy, or distant, arising from lived experiences of neglect or abuse (Bifulco & Thomas, 2013). Most of the daughters who were raised by substitute primary caregivers were often exposed to hostile and unaffectionate parental behaviour. The time they spent away from their biological mothers contributed to their feelings of resentment towards them, as they felt deprived of motherly love and affection.

277

The impact of multiple recurring ACEs in the participants' lives was immense and, in most cases, affected the dynamics of this relationship since the daughter's birth. Adversities in the mother's life prevented her from providing her daughter with a safe space where she felt secure and loved. A few of the mothers in this study were, therefore, unable to provide their daughters with the necessary emotional tools to navigate the various stages of development and change. This meant that these daughters were ill-equipped in terms of their emotional regulation, resulting in rigid patterns of communication that were formed over time. The findings showed that many of these daughters developed feelings of resentment towards their mothers because of ACEs. Hence, the level of rigidity differed across the cases and was largely influenced by cultural views on and beliefs about conflict between a parent and child. The findings from this study support Lefkowitz and Fingerman's (2003) view that the interaction and disagreements in mother–daughter relationships may vary due to different cultural backgrounds. All the mothers in this study were raised by strict parents or substitute primary caregivers, where children were required to obey and respect their elders. Consequently, the mother participants were more prone to viewing their own daughters' behaviour as rebellious and defiant during conflictual interaction. For example, one daughter mentioned that she believed that it was a "sin" to argue with one's mother (SSI: A2; 357-358); another daughter said that she showed respect for her mother by keeping quiet during their arguments (SSI: C2; 244-255).

Unresolved emotional issues and rigidity in terms of communication in the mother–daughter relationship led to *preconceived ideas about conflictual interaction*. Many daughters in the study expressed that they felt misunderstood by their mothers. These daughters predicted that *any kind of interaction* with their mothers would result in conflict; therefore, they chose to avoid their mothers' presence completely. Many daughters revealed that they felt more compelled to share personal matters with their fathers, extended family members or close friends.

All the participants in this study were exposed to different conflict resolution strategies during their childhood. Some participants had been taught to solve conflict with verbal aggression and physical violence, while other participants chose to

disengage completely by avoiding conflict. Both conflict resolution methods were ineffective in rebuilding their relationship with their mothers or daughters.

Conflictual interaction and disagreements between the participating mothers and daughters were mostly verbal. Physical violence during conflictual interaction was only observed in one case, namely Amanda and Alicia. The findings showed that the mothers and daughters avoided each other's presence, attacked each other verbally, made rude remarks about the other, and reminded each other of their past mistakes. Unresolved issues between the mothers and daughters often led to emotional outbursts where screaming and shouting were common, threats were made, and in some cases, ultimatums were issued. In all seven cases, respect was not mutual during conflictual interaction. I believe that the expression of severe anger or rage was not functional in many of the cases, as it did not help to resolve the conflict between mother and daughter.

In conclusion, despite the uniqueness of conflict and disagreements within each relationship in this study, the construct "disagreement" took on many forms and varied in levels of severity. The general *content* of conflict and disagreements, as well as the mothers' and daughters' *definition of the construct,* also differed across the cases. The mothers in this study viewed disagreements with their daughters as incidents where both parties *failed to agree* on particular issues, for example curfews, engagement in high-risk behaviour, financial matters, choice of friends or romantic partners, or the mother's or daughter's parenting techniques. The daughters in this study viewed disagreements with their mothers as incidents where they had a different opinion than their mothers, incidents where their opinions were not valued, feeling that they were not living up to their mothers' expectations, and unmet emotional needs within the relationship. Across all seven cases, the mothers often felt that they had to maintain their position as matriarch and failed to view their daughters as adults whose voices and opinions mattered. At the same time, the daughters aimed to establish their newly found autonomy and identity as adult women, while also maintaining their connections with their mothers.

6.4.2 Secondary research question 2

How do mothers and daughters retrospectively describe their relationships?

Adverse experiences in each participant's life had a substantial impact on the dynamics of the mother–daughter relationships in this study. It was apparent that all the participants experienced some form of ACE, with different levels of severity. As mentioned in Section 6.4.1, adversities that were present in the mother's life negatively influenced her parenting and the quality of attachment with her daughter, which had lifelong repercussions for their relationship. In some cases, these adversities prevented mothers from raising their children with love and affection and from spending quality time with them. Mothers who had been completely or partially absent during their daughters' childhood were, therefore, unable to provide a secure base from where their daughters could explore the world around them while feeling protected and cared for. Five participants were raised by substitute primary caregivers and spent limited time with their biological mothers during their childhood. Their mothers' absence during their childhood complicated attachment and brought confusion to these five participants, as they were frequently moved between homes. Alicia stated that her mother had not made enough sacrifices for her and her siblings, which fuelled her ongoing feelings of resentment towards her mother. Participants who were raised by substitute primary caregivers were often exposed to caregivers who used authoritarian parenting styles and where their presence was not acknowledged and valued by these caregivers.

Several studies highlight the importance of the father's presence within the family home (e.g. Brouillard et al., 2019; Cabrera et al., 2014; Louw, 2009; Weiten, 2014). However, several fathers in this study were absent from their daughters' lives for extended periods of time. The absence of the father in the family home increased the pressure on the mothers, as they were solely responsible for household finances and discipline. In many cases in this study, the physical absence of a father figure and the emotional or physical absence of a mother resulted in daughters feeling unloved and unsupported, which had a negative impact on their own parenting later in life. Due to their difficult upbringing, these daughters felt unprepared to step into the role of parent for their own children.

In all seven cases of this study, the mothers and daughters confirmed that the levels of conflict in their relationship increased during critical developmental transitions in the daughter's life. During this transitional period, girls develop their identities by voicing their opinions and emphasising their ways of thinking (Branje, 2008). Over time, the mothers and daughters in this study spent less quality time together and drifted away from each other. Once more, adversities that were present in the participants' lives negatively influenced this developmental stage. At the time when four of the participants were supposed to develop their identity and autonomy, they were removed from the homes of their substitute primary caregivers and sent back to live with their mothers, with whom they had spent very little time before. As a result, conflict between these mothers and daughters increased, as the daughters were now expected to build a relationship with their mothers, whose emotional unavailability had shaped their conflicted relationship.

The abovementioned experiences and adversities throughout their lives contributed to the mothers' and daughters' troubled descriptions of their relationships. Some of the descriptions that were given by the mothers were indicative of inconsistency in the relationship. Many mothers revealed that they experienced extreme highs and lows in their relationships with their daughters. Clarise mentioned that her relationship with her daughter failed to provide her with the emotional security that she needed within their relationship. These descriptions reflect each participant's need to feel accepted and valued in her relationship with her mother or daughter.

Despite extreme and recurring levels of conflict in their relationship, the mother and daughter participants were loyal to each other and valued their relationships. In most cases, the normal cycle of the development of the mother–daughter relationship was compromised due to multiple adversities. Most participants were deprived of the professional assistance they needed at the time, which had further implications for their interaction with each other. However, in two cases, mothers admitted that the adverse experiences that had initially driven them and their daughters apart brought them back together again (e.g. divorce and teenage pregnancy). Greta mentioned that she viewed it as a privilege to raise her daughter Gugu, but that it was a difficult task. All the mothers and daughters expressed their loyalty to each other through

281

their willingness to work on their relationship. An interesting fact in this study was that no mother or daughter expressed the need to sever ties with the other party.

6.4.3   Secondary research question 3

In what way do geographical and biographical profiles shape mother–daughter relationships?

As mentioned in Sections 6.4.1 and 6.4.2, adversity had a major impact on the dynamics of the mother–daughter relationship in this study. The adversities that were present in each participant's life were not only *emotional* but also *physical adversities* that had further repercussions for the mother–daughter relationship. Each mother–daughter pair was exposed to different sets of household circumstances; for instance, in some households, poverty and unemployment were common. These adversities had an impact on the daily functioning of the household, as well as the interaction among the members of the family unit.

In terms of the *biographical* information from the participants' backgrounds, some mothers and daughters were separated during the daughter's childhood due to adversities that brought about dysfunctional household circumstances. In three cases, mothers were unable to respond to their daughters' needs because of their own trauma and adversities. In other cases, the mothers and daughters were fortunate to spend more quality time together. The concept of the family home, therefore, meant something different to each mother and daughter. A few participants viewed it as a place of safety and security, while many participants viewed it as a dysfunctional, destructive, and unsupportive environment. Six participants did not view their mothers' presence as a safe space where they felt safe and secure. Their mothers' physical and emotional absence in their lives resulted in an insecure attachment between mother and daughter, which had lifelong implications for the daughter's interpersonal relationships and general wellbeing. For example, Clarise told her daughter, Candice, that she was unable to give her motherly advice, as Clarise never had a relationship with her own mother. In some cases, the daughter found solace in her relationship with her father, even though most fathers were absent during their daughters' childhood.

Estie resented her father for divorcing her mother and leaving the family home. Denise was jealous of the material possessions that her father bought her stepsiblings. The findings indicate that the participants who had absent fathers developed anger, which was often redirected to the mother. In most cases, the mothers in this study were the enforcers of discipline in the household due to the fathers' limited involvement or complete absence. The single or divorced mothers in this study were tasked with household responsibilities with little or no financial support from the fathers.

Contextual factors in each family's living situation had an impact on the interaction between the mothers and daughters. In Section 3.4.1, I differentiated between the five different social class groups found in the South African context. Cases A, B, and C were situated in a low-income area in Pretoria North; Cases D and E were situated in a working-class neighbourhood in Pretoria South; and Cases F and G were situated in middle-class neighbourhoods in Pretoria East and Pretoria North. Hence, the participants were exposed to different sets of household circumstances, with varying levels of household income. The findings of this study are in accordance with the literature, which states that individuals who accumulate an ACE score of four or more have been exposed to more than one category of abuse or household dysfunction (Felitti et al., 2019). It was also noted that participants who came from low-income areas accumulated higher ACE scores (refer to Section 5.3.2.1 & Table 5.3). In cases where the mother's ACE score was above four, higher levels of conflict were observed.

Not only did the participating mothers and daughters experience childhood adversities, but the level of stress that these families endured must also be considered. In Table 4.4, the life events of each participant were aligned with Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress. Family stress refers to events or situations where a family undergoes changes over time, whereafter adaptations need to be made by the members of the family unit (Boss et al., 2016; Malia, 2006). Stressful events had unique implications for the families in this study. A few participants developed unhealthy coping mechanisms, such as substance abuse and sexual promiscuity. Some participants were, therefore, unable to process and come to terms with the effects of the adversities that were

mentioned. The mother and daughter participants were unable to find the necessary support they needed from each other. In most cases, the participants utilised support from extended family members or friends. Proximity to extended family members or friends determined the level of assistance the participants received.

As the mothers and daughters moved through the various developmental stages of their relationship, *geographical circumstances* remained an important factor in the levels of conflict. Pohl et al. (1997) state that renewed conflict may occur between mothers and daughters when they live together during the later stages of their relationship, as both individuals have grown accustomed to their independence. At the time of the study, six of the seven mother–daughter pairs lived together. Three daughters were financially dependent on their mothers. Adverse circumstances, such as poverty and the death of a spouse, have forced two mothers in this study to be dependent on their daughters in terms of physical and financial assistance. In these two cases, the mothers and their daughters had to renegotiate their roles within the household. The two mothers had to step back from their role as matriarch and allow their daughters to fulfil the role of caregiver and breadwinner.

6.4.4 Secondary research question 4

Which theoretical insights into mother–daughter relationships are relevant to the study?

Anfara and Mertz (2014) and Creswell (2014) state that the theoretical framework provides the researcher with a lens through which the data are designed and interpreted in each section of the research inquiry. The justification for the choice of Dollahite's (1991) ABCD-XYZ resource management model of crisis or stress as theoretical framework was presented in Sections 1.7 and 2.7. This framework was chosen because the main purpose of this research inquiry was to explore the dynamics of the *conflicted* mother–daughter relationship. All the participants in this study formed part of a family, and this model was able to accommodate the unique South African context where families are faced with multiple adversities.

Each of the seven letters (ABCD-XYZ) represents a different aspect of the resource management model of crisis or stress, which are separated into four distinct phases

284

(refer to Section 2.7). This model accounts for the various contexts in which individuals or families may find themselves. The 12 different contexts in the model are important, as they have an impact on the individual's or family's stress and coping processes. The seven families that were represented in this study were exposed to a variety of stressors that had different outcomes for each family unit. In Sections 4.3 to 4.9, I provided in-depth background information for each participant. The context of the individual or family determines the situations or events he, she, or it regards as stressful and the degree of vulnerability to these stressors (Boss, in Dollahite, 1991). In Table 4.4, I aligned the details of each participant's background information with the various alphabet letters that represent different aspects within the theoretical framework.

