

**Experiences of modern-day motherhood and work:
An interpretative phenomenological study of
professional working mothers' self-care and coping**

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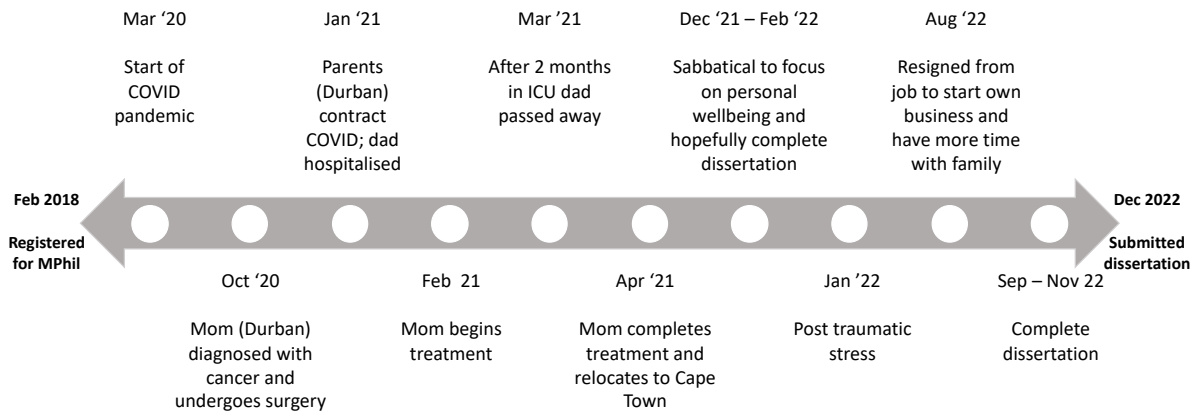
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Completing my dissertation has been a journey. I registered for my MPhil in 2018 and was well underway to complete in 2020. Then COVID turned the world into turmoil. Many suffered but little could I have predicted the effect on my life. For more than two years I struggled to give it attention, despite my efforts. I lacked time, energy and mental capacity based on everything else going on in life.



In addition to COVID and all that it brought, managing work and my team, trips to Durban to attend to my ill parents and their affairs, and being available for my child, my dissertation was the last thing on my mind. Despite all this, I have been blessed with a wonderful ecosystem of support that has enabled fruition of this goal.

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And last, yet most importantly, I honour myself for not giving up despite the challenges.

ABSTRACT

Experiences of modern-day motherhood and work: An interpretative phenomenological study of professional working mothers' self-care and coping

This study explores the experiences and understandings of self-care and coping in professional working women in South Africa who are first-time mothers. Working mothers find it difficult to balance work and home responsibilities, and often at the expense of self-care.

The sample comprised five mothers of singletons working in business or the corporate sector, who had integrated back into work for at least six months after maternity leave. They began by drawing a picture of how they saw themselves coping with the demands of being a professional working mother. Their portrayal provided a strong introduction to the conversation about their experiences of self-care and coping post-motherhood. Data was collected using semi-structured interviews. The interviews were analysed using interpretative phenomenological analysis.

The participants descriptions highlighted the challenges of meeting the demands of being a working professional and a first-time mother. The participants' accounts offered deep insights into their experiences of motherhood, self-care and coping. This study suggests that participants found the experience of motherhood a transition that they were not fully prepared for, regarding increased demands and unrealistic expectations. There was a strong sense of pressure on them to live up to the ideals of motherhood. Self-care was challenging particularly once they had returned to work in relation to time, energy, and support.

Self-care was an enabler to coping and lack of self-care led to poor coping.

Keywords: professional working mothers, self-care, coping, interpretative phenomenological analysis (IPA)

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ACRONYMS AND ABBREVIATIONS

BAM:	Becoming a mother
COR:	Conservation of resources
ES:	Experiential statement
ESs:	Experiential statements
FTPWM:	First-time professional working mother
FTPWMs:	First-time professional working mothers
GET:	Group experiential theme
GETs:	Group experiential themes
IPA:	Interpretative Phenomenological Analysis
MRA:	Maternal role attainment
PET:	Personal experiential theme
PETs:	Personal experiential themes

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.1 Introduction

Working mothers find it difficult to balance work and home responsibilities, and often at the expense of self-care (Barkin & Wisner, 2013; Crosby, 1991; Dugan & Barnes-Farrell, 2020; Herbst et al., 2007; Hochschild & Machung, 1990; Horne et al., 2005; Vanderkam, 2015). Much research has been done on working mothers and work-life balance, work-life conflict, and even work-life enrichment within management studies or organisational psychology; however, little is known about their self-care and coping.

The term working mother is commonly used to define a woman who has a paid job outside the home, in addition to the responsibility of raising children (Hochschild & Machung, 1990; Dufu, 2017). This definition has been maintained for ease of reference to the target population. For the purposes of the research, the target population was mid-career (approximately 10–20 years' experience) women who work in formal jobs within a corporate environment and were new mothers, henceforth referred to as first-time professional working mothers (FTPWMs).

Quantitative information helps to establish and understand *if* there are relationships between factors, whereas qualitative information helps to understand *why* relationships exist. Most of the extant literature is focused on work-life interfaces and interactions using quantitative approaches. The constructs of the hypothesis and instruments therefore predetermine the scope and reach of the data. Furthermore, the well-validated instruments often used to measure maternal health constructs often omit or underemphasise self-care (Barkin & Wisner, 2013). This study therefore focuses on a qualitative approach in exploring FTPWMs' lived experiences of self-care and coping. The purpose of this research is to understand the self-care practices of professional working women who are first-time mothers and their perspectives on the relationship to coping in their personal and professional lives.

Self-care in its simplest form describes activities or behaviours that involve caring for oneself. These may be further categorised as physical or emotional. Self-care is also associated with leisure, referred to as play in some literature, and is linked to well-being. McGowan (2002) defines self-care as activities that enhance health, prevent disease, limit illness, and restore health, thereby linking it to physical, mental, and social well-being.

Becoming a parent is a significant life change. New parenthood is considered the second major new role acquisition in adulthood after the acquisition of a partner (Atkinson et al., 1990). The ‘second shift’ (Hochschild & Machung, 1990) of working mothers, focused on home and childcare, impacts time and energy resources negatively (Dugan & Barnes-Farrell, 2020). Furthermore, resource availability relates positively to self-care and negatively to stress, which may influence their ability to cope. Dugan and Barnes-Farrell’s research further indicate that self-care was also associated with several well-being and work-related outcomes.

Women comprise approximately 51% of the South African population (Statistics South Africa, 2017) and make up about 38% of the workforce according to the Quarterly Labour Force Survey Q1: 2018 (Statistics South Africa, 2018). In today’s global and highly mobile workforce, keeping female talent post-motherhood while allowing them to flourish in their new role as parent should be an important factor for organisational skills retention (Bizcommunity, 2018).

The focus of extant literature on work-life interfaces and interactions using quantitative approaches results in the richness of women’s lived experience as working mothers being lost in the data. Oakley (1997) states that there is only one way to find out how women actually experience motherhood, and that is by listening to what they have to say. Hence, the aim is to undertake a deep, qualitative study on the topic to enhance the current literature regarding the contextual factors impacting on self-care for working mothers.

1.2 Research aims and objectives

This study aims to contribute to the body of knowledge about working mothers by using an interpretative phenomenological analysis (IPA) – a qualitative, idiographic approach to explore their experiences of self-care and coping thereby placing participants’ lived experience at the centre of the research of work and motherhood. A single research question provided an opportunity for deep exploration with sub-questions used as a conceptual guide:

What are the experiences of first-time professional working mothers (FTPWMs) with self-care and coping?

- How do FTPWMs understand coping?
- How do FTPWMs understand self-care?

- How do FTPWMs make sense of the relationship between self-care and coping?
- What enablers and constraints do FTPWMs experience?

The intent is to explore the impacts on a personal, interpersonal, and group level from the perspective of a social scientist.

This research is in fulfilment of a Master's in Philosophy (MPhil) in the field of Inclusive Innovation. Inclusive innovation, associated with social entrepreneurship, is described by the University of Cape Town's (UCT) Graduate School of Business (GSB) as part of the MPhil programme as the development of new products, services, or processes (or a combination thereof) that improves peoples' lives (UCT GSB, 2022: <https://www.gsb.uct.ac.za/academic-programmes/mphil>). Often these innovations exist to fill gaps that government and commercial markets do not or unsuccessfully cater for (Phillips et al., 2019). In relation to the shifts and challenges new working mothers face, there is a gap in what exists institutionally to cater for their individual and collective needs, specifically with regard to self-care. Most formal offerings focus on support to manage the increased load and time pressure, or on childcare. Informally, women may join networks for social interaction and emotional and psychological support through social support initiatives and fellow mothers. Little exists that focuses on women maintaining their well-being and self-care needs as part of the new demands on their time and energy.

Social innovation is a driver of and catalyst for social change (Cajaiba-Santana, 2014; Mair & Martí, 2006). Cajaiba-Santana strongly suggests that it is not about problem resolution but rather about the change it brings about. In this context, a qualitative study exploring working mothers' practices of self-care and coping would form an important basis for understanding their lived experience and the impacts and opportunities for shifts on an individual and systemic level within their environments, as one way to influence social change in the roles and expectations of working mothers. The insights gained will inform the praxis at the end of this study.

1.3 Chapter outline

Chapter one covers the research problem and the intent of this research while chapter two provides a view of the relevant literature and theoretical framework. Chapter three outlines the research methodology including the rationale for the chosen approach. Chapter four presents

the findings of this study which are then discussed in relation to existing literature in chapter five. Finally, chapter six concludes this study and provides recommendations based on the findings as well as rich areas for future research. It is important to state that all interviews were conducted prior to COVID and hence this study does not explore the added intensity of challenges working mothers experienced during COVID, save for a reference to it's impact in chapter two.

This study uses gender-neutral pronouns when referencing literature. For participants and people they spoke about, gender-specific pronouns are used as indicated by the participants. Lastly, in referring to the researcher, first-person and third-person is used interchangeably as academic writing usually indicates third-person while IPA favours first-person. Chapter three deliberately uses first person for research sampling, data collection and analysis to indicate the close engagement with the IPA process and data.

1.4 Chapter summary

This chapter presented a high level context of the issues with self-care and coping in modern-day motherhood and the research aims and objectives of this study. It expressed opportunity for a qualitative, idiographic approach to understanding self-care and coping of FTPWMs and a lens of social innovation where government or commercial solutions may be absent. The chapter concluded with a brief outline of the chapters of this study. The next chapter presents a review of relevant literature.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Juggling, ‘second shift’ (Hochschild & Machung, 1990), and the job of being a mother are metaphors that are often used to describe the challenges of working mothers (Crosby, 1991; Dugan & Barnes-Farrell, 2020; Hochschild & Machung, 1990). The role of women in society has been evolutionary over the centuries (April & Mooketsi, 2011; Crosby, 1991; Hochschild & Machung, 1990). Over a century ago women were in the business of child-bearing, child-rearing and caring for the home while potentially tending the family fields (Crosby, 1991; Hochschild & Machung, 1990). Within the last century, women transitioned to being urban housewives and after the embedding of industrialisation began entering the paid workforce outside of the home which led to the term ‘working mother’. However, this term is somewhat obsolete and redundant in modern-day as women working outside the home is now a norm with women accounting for approximately 43% of the total labour force in South Africa (Statistics South Africa, 2015) while their male counterparts are not referred to as working fathers (Crosby, 1991; Hochschild & Machung, 1990).

This shift in mothers’ focus begs the question, who is then responsible for childcare? Enter the world of paid childcare, the double-day and challenge of equalising home load and the impact of this on women and all aspects of their lives. Through the centuries, this shift has impacted on women’s value and identities from attractiveness and ability to raise a family to earnings and authority at work. These changes require a shift from patriarchy to a more egalitarian way of being for women, men, and society (Dufu, 2017; Hochschild & Machung, 1990; Peters, 1997).

In addition to patriarchy and industrialisation, westernisation and individualism (Crosby, 1991; Dufu, 2017) have also played a pivotal role in the transition. In South Africa there is a growing move from living with extended family to more nuclear living with approximately 40% of households classified as nuclear during the General Household Survey of 2019 (Statistics South Africa, 2019). Consequently, women find themselves having to bear the burden of motherhood and work without the support of extended family or a supportive community like they previously had.

Furthermore the modern world of work is increasingly mobile and global, and the fourth industrial revolution has far-reaching implications for the future of work. Leadership development, workplace equality, and a focus on more traditionally feminine skills gaps in the workplace have seen an exponential growth in the number of women in the workforce and in leadership positions (April et al., 2007; Dufu, 2017; Sandberg, 2013).

This increased demand on women's resources from a demanding economy may be manageable if those who choose to be mothers have the necessary support to ensure their success in their roles as both worker and mother (Dufu, 2017; Peters, 1997; Sandberg, 2013). With motherhood comes yet another increase in demand on women's resources – particularly time and energy. This coupled with a lack of load-sharing between partners has a significant impact on women and their well-being (Dugan & Barnes-Farrell, 2020; Hochschild & Machung, 1990; Sandberg, 2013; Vanderkam, 2015). In their attempt to achieve success in both roles, women end up neglecting themselves and their needs (Dugan & Barnes-Farrell, 2020; Hochschild & Machung, 1990; Sandberg, 2013; Vanderkam, 2015). This lack of self-care affects their coping and the strain women experience have a knock-on effect on their families and society.

Whereas much of the relevant literature addresses women or working mothers in general, the intent of this research was to focus on professional working women who are first-time mothers.

2.2 Theoretical framework

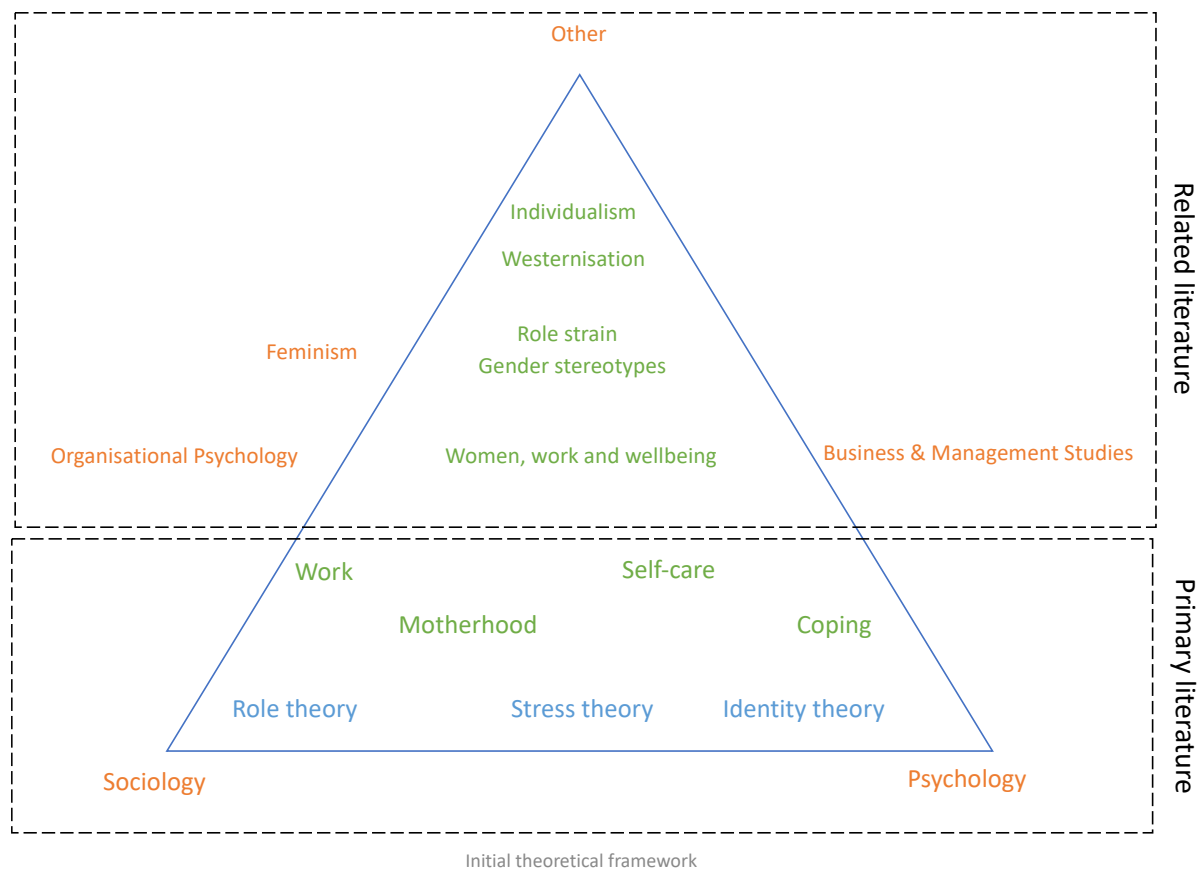


Figure 1: Theoretical framework

The most valuable contributions on the experience of working women, self-care and coping come from sociology and psychology, exploring the challenges of mothers, work, and well-being. The majority of the extant literature on motherhood and work focus on work-life interface linked to role theory and concepts of role conflict or role integration. Some reference the conflict of resources theory to unpack the resources utilisation in fulfilling competing demands arising from the various roles (Allen, 2001; Dugan & Barnes-Farrell, 2020; Giovanetti, 2017; Hilbrecht et al., 2008).

This study used foundational literature to clarify relevant definitions of key concepts (self-care and coping of working mothers) and to understand the key theories that contribute to the discourse (role theory, identity theory and stress theory). Dugan and Barnes-Farrell (2020) bring some of these concepts together in their paper ‘Working mothers’ second shift, personal resources and self-care’ which was hence a key reference. However, systemic issues require systemic enquiry and in understanding how and why the problem exists, this study references a wide variety of knowledge, including leadership and management studies.

2.2.1 Role theory

Role theory is popular among social scientists and practitioners (Biddle, 1986) and is one of the foremost theories in the arena of work and family (Allen, 2001; April & Mooketsi, 2011; Biddle, 1986; Dugan & Barnes-Farrell, 2020; Hochschild & Machung, 1990; Wepfer et al., 2018). Role theory has its roots in being a theatrical metaphor, concerning itself with behaviours, identities, and scripts. Biddle (1986) refers to these as roles, social positions, and expectations. Expectations, learned through experience, are the major generators of roles, meaning that they strongly determine behaviour. Biddle states that individuals are aware of the expectations they hold; so, this presumes a thoughtful and socially aware human actor. Hence, we can reflect on our behaviours, identities, and scripts.

Darvill et al. (2010) suggest that women undergo a process of accepting a new role. This is based on the work of Rubin (1967), who described maternal role attainment (MRA) as a course of progressive stages: (a) mimicry, (b) role-play, (c) fantasy, (d) introjection-projection-rejection, and (e) identity. This suggests that a first-time mother will progress through psychological stages with intention or desire to start a family, during and after pregnancy, seeking information about being a mother, mimicking observations, seeking expert models of mothers, role-playing these models, and fantasising about herself as a mother. Conceptualising the process in this way links role with identity which is discussed later in this chapter.

❖ Role theory and performance

Many argue that women, particularly in western societies, experience conflict between expectations of traditional roles (such as home-making and child-rearing) and more egalitarian roles (such as pursuing a career) (Biddle, 1986). Role theory predicts that multiple life roles result in inter-role conflict attributed to difficulty in performing each role successfully because of conflicting demands (Allen, 2001). This is echoed by April and Mooketsi (2011), who purport that professional women regard success in one area of life, as failure to achieve in another.

❖ Role conflict and stress

Numerous studies highlight the prevalence of role conflicts (Allen, 2001; Anderson-Kulman & Paludi, 1986; Hochschild & Machung, 1990). These studies have also found associations between role conflicts and stress for women, indicating that role conflict is a frequent

experience and is inevitably stressful. The findings of Dugan and Barnes-Farrell's (2020) research on associations between self-care and stress support this.

Role conflict is, however, not the only culprit. Despite the research focusing on role conflict (Allen, 2001; Dugan & Barnes-Farrell, 2020; Giovanetti, 2017; Hilbrecht et al., 2008), Biddle (1986) suggests that role conflict is only one of several structural conditions that are thought to cause problems in social systems along with role ambiguity, role mal-integration, role discontinuity, and role overload. Biddle further reports that a person may have difficulty in performing a role because they lack the necessary skills, or there is lack of congruence between expectations and their personal characteristics and this may well describe the case of new motherhood. These conditions may also produce stress but are not necessarily related to role conflict.

Crosby (1991) expresses a similar view regarding working mothers, stating that conflict between life roles is not the major issue, although it can be for some women at times. They further argue that even where women perceive conflict within or between life roles, they do not necessarily feel overwhelmed by it. They argue that the major source of stress (when experienced) is not due to juggling the roles of mother and worker but rather the persistent difficulties within each life role. Crosby strongly suggests that motherhood is the culprit and expands on the intra-role conflict, calling out the nature of work or structure of the family as far more significant than inter-role conflict. Crosby (1991) further argues that the challenge lies in society, particularly the remnants of sexism and individualism. They claim that by eradicating these factors, working mothers will experience decreased stress and increased energy. Media and scholars are also pointed out as perpetrators of the mistaken narrative that combining work and family roles has a negative impact on a woman's life.

Although Hochschild and Machung (1990), whose research was published around the same time, share the view on society needing to shift, they propose that role conflict is a key culprit in the challenges of working mothers. Hochschild and Machung further reference the 'stalled revolution' – a term coined to describe the incongruence of pace of adoption between more traditional feminine roles, such as nurturing by men and more traditionally masculine roles such as earning by women. The United Nations (UN) Sustainable Development Agenda, adopted in 2015, focuses on gender equality in goal 5. The UN has set a 2030 target for gender equality and the empowerment of all women and girls (United Nations Women, 2022) yet

simultaneously report that progress on gender equality has not only failed to move forward but has begun to reverse in many instances.

2.2.2 Identity theory

Identity theory emerges from structural symbolic interactionism, which purports that society is stable and durable, as reflected in the behaviour of and between individuals. Such patterned behaviour may be analysed on different levels, including an individual over time (offering insight into that individual), of certain types of similar individuals (by pooling them), or by observing these patterns of behaviour across individuals (how they fit with patterns of others to create larger patterns of behaviour) (Burke & Stets, 1998; Stets, 2006). These larger, inter-individual patterns of behaviour make up social structure. As much as people create social structure, they also receive feedback from these structures that they and others build in response to which they change themselves and the way they behave; hence, it is a two-way process. People are embedded in the social structure they create.

The self is, therefore, seen as patterned and organised with reflexivity as a distinctive feature similar to role theory, as expressed by Biddle (1986). Through this reflexive process, self is seen as an object, which means that one takes on the role and perspective of 'other' regarding self. In this way, the meaning of self becomes shared, arising through social interaction and hence, self reflects society.

There are four primary contributors to identity theory namely, Sheldon Stryker, Peter J. Burke, George J. McCall, and Jerry L. Simmons (Stets, 2006), with two different emphases, offering valuable contributions. Stryker and his colleagues as well as McCall and Simmons are among the earliest originators of identity theory and share an emphasis on role identity. Stryker focuses on the more normative and conventional aspects of role identities and how social structure influences identity and behaviour while McCall and Simmons focus more on the idiosyncratic dimensions of identities being variable and negotiated. Stryker's work is well founded and supported, whereas McCall and Simmons failed to produce a clear programme of work (Stets, 2006).

Stets and Burke (2003) reference Stryker (1980, p.60) who defines identity as an 'internalised positional designation' for each of the different roles or positions one holds. It is best to see

these identities as operating simultaneously in situations. Table 1 provides a summary of key contributions to identity theory.

McCall and Simmons		Stryker	Burke
Prominence (ideal self)	Salience (situational self)	Salience	Focus on person's internal dynamics for an identity
Stable - guides behavior over time	Fluid	Favour one identity activated frequently across situations	<p>Identity and behaviour share a common system of meaning</p> <ul style="list-style-type: none"> - Any identity encompasses multiples sets of meaning. - Different people have different meanings for the same identity. - The meanings people have about their identities will influence behavior. <p>Identity control theory describes:</p> <ol style="list-style-type: none"> a) Modification of behavior, in order to b) Change the input (self & other perception) to c) Match internal standard (self-meaning) of the identity <p>Congruence results in identity verification which leads to positive emotion. Strength of motion dependent on:</p> <ol style="list-style-type: none"> 1. Salience of identity 2. How often it is disrupted 3. Source of the disruption
<p>Placement determined by:</p> <ol style="list-style-type: none"> a) Support from others for the identity b) Commitment to and investment in the identity c) Extrinsic and intrinsic reward from the identity 	<p>Placement determined by:</p> <ol style="list-style-type: none"> a) Prominence of the identity b) It's need for support c) Person's need for reward gained by performing the identity d) Perceived degree of opportunity for profitable enactment in situation 	<p>Salience is determined by the degree of commitment to that identity:</p> <ol style="list-style-type: none"> a) Quantitative: number of people one is related to as a result of the identity b) Qualitative: depth and strength of connection to others as a result of the identity <p>The more salient an identity, the greater the possibility of:</p> <ol style="list-style-type: none"> a) Enacting role performances consistent with role expectations b) Perceiving situations as an opportunity to enact the identity c) Seeking out situations that provide opportunity to enact the identity 	<p>Commitment:</p> <ol style="list-style-type: none"> a) is aimed at maintaining a match between perceptual input (self-in-situation) and identity standard (self-meaning of the identity) b) Moderates the link between identity and behavior making it stronger (high commitment) or weaker (low commitment)

Table 1: Summary of key contributions to identity theory

❖ *Arrangement of roles within hierarchies*

Stryker (1980) and McCall and Simmons (1978) suggest that individuals claim more than one role identity and that these may be internally arranged within a hierarchy. McCall and Simmons's interest lies in the arrangement of identities within the hierarchy according to *prominence*, which reflects how a person is likely to perceive themselves based on their ideals, desires, and what is important to them. The placement within this hierarchy is further dependent on (a) support from others for the identity, (b) commitment to and investment in the identity based on possible loss of self-esteem, and (c) extrinsic and intrinsic reward received from the identity. The prominence hierarchy is sometimes called the *ideal self* as it reflects the person's priorities that guide their behaviour across situations and over time (Stets, 2006). McCall and Simmons (1978) recognise a second arrangement of identities called a *salience* hierarchy that reflects the person's *situational self* as opposed to the ideal self. The placement of an identity within this hierarchy is guided by (a) its prominence, (b) its need for support, (c) the person's need for rewards gained through performance of the identity, and (d) perceived degree of opportunity for its profitable enactment (cost/reward ratios) in the situation (Stets, 2006). McCall and Simmons (1978) suggest that the prominence hierarchy is more stable and enduring while the salience hierarchy is more fluid, as role identities may be more or less important in different situations.

McCall and Simmons (1978) further indicate that the successful enactment of a role identity in a situation is always in relation to a corresponding counter-identity, for example, a husband supporting his wife or mother instructing her child (Stets, 2006). When interactions go well, relationships are strengthened and engrain the individuals' respective prominence hierarchies. According to McCall and Simmons (1978), when an identity is threatened in a situation, for example, when others do not support the role enactment, negative emotions arise, which lead to the person trying to eliminate the negative feeling and pain associated with the disconfirmed identities. They may employ several strategies, including blaming others in the situation for not confirming the identity, criticising others for lack of support, switching to an identity that can be confirmed, or withdrawing from the interaction. McCall (2003) makes a case for investigation of self-identification (*me*) and self-disidentification (*not me*) as positive and negative polarities of identity, and in particular how identity changes (*not me* can become *me*)

can emerge by role transitions through one's lifecycle. Such an investigation would provide valuable insight into research on working mothers and identity.

Stryker and Burke (2000) suggest that the multiple role identities of a person are organised in *salience* hierarchy, which favours an identity that is likely to be activated frequently across different situations (Stets, 2006). The more salient an identity, the greater the possibility of a person (a) enacting role performances consistent with role expectations, (b) perceiving situations as an opportunity to enact the identity, and (c) seeking out situations that provide opportunity to play out the identity.

An important factor in determining salience is the degree of commitment to the identity that carries a quantitative and qualitative dimension. The former is linked to the number of people that one is related to because of the identity, which reflects the connection of self to social structures, while the latter relates to the depth and strength of connections to others as a result of the identity. The greater the number of people and the stronger the connections, the greater the commitment is to the identity, which in turn increases the likelihood of the person activating that identity in a situation. This link between commitment, salient identities, and behaviours consistent with those identities is strongly supported by research (Callero, 1985; Stryker & Serpe, 1982).