The data showed that the participants experienced a wide variety of internal (loss, rejection, problematic attachment, etc.) and external stressors (relocation, rape, domestic violence, etc.) in their lives (Phase 1). Many participants had very few resources available for coping, which increased the demands on the individual and her family. Participants who had more resources available for coping were in a better position to process and come to terms with the stressor. Most participants were supported by extended family members or close friends. A few participants developed unhealthy coping mechanisms, such as substance abuse and sexual promiscuity. The mothers' and daughters' definition of the stressor was, therefore, influenced by their perception of the number of coping resources they had to deal with because of the stressor (Phase 2). Only three participants in this study had access to professional counselling services. In one case, the crisis overwhelmed the mother to such an extent that she was unable to function optimally and raise her daughter herself. This mother was unable to respond to her daughter's needs because of her own emotional trauma. During such a crisis, individuals or families are unable to utilise behaviour that has assisted them to cope with stressful situations in the past (Boss et al., 2016).

Interestingly, the participants had difficulty in making use of their cognitive coping and management strategies, which forms part of the second-to-last aspect of the theoretical framework (Phase 3). The findings showed that the mother and daughter participants struggled to make decisions that would allow them to adapt to the

stressor. In their interactions with their mothers or daughters, the participants were less flexible in their ways of thinking, feeling, and behaving. Rigid patterns of communication and interaction had been formed over many years due to unresolved feelings of resentment, hurt, and anger, as the participants were unwilling to change their own behaviour for the benefit of the relationship (refer to Section 5.3.1.3). The decisions that were made in Phase 3 had a direct impact on the mother's or daughter's ability to act on the coping and management decisions that were made at the time of the stressor (Phase 4). Mothers and daughters who were unable to make adaptations or changes in their behaviour were left with heightened levels of conflict in their relationships. This phenomenon was observed across several cases in this study.

This theoretical framework proved to be instrumental in this study, as it provided me with details of the participants' responses to stressors in their lives, as well as the demands that were put on the individual or family. The use of retrospective data analysis (refer to Section 3.5) allowed me to identify the aspects from childhood throughout adulthood that are relevant to each section of the framework. Important life events that contributed to the current stance of each mother–daughter relationship were identified and aligned to the framework to gain an overall view of how each participant managed crises and stress throughout their lives.

6.4.5 Main research question

What are the dynamics that shape conflicted mother–daughter relationships?

The findings of this study revealed that the mother–daughter relationship is indeed filled with complexities that need to be considered within the context of each individual relationship. The mothers and daughters in this study experienced deeply conflicted relationships, with *unique life circumstances* that had a significant impact on the dynamics of their relationships. *Adverse experiences* within their personal and family lives were central to their conflictual interactions. In this study, both mothers and daughters were exposed to physical and emotional adversities, such as abuse (sexual, physical, and verbal), substance abuse, and domestic violence, to name but a few. Many of the participants accumulated *high ACE scores* (refer to Table 5.3) and had limited coping resources available. Participants who accumulated *ACE*

286

scores of four or more were exposed to more than one category of abuse or household dysfunction and experienced heightened levels of conflict in their relationships with their mothers or daughters. These adversities coincided with critical developmental periods in the daughter's life, which added further strain to their relationship.

Firstly, one needs to consider the ACEs that were present in each mother's life. In most cases, the mothers were not granted the opportunity to process or come to terms with their own childhood trauma, which had *intergenerational consequences* for their relationships with their daughters. Dysfunctional household circumstances were common in this study, where the participants were often raised by alternative primary caregivers. Being raised by caregivers other than the mother resulted in insecure and disrupted attachments between mother and daughter in most cases. Several of the mothers in this study were unable to provide for their daughters' physical and emotional needs. In most of these cases, the *absence of a role model or supportive adult* had a negative impact on the daughter's interpersonal relationships. *Extended family members and close friends* played a critical role in supporting the mother or daughter during her time of need.

The majority of the daughters in this study felt that the love and appreciation they had for their mothers were not reciprocated over the course of their relationship. *Feelings of anger and resentment* towards their mothers were formed over many years. Some daughters felt that their mothers had not made enough sacrifices during their childhood. However, all the mothers mentioned that they had done what they could at the time with the circumstances they experienced. The possibility exists that the daughters were too young to grasp the extent of the adversities their mothers were facing. However, the findings indicated that three daughters in this study were *unwilling to forgive* their mothers, as they did not want to excuse them for the mistakes they had made. For instance, because her mother allowed her brother to stay in the family home after he had raped her, Bronwyn resented her mother, Belinda, as his presence reminded her of the traumatic incident. As a result, *rigid patterns of communication and interaction* were formed over time, as some of the daughters did not view their mothers as their confidantes. In many cases, the daughters felt misunderstood by their mothers and confided in their fathers,

287

extended family members, or close friends. The findings of the study showed that most of the mothers and daughters were willing and able to assist female family members or friends during their times of need but were unwilling and reluctant to provide each other with emotional support.

Six of the seven mother–daughter pairs experienced most of their conflict during the daughter's *adolescence*. During this time, adolescents develop their independence and autonomy and often fulfil adult roles, such as starting a career (Louw et al., 2007). However, the daughters in this study were vulnerable and faced *additional hardships* during this time, such as the death of a loved one, divorce, pregnancy scares, or rape. In some cases, daughters who were raised by substitute primary caregivers other than their biological parents moved back into their mothers' homes during their adolescent years. They were then expected to have a relationship with their mothers after spending many years apart. The *lack of attachment and poor communication skills* between mother and daughter were amplified during this time. The daughters felt ill-equipped to deal with challenging situations and often utilised *negative coping behaviours*, such as substance abuse, sexual promiscuity, and general rebellious behaviour.

The mothers and daughters who were older had to renegotiate their roles within the household due to circumstances that increased the mother's *level of dependency* on her daughter. In some cases, such as Amanda and Alicia, and Felicity and Frances, the cultural views of the role of the mother as matriarch were challenged due to the increased levels of physical and financial dependence on her daughter. Amanda and Felicity were often dissatisfied when their daughters opposed them, as they were used to their superior role in the relationship.

To conclude, the mother–daughter relationship is *complex* and multifaceted. Each mother–daughter relationship was faced with a different set of adverse circumstances, which forced different responses from the participants due to their cultural values and beliefs. In most cases, the adversities *prevented the relationship to follow its normal cycle of development*. Although the participants in this study displayed feelings of deep hurt and resentment in their relationship with their mothers or daughters, *none of the participants expressed the need to sever ties with the other party*. During the group discussion of the Mmogo method, some daughters

described their mothers as follows: Estie described her mother as always supportive; and Frances mentioned that she viewed her mother as an extraordinary being. This comes to show that these daughters have love and appreciation for their mothers even though they struggle to always communicate it properly.

I believe the conflictual interactions between most of the mothers and daughters in this study were often attempts to reconcile or become closer to the other party, but due to rigid, ineffective communication styles, the conflict often deepened with time. All the mothers and daughters in this study expressed the need to feel loved and appreciated by each other, as each mother and daughter have a unique and special relationship.

6.5 Reflection on the possible limitations of this study

Using multiple case studies has strengths and weaknesses. The possible limitations of the study are discussed accordingly.

- Due to the qualitative nature and the small sample of participants in the study, the results cannot be generalised and are only true for this case. The results are, therefore, not a representation of the whole community of mothers and daughters. However, the seven case studies gave an in-depth look at the phenomenon of conflicted mother–daughter relationships, as the aim of the study was to explore and describe the dynamics of the *conflicted* mother–daughter relationship.

- Due to the sensitive nature of the phenomenon under study, I had difficulty gaining access to mother and daughter participants who experienced high levels of conflict in their relationship. However, the seven mother–daughter pairs studied through multiple data sets gave me an in-depth and rich understanding of the phenomenon.

- The focus of this study was on the dynamics of the conflicted mother–daughter relationship. The effect of cultural differences on the dynamics of mother–daughter relationships was noted but not explored.

- I, as the principal researcher, also belong to a family, and therefore, the interpretations from the data may be selective, biased, and subjective according to my views of conflict and disagreements in mother–daughter relationships.

© University of Pretoria

However, throughout this research journey, I have been self-reflective about the influence of my assumptions and beliefs. The trustworthiness of this study is evident in the fact that all procedures, including the selection of participants, data generation, and data analysis, were transparent and thoroughly described (refer to Sections 1.11 & 3.6).

6.6 Reflection on the new contributions of this study

The multiple case study allowed me to gain an in-depth perspective of the dynamics of the conflicted mother–daughter relationship. The new contributions of this study are as follows:

- A **lack of research** on the topic of **conflicted mother–daughter relationships** exists in the South African context. To my knowledge, this study is one of only a few in which the dynamics of this complex relationship have been explored.

- The **substantial impact of ACEs** on the dynamics of the mother–daughter relationship was not anticipated. The data showed that all 14 participants were exposed to some form of ACE.

- Seven of the participants accumulated an ACE score of four or more, which means that they were most likely exposed to more than one category of abuse or household dysfunction. In cases where higher ACE scores were accumulated, higher levels of conflict were observed.

- The findings of the study showed the **intergenerational cycle of unresolved trauma and childhood adversities**. The mother's inability to process or come to terms with her own ACE had implications for her and her daughter's wellbeing, parenting, and interpersonal relationships. In some cases, these unresolved feelings rendered the mother incapable of caring for her children.

- In all seven cases, **unresolved feelings of hurt, rejection, and anger** within the mother–daughter relationship led to **rigid patterns of communication and interaction**. The mothers and daughters in this study were unwilling to compromise by changing their own behaviour for the benefit of the relationship. Rigidity within the relationship resulted in increased levels of conflict.

- The **context and structure of families** in South Africa are different from other countries due to unique adversities related to social challenges such as

290

poverty, unemployment, and violence within the family unit. The diverse and multicultural nature of South Africa calls for research that addresses the impact of these matters within the family unit, especially the mother–daughter relationship. I believe that I was able to contribute to the knowledge domain, as the findings of this study showed that mothers and daughters valued their relationship with each other and their substitute primary caretakers, despite the ongoing presence of adversity.

- The seven mother–daughter dyads in this study reflected the **constitution of modern South African family structures**. Considering each mother–daughter pair as one family, the range was as follows: two single-parent families, two nuclear families, two reconstituted families, and one same-sex marriage. The dynamics of each family were, therefore, unique and had diverse outcomes for each mother–daughter relationship.

- The findings of this study highlighted the **positive influence of the community and extended family members and friends** during times of need, especially in close relationships, such as the mother–daughter relationship. These people played an important part in the reconciliation process where mothers and daughters were provided with the opportunity to reunite and make amends.

- This study highlighted the importance of mothers and daughters **narrating their experiences of their relationship**. For most participants, this was the first time where the mother and daughter sat down to discuss the issues in their relationship.

- This study offered important insight into the participants' **meaning-making process of their ACEs**. Throughout their lives, some mothers and daughters in this study were never able to comprehend or talk to a professional about their childhood trauma and adversities, not even someone in their inner circle whom they trusted.

- The **value of utilising the Mmogo method** for the purpose of data generation proved to be substantial, especially in conflicted mother–daughter relationships. To my knowledge, this is the first study where the Mmogo method was implemented to study the dynamics of the conflicted mother–daughter relationship. The participants felt comfortable reflecting on their experiences in a non-judgemental environment. Many participants expressed that they felt

291

closer to their mother or daughter after the session. This method produced insightful and unique data that were not found in any of the other data generation methods.

6.7 Recommendations

In the following section, recommendations for mother–daughter relationships and teachers are provided. Recommendations for further research are also given. These recommendations are based on the literature that was reviewed, as well as the findings of the study.

6.7.1 Recommendations for mother–daughter relationship support

The following recommendations are made for mother–daughter relationship support:

- **Community centres and places of safety and support** should be available for families that are experiencing adversities. These centres should provide members of the family unit with the necessary physical and psychological support during their time of need.

- These community centres should provide young mothers with the necessary **parental guidance and support** in terms of caring for their children. The participants who became parents at a young age were often at risk, as they had no role model who served as an example to them.

- Mothers and daughters who experience severe conflict in their relationship should have **access to community centres where counselling sessions** are freely available. These sessions should give mothers and daughters the opportunity to address the aspects of concern within the relationship. Counselling will provide them with the necessary tools to deal with conflictual interaction constructively.

- Counsellors should assist mothers and daughters to **work through and come to terms with their childhood trauma and adversities**. Both mothers and daughters may benefit from this discussion, as it may be an attempt to understand the unique life circumstances that each was faced with at the time. They may feel closer and more compassionate towards one another if they truly understand the context of the other's lived experiences.

292

- Counsellors should assist mothers and daughters to **establish the responsibilities** that each has within their relationship. Both parties have the responsibility to recognise and respect each other's weaknesses and strengths.

- **Community programmes** that focus on the **role and duties of the mother in the household** may provide a balanced view of the role of the mother. The mothers in this study often unnecessarily blamed themselves for mistakes they made during their daughters' childhood, which contributed to their conflictual interactions with their daughters.

6.7.2 Recommendations for teachers

The following recommendations are made for teachers:

- Teachers in the Foundation Phase need to **receive adequate training to identify adversities** that are present in a learner's life. Early identification of childhood trauma and adversities may allow the teacher to provided sufficient support to the learner at school or district level. These ACEs may have substantial implications for the learner's scholastic progress.