Stryker's (1980) approach to conceptualising identity differs from McCall and Simmons (1978) in that the former suggests that the salience hierarchy (readiness to act out identity across situations) predicts long-run behaviours, while the latter suggests that the salience hierarchy (situational self) predicts short-run behaviours. For McCall and Simmons, longer-run behaviours are predicated rather by the prominence hierarchy (ideal self). Hence, Stryker's salience hierarchy and McCall and Simmons's prominence hierarchy are similar. However, McCall and Simmons suggest that the person is aware of their prominence hierarchy and which identities are more important and which are less, whereas Stryker suggests that people may not be aware of an identity's salience but that their behaviours may offer them insight into its ranking in their hierarchy (Stryker & Serpe, 1994).

❖ *Burke's identity control theory*

While Stryker (1980) focuses on hierarchical placement of identities and ties to social networks, Burke (2004) focuses on the operation of a person's internal dynamics for an identity

(Stets, 2006). Burke purports that identity and behaviour share a common system of meaning; hence, identifying meanings of identity can help in predicting meanings of behaviour of a person. Burke and Tully (1977) developed a measurement to the self-meaning of identity where respondents are given a set of bipolar adjectives and their placement of themselves as objects along the continuum helps locate and define their identity meanings. They suggest that any identity encompasses multiple sets of meaning and therefore, multiple bipolar adjectives are provided for any given identity. They further acknowledge that different people may have different meanings for the same identity (Stets, 2006). Importantly, in the measurement of identities, the meanings that people have about their identities will influence how they behave.

Burke (2004) coined the label 'identity control theory' to describe a perceptual control system that illustrates the internal dynamics of identities. The system works by modifying outputs (behaviour) to the social situation in a bid to change the input (self and other perception) to match the internal standard (self-meaning of the identity). Where congruence exists between the perceptions and the standard, identity verification takes place. Importantly, in this model, behaviour is seen as the relation between the situation and the internal self-meaning, instead of one or the other.

For Burke (2004), commitment is about striving to maintain a match between perceptual input (self-in-situation) and the identity standard (self-meaning of identity). Commitment moderates the link between identity and behaviour, making it stronger (high commitment) or weaker (low commitment). On emotions, like Stryker (1980), Burke (2004) supports that identity verification leads to positive emotion and vice versa and agrees that disruption of more salient identities elicit stronger emotional responses. Burke offers two additional factors that influence the strength of emotion, which is how often an identity is disrupted and who the source of the disruption is. They hypothesise that more frequent disruptions result in more intense negative emotions, as do interruptions from a significant other versus a non-significant other.

Importantly in both Stryker's (1980) and Burke's (2004) conceptualisations of identity, if the larger social structures or the identity standard meaning, value or favour the identity of women as mothers versus their identity as workers, the status quo will remain, which explains the tensions women may experience as new mothers, at an individual level.

2.2.3 Psychological stress theories

Psychological stress is a complex phenomenon (Biggs et al., 2017) and there are numerous models that explain its causes. These theories may conceptualise stress as an event or stimulus, stress as a response, stress as an individual/environment interaction, or stress as an individual/environment transaction (Biggs et al., 2017). The conservation of resources (COR) theory and the transactional theory of stress and coping by Lazarus and Folkman (1984) are two of the leading theories of stress and trauma (Hobfoll, 2011). While Lazarus and Folkman (1984) believe that psychological stress is (a) a particular relationship between the person and their environment, (b) appraised by the person as taxing or exceeding their resources and (c) threatening their well-being, the COR theory emphasises objective elements of threat and loss and common appraisals held jointly by people who share a biology and culture.

Transactional theories emphasise the cognitive-phenomenological processes by which individuals give meaning to their environment, focusing on the relational and dynamic nature of stress. Biggs et al. (2017) argue that the transactional theory of Lazarus and Folkman (1984) has been particularly instrumental in shaping stress and coping research over the last half a century. Lazarus and Folkman suggest that the stress in this instance is neither produced by the individual or the environment but rather by the transaction between the two (Biggs et al., 2017). This view in relation to FTPWMs may trivialise the important role that environmental pressures play in the strain that they experience while simultaneously placing onerous responsibility for their experience of stress equally on the new mother.

The COR is a motivational stress theory that broadly predicts a key axis that determines people's behaviour and is based on the tenet that individuals strive to obtain, retain, foster, and protect the things they value (Hobfoll, 2011). These are deemed to be universal and include, health, well-being, peace, family, self-preservation, and a positive sense of self. The COR theory is especially relevant to stressful challenges as an important part of people's lives and has become a major theory in the field of burnout (Hobfoll, 2011). Unlike other stress theories, COR emphasises the importance of both loss and gain in understanding how people respond and their potential for resilience. The COR theory predicts stress if there is (a) threat of resource loss, (b) actual resource loss, or (c) the absence of a resource gain following an investment of resources. Hobfoll (2011) maintains that one has a variety of resources available to fulfil the activities of one's life, such as time, cognitive attention, and physical energy to perform tasks

but one must replenish those resources in order to prevent stress. When working mothers exert themselves over time, their energy is drained, leaving them exhausted without opportunity for rest and recovery, which depletes their resources (Dugan & Barnes-Farrell, 2020).

Both theories may have relevance for this study and it is deemed premature to subscribe to either one of these theories at the outset but rather to explore their relevance based on the findings of this study.

2.3 Context of working mothers

Something happens to women once they become mothers. Something shifts. ‘Everything changes’ is a common expression to explain what happens once someone has a child. Shifts in role, identity, and priorities may broadly describe some of the change. One of the biggest impacts of this change is the demand on time, a fixed resource, and an increased load (Dugan & Barnes-Farrell, 2020). The additional demands of home and family responsibilities may be perceived as another job referred to as the ‘second shift’ a term that was coined by sociologist Arlie Hochschild in the mid-1990s based on her study of working women with families (Vanderkam, 2015).

2.3.1 Work

A woman in her late twenties to mid-thirties is usually at the peak of her career, while also in her prime childbearing years. However, careers are designed for family-free people (Dufu, 2017; Hochschild & Machung, 1990; Peters, 1997). One of the contributing factors to working women’s struggle is the that they are trying to lead a life that was built for men (Dufu, 2017; Hochschild & Machung, 1990; Peters, 1997) by entering the world of work outside the home.

On the nature of work, one must consider the history of work, the industrial revolution, and how things have progressed more recently (April & Mooketsi, 2011; Crosby, 1991; Hochschild & Machung, 1990). Historically, when women stayed home, caring for the children and the household they were still involved in work – mainly farming and agriculture – but that was based at home and they were easily able to manage, primarily due to their physical presence, the nature of the work and the support of other women within the extended family unit. With the entry of women into the world of work outside the home, after World War II and the industrial revolution, the dynamics changed (April & Mooketsi, 2011; Crosby, 1991;

Hochschild & Machung, 1990). They cannot be in two places (work and home) at the same time and need to consider alternatives for childcare. Recent economic times are also such that double-income households are not merely preferable, but often necessary in order to provide for the family.

In recent years, the boundaries between work and non-work have become increasingly blurred (Wepfer et al., 2018), a phenomenon that COVID exacerbated largely. Wepfer et al. (2018) indicate that work has become more flexible both in terms of time and place, yet simultaneously employees work for longer hours and work has become more intense. Along with the shift in work, there has similarly been a parallel cultural pressure for ‘intensive mothering’ (Hays, 1996, as cited in Wallace & Young, 2008, p. 110), pushing women to devote more time and energy to childcare, irrespective of their career investment. The resultant effect for women is that they either work fewer hours in order to meet this compelling societal call or are viewed as less productive at work due to family commitments – both of which have significant career consequences, impacting promotions and pay negatively (Wallace & Young, 2008). Women are haunted by insecurity about whether they are doing the right thing for their children by engaging in paid work outside the home while men (socialised into the breadwinner role) do not seem to question their involvement in paid labour (Crosby, 1991; Hochschild & Machung, 1990).

2.3.2 Home responsibilities

Working women are at increased risk of time scarcity and overload. In their study involving interviews and observations with 50 couples in the 1970s and 1980s, Hochschild and Machung (1990) warn that irrespective of social class or ethnic group, working mothers put in a ‘second shift’ at home. The imbalance between the time working mothers and working fathers spend on home and family responsibilities is significant – it accounts for a staggering extra month per year (Hochschild & Machung, 1990). The imbalance equates to women being primarily responsible for their job, the children, and the housework, while men in the study were primarily responsible for their job and children. And even then, men’s time with children revolved more around fun activities, while women did more maintenance, feeding, and bathing.

❖ *Unequal distribution of home responsibilities between men and women*

Even with the shift in gender roles over the past few decades, women still spend a significant amount of time (13–16 hours per week) more than their spouses (7–10 hours per week) doing household work and mothers, in particular, spend more time doing childcare than fathers (Dugan & Barnes-Farrell, 2020). This is supported by South Africa’s Survey of Time Use in 2010 (Statistics South Africa, 2013) which indicated that women spent seven-fold more time caring for children and other members of the household, compared to men in a similar situation. Working mothers further report greater physical and psychological symptoms than working fathers (Crosby, 1991; Dugan & Barnes-Farrell, 2020; Robertson, 2017). The unequal divide in the nature of the home/family work role results in heavy cumulative workloads for working mothers that can excessively drain time and energy resources, resulting in higher individual stress, work engagement, work-family conflict, and lower life satisfaction than working fathers (Dugan & Barnes-Farrell, 2020; Peters, 1997).

The difference is not only prevalent in the amount of work done, but also in the type of work undertaken. Women perform more non-discretionary tasks (e.g., preparing meals, cleaning, doing laundry) while men do more discretionary tasks (e.g., yard work, car maintenance, home repairs) linked to gender roles (Dugan & Barnes-Farrell, 2020; Hochschild & Machung, 1990). A further distinction exists in that those tasks that women perform occur more frequently and those that men perform are occasional (Dugan & Barnes-Farrell, 2020). Added to this already heavy load for working mothers are invisible tasks (Dugan & Barnes-Farrell, 2020; Hochschild & Machung, 1990). This refers to cognitive and emotional tasks that are often implicitly left to the mother to perform (Dugan & Barnes-Farrell, 2020; Hochschild & Machung, 1990). Men’s involvement in such tasks is viewed as optional and they take more of a helper or assistant role as opposed to taking responsibility. Moreover, there is emotional work within the family (e.g., comforting, encouraging, and facilitating interaction), which is more likely to be undertaken by women. This may be attributed to socialisation into a relational role and that of carer and nurturer (Crosby, 1991; Dugan & Barnes-Farrell, 2020). Dugan and Barnes-Farrell (2020) report that marriage is a crucial point for the shift in division of labour becoming more traditional and gendered, as is the arrival of a child.

2.4 Self-care and working mothers

As a result of the strain on working mothers carrying primary responsibility for childcare and home care, their ability to care for themselves is diminished, however Vanderkam (2015) makes a strong case for the importance of self-care in coping.

There are several definitions of self-care, each focusing on different aspects and activities. The 1998 World Health Organization definition states that self-care is what people do for themselves to establish and maintain health, and to prevent and deal with illness, while the UK Department of Health definition of self-care states that it is a part of daily living and refers to the care taken by individuals toward their own health and well-being (Webber et al., 2013).

Barkin and Wisner (2013) describe self-care in mothers as the ability and willingness to take care of themselves both physically and emotionally. They state that proper nourishment, taking time out for oneself, hygiene and physical appearance, sleep, willingness to delegate, and the ability to set boundaries are all aspects of self-care in motherhood (Barkin & Wisner, 2013).

The Inventory of Functional Status After Childbirth (IFSAC) definition of self-care measures nine items focused on physical aspects of new motherhood, including: the frequency at which they take walks, lie down, sleep, and engage in sexual intercourse after childbirth (Barkin & Wisner, 2013). This differs from Barkin and Wisner's definition in that it does not account for the emotional aspects of maternal self-care. Dugan and Barnes-Farrell (2020) define self-care as the extent to which women engage in five self-care behaviours: (a) healthy eating, (b) physical exercise, (c) weight maintenance, (d) adequate sleep, and (e) relaxing leisure. These were identified by them as lacking in the lives of working mothers based on extant research that supports the view that mothers experience constrained leisure due to their home and family responsibilities. However these definitions, save for Barkin and Wisner (2013), are heavily weighted on physical self-care.

This study is interested in understanding participants' definition of self-care, instead of adopting an existing definition, which is supported by the International Self-Care Foundation's view that what is needed for practical implementation is a description from the individual's perspective (International Self-Care Foundation, 2018).

2.4.1 Role of self-care

Self-care is identified as an important part of new motherhood as it is difficult to care for another if one does not care for oneself first; however, there is evidence that mothers experience challenges practising good self-care with regularity (Barkin & Wisner, 2013). Interestingly, the role of self-care is not emphasised in many popular self-report assessments of maternal wellness (Barkin & Wisner, 2013). Barkin and Wisner's (2013) study shows that even though mothers expressed the importance of taking care of their own emotional and physical needs and that an unhealthy mother would be less effective, this conflicted with a belief that being a good parent involves a level of selflessness. This selflessness resulted in neglecting their own needs on a practical level.

They further indicated that women reported difficulty in finding balance between providing good care for their child and tending to their own health and well-being needs. The Barkin and Wisner (2013) study also reflected times, albeit sporadic, when women were able to apply some form of self-care by delegating infant-care tasks to their partners and engaging in stress-reducing activities and reported returning to their child in a more relaxed state after taking time out for themselves.

The 'second shift' that women undertake is deemed to be at the cost of any sense of self-nurture, which includes sleep, exercise, and leisure time (Hochschild & Machung, 1990). Horne et al.'s (2005) research on occupational (what women did with their time) change supports this in illustrating that new mothers' lives are especially productivity-dominant with much of their time spent in paid work and home and family care. It also indicates that much of these activities are obligatory in terms of their roles and at the expense of other pre-motherhood activities. Leisure activities centre on home and family and those outside the home are less likely post-motherhood. This leisure time is not regarded as 'free' time by mothers, as they are obliged to interact or give care and it is rather seen as part of their home and family time and related obligations (Dugan & Barnes-Farrell, 2020). Horne et al. (2005) assert that although new motherhood may be meaningful, the role may supersede other meaningful roles such as partner and worker which supports identity theorists argument of hierarchies that exist.

2.4.2 Challenges that impact working mothers' self-care practices post-motherhood

❖ Time scarcity

The ability to look after oneself (self-care), in addition to productivity and leisure, maintains health and well-being (Horne et al., 2005). This balance does not imply equal amounts of time in each, but rather that some time is spent in all activities on a regular basis (Horne et al., 2005).

In the study conducted by Barkin and Wisner (2013), many of the women reported no longer having time in their daily lives, particularly to engage in the activities that they enjoyed before becoming a mother. Some women had given up exercising and socialising. This scarcity of time was attributed to the demands of work and family life and had a particular impact on restorative activities.

Adults can control what they do with their time, but motherhood may be one factor limiting adult choice and therefore, may prevent the opportunity for a new mother to engage in a balanced lifestyle (Horne et al., 2005). Horne et al.'s (2005) study indicates clear changes post-motherhood; in particular, that time spent engaging in self-care activities, other than a basic daily hygiene routine, was of little importance in new mothers. In some cases, even basic hygiene may be neglected. Prior to having a baby, participants indicated involvement in self-care, productivity, and leisure.

❖ *Limited resources*

The conservation of resource theory suggests that stress can result when life demands – such as paid work, home and family work – drain time and energy (Dugan & Barnes-Farrell, 2020). Their research illustrates that the 'second shift' was linked to fewer time and energy resources and that resource availability was related to increased self-care and decreased stress. Self-care was associated with several well-being and work-related outcomes.

Barkin and Wisner (2013) show that limited resources impact on self-care. Apart from challenges of monetary resources for some women, others spoke of finding the right childcare resources. These women also often chose to spend their money on their children, at the cost of depriving themselves (Barkin & Wisner, 2013).

❖ *Difficulty accepting help and setting boundaries*

Several women identified their own behaviour as a barrier to adequate self-care (Barkin & Wisner, 2013). Many of the women reported having partners, friends, or family members who were willing to help with childcare however not accepting the help affected their ability to take

time out for themselves. Women also described circumstances where they had difficulty placing a high priority on their own needs and setting boundaries (Barkin & Wisner, 2013).

❖ *Lack of recovery opportunities*

Recovery occurs when exposure to work demands ceases and the expenditure of physical and mental energy is discontinued (Dugan & Barnes-Farrell, 2020). Recovery can take the form of passive, active, or social leisure activities and can take place during evening time, weekends, or vacations (Dugan & Barnes-Farrell, 2020). When recovery opportunities are unavailable, and workloads are continuous, people may experience sustained activation resulting in impaired performance, chronic stress, insomnia, and fatigue (Horne et al., 2005). Time-pressured and overloaded lifestyles are problematic because they simultaneously intensify the need for recovery and restrict recovery opportunities (Dugan & Barnes-Farrell, 2020).

Dugan and Barnes-Farrell's (2020) study suggests that although both time and energy are vital resources, they have different effects. Time is a finite resource and is more strongly associated with stress than drained energy. Energy is seen as a more dynamic resource, as it can be replenished. They also found that energy resources were more strongly linked to self-care but this may be attributed to their self-care measure consisting of mainly physical self-care behaviours (Dugan & Barnes-Farrell, 2020)

2.5 Impact of self-care challenges on working mothers' perceived coping ability

Self-care is associated with several well-being and work-related outcomes. Self-care behaviours (e.g., exercise, psychotherapy, social support) can be related to physical, mental, and social well-being (McGowan, 2002), which may impact on one's coping ability.

The majority of women imagine themselves to be alone in their difficulty with coping (Crosby, 1991). Lazarus and Folkman (1984) define coping as a constantly changing cognitive and behavioural effort aimed at managing specific internal and external demands that are appraised as taxing or exceeding the resources of the person (Herbst et al., 2007). Coping is further seen as a dynamic process that changes over the course of a stressful transaction between people and their environment. Carver et al. (1992) define coping as efforts to create conditions that permit individuals to continue moving toward desired goals or efforts to disengage from goals that are no longer regarded as attainable. Coping can also be seen as a transactional process of

exchange between individuals and their environment, much like Lazarus and Folkman's (1984) view of stress.

The transactional perspective of Lazarus and Folkman (1984) defines two types of coping: problem-focused coping and emotion-focused coping (Herbst et al., 2007). Carver et al. (1992) viewed this model as somewhat simplistic and added that each broad type of coping (emotion-focused and problem-focused coping) may involve several distinct strategies (e.g., denial, seeking social support), which have very different implications for adjustment.

2.5.1 Stress and coping

Crosby (1991) criticises commentators for emphasising the stress that women experience or report, but not their coping, and states that psychologists distinguish between stress and coping, in that admitting to difficulty with a life challenge does not necessarily equate to stress or dissatisfaction. To ensure personal coping effectiveness, it is necessary to incorporate relevant problem-solving and emotion-focused coping skills. By using a combination of different strategies, one may be better able to manage stress than responding with the same response to different stressors, as specific coping strategies are effective depending on the type of stressor encountered (Herbst et al., 2007). Several studies concluded that having a versatile coping profile is associated with good adjustment (see, for example, Herbst et al., 2007).

Terry et al.'s (1996) study of stress and coping in new mothers established that personality as well as a good self-esteem are coping abilities that mothers rely on. Their findings are built on the classic cognitive-phenomenological theory of stress and coping of Lazarus and Folkman (1984), which explains coping as the decision-making process of deciding whether a situation is stressful or not, what resources are available, and finding an appropriate response to reduce stress.

2.5.2 Coping strategies

Carver et al. (1992) distinguish between five types of problem-focused coping, five types of emotion-focused coping, and three lesser-used coping styles, namely: (a) focus on and venting of emotions; (b) behavioural disengagement; and (c) mental disengagement.

Herbst et al. (2007) indicate five factors with acceptable levels of internal consistency, namely: (a) venting of emotions, (b) active coping, (c) seeking social support, (d) appraisal of event,

and (e) turning to religion. They suggest that working mothers may benefit from awareness of the various coping styles available and the appropriateness of each for coping with various stressors or scenarios.

2.6 Chapter summary

Working mothers find it difficult to balance work and home responsibilities, and often at the expense of self-care. This chapter explored foundational theories applicable for this study including role theory, identity theory and psychological stress theories. Relevant literature on working mothers, self-care and coping was discussed which provided context around women and work, disparities in gender-based split of responsibilities at home, and the role, challenges and impact of self-care on their stress and coping.

Historically, women spent their days at home with children. Post-industrial revolution, there was a shift and women began entering the paid workforce and working outside the home. South Africa has additional economic challenges, which often require dual income households in order to support families. Starting to uncover some of the challenges FTPWMs face and working with various stakeholders will help shift the systemic perpetuation of the issue. The benefit will be to society at large: less-stressed mothers, more involved fathers, happier workers, and overall, a holistically healthier society. Based on the literature review and the research questions of this study, the following conceptual framework was devised to guide the analysis process.

Initial Conceptual Framework

Coping

- Perception
 - Coping
 - Not coping
- Definition
 - Productivity
 - Balancing work and home
- Mechanisms
 - Physical
 - Mental / Emotional
 - Support from others

Self-care

- Perception
 - Important
 - Not important
- Experience
 - Regular
 - Irregular
- Practices
 - Physical
 - Mental / Emotional
 - Support from others

Constraints and enablers of self-care

- Time
- Energy
- Support from others

Interplay between coping and self-care

- Connection exists
- No connection exists

Table 2: Initial conceptual framework

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

The intent of this research was to undertake a qualitative study to understand the lived experiences of FTPWMs. Existing research concentrated predominantly on the conflict and, occasionally the integration, of the roles of worker and mother and often used role theory as the basis to explore these variables and, in most instances, used a qualitative approach. The purpose of this research was to focus on understanding the integral experiences of individual working mothers, and particularly in relation to self-care and coping, as opposed to cause and effect or outcomes of these two roles.

Several qualitative methodologies were considered, each with their respective strengths and weaknesses. Interpretative phenomenological analysis (IPA) was seen to be the most fitting as this researcher's interest is in meaning and experience for individual participants (Pietkiewicz & Smith, 2012).

3.2 Rationale for Interpretative Phenomenological Analysis (IPA)

Without delving into details of the four main approaches of qualitative data analysis (phenomenology, grounded theory, discourse analysis, and narrative analysis), Table 3, adapted from Smith et al. (2009), and using the subject of inquiry for this study, indicates the applicability of IPA for this study.

Research question	Key features	Suitable approach
What are the main experiential features of self-care and coping?	Focus on the common structure of 'self-care' and 'coping' as experiences	Phenomenology
What are the experiences of FTPWMs with self-care and coping?	Focus on personal meaning and sense-making in a particular context, for people who share a particular experience	Interpretative phenomenological analysis
What story structures do women use to describe self-care and coping?	Focus on how narrative relates to sense-making	Narrative psychology
What factors influence how FTPWMs manage their self-care and coping?	Developing an explanatory level account (factors, impact, influences)	Grounded theory
How women talk about 'coping' with their partners?	Focus on interaction over and above content, and caution inferring anything about coping itself	Discursive psychology

Table 3: Applicability of qualitative approaches in relation to research question

Source: Adapted from Smith et al. (2009).

Smith et al. (2009) state that qualitative research is imaginatively and emotionally demanding and particularly relevant where the researcher cares about the outcome as a source of facilitating change. They further indicate that ‘IPA does not require that you have “insider” status (Styles, 1979), though there is certainly a rich tradition of qualitative research carried out from that position’ (Smith et al., 2009, p.42). The positioning of the researcher as an ‘insider’ further supported the selection of IPA and is explored later in this chapter.

IPA is an approach devised by Smith (1999) and was influenced by the work of both Hursel and Heidegger (O’Reilly & Kiyimba, 2015). IPA aims to explore the deep-lived experiences of participants’ lives (how people perceive and talk about their experiences) and how they make sense of it (Pietkiewicz & Smith, 2012), rather than describing phenomena according to specific definitions or criteria.

IPA draws upon phenomenology, hermeneutics, and idiography. Phenomenology deals with understanding and perception of events or lived experience. It looks at identifying the key components of phenomena or experiences that make them unique or distinct (Pietkiewicz & Smith, 2012). The hermeneutic element deals with how they make sense of it and suggests that one needs to understand the perspective of the participant and their use of language in order to effectively translate their message or meaning (Freeman, 2008, as cited in Pietkiewicz & Smith, 2012). Taylor (1985, as cited in Pietkiewicz and Smith, 2012, p.2) asserts that humans are ‘self-interpreting beings’, meaning we are actively engaged in interpreting the events, objects, and people in our lives. There is also an aspect of the ‘double hermeneutic’ in that the researcher tries to understand and make sense of the participants’ sense-making (O’Reilly & Kiyimba, 2015). Idiography relates to in-depth analysis of single cases and their unique contexts (Pietkiewicz & Smith, 2012). It focuses on the specific, rather than the universal, and thus involves exploring every single case before making any generalisations (Pietkiewicz & Smith, 2012). This is contrary to empirical studies, where groups are studied with an interest in establishing the probability of phenomena under specific conditions.

The idiographic nature of IPA and concern with in-depth individual accounts may also be regarded as a weakness, as generalisations are not feasible (Pringle et al., 2011). However, comparing multiple cases may provide insight into common patterns or mechanisms

(Pietkiewicz & Smith, 2012). Smith et al. (2009) suggest thinking more about *theoretical transferability* rather than *empirical generalizability*.

Giorgi (2011), one of the main critics of IPA, offers several issues in critique, notably that IPA lacks philosophical foundations and is unscientific. Smith's (2011) primary rebuttal is that Giorgi's criticisms are selective and lax, based on only two book chapters with very specific objectives and that he negates a large body of writing on IPA by Smith and others. Smith offers additional counter arguments to many of Giorgi's points. One key element that Giorgi refutes is that the data is systematically analysed due to the flexibility of the method. He claims the method to be individualistic and the results therefore subjective. Smith's view is that IPA offers a flexible set of guidelines that can be adapted to the research objectives (Pietkiewicz & Smith, 2012). While acknowledging the debate between these two scholars, and criticisms of IPA, this researcher nevertheless regards it as an appropriate methodological framework for this study.

Additionally, IPA, with its foundations in experiential health psychology, has become increasingly popular in other fields, specifically due to the value of its richness described above. It has been used to explore a host of issues, including how an individual's sense of identity changes during the transition to motherhood (Smith, 1999), which supports the applicability of this method for this study. IPA is also particularly suited to the study, as the concepts of self-care and coping fall within the broad ambit of psychology. Table 4 provides a summary, indicating how the elements of IPA support the research aim and the research topic and, although many papers were reviewed, papers that were crucial in selecting IPA as a methodology are listed.

Why IPA?	What it supports?	Phenomenology	Hermeneutics	Idiography	Papers
Research Aim	Participants lived experiences	x			Smith, Flowers & Larkin, 2009
	Focus on meaning and experience	x	x		Pietkiewicz & Smith, 2012
	Understanding the perspective of the participant and their use of language		x		Freeman, 2008
	Researcher trying to make sense of the participants sense-making		x		O'Reilly & Kiyimba, 2015
	Humans are 'self-interpreting beings'		x		Taylor, 1985
	In-depth analysis of single cases and their unique contexts			x	Pietkiewicz & Smith, 2012
	Focus on the specific, rather than the universal			x	Smith, Harré, & Van Langenhove, 1995
Research Topic	Health psychology; physical and mental health	x	x	x	Smith, 2010 (rebuttal)
	Identity changes in transition to motherhood	x	x	x	Smith, 1999
	Research question: What influence does self-care have on perceived coping of FTPWM?	x	x	x	Smith, Flowers & Larkin, 2009

Table 4: Support for use of IPA based on research aim and topic

As a final guide for the researcher as an IPA novice, Table 5, compiled based on criteria offered by Smith (2011) for evaluating IPA (based on the review of 293 papers that were published between 1996 and 2008) was a useful guide in the journey of this study.