- Teachers in the Foundation Phase need to receive **training to assist the substitute primary caregivers of learners** in their classes. The necessary support should be provided to these individuals who may be unprepared for their role as parent or guardian, for example grandparents who are raising their grandchildren. Substitute primary caregivers need to be included and accommodated in all school communication and activities.

- Schools should provide parents with **parental classes** where the emphasis is on constructive interaction with their children. Parents should be given the necessary support and guidelines on constructive ways of conflict management with their children. Early intervention in conflicted relationships between parents and their children may prevent heightened levels of conflict, academic difficulties, and behavioural problems in class.

- Schools are advised to implement **mentoring programmes** where learners are assigned a mentor, such as a teacher or a knowledgeable peer in a higher grade. Learners who are raised in lower socioeconomic areas often do not

293

have role models who provide the necessary support and guidance in their lives.

- Schools and teachers are encouraged to inform learners where to **report ACEs**, such as childhood abuse and neglect. Children need to be informed about the different forms of abuse and granted the opportunity to report it.

- The **concept of resilience** within families should form part of the Life Skills subject content. Learners must be equipped with the necessary skills to withstand and adapt to stressful life experiences, whether these are in their family or interpersonal relationships.

6.7.3 Recommendations for future research

The following recommendations are made for future research on the phenomenon of conflicted mother–daughter relationships:

- I found little research on the dynamics of the conflicted mother–daughter relationship in the South African context. Further research on this phenomenon is needed, as the effects of strained parent–child relationships have implications for all members of the family unit.

- South Africa is a multicultural country where diversity is celebrated. Future studies should focus on the dynamics of the conflicted mother–daughter relationship on a larger scale, with a specific focus on the different cultures and ethnic groups in the country.

- Most of the participants reported a lack of support systems or role models in their area of residence. This finding has important implications for the development of community upliftment programmes where parents and children can attend counselling sessions, parenting programmes, or after-school activities. Therefore, research on the development of mentoring programmes for girls and young women should be considered.

- The phenomenon of children who are raised in skip-generation households was prominent in this study. Future studies are encouraged to explore the role of substitute primary caregivers in children's lives.

- An abundance of research is available on the absence of fathers within the family home. Further research needs to be done to determine the effect of the physical and emotional absence of the mother in the family home.

- Further research on this topic should focus on early childhood and Foundation Phase teachers' knowledge of the identification of ACEs in learners' lives. It is important for all teachers to be aware of the physical and emotional signs of these adversities, as well as the means to report them.

- A few participants in this study were in their late adolescence, and most participants were middle-aged. Future studies on the dynamics of the conflicted mother–daughter relationship during the mother's *late life* are, therefore, recommended, as her level of dependency on her daughter may have increased by this time.

- It may be of interest to have follow-up sessions with the mother and daughter participants of this study to monitor and review the dynamics of the conflict in their relationships. Since the current study, other factors may have been introduced into the relationship that have had a positive or negative impact on their interaction, for example renewed commitment between both parties, increased financial status, and many more.

6.8   Summary and concluding remarks

The purpose of this study was to explore the dynamics of the conflicted mother–daughter relationship. The focus of current and past literature on this phenomenon is often on the positive aspects of this relationship, while the challenging and negative aspects thereof are usually omitted. The participants in this study were faced with multiple hardships that no parent or child should be exposed to. Several aspects that contribute to the levels of conflict in mother–daughter relationships were identified. The aspects that had an impact on the mother–daughter relationship were unique to each case and forced different responses from individual participants.

The prospect of being rejected by one's mother or daughter is frightening. Everyone needs to experience love and acceptance from a parent. However, mothers and daughters need to consider their influence over the other one. The mothers in this study often felt rejected when their daughters withdrew from them by spending more

295

time with extended family members or friends. Mothers need to know what the limit of their influence is, as their daughters may prefer advice from others as they grow older. Most of the daughters in this study found it difficult to define their own worth, as they had to identify with their mothers first to fulfil the female role. Some daughters were reluctant to forgive their mothers for their past mistakes, as they did not want to excuse their mothers' choices and behaviour. The recurrent and ongoing conflicted interactions with their mothers had an impact on the daughters' own parenting and role as a mother. Levels of conflict decreased depending on the level of adaptability that the mothers and daughters were willing to implement.

To conclude, this research inquiry has shaped me into the researcher I am today. Little did I know that the mothers and daughters in this study would make such a profound impact on my life as a granddaughter, daughter, and sister. The life stories of the mother and daughter participants have touched me deeply. I have learnt that all the mothers and daughters in this study were faced with extremely traumatic and life-changing experiences throughout the course of their childhood and adulthood. These experiences have had a substantial impact on the physical, social, and emotional wellbeing of all these mothers and daughters.

My wish is that all the mothers and daughters in this study will honour and cherish their relationship by being respectful, caring, and supportive in their mother–daughter relationships. Both parties need to make room for the other's strengths and shortcomings, while also being willing to make adaptations in their own behaviour where needed. The findings of this study confirmed that all the mothers and daughters in this study were committed to their relationship despite their deeply conflicted past. The conflict in each case study was unique and should be considered against the context of the pair's background and lived experiences.

List of references

Aagaard, J., & Matthiesen, N. (2016). Methods of materiality: Participant observation and qualitative research in psychology. *Qualitative Research in Psychology, 13*(1), 33-46.

Abundance No Limits. (2023) The negative effects of cold-mother-syndrome. https://www.abundancenolimits.com/cold-mother-syndrome/

Adisa, T. A., Gbadamosi, G., & Osabutey, E. L. (2016). Work-family balance: A case analysis of coping strategies adopted by Nigerian and British working mothers. *Gender in Management: An International Journal, 31*(7), 414-433.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. N. (2015). *Patterns of attachment: A psychological study of the strange situation.* Psychology Press.

Allgood, S. M., Beckert, T. E., & Peterson, C. (2012). The role of father involvement in the perceived psychological well-being of young adult daughters: A retrospective study. *North American Journal of Psychology, 14*(1), 95-110.

Allison, B. N., & Schultz, J. B. (2004). Parent-adolescent conflict in early adolescence. *Adolescence, 39*(153), 101-119.

Al-Yateem, N. (2012). The effect of interview recording on quality of data obtained: A methodological reflection. *Nurse Researcher, 19*(4), 31-35.

Amato, P. R., & Afifi, T. D. (2006). Feeling caught between parents: Adult children's relations with parents and subjective well-being. *Journal of Marriage and Family, 68*(1), 222-235.

Amoateng, A. Y., Richter, L. M., Makiwane, M., & Rama, S. (2015). *Describing the structure and needs of families in South Africa: Towards the development of a national policy framework for families.* A report commissioned by the Department of Social Development. Child Youth and Family Development, Human Sciences Research Council.

297

Anda, R. F., Butchart, A., Felitti, V. J., & Brown, D. W. (2010). Building a framework for global surveillance of the public health implications of adverse childhood experiences. *American Journal of Preventive Medicine*, *39*(1), 93-98.

Anderson, C. (2010). Presenting and evaluating qualitative research. *American Journal of Pharmaceutical Education*, *74*(8), 141.

Andreas, A., White, L. O., Sierau, S., Perren, S., Von Klitzing, K., & Klein, A. M. (2018). Like mother like daughter, like father like son? Intergenerational transmission of internalizing symptoms at early school age: A longitudinal study. *European Child & Adolescent Psychiatry*, *27*(8), 985-995.

Anfara, V. A., & Mertz, N. T. (Eds.). (2014). *Theoretical frameworks in qualitative research*. Sage Publications.

Angus, B., & Monson, K. (2014). Working with young people with autism spectrum disorder and comorbid mental disorders. Melbourne Health ABN. https://oyh.org.au/sites/oyh.org.au/files/ASD-manual_0.pdf/

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, *55*, 469-480.

Askelson, N. M., Campo, S., & Smith, S. (2012). Mother–daughter communication about sex: The influence of authoritative parenting style. *Health Communication*, *27*(5), 439-448.

Avci, R., & Güçray, S. S. (2010). An investigation of violent and nonviolent adolescents' family functioning, problems concerning family members, anger and anger expression. *Educational Sciences: Theory and Practice, 10*(1), 65-76.

Azungah, T. (2018). Qualitative research: Deductive and inductive approaches to data analysis. *Qualitative Research Journal, 18*(4), 383-400.

Babbie, E., & Mouton, J. (2001). *The practice of social research: South African edition.* Oxford University Press.

Barker, E. T., Bornstein, M. H., Putnick, D. L., Hendricks, C., & Suwalsky, J. T. (2007). Adolescent-mother agreement about adolescent problem behaviors:

Direction and predictors of disagreement. *Journal of Youth and Adolescence*, *36*(7), 950-962.

Barnett, R. C. (2004). Women and multiple roles: Myths and reality. *Harvard Review of Psychiatry, 12*(3), 158-164.

Baron-Cohen, S. (2001). Theory of mind in normal development and autism. *Prisme*, *34*(1), 74-183.

Baumeister, R. F., & Bushman, B. (2011). *Social psychology and human nature*. Wadsworth Cengage Learning.

Baumrind, D. (2005). Patterns of parental authority and adolescent autonomy. *New Directions for Child and Adolescent Development*, 108, 61-69.

Bazana, S., & Dodd, N. (2013). Conscientiousness, work family conflict and stress amongst police officers in Alice. *Journal of Psychology, 4*(1), 1-8.

Beaumont, S. L. (2000). Conversational styles of mothers and their preadolescent and middle adolescent daughters. *Merrill-Palmer Quarterly, 46*(1), 119-139.

Berger, A. A. (2020). *Media and communication research methods: An introduction to qualitative and quantitative approaches* (5th ed). Sage Publications.

Bhana, D., Morrell, R., Shefer, T., & Ngabaza, S. (2010). South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, Health & Sexuality, 12*(8), 871-883.

Bifulco, A., & Thomas, G. (2013). *Understanding adult attachment in family relationships: Research, assessment and intervention*. Routledge.

Birditt, K. S., Fingerman, K. L., & Almeida, D. (2005). Age differences in exposure and reactions to interpersonal tensions: A daily diary study. *Psychology and Aging, 20*(2), 330-340.

Birditt, K. S., Rott, L. M., & Fingerman, K. L. (2009). "If you can't say something nice, don't say anything at all": Coping with interpersonal tensions in the parent–child relationship during adulthood. *Journal of Family Psychology, 23*(6), 769-778.

Bodenstab, J. (2004). Under siege: A mother–daughter relationship survives the Holocaust. *Psychoanalytic Inquiry*, *24*(5), 731-751.

Bojczyk, K. E., Lehan, T. J., McWey, L. M., Melson, G. F., & Kaufman, D. R. (2011). Mothers' and their adult daughters' perceptions of their relationship. *Journal of Family Issues*, *32*(4), 452-481.

Boss, P. (1987). Family stress. In M. B. Sussman, & S. K. Steinmetz (Eds.), *Handbook of marriage and the family* (pp. 695-723). Plenum Press.

Boss, P. (1988). *Family stress management*. Sage Publications.

Boss, P. (2002). *Family stress management* (2nd ed.). Sage Publications.

Boss, P., Bryant, C. M., & Mancini, J. A. (2016). *Family stress management: A contextual approach* (3rd ed). Sage Publications.

Bowen, M. (1972). Toward the differentiation of a self in one's own family. In J. L. Framo (Ed.), *Family interaction: A dialogue between family researchers and family therapists* (pp. 111-173). Springer.

Bower, K. L., Kemp, C. L., Burgess, E. O., & Atkinson, J. L. (2020). Complexity of care: Stressors and strengths among low-income mother–daughter dyads. *Journal of Women & Aging*, *32*(2), 1-18.

Bowlby, J. (1977). The making and breaking of affectional bonds: II. Some principles of psychotherapy: The fiftieth Maudsley lecture (expanded version). *The British Journal of Psychiatry*, *130*(5), 421-431.

Branje, S. J. (2008). Conflict management in mother–daughter interactions in early adolescence. *Behaviour*, 1627-1651.

Branje, S. J., Hale, W. W., Frijns, T., & Meeus, W. H. (2010). Longitudinal associations between perceived parent–child relationship quality and depressive symptoms in adolescence. *Journal of Abnormal Child Psychology, 38*(6), 751-763.

Brendtro, L., Brokenleg, M., & Van Bockern, S. (2009). Reclaiming youth at risk: Our hope for the future. Solution Tree Press.

300

Brott, P. E. (2005). A constructivist look at life roles. *The Career Development Quarterly*, *54*(2), 138-149.

Brouillard, C., Brendgen, M., Vitaro, F., Dionne, G., & Boivin, M. (2019). Predictive links between genetic vulnerability to depression and trajectories of warmth and conflict in the mother–adolescent and father–adolescent relationships. *Developmental Psychology*, *55*(8), 1743-1757.

Brown, A., & Danaher, P. A. (2019). CHE principles: Facilitating authentic and dialogical semi-structured interviews in educational research. *International Journal of Research & Method in Education*, *42*(1), 76-90.

Brown, B. B. (2004). Adolescents' relationships with peers. *Handbook of Adolescent Psychology*, *2*, 363-394.

Brown, E., Caldwell, C. H., & Antonucci, T. C. (2008). Religiosity as a moderator of family conflict and depressive symptoms among African American and white young grandmothers. *Journal of Human Behavior in the Social Environment*, *18*(4), 397-413.

Burke, A. (2012). Mood disorders. In T. Austin, C. Bezuidenhout, K. Botha, E. du Plessis, L. du Plessis, E. Jordaan, M. Lake, M. Moletsane, J. Nel, B. Pillay, G. Ure, C. Visser, B. von Krosigk, & A. Vorster (Eds.), *Abnormal psychology: A South African perspective* (pp. 150-189). Oxford University Press.

Burke, P. (2010). Brothers and sisters of disabled children: The experience of disability by association. *The British Journal of Social Work, 40*(6), 1681-1699.

Business Tech. (2018). Three graphs that show what South-Africa's middle class looks like. https://businesstech.co.za/news/finance/260943/3-graphs-that-show-what-south-africas-middle-class-looks-like/

Cabrera, N. J., Fitzgerald, H. E., Bradley, R. H., & Roggman, L. (2014). The ecology of father-child relationships: An expanded model. *Journal of Family Theory & Review*, *6*(4), 336-354.

Caldwell, C. H., Antonucci, T. C., & Jackson, J. S. (1998). Supportive/conflictual family relations and depressive symptomatology: Teenage mother and grandmother perspectives. *Family Relations, 47*(4), 395-402.

Caplan, P. (2002). *The new don't blame mother: Mending the mother–daughter relationship.* Routledge.

Carter, M. J., & Fuller, C. (2015). Symbolic interactionism. *Sociopedia.isa, 1*(1), 1-17.

Center for Disease Control and Prevention. (2019). *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/preventingACEs.pdf/

Center for Substance Abuse and Treatment. (2000). *Ethical issues.* https://www.ncbi.nlm.nih.gov/books/NBK64933/

Chase, S. E., & Rogers, M. F. (2001). *Mothers and children: Feminist analyses and personal narratives.* Rutgers University Press.

Cherrington, A. (2016). Researcher's reflections on using the Mmogo method and other visual research methods. In V. Roos (Ed.), *Understanding relational and group experiences through the Mmogo-method®.* Springer International.

Chope, R. C., & Consoli, A. J. (2007). A storied approach to multicultural career counselling. In K. Maree (Ed.), *Shaping the story: A guide to facilitating narrative counselling* (pp. 87-100). Van Schaik.

Christopher, K. (2012). Extensive mothering: Employed mothers' constructions of the good mother. *Gender & Society, 26*(1), 73-96.

Ciciolla, L., & Luthar, S. S. (2019). Invisible household labor and ramifications for adjustment: Mothers as captains of households. *Sex Roles, 81*(7), 467-486.

Clarke, B. L., Sheridan, S. M., & Woods, K. E. (2010). Elements of healthy family-school relationships. In S. L. Christenson, & A. L. Reschly (Eds.), *Handbook of school-family relationships* (p. 61). Routledge.

Clark-Lempers, D. S., Lempers, J. D., & Ho, C. (1991). Early, middle and late adolescents' perceptions of their relationships with significant others. *Journal of Adolescent Research*, *6*(3), 296-315.

Cohen, L., Manion, L. & Morrison, K. (2007). *Research methods in education*. Routledge.

Collins, W., & Russell, G. (1991). Mother–child and father–child relationships in middle adolescence: A developmental analysis. *Developmental Review*, *11*(2), 99-136.

Creswell, J. W. (2014a). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Pearson Education.

Creswell, J. W. (2014b). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage Publications.

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Sage Publications.

Crowell, J. A., & Feldman, S. S. (1988). Mothers' internal models of relationships and children's behavioral and developmental status: A study of mother-child interaction. *Child Development*, *59*(5), 1273-1285.

Crowell, J. A., Warner, D. E., Davis, C. R., Marraccini, M., & Dearing, E. (2010). The influence of childhood adversity on mothers' behavior with preschoolers: Role of maternal attachment coherence, dissociative symptoms, and marital behaviors. *Research in Human Development*, *7*(4), 274-291.

De Vaus, D. (2006). Retrospective study. In V. Jupp (Ed.), *Sage dictionary of social research methods.* (pp. 269-270)*.* Sage Publications.

De Witt, M. W. (2016). *The young child in context: A psycho-social perspective*. Van Schaik.

Deakins, A. H., Lockridge, R. B., & Sterk, H. M. (Eds.). (2012). *Mothers and daughters: Complicated connections across cultures*. University Press of America.

Declani, T. S., Grusec, J. E., & Bernardini, S. C. (2001). Effects of interpersonal control, perspective taking, and attributions on older mothers' and adult daughters' satisfaction with their helping relationships. *Journal of Family Psychology*, *15*(4), 688-705.

Denzin, N. K. (2004). Symbolic interactionism. In U. Flick, E. von Kardoff, & I. Steinke (Eds.). *A companion to qualitative research* (pp. 81-87). Sage Publications.

Department of Education (South Africa). (1997). *Quality education for all: Overcoming barriers to learning and development*. Government Printers.

Department of Justice and Constitutional Development (South Africa). (2014). *Are you a victim of domestic violence?* Government Printers.

DiLillo, D., & Damashek, A. (2003). Parenting characteristics of women reporting a history of childhood sexual abuse. *Child Maltreatment, 8*(4), 319-333.

Dollahite, D. C. (1991). Family resource management and family stress theories: Toward a Conceptual Integration. *Lifestyles: Family and Economic Issues, 12*(4), 361-377.

Domestic Violence Act 116 of 1998.

Douglas, H., & Walsh, T. (2010). Mothers, domestic violence, and child protection. *Violence against Women*, *16*(5), 489-508.

Downs, W. R., Miller, B. A., & Gondoli, D. M. (1987). Childhood experiences of parental physical violence for alcoholic women as compared with a randomly selected household sample of women. *Violence and Victims*, *2*(4), 225-240.

Du Plessis, E. (2016). Etiese aspekte in navorsing. In I. Joubert, C. Hartell, & K. Lombard (Eds.), *Navorsing: 'n Gids vir die beginnernavorser* (pp. 73-81). Van Schaik.

Dunn, R. (2021). *The three social paradigms and perspectives*. https://socialsci.libretexts.org/Bookshelves/Sociology/Cultural_Sociology_and_Social_Problems/Minority_Studies_(Dunn)/08%3A_The_Three_Sociological_Paradigms/8.01%3A_The_Three_Sociological_Paradigms_and_Perspectives/

Dyke, P., Mulroy, S., & Leonard, H. (2008). Siblings of children with disabilities: Challenges and opportunities. *Acta Paediatrica*, *98*(1), 23-24.

Eisenhardt, K. M. (2011). Building theories from case study research. In A. M. Huberman, & M. B. Miles (Eds.), *The qualitative researcher's companion.* (pp. 4-35). Sage Publications.

Elkjaer, B., & Simpson, B. (2011). Pragmatism: A lived and living philosophy. What can it offer to contemporary organization theory? *Philosophy and organization theory*. https://strathprints.strath.ac.uk/13365/1/Elkjaer_Simpson_in_Tsoukas_Chia_Final.pdf/

Emmasko, M., Reck, C., Mattheis, V., Finke, P., Resch, F., & Moehler, E. (2010). History of childhood abuse is accompanied by increased dissociation in young mothers five months postnatally. *Psychopathology, 43*(2), 104-109.

Engelbrecht, A. (2016). Kwalitatiewe navorsing: Data-insameling en -analise. In I. Joubert, C. Hartell, & K. Lombard (Eds.), *Navorsing: 'n Gids vir die beginnernavorser* (pp. 109-124)*.* Van Schaik.

Entwistle, V. A., Carter, S. M., Cribb, A., & McCaffery, K. (2010). Supporting patient autonomy: The importance of clinician-patient relationships. *Journal of General Internal Medicine*, *25*(7), 741-745.

Eschenbeck, H., Schmid, S., Schröder, I., Wasserfall, N., & Kohlmann, C. W. (2018). Development of coping strategies from childhood to adolescence. *European Journal of Health Psychology*, *25*(1), 18-30.

Faber, T. (2020, September 1). Shocking stats on gender-based violence during lockdown revealed. *Times Live.* https://www.timeslive.co.za/news/south-africa/2020-09-01-shocking-stats-on-gender-based-violence-during-lockdown-revealed/

Fagan, P. F., & Churchill, A. (2012). The effects of divorce on children. *Marri Research*, *1*, 1-48.

Falci, C. (2006). Family structure, closeness to residential and nonresidential parents, and psychological distress in early and middle adolescence. *The Sociological Quarterly*, *47*(1), 123-146.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (2019). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, *56*(6), 774-786.

Ferreira, R. (2012). Writing a research proposal. In J.G. Maree (Ed), *Complete your thesis or dissertation successfully: Practical guidelines*. Juta.

Fingerman, K. L. (1995). Aging mothers' and their adult daughters' perceptions of conflict behaviors. *Psychology and Aging*, *10*(4), 639-649.

Fingerman, K. L. (1997). Aging mothers' and adult daughters' retrospective ratings of conflict in their past relationships. *Current Psychology*, *16*(2), 131-154.

Fingerman, K. L. (1998). Tight lips? Aging mothers' and adult daughters' responses to interpersonal tensions in their relationships. *Personal Relationships*, *5*(2), 121-138.

Fingerman, K. L. (2002). *Mothers and their adult daughters: Mixed emotions, enduring bonds*. Prometheus Books.

Fiori, K. L., & Denckla, C. A. (2012). Social support and mental health in middle-aged men and women: A multidimensional approach. *Journal of Aging and Health, 24*(3), 407-438.

Fischer, L. R. (1981). Transitions in the mother–daughter relationship. *Journal of Marriage and the Family, 43*(3), 613-622.

Fisher, I., & Ziviani, J. (2004) Explanatory case studies: Implications and applications for clinical research. *Australian Occupational Therapy Journal*, *51*, 185-191.

Foley, S., & Hughes, C. (2018). Great expectations? Do mothers' and fathers' prenatal thoughts and feelings about the infant predict parent-infant interaction quality? A meta-analytic review. *Developmental Review, 48*, 40-54.

Fouché, C. B., Strydom, H., & Roestenburg, W. J. H. (Eds.). (2021). *Research at grass roots: For the social sciences and human services professions* (5th ed.). Van Schaik.

Gabriel, L., Tizro, Z., James, H., Cronin-Davis, J., Beetham, T., Corbally, A., Lopez-Moreno, E., & Hill, S. (2018). "Give me some space": Exploring youth to parent aggression and violence. *Journal of Family Violence, 33*(2), 161-169.

Gardner, R. (1992). The parental alienation syndrome: A guide for mental health and legal professionals. *American Journal of Family Therapy*, *20*, 276-277.

Garratt, E., Flaherty, J., & Barron, A. (2021). Life mapping. In A. Barron, A. L. Browne, U. Ehgartner, S. M. Hall, L. Pottinger, & J. Ritson (Eds.), *Methods for change: Impactful social science methodologies for 21st century problems* (pp. 1-9). University of Manchester.

Gaylord-Harden, N. K., Elmore, C. A., & Montes de Oca, J. (2013). Maternal parenting behaviors and child coping in African American families. *Journal of Family Psychology*, *27*(4), 607-617.

Gemelli, R. (1996). *Normal child and adolescent development*. American Psychiatric Press.

Germine, L., Dunn, E. C., McLaughlin, K. A., & Smoller, J. W. (2015). Childhood adversity is associated with adult theory of mind and social affiliation, but not face processing. *PloS One*, *10*(6), 1-17.

Geyer, L. S (2021). Interviews as data collection method. In C. B. Fouché, H. Strydom, & W. J. H. Roestenburg (Eds.), *Research at grass roots: For the social sciences and human services professions* (5th ed., pp. 355-378). Van Schaik.

Gilani, N. P. (1999). Conflict management of mothers and daughters belonging to individualistic and collectivistic cultural backgrounds: A comparative study. *Journal of Adolescence, 22*(6), 853-865.

Gilligan, M., Suitor, J. J., & Pillemer, K. (2015). Estrangement between mothers and adult children: The role of norms and values. *Journal of Marriage and Family*, *77*(4), 908-920.

Gillison, S., Givan, A. M., Beatty, S. E., Kim, K. K., Reynolds, K., & Baker, J. (2015). Mother-adolescent daughter identity interplay processes. *Journal of Consumer Marketing*, *32*(4), 234-244.

Givertz, M., & Segrin, C. (2014). The association between overinvolved parenting and young adults' self-efficacy, psychological entitlement, and family communication. *Communication Research*, *41*(8), 1111-1136.

Glaw, X., Inder, K., Kable, A., & Hazelton, M. (2017). Visual methodologies in qualitative research: auto photography and photo elicitation applied to mental health research. *International Journal of Qualitative Methods*, *16*(1). http://doi.org/gfvmq8

Goldkuhl, G. (2019). The generation of qualitative data in information systems research: The diversity of empirical research methods. *Communications of the Association for Information Systems*, *44*, 572-599.