Good	Acceptable	Unacceptable
<p>Paper must clearly meet all the criteria for acceptable. It then offers these three extra things:</p> <ul style="list-style-type: none"> <input type="checkbox"/> well focused; offering an in-depth analysis of a specific topic; <input type="checkbox"/> data and interpretation are strong; and <input type="checkbox"/> reader is engaged and finds it particularly enlightening. <p>Overall the paper could be recommended to a novice as a good exemplar of IPA.</p>	<p>The paper meets the following four criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clearly subscribes to the theoretical principles of IPA: it is phenomenological, hermeneutic and idiographic. <input type="checkbox"/> Sufficiently transparent so reader can see what was done. <input type="checkbox"/> Coherent, plausible and interesting analysis. <input type="checkbox"/> Sufficient sampling from corpus to show density of evidence for each theme: <ul style="list-style-type: none"> - N1-3: extracts from every participant for each theme; - N4-8: extracts from at least three participants for each theme; and - N >8: extracts from at least three participants for each theme measure of prevalence of themes, or extracts from half the sample for each theme. <p>Overall the paper is judged sufficiently trustworthy to accept for publication and include in a systematic review.</p>	<p>The paper fails on one of the four criteria for acceptable. It may be:</p> <ul style="list-style-type: none"> <input type="checkbox"/> not consistent with theoretical principles of IPA; <input type="checkbox"/> insufficiently transparent for reader to see what was done; <input type="checkbox"/> not of sufficient interest; and <input type="checkbox"/> poorly evidenced. Predominantly what lets a paper down is the poor evidence base. Typical ways this can occur: <ul style="list-style-type: none"> <input type="checkbox"/> large number of descriptive/superficial themes from a large number of participants; <input type="checkbox"/> each theme has short summary and one or two extracts without interpretation; <input type="checkbox"/> insufficient extracts from participants to support the themes being illustrated; <input type="checkbox"/> no explanation for how prevalence of the themes was determined; and <input type="checkbox"/> analysis is crude, lacks nuance. <p>Overall the paper is not trustworthy and would not be judged acceptable for publication.</p>

Table 5: Criteria for evaluating IPA

3.3 Research design overview

The following list summarises the steps used to carry out this research in accordance with IPA guidelines. This chapter provides a high-level overview of the first two steps, while the subsequent sections address steps three to five in detail.

1. Selected literature review
2. Proposal acceptance and ethical clearance
3. Recruitment of research participants
4. Interviews conducted with five first-time professional working mothers
5. Interview data analysed

3.3.1 Review of literature

A selective review of literature informed this study and focused broadly on working women and their overall well-being with a particular focus on mothers and, self-care and coping respectively. The intent was to gain a better understanding of working mothers' contexts, how they coped with the demands of work and motherhood and their self-care practices. Although the intent was not to explore the phenomenon from a purely feminist perspective, it was impossible to ignore literature on the history of women and work and the evolution of societal contexts. Literature on role theory, identity theory and conservation of resources theory provided foundations to explore the phenomenon from a theoretical perspective.

3.3.2 Proposal and ethical approval

The researcher formulated and submitted a proposal for approval, including: background, problem statement, motivation, and research question. Also included was a preliminary literature review and explanation of the research method, submitted for ethical approval. Ethical approval was obtained in October 2018.

Several conversations were held with professionals and industry experts to augment my understanding of the phenomenon, in addition to conducting academic research on the topic. A pilot study was conducted with two participants to test the methodology and the learnings as indicated in Table 6 were used to adjust the approach for this study.

Perspective	Category	Things that worked	Things that could have been different	How this was maintained or addressed
Participants	Visual data	Liked the use of the picture, could reference back during the discussion		- Kept the picture visible during the discussion
	Time		Time check in between to help participant manage their time and answers	- Carried a small clock which was made visible to participant and researcher
	Venue	Preferred the neutral environment – despite the glare / brightness from the sun. Would have felt embarrassed (due to disorder) to have someone over at home – would have been more distracted		- Ensured an indoor space that provided comfort and privacy - Offered options of a neutral space (university), participants home space or work space.
	Process	Pre-emails (forms) worked well although only read it just before the time		- Ensured that printed copies of the forms were available - Irrespective of when they were completed, reviewed them before starting the interview
	Forms		Did not fill in the income question on biographical details form. Not comfortable to share details.	- Kept the question and explained that it was optional and the use in order to confirm sample homogeneity

Researcher	Participant feedback	Asking participant feedback regarding process at the end of interview helped the transition out of the interview, bringing the process to an end		<ul style="list-style-type: none"> - Continued to do this and also recapped next steps in terms of process, timelines etc - Allowed opportunity for participants to ask or say anything that they feel is outstanding or needs to be shared
	Mindset and preparedness		Had nanny challenges; felt quite emotional and arrived just in time. Didn't have printed questionnaire (used the computer), colour pens etc.	<ul style="list-style-type: none"> - Ensured that I was fully present and prepared and took time out both before and after the interview to ground myself and bracket my own experiences - Used journal to track my process, reflections etc.
	Sensitive content and contexts	Allowing participants the opportunity to be in an emotionally vulnerable space by respecting silences and by checking in and holding space at times of intense emotion		<ul style="list-style-type: none"> - Advised participants at start to indicate if they felt uncomfortable at any point, for any reason. - Observed their verbal and non-verbal language and checked in with how they were doing as we progressed. - Ensured that tissues were available

Table 6: Learnings from pilot study

3.4 Research sampling

The population under investigation was professional working mothers in Cape Town. This section details the sample size, selection criteria, and sampling process.

3.4.1 Sample and sample size

This section explores sample size, first in terms of non-probability sampling and then in terms of IPA. There are no rules regarding sample size for non-probability sampling (Saunders et al., 2009) where statistical inferences about a population cannot be made. Saunders et al. (2009) state that it is rather guided by the logical relationship between the sample selection technique and the purpose and focus of the research. Generalisations are made to theory, not to population group. They further suggest that for finding commonalities within a homogeneous group, approximately 12 in-depth interviews should be conducted. Purposive sampling, one of the techniques of non-probability sampling, which was used for this study, focuses on participants meeting certain criteria.

This is supported by Pietkiewicz and Smith (2012) and Smith et al. (2009) who state that there is no right sample size in IPA. Factors that influence sample size, include: the depth of analysis per case, the richness of the individual cases, how the cases will be compared, and finally the practical constraints of the study, including elements such as time and access. Furthermore, due to the intense focus on individual cases, IPA studies are usually small to enable detailed analysis, focusing on depth, although smaller sample sizes may be seen as a limitation (Pringle et al., 2011).

IPA studies recommend sample sizes under ten participants (Smith et al., 2009) although studies have been published with, one, four, nine, and fifteen participants (Pietkiewicz & Smith, 2012). Turpin et al. (1997, as cited in Pietkiewicz & Smith, 2012) suggest that having six to eight participants is appropriate for a doctoral study, allowing for examination of similarities and differences between individual cases, while at the same time not producing an overwhelming amount of data. Smith et al. (2009) indicate that for a student using IPA for the first time, between three to six cases would be a rough guide and further suggest three as the default size for undergraduate or Masters level IPA. They elaborate that for a full-time student doing IPA for the first time, the analysis phase for three cases may take at least two months of full-time work. Based on these motivations, as well as guidance by the university academics, direct email engagement with Jonathan A. Smith* and my research supervisor, a sample size of six was deemed adequate for this study.

[* Jonathan A. Smith developed IPA. He is a professor of psychology at Birkbeck, University of London where he teaches qualitative methods and leads the IPA research group.]

3.4.2 Inclusion and exclusion criteria

A criterion-based sampling strategy was employed based on its suitability to a phenomenology (Bloomberg & Volpe, 2016) and was also influenced by IPA's focus on a homogeneous sample (Smith et al. 2009). The inclusion criteria for the study were:

- first-time mothers of singletons, aged between nine months to three years old;
- resident in Cape Town;
- worked within a business / corporate environment and;
- reintegrated into the work environment for at least six months.

Participants who did not meet the criteria were automatically excluded. To maintain homogeneity, after possible participants expressed interest, an initial one-on-one engagement via email, WhatsApp or phone call was conducted to confirm their eligibility. In several instances, they did not meet at least one of the criteria, as:

- they were self-employed, or working for small businesses or non-profit organisations;
- they were first-time mothers but with multiple children, e.g., twins;
- their child was older than three years at the time of recruitment.

Based on the phenomenon being studied, I decided to exclude specific demographics, such as ethnicity, age, and sexual orientation from inclusion and exclusion criteria although these were captured as part of the participant's demographic details and to confirm sample homogeneity. The greater focus was on home and work contextual criteria due to the influence of environment and culture on experience and behaviour.

3.4.3 Recruitment and sampling process

A purposively selected sample of five professional working mothers was finally selected for the study. The sampling process was concluded with the fifth participant due to challenges in recruiting an additional participant within the required time frames (see Figure 2, outlining the recruitment and sampling process). This decision was tested with several academic experts on qualitative research and IPA who indicated that provided the data collected was rich, five

participants would suffice for a Master’s research study. Capping the sample size at five was further supported by the replication of emergent themes, although saturation is not a primary factor in IPA due to its idiographic nature (Pietkiewicz & Smith, 2012).

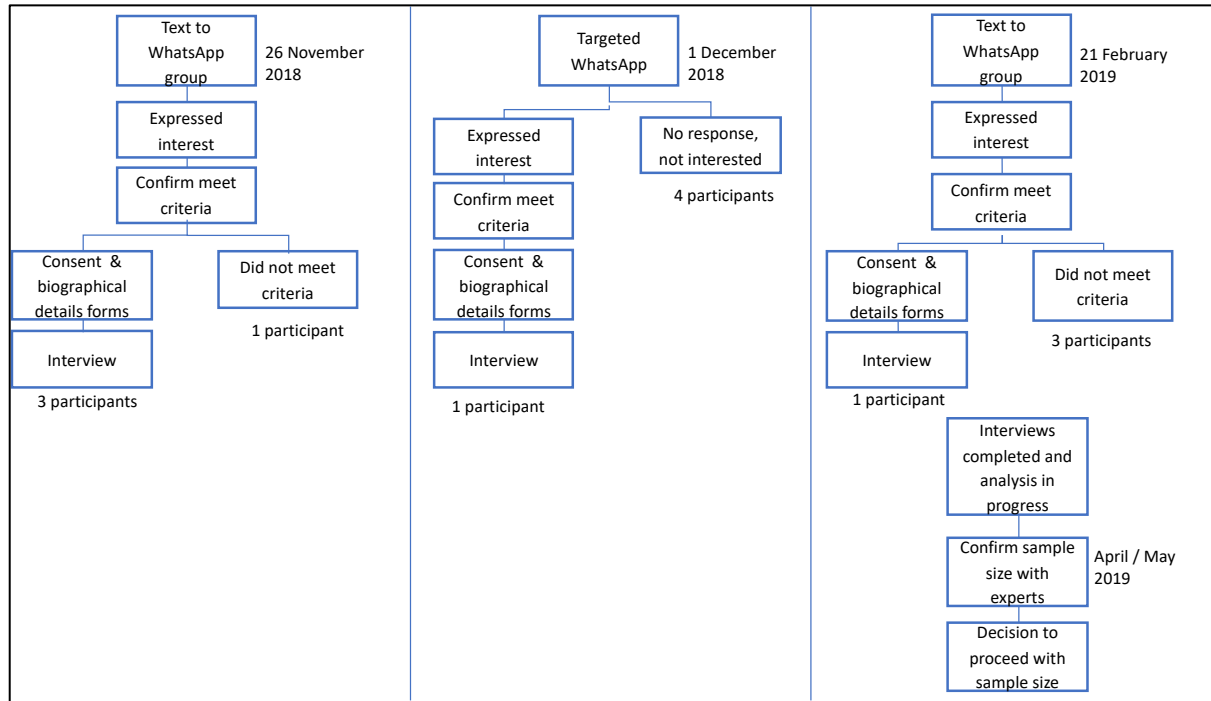


Figure 2: Sampling process

Recruitment and sampling commenced in November 2018 and was concluded in February 2019. The initial purposive sampling approach used opportunities (Pietkiewicz & Smith, 2012) as a result of my contacts within my personal and professional network and yielded three participants. They were obtained by posting a message on a WhatsApp group of more than one hundred mothers who predominantly live in Cape Town. This group was formed by a doula and peri-natal yoga teacher as a broad community-based support mechanism for her clients. The message calling for interested professional working mothers provided a short context of the study, the sample criteria, and a request for their availability during the sampling period for a 60–90-minute conversation.

Upon receiving responses from interested participants who met the criteria, I emailed a cover letter to them providing further information regarding the study and their participation (see Appendix B) and confirming their availability to conduct interviews during the required time frame. Subsequently, I emailed a consent form (see Appendix C) and a biographical details

form (see Appendix D), which they could return either electronically or on the day of the interview.

I conducted a second round of recruitment on 1 December 2018, by sending a targeted message to individual potential participants, that yielded another participant. A final attempt to recruit further participants was conducted via the WhatsApp group on 21 February 2019 and it yielded one more participant, bringing the total to five participants (see summary in Table 7).

List of interested possible participants	Source	Relationship status	Works in corporate	Lives in CT	First singleton baby < 3yr	Return work > 6 mth	Comments	Confirmed participant
Targeted pilot participants (pre-ethical approval) - October 2018								
Potential/interested participant 0a	WhatsApp group	Single	Yes	Yes	No	Yes	Twins	Pilot
Potential/interested participant 0b	Work colleague	Married	Yes	Yes	Yes	Yes		Pilot
Potential/interested participant 0c	Work colleague	Single	Yes	Yes	No	Yes	Child 4 years	N/A
Initial request for participants: WhatsApp group message - 26 November 2018								
Potential/interested participant 1	WhatsApp group	Married	Yes	Yes	No	Yes	Pregnant with second	
Potential/interested participant 2	WhatsApp group	Married	Yes	Yes	Yes	Yes		Yes - P3 Candice
Potential/interested participant 3	WhatsApp group	Married	Yes	Yes	Yes	Yes		Yes - P4 Amy
Potential/interested participant 4	WhatsApp group	Co-habiting	Yes	Yes	Yes	Yes		Yes - P2 Emily
Second request for participants: WhatsApp message to targeted group members - 1 December 2018								
Potential/interested participant 5	WhatsApp group	Married	Yes	Yes	Yes	Yes	Not comfortable to participate	
Potential/interested participant 6	WhatsApp group	Single	Yes	Yes	Yes	Yes		Yes - P1 Shireen
Potential/interested participant 7	WhatsApp group	Single	No	Yes	Yes	Yes	Self-employed	
Potential/interested participant 8	WhatsApp group	Unknown	Yes	Yes	Yes	Unknown	No response	
Potential/interested participant 9	WhatsApp group	Married	No	Yes	Yes		Self-employed	
Third request for participants: WhatsApp message to targeted group members - 21 February 2019								
Potential/interested participant 10	WhatsApp group	Married	Yes	Yes	Yes	Yes		Yes - P5 Chelsea
Potential/interested participant 11	WhatsApp group	Married	No	Yes	No	Yes	Twins & works remotely for an African NPO	
Potential/interested participant 12	WhatsApp group	Married	No	Yes	Yes		Self-employed	
Other participants considered								
Potential/interested participant 14	Referral	Single	Yes	Yes	Yes	No	Less than 6 months	
Potential/interested participant 15	Referral	Yes	Yes	Yes	Yes	No	Less than 6 months	

Table 7: Summary of interested participants and final confirmed participants

Environment plays an important role in qualitative analysis and in IPA; scholars therefore recommend interviewing participants in their natural surroundings (Smith et al., 2009). I offered participants the option to meet at their natural home or work environments, or at the university in a private room at a time that best suited them, including evenings. The provision of these options helped build rapport in illustrating willingness to work within the participants' constraints and preferences for maintaining privacy. Understandably, due to the nature of motherhood and the content being discussed, most participants opted to meet at the university

during late afternoon between finishing work and heading home, in order to feel at ease speaking and to limit interruptions they may experience at home or work. One participant – a single mother – opted to meet at her home once her daughter was in bed for the night and another participant opted to meet at her office in a meeting room during work hours.

In appreciation of their time, I offered participants the opportunity to attend a workshop for working mothers, facilitated by myself.

The final sample of five was fairly homogeneous in relation to the criteria. The participants were all first-time professional working mothers of singletons who were employed in business or the corporate sector, lived in Cape Town, had returned to work for at least six months post-maternity and whose children were between nine months and three years old. The sample yielded participants from different ethnic backgrounds between the ages of 31 and 42 from a variety of professions (see Table 8). The tenure within their current job or role ranged between one and a half to five years while they all had had been working for their respective companies for a minimum of two and a half years up to ten years. The sample yielded mid-career women who were established in their professions, all of whom were in heterosexual relationships. The literature points out that mid-career is a stage related to child-bearing and child-rearing (Crosby, 1991; Dugan & Barnes-Farrell, 2020; Hochschild & Machung, 1990; Sandberg, 2013; Vanderkam, 2015).

Participant Details				Employment						Child-care used					Relationship					Child			
Name	Sex	Age	Ethnicity	Occupation	Industry	Years in job	Work hours	Flex Time	Flex Place	Nanny	Au-pair	School	Family/Friends	Other	Status	Partner	Occupation	Ethnicity	Sex	Age	Child	Sex	Age
1. Shireen	F	42	Indian	Business Development Director	Technology	5 years	9-5pm	Y	Y	Y	-	Y	-	Ex	Seperated	Adam	Public Health Doctor	Mixed	M	41	Zoe	F	2.5yrs
2. Emily	F	39	White	Architect	Government	3 years	7:30 - 4pm	N	N	Y	-	-	-	-	Cohabiting	Martin	Freelance Tour Guide	White	M	41	Joslyn	F	2yrs
3. Candice	F	35	White	Customer Experience Manager	Retail	1.5 years	8-4pm / 7-3pm	Y	N	Y	-	Y	-	-	Married	Stanton	Business Owner	White	M	36	Gia	F	2.5yrs
4. Amy	F	34	Coloured	Mechanical Engineer	Management Consulting	4 years	9-5pm	Y	Y	-	-	Y	-	-	Married	Damian	Engineer	White	M	40	Jillian	F	20mth
5. Chelsea	F	31	White	Software Developer	Technology	2.5 years	6-3pm	Y	Y	Y	-	-	Y	-	Married	Eddie	Self-employed	White	M	32	Zayn	M	14mth

Table 8: Demographics of participants

One of the unintended consequences of the sample was the participants’ relationship status. Initially the intent was to sample participants who were married or cohabiting as part of a long-term relationship for the purpose of homogeneity. Due to the difficulty in sourcing suitable participants using purposive, criteria-based sampling and based on the responses of interested participants, the criterion around relationship status was expanded to include married, cohabiting, or single participants. Of the final participants, three were married, one was

cohabiting and one was separated. Some participants were not comfortable sharing information regarding household income. After emailing the first few forms and noting the resistance, I took the biographical details forms along to the interview instead, which provided an opportunity to build rapport and explain the rationale in person, which assisted in abating any concerns. Overall, two of the five participants did not provide information regarding household income. This information was more a validation point for economic homogeneity, which was not a central requirement.

My engagements on sample size and importance of homogeneity for IPA with experts in qualitative research, through an online IPA discussion group (<https://groups.io/g/ipaqualitative>), and with Jonathan Smith directly, confirmed the decision to proceed with a fairly homogeneous sample size of five, that would enhance the credibility of the research by maintaining sample integrity.

3.5 Data collection and management

Appreciating the demands on professional working mothers' time and energy, and the sensitivity they may have to questions around their coping, data collection was performed in a sensitive manner, ensuring privacy and in a location selected by the participants and importantly, at a time of day that worked for them.

3.5.1 Semi-structured interviews and visual data (drawings)

Interviews are a common method for collecting primary data and may be structured, semi-structured, or unstructured. Saunders et al. (2009) suggest that for exploratory studies, unstructured interviews are more frequently used, while semi-structured ones are less frequently used. Lived experience is defined as our encounters with everything in our lifeworld (Boden et al., 2019). Although the main tools of data collection in IPA have been semi-structured interviews and diaries, visual methods are becoming increasingly accepted and used in qualitative psychology. Where words may fail the fullness of lived experiences, pictures offer an opportunity to explore the intangibility of its texture and improve the depth of verbal data. These aspects may include embodied, spatial, and atmospheric subtleties (Boden et al., 2019).

The primary method for data collection for this study was a semi-structured interview as the method provides a ‘thick description’ of the participants’ experiences (O’Reilly & Kiyimba, 2015). This is supported by Pietkiewicz and Smith (2012) who suggest that although other methods may be used, semi-structured, in-depth, one-on-one interviews offer space and flexibility for original and unexpected issues to arise. These may then be further explored by the researcher, as one is not confined to a specific set of questions or order in which they should be asked; although, an interview plan is recommended to facilitate the flow of conversation. The questionnaire that was used was developed with the research questions and nature of phenomenological research in mind. A few key questions were developed with some follow-on questions as prompts, if needed (see Table 9). These were reviewed by my supervisor and comments were incorporated.

Interview Questions	What are the experiences of first time professional working mothers (FTPWM) first-with self-care and coping?			
	1. How do FTPWM understand coping?	2. How do FTPWM understand self-care?	3. How do FTPWM make sense of the relationship between coping and self-care?	4. What constraints and enablers do FTPWM face?
1. Please draw a picture of how you see yourself with the demands of work and motherhood? Could you describe your picture to me?	x			x
2. How would you describe self-care and how would you describe coping?	x	x		
3. How does your picture compare to before you became a mother?			x	x
4. How have the changes you have experienced (since becoming a mother) impacted on your self-care practices?		x		x
5. How would you describe the effect of the changes in your self-care practices on your coping ability?	x		x	
6. What do you think others (partner, manager, friends, family) would say about your coping ability?	x			x
7. Can you tell me about a time (since becoming a mother) where practising self-care had an impact on your coping ability?			x	x

Table 9: Interview questions and prompts linked to research questions

The interviews were audio recorded to facilitate the production of verbatim transcripts (Pietkiewicz & Smith, 2012). Smith et al. (2009) indicate several points that are important when conducting interviews (see Table 10) which were taken into consideration for this study.

Considerations when conducting interviews	How these were incorporated into the study
1. Rapport – getting participant comfortable	Spent sufficient time building rapport at the start.
2. Help participant get used to doing most of the talking	Allowed participants to give a full answer to the very first question.
3. Be flexible, not stuck to the interview schedule	Followed participants narratives and asked questions or clarified understanding during pauses.
4. Probing	Used follow on and clarifying questions.
5. Reflection	Asked one question at a time. Created a safe space which allowed participants to feel comfortable with pauses and silence.
6. Checking understanding	Checked for understanding where needed during interview. Made notes of other possible interpretations and used in analysis.
7. Monitor the effect of the interview on the participant	Noticed participants verbal and non-verbal responses. Checked for discomfort and / or willingness to continue where appropriate.
8. Transcribe the interview before moving onto others	Used a transcription service to ensure a quick turn around time and completed analysis of one participant at a time before moving onto next.

Table 10: Considerations when conducting interviews

The most important thing at the start of the interview is building rapport with the participant (Smith et al., 2009). In conducting the interview, sufficient time was spent building rapport at the outset, which included: thanking the participants; checking in with how they were doing; reminding them of my field of study and the purpose of research, what to expect in the interview process; and obtaining or confirming informed consent. Participants were also offered the opportunity to ask any questions before we began. Smith et al. (2009) caution against disclosure from the researcher at the start of the interview. Although there are reasons why one may choose to share experiences with participants, these experiences lie outside of the participants’ ‘lifeworlds’ (Smith et al., 2009). This was particularly relevant in this instance, due to my location within the research population. Where participants did ask questions or referenced my personal experiences during the rapport building, I skillfully reiterated the focus on *their* experiences for the study.

Participants were then invited to begin by drawing a picture depicting how they saw themselves coping with the demands of work and motherhood. Drawings can be used in different ways. A simple use is as an entry into the interview and eliciting verbal data (Boden et al., 2019). Drawings break down participants’ go-to narratives and stretch them to consider more creative ways of expression through metaphor or language uncommon to them. They can provide a ‘thick depiction’, which complements the ‘thick description’ of interpretative approaches. Drawing is compatible with IPA, allowing for both phenomenological and hermeneutic analysis. Their tangibility and stability, unlike spoken words, provide a bridge connecting one

person's lived experience to another without the need for immediate translation and allow a shared focus for continued discussion (Boden et al., 2019). Through the act of drawing, the participant impresses meaning on paper; the picture offers an expression of the experience for consideration (Boden et al., 2019).

The drawings were used as a basis for initial entry into discussions. After participants had completed their drawings, they were asked to explain what they had drawn. This proved a useful, reflective, and disarming entry point into the conversation, where simply commencing with questions may have elicited caution or even defensiveness. It also assisted my speedy immersion into the life-world of the participant.

Pietkiewicz and Smith (2012) recommend that building rapport, gaining trust, active listening, and the ability to ask open-ended questions are key skills on the part of the interviewer. The ability to read both verbal and non-verbal cues is very important especially in determining the impact of questions and the interview process on participants, particularly where they display any level of discomfort. Although rare, Pietkiewicz and Smith (2012) suggest that in such instances, counselling skills may also be useful or following specific ethical procedure to preserve the well-being of the participant. Importantly, a comfort with silence is crucial to allow for reflection. My skills and experience as an organisational development specialist, facilitator and life coach were valuable in these instances.

Semi-structured interviews do not mimic daily conversation which may be a source of discomfort for participants, for example, participants doing most of the talking or periods of silence in the interview. Smith et al. (2009) recommend encouraging participants to give a full answer to the very first question and to use prompts where they may get stuck or appear uncertain. Beginning the interview by asking participants to draw a picture of how they see themselves coping and then asking them to explain their drawings, proved particularly useful, as participants provided rich narratives on their drawings. This helped to quickly delve deeply into the participants' lived experiences. It also helped build flexibility in the interview process with an opportunity to ask questions or gain further information on specific areas of interest as they arose, through the natural course of the participants' sharing and narrations. Prompts that were prepared for each question further supported with probing areas of interest.

Smith et al. (2009) suggest that allowing time for reflection, lends itself to richer, fuller answers. To this end, I took time to listen deeply to participants and allowed for natural pauses and longer silences when they occurred. Paraphrasing and reflecting to participants what was understood, helped check for understanding and, at times, were useful as prompts. This was, however, kept to a minimum to resist slipping into interpretation, which forms part of the analysis (Smith et al., 2009). I was mindful of checking for a participant's level of comfort with the process by paying careful attention to the participant's verbal and non-verbal behaviour throughout the interview process (Smith et al., 2009). Furthermore, I was aware of the importance of backing away from an issue, rephrasing the question, or deciding to refrain from that line of questioning altogether, as the need arose.

The interview questions served as a rough guide of the broad topics for discussion while the participant was offered the freedom to share her narrative as she deemed fit. As an active listener, I used additional prompts and probing questions sparingly and at points of logical pause or silence, to explore or clarify participants' perspectives. An aim was to have participants speaking for 80% or more of the time, to avoid interrupting the flow of their narratives or thoughts, which was evident in the transcripts. This also minimised bias of leading the direction of the conversations.

The interview schedule (see Appendix E) comprised seven key open-questions directly aligned to the study and intended to prompt thick, narrative descriptions from participants. All interviews were conducted in English. The interview data was supplemented with information from a biographical information form, as well as non-verbal cues noted during the interview.

3.5.2 Audio recordings, transcripts, and journal entries

As part of the recruitment process, as well as at the confirmation of consent during the interview, participants were informed that the interviews would be audio-recorded for transcription and analysis and that occasional notes would be taken during the interview. All participants were comfortable with this. Immediately after the session, I uploaded the audio file to a secure, password-protected cloud drive and deleted the file from the audio device. I made journal entries soon after each interview about things that stood out and things that may warrant further exploration during analysis. Revisiting journal entries assisted with immersion into the life-worlds of the participants in subsequent sittings for analysis (see Appendix F).

Whereas transcription done by the researcher allows for growing familiarity with the participants' life-worlds, it can be time-consuming. The use of transcription services, in addition to the benefit of experienced individuals dedicated to the process, offer faster turnaround time. In lieu of time constraints, transcriptions were done using an experienced, trustworthy, and high-quality professional services firm and transcripts were available generally within 48 hours once they were given permission to access them from the secure cloud drive. Transcriptions were captured verbatim, including pauses. In order to build familiarity with participants' life-worlds and mitigate for not having transcribed myself, I did a first reading of the transcript while listening to the audio – start to end – and supplemented the transcriptions with information from my notes on verbal and non-verbal cues, such as intonation and significant body language. I also focused on one case at a time and listened to the relevant spot on the audio recording prior to each sitting for analysis to build familiarity with each participant.