Gonzales, N. A., Cauce, A. M., & Mason, C. A. (1996). Interobserver agreement in the assessment of parental behaviour and parent-adolescent conflict: African American mothers, daughters, and independent observers. *Child Development*, *67*(4), 1483-1498.

Goudie, A., Havercamp, S., Jamieson, B., & Sahr, T. (2013). Assessing functional impairment in siblings living with children with disability. *Pediatrics, 132*(2), e476-e483.

Grinnell, R. M., & Unrau, Y. A. (Eds). (2014). *Social work research and evaluation: foundations of evidence-based practice* (10th ed.). Oxford University Press.

Grotevant, H. D., & Cooper, C. R. (1985). Patterns of interaction in family relationships and the development of identity exploration in adolescence. *Child Development*, *56*(2), 415-428.

Gumede, N. A., Young-Hauser, A. M., & Coetzee, J. K. (2017). Mother–daughter communication on intimate relationships: Voices from a township in Bloemfontein, South Africa. *Qualitative Sociology Review*, *13*(1), 228-244.

Guss, S. S., Morris, A. S., Bosler, C., Castle, S. L., Hays-Grudo, J., Horm, D. M., & Treat, A. (2018). Parents' adverse childhood experiences and current relationships with their young children: The role of executive function. *Early Child Development and Care*, *190*(7), 1042-1052.

Hall, J. C. (2015). Mother–daughter relationships, self-esteem, and problem solving: Do socialization practices matter? *Journal of Human Behavior in the Social Environment*, *25*(2), 137-146.

Harris, N. B. (2020). *Toxic childhood stress: The legacy of early trauma and how to Heal.* Bluebird.

Hartell, C., & Bosman, L. (2016). Beplanning van 'n navorsingsvoorstel vir nagraadse studie. In I. Joubert, C. Hartell, & K. Lombard, K. (Eds.), *Navorsing: 'n Gids vir die beginnernavorser* (pp. 19-72). Van Schaik.

Hartling, L., Milne, A., Tjosvold, L., Wrightson, D., Gallivan, J., & Newton, A.S. (2010). A systematic review of interventions to support siblings of children with chronic illness or disability. *Journal of Paediatrics and Child Health, 50*(10), e26-e38.

Hasseldine, R. (2017). *The mother–daughter puzzle: A new generational understanding of the mother–daughter relationship*. Women's Bookshelf Publishing.

Herman, D. B., Susser, E. S., Struening, E. L., & Link, B. L. (1997). Adverse childhood experiences: Are they risk factors for adult homelessness? *American Journal of Public Health*, *87*(2), 249-255.

Hicks, B. M., South, S. C., DiRago, A. C., Iacono, W. G., & McGue, M. (2009). Environmental adversity and increasing genetic risk for externalizing disorders. *Archives of General Psychiatry*, *66*(6), 640-648.

Hill, R. (1958). Generic features of families under stress. *Social Casework*, *39*(2-3), 139-150.

Hill, S. A., & Zimmerman, M. K. (1995). Valiant girls and vulnerable boys: The impact of gender and race on mothers' caregiving for chronically ill children. *Journal of Marriage and the Family*, *57*(1), 43-53.

Holborn, L., & Eddy, G. (2011). *First steps to healing the South African family*. South African Institute of Race Relations. https://irr.org.za/reports/occasional-reports/files/first-steps-to-healing-the-south-african-family-final-report-mar-2011.pdf/

Hollenstein, T., Tighe, A. B., & Lougheed, J. P. (2017). Emotional development in the context of mother–child relationships. *Current Opinion in Psychology, 17*, 140-144.

Holmes, T. R., Bond, L. A., & Byrne, C. (2012). The role of beliefs in mother-adolescent conflict: An application of the theory of planned behaviour. *Current Psychology*, *31*(2), 122-143.

Hooper, L. M. (2007). The application of attachment theory and family systems theory to the phenomena of parentification. *The Family Journal*, *15*(3), 217-223.

Hsueh, J., McCormick, M., Merrillees, C., Chou, P., & Cummings, E. M. (2018). Marital interactions, family intervention, and disagreements: A daily diary study in a low-income sample. *Family Process*, *57*(2), 359-379.

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*, *2*(8), e356-e366.

Jaasma, M. A., Jeffries, F., & Nainby, K. (2012). Negotiation of attachment/separation tension in relationships between mothers and daughters who are pursuing careers in academia. In A. H. Deakins, R. Bryant-Lockridge, & H. M. Sterk (Eds.), *Mothers and daughters: Complicated connections across cultures* (pp. 193-210). University Press of America.

Jackson, D. (2002). *Parenting with panache*. Wordsmiths.

Jaga, A., & Bagraim, J. (2017). Work-family conflict among Hindu mothers in South Africa. *International Journal of Manpower*, *38*(8), 1086-1101.

Jansen, J. D. (2016). Introduction to the language of research. In K. Maree (Ed.), *First steps in research* (2nd ed., pp. 15-24). Van Schaik Publishers.

Jaramillo-Sierra, A. L., Kaestle, C. E., & Allen, K. R. (2016). Daughters' anger towards mothers and fathers in emerging adulthood. *Sex Roles*, *75*, 28-42.

Joubert, I. (2016). Gevallestudie: Riglyne vir ontwerp en uitvoering van die navorsing. In I. Joubert, C. Hartell, & K. Lombard, K. (Dds.), *Navorsing: 'n Gids vir die beginnernavorser* (pp. 131-166). Van Schaik Publishers.

Kabat, R. (1996). A role-reversal in the mother–daughter relationship. *Clinical Social Work Journal*, *24*(3), 255-269.

Kelemen, M., & Rumens, N. (2008) *An Introduction to Critical Management Research.* Sage.

Kenway, J., & Fahey, J. (2008). Melancholic mothering: Mothers, daughters and family violence. *Gender and Education*, *20*(6), 639-654.

Keysar, B., Lin, S., & Barr, D. J. (2003). Limits on theory of mind use in adults. *Cognition*, *89*(1), 25-41.

Khan, M., & Renk, K. (2019). Mothers' adverse childhood experiences, depressive symptoms, parenting, and attachment as predictors of young children's problems. *Journal of Child Custody*, *16*(3), 268-290.

Kim, K., Birditt, K. S., Zarit, S. H., & Fingerman, K. L. (2019). Typology of parent–child ties within families: Associations with psychological well-being. *Journal of Family Psychology*, 34(4), 448-458.

Kleinsorge, C., & Covitz, L. M. (2012). Impact of divorce on children: Developmental considerations. *Pediatrics in Review*, *33*(4), 147-54.

Koerner, S. S., Jacobs, S. L., & Raymond, M. (2000). When mothers turn to their adolescent daughters: Predicting daughters' vulnerability to negative adjustment outcomes. *Family Relations*, *49*(3), 301-309.

Korolczuk, E. (2010). The social construction of motherhood and daughterhood in contemporary Poland – a trans-generational perspective. *Polish Sociological Review*, *172*(4), 467-485.

Laible, D. J., & Thompson, R. A. (2002). Mother–child conflict in the toddler years: Lessons in emotion, morality, and relationships. *Child development*, *73*(4), 1187-1203.

Lee, H. K. (2013). "I'm my mother's daughter, I'm my husband's wife, I'm my child's mother, I'm nothing else": Resisting traditional Korean roles as Korean American working women in Seoul, South Korea. *Women's Studies International Forum, 36*, 37-43.

Lee, M. B., Lester, P., & Rotheram-Borus, M.J. (2002). The relationship between adjustment of mothers with HIV and their adolescent daughters. *Clinical Child Psychology and Psychiatry, 7*(1), 71-84.

Lefkowitz, E. S., & Fingerman, K. L. (2003). Positive and negative emotional feelings and behaviors in mother–daughter ties in late life. *Journal of Family Psychology*, *17*(4), 607-617.

Lemmer, E. M., Meier, C., & Van Wyk, N. (2012). *Multicultural education: A manual of the South African teacher*. Van Schaik Publishers.

Leonard-Barton, D. (1990) A dual methodology for case studies: Synergistic use of a longitudinal single site with replicated multiple sites. *Organization Science*, *1*(3), 248-266.

Lesch, E., & Scheffler, F. (2015). "I want a better life for her": Father–adolescent daughter relationships in a minority, low-income South African community. *Marriage & Family Review, 51*(5), 441-465.

Levendosky, A. A., Bogat, G. A., & Huth-Bocks, A. C. (2011). The influence of domestic violence on the development of the attachment relationship between mother and young child. *Psychoanalytic Psychology*, *28*(4), 512.

Lo, S., Stone, R., & Ng, C. W. (2003). Work-family conflict and coping strategies adopted by female married professionals in Hong Kong. *Women in Management Review, 18*(4), 182-190.

Loeber, R., Hipwell, A., Battista, D., Sembower, M., & Stouthamer-Loeber, M. (2009). Intergenerational transmission of multiple problem behaviours: Prospective relationships between mothers and daughters. *Journal of Abnormal Child Psychology, 37*(8), 1035-1048.

Lombard, K. (2016). 'n Inleiding tot navorsing. In I. Joubert, C. Hartell, & K. Lombard (Eds.), *Navorsing: 'n Gids vir die beginnernavorser* (pp. 3-18). Van Schaik Publishers.

Louw, A. (2009). Sosiale ontwikkeling. In D. Louw, & A. Louw (Eds.), *Die ontwikkeling en veroudering van die volwassene* (pp. 193-266). Psychology Publications.

Louw, A., & Louw, D. (2007a). Die neonatale fase en babajare. In D. Louw, & A. Louw (Eds.), *Die ontwikkeling van die kind en die adolessent* (pp. 79-145). Psychology Publications.

Louw, A., & Louw, D. (2007b). Die vroeë kinderjare. In D. Louw, & A. Louw (Eds.), *Die ontwikkeling van die kind en die adolessent* (pp. 148-211). Psychology Publications.

Louw, A., Louw, D., & Ferns, I. (2007). Adolessensie. In D. Louw, & A. Louw (Eds.), *Die ontwikkeling van die kind en die adolessent* (pp. 276-347). Psychology Publications.

Louw, A., Richter, L., Duncan, N., & Louw, D. (2007). Weerloosheid, weerbaarheid en die regte van kinders. In D. Louw, & A. Louw (Eds.), *Die ontwikkeling van die kind en die adolessent* (pp. 348-391). Psychology Publications.

Madden, R. (2010). *Being ethnographic: A guide to the theory and practice of ethnography*. Sage Publications.

Main, M., Kaplan, K., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. In I. Bretherton, & E. Waters (Eds.),

Growing points of attachment theory and research: Monographs of the Society for Research in Child Development, *50*(209), 66-104.

Malia, J. A. (2006). Basic concepts and models of family stress. *Stress, Trauma, and Crisis*, *9*(3-4), 141-160.

Maree, K. (2016). Planning a research proposal. In K. Maree (Ed.), *First steps in research* (2nd ed., pp. 25-47). Van Schaik Publishers.

Maree, K., & Van der Westhuizen, C. N. (2009). *Head start in designing research proposals in the social sciences*. Juta and Company.

McCubbin, H. I. (1979). Integrating coping behaviour in family stress theory. *Journal of Marriage and Family, 41*(2), 237-244.

McCusker, K., & Gunaydin, S. (2019). Research using qualitative, quantitative or mixed methods and choice based on the research. *Sage Mixed Methods Research.* https://doi.org/10.4135/9781526498137

McHale, S. M., Updegraff, K. A., & Whiteman, S. D. (2012). Sibling relationships and influences in childhood and adolescence. *Journal of Marriage and Family*, *74*(5), 913-930.

McKenzie, J. A., & Loebenstein, H. (2007). Increasing parental recognition and involvement. In P. Engelbrecht, & L. Green (Eds.), *Responding to the challenges of inclusive education in Southern Africa* (pp. 186-202). Van Schaik Publishers.

McNeil Smith, S., & Landor, A. M. (2018). Toward a better understanding of African American families: Development of the sociocultural family stress model. *Journal of Family Theory & Review*, *10*(2), 434-450.

Melton, W. (1990). Life mapping. *American Secondary Education*, *18*(2), 23-25.

Merriam-Webster. (2020). *Merriam-Webster dictionary*. https://www.merriam-webster.com/dictionary

Mesidor, M., & Maru, M. (2015). Mother–daughter relationships in the recovery and rehabilitation of women with major depression. *Women & Therapy*, *38*(1-2), 89-113.

Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2016). Adverse childhood experiences and life opportunities: Shifting the narrative. *Children and Youth Services Review, 72*, 141-149.

Miller-Day, M. (2012). Two of me: Mothers and daughters in connection. In A. H. Deakins, R. Bryant Lockridge, & H. M. Sterk (Eds.), *Mothers and daughters: Complicated connections across cultures* (pp. 89-104). University Press of America.