3.6 Data analysis and synthesis

The existing literature on IPA does not prescribe a single method for analysis of data (Smith et al., 2009). As is characteristic of qualitative psychology approaches, the essence of IPA lies in its focus, which is on participants' attempts to make sense of their worlds. Smith et al. (2009) suggest that IPA may be regarded as a set of common processes, principles, and strategies, applied flexibly, and encourage researchers to be innovative in their approach. In their view, although IPA analysis may be complex, intense, and demanding, it can simultaneously be an intuitive, creative, interesting, insightful, and rewarding process. Smith et al. (2009) offer the following guidelines for analysis and synthesis of IPA.

A. Processes:

- a) moving from the particular to the shared; and
- b) from the descriptive to the interpretative.

B. Principles:

- a) a commitment to understanding the participant's perspective; and
- b) a psychological focus on their meaning-making within their particular context.

C. Strategies:

- a) a close line-by-line analysis of the experiential claims of each participant;

- b) identification of emergent themes uncovering both convergence and divergence, commonality, and nuance, first per case and then across cases;
- c) development of an interpretative account through engagement between the researcher, their coded data, and their psychological knowledge of what it might mean for participants to have these concerns within their contexts;
- d) development of a structure or frame that illustrates the relationships between themes;
- e) organisation of the material that allows the analysed data to be traced from initial comments to final structure of themes;
- f) use of supervision, collaboration, or audit to help test and develop the coherence and plausibility of interpretation;
- g) development of a full narrative, evidenced by detailed commentary on data extracts, usually theme by theme;
- h) reflections on one's own perceptions, conceptions, and processes.

In addition, Smith et al. (2009) further encourage researchers using IPA for the first-time to begin by working closely with the suggested steps and to adapt them where they feel comfortable or when the data requires.

3.6.1 Analysing the data

A challenge of qualitative research is dealing with large volumes of data (Bloomberg & Volpe, 2016; Smith et al., 2009) and deciding what data is pertinent to share. It requires a willingness to work with complexity and it is not uncommon to feel out of one's depth (Smith et al., 2009). The process is largely iterative and specifically with IPA, entails much collapsing and culling of data to reduce the volume while honouring participants' sense-making and identifying key emergent themes, which demand determination, persistence, and curiosity from the researcher (Smith et al., 2009). My own experience was aligned to this and was at times overwhelming, mind-boggling and even frustrating. Often, time and distance from the data offered opportunity for renewed rigour upon return to analysis.

IPA involves a detailed analysis of participants' interview data through an exploration of experiential themes, coupled with the researcher's interpretation, which is an expression of double hermeneutics (Pietkiewicz & Smith, 2012). In earlier discussions, Smith (1999) suggests that themes could be carried over from the first participant to subsequent participants

(Smith et al., 2009). The evolving nature of IPA is evident in their more recent discussions maintaining the importance of approaching each individual case on its own terms, while acknowledging the difficulty of bracketing.

With this in mind, each case was carefully examined upon completion of the interview and transcription before moving to the next case. In reviewing individual cases and making notes, themes and relationships began to emerge. These were then clustered, supported by narratives from participants, which may be compared or contrasted. Further analysis of the participant’s interpretation through the lens of concepts or theories shed additional light on the research problem.

Data analysis within IPA focuses on common processes of moving from the particular to the shared and from the descriptive to the interpretative while understanding the participant’s point of view and their meaning-making within their context (Smith et al., 2009). The iterative and inductive process is evident in the analytical guidelines of IPA that were followed as detailed in the section below. Table 11 contains a summary of how I applied the six-step guideline for IPA analysis.

<p style="text-align: center;">1. Reading & re-reading (one sitting)</p> <ul style="list-style-type: none"> • 1st: Listen to audio in one sitting while following transcript and making initial updates on inaudible words / phrases, and other verbal cues such as tone • 2nd: Focus on participants narrative and update with notes, comments and questions from journal 	<p style="text-align: center;">4. Searching for connections across themes</p> <ul style="list-style-type: none"> • Summary compilation of themes and sub-themes • Identification of unique themes and sub-themes
<p style="text-align: center;">2. Initial noting (multiple sittings)</p> <ul style="list-style-type: none"> • All subsequent readings began by listen to relevant point in audio for 5 minutes to re-immense into participants life-world as expressed by participants voice • Full reading from start to end using free text analysis to make exploratory notes and comments • Review and colour code notes and comments 	<p style="text-align: center;">5. Moving to the next case</p> <ul style="list-style-type: none"> • Break for a few days between cases • Journal to bracket off previous case • Repeat steps 1 - 4
<p style="text-align: center;">3. Developing emerging themes</p> <ul style="list-style-type: none"> • Note phrases of psychological essence based on participants narratives and researchers interpretation 	<p style="text-align: center;">6. Looking for cross-care patterns</p> <ul style="list-style-type: none"> • Printed copies of summary of themes per case • Production of multiple mind maps • Use of post-it notes, colour coded per participant

Table 11: Application of the 6-step guidelines for analysis within this study

Table 12 indicates the initial study timeline. While interviews and individual case analysis and connections were aligned to these timelines, cross case analysis and in particular writing and

refining of the findings was an interactive process and took by far the longest. Due to personal circumstances, I often had long periods away from the research which required time to reacquaint myself yet simultaneously provided opportunity for new insights and perspectives. I have consciously chosen to present this section in first-person, in keeping with IPA, and to highlight my personal experience and engagement with the process.

		Data collection, analysis and write up timelines																
		Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Participant 1	Interview	14																
	Analysis		3-12															
	Theme connections		12-19															
Participant 2	Interview	20																
	Analysis		21--	--01														
	Theme connections			6														
Participant 3	Interview		15															
	Analysis			21--														
	Theme connections			--28														
Participant 4	Interview		22															
	Analysis				12--	--12												
	Theme connections					19												
Participant 5	Interview			26														
	Analysis					23--	--11											
	Theme connections						30											
All participants	Cross-case themes																	
	Independent mini audit							8										
	Findings write up																	
	Ongoing analysis & write up																	

Table 12: Initial study timeline

3.6.1.1 Reading and re-reading

Typically, a few days to a week would have passed between the interview and the first reading. I first listened to the audio recording from start to end in one sitting while following in the transcript to familiarise myself with the content. Although the aim was only to listen, I did make notes on linguistic analysis such as tone, silence, laughter, and repetition and captured them if they had not been indicated in the transcripts. I also used this opportunity to complete words or phrases indicated as ‘inaudible’ while the interview was relatively fresh in my mind.

During the second reading, which sometimes followed immediately, I focused on understanding who the participant was and their narrative. I recorded notes, comments, or questions that I had in my journal.

In subsequent readings of a transcript which at times spread across multiple days I would always begin with listening to five minutes of audio prior to engaging in analysis to familiarise myself with the participant and their voice. This helped me bring my analysis to life in a way as I could imagine their voice when reading the transcript.

3.6.1.2 Initial noting

At the next reading of the transcript, I focused on exploratory notes and comments using free text analysis to make detailed notes regarding the transcript. I did not categorise my notes at this stage in order to remain in flow. Once I had completed reviewing the entire transcript, which often was over multiple sittings due to the nature of the analysis, and having made detailed notes, I would then review all my notes and colour code them as either descriptive (black), linguistic (red), or conceptual (green) (see Table 13).

16	Interviewer	Okay, so we're going to start by having you explain your picture to me.		
17				
18				
19	Speaker 1	<u>It feels like I'm drawing a picture that, probably, most people will draw, but hopefully each person's journey is a bit different. So it's not too obvious, but it's basically— I just started out drawing and as I went along I realised that different compartments in my routine have different energies and when I leave home it's kind of crazy, slash not too crazy and sometimes unpredictable and sometimes I can leave on time and most of the time I leave late. So it's a little bit nuts and then when I get to work, it's actually— then I get on the bus and things start calming down and stuff and then when I get to work it's like this calm zone which is ironic, because you would have thought it is the other way around. And then when I get home again and the nanny's there and the house is all clean and everything's amazing and it's, sort of, like back into quite a relatively calm zone and I'm happy to see my baby and I'm trying to get out of my work head space and everything's, kind of, like cool and rosy and</u>	Comparison with other mothers Differentiation between energy in different parts of routine Mornings are crazy, unpredictable, nuts and runs late Voice drops when she says "would have thought it's the other way around" (Secret? Not proud of chaos at home and calm at work) House is clean, everything is amazing because of nanny. Happy to see her baby Trying to get out of work head space Things are cool and rosy (?positive, good)	Comparison with other mothers Compartmentalisation of life Life as degrees of chaos Work as an escape / sanctuary Expectations of how home should be Admiration or envy of the nanny / Nanny as having it all together Child as source of joy
20				
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Participant Two

Table 13: Excerpt of initial noting in transcript for Participant 2

3.6.1.3 Developing emergent themes

Themes are phrases of psychological essence that reflect both the original words of the participants and the interpretation of the researcher (Smith et al., 2009). I found this part of the analysis gripping and would often get 'lost' in the transcripts for hours trying to make sense of what was going on for participants. During this part of the process, I focused on moving away from the transcript and the participant voice to the initial notes. This extract from my journal indicates my growing familiarity both with the transcripts and the IPA process:

...building my confidence in being more interpretative in my analysis while still keeping the participant in mind – so not sticking only closely to their meaning but exploring various concepts that emerge...

3.6.1.4 Searching for connections across themes

I then looked at a process of mapping how the themes fit together in relation to the overall research question. I used two formats to assist with this process. The first was a summary compilation of all the emergent themes and sub-themes, keywords and relevant line and page numbers from the individual participant's transcript with the key research question in bold at the top of the page to maintain focus. The second was a spreadsheet copied from the notes column of the transcripts. Working with this technology assisted in quickly removing duplicates and arriving at a set of unique emergent themes. I then clustered those based on the connections between the themes (see Tables 14 and 15).

Connections across emergent themes

(yellow highlight – key themes for participant)

Participant 2

What are the experiences of FTPWMs with self-care and coping?

Themes	Page/line	Key words
A. Constant worry 1. Your job to worry 2. Worry about child's safety 3. Pressure on self 4. Difficulty accepting anxiety	13/480 8/289; 13/484-491 16/586; 18/655 12/449; 15/557	Your job to worry about everything Still alive; Pool; boiling kettle To do a lot of stuff; simpler life 'ang,ang'; it stayed with me
B. Measuring up 1. Admiration /envy of nanny 2. Comparison with other mothers	4/131; 1/20; 8/288	Don't know how she does it Most people; below average
C. "Shock to the system" 1. Motherhood as uncontrollable / unpredictable / uncertain 2. All-consuming craziness (time & energy) 3. Grasping at old life (Productivity)	10/393 10/374; 12/445 10/382; 11/384 6/190	Until it comes More in control; of the rocker Don't have the energy; really don't have the time Do something on the side;
D. Life as degrees of chaos 1. Life as a mad rush between things (?part of all consuming?) 2. Compartmentalisation of life? (separate theme? Does it relate to keeping order/ 'in control') 3. Blurred boundaries? (between activities, self and baby)	1/28; 2/55; 4/120;4/130; 6/216; 6/221 9/324 8/275; 20/743; 24/896	Nuts; crazy; less crazy; 5min later; more crazy; crazy-calm Mad rush between Parts of (day); categories; family on weekends
E. Forgotten self 1. Speaking in 1 st & 3 rd person (need to research this)	19/717; 20/738; 3/83; 10/358	

Table 14: Excerpt of connections summary of themes and connections across emergent themes for Participant 2

	What are the experiences of FTPWM with self-care and coping?			
All initial themes	Participant 2			
1 st & 3 rd person (forming new identity?)	Unique initial themes	grouping of themes	Superordinate theme (if different)	Unique theme list
1 st & 3 rd person	1 st & 3 rd person (forming new identity?)	Forgotten self		Forgotten self
1 st & 3 rd person	1 st & 3 rd person	Forgotten self		Motherhood as a shock to the system
1 st & 3 rd person (difficulty expressing / accepting first person account?)	1 st & 3 rd person (difficulty expressing / accepting first person account?)	Forgotten self		Grasping at old life
Acceptable but not preferred (grooming)	Acceptable but not preferred (grooming)	Forgotten self		Measuring up
Acceptance of not being in control (on maternity leave)	Acceptance of not being in control (on maternity leave)	Motherhood as a shock to the system		All consuming motherhood
Accomplishment a feeling in control / coping	Accomplishment a feeling in control / coping	Grasping at old life	Motherhood as a shock to the system	
Accomplishment as satisfying enables coping	Accomplishment as satisfying enables coping	Grasping at old life		Pre-existing anxiety
Admiration or envy of nanny (as caregiver)	Admiration or envy of nanny (as caregiver)	Measuring up		Trigger for anxiety
Admiration or envy of nanny (she manages both)	Admiration or envy of nanny (she manages both)	Measuring up		Compartmentalisation of life
Admiration or envy of nanny / Nanny as having things under control	Admiration or envy of nanny / Nanny as having things under control	Measuring up		The challenge of time
Admiration or envy of nanny / Nanny as having things under control	Admiration or envy of the nanny / Nanny as having it all together	Measuring up		Importance of self-care
Admiration or envy of the nanny / Nanny as having it all together	All consuming responsibility of mothering	All consuming motherhood	Motherhood as a shock to the system	Open with partner
All consuming responsibility of mothering	Anger at partner for trying to help			Blurred boundaries

Table 15: Excerpt of clustered themes for Participant 2

3.6.1.5 Moving to the next case

I allowed myself a short break of a few days before moving on to the next case. This, together with my journalling, assisted me in bracketing off ideas from previous cases. Although I could not forget the work that I had already done, this process allowed me a chance to hold conscious awareness when moving on to the next case.

3.6.1.6 Looking for cross-case patterns

After completing the analysis for all five cases, I printed out copies of the theme summaries and looked across them to identify cross-case patterns. I produced a few versions of mind-map-type visuals, but I found this process challenging and decided to work with it in a more practical and tactile way by using post-it notes. I allocated each participant a colour and captured each of their emergent themes on a single post-it note. I ensured that the post-it note included an alpha-numeric reference back to the theme summary page for quick reference to more detail on the theme (see Figure 3). I then enlisted the support of two colleagues. The first is a seasoned change manager and life coach and the other is a qualified industrial psychologist, recent academic and human resources professional and neither were mothers, to ensure that their views did not integrate into the process. The aim was for them to go through a clustering exercise using the post-it notes to validate what I had produced in the mind maps. They were provided with insight on the research topic, detailed instructions on the process we would be using and a high-level summary of each of the participants, labelled P1 to P5, who remained anonymous. My role was to ask questions about why they placed things where they did, how they made sense of supporting extracts from transcripts that allowed me new insight or confirmed my analysis. This exercise offered a more flexible approach to ordering and re-ordering things visually and with great ease. I then worked further with the output from this exercise to refine the cross-case patterns.

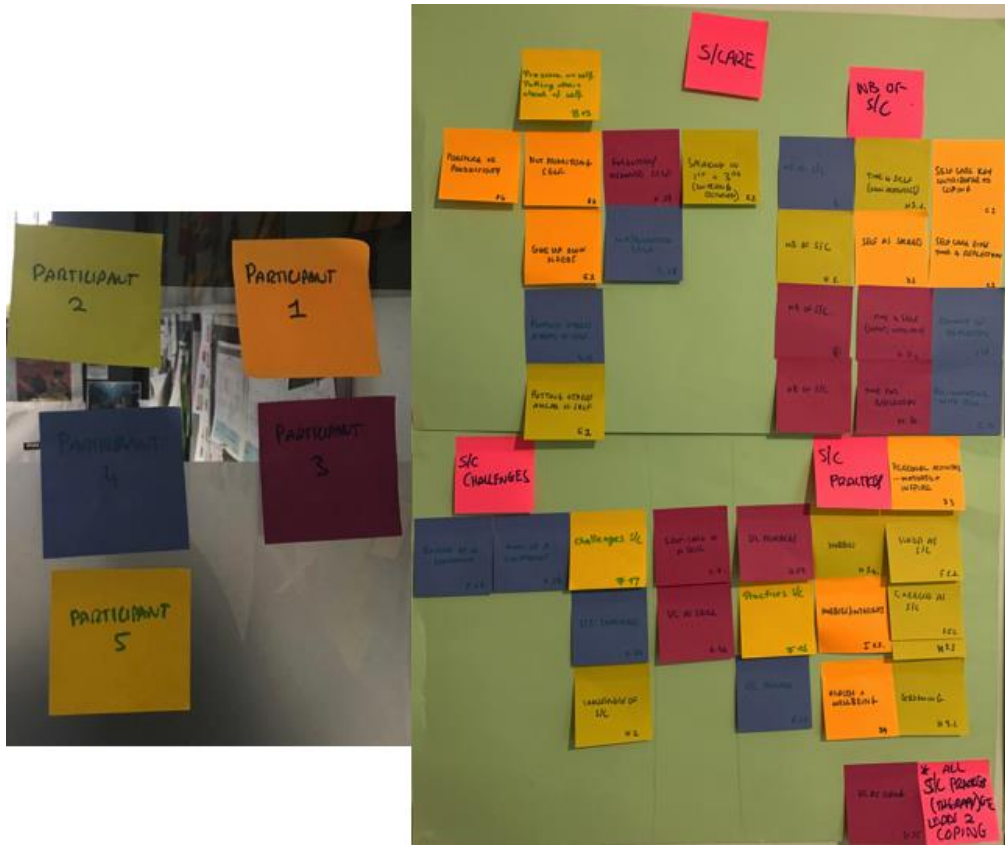


Figure 3: Excerpt of post-it note exercise for cross-case theme analysis

3.6.2 Synthesising the data

The various elements of data indicated in Figure 4 were brought together in order to build the findings.

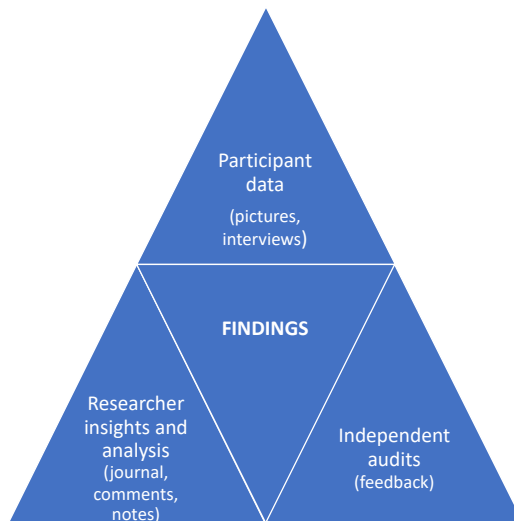


Figure 4: Data triangulation and synthesis

My research journal was a useful reflexive tool that helped me keep track of my research process and assisted in bracketing my own thoughts, emotions, and interpretations of the initial data. The first part of the journal is arranged per participant (according to steps one to five below), where I wrote down my initial impressions, capturing both the process and content after conducting an interview. I would subsequently update my journal after completing a session or step (whichever came first) of a case analysis. The second part of the journal is dedicated to the process of cross-case analysis (step six).

I further enlisted the support of my supervisor in reviewing the validity of the analysis. For the initial case, I forwarded my progress after every step. Thereafter I submitted each full case for review, including the drawing, analysed transcript, and the emergent theme summary document as I completed each case. The robust discussions helped me refine my analysis through testing and challenging my interpretations and assumptions.

During analysis, the drawings were used as a cross-reference in triangulating data from the interview, specifically at step one and step three. However, a detailed analysis of the drawings is a rich opportunity not exploited due to the constraints of this study.

3.7 Ethical considerations

Researchers have a dual responsibility to participants of both informing them and protecting them adequately with a particular focus on how data is handled (Bloomberg & Volpe, 2016). No serious or detrimental harm to participants was anticipated as a result of participation in this study; however, several steps were taken to ensure their rights were protected.

Avoidance of harm may be evaluated by the extent to which simply talking about topics that may be deemed sensitive by the participants may have on them (Smith et al., 2009). During the interview a strong awareness of participants' state was held. Where participants displayed discomfort, I proceeded cautiously and offered opportunity for a pause. Participants were informed upfront of their rights to withdraw, but also of the challenges in exercising this once analysis had begun. As part of confirmation of informed consent, participants were reminded of audio recording, transcription of the information, and that the report would include verbatim extracts but that anonymity would be maintained. Data was stored securely on a password-protected platform provided by the university, which was only accessible by the researcher. Data shared with the transcription services was also done via a secure platform. All participants

signed consent forms to voluntarily participate in the study and participants' anonymity was considered in terms of reporting and sharing of data through the use of participant numbers for transcripts and later pseudonyms during analysis and write-up.

3.7.1 Issues of trustworthiness

Quantitative research addresses validity (measures what it claims to measure) and reliability (the consistency with which it does so over time). Scholars argue that qualitative research should be assessed differently while the intent remains to control the potential biases throughout the various stages of research and may include credibility, dependability, conformability and transferability (Bloomberg & Volpe, 2016). Credibility or validity assesses whether the findings are accurate from the perspectives of the researchers, the participants and the reader. Dependability assesses whether the findings are consistent with the data collected. Conformability addresses the sense of objectivity in that the findings are the result of the research and not the researcher's biases. Transferability assesses whether the study can be applicable to other contexts.

There are several guidelines for assessing qualitative research with some as simple as a checklist being deemed overly-simplistic and prescriptive for IPA. Smith et al. (2009) recommend two approaches to assessing the quality of qualitative research, and in particular IPA – that of Yardley (2007) and Yin (1989). Yardley (2007) looks at four broad principles, namely a) sensitivity to context, b) commitment and rigour, c) transparency and coherence, and d) impact and importance. Yin (1989) recommends the independent audit. This study employed both approaches (see Table 16).

Criteria for Qualitative Research	Applicability to IPA	Application in this study
Sensitivity to context <input type="checkbox"/> Socio-cultural <input type="checkbox"/> Existing literature <input type="checkbox"/> Information from participants	<ul style="list-style-type: none"> Choice of IPA as a methodology Close engagement with idiographic Skill, awareness and dedication of researcher due to interactional nature of data collection 	<ul style="list-style-type: none"> IPA suited to studies on health and wellbeing Deep and detailed individual analysis Researchers skill and experience as a facilitator and life coach
Commitment and... <input type="checkbox"/> Can be demonstrated in a number of ways Rigour <input type="checkbox"/> Thoroughness of the study	<ul style="list-style-type: none"> Degree of attentiveness to participant Care with analysis of each case Appropriateness of sample to research question Quality of interview Completeness of analysis 	<ul style="list-style-type: none"> Considerable personal investment of time, energy and effort during interview and analysis Purposively selected homogenous sample Application of aforementioned skills in balancing closeness and separateness during interview Significant idiographic focus while equally interpretative
Transparency and... <input type="checkbox"/> Clear description of the stages of research process Coherence <input type="checkbox"/> Often judged by reader <input type="checkbox"/> Fit between research and theoretical assumptions of methodology	<ul style="list-style-type: none"> Carefully describe the processes and approaches used in design, implementation and analysis stages Tables may be included to detail these features Coherent arguments Themes hang together logically Clear analysis of ambiguities and contradictions Report aligns with principles of IPA 	<ul style="list-style-type: none"> Clear outline of methodology chapter Use of tables and visuals to enhance transparency Evidence of phenomenological and hermeneutic aspects in arguments Use of superordinate and subordinate themes evidenced with participant excerpts Clear and rich explorations of contradictions and ambiguities Format and principles of IPA evident at all stages
Impact and importance <input type="checkbox"/> Does it tell the reader something interesting, important or useful	<ul style="list-style-type: none"> IPA aspires to do exactly this about the individual participants as well as overall themes 	<ul style="list-style-type: none"> Findings and discussion presents new and interesting information and identifies gap in literature
The independent audit <input type="checkbox"/> Test the evidence trail from initial documentation to final report	<ul style="list-style-type: none"> Initial notes on research questions Research proposal Interview schedule Audio recordings Tables of themes or other tools used in analysis Draft reports Final reports 	<ul style="list-style-type: none"> Supervisors role as independent auditor throughout the study Audit of analysis phase facilitated with two independent parties

Table 16: Assessing the quality of this IPA study

3.7.2 Sensitivity to context

Yardley (2007) argues that a good qualitative study will demonstrate sensitivity to context, which may include the socio-cultural context, existing literature or information obtained from participants. Smith et al. (2009) further suggest that sometimes the very choice of IPA as a methodology indicates sensitivity to context, as is the case with this study. IPA was selected as the methodology of choice due to the nature of the study and its link to health and well-being constructs of self-care and coping to which IPA is suited. An appreciation for the interactional nature of data collection is another example of sensitivity to context and requires skill, awareness, and dedication, as the IPA analysis is heavily dependent on the quality of data gathered. My skill as a facilitator and life coach assisted my presence and awareness during engagement with participants and particularly within the interviews. Furthermore, throughout

the process of data collection and analysis, the focus on the idiographic maintains the sensitivity to context, which is evident in the verbatim extracts from participants.

3.7.3 Commitment and rigour

Commitment in IPA may be demonstrated in two ways: (a) the degree of attentiveness to the participant during data collection; and (b) care with which the analysis is carried out. It further requires considerable personal commitment and investment from the researcher, combined with the aforementioned skills. The complex nature of the skills provides areas of overlap using Yardley's (2007) criteria where the display of sensitivity to context may also be deemed as commitment or vice versa. Conducting this study using IPA required significant time and energy commitment from me. In addition to the approximately 90-minute interview, analysis was the most time-consuming process in becoming immersed within the participants' life-worlds and making sense of their sense-making.

Rigour refers to the thoroughness of the study, such as appropriateness of the sample, quality of the interview, and the completeness of the analysis. The homogeneous sample in this study was carefully selected to match the research question. Smith et al. (2009) recommend a balance between closeness and separateness during the interview. Again, my skills as a facilitator and coach were useful in noticing verbal and non-verbal cues in managing the flow of the discussion. In order to build rigour, analysis must be conducted thoroughly and systematically and with IPA there must be significant idiographic focus while being equally interpretative, moving beyond descriptions to extracting meaning. Smith et al. (2009) suggest that good IPA tell the reader something important about the individual participants and simultaneously something important about the themes they share. This may be seen in the results section, in general ensuring proportionate drawing from all participants.

I undertook multiple layers of analysis to refine my data of each case and the cross-case patterns that are evident in the diaspora of verbatim extracts to support my themes in support of a rigorous process. I am a professional working mother facing the same challenges as my participants in managing work and home commitments. This helped me build empathy and rapport, but also illustrates my commitment to the rigour required to conduct an IPA study. I also joined the international IPA yahoo group (IPANALYSIS@yahoodgroups.com re-platformed to <https://groups.io/g/ipaqualitative> circa 2020), hosted by Smith et al. (2009) for

further support on the methodology. My journaling as an additional effort, although not required, assisted in the quality of my interviews and analysis and built on commitment.

3.7.4 Transparency and coherence

Transparency examines how clearly the research process is described, while judgement of coherence sits primarily with the reader. Readers should easily be able to identify the process followed and how the analysis produced the themes that emerged. To this end, in addition to the methodology chapter, a sample of transcript analysis is provided in the appendices as an illustration of the process followed (see Appendix G).

3.7.5 Impact and importance

Yardley (2007) suggests that telling the reader something interesting, important, and useful is where real validity lies. The study illustrates the deeper layers to the phenomenon of working mothers' self-care and coping by uncovering the enormity of the transition, the realities of the struggles that participants faced, and the pivotal role of support, all evidenced by their words.

3.7.6 The independent audit

Audits may be conducted on several levels, such as in completed forms at the end of the study or mini-audits during the course of the study (Smith et al., 2009). My supervisor played an important role as an independent auditor, as described in the sections above along each step of the way, in ensuring that my account of the study is a credible one by reviewing the process (paper trail) and content (data) as the research progressed from inception to completion. To enhance the validity of the study, I also conducted a once-off mini-audit with two other independent parties as part of the analysis phase, after all participant analysis had been completed and cross-case themes identified. These individuals were selected as auditors due to their experience; one is an industrial psychologist and recent academic and the other is a change manager and life coach, and their objectivity and distance from the sample, in that neither of them are mothers.