Mills, A. J., Durepos, G., & Wiebe, E. (2012a). Multiple case designs. *Encyclopaedia of Case Study Research,* 583-584. https://methods-sagepub-com.uplib.idm.oclc.org/reference/encyc-of-case-study-research

Mills, A. J., Durepos, G., & Wiebe, E. (2012b). Intrinsic case study. *Encyclopaedia of Case Study Research,* 500-501). https://methods-sagepub-com.uplib.idm.oclc.org/reference/encyc-of-case-study-research

Mills, A. J., Durepos, G., & Wiebe, E. (2012c). Retrospective case study. *Encyclopaedia of Case Study Research,* 825-827. https://methods-sagepub-com.uplib.idm.oclc.org/reference/encyc-of-case-study-research

Mitchell, K. S., Booth, A., King, V., & Teachman, J. (2009). Adolescents with nonresident fathers: Are daughters more disadvantaged than sons? *Journal of Marriage and Family*, *71*(3), 650-662.

Mize, L. K., Valkyrie, K., Falley, C., Carney, A., Duson, S., McGuire, S., Jackson, C., & Watson, S. (1997). Mother/daughter dilemma: Research on issues of context for daughters. *Journal of Feminist Family Therapy*, *9*(1), 17-45.

Moen, M. (2019). The wrong direction: Childhood adversity and aggression in young children. *Child Abuse Research in South Africa*, *20*(2), 69-81.

Mottram, S. A., & Hortaçsu, N. (2005). Adult daughter aging mother relationship over the life cycle. *Journal of Aging Studies*, *19*(4), 471-488.

Nadler, D. (2015). What are relationship dynamics? And why it is important for you to know about it? https://drdenisenadler.com/what-are-relationship-dynamics/

Nagin, D. S., & Tremblay, R. E. (2005). Developmental trajectory groups: Fact or a useful statistical fiction? *Criminology*, *43*(4), 873-904.

Nagy, I. B., & Spark, G. (1973). *Invisible loyalties.* Harper & Row.

Nakazawa, D. J. (2015). *Childhood disrupted: How your biography becomes your biology, and how you can heal.* Simon and Schuster.

Nieuwenhuis, J. (2016a). Analysing qualitative data. In K. Maree (Ed.), *First steps in research* (2nd ed., pp. 104-126). Van Schaik Publishers.

Nieuwenhuis, J. (2016b). Introducing qualitative research. In K. Maree (Ed.), *First steps in research* (2nd ed., pp. 50-68). Van Schaik Publishers.

Nieuwenhuis, J. (2016c). Qualitative research designs and data-gathering techniques. In K. Maree (Ed.), *First steps in research* (2nd ed., pp. 72-102). Van Schaik Publishers.

Noller, P. (2005). Sibling relationships in adolescence: Learning and growing together. *Personal Relationships*, *12*(1), 1-22.

O'Neil, D. A, & Case, S. (2012). Reconnections for life enhancement: Daughters after mother loss. In A. H. Deakins, R. Bryant Lockridge, & H. M. Sterk (Eds.), *Mothers and daughters: Complicated connections across cultures* (pp. 21-45). University Press of America.

Ochieng, P. A. (2009). An analysis of the strengths and limitation of qualitative and quantitative research paradigms. *Problems of Education in the 21st Century*, *13*, 13-18.

Onayli, S., & Erdur-Baker, O. (2013). Mother–daughter relationship and daughter's self-esteem. *Procedia – Social and Behavioural Sciences*, *84*, 327-331.

Open University. (2022). Claire's timeline [Image]. https://www.open.edu/openlearncreate/mod/oucontent/view.php?id=75399&printable=1/

Opie, T. J., & Henn, C. M. (2013). Work-family conflict and work engagement among mothers: Conscientiousness and neuroticism as moderators. *SA Journal of Industrial Psychology*, *39*(1), 1-12.

Paal, T., & Bereczkei, T. (2007). Adult theory of mind, cooperation, Machiavellianism: The effect of mindreading on social relations. *Personality and Individual Differences, 43*(3), 541-551.

Paikoff, R. L., Carlton-Ford, S. C., & Brooks-Gunn, J. B. (1993). Mother–daughter dyads view the family: Associations between divergent perceptions and daughter well-being. *Journal of Youth and Adolescence, 22*(5), 473-492.

Panfile, T. M., Laible, D. J., & Eye, J. L. (2012). Conflict frequency within mother–child dyads across contexts: Links with attachment security and gender. *Early Childhood Research Quarterly, 27*(1), 147-155.

Patel, C. J., Beekhan, A., Paruk, Z., & Ramgoon, S. (2008). Work-family conflict, job satisfaction and spousal support: An exploratory study of nurses' experience. *Curationis, 31*(1), 38-44.

Pecchioni, L. L., & Nussbaum, J. F. (2000). The influence of autonomy and paternalism on communicative behaviors in mother–daughter relationships prior to dependency. *Health Communication, 12*(4), 317-338.

Phinney, J. S., & Ong, A. D. (2002). Adolescent-parent disagreements and life satisfaction in families from Vietnamese and European-American backgrounds. *International Journal of Behavioral Development, 26*(6), 556-561.

Pickering, C. E. Z., Mentes, J. C., Moon, A., Pieters, H. C., & Phillips, L. R. (2015). Adult daughters' descriptions of their mother–daughter relationship in the context of chronic conflict. *Journal of Elder Abuse & Neglect, 27*(4-5), 356-376.

Pillemer, K., Suitor, J. J., Pardo, S., & Henderson, C., Jr. (2010). Mothers' differentiation and depressive symptoms among adult children. *Journal of Marriage and Family, 72*(2), 333-345.

Pohl, J. M., Boyd, C., & Given, B. A. (1997). Mother–daughter relationships during the first year of caregiving: A qualitative study. *Journal of Women & Aging, 9*(1-2), 133-149.

Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology*, *52*(2), 137-145.

Portner, L. C., & Riggs, S. A. (2016). Sibling relationships in emerging adulthood: Associations with parent–child relationship. *Journal of Child and Family Studies*, *25*(6), 1755-1764.

Powell, K. (2010). Making sense of place: Mapping as a multisensory research method. *Qualitative Enquiry, 16*(7), 539-555.

Priel, B., & Besser, A. V. I. (2000). Adult attachment styles, early relationships, antenatal attachment, and perceptions of infant temperament: A study of first-time mothers. *Personal Relationships, 7*(3), 291-310.

Prinsloo, E. (2011). Socio-economic barriers to learning in contemporary society. In E. Landsberg, D. Kruger, & E. Swart (Eds.), *Addressing barriers to learning: A South African perspective* (p. 30)*. Van Schaik Publishers.

Pritchett, R., Pritchett, J., Marshall, E., Davidson, C., & Minnis, H. (2013). Reactive attachment disorder in the general population: A hidden ESSENCE disorder. *The Scientific World Journal*, *2013*, 1-6.

Provençal, N., Booij, L., & Tremblay, R. E. (2015). The developmental origins of chronic physical aggression: Biological pathways triggered by early life adversity. *Journal of Experimental Biology*, *218*(1), 123-133.

Rastogi, M. (2002). The mother-adult daughter questionnaire (MAD): Developing a culturally sensitive instrument. *The Family Journal: Counseling and Therapy for Couples and Families, 10*(2), 145-155.

Rastogi, M., & Wampler, K. S (1999). Adult daughters' perceptions of the mother–daughter relationship: A cross-cultural comparison. *Family Relations*, *48*(3), 327-336.

Ratele, K., Shefer, T., & Clowes, L. (2012). Talking South African fathers: A critical examination of men's constructions and experiences of fatherhood and fatherlessness. *South African Journal of Psychology*, *42*(4), 553-563.

Roos, V. (2008). The Mmogo-method™: Discovering symbolic community interactions. *Journal of Psychology in Africa*, *18*(4), 659-667.

Roos, V. (2012). The Mmogo-method™: An exploration of experiences through visual projections. *Qualitative Research in Psychology*, *9*(3), 249-261.

Roos, V. (Ed.). (2016). *Understanding relational and group experiences through the Mmogo-method®*. Springer International.

Roos, V., & Ferreira, L. (2008). Expressive art in cross-cultural group supervision: Applying the Mmogo-method™. *Journal of Psychology in Africa*, *18*(4), 581-589.

Ross, N. (2021). The effects of family culture on family foundations. https://www.cof.org/content/effects-family-culture-family-foundations/

Rothmann, S., Bosman, J., & Buitendach, J. H. (2005). Job insecurity, burnout and work engagement: The impact of positive and negative effectivity. *SA Journal of Industrial Psychology, 31*(4), 48-56.

Rule, P., & John, V. (2011). *Your guide to case study research*. Van Schaik Publishers.

Sadler, L. S., & Clemmens, D. A. (2004). Ambivalent grandmothers raising teen daughters and their babies. *Journal of Family Nursing*, *10*(2), 211-231.

Saez, M. (2011). Same-sex marriage, same-sex cohabitation, and same-sex families around the world: Why "same" is so different. *Journal of Gender, Social Policy & the Law, 19*(1), 1-55.

Samek, D. R., Wilson, S., McGue, M., & Iacono, W. G. (2018). Genetic and environmental influences on parent–child conflict and child depression through late adolescence. *Journal of Clinical Child & Adolescent Psychology*, *47*(S1), S5-S20.

Schotte, S., Zizzamia, R., & Leibbrandt, M. (2017). Social stratification, life chances and vulnerability to poverty in South Africa. Southern Africa Labour and Development Research Unit, University of Cape Town, Working Paper *208*(1), 1-45.

Schurink, W. J., Schurink, E. M., & Fouché, C. B. (2021). Thematic inquiry in qualitative research. In C. B. Fouché, H. Strydom, & W. J. H. Roestenburg (Eds.),

Research at grass roots: For the social sciences and human services professions (5th ed., pp. 289-310). Van Schaik.

Seekings, J. (2003). *Social stratification and inequality in South Africa at the end of apartheid*. Centre for Social Sciences Research, University of Cape Town. https://open.uct.ac.za/bitstream/handle/11427/19736/Seekings_Social_2003.pdf?sequence=1/

Sefotho, M. M. (2021). Research and professional practice. In C. B. Fouché, H. Strydom, & W. J. H. Roestenburg (Eds.), *Research at grass roots: For the social sciences and human services professionals,* (pp. 3-22). Van Schaik Publishers.

Sellers, K., Black, M. M., Boris, N. W., Oberlander, S. E., & Myers, L. (2011). Adolescent mothers' relationships with their own mothers: Impact on parenting outcomes. *Journal of Family Psychology, 25*(1), 117-126.

Shapiro, B. S. (2006). Bound together by chronic pain and trauma: A study of two mother–daughter relationships. *Psychoanalytic Inquiry*, *26*(1), 92-117.

Shawler, C. (2004). Aging mothers and daughters: Relationship changes over time. *Ageing International*, *29*(2), 149-177.

Sheehan, N. W., & Donorfio, L. M. (1999). Efforts to create meaning in the relationship between aging mothers and their caregiving daughters: A qualitative study of caregiving. *Journal of Aging Studies*, *13*(2), 161-176.

Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., Garner, A. S., McGuinn, L., Pascoe, J., & Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, *129*(1), e232-e246.

Silverman, D. (Ed.) (2020). *Qualitative research*. Sage Publications.

Simon, M. K., & Goes, J. (2012). Dissertation and scholarly research: Recipes for success. Create Space Independent Publishing Platform.

Smith, L. M., Hill, E. W., & Mullis, R. L. (1998). Relational perceptions in mother–daughter attachments. *Marriage & Family Review*, *27*(1-2), 37-49.

South African Children's Act 38 of 2005.

South African Government. (2014). Gauteng Social Development embarks on anti-substance and drug abuse campaign. https://www.gov.za/anti-substance-and-drug-abuse-campaign-eersterust/

Stangor, C. (2011). *Research methods for the behavioral sciences*. Nelson Education.

Statistics South-Africa. (2017). *South Africa demographic and health survey 2016: Key indicators report*.

Statistics South-Africa. (2018a). How do women fare in the South African labour market? http://www.statssa.gov.za/?p=11375/

Statistics South-Africa. (2018b). *Marriages and divorces*. https://www.statssa.gov.za/?p=11176

Sterk, H. M, & Deakins, A. H. (2012). Introduction. In A. H. Deakins, R. Bryant-Lockridge, & H. M. Sterk (Eds.), *Mothers and daughters: Complicated connections across cultures* (pp. xiii-xxv). University Press of America.

Strebel, A., Crawford, M., Shefer, T., Cloete, A., Henda, N., Kaufman, M., Simbayi, L., Magome, K., & Kalichman, S. (2006). Social constructions of gender roles, gender-based violence and HIV/AIDS in two communities of the Western Cape, South Africa. *SAHARA-J: Journal of Social Aspects of HIV/AIDS, 3*(3), 516-528.

Strydom, H. (2021). Contemporary data-collection methods. In C. B. Fouché, H. Strydom, H., & W. J. H. Roestenburg (Eds.), *Research at grass roots: For the social sciences and human services professions* (5th ed., pp. 335-354). Van Schaik Publishers.

Strydom, H., & Roestenburg, W. J. H. (2021). Ethical conduct in research with human participants. In C. B. Fouché, H. Strydom, H., & W. J. H. Roestenburg (Eds.), *Research at grass roots: For the social sciences and human services professions* (5th ed., pp. 117-136). Van Schaik Publishers.