3.8 Limitations and delimitations of the study

The key limiting conditions of the study are three-fold: some are common to qualitative studies, some peculiar to IPA, and others relate to the study's research design.

3.8.1 Limitations

One of the key limitations of the study is my own location within the population of professional working mothers and the subjectivity of my own assumptions and perceptions, despite attempts to minimise this through journalling and bracketing. To further limit potential bias during the analysis phase, my supervisor played an integral role in reviewing data. An independent audit was also conducted at the end of the identification of initial cross-case patterns. Sample size may be seen as another limitation; however, despite numerous efforts, recruiting participants who met the criteria and were willing to participate proved challenging. However, a total of five participants is more than the recommendation of three, as per IPA guidelines for Master's study; it also considers the university's standards for Master's studies.

A final limitation was the lack of IPA studies about the phenomenon being studied, and a general lack of IPA studies in comparison to other qualitative methodologies, and specifically within the South African context. By joining the IPA Yahoo group, I had access to a global cohort of academics and students where useful information was shared and discussion exchanged.

3.8.2 Delimitations

Key delimitations of the study primarily relate to the research design. In order to narrow the study and manage homogeneity aligned to the principles of IPA, I applied inclusion and exclusion criteria. The sample was restricted and therefore, the study may be criticised for the lack of possibility of generalisation to other categories of working mothers, for example, those self-employed or working in the informal sector, those with more than one child, or those living outside of Cape Town. Although generalisability was not a focus of the study, transparency and coherence were addressed so that the study may be replicated within these contexts.

The time frame of the study did not allow for a more detailed analysis and synthesis of the participants' drawings, as well as a deeper exploration of participants' use of first and third person. Visual data offers rich opportunities for exploration of a phenomenon and although the drawings were primarily an entry point into the discussions, they were also used to triangulate data from the interviews.

3.9 Chapter summary

This chapter covered the rationale for and applicability of IPA as a methodology for the study with a brief comparison to other qualitative methods. It further detailed the research design, sampling approach, data collection, and analysis processes. It further highlighted challenges experienced in sampling and provided motivation for smaller sample sizes in IPA due to its idiographic nature and focus on maintaining homogeneity. It detailed the intense and iterative process involved in analysis and synthesis, offering insight the how visual data was used to build rapport and supplement the semi-structured interviews, and how keeping a research journal supported analysis and interpretation. The chapter concluded with a consideration of the ethical considerations and quality of this study related to the methodology, and finally, the limitations and delimitations. The next chapter presents the findings that emerged from the analysis.

CHAPTER FOUR: FINDINGS

4.1 Introduction

This study aimed to explore with first-time professional working mothers (FTPWMs) their experiences regarding self-care and coping in the belief that deeper insight into this phenomenon would assist professional working mothers and other role players in better understanding the constraints and enablers that professional working women face when they become mothers, thereby contributing to a more aligned ecosystem of support. This chapter presents the key findings from in-depth, semi-structured interviews and drawings using a sample of five participants who live and work in Cape Town, and their experiences of how they see themselves coping with the demands of work and motherhood.

There is no single right way to write up an IPA analysis (Smith et al., 2009). Throughout the data collection and analysis stages, it became apparent that it would be futile to explore this phenomenon in the absence of understanding the larger context of participants' experiences. This broader context was often referenced during participant interviews, irrespective of what aspect of the phenomenon we were exploring. Smith et al. (2009) suggest presenting results in full narrative account, which is comprehensive, systematic, and persuasive constituted largely by transcript extracts followed by detailed analytical interpretations. They suggest that the findings section of an IPA is, therefore, more substantial and discursive than of a typical quantitative report – as is the case with this chapter. Presentation of the data in meaningful format proved challenging and the data was organised and re-organised many times over. Various permutations were explored to that academic requirements and methodology guidelines were met, and that participants' realities were honoured before concluding on the format that you find in below. It may appear to the reader at times that certain themes may be better suited collapsed or expanded, and that may very well be the case, which is catered for in IPA with multiple levels of possible interpretation (participant, researcher, and reader).

A short introduction to the participants and pertinent information about them is presented before delving into the findings. Findings are presented based on superordinate themes with relevant sub-themes. The order of presentation attempts to build a logical flow to the emerging narrative and not necessarily importance, while the length of sections is reflective of relative importance or weight in relation to the overall narrative. There is a slight difference in the way

the superordinate themes of ‘life as a mad rush’ and ‘elusive self-care’ are presented compared to others. These two themes deal with content that forms foundations for deeper interpretation of the study; in these instances, participant excerpts are presented in a snapshot of the analysis document.

Smith et al. (2009) recommend beginning the section with a concise summary of what was found. Table 17 offers key themes and a broad sense of the overall findings before delving into the details of each theme.

Superordinate themes & sub-themes	Matrescence: a shock to the system		Life as a mad rush		Elusive self-care		Facing the demands with limited support			Self-care enables coping	
What are the experiences of first time professional working mothers (FTPWM) first-with self-care and coping?	Unprepared for the realities of motherhood	Unexpected ambivalence	Understanding of coping	Perceptions about coping	Understanding of self-care	Self-care practices	Losing myself in the motherhood-ness	Pining for support	Unrealistic expectations and impossible ideals	The relationship between self-care and coping	Challenges and enablers of self-care

Table 17: Themes mapped to main research question

4.2 Getting to know the participants

The importance of participants’ voices is paramount to this chapter in interpreting the findings. To assist the reader with familiarising themselves with the participants’ context and circumstances, a short description of relevant information is provided below. Pseudonyms have been used to protect the participants’ identity.

Shireen is a 42-year-old mother of a two-and-a-half-year-old daughter, Zoey. She holds a senior management position in a technology company. She separated from her husband of many years, Adam, when her daughter was six months old. They are in the process of getting divorced, which has been dragging out for over two years now. She has found this stressful and emotionally draining. Her ex-husband (as she already refers to him) is in another relationship and has since fathered a child with his new partner. Shireen's career is important to her. She comes across as driven and organised. Her life revolves around her daughter and this is evident from her picture, where she drew her daughter at the centre of all the other aspects of her life. Despite her circumstances, Shireen views herself as blessed in many ways. She feels that her ability to self-care is a major contributor to her coping.

Emily is a 39-year-old mother of a two-year-old daughter, Joslyn. She is a qualified architect and works in government in a related job. She does not come across as overly passionate about

her job and speaks yearningly about her creative projects. She and her partner, Martin, have been in a relationship for five years and cohabit. She is the primary earner in their relationship. Emily's interview carried strong themes of uncertainty, ambivalence, and needing to feel in control. Her picture was busy, showing her moving through a typical day, reflecting the chaos in her life. When we began talking about her picture, her voice was shaky and, at some point in the interview, she became tearful. Emily suffers from anxiety and this comes through in her constant worry. She carries an awareness of self-care as an enabler of coping for her, but she struggles to practice this as she experiences life as a mad rush.

Candice is a 35-year-old mother to a two-and-a-half-year-old daughter, Gia. Candice is married to Stanton. She works in marketing for a large retail organisation. She has worked for the company for several years and has held different jobs. She comes across as serious and fairly guarded. She did not display much emotion, yet at times seemed to teeter on the brink of choking up. Her answers were short and direct. Her picture was sparse. She focused on the people who are involved in supporting her and initially left out her child from the picture. Coping carried a strong theme of prioritising and compartmentalisation for her. She spoke openly about her feelings of frustration and guilt. Candice is keenly aware of the impact of lack of self-care, particularly quiet time, and introspection, on her coping.

Amy is a 34-year-old mother of a 20-month-old daughter, Jillian. She is married to Damian. She is a qualified mechanical engineer who works as a management consultant for a consulting firm. Amy shared with openness and ease about her experiences. She spoke about being a 'good mother' and the need for external recognition as such. She has been experiencing a fair amount of stress at work, which has resulted in debilitating migraines. She recently began seeing a psychologist to explore her work stress. Her picture depicted her juggling several balls that represented people and aspects of her life. Amy carried a strong awareness that to self-care, she required additional support. When she had initially agreed to participate, she met all the selection criteria. By the time we met, about two months later, she had just discovered that she was six weeks pregnant.

Chelsea is a 31-year-old mother of a 14-month-old son, Zayn. She is married to Eddie. She is a software developer and works for a large technology company. She is the breadwinner in her home. She comes across as quiet, considered, deliberate, and detailed. She often checked her understanding and if her responses were adequate. She appeared to choose her words very

carefully, coming across as cautious. Chelsea drew an extremely sparse picture that focused on the representation of her emotions, acknowledging the positive and the negative. She spoke about the tension of wearing multiple hats, being in two places at the same time, and not being able to give full attention to work or her child. Chelsea had been diagnosed with depression and had been admitted to a clinic a few months after the birth of her child. She carried a very strong awareness of the importance of self-care and its influence on her coping.

4.3 Superordinate and sub-ordinate themes

Five superordinate themes emerged from the study and all relate mainly to the fourth research sub-question about the constraints and enablers that FTPWMs face (see Table 18). Upon reflection, it made sense as most of the participants' narratives spoke to a multitude of things that either challenged or supported them.

Superordinate themes & sub-themes What are the experiences of first time professional working mothers (FTPWM) first-with self-care and coping?	Matrescence: a shock to the system		Life as a mad rush		Elusive self-care		Facing the demands with limited support			Self-care enables coping	
	Unprepared for the realities of motherhood	Unexpected ambivalence	Understanding of coping	Perceptions about coping	Understanding of self-care	Self-care practices	Losing myself in the motherhood-ness	Pining for support	Unrealistic expectations and impossible ideals	The relationship between self-care and coping	Challenges and enablers of self-care
1. How do FTPWM understand coping?	x	x	x	x			x	x	x	x	x
2. How do FTPWM understand self-care?					x	x				x	x
3. How do FTPWM make sense of the relationship between coping and self-care?	x						x	x	x	x	x
4. What constraints and enablers do FTPWM face?	x	x	x	x	x	x	x	x	x	x	x

Table 18: Superordinate themes and sub-themes matched against research questions

The first superordinate theme is *Matrescence – a shock to the system*, which was somewhat surprising, especially as most participants’ pregnancies were planned. It was, however, an important finding of this study that participants found the transition to motherhood had a greater impact on their lives than they had envisaged. Participants felt unprepared for the realities of motherhood and experienced unexpected ambivalence. The second superordinate theme is *Life as a mad rush*, within which the understanding and perceptions of coping is explored. The third superordinate theme is *Elusive self-care*, which focuses on the understanding of self-care and self-care practices employed by participants. The fourth theme

is *Facing the demands with limited support*. It focuses on the all-encompassing and overwhelming impact of motherhood on the lives of participants, their longing for support and the unrealistic expectations and impossible ideals that they face. The final superordinate, *Self-care as an enabler to coping*, provides a direct answer to sub-question three and explores the relationship between self-care and coping as well as the challenges and enablers of self-care.

4.3.1 Matrescence: A shock to the system

In IPA, often interesting themes that were completely unexpected and not anticipated by the interview schedule emerge (Smith et al., 2009) and this was such a theme. Participants experienced motherhood as a major life transition because of a mix of physical, emotional, and mental changes. Motherhood was referred to as a 'job', a reference to the effort and tasks it entails. Moreover, as women who work in paid employment outside the home, the transition to motherhood for participants may be intensified as a result of their multiple roles. Matrescence describes the process of transition to motherhood which much like adolescence is marked by emotional upheaval and uncertainty about how they fit into the world (Sacks, 2017). Further exploration of the literature on matrescence is included in the discussion chapter.

Matrescence: a shock to the system	
Unprepared for the realities of motherhood	Unexpected ambivalence

Table 19: Sub-themes for matrescence

4.3.1.1 Unprepared for the realities of motherhood

Participants experienced their preparation for motherhood focused on pregnancy and childbirth, rather than life after the arrival of the baby. Despite the usual practical preparations for the arrival of a child, most of the participants stated that they were not fully prepared for the mental and emotional reality of motherhood. In addition, there was a marked difference between their expectations or fantasies and realities.

Chelsea commented that the lack of focus on support after the arrival of the baby may be a contributing factor to the unpreparedness participants experienced.

Chelsea: ... there's never – doesn't ever seem to be a lot of focus post-baby... And that, you know, that possibly would have helped do a lot more, sort of, preparation.

Emily's deeply emotional expression highlights the magnitude of change and her struggle to adjust. The difference between expectation and reality was an important distinction for participants, which elaborates on the lack of preparedness.

Emily: {Voice cracking} ... I guess you don't realise what big a shock to the system it is until it comes.

So, yes, that part is the biggest part that's changed in my life.

Although participants expected that life would change after having a baby, they did not recognise the extent until they were living it.

Candice: I think there's just very low awareness of the ... or appreciation of, like, the impact that having a child has on your life.

Chelsea: ... for me, it was just baby, baby, baby. Focus there, yes. So that was a huge change ...

Candice and Chelsea's use of *whereas*, coupled with *meantime* and *actually*, further highlight the contradiction between expectations and experience. It may also offer insight into how they experience the rest of life, outside their world, having continued without an appreciation for the changes in their lives.

Candice: ... whereas in the meantime, your entire life has changed.

Chelsea: ... whereas actually, in reality, there was a lot of things that had changed ...

Amy's use of *different* could be read as being followed by *than expected* building on the topic of expectations versus experience.

Amy: I had no idea what having a baby would be like ... I mean, how hard can it be? It was very hard ... I think having a baby changes the dynamic ... and you have to be quite open to things that are different.

4.3.1.2 *Unexpected ambivalence*

Participants expected that motherhood would be a natural experience, conjuring feelings of love, comfort, and nurture. Even among their family and friends, it appeared rare that women spoke openly about the ambivalence of motherhood, which left participants feeling alone in their experience as they had anticipated to experience the joy and positive emotions but were surprised by the difficult emotions they experienced.

In reference to her picture (see Appendix I5), Chelsea indicated that she wanted to show both the positivity and difficulties with regards to the emotions she experienced. She moves easily from describing one to the other, which may be indicative of how she experiences the flow between the two states.

Chelsea: ... the cloud [picture] is, 'That's quite difficult,' and the sun is that there's a lot of enjoyment that I get out of it at the same time. So, there's a mixture between the two ... So, I'd like to, kind of, portray a positive aspect to it, but I can't ignore the difficulties that are there.

Amy's deep ambivalence is evident in the words *loving everything* and *trenches*.

Amy: ... but gosh, I just feel like these years, they're so special for Jill ... I'm loving everything about it, but it's also, like, trenches for you.

Shireen did not directly indicate feelings of ambivalence. Her situation is different from the other mothers in that she is sharing custody of her child with her ex-partner. However, at different points in the conversation, she alluded to her child both as a source of joy and of constant worry.

Shireen: ... it's really awesome [time with her child] ...

So, there's this, like, constant, kind of, concern ...

The inclusion of matrescence as a stand-alone superordinate theme and presenting it at the outset aims to provide important context to the lives of participants, despite it being an unexpected finding. Participants also found their unpreparedness for this stage of their lives

unexpected. This theme provided valuable insight to sub-questions 1, 3 and 4, as indicated in Table 20.

Superordinate themes & sub-themes	Matrescence: a shock to the system	
	Unprepared for the realities of motherhood	Unexpected ambivalence
What are the experiences of first time professional working mothers (FTPWM) first-with self-care and coping?		
<i>1. How do FTPWM understand coping?</i>	x	x
<i>2. How do FTPWM understand self-care?</i>		
<i>3. How do FTPWM make sense of the relationship between coping and self-care?</i>	x	
<i>4. What constraints and enablers do FTPWM face?</i>	x	x

Table 20: Matrescence and sub-ordinate themes linked to research questions

4.3.2 *Life as a mad rush*

Participants' lives were productivity-intensive, which left them reeling. This theme had two sub-themes, which highlight participants' (a) understanding of coping, and (b) perceptions about coping. For this theme, certain participant excerpts are presented in table form (see Table 21) where they are important to build the foundation of this study but did not contribute to the richness as much as other themes.

Life as a mad rush	
Understanding of coping	Perceptions about coping

Table 21: Sub-themes for life as a mad rush

	Understanding of coping							
	Perception		Definition			Strategies/Mechanisms		
	Coping	Not coping	Productivity	Feeling happy/satisfied	Balancing work & home	Physical (productivity & time mgt)	Emotional / Mental	Support
1. Shireen	x		x		x	x	x	x
2. Emily		x	x		x	x	x	x
3. Candice		x	x		x	x	x	x
4. Amy		x	x		x	x	x	x
5. Chelsea		x	x	x	x	x	x	x

Table 22: Analysis of participant responses for ‘Life as a mad rush’ against conceptual framework

* Updates in red font

Most participants expressed uncertainty about how they would define coping. It appeared that it was something that they had not given much thought to, which may be indicative of how ‘all-consuming’ things felt for them post-motherhood, or that they did not want to come across as not coping well. This was evident in them pausing, reflecting, or repeating the question. Participants’ coping mechanisms could be classified into two types, namely: physical mechanisms; and mental and emotional mechanisms. The conceptual framework was updated to include productivity and time management under physical strategies due to their prominence.

Participants’ experiences of their perceived coping varied based on a continuum. They further distinguished between how they saw themselves coping versus how they believed others saw them coping.

4.3.2.1 Participants’ understanding of coping

There was no single common definition of coping among participants. Their responses varied between what coping means and actual coping mechanisms they employed, which included *doing what needs to be done*. This sense of activity, or productivity, and time management left participants *feeling happy* or with a sense of accomplishment, which contributed to their perceived coping. Chelsea’s contribution offered an additional aspect of *things that make one feel complete*, such as time for self and interactions with friends, which formed part of

participants' self-care practices discussed later. This draws a direct link between self-care and coping (see Table 23).

Theme	Grouping	Supporting excerpts from participants
Definition of coping	Uncertainty	<p>Amy: How would you define coping? [repeats the question] Um, I guess it's finding a way to do what really needs to be done.</p> <p>Candice: [Coping is] the way that I prioritise what's important to me. And dealing with things that need to be done accordingly. [Short pause] Yes.</p> <p>Chelsea: [Long pause] Well, I guess coping is when you're, you're happy with your current situation and that means that you are able to do the things that you need to in order to be happy... Yes, you know, those, sort of, like, things that make our life complete.</p> <p>Emily: And, um, feeling like you have time for yourself and that your whole time isn't connected to depending on— dependent on some other being, would probably make me feel like I'm coping better. Um, maybe a bit of freedom. Just feeling like you're a little bit more free might make me feel like I'm coping better.</p>
	Doing what needs to be done	<p>Candice: I think I would define it as, um, the way that I prioritise what's important to me. And dealing with things that need to be done accordingly. [Short pause] Yes.</p> <p>Amy: Um, I guess it's finding a way to do what really needs to be done. And the really needs is an important draw out, because there are things that you think must be done that don't have to be done. And not everything has to be done by you. So coping, for me, is, you know, finding solutions to the problem. They don't always need to involve you and doing it in a way that keeps you, um, happy.</p> <p>Shireen: ...but you have somebody to help you execute and that's immense.</p>
	Feeling happy	<p>Chelsea: [Long pause] Well, I guess coping is when you're, you're happy with your current situation and that means that you are able to do the things that you need to in order to be happy...a happy child, you have a good relationship with your child, putting food on the table isn't very difficult, doing a day's work doesn't— isn't too taxing and to some extent, you're able to at least have some type of normality, in terms of, even if it's just minor social interaction with friends or alone time, time to do your own things. Yes, you know, those, sort of, like, things that make our life complete. To be able to do those type of things.</p> <p>Chelsea: ...then also my life, you know, in general, because it's enjoyable. There's a lot more enjoyment. And then coping at the moment.</p>

Table 23: Snapshot of analysis of participants' definition of coping

Participants' responses indicated different classifications of coping mechanisms: physical and, mental and emotional which are discussed in further detail in the sections that follow.

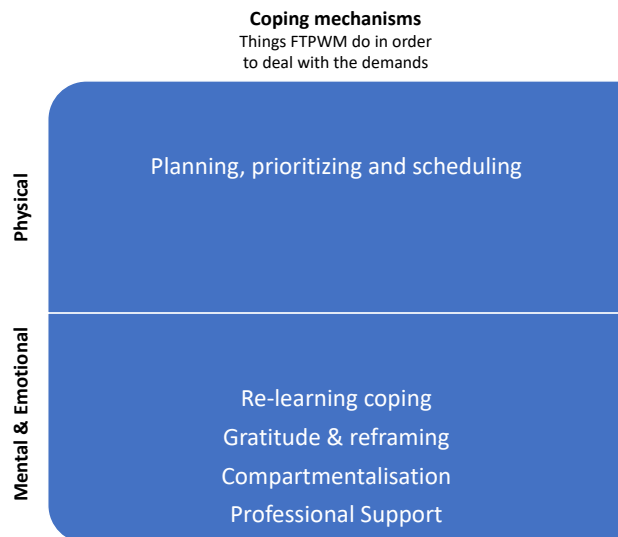


Figure 5: Coping mechanisms

❖ *Physical coping mechanisms*

Physical mechanisms included aspects of productivity and time management. Time-management focused mechanisms included *prioritising, planning, and scheduling*, while productivity-focused mechanisms included *getting help at home* to support with the execution of tasks. *Getting help at home* with home- and childcare-related tasks may be an indication of the additional load participants faced. Interestingly, three of the participants had used or were using medication or substances, either scripted or by choice, as a coping mechanism. Participants also mentioned exercise, which, during deeper analysis was recognised as self-care and is discussed in that section.

Theme	Grouping	Supporting excerpts from participants
Coping mechanisms (physical)	Prioritising, planning and scheduling / Time management	<p>Emily: Once one of them is ticked off, that's huge, really relaxing. [laughter] I have, like, a list of stuff, put shelves up, and it's still on my list... So, yes, once it's up, I'm, like, it looks amazing [tone lifts].</p> <p>Candice: But I, kind of, make lists of what needs to be done and I go according to that...</p> <p>Prioritising Candice: "Um, yes, I think that's the way I cope. Is, kind of, just focusing in on what's urgent and important."</p> <p>Planning Shireen: "And then on the coping side I would say the way that I cope is by trying to be as organised as I possibly can..." Shireen: That's— if I don't do it [complete a planned task] then the impact to me is significant, so I just have to do it, so— and that's because I'm trying to get organised for tomorrow and then planning. So if I can plan in advance, like, I try, but it doesn't always happen. Amy: For me, it's mostly about the forward planning, like if I knew on a Monday or even the Friday before, what my week would look like, then I could schedule in stuff.</p> <p>Scheduling Amy: I mean, I'm a big fan of scheduling in, because otherwise things never happen... Amy: You know, self-care of the family unit. So it's that added element of the schedule. Amy: I find that the admin of your life that you used to somehow get done in between of work or at night or whatever needs to now be prioritised as, like, something to do... It now suddenly becomes something you need to schedule in. Chelsea: Because I found that maintaining a schedule's very important. Actually, I think we've all benefitted from being able to have that— being able to be predictable, which is something that babies are not [laughter]. Not at all. Yes, yes, so it definitely helps to have that. Chelsea: ...but it's in terms of the schedule and routine, it can be very [short pause] disruptive to everybody in the house, even Busi. Busi's our nanny. So even for Busi it can be very— All over the show.</p>
	Getting help at home	<p>Amy: ...I remember making a list of all the things I wanted to do and all the things I didn't want, by default, the things I didn't want to do. And I realised that the list of stuff needed to get done, but I didn't need to do them all... when I was saying why we needed Elsa...</p> <p>Chelsea: Okay, so we've made a lot of— I've made a lot of adjustments this year that had a huge beneficial impact. One of the things was I got a nanny to come and help me and that allows me to cope better with the demands of work, because I don't feel so much anymore that I have to be in two places at once or wearing a mom hat and an employee's hat at the same time. Chelsea: I got a nanny to come and help me and that allows me to cope better with the demands of work, because I don't feel so much anymore that I have to be in two places at once or wearing a mom hat and an employee's hat at the same time. Shireen: huge help...</p>

Table 24: Snapshot of analysis of participants' physical coping mechanisms

❖ *Mental and emotional coping mechanisms*

Mental and emotional coping mechanisms included techniques participants employed to adjust or reassess their thinking, including professional support, and in some instances use of chemical substances. *Re-learning coping* was a phrase that Amy introduced and that appeared to be a mechanism that Candice, Chelsea, and Emily employed, too. It entailed examining expectations, mentally reprioritising things and finding new ways to communicate regarding their needs. Another important mechanism was *gratitude and reframing*, which was highlighted significantly by Shireen and shared by Chelsea and Amy. It involved examining and appreciating things from different perspectives and appreciating what they had, instead of focusing on what they did not have or had lost. *Compartmentalisation* was a tactic that Emily and Candice used that involved mentally ‘boxing’ things and only focusing on what needs doing for the moment. This is different from prioritising, which they expressed as more of a practical decision around what task to tackle and when. The final mental and emotional coping mechanism was *professional support*. Amy, Chelsea, Emily, and Shireen all engaged medical or mental health professionals to support them in coping better with the changes in their lives after becoming mothers. Shireen's engagement with her therapist was focused more on her separation.

Theme	Grouping	Supporting excerpts from participants
Coping mechanisms (mental and emotional)	Relearning coping	<p>Amy: I feel like I've had to relearn coping [post becoming a mother]. Um, and I don't know where this comes from, but, like, the idea that you need to do it all yourself came up a lot. You know, the idea that— especially when I was on maternity leave I didn't know that I could ask for help. I didn't know that I needed help.</p> <p>Amy: ...the relearning of coping, I think, is just trying to understand expectations...of what is okay and not only expectations, but, like, what you decide is okay. I've decided it's okay to have the housekeeper five days a week.</p> <p>Amy: Um, the relearning of coping. But yes, I mean, that's my solution to coping now is to get help....</p> <p>Amy: So yes, the relearning of the coping... it was a different way for us all to communicate.</p> <p>Candice: So, yes, I guess it was quite a learning curve... So, you know, I would be frustrated... she was a terrible napper. So I think that was, like, a big learning curve, is just actually to go with the flow and that she's a human being, not a robot.</p> <p>Candice: I do work— better work when I'm under pressure and that's almost been the biggest learning, is before, you know, if I had to stay at work till seven 'o'clock and finish something, then that was totally fine and I did it, whereas now I've got to leave at a certain time.</p> <p>Candice: ...I think I need to— I've learnt, well, I'm learning— I'm definitely not there, on how to manage my work better... And I think I'm— yes, I've definitely got a lot better at that. I don't work at home nearly as much as I used to, so yes, I think it is a work in progress, but I think it's constantly reminding myself of what is actually urgent— and what is not.</p> <p>Candice: And then I think what I haven't really spoken, like, thought about, like, is on the mental side of coping...Which I, kind of, have ideas of how I would like to, but I think, I mean, between work and home, I think when I'm not at work I make sure I'm with my daughter. So I don't really have any other things that I use to cope with it</p> <p>Emily: ...and after that I started realising what the triggers were and what was happening and how to cope with it and regroup.</p> <p>Chelsea: ...there was a lot of things that had changed where I needed to learn how to cope</p>
	Gratitude and reframing	<p>Chelsea: We just continue on with how it is and it's not, you know, it's not too— it's very nice as it is. It's not too tight. We've got a roof over our heads, so if you've got to look at from that aspect. The glass is half full.</p> <p>Shireen: ...but I feel like even though life is complicated and hard and there's a lot on, that actually I feel incredibly blessed and that helps me cope.</p> <p>Shireen: ... I have been doing a lot of reading about reframing and trying to see situations very differently and trying to see silver linings in things and recognising that actually even when we see something as a bad thing, actually, in retrospect, it might actually be a really amazing thing that's just happened to you, but it feels shit at the time.</p> <p>Shireen: Like, I'm reading a lot about stoicism at the moment and I really think it's awesome and I think those kinds of things have helped a lot...</p> <p>Shireen: But I just wonder sometimes whether being a single mum really is not that different from the pressures that mums have that are not single mums, because I'm lucky I don't have to deal with somebody else. I'm really fucking lucky. When I come in that door, my attention is 100% for Zoey... And I don't have that emotional— I don't have the dependence emotionally that somebody else would have on me...</p> <p>Amy: [Short pause] ...I do want to add that I think being a working mother, being able to even try to practice self-care comes with a certain amount of privilege. You know, the fact</p>

	Compartmentalisation	<p>Emily: ...different compartments in my routine have different energies...</p> <p>Emily: I think that I've put different levels of things that are important for me to cope into different categories...</p> <p>Candice: Um, I'm very much "put everything in its box" type of person.</p> <p>Candice: Yes, I think it's very much about— like, I'm quite good at compartmentalising things and only dealing, like, with them when they need to be dealt with. So I would say that's probably my main coping mechanism.</p>
	Professional support	<p>Amy: ...a sounding board [therapist] that isn't Damian is very helpful sometimes. Like someone that I know is completely not invested if I make a decision one way or the other.</p> <p>Chelsea: I remember reaching out to my psychologist for the first time and saying, like, "I, I'm needing somebody to talk to about this experience.</p> <p>Chelsea: Just, kind of, reaching out to say, "Well, I want to talk to you about my day to day stuff" whereas actually, in reality, there was a lot of things that had changed where I needed to learn how to cope with and get off my chest or, yes. So that's, kind of, where we went from there, kind of thing.</p> <p>Shireen: ... plus I did a little bit of therapy after Adam moved out and I think that helped.</p>

Table 25: Snapshot of analysis of participants' mental and emotional coping mechanisms

4.3.2.2 Participants' reflections on their perceived coping

Pictures and narratives provided valuable insights into how participants saw themselves coping. Most participants appeared unsure about how well they were coping and took time to reflect on the question, which again may point to lack of time for reflection. Participants' pictures of how they saw themselves coping with the demands of work and motherhood were the entry point into the conversation and during which a distinction between their perceptions of their coping versus what they believed others thought or would say also emerged.

Participants found drawing the picture very valuable. The ensuing descriptions and conversations provided insights into their lived experiences – for them as much as it did for me.

Shireen's picture (see Appendix I1) depicted her child at the centre, driving and influencing every part of her life, with all her other responsibilities around that.

Shireen: I think what it does is it, it starts to show the things that I'm having to deal with ... I have to say that, like, when I look at it, you can see this and you can say, 'Oh, there's a lot of stuff to deal with.' And you can see, like, a very negative, very stressful thing ...

Emily found the question difficult to answer, which is evident in her repeating the elements of the question and asking about how much time she had. She took about seven minutes to draw and used colours to depict different energies.

Emily: Okay that's quite difficult. [Laughter]. And motherhood. Coping?

She was pensive during this time, again evident by her repeating the question and period of silence. Her picture made her feel like she was just managing.

Emily: I don't know. How does the picture make me feel? Yes, it just feels like I'm in this routine that, sort of, works. Um, just managing it from day to day, kind of thing. Yes. [Long pause].

Candice took a minute to draw her picture, which was sparse. It depicted her and her husband sharing equal responsibility and everything being held up by the nanny. Above her head was a pie-chart indicating her mental load.

Amy's picture of her juggling the proverbial balls takes her into deep reflection about where this need to 'do it all' comes from, which was a question that most participants grappled with during the conversations.

Amy: And it makes me think of this [picture] ... and why we feel like we have to do them ...

Chelsea first clarified whether the picture was about her coping now or shortly after giving birth and also if it could be representative. Her picture depicted the weather with sun, clouds, and grass. This made sense later in the conversation when she explained her journey with post-natal depression and how she was doing much better now compared to the first few months of motherhood.

All participants appeared to appreciate and value the time for reflection that the drawing and conversation offered – an opportunity for a pause and to think, as opposed to do, in their productivity-intense lives as professional working mothers. Shireen likened the drawing process to therapy.

Shireen: So, this [exercise of drawing] is interesting, because I haven't really done anything like this. I feel like I'm in therapy at the moment.

Emily: It's actually good having this conversation, because one doesn't really talk about it and you don't realise what's happening ... and what you should be prioritising. It's going to be good going into the holidays, kind of, like, ready to regroup.

❖ *Participants' self-perception of their coping*

Participants viewed coping as a continuum that ranged between 'not coping' and 'coping well' and their coping appeared to improve with time, as shared by Shireen, Emily, and Chelsea.

Shireen: Yes, I think I'm coping pretty well. I mean, given everything. You know, a year and a half ago I would have probably felt really, very differently ... Um, I think I'm coping much better now, because I think before I was coping, but it was, like, really in the sense of the word, just coping.

Emily: Ummmm, for the first two years I would say – how would I describe it? Good question. I would say probably – I'm erring on the below average, but the fact that she's [child] still alive and everything's okay, I guess I could say average to, maybe, 55%. Something like that. So just, just coping, I guess. Yes.

But there are some things that are very overwhelming, that I can't cope with or need additional help to cope with and things like that.

Candice makes reference to how the lack of self-care practices may be impacting on her coping, as she has no quiet time. Amy is very clear that her coping was higher prior to becoming a mother, a point that all participants made at various points during the conversations.

Candice: I think I still cope well. I think it's the absence of them [self-care practices] has just meant that there's no quiet time.

Amy: I think it [coping prior to becoming a mother] was pretty high.

Except for Candice, participants did not appear confident about their coping as a professional working mother. Understanding participants' self-perception is important, as one's sense of

coping is a highly subjective internal construct, as may be seen in the distinctions in how participants believed others perceived their coping.

❖ *Participants' perceptions of others' views of their coping*

When asked about how others may view their coping, participants' responses varied. Some of them made a distinction between how people in their personal lives may view their coping in comparison to those in their professional spheres, while for others the distinction was less obvious or did not exist.

Shireen and Candice believed that the perception at work would be that they were coping well, whereas the family may not think the same. They attributed this to the fact that they were more real and vulnerable with their families or friends. Shireen felt that some of her friends may say that she was coping well as, in addition to being a FTPWM, she was also separated from her husband and in the process of divorce.

Shireen: So, I think if you asked him [boss], he would probably say that he thinks I've coped really bloody well. If you ask my parents, I think they would also say the same, but I think they would also say that they still feel like they wish I had more support, because you're always weakest with your people you're closest with, so they see the real guts and the dirty part, whereas my boss isn't going to see that.

... but also, I feel like some of the friends that I have, because most of them ... don't have to deal with all of the emotional baggage and strain of shared visitation and divorce and financial implications of divorce and all of that, that I think they often say, well, you know, 'Well done!'

Candice: I think they'd [husband and manager] say I cope very well. My husband maybe not as much, because he sees more. People at work probably think I'm coping absolutely fine – I don't really display outward signs of stress. I, kind of, tend to internalise things more. My husband would probably say I have a harder time coping, more from an emotional point of view, wanting to be home more than I am able to be home more. But I think work people would probably think I was probably – totally fine.

Both Shireen and Candice indicated that participants may not be transparent about their challenges as FTPWMs in the work environment and may not show emotional vulnerability at work.

Emily suggested that her partner probably felt that she was coping fine and that she may be putting unnecessary pressure on herself, which could link to participants' aim to maintain being seen as productive.

Emily: I think he [partner] thinks I'm doing completely fine ... He would settle for – maybe I'm putting a lot of pressure on us ...

Amy also mentioned that her husband probably assumed that she had been coping well initially. However, after a difficult conversation they had about all the things she was managing and her recurrent migraines, she believed that he would rate her coping less favourably. Unlike with Shireen and Candice, at work her stress was evident to others in her behaviour and although she initially distinguished stress from coping, she almost immediately acknowledged that they were linked.

Amy: ... but I'd definitely say if you asked him [husband], like, a year ago [yawn] he'd be, like, 'No, I don't think she's coping well.' I think he would not call it [coping] as good as mine [self-perception] ...

And everybody [in a 360 feedback at work] mentioned my coping with stress – as an area for improvement ... So I would say that my work would say that I could handle stress better. And it's interesting. That's not about coping. That's about, like, stress levels, but I guess they are linked.

Chelsea believed that her family would acknowledge her overall well-being and that she was in a stronger place now than shortly after her son was born. In her instance, due to her post-natal depression, her employer was equally aware of the challenges she had been facing. Unlike the other participants, Chelsea shared her emotional vulnerability with her employer, although one could argue it was from a place of necessity.

Chelsea: They [husband and parents] have said there's a massive improvement [coping]. Yes. Um, a huge improvement ... I mean, they can even comment on that I'm

actually getting dressed now and I actually have clean hair and, you know, things like that are, like, immediately obvious. So, no, in general, I think – I think that everybody notices a massive improvement.

Life as a mad rush was a significant theme for participants. They appeared uncertain about their coping, which may be due to lack of a yardstick for comparison. They tended to arrive at a point of saying that they were coping, to varying degrees. Most did not overtly say that they were not coping at present. However, taking into consideration the theme ‘Life as a mad rush’ and their full narratives expressed within the findings, participants were severely challenged in their coping. Moreover, there was no single way of defining coping, although the majority associated it with productivity. The participants employed different physical, and mental and emotional mechanisms to cope. There was a distinction between participants’ self-perception of their coping and what they believed others’ perceptions were, with a further distinction between how people at work would have rated their coping versus friends and family. At work, they may be seen to be coping better due to a focus on productivity and lack of openness about their challenges, whereas family and friends who they were more vulnerable with were aware of their difficulties coping. This theme provided valuable insights to sub-questions 1 and 4, as indicated in Table 26.

Superordinate themes & sub-themes	Life as a mad rush	
	Understanding of coping	Perceptions about coping
What are the experiences of first time professional working mothers (FTPWM) first-with self-care and coping?		
<i>1. How do FTPWM understand coping?</i>	x	x
<i>2. How do FTPWM understand self-care?</i>		
<i>3. How do FTPWM make sense of the relationship between coping and self-care?</i>		
<i>4. What constraints and enablers do FTPWM face?</i>	x	x

Table 26: Life as a mad rush and sub-ordinate themes linked to research questions

4.3.3 Elusive self-care

Although all participants indicated that self-care was very important and contributed to their overall state of well-being and hence sense of coping, they offered mixed views on a definition of self-care. As with coping, their self-care practices could be categorised as either physical or, mental and emotional self-care. Participants did not manage to practice self-care as regularly or consistently as they would have liked to and all of them engaged less in self-care after

becoming a mother than they did before. For this theme too, certain participant excerpts are presented in Table 27, where they are important to build the foundation of this study but did not contribute to the richness as much as other themes.

	Understanding and experience of self-care									
	Perception		Experience		Practices					
	Not important	Important	Regular	Irregular	Exercise, yoga / meditation	Hobbies & Interests	Time with friends / relaxation	Hygiene/ grooming	Counselling / professional support	Medicine / substance
1. Shireen		x	x		x				x	
2. Emily		x		x	x	x	x	x	x	x
3. Candice		x		x	x		x	x		
4. Amy		x		x			x		x	x
5. Chelsea		x		x		x			x	x

Table 27: Analysis of participant responses for ‘elusive self-care’ against conceptual framework

* Updated in red font

Candice, Amy, and Chelsea’s narratives focus on the effect that not practicing self-care had on them. Shireen’s centred around coping with the stress of divorce, while Emily’s provided a much-needed sense of being in control. The conceptual framework was updated to include groupings of actual self-care practices beyond the initial classification (physical, and mental and emotional) due to the range of activities and in some instances overlapping or blurring between classification, e.g., yoga and exercise, and time with friends could be viewed as both a physical form of self-care but also a form of mental and emotional support.

Elusive self-care	
Understanding of self-care	Self-care practices

Table 28: Sub-themes for elusive self-care

4.3.3.1 Participants' understanding of self-care

Participants' definition of self-care primarily focused on *tending to their own needs*, which resulted in them feeling *relaxed* and left them with a sense of *fulfilment*. Interestingly, in defining coping, participants mentioned a sense of accomplishment in relation to productivity, which was linked to feeling happy (read fulfilled) whereas with self-care the sense of fulfilment appears to carry a different energy – one of rest. Ultimately, coping and self-care contributed to fulfilment. Physical self-care focused on hygiene, image, nutrition, exercise, and sleep. Mental and emotional self-care focused on their overall psychological well-being and four of the five participants had seen or were seeing a therapist, which they all called out as an act of self-care.

Theme	Grouping	Supporting excerpts from participants
Definition of self-care	Fulfilment	Shireen: But by nice it's, like, something I enjoy. Amy: You actually need to do things that make you whole and happy... Chelsea: So that is purely focused on myself and what is, what makes me happy. Candice: And so I think it's finding those things that are unique to you and that, kind of, fill you up.
	Relaxation	Shireen: And then taking time out of life and work when you need to... Emily: Relaxed was the first thing...
	Tending to own needs	Shireen: Having time alone to just do the things that you enjoy and not neglecting yourself in the process... I think it's really important. Shireen: And it's about taking time like that for myself... I have to make the most of being able to have an independent life as well. Chelsea: And then self-care definitely is being able to have time to identify as yourself, not as a wife, not as a mother or an employee. Candice: To me self-care would be taking time for yourself and to look after yourself in the way that you need to be looked after... Amy: Because it's something for me. It doesn't affect Jill or my job or my house or my husband. It's my own friendships with people that are close to me. Amy: I think, I think part of defining it [self-care] is just acknowledging that it's necessary and that you are a— still a whole person away from all of these things [other roles]. Amy: ... part of the self-care is just remembering that you exist.

Table 29: Analysis of participants' definition of self-care

Theme	Grouping	Supporting excerpts from participants
Types of self-care	Physical self-care	Amy: Self-care, for me, is more than just health, but health is a big part of it... Amy: ...and it's not just eating and vitamins and sleeping, although those are very important things. Chelsea: So initially, self-care for me jumped to actual hygiene. You know, just being able to have a shower where you can complete washing your hair. [Laughter]... Yes, so literally, most definitely from a point of view of looking after yourself physically. And more than just the basics as well. You know, being able to have time to put make-up on. Things that make us feel good.
	Mental and emotional self-care	Amy: And I do call it [therapy] a gift to myself, because it was just for me. It wasn't to be a better mom, be a better anything. It was, like, let's look after me... Chelsea: Yes, at the end of the year I was admitted to Akeso for rest. I think sometime after Zayn was born, about four or five months. I had post-natal depression... Shireen: ...and I know that those things [physical] contribute to my mental fitness. So there's a, there's a, like, a greater reason why I'm doing them, whereas before it would just be, like, because it's fun.

Table 30: Analysis of participants' classification of self-care

Importantly, irrespective of the form of self-care practice (physical or mental and emotional), participants experienced benefits to their overall well-being. For example, exercise as a physical form of self-care provided benefits that strengthened mental and emotional well-being, while counselling or support as a form of mental and emotional self-care contributed to a physical sense of well-being.

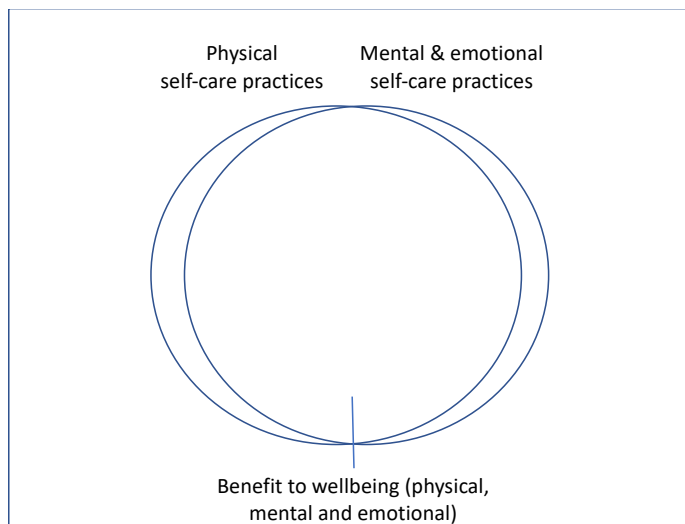


Figure 6: Classification of self-care practices and their contribution to well-being

4.3.3.2 Self-care practices

Self-care practices varied between participants with some areas of overlap. Shireen's practices focused on time for self, which included hobbies, exercise, and socialising. Emily's centred around relaxation through exercise and hobbies. Amy's practices centred on socialising, sleep, and professional support. She had engaged a host of medical professionals to support her with managing her migraines. Chelsea's practices centred around professional support and hobbies. She was keenly aware of the need for and importance of self-care to help her manage her post-natal depression and had made conscious and very deliberate efforts to improve in this sphere of her life.

Theme	Grouping	Supporting excerpts from participants
Self-care practices	Time for self	Shireen: Taking time out to meditate. Having time alone... re-establishing some hobbies and passions, spending time with friends and laughing. Shireen: Oh, uh. I joined a trail running group. I trail run every Tuesday or every other Tuesday, whatever. I, um, on the weekends when I don't have Zoey, because now we're doing every other weekend, I try to do something nice for myself. Shireen: ...and that could be just starting work late, because you need some time to go for a walk on the promenade and get a coffee and breathe some sea air and that makes you feel better. Um, being able to talk through issues, I think, shows self-care. Shireen: I'm going to have a lovely brunch and I'm going to sit outside in the sun and the beautiful scenery and I'm going to read my book...
	Relaxation, exercise and hobbies	Emily: Relaxed was the first thing and then exercise was the second thing. Um, I don't even have sleep on the list, actually. I just said clean hair and if you have time for it, you can do something with it, like curl it or instead of just quickly tying it up and off you go. Emily: If I have time for that [hobbies], it's also, kind of, self-care in a way, because it makes me feel like I'm in control. Emily: Make-up I put on anyway, so I don't know if it's really on the list. And then, yes, just to be in shape and to be fit. Oh, that's exercise again, in a way. And to have time for your hobbies. Um, like certain things. I don't know. Emily: ...so I like to be a bit creative and I have little projects that I like to do just at home, whether it's putting up shelves or putting up pictures or printing out a print or whatever. New kitchen, new this, new that and those are the sort of stuff.
	Socialising, sleeping and professional support	Amy: I do— I have, um, a mom friend group that I was actually friends with before we were all moms. We do— once a month we go for dinner, like, every second Friday. So that's nice, but it's a mom's group in my area, not necessarily friends I would choose to see... Amy: ...but he'll [husband] be, like, "I know you need to nap, so I'll take Jill. Do you want to nap on Saturday or Sunday?" So I get a nap in once a weekend, which is, like, amazing. Amy: I saw a neurologist and my doctor actually recommended a suite of things that I do. The one was see a neurologist and, um, a biokineticist and that but the other one was seeing a psychologist. And that's been the greatest gift to myself. It's a lot— maybe this [Amy ball] is not all the way down at the bottom. It's only, like, there [bit of the ground]. The Amy ball. It's that I started seeing a psychologist last year and that was amazing self-care.
	Professional support and relaxation	Chelsea: ...um, at about— Zayn was five months. I started to see— well, she's a psychologist. And counsellor. She works a lot with, in particular, moms and babies and their relationship or the change in lifestyle and things like that. So I started seeing her that time last year to help me adjust. Chelsea: So I am reading a lot now. I read before going to sleep, so that's pretty enjoyable, because before it would be stacking dishes and Zayn's also got to a stage where he doesn't need me to put him down... So now my routine can be taking a bath in the evening, reading a book in the bath, I can watch an episode of a series with, you know— just completely relax...

Table 31: Analysis of participants' self-care practices

Tellingly, when exploring self-care practices, participants appeared to emphasise past or possible future activities, which further highlights the challenges they experienced practicing self-care as FTPWMs. Participants further felt that when they did practice self-care, it helped them feel relaxed and offered a sense of feeling in control. Consequently, they were better able to deal with the multiple demands in a constructive manner, which left them with a stronger sense of perceived coping.

Theme	Grouping	Supporting excerpts from participants
Importance of self-care	Coping with stress	<p>Shireen: I think it's [experience of self-care] much stronger now. I think now I, like, consciously try to look after myself, whereas I think before it was more about, like, having fun and doing fun things with, with, with Adam, do you know?</p> <p>Shireen: So I need— it's important for me that I find time to balance all of that [personal activities] and then I have a lot of stress at the moment, going through a divorce.</p> <p>Shireen: I think it's [self-care] really important.</p> <p>Shireen: And by pushing yourself to make other people happy, you're not showing self-care.</p> <p>Shireen: I feel like motherhood puts a very strange slant on life, because you have to— you're more conscious of your own mortality, because of somebody else's fragility, do you know? And so I'm very conscious of, like, my age, my health, my mortality.</p> <p>Shireen: So now I feel like while I really enjoy trail running and doing these kinds of things, I also think it's really important for me to be physically fit...</p>
	Feeling in control	<p>Emily: I guess you feel more in control of your life and you feel a little bit more like you used to, so self-care is quite important and yes, it just makes you connect to the person that you were before.</p> <p>Emily: Ummmmm, I suppose feeling not frumpy [as a result of self-care] would make me feel more in control.</p> <p>Emily: ...it's also, kind of, self-care in a way, because it makes me feel like I'm in control.</p> <p>Emily: I can either sit on the couch and look at my phone, which is also wonderful, but the better thing to do would be to do a little bit of yoga on a mat and after you do that you feel awesome and after you— but if you choose to do the one on the phone you feel, kind of, like, neff afterwards.</p> <p>Emily: Oh no, you feel so much better. Yes, totally, it makes a huge difference. I think the exercise makes the biggest difference, actually. Sleeping is good and waking up feeling like you've slept enough is great, but the exercise does make the biggest difference and even if dinner isn't ready and I've come from the gym or whatever, it's actually, completely fine. I feel like I've done something productive and we can just order in, so [laughter].</p>
	State of being	<p>Candice: But I have recognised that I need to be taking more time for myself, because I get a bit frustrated...</p> <p>Candice: I would just sit and do, like, a 10 minute meditation and I definitely noticed the effect that it had on me during the day. And it was, like, I just felt more focussed. I felt like I went to work and I did my work and I was there and I think my brain was just woken up a bit earlier. So I definitely noticed the impact and that was, you know, it sounds, like, so simple and I'm just— I must, like— I like to sleep, but it was just putting in that effort, getting up earlier and taking 10 minutes to sit by myself and then, you know, I was up before everybody else and I felt like I was a lot more ready for the day instead of being, like, dragged awake and that— so I think that I definitely saw an impact and I just felt a lot calmer.</p> <p>Amy: Um, that metaphor that always come up about, like, not being able to pour from an empty cup is so true.</p> <p>Chelsea: So, yes, being at the clinic was a good move, though, and I certainly learnt a lot to get to this place now where I feel it's a lot— it can be a lot better, but it's a substantial improvement to what it was last year.</p>

Table 32: Analysis of participants' importance of self-care

Elusive self-care was a prominent theme for participants. Despite their awareness of the importance of self-care and various attempts to practice it, self-care as a regular practice always seemed just out of reach. Participants referenced physical, and mental and emotional self-care practice, which contributed to their overall sense of well-being.

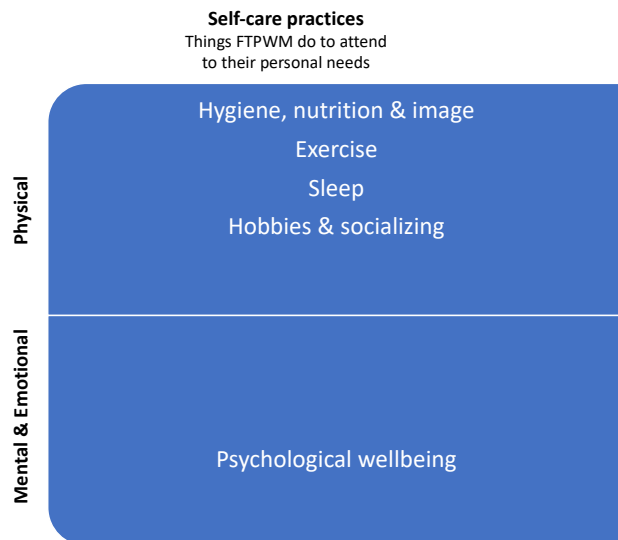


Figure 7: Self-care practices

4.3.4 Facing the demands with limited support

This fourth superordinate theme was a source of much richness in understanding participants’ lived experiences and is an opportunity for further research.

Facing the demands with limited support		
Losing myself in the motherhoodness	Pining for support	Unrealistic expectations and impossible ideals

Table 33: Sub-themes for facing the challenges with limited support

4.3.4.1 Losing myself in the motherhoodness

Participants experienced an internal shift from their independent-self identity to prominence of their mother identity, which was difficult to distinguish from their pre-motherhood selves. They experienced motherhood as all-consuming and felt ill-prepared for the extent and impact of

change in their lives. This sub-theme explores the sudden shift in identity and the resultant invisible hierarchy that exists.

4.3.4.1.a *Who am I, now? A sudden shift in identity*

In a way, there were two births – one of their child and the other a mother identity, a new version of themselves, which they struggled to reconcile with the person they used to be.

Emily: ... and you feel a little bit more like you used to ... it just makes you connect to the person that you were before.

... and I think the old me would have probably just gone with the flow for a bit longer ...

The all-consuming nature of motherhood had rendered the mother identity dominant and cast a distance or disconnect between their old and new selves. The participants experienced this as a sense of a lost or forgotten self or part of themselves. The most obvious example of this came from Shireen, who realised that she had omitted something from her drawing at some point during our discussion.

Shireen: There's something else there that I've forgotten about. I'm going to add it in [to the picture] now and that is my own personal, kind of, activities and things that motivate and inspire me ...

The excerpts below provided strong evidence of Amy's struggle to keep her independent-self identity alive with her words *your identity*, *whole person*, *entire person*, *on your own*, clearly drawing the distinction between her old and new identities.

Amy: I find that motherhood, kind of, amalgamates you into everything and you lose your identity in many ways ...

... in the motherhoodness, you just forget to eat, to take vitamins ...

... and that you are a – still a whole person away from all of these things ...

But, yes, the acknowledgement that you are an entire person on your own ...

Participants displayed a searching or desire to re-acquaint themselves with who they were and what they enjoyed, which is evident in the use of words such as *remembering*, *work out*, *re-establishing* and *haven't found*.

Candice: Yes, so, I think I – I think what I haven't found though, is [short pause] since I've had her and gone back to work is the thing that fills me up the most.

Amy: But it's remembering things you like to do. Reading and seeing your friends and exercise. ... just remembering that you exist ...

Chelsea: ... like taking time for yourself to work out, what it is that you enjoy doing, you know.

Shireen: So really about, kind of, re-establishing some hobbies and passions ...

Participants' pre-motherhood lives centred on fun, and freedom with their time and choice of activities. Chelsea's narrative indicated that she was not previously constrained, and one can read into it that she is now constrained, and that she feels that her time is no longer hers, but belongs instead to her child. The absolute and distinct manner in which she speaks of her independence leaves no question about the freedom and sense of carefreeness she enjoyed before becoming a mother.

Chelsea: And so, I had ample time for whatever took my fancy ... I mean, it never – there's never been any, like, restraint, constraints for me ... There wasn't. Very much my own, own time.

Amy and Chelsea's excerpts indicate this through their use of *discovered...recently* and *just...realised*. They appeared to be reconnecting with that part of themselves through the discovery.

Amy: That's a new one that I've discovered quite recently is ... I've just realised how important it is, because I realise also feeding that [friendships] helps feed this [herself].

Chelsea: And have a glass of wine with some friends; and that was just something that I realised, 'Wow, I – not really – haven't done in a while.'

Candice and Amy had a marked reaction to the question about their lives before becoming a mother. Their exclamation *oh* may indicate surprise about being asked a question, which did not focus on the mother identity, or the pleasure gained either from being asked about themselves as an individual or reminiscing about the freedom they had before becoming a mother.

Candice: Oh, completely different [pre-motherhood]. Like, I only relied on myself ... I would just do whatever I wanted to do and I think that's, maybe, been one of my biggest, like, things that I've had to get over almost. It's the fact that I can't – like this inability to just do what needs to be done or what I want to do.

Amy: Oh, that's interesting ... I used to do those things.

Relationships with women from their pre-motherhood days played an important role in connecting participants to their self-identity and a few participants spoke yearningly about rekindling pre-motherhood friendships.

Amy: So, seeing my best friends, my friends from school, my friends from varsity... connects me again a bit to parts of myself that I like.

They appeared to assume, hope, or fantasise that these friends would still be childless; an attempt to connect with their independent self, or where the mother identity would not be prominent.

Amy: I think for me, it's trying to actually find those old relationships that are there that don't have kids.

Emily's comment about her *single friends* suggests that they do not have children, based on her previous sentence about her friends with children. Furthermore, her comment about *proper get-togethers* and *just at home* may suggest that her friends with children do not know how to have fun and something that she does not associate with motherhood.