Suitor, J. J., & Pillemer, K. (2006). Choosing daughters: Exploring why mothers favour adult daughters over sons. *Sociological Perspectives, 49*(2), 139-161.

Suzuki, L. A., Ahluwalia, M. K., Arora, A. K., & Mattis, J. S. (2007). The pond you fish in determines the fish you catch: Exploring strategies for qualitative data collection. *The Counseling Psychologist*, *35*(2), 295-327.

Swales, J. M. (2004). *Research genres: Explorations and applications*. Cambridge University Press.

Tennant, J. (2017). Why context is important for research. https://blog.scienceopen.com/2016/05/why-context-is-important-for-research/

Thobejane, T. D. (2015). Factors contributing to teenage pregnancy in South Africa: The case of Matjitjileng Village. *Journal of Sociology and Social Anthropology*, *6*(2), 273-277.

Thompson, L., & Walker, A. J. (1987). Mothers as mediators of intimacy between grandmothers and their young adult granddaughters. *Family Relations*, *36*(1), 72-77.

Thompson, R. (2007). Mothers' violence victimization and child behavior problems: Examining the link. *American Journal of Orthopsychiatry*, *77*(2), 306-315. https://doi.org/10.1037/0002-9432.77.2.306

Thoughtful Learning (2022). *Visual life map* [Image]. https://k12.thoughtfullearning.com/minilesson/drawing-life-map/

Treat, A. E., Sheffield Morris, A., Williamson, A. C., Hays-Grudo, J., & Laurin, D. (2019). Adverse childhood experiences, parenting, and child executive function. *Early Child Development and Care*, *189*(6), 926-937.

Treat, A. E., Sheffield-Morris, A., Williamson, A. C., & Hays-Grudo, J. (2020). Adverse childhood experiences and young children's social and emotional development: The role of maternal depression, self-efficacy, and social support. *Early Child Development and Care*, *190*(15), 2422-2436.

Turcotte, M. (2013). Family caregiving: What are the consequences? www.statcan.gc.za/

Usita, P. M., & Du Bois, B. C. (2005). Conflict sources and responses in mother–daughter relationships: Perspectives of adult daughters of aging immigrant women. *Journal of Women & Aging*, *17*(1-2), 151-165.

322

Van der Hoven, A. E. (1988). Social factors conducive to family violence. *Acta Criminologica: Southern African Journal of Criminology*, *1*(1), 34-38.

Van Doorn, M. D., Branje, S. J., & Meeus, W. H. (2011). Developmental changes in conflict resolution styles in parent–adolescent relationships: A four-wave longitudinal study. *Journal of youth and adolescence*, *40*(1), 97-107.

Varga, C. A. (2003). How gender roles influence sexual and reproductive health among South African adolescents. *Studies in Family Planning*, *34*(3), 160-172.

Varpio, L., Paradis, E., Uijtdehaage, S., & Young, M. (2020). The distinctions between theory, theoretical framework and conceptual framework. *Academic Medicine, 95*(7), 989-994.

Visser, M., Overbeek, M. M., De Schipper, J. C., Schoemaker, K., Lamers-Winkelman, F., & Finkenauer, C. (2016). Mother-child emotion dialogues in families exposed to interparental violence. *Journal of Child Custody*, *13*(2-3), 178-198.

Vosloo, C. (2020). Extreme apartheid: The South African system of migrant labour and its hostels. http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S1021-14972020000100001/

Wade, M., Sheridan, M. A., Zeanah, C. H., Fox, N. A., Nelson, C. A., & McLaughlin, K. A. (2020). Environmental determinants of physiological reactivity to stress: The interacting effects of early life deprivation, caregiving quality, and stressful life events. *Development and Psychopathology*, *32*(5), 1732-1742.

Weiten, W. (2014). *Psychology: Themes and variations* (South African ed.) Wadsworth Cengage Learning.

Wellman, H. M. (2012). Theory of mind: Better methods, clearer findings, more development. *European Journal of Developmental Psychology*, *9*(3), 313-330.

Wellman, H. M. (2014). *Making minds: How theory of mind develops*. Oxford University Press.

Wellman, H. M. (2018). Theory of mind: The state of the art. *European Journal of Developmental Psychology*, *15*(6), 728-755.

Whalen, D. J., Scott, L. N., Jakubowski, K. P., McMakin, D. L., Hipwell, A. E., Silk, J. S., & Stepp, S. D. (2014). Affective behavior during mother–daughter conflict and borderline personality disorder severity across adolescence. *Personality Disorders: Theory, Research, and Treatment*, *5*(1), 88-96.

Wheeldon, J., & Faubert, J. (2009). Framing experience: Concept maps, mind maps and data collection in qualitative research. *International Journal of Qualitative Methods*, *8*(3), 68-83.

Whitebread, D., Grau, V., Kumpulainen, K., McClelland, M. M., Perry, N., & Pino-Pasternak, D. (Eds.). (2019). *The Sage handbook of developmental psychology and early childhood education.* Sage Publications.

Winograd, W. (2016). Demeter's compromise: Separation, loss, and reconnection in mothers with daughters entering adulthood. *Psychoanalytic Social Work, 23*(1), 23-41.

World Health Organisation. (2020). *Adolescent pregnancy*. https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

Worth, N. (2011). Evaluating life maps as a versatile method for life course geographies. *Area*, *43*(4), 405-412.

Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Sage Publications.

Yu, T., Pettit, G. S., Lansford, J. E., Dodge, K. A., & Bates, J. E. (2010). The interactive effects of marital conflict and divorce on parent-adult children's relationships. *Journal of Marriage and Family*, *72*(2), 282-292.

Addenda

Addendum A: Semi-structured interview questions

1) Semi-structured interview: Mother

Background and confidentiality will be discussed with the mother before the interview. The following interview questions will be asked to the mothers during their semi-structured interview:

1. Tell me about yourself (Probe: Married? How many children?)
2. Tell me a little more about your relationship with your daughter.
3. How did you experience your relationship with your daughter during her childhood, and …
4. During her adolescence?
5. Describe a time when you felt distant from your daughter. (Probe: Follow-up question: Has it always been this way?)
6. What behaviour/types of behaviour of your daughter is the most difficult to handle?
   How do you react to her difficult behaviour?
7. Has there ever been a time where one or both of you reacted violently during conflict? Probe (Explain the trigger situation)
8. Do you and your daughter communicate on a frequent basis?
9. Are there any external factors that contribute to the current stance of your relationship?
10. In what ways are you and your daughter similar?
11. In what ways are you and your daughter different?
12. Tell me about your relationship with your own mother.
13. How does your conflicted relationship with your daughter influence your overall wellbeing?
14. What do you think is the hardest thing about your relationship?
15. What do you wish your daughter knew about you that she does not know?
16. What advice do you have for mothers and daughters that experience conflict?

325

2) Semi-structured interview: Daughter

Background and confidentiality will be discussed with the daughter before the interview. The following interview questions will be asked to the daughters during their semi-structured interview:

1. Tell me about yourself (Probe: Married? How many children?)
2. Tell me a little more about your relationship with your mother.
3. How did you experience your relationship with your mother during your childhood, and …
4. During your adolescence?
5. Describe a time when you felt distant from your mother. (Probe: Follow-up question: Has it always been this way?)
6. What behaviour/types of behaviour of your mother is the most difficult to handle? How do you react to her difficult behaviour?
7. Has there ever been a time where one or both of you reacted violently during conflict?
8. If conflict became violent, explain the trigger situation.
9. Do you and your mother communicate on a frequent basis?
10. Are there any external factors that contribute to the current stance of your relationship?
11. In what ways are you and your mother similar?
12. In what ways are you and your mother different?
13. How does your conflicted relationship with your mother influence your overall wellbeing?
14. What do you think is the hardest thing about your relationship?
15. What do you wish your mother knew about you that she does not know?
16. What advice do you have for mothers and daughters that experience conflict?

3) Semi-structured interview: Mother and daughter

Background and confidentiality will be discussed with the mothers and daughters before the interview. The following interview questions will be asked when the mother and daughter are present during the last semi-structured interview:

1. How would you describe your relationship?
2. What areas in your relationship are you most concerned about?
3. Can you describe to me what happens when you argue?
4. Tell me more about a time when you experienced the most conflict in your relationship. How did it affect your current relationship?
5. Were there any major life events that had a significant impact on your relationship?
6. What motivates you to maintain the relationship?
7. What do you enjoy doing together?
8. Is there anything that you want to say to each other in response to this interview?
9. How do you see your relationship in the future?
10. Do you have any other questions?

Addendum B: Observation checklist

When the participants are constructing the visual object for the Mmogo method, the following observation checklist will be used:

Observation checklist
Date:
Participant/s:
Research site:
1. How do mothers and daughters interact with one another?
2. Does the mother or the daughter dominate the situation? (Eg. Does the mother or daughter submit to the other, possibly causing conflict?)
3. What emotions do the mother and daughter express?
4. What facial expressions or aspects of body language can be documented?
5. In what manner does the mother and daughter speak to each other?
General

Addendum C: Mmogo method

In the application of the Mmogo method, there are four distinct phases that are led by an open-ended prompt by the researcher, which is as follows:

"Please use the materials that are provided to build any object of your choice."

Phase 1:

The researcher and research assistant must create the context for participation by all members.

Phase 2:

The participants are all asked to sit around the table. All the participants are provided with a container that contains the following: malleable clay, beads or buttons in different colours, dried grass stalks (or a suitable substitute) and a circular piece of cloth to work on. The participants now receive the open-ended prompt and start the construction of the object. When the participant is finished, the object is photographed.

Phase 3:

In this phase, each participant explains her visual object and the other participants discuss individual interpretations of the objects they have made, adding their views of the object made. Conversations with individual participants as well as the other participants' views will be recorded and transcribed and used for further data analysis.

Phase 4:

The session is concluded by debriefing the participants.

329

Addendum D: Life map

Each participant will receive a blank page with an empty timeline on it. Participants have to add dates and information on significant memories of their lives, with specific reference to their mother–daughter relationship.

330

Addendum E: Letter of consent (mother)

Dear Participant

Permission to participate in a PhD research project.

I am currently enrolled for my doctoral studies in the Department of Early Childhood Education at the University of Pretoria. The title of my dissertation is: *A retrospective analysis of childhood experiences in relationships.*

The purpose of the study is to explore and describe the dynamics of the conflicted mother–daughter relationship, taking into consideration the role that conflict and disagreements have played throughout their lives. Conducting a retrospective analysis will allow me to look at past experiences that may have contributed to the conflicted relationship.

Gaining insight into mother–daughter relationships might assist us in strengthening the interpretation and application of current policies in the Foundation Phase curriculum. Training and informing teachers and parents on important aspects, such as the value and necessity of the mother–daughter relationship and the influence thereof on the social and emotional wellbeing of the young child, may lead to future development of preventative programmes that can be set up in schools and communities to educate community members in the neighbourhood as well.

I would like to set up an interactive session with you. During this session, three semi-structured interviews will be conducted. The first interview will be with you, the mother. This will be followed by the interview with your daughter. The last interview will include you and your daughter. When the interviews are completed, I will guide

you in completing the next part. Each mother and daughter will complete a life map, where major life events are chronologically placed on a timeline. All the mother–daughter pairs will also be asked to construct a visual object depicting their relationship by using open-ended materials such as clay, beads, and straws. After you have constructed the visual object, you will explain the meaning of the object to other participants in a group setting, where after other participants can add their views. During this activity, your anonymity can only be partially ensured. The method is called the Mmogo method. A research assistant will be present throughout the completion of the Mmogo method. This assistant will help me with the general set-up of the venue, while also taking photos of the clay objects and writing down observations that were made during the construction phase. After the session I will have a discussion with you and give feedback to you as mother–daughter pair. A registered psychologist will be available throughout the research process.

During the interview and the construction of the visual object, I will use a recorder to record the research. I will also be making notes during our conversations. I will make use of pseudonyms in the research study to protect your identity. Only myself, my supervisors and the research assistant will have access to the recordings, and we will regard the information collected during the course of the study as confidential and anonymous. The research assistant will sign a confidentiality agreement whereby they agree not to disclose any information related to the study to anyone other than the principal investigator of this study. Your daughter will also sign a letter of consent to participate in this study. Due to the sensitive nature of this study, I will disclose any sensitive information that may arise during the data generation to you, the mother, if I feel that your child is at risk to self or may cause harm to others.

Your decision to participate in the study is voluntary, and you may withdraw your participation at any given time. There will be no negative consequences if you decide to withdraw from the study. The researcher will give each participant feedback about the research findings once the study has been completed.

The activities are structured as follow:

Activity	Duration
Semi-structured interview: Mother	30-35 Minutes.
Semi-structured interview: Daughter	30-35 Minutes.
Semi-structured interview: Mother and daughter	30-35 Minutes.
Life Map	15 Minutes.
Mmogo method: Construction of visual object	1 Hour.
Discuss the outcome of the visual object that was constructed by the participant.	10 Minutes per participant.

If you choose to participate in the study, please sign the consent form at the end of this letter to confirm your participation in the study. A copy of this form will be given to you. If you require any further information about the research, feel free to contact me at 082 667 1756, or you can contact my supervisor, Dr. Melanie Moen at 012 420 5632 during office hours.