Emily: ... our friends [with children] ... they don't really take the time to organise, um, uh, proper get-togethers. My single friends are complaining quite a lot about that, like, everyone is – there's – nobody's doing anything. Everybody's just at home.

Candice explored her new identity a bit further, considering how she might learn about who she had become since she had her child. Her examination suggests an openness to a forward movement and exploring the emergence of a 'new self' that integrates her mother identity with her independent-self identity, in comparison with most other participants' narratives that focused on trying to reconnect with self by moving towards the 'old self'.

Candice: I think, just allowing myself to just go and do a few things and yes, just giving myself the space ... [to discover]

So, I think it's about allowing yourself to explore a bit more ...

❖ *Prominence of the mother identity*

Participants valued time with their children, which may be due to the prominence of the mother identity as primary, but could also be attributed to the limited time they had with their children as a result of being a working professional. The conflict they faced with time between work and their child, made taking time out for themselves even more challenging.

Candice's comments illustrate her desire to have more time with her daughter and by assumption, less at work, and also how the time with her daughter was so valuable that she would not consider taking some of that time for herself.

Candice: ... I came back [from maternity leave] and very quickly realised that what I was doing, is just not worth it. It was not worth being away from her ...

... whereas now, I feel like her waking hours, I'm there for three hours a day and if I take an hour out of that [for myself], it's just – it's valuable time.

Emily shares how weekends are for family; therefore, instead of taking time to go cycling, she would prefer to stay home, especially as she is away at work during the week.

Emily: ... I don't want to do it [cycle], because you're working all [week] day anyways. I, kind of, want to be with my family on the weekends and, kind of, just chill and take it easy.

Shireen also valued the time with her daughter, but in her experience it was the divorce process and having to share custody with her estranged partner that was a big contributor to their limited time together.

Shireen: ... It's [divorce process] a really, very stressful situation and that is putting a lot of pressure on the time that I have with Zoey and that is the biggest problem, because for me, the most important thing is spending time with Zoey ...

❖ *Work-identity as an important part of self-identity*

Work was regarded as an important part of participants' independent-self identity, despite the mother identity having assumed prominence. Work contributed to their sense of worth, productivity, and feeling valued as an individual based on the impact they had.

Shireen: It's [professional development and career] important, because I need to have something that I feel motivated and inspired by ... because I spend so much of my time there.

Chelsea: To feel productive and to be able to give, you know, because that sense of, like, performing. So be able to perform, which also helped the self-esteem.

Candice: ... but I also feel like I know why I work, because I do it for me ... I feel like I have an impact and I'm helping with broader business problems.

However, in as much as it was an important part of participants' self-identity, work had become less important since becoming a mother. Participants spoke about wanting to do more, but not being able to give their jobs the same amount of focus that they used to in the past. It would appear that there was a cognitive awareness of the importance of maintaining their independent-self identity through work, yet simultaneously there was an emotional pull from the primary mother identity.

Shireen: So, it's almost – it's a strange one, because it's almost ... I spend most of my time there [work], I put a lot of emotional energy into it, but it's actually the thing that is probably the least important, but it's the most critical for my day-to-day existence ...

As participants valued time with their children, and their work as an important part of their self-identity, they indicated a need for flexible work arrangements in terms of time and place, in order to fulfil both roles adequately. Participants tried to fit everything in and to meet the various demands within the constraints upon reintegration to work.

Candice's conflict between her work and her mother identity is evident in her repeating the words *don't want to be working* and then *do want to be working*.

Candice: ... because I was always a bit, like, don't want to be working, don't want to be working. I do want to be working, but not this, like, full-time, inflexible thing.

... I still don't feel like I have enough of a presence at home as I would ideally like to ... I would like to have a much more flexible position ...

Shireen: ... it's difficult, because I want to leave around five o' clock so that I can be home by 5:30, but I've never, ever in my life before, clock-punched at five o' clock.

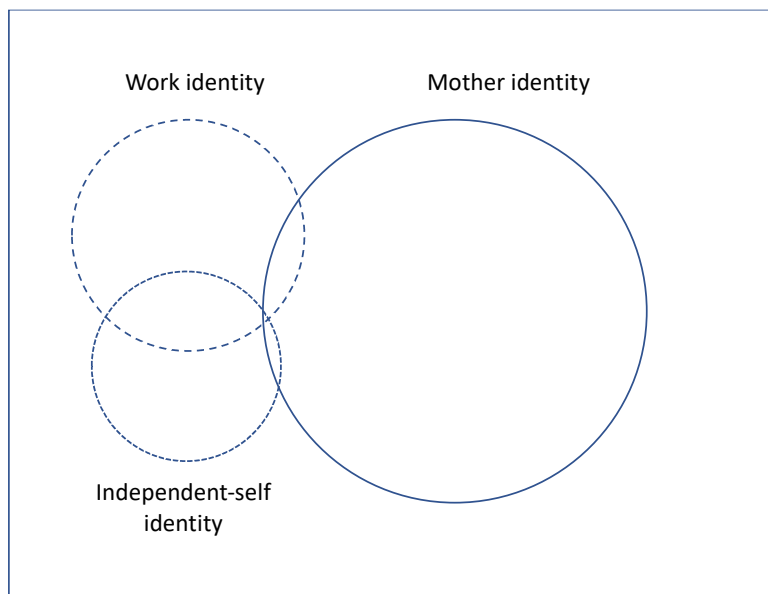


Figure 8: Relationship between mother-, work-, and independent-self identities

Figure 8 depicts participants' experiences of the relationship between their identities in terms of relative prominence (represented by the size) and overlap or distinction between these identities. The mother-identity is seen as most prominent, followed by work-identity and then independent-self identity. The mother-identity is seen as distinct and therefore more conflicting with the others, whereas there is greater overlap between the work-identity and the

independent-self identity. Although not depicted for the purpose of this illustration, one could argue that the work-identity may even be a part of the independent-self identity.

❖ *Choosing motherhood over work*

A few participants expressed that as their priorities had changed, they would consider changing jobs to meet their commitments as a mother.

Candice: I think ultimately it would mean leaving my current company, unless their policies change drastically ...

Amy: I need to make some decisions about how I stay in this current job and how I frame that better for myself.

Emily moved jobs even before she became pregnant, as the previous company did not offer maternity benefits.

Emily: ... and that was actually one of the reasons why I moved, because the maternity [benefit] was the main reason, because I was thinking of – if I would start a family, how will you do it without getting a salary? ... Um, so that was probably one of the main reasons why I moved to this job, because I enjoyed my work there. Actually, I was doing very interesting stuff.

Despite participants' references to their independent-self identity, there was little richness in content that offered a clear description or expression of what they may be, understanding that it would also be unique to each participant. There is a deliberate omission of a section dedicated to exploring this identity, which mirrors the lack of prominence of self-identity in participants' narratives and lived experience.

4.3.4.1.b The invisible hierarchy

Participants' priorities and preferences had changed; their children had taken front and centre stage in their lives, even for those who had been very career-focused previously. There appeared to be an invisible hierarchy where participants put others' needs before their own, with their child at the top, followed by partner and work, resulting in their own needs falling to the bottom of the priority list (refer to Figure 9). Participants sometimes spoke about family,

which referred to their child and partner as a unit, and in some instances included home-related responsibilities.

Chelsea explicitly called out the hierarchy that exists:

Chelsea: ... well, balancing work and a family, that's, you know, that's, kind of, also gets a much higher priority than the self. So, you have, you know, a hierarchy where your child gets all your attention and then it's, kind of, your family ... Performing at work ... and then finally, sort of, self.

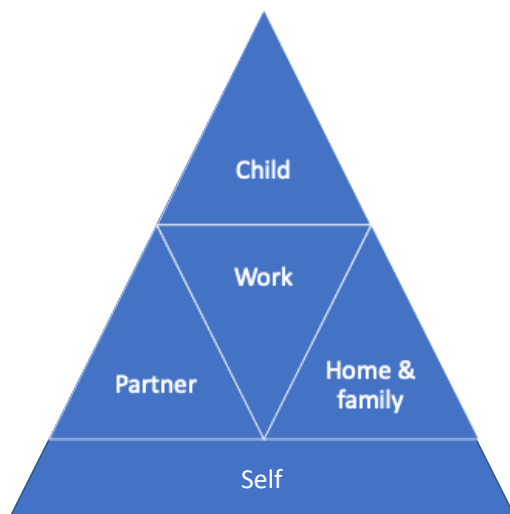


Figure 9: The invisible hierarchy

Most participants saw their child as the centre of their *lifeworld*, occupying the top spot in their identity hierarchy. This was visible in both Shireen's and Candice's pictures and to a degree with Emily (see Appendix I). It is also evident in use of words like *most important*, *front and centre* and *revolves around*.

Shireen: So, here's what it is, it feels like, to me, that I have my love for Zoey, kind of, at the middle of everything. It really is driving and influencing every part of my life, because that's really the most important part.

Candice: Um, I think she would probably be right here in the middle. [Long pause]. Like, I think, right in the centre of, like, the three of us [husband, nanny, and herself] and we, kind of, have a very good way of working, so that it all revolves around her.

Amy: ... as long as she's, like, front and centre, I feel the rest will sort itself out.

Participants offered experiences where they had consistently put their child's needs ahead of their own.

Shireen: I have really had a tough last few days, and I just really wanted to come home and I said to Zoey, 'Let's go for a bike ride. Let's go for a walk on the promenade. Let's go to the park and have a picnic for dinner.' 'No, mum, I want to stay home,' and I said, 'Okay, fine.'

Candice: ... so, for me, I'd rather be with her than take an hour to go to the gym or whatever it might be.

And I think my long-term vision is that I'll use this [career choices] one day to enable me to be in a position to be a lot more flexible. I think when it matters more to Gia than to me almost ...

Participants also tried to accommodate and continue to support their partners' professional and personal aspirations even after becoming a mother and often ahead of their own needs.

Amy: 'Of course, you can do the Iron Man. That's great.' ... He's, like, 'Yes, but it's a lot of training.' I was, like, 'Oh, it's fine.' And Jill was born and I was, like – he was, like, 'Are you sure I can do it? I'm, like, 'Yes, it's fine.' ... So, in addition to me having a small baby, I was alone for, like, six hours on a Saturday and six hours on a Sunday. He would come home and then go for training and be finished at eight.

Chelsea: And my husband is also – he's currently going through a period of depression. So, that also makes it a bit difficult, but I don't have the difficulty anymore; so, he's getting the support that he needs. But there's a lot of pressure on your shoulders ...

I think now-ish it would be preferable to have more income, but I don't think that my husband is at that stage yet to be able to go back to work or, yes, just to – I'm not very sure I am – ... So, it's a bit of a Catch-22.

Emily was the only participant to speak about her sexual experiences. She went through great effort and put her partner's sexual needs ahead of her own needs for sleep and rest. As the only

cohabiting participant, this may be an indication of her attempt to keep her partner engaged in the absence of a marriage commitment.

Emily: Not really, [part of my self-care] but I noticed it's [sex] a very important part of his life and he actually cannot function and he cannot contribute to the relationship if we're not having it ... Sometimes I'm at the end of the day and you can see he's, kind of, like, gearing up for some action and I'm, like, another thing that somebody wants from me, you know. ... I found that I've been a bit better about it recently. I guess the more you do it, the more it becomes okay and easy.

Work was seen as less important than the child; however, it wasn't clear where in the hierarchy it fitted in relation to the partner, as it varied among participants. However, what was clear is its place in the hierarchy in relation to self with work being ahead of self.

Amy: And I find my current job has been quite a challenge with that, because I can make some plans, but it always seems to take preference, because I can't really tell my client that I'm not available.

Candice: And in the context of my life, my daughter is the most important thing. Work, I try to put work second.

Participants expressed that if they were not at work, they felt like they needed to be at home and vice versa, which allowed no opportunity for self. Home in this instance represented child- and partner- (family) related responsibilities.

Candice: I think, I mean, between work and home, I think when I'm not at work, I make sure I'm with my daughter.

Amy: You know, if I'm not at work, I feel like I need to be home quickly. You know, help with Jill, see Damian ...

Participants fell to the bottom of their hierarchies, specifically in terms of allocation of time and energy resources. This strain on their resources contributed to participants' self-neglect and lack of self-care.

Amy: The things that can't drop. Jill, my marriage, my job, running a house and things that always drop at the moment is looking after myself and maintaining meaningful friendships ... It does make me realise how much I've been neglecting the two balls on the ground [Amy and friendships].

Candice: I think there's a lot more that I would like to be doing for myself, like I recognise that, like, I have a serious lack of personal time.

Emily: Like, I would wake up in the mornings and go to the gym ... It's just that I don't have the energy to put into myself and I don't have the ... I don't really have the time ...

4.3.4.2 Pining for support

Support played a pivotal role in participants' ability to manage work and home commitments, as well as enabling their ability to self-care. Participants indicated a desire and need for support from: (a) their partners; (b) their managers, colleagues, and company; (c) their childcare and home-care providers; and (d) professionals, other mothers, and society. There were, however, mixed views on how easy it was to acknowledge this openly, and to request and accept support from others.

Shireen: And the main thing is asking for help when I need it ... And so, it's about figuring out what your own capacity is and where – and not being afraid to ask for help if you need it.

... but I feel very blessed that I have really good support systems.

Candice: Yes, I definitely had a much lower dependence on people than before I became a mother.

Amy: You know, the idea that – especially when I was on maternity leave, I didn't know that I could ask for help. I didn't know that I needed help.

Participants' accounts consistently illustrated the value of support and how it influenced their coping, and in particular, how support enabled self-care, which inevitably left them feeling better able to manage the demands of home and work more effectively, that is, with a more positive self-perception of coping. Sources of support included partners, work colleagues,

home and childcare providers, and others such as family and friends, professionals, other mothers, and society in general.

Shireen: But I think, I think actually a lot of my coping comes from having really good support from my parents, my boss being incredibly supportive ...

Candice: So, it [coping] is very much the presence of people that I'm able to rely on and lean on.

Amy: You need more people. So, Jill goes to a crèche and we have a, like, a housekeeper full-time at home that does this [home care].

❖ *Support from partner*

Participants felt burdened by the strain of the multiple responsibilities at work and home. Even in egalitarian relationships, which most participants claimed, they still carried the primary mental load for the home, including childcare, which in addition to the actual execution of the tasks, weighed heavily on them. Participants' accounts varied from actual support received to a desire for support from their partners with the mental load and execution of tasks. Participants marital status did not appear to have a direct impact on support they received from their partners.

Candice felt very supported by her husband.

Candice: And I think the way that I see myself coping, is my husband is very much in it with me ... And I think we have a very equal relationship when it comes to the house and our daughter.

Emily needed to have a conversation with her partner to request his support where she needed it.

Emily: Things that I felt like it's a mountain that I have to get done, which I probably don't have to get done, but yes. And he's been [now] jumping in and helping me with these things, so it's great. [Exhales]. Helps a bit.

When participants claimed that their partners helped with home care, what was not always clear was what tasks were included and whether they were predominantly gender-based, especially

as all participants had additional assistance at home in the form of a nanny or housekeeper who supported with childcare and home responsibilities.

In addition to participants carrying most, if not all, of the mental load and undertaking multiple tasks, their partners were not always aware of 'all they do'. Participants found that they needed to communicate this with their partners and request support where needed, particularly with tasks that were assumed to be their responsibility. Importantly, they expressed relief and appreciation for their partners' support.

Emily: I've been complaining a lot and all these discussions on the mental load that I've off-loaded onto him; he has been contributing quite a lot. Like some of the chores that I've been doing at home, he's taken over completely, which is quite cool. I think he just realised – he's just realised it a little bit. [Laughter]. Not fully, but a little bit.

Amy: And Damian's, like, 'I can do this. I will wash the bottles. You never wash the bottles [again]. And I will do this and I will make sure the bag is packed.' And I was, like, 'Great.' And it was such a help, like, but it needed that conversation to say, 'What does everyone do in this house and how do we make it more even?'

Shireen, although now single, also acknowledged her estranged partner's support when they were living together.

Shireen: ... he would – he was very creative in the kitchen and he was not lazy and he was very good and very quick with a knife and cooking ...

Participants claimed their partners were present, involved, and supportive fathers, despite not sharing the mental load, or childcare and home-care tasks equitably. It is important to remember that all participants enlisted further support with childcare, including crèche or nannies.

Candice: ... so, I think, yes, he's a great dad. He's like a super present dad, a super energetic dad and definitely I feel like we are, you know, the priorities in his life, despite him having lots of things on the go workwise.

Amy: He's amazing. Um, I can't even – he knows me very well ... so he does support me in how I need to cope as much as he can ...

Chelsea: I'm fortunate, as my husband works for himself and it's, kind of, very flexible how he works, so, he also does all the night stuff.

... I mean, he looks after Zayn and plays and interacts with him and things like that ...

Despite their partners' support where they received it, participants found that where there was a need for further assistance, their partners either did not recognise it or believed that it was the participant's need instead of support for them both. Partners seemed oblivious or took for granted all that needed attention in order to run the home. Although participants claimed egalitarian relationships, this phenomenon may also be an indication of the partners' socialisation and less conscious views on home and childcare coming to the fore. Participants and their partners' differences in recognising the need for support may also be attributed to the fact that traditionally women ran the household with little or no involvement nor recognition from their partners. The intensity of the strain and mental load that participants experienced in comparison with their partners was therefore most likely based on gender-stereotyped roles that have been subconsciously imprinted in their lives.

Both Amy and Chelsea expressed their experience of this phenomenon where they motivated for the additional support, but in reality, it was for the benefit of the partnership and family.

Amy: It took Damian longer than me, because he didn't really see the need [for additional help at home] ... I think for some men it was like, but one person every day for two and a half people. It seems excessive.

And for a long time, he would say things like, 'No, yes, I see we must have her, because **you** need her, because **you** are not coping, because you...' And I was, like, 'No, no, no, no, no, no, no. **We** need her, because **we** are not coping.' So that was difficult for me, because I was, like, convincing myself and convincing him.

Chelsea: ... what would happen to Zayn when I went back to work after maternity leave and that was the setup that Eddie would work, sort of – only for himself and he'd be at home and his focus would be a mixture between that and Zayn ... I didn't think that he was doing so well either with being at home and having to look after Zayn and eventually I got to a point where I said, 'No, I'm ... we need to get somebody to help us.' Motivated it for myself, but in reality it was for both of us.

The participants indicated that emotional support and understanding from their partners was equally important to sharing the load.

Candice felt that she had her partner's emotional support, while others needed to make their needs more explicit.

Candice: ... [with] my husband, I think I can be a lot more vulnerable and open ...

While Amy appreciated her husband's acknowledgement of her value in running their home and taking care of their child, and felt well supported overall, she is distraught when there is discord in their relationship, like when she was motivating for full-time support at home (described above).

Amy: What was difficult for me, was Damian not being on the same page as me and we are generally always on the same page.

Another source of hurt for her was her husband's suggestion that they hold off having a second child because she was not coping. Her words *many conversations* are indicative of her efforts in trying to help him understand her perspective:

Amy: ... 'I don't know if you are, or if you even realise how much you hurt me. Like, do you realise what you said? Like, I've never felt so alone. I've never felt so all by myself in my whole life.'... And I think, you know, after many conversations, he's realised that, like, he had a hand in that not coping ...

Emily expressed her needs for support more openly and directly with her partner. Although she excuses his silence, there is a strong emotional desire within her for his acknowledgement of her need for support, as is noted in her voice cracking:

Emily: So, this year I've decided I need to verbalise it to my partner, so that he can understand where I'm at, so I keep on saying things like [voice cracking], 'Sjoe, this time of year's really hard for me. I, kind of, am feeling very anxious and sometimes I'm struggling to breathe properly,' ... relaying exactly how I feel toward him and he just – he's kind of, like a no feelings type of guy, like a lot of men are, so he, kind of, keeps quiet about it, but I think he understands. I think he has jumped in and started helping me with day-to-day things recently quite a lot, which has been quite cool.

Chelsea desired quality time with her husband but struggled to prioritise it and suggests that it is not something that he would recognise needs doing or attention, which is another aspect of the mental load that she needed to carry. She also acknowledged that since having had her child, there is a bit more discord in her relationship with her husband, which may provide insight into the strain on relationships of new parents.

Chelsea: ... but that [date night] hasn't really happened, since I've gone back to work again ... I have good intentions, but I can't get there and it's not really something that he has an eye for. So, we haven't done that a lot. We haven't – we haven't had a lot of quality time together, just the two of us.

I mean, we get along well for the most part. It's not too many confrontations. Yes, there's probably a few more than before Zayn...

❖ *Support from manager, colleagues, and company*

Support from participants' managers, colleagues, and organisations plays an important role in aiding reintegration into work post-maternity leave. This includes the availability of flexible work practices and how managers and colleagues respond. All participants, except for Amy, had of some form of flexible work arrangements, either formal or informal.

Emily: Well, I should start work – and I wrote it in my form, at 7:30 – and that never happens ... And nowadays, I waltz in here any time between 8 and 8:30 and nobody says anything, which is wonderful ...

Candice: So, I had to message her [manager] this morning to say, 'Listen, we're out of a nanny. Don't have a backup plan. The backup plans are not here and so I'm going to need to flex this week.' And she was totally cool and said, 'Fine.'

Chelsea: So, we have flexibility to work wherever you feel comfortable. You could go into the office. It is open all the time, but yes, most of the time I would work at home, if it's in the evening.

Candice questioned how flexibility is defined. Although she had flexible working arrangements in terms of hours, her need was for more fluid arrangements. Her words *need to* indicate being in office when essential and *can be* indicate her preference to be home as more of a norm:

Candice: ... in her [manager] mind, I have flexibility, because I work flexi hours or in her mind, you know, if you once a month, if you want to leave at twelve and then work from home, like, that's not flexibility though. That's, like, that's by exception and that's ... so I don't think she quite grasps what I actually mean ... So, I think my ideal situation would be able to be in an office environment when I need to be, but then be at home when I can be.

Shireen, Emily, and Amy indicated the value of a supportive work environment in terms of their own commitment to the company, as well as on their ability to cope.

Shireen: But because he's [boss] been so understanding and supportive, if I need to work late, I need to do it, I'll just do it and he knows that.

Emily: ... If I didn't have family responsibility leave, then I would have struggled a lot more with coping ... And the nice thing is, nobody even is on my case about it ... everybody's, like, completely fine with you taking time off.

Amy: So, I'd gone to them to say we need to hire people. Like, I can't continue like this and they were very, um, they were very, very understanding and have since hired people and it's worked out.

Candice expressed the challenges of not feeling supported by her new manager and reflected on the differences in her experience with previous managers.

Candice: I've had a situation this week [with her child] ... [and] ... I've got a very rigid one [manager] at the moment ...

My particular manager now is very old school, very much like a stickler for just old school thinking. So, I've pushed it [boundaries], quite a lot ...

Chelsea had a contrasting experience of feeling extremely supported by her manager, particularly with her mental well-being challenges since becoming a mother.

Chelsea: He [manager] has three kids and I think he's – maybe has some, I mean, he has some idea of, because he's seen his wife go through it. So, I think he's also very supportive and understanding [time off and away from work] ...

Colleagues also played an important role in the participants' reintegration into the work environment.

Chelsea: I think there was another one or two times where I was off for quite a period of time and then certainly when I was at the clinic. And they [colleagues] would send groceries ...

Candice shares a contrasting experience of feeling unsupported by her colleagues. She felt judged as a result of her flexible work arrangements and even though she acknowledged that it may be a narrative that she is spinning for herself, her previous experience of colleagues' comments weighed into it.

Candice: And again, it's probably things that I placed on myself that's not necessarily what people were actually thinking. But in years previous you hear people making comments, 'Oh, you know, you're working half day. You're leaving at half past four, dadadada.' And so I was very aware of the perception.

❖ *Support with childcare and home care*

Participants indicated that additional assistance with childcare and at home supported their ability to cope on a very practical level by allowing them time for the things that were important to them. This support included nannies, family, and friends. Participants' marital status did not appear to have a direct impact on support they received from family. In addition, many of the participants also used day-care facilities for the morning in combination with nannies or housekeepers for the afternoon. Curiously, it did not occur to participants that they could use this time for self-care, or if it did occur to them it was accompanied by guilt of being away from their child, as explored earlier.

Shireen: Like, I can't even begin to explain how much it helps me that I come home and Zoey's food is ready ... it's game changing.

Amy: So now she [housekeeper] just looks after us ... the lady is amazing ...

Chelsea: And then having a nanny has also helped with me being able to bond with my son, because that was something that was really lacking. So, because she's picking up

basically everything for me at home in terms of all my home duties, the only thing that there is for me to do when I come home is to spend time with him.

Candice: ... and then we have a nanny, who we wouldn't function without. [Laughter]. Um, and she's just such a reliable person ... she's a big part of our family ... We're very, very lucky ... we are, we're completely dependent on her.

Participants expressed a desire for support from extended family, which referred mainly to having their parents within closer proximity, and in some instances, friends.

Emily: I guess if we had more, uh, family in town, that would help quite a lot ...

Shireen: So, I don't have a choice ... because I don't have a family member ...

Candice: ... we are lucky enough to have – my niece actually moved to Cape Town at the beginning of 2017. I think ... she has been, like, an additional resource for us ...

Emily and Candice share the challenges of having ageing parents who may not be able to easily care for a young child.

Emily: And Martin's mom often, you know, old people are a bit, like, you know, 'Can you watch Joslyn on Tuesday night?' She'll be, like, 'Okay, um, what am I going to make for dinner?' You know, then you kind of, wonder if you're imposing a little bit. So, if she'll be, like, 'Yes, any day. Please come drop her off', then maybe you'd do it more often as well.

Candice: My dad is in Cape Town and my mother-in-law's in Cape Town, but they're not, like, my dad's 75 years old and he's single. Like, it's not like I can hand her over and he looks after her. So we don't have, like, a broad network and I do feel, like often, like when our nanny is now not here, we get stuck.

Interestingly, in Candice's narrative she reflects a view that the absence of a female presence insinuates that her father, in addition to his age, as a man would not be able to care for her child, yet another socially constructed gender-based stereotype, which has flowed from previous generations to the present.

Chelsea offered a contrasting view, with her mother being nearby and willing to support with childcare:

Chelsea: So, she's also been a huge enabler to that extent [evenings out], but also in terms of being able to just go to their house. So, I might spend the day there with Zayn ... and she'll take him. So, then I've got an hour, you know. So, yes, my mom's very helpful in that sense, yes. A big, yes.

Emily and Candice made use of friends who watched their child, although this was occasional and for Emily it was not her first option.

Candice: ... we've got very good friends who live up the road and she spends ... and they go to school together and their nannies are friends, so, she'll spend the morning there and then I think one of us will just come home early and fetch her.

Emily: But I feel bad if I drop Joslyn off in a family that's already got two kids, and little kids, so it's not my first go-to option.

❖ *Professionals, other mothers, and society*

Support in its broader context alluded to the more systemic challenges that exist. Here support included health care professionals, other mothers, and society at large and referenced things that need to shift. Three of the five participants had consulted therapists after becoming a mother and to help them cope. Chelsea calls out the benefit of therapy to her coping:

Chelsea: Just, kind of, reaching out [to therapist] to say, 'Well, I want to talk to you about my day-to-day stuff', whereas actually, in reality, there was a lot of things that had changed where I needed to learn how to cope with ...

Chelsea and Amy mentioned the benefit that having the support of other mothers could present but recognised that despite their expressing importance of such support, it did not exist readily.

Chelsea: ... being able to go to the mothers' groups. And that was something that I found, having gone back to work, there wasn't a lot of support for and I really struggled with, sort of, not having moms to connect with, because, you know, you're at work and the rest of the moms are not. So that's really hard.

... having someone share your experience is very, you know ... I think it also gives, like, worth to what you're feeling.

Amy: It's also nice to talk to moms sometimes and realise that all your problems are the same, you know. You're not alone in this ocean with your little boat all by yourself with your unique problems. It's generally all the same stuff.

Although all participants' narratives offered, by inference, insights into challenges of how we as a society are organised, Chelsea was clear that society needs to change to better support mothers and fathers in their parenthood journey.

Chelsea: ... we, kind of, have a society that is actually geared for women to be at home and for men to be at work. There's a lot ... we have quite a way to go before we can have support for both, efficient support for both people.

❖ *Proximity of support network*

The proximity of the participant's support network was not to be discounted. Having support close by and on hand felt a lot easier and less burdensome. Although the participants did not clearly say it, proximity is also useful in case of emergencies.