I also would like to request your permission to use your data, confidentially, and anonymously, for further research purposes, as the data sets are the intellectual property of the University of Pretoria. Further research may include secondary data analysis and using the data for teaching purposes. The confidentiality and privacy applicable to this study will be binding on future research studies.

Your contribution is highly appreciated.

_____   _____

Dr. Melanie Moen (Supervisor)   Dr. Hannelie du Preez (Supervisor)

_____

Miss Carli Schoeman (Researcher)

Consent Form:

I, _____ (name and surname of participant) hereby give permission to participate in the research study. I agree to the following:

1. I consent that samples may be collected from my individual semi-structured interview, life map, and my visual object constructed during the Mmogo method.
2. I authorise the researcher to do research and include information from semi-structured interviews, observations, life map, and the visual object constructed during the Mmogo method for data analysis.
3. I consent that further research may include secondary data analysis and data may be used for teaching purposes.
4. I understand that the researcher will adhere to the research ethics principles of:
   - Voluntary participation, i.e. I give my consent to participate in the study on a voluntary basis and I can withdraw at any stage.
   - Informed consent, i.e. My decision to participate was based on information provided by the researcher.
   - Privacy and confidentiality: Referring to the anonymity and confidentiality of my participation.

Signed on the _____ day of _____ at _____.

_____

Signature: Participant

Addendum F: Letter of consent (daughter)

Dear Participant

Permission to participate in a PhD research project.

I am currently enrolled for my doctoral studies in the Department of Early Childhood Education at the University of Pretoria. The title of my dissertation is: *A retrospective analysis of childhood experiences in conflicted relationships.*

The purpose of the study is to explore and describe the dynamics of the conflicted mother–daughter relationship, taking into consideration the role that conflict and disagreements have played throughout their lives. Conducting a retrospective analysis will allow me to look at past experiences that may have contributed to the conflicted relationship.

Gaining insight into mother–daughter relationships might assist us in strengthening the interpretation and application of current policies in the Foundation Phase curriculum. Training and informing teachers and parents on important aspects, such as the value and necessity of the mother–daughter relationship and the influence thereof on the social and emotional wellbeing of the young child, may lead to future development of preventative programmes that can be set up in schools and communities to educate community members in the neighbourhood as well.

I would like to set up an interactive session with you. During this session, three semi-structured interviews will be conducted. The first interview will be with your mother. This will be followed by the interview with you, the daughter. The last interview will include you and your mother. When the interviews are completed, I will guide you in

335

completing the next part. Each mother and daughter will complete a life map, where major life events are chronologically placed on a timeline. All the mother–daughter pairs will also be asked to construct a visual object depicting their relationship by using open-ended materials such as clay, beads, and straws. After you have constructed the visual object, you will explain the meaning of the object to other participants in a group setting, where after other participants can add their views. During this activity, your anonymity can only be partially ensured. The method is called the Mmogo method. A research assistant will be present throughout the completion of the Mmogo method. This assistant will help me with the general set-up of the venue, while also taking photos of the clay objects and writing down observations that were made during the construction phase. After the session I will have a discussion with you and give feedback to you as mother–daughter pair. A registered psychologist will be available throughout the research process.

During the interview and the construction of the visual object, I will use a recorder to record the research. I will also be making notes during our conversations. I will make use of pseudonyms in the research study to protect your identity. Only myself, my supervisors and the research assistant will have access to the recordings, and we will regard the information collected during the course of the study as confidential and anonymous. The research assistant will sign a confidentiality agreement whereby they agree not to disclose any information related to the study to anyone other than the principal investigator of this study. Due to the sensitive nature of this study, I am obligated to disclose any sensitive information that may arise during the data generation to your mother if I feel that you are at risk to self or may cause harm to others.

Your decision to participate in the study is voluntary, and you may withdraw your participation at any given time. There will be no negative consequences if you decide to withdraw from the study. The researcher will give each participant feedback about the research findings once the study has been completed.

The activities are structured as follow:

Activity	Duration
Semi-structured interview: Mother	30-35 Minutes.
Semi-structured interview: Daughter	30-35 Minutes.
Semi-structured interview: Mother and daughter	30-35 Minutes.
Life Map	15 Minutes.
Mmogo method: Construction of visual object	1 Hour.
Discuss the outcome of the visual object that was constructed by the participant.	10 Minutes per participant.

If you choose to participate in the study, please sign the consent form at the end of this letter to confirm your participation in the study. A copy of this form will be given to you. If you require any further information about the research, feel free to contact me at 082 667 1756, or you can contact my supervisor, Dr. Melanie Moen at 012 420 5632 during office hours.

I also would like to request your permission to use your data, confidentially, and anonymously, for further research purposes, as the data sets are the intellectual property of the University of Pretoria. Further research may include secondary data analysis and using the data for teaching purposes. The confidentiality and privacy applicable to this study will be binding on future research studies.

Your contribution is highly appreciated.

_____   _____

Dr. Melanie Moen (Supervisor)   Dr. Hannelie du Preez (Supervisor)

_____

Miss Carli Schoeman (Researcher)

Consent Form:

I, _____ (name and surname of participant) hereby give permission to participate in the research study. I agree to the following:

1. I consent that samples may be collected from my individual semi-structured interview, life map, and my visual object constructed during the Mmogo method.

2. I authorise the researcher to do research and include information from semi-structured interviews, observations, life map, and the visual object constructed during the Mmogo method for data analysis.

3. I consent that further research may include secondary data analysis and data may be used for teaching purposes.

4. I understand that the researcher will adhere to the research ethics principles of:

   - Voluntary participation, i.e. I give my consent to participate in the study on a voluntary basis and I can withdraw at any stage.

   - Informed consent, i.e. My decision to participate was based on information provided by the researcher.

   - Privacy and confidentiality: Referring to the anonymity and confidentiality of my participation.

Signed on the _____ day of _____ at _____.

_____

Signature: Participant

Addendum G: Letter of consent (research assistant)

Whom it may concern

I am currently enrolled for my doctoral studies in the Department of Early Childhood Education at the University of Pretoria. The title of my dissertation is: *A retrospective analysis of childhood experiences in conflicted relationships.*

The purpose of the study is to explore and describe the dynamics of the conflicted mother–daughter relationship, taking into consideration the role that conflict and disagreements have played throughout their lives. Conducting a retrospective analysis will allow me to look at past experiences that may have contributed to the conflicted relationship. Gaining insight into mother–daughter relationships might assist us in strengthening the interpretation and application of current policies in the Foundation Phase curriculum. Training and informing teachers and parents on important aspects, such as the value and necessity of the mother–daughter relationship and the influence thereof on the social and emotional wellbeing of the young child, may lead to future development of preventative programmes that can be set up in schools and communities to educate community members in the neighbourhood as well.

During this session, three semi-structured interviews will be conducted. The first interview will be with the mother. This will be followed by the interview with the daughter. The last interview will include the mother and daughter. Each mother and daughter will complete a life map, where major life events are chronologically placed on a timeline. All the mother–daughter pairs will also be asked to construct a visual object depicting their relationship by using open-ended materials such as clay, beads, and straws. After the participants constructed their visual object, they will

339

explain the meaning of the object to other participants in a group setting, where after other participants can add their views. The method is called the Mmogo method. After the session I will have a discussion with you and give feedback to the mother– daughter pair. A registered psychologist will be available throughout the research process.

The activities are structured as follow:

Activity	Duration
Semi-structured interview: Mother	30-35 Minutes.
Semi-structured interview: Daughter	30-35 Minutes.
Semi-structured interview: Mother and daughter	30-35 Minutes.
Life Map	15 Minutes.
Mmogo method: Construction of visual object	1 Hour.
Discuss the outcome of the visual object that was constructed by the participant.	10 Minutes per participant.

The role of the research assistant will be as follow:

- The research assistant will only be part of the Mmogo method's data generation.
- He/she will assist me with the general set-up of the venue. He/she will help me to pack the tables and chairs in a circle. We will also set out each participant's materials.
- General administration: The research assistant will assist me in providing the researcher and each participant with a name tag for easy identification, making sure that each participant signs the letter of informed consent and preparing the refreshments.
- The research assistant will take photos of the visual object once they are done.
- The research assistant will assist with the audio recorder, making sure that the recorder is close enough if someone starts speaking.
- The research assistant will answer participant's questions if something is unclear to them.

- The research assistant will assist me in documenting observations that were made during the data generation phase.
- Assist with the debriefing of participants after the data generation took place. They can discuss their experience of the data generation and they can approach the researchers if they have any questions.
- The main researcher and the research assistant will debrief as soon as the data generation is finished, in order to discuss how events unfolded, and discussing how their presence could have influenced the participants and the quality of the data collected.

You will be asked to submit your CV in order to ensure that you have received sufficient training for the Mmogo method. In order to adhere to the University of Pretoria's ethical requirements, you will be required to keep all research information confidential, and not discuss it with anyone except the principal investigator. You will also be required to treat all participants equally and impartially throughout the data generation. If you choose to participate in the study, please sign the confidentiality agreement at the end of this letter to confirm your participation in the study. A copy of this form will be given to you.

If you require any further information about the research, feel free to contact me at 082 667 1756, or you can contact my supervisors, Dr. Melanie Moen at 012 420 5632 or Dr. Hannelie du Preez at 012 420 5542 during office hours.

Your contribution is highly appreciated.

_____   _____

Dr. Melanie Moen (Supervisor)   Dr. Hannelie du Preez (Supervisor)

_____

Miss Carli Schoeman (Researcher)

341

Confidentiality Agreement:

In order to maintain confidentiality, I agree to:

- Keep all research information that is shared with me (e.g. flash drives, notes, transcripts, data, etc.) confidential by not discussing or sharing this information verbally or in any format with anyone other than the principal investigator of this study;
- Not make copies of documents and/or data related to the research study unless specifically instructed to do so by the principal investigator;
- Give all research information/data and research participant information/data back to the principal investigator upon completion of my duties as a research assistant;
- After discussing it with the principal investigator, erase or destroy all research information that cannot be returned to the principal investigator upon completion of my duties as a research assistant;
- Adhere to the ethical guidelines as stipulated by the University of Pretoria;
- Treat all participants impartially and equally.

By signing this form I acknowledge that I have reviewed, understand, and agree to adhere to the expectations for a research assistant described above. I agree to maintain confidentiality while performing my duties as a research assistant and recognise that failure to comply with these expectations may result in disciplinary action.

Date: _____

Research assistant (Print name): _____

_____   _____

Signature: Research assistant   Witness

Addendum H: Adverse childhood experiences (ACE) questionnaire

<u>What is my ACE score?</u>

Prior to your eighteenth birthday:

1. Did a parent or other adult in the household **often…**
   Swear at you, insult you, put you down, humiliate you?
   or
   Act in a way that made you afraid you might be physically hurt?
   Yes   No   If yes enter 1 _____

2. Did a parent or other adult in the household **often…**
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes   No   If yes enter 1 _____

3. Did an adult or person at least five years older than you **ever…**
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Attempt or actually have oral, anal, or vaginal intercourse with you?
   Yes   No   If yes enter 1 _____

4. Did you **often** feel that…
   No one in your family loved you or thought you were important or special?
   or
   Your family did not look out for each other, feel close to each other, or support each other?
   Yes   No   If yes enter 1 _____

5. Did you **often** feel that…
   You did not have enough to eat, had to wear dirty clothes, and had no one to protect you?

343

or

Your parents were too drunk or too high to take care of you or take you to the doctor if you needed it?

Yes   No   If yes enter 1 _____

6. Were your parents ever separated or divorced?

Yes   No   If yes enter 1 _____

7. Was your mother or stepmother…

   Often pushed, grabbed, slapped, or had something thrown at her?

   or

   Sometimes or **often** kicked, bitten, hit with a fist, or hit with something hard?

   or

   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

   Yes   No   If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

   Yes   No   If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

   Yes   No   If yes enter 1 _____

10. Did a household member go to prison?

    Yes   No   If yes enter 1 _____

Now add up your "Yes" answers: _____

This is your ACE score.

Addendum I: Referral to trained counsellor or psychologist

Due to the sensitive nature of this research inquiry, all participants were referred to a trained counsellor or psychologist in their area of residence. Participants were given the option to contact one of the following centres where trained counsellors and psychologists are available:

1. Pretoria Child and Family Care Society:
   - Tel: 012 460 9236
   - Address: 610 Kanna Road, Eersterust, Pretoria, 0022

2. LifeLine Pretoria:
   - Tel: 012 804 1853
   - Address: 71 Watermeyer Street, Val de Grace, Pretoria, 0184

3. Dippenaar Counselling
   - Tel: 072 597 8955
   - Address: 97 Trouw Street, Capital Park, Pretoria, 0084

4. Families South Africa (FAMSA) Pretoria
   - Tel: 012 460 0733; 012 460 0738; 012 346 3058
   - Address: 218 Lange Street, Brooklyn, Pretoria, 0181

5. LIG Therapy Centre
   - Tel: 072 632 5295
   - Email address: admin@ligkinderbediening.co.za