Amy: Like, proximity is not to be discounted. You know, like friends that are close that have kids suddenly become like a life line ... My parents live in Somerset West, so it's not too far. So, we do, I'd say maybe every three months they take her for a weekend and we have a weekend by ourselves.

Candice: ... we've got very good friends who live up the road ...

Chelsea: She's very readily available to watch Zayn ... and she's just down the road.

Shireen and Emily did not have family support within close proximity and felt the effects of this absence.

Emily: If my mom was around, then maybe I would drop her off at my mom's place.

Shireen: Then there's also the fact that my family is very far away, so I'm, kind of, here on my own and my family's in Canada ...

4.3.4.3 Unrealistic expectations and impossible ideals

For participants, the birth of their mother identity and its prominence as well as the new additional responsibilities of parenting exposed them to a world of expectations and ideals, which they could not achieve despite their greatest efforts. Motherhood was referred to as a 'job', a reference to the effort and responsibility it entails; yet, a job usually refers to paid work. For participants, the transition to motherhood was intensified as a result of their additional role as working professionals.

All participants spoke about the unrealistic expectations they experienced as professional working mothers in terms of having to deal with work, home, and childcare responsibilities or doing 'all of that'. The source of the unrealistic expectations was not obvious to participants and may be a combination of externally held and self-imposed beliefs and pressures.

Amy's narrative offered clear and rich data, to which I have dedicated some analysis below. Her use of words like *unrealistic*, *[not] normal*, *unfair* expressed her cognitive awareness of expectations being beyond what was reasonable. The sense is that the expectations were imposed, but this begs the question about whose expectations these are and their origin.

Amy: I remember saying to somebody, like, after Jill was born, I said, 'I'm not coping.' And they said, 'Never say you're not coping. The job description [of a working mother] is unrealistic.'

And as we unpacked it, it was, like, it's actually not me at all. It's an unfair expectation on a new mom that actually would have been a lot to do, even if I wasn't a new mom.

Like, I don't think it's normal for one person to do all these things. I haven't quite worked that out, but I know that we all feel like we have to do these things.

Regardless of the origin, participants felt pressured to live up to these expectations, which highlight the demands on them as FTPWMs. Amy began to question the source of these expectations but did not appear to know or have an answer, although she was keenly aware that the expectation exists. She used the word *feel*, which offers a sense of the lived experience instead of fact. Her words *beyond me* could be taken in both figurative and literal form. The first is her implied meaning in that she cannot make sense of why she feels the pressure to live

up to the expectation. The second is more literal as it does not come from her but from others, including socialisation or generationally inherited stereotypes.

Amy: ... and why we feel like we have to do them [all these things] is beyond me. I haven't quite worked that out, but I know that we all feel like we have to do these things. Um, you know, we have to have a career and we have to have a good marriage and have to be a good mom and we have to have a beautiful home and be a good friend and look after ourselves.

❖ *Reintegration into work after maternity leave*

Participants' experiences suggested a lack of appreciation within their work environment for how drastically their lives had changed since becoming a mother, as they expressed a sense of added strain upon return to work, for various reasons.

Participants felt pressured to reintegrate seamlessly into work post-maternity leave, which left them feeling conflicted between their work and home responsibilities.

Candice stated that upon returning to work, she re-examined what *family-friendly* really meant in the context of her work environment. She stated that women were expected to pick up where and how they had left off and to reintegrate seamlessly.

Candice: Then when I actually lived the experience [having a child], I was, like, what is exactly family-friendly about this [company]? Like, yes, I got six months' maternity leave. That's lovely, but I feel like then you're expected to come back to work and pick up like you left yesterday and that your whole life hasn't changed ... You just, like, you always see that quote, like, 'you have to work like you're not a mom and you have to mom like you don't work' ... I think business in general ... while, I don't feel like you need any, like, special allowances. I think there's just very low awareness of the ... or appreciation of, like, the impact that having a child has on your life.

Participants acknowledged that these expectations, in addition to the external sources, could also be self-imposed. However, these may still be an internalisation of external expectations.

Amy: Some of it was self-imposed, because I wanted to prove to them [co-workers] that I was still, like, on it after my maternity leave ...

Candice: I think a lot of it was probably on me, like, my own expectations of myself and I didn't want to, like, seem like I'm not ... worse at my job, because I've had a baby. But I also think it's also a culture. It's, like, a 'work hard culture' and [short pause] ... the expectations of you don't change ...

Chelsea had a different experience of a supportive work environment, which appeared to cater to the life changes she experienced since becoming a mother.

Chelsea: And my work is also very understanding. So that does help alleviate a lot of the pressure that's there in terms of being able to perform like you did before when you didn't have a child and then the stress that you put on yourself ...

Chelsea and Emily expressed a sense of feeling overwhelmed and a bit out of control upon their return to work. Both Emily and Chelsea were on medication as a result of strain on their mental and emotional well-being.

Emily: ... I think it was actually when I started going back to work when it [anxiety] triggered ... once you start getting your life back, you, kind of, like, things went a little bit off the rocker.

Chelsea: Yes, so, I was quite overwhelmed with having to do running of the household and at work.

Amy, in particular, experienced work as her primary source of stress and was surprised that during therapy, instead of speaking about the challenges of motherhood, she was talking mostly about work.

Amy: ... like, work was just one of the things that was added to the plate, but work is still, like, the major concern so I need to reduce my stress ... I'd only been at work three months at that point, from maternity leave, so it was a lot of pressure on me.

Interestingly, in addition to the major changes they experienced once they became mothers, Chelsea and Amy called out the impact of being a new mother on their ability to work.

Chelsea: ... in the beginning, when I was doing that [attending to child during the night] and I went back to work. I was still doing the night ... it did take a toll for me. It's not something that I adjusted to very well.

Amy: I mean, it's a lot of adjustment and 'momming' and, you know, having a job is difficult.

Amy discovered that she had a say in how things are run at work, that there were options and that one does not just have to accept the way things are. This again highlights how working mothers may make assumptions – while desiring to fit in and simultaneously not upset the status quo – about what may or may not be possible instead of asking for what they need and exploring the options.

Amy: ... it's funny, like, you always think that work is work and you don't have any say in how things are run, but actually you do. You have a voice ...

A few participants leveraged flexible work practices to help them cope. Neither Candice nor Shireen had formal flexible work arrangements, but through their informal practices, they indicated being more productive and efficient at work even when working fewer or flexible hours compared to pre-motherhood, which links to time management as a coping mechanism.

Candice: I think I'm far more productive now than I used to be ... now, I'm a lot more, I'm just a lot more focused ... I am very aware of the limited time I have and, you know, if I don't finish something at work and it's important, then I will take out my laptop when Gia goes to bed and I'll finish it. And I think I just ... yes, I don't feel, I don't feel like I waste time as much as I used to. Like, I think I've discovered hours in my day that I didn't have before.

Shireen: ... because I'm taking this extra hour [for myself], you're [the employer] going to have a much more productive me ...

Chelsea who had an established and formal flexible working arrangement (flex-time and flex-place) expressed some of the challenges that flexibility can bring. Below she describes a situation when she worked a split shift, not unlike Candice in the excerpt above, where she came home, spent time with her child and then started working again later that evening. Even

with flexibility, participants struggled to fit in everything without impact or consequences on their time.

Chelsea: So, working late, I'm tired quite early, so, I'm not really as productive. I find dinner times a little bit stressful, because in my mind I know that I'm actually going back to work and I'm not really winding down with Zayn. So, yes, it's nice to have the flexibility, but at the same time it's sometimes possibly better for me to, kind of, work out how to make up that time that's not within the immediate 12 hours of our day to possibly do something on a Saturday at more decent times.

❖ *Good mom, bad mom, and guilt-ridden lives*

Participants felt judged against numerous criteria, and by other mothers, as being a good or bad mother. The criteria extended beyond basic health, well-being, and safety of their child to managing other aspects, like the child's diet and meal plan, development activities, and social engagements.

Amy again verbalised directly what may be read into other participants' narratives – the externally held ideal that they felt compelled to live up to. She spent some time struggling with the concept of being a 'good' mom, what it means, where it comes from, and why it is important. This is evident in her often saying *'I don't know'*. This could point to the pressure of societal expectations or commonly held ideals around motherhood and Amy's internalisation of these, hence her inability to trace their true origin. Her particular need for external affirmation and value of others' opinions stood out. Her use of *funny*, *crazy*, and *shouldn't* present the tension between her need for the affirmation and her difficulty in understanding why she needs it.

Amy: ... and the amount of times my mom-in-law said, 'Ah, Ashley's [sister-in-law] such a good mom. She's such a good mom.' I remember coming back and saying to Damian, 'Do you think people think I'm a good mom?' I don't know. It's not something I ever hear about myself. And it's funny that I, I think I need that external affirmation, which is so crazy, because I shouldn't. But part of me does. Part of me wants someone to say, like, 'You are a good mom.'

Interviewer: Talk to me a little bit more about this 'good mom'. What is a 'good mom'?

Amy: I don't know. No, I don't know.

Interviewer: What, what do you think might be some of the things that sit within you?

Amy: You know, the crazy thing is, I think the only reason I bring it up is because the 'good mom' means someone says you're a good mom, because I know I'm a good mom. ... I shouldn't need this external [acknowledgement], but I guess all of this is about external [validation] and how you, as a woman, are perceived. ... Isn't that crazy?

Interviewer: Mm. And why is that so important for you, do you think?

Amy: I don't know. I don't know. It must be some kind of perception, external, um—I don't know... And I know that I'm good at my job. I know that I'm a good wife. I know that I am a good friend, but I guess this 'mom' business is something that I need something external ...

Interviewer: And how do you know that you're a good friend or a good wife or good at your job?

Amy: I guess, you know. Um, it's something that is ... I don't ... that's a very good question. [Short pause]. Something I've been doing for a long time that I'm more confident at, maybe?

Amy: So, I think there's constant feedback in the parenthood journey to push it out into your mind, 'Maybe I'm not as good a mom as I thought; maybe I'm on top of this, maybe, maybe, maybe, maybe.'

Amy's exploration of a 'good mother' illustrates the newness of the mother role for participants compared to other longer-held roles in which they feel confident about their performance, or perhaps comfortable with them. This explains the lack of confidence that participants felt with the emergence of the mother identity and doubt about their performance in this new role.

Candice's use of the word *terrible* indicates her self-judgement about not spending time with her child:

Candice: ... whereas, if I have to go and do something after work and I'm really just home in time to, like, put her into bed then I ... that definitely throws me and I feel like a terrible mother.

In addition to ideals, participants compared themselves with other mothers, which could also have been an attempt to normalise their experiences, especially in the absence of honest conversations about the challenges of FTPWMs. It may also have been an attempt at connection, seeking kinship and identification, as participants mentioned other mothers in generalisations, comparison, and contrast.

Chelsea: Um, you know, just making everything normal. So, like, that mother also struggles with going to brush her teeth or that mother also is just, like, 'When can I get a night out?' So, you know ... and companionship.

... because I didn't really sleep and eat and a lot of moms experience that ...

Shireen: ... but I'm not alone in this situation. This is a very typical mother picture, I think ... I think it would be interesting for me to see how different, or not, my situation is from people ...

Emily: It feels like I'm drawing a picture that, probably, most people will draw ...

Amy: I don't know what the other moms are saying, but ...

First-time mothers do not have previous experience to guide them and as a result, comparison can exacerbate self-doubt, as Candice explores:

Candice: So, I've realised that ... it's very hard not to be defensive, because immediately someone thinks differently or does differently to you, you think maybe what you're doing is not correct.

Emily and Amy, although not criticising, shed light on how working mothers may view mothers who do not work as having an easier life in some ways.

Emily: Yes, if I was a stay-at-home mom, I guess it would be much easier ...

Amy: You know, I don't want to put down moms who don't have a, like, a professional career, but being on and switched on amongst your colleagues ...

This sub-theme indicates that first-time professional working mothers' internalised judgements of good and bad mother lead to self-doubt and guilt.

❖ *Guilt*

All participants mentioned limiting emotions, ranging from doubt and tension to guilt. Guilt was experienced in relation to child, home, and work, irrespective of what or how they prioritised or where they focused their time and energy. Participants' lives were resultantly guilt-ridden.

Guilt was primarily based on time away from their child with quantity playing an important role in participants' assessment of the time spent together rather than the quality. Furthermore, there was a sense of weekends being demarcated as family time, which illustrates participants' strategies to manage the strain on their resources by trying to maintain boundaries.

Candice expressed how difficult it was to leave her child with someone else and the importance of knowing that her child is loved when she is not there, which may be seen as an attempt to rationalise the guilt.

Candice: As amazing as she is, it's been very ... it's difficult for me to know that I'm leaving my child with somebody else, I guess ... and I know beyond doubt that she's very loved while I'm not there and that's, I think, all I ever wanted. So, um, I think she's fine.

Guilt ... in that I'm already away from her for eight hours a day ... Yes, it's definitely guilt ...

Emily's use of the word *hate* offers a glimpse into how strongly she may experience guilt, while Amy's use of *only* may be seen as a less intense expression.

Emily: I'd hate to leave her there [partner's mother], um, on a Sunday morning and go cycling for three hours and then come back and pick her up. I just rather prefer to spend time with her ...

Amy: ... 'I only see you, like, four hours a day. Let me get you something else. I don't want to fight with you. ... because we hardly see her ...

Candice and Chelsea shared their distress at having to leave for work, especially when their children expressed a need for being with them. Candice's intense difficulty can be seen in the exasperated *yoh!* and the uneasiness it created when she ends the sentence with a laugh.

Candice: But, yoh! It doesn't make it easy when a small person asks you not to go. [Laughter].

Like, I feel, like, absolutely heartbroken when she says that [don't go] and I think I feel so torn ...

Chelsea's shaky voice is an indication of how deeply emotionally impacted she is by the guilt.

Chelsea: ... if I leave, he cries and that's very emotional for me. It was very upsetting. It was, like, sort of, the one thing that I ... it's like a trigger. So, I don't like to leave when I hear that. [Shaky voice].

Work-related guilt centred around productivity, time, and flexibility. Participants wanted to maintain and grow their careers, while simultaneously having more time with their child. Working flex-time or flex-place offered them the opportunity to do this; yet, they often experienced guilt when they did. Shireen and Candice suggest that they 'don't care', yet simultaneously mention not wanting to create negative perceptions about their flexibility.

Shireen's use of *between us and your recording* indicates she does not want her boss to know about the liberty she takes with flexible work practices. Her use of words like *don't care* and *shit* may express her anger and frustration with the guilt she feels or from not being able to express her views more openly.

Shireen: And so, there's many times I, you know, between us and your recording, I just think, well, my boss is in a different time zone. He can't see me. I drop Zoey at her school, I go for a walk on the promenade, I have a coffee and then I start work at, like, quarter to ten sometimes, or 9:30; and I'm, like, well, tough shit.

... but now I don't give a shit and I've not had a complaint. [Laughter]. So, ... I'm going to keep doing it.

Candice also uses *don't care* multiple times about being judged for working flexi-hours but also claims that it doesn't impact her productivity. She simultaneously carries guilt, around being seen to be slacking as a result of her flexi-time practices.

I tried exploring the concept of slacking in more detail with Candice, who expressed strong resistance to being viewed in that light.

Candice: And I also feel like, um, [short pause] people almost expect you to slack, in a way, when you come back from having a child. And again, whether that's reality or it's just my impression, but I was, like, very much aware that I didn't want to be that ... So, I think I did place a lot of pressure on myself, but I also was in, like, a super high-pressure environment ...

Interviewer: Mm. So you said you didn't want to be, you know, that. What's wrong with that?

Candice: Nothing is wrong with that [slacking] and I think that's why it's taken me a long time to be okay with ... I work flexi-time ... So often I get up and people are there for hours after me and I just learnt, like, I actually don't care anymore ... If they've gotten a problem with my work, then they must talk to me about my work and 100 percent I'll address that, but I refuse to get sucked into that 'hours at a desk' mentality that I used to have.

Emily initially called taking an extended lunch break *cheeky*, indicating a less intense sense of guilt, but then rationalised her statement, a possible attempt at easing her guilt too.

Emily: So, it's a bit cheeky [taking an extended lunch break to run errands], obviously, but I think everyone in government does it a little bit, so yes. [Laughter].

Amy and Emily expressed guilt related to home, that despite outsourcing certain tasks that they felt they ought to be doing, they still took credit for the smooth running of the household.

Amy: Um, yes, a lot of what is making all these [balls] stay up is I've outsourced a lot of stuff [laughter] and I learnt it very late in the mothering game ... I still take credit for this [home] ball, though. Can you see? [Laughter]. Like, I'm holding it up, but actually I've outsourced that job.

Emily's admiration or envy for the nanny's ability to manage the home and childcare in comparison to her, may be an indication of guilt, where she feels that she should manage as well, but does not.

Emily: Wow, I don't know how the nanny does it. She seems to have everything under control ...

Although all participants alluded to guilt when taking time out for themselves, Candice and Amy particularly called out feeling selfish.

Candice: Guilt, I'm sure [prevents from taking time for self]. It's that it feels selfish, in a way.

Amy: ... and I feel almost like a bit selfish wanting to, like, 'Can't we take a night off and go do something else?'

The fourth superordinate theme of this study was facing the demands with limited support, which explored sub-themes around tension between their identities, their desire and need for social support, and the expectations and ideals they found themselves dealing with. FTPWMs felt lost, hungry for support, and their lives were dominated by constant guilt.

4.3.5 Self-care enables coping

Participants' narratives suggested a cognitive understanding of the effect of self-care on coping, and they provided practical examples of this. Despite the challenges in making self-care a reality, when they did, participants found that they felt better equipped to deal with the demands of work and motherhood. Ultimately, self-care practices led to better-perceived coping; hence, self-care was an enabler to coping, while mental and emotional coping mechanisms also contributed to an overall sense of well-being.

4.3.5.1 Physical self-care practices and coping mechanisms

Physical coping mechanisms focused on time management and productivity, while physical self-care practices provided time for self and relaxation. Shireen and Emily talked about how physical activity helped them cope.

Shireen: ... it's actually been really good for me to invest in my physical activity and I think that's been a big contributor to my coping ...

So, there's numerous times where I've just been out walking or having a run or just sitting on a bench and looking out at the ocean; and then you just get a bit of clarity of thinking and that helps you cope.

Emily: The baby gets packed into the pram, the dog gets taken out and we go for a little run/walk, taking the dog for a bit of exercise. That sort of stuff. So then, even though I haven't cooked, I still feel, kind of, like, everything's fine, you know. We're coping and it's all good.

While physical self-care was predominantly activity-related, rest played an important role, too. Interestingly, Amy's headaches served as a prompt for her to practice physical self-care by resting. She described her headaches as a coping mechanism, in a subconscious way, which may indicate that consciously she believed that her headaches are a sign of not coping.

Amy: I mean, I feel like my body's way of coping sometimes is to give me a headache, because it means that I'm going to lie down and rest ... I do think that my headaches have become my coping mechanism in some subconscious way.

4.3.5.2 Mental and emotional self-care practices and coping mechanisms

Participants' mental and emotional coping mechanisms included, re-learning coping, gratitude and reframing, and compartmentalisation. Mental and emotional self-care practices focused on an overall sense of psychological well-being, with professional support being a significant call-out.

Both Shireen and Amy mentioned how therapy contributed to their coping.

Shireen: ... plus, I did a little bit of therapy after Adam moved out and I think that helped.

Amy: Well, I think of self-care as the psychologist has definitely helped with coping ...

Chelsea: ... So, I started seeing her [therapist] that time last year to help me adjust.

4.3.5.3 Interplay between self-care and coping

In exploring the link between self-care and coping, participants said how self-care, irrespective of the category or form, improved their mood and state of being in a positive manner, which contributed to their coping. Physical self-care contributed to a sense of coping on a mental and emotional level, inasmuch as mental and emotional self-care contributed to a sense of coping physically (see Figure 10).

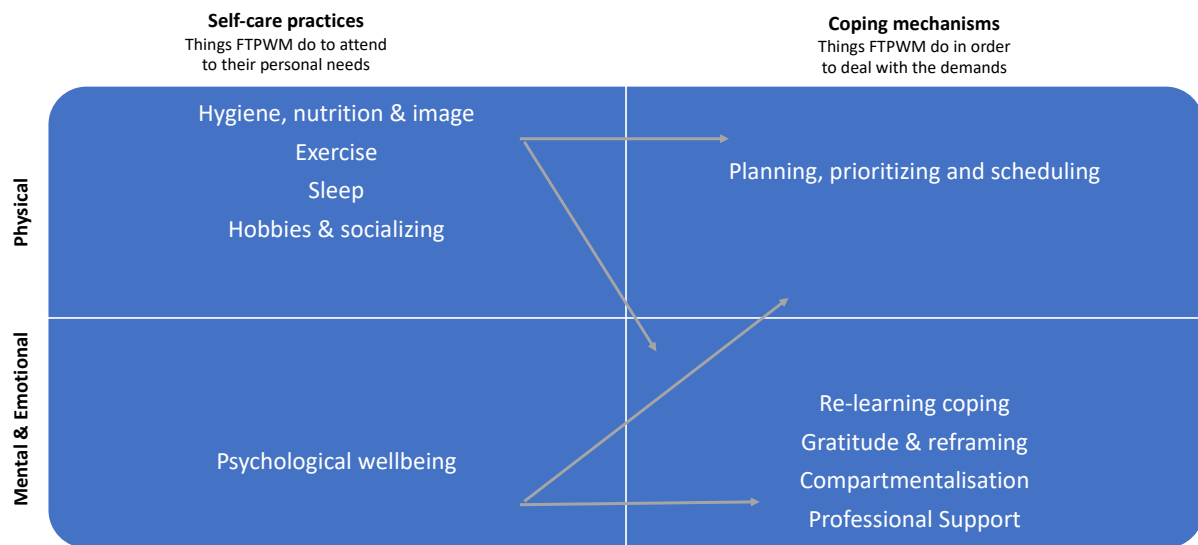


Figure 10: Interplay between self-care and coping

Emily: And that's great [fitting in self-care], because by the time you're finished, you feel amazing.

Amy: It's not like every day is difficult. I'm trying to think, like after my dinners, the once-a-month dinner with the mates, I do find I come back quite energised ... Yes, so just coming home and being a bit energised is, I guess, something I would talk to ... Fill the cup, yes ... It's the reserve tank, you know.

Chelsea: I would say more, being more resilient now ... Social and exercise and whatever goals and so on, and it might sound obvious, but for me to have a happy life, I need to make sure that each one of those are being met. ... And then also try to ensure that, you know, there's these things that I'm doing that make, that make my happiness sustainable, my self-care, my ... yes, that makes sure that I'm looking after myself.

Candice acknowledged that there was more that she could be doing for herself – things that she enjoyed, in order to help her cope:

Candice: But I think in terms of coping, I could be doing a lot more for myself, you know, doing something that I enjoy, but that's on my own.

Insufficient self-care in relation to what they wanted or needed, exacerbated a sense of not coping. Although participants were aware of the influence of self-care on their coping, Candice, Amy, and Chelsea also spoke about the impact that not practising self-care had on them.

For Candice, the lack of self-care ultimately resulted in insufficient quiet time and introspection, which left her feeling frustrated. Her repetition of *no quiet time* may be an attempt to remember its importance, or a recognition of the conversation being an opportunity for reflection and introspection. Interestingly, she used the word *absence*, which gives the impression of absoluteness versus *lack*, which indicates not having enough.

Candice: ... the biggest absence of those self-care practices is the fact that there's no, like, quiet or no introspection time ... I think I still cope well ... But I have recognised that I need to be taking more time for myself, because I get a bit frustrated.

Food and exercise played an important role in Emily's self-care and the lack thereof had a profound effect on her perceived coping:

Emily: Not having time to, I don't know, eat properly, sometimes makes you feel like you're not looking after yourself and, um, and therefore not coping, I guess. You feel like you're not ... sinking and not swimming, kind of thing.

On the days that she exercised, she felt that she was coping, even if she had not managed to make dinner. Whereas, on the days when she did not exercise, she felt like she had not accomplished anything, even if she had managed to make dinner.

Emily: But sometimes if I decide not to do that [exercise], it's actually the worst, because then I don't get anything done.

Emily further spoke about the impact that a lack of exercise had on her anxiety and the effect of her anxiety on her appetite and physical appearance. This knock-on effect illustrates the relationship between self-care and coping, which could be seen as either a virtuous or vicious cycle, depending on the presence or lack of self-care, respectively.

Emily: I went to the doctor. Well, she said, 'No, you're suffering from anxiety. Here's something to take.'

Yes, I think exercise was quite a big part of my life before I had a baby and I think that was one of the reasons why I slipped a bit into a super anxious state towards the end of my baby's first year [voice cracking] and it was just ... yes, that this period when I was at home and the lack of exercise. That just, I just felt like I wasn't dealing with it very well; so, that was quite a difficult time.

Yes, I mean, it [not practicing self-care] definitely contributes to my anxiety, I think. Um, it just makes me feel less in control and I guess that makes me feel like I'm not coping.

Amy also mentioned the importance of exercise as a preventative measure for her headaches:

Amy: When I exercise, I don't get as many headaches; but when I'm working very hard, I don't exercise as much.

4.3.5.4 Challenges and enablers of self-care

Unsurprisingly, the lack of the resources such as time, energy, money, and support were named as a challenge for self-care, while a presence of these same factors provided opportunity for self-care. More often than not, with the exception of money, participants shared experiences around the challenges they experienced. Routine was another enabler to self-care, but participants often found themselves falling out of routine due to various factors. They further struggled to make self-care a reality, as a result of the invisible hierarchy. Although they yearned longingly for it, participants did not manage to honour their self-care needs as often or with the consistency, they would have wished for.

Of the resources that influenced their ability to self-care, time and energy were identified as significant and to a lesser degree, money. The strain on time was a result of managing childcare, running the home, and working. Energy related to their lack of sleep, or poor quality thereof, as well as the strain of being thinly spread, which is where support played an important role.

Support from others was intertwined with guilt of spending time away from their child, as participants felt that between work and home, if they were not at one, they needed to be at the other. Although participants acknowledged the importance of childcare support to free up time for them to practice self-care, they were reluctant to leave their child with others in order to practice self-care. This may be because they felt primarily responsible for the care of their child and guilty when requesting help. Emily's statement below offers a glimpse into this ambivalence participants felt around self-care:

Emily: I used to be quite into mountain biking ... then go drive slowly back home and it would take the majority of the day ... when I'd get to work on a Monday after a weekend like that, I just feel like I've done something, and yes ... That has completely not happened anymore. I don't even really want to do it ...

❖ *Lack of time and energy as a challenge for self-care*

Participants experienced a lack of time and energy in terms of self-care. They attributed this primarily to the increased load and lack of sleep, respectively. It is also an indication of their lack of prioritisation of themselves due to the invisible hierarchy and guilt they feel when they practice self-care.

For Chelsea, a lack of time for important self-care activities related to her independent-self identity, posed a significant challenge:

Chelsea: Um, so I enjoy journalling, I enjoy reading, I'm very crafty and all of those things I enjoy doing alone and in quiet. So, it's very difficult to do.

I like to have goals set of myself ... that put purpose in my life and it's something that I found doesn't really just ... I can't just sit down and go, 'What are my goals?' It's something that, kind of, comes after a while. So, it's tricky to put a ... it's tricky to put a time limit on ...

Both Chelsea and Emily also expressed the lack of time to practice regular, day-to-day self-care:

Chelsea: Um, and you don't have to use, like, a two-in-one shampoo-conditioner, because you've [not] got enough time to do both.

Emily: ... but it stresses me out, because I don't really feel like I've got time to do it.

Participants expressed that as a result of this time deficit, they were constantly rushing without an opportunity to slow down, stop, or reflect, as they felt that they needed to be available for their child at all times, as with 'intensive mothering'.

Emily: Ummmm, I don't know. I wonder if life isn't a bit of a mad rush between this, that, and the next thing ... It just feels like it's go, go, go, the whole time.

Chelsea: [Short pause]. Well, since becoming a mother, you, kind of, end up being on call all the time ... last year was pretty tough and, you know, there wasn't really an opportunity to ever stop.

Candice: I've been for, like, a spa treatment or something like that and I think I've definitely enjoyed it, but I always have this, like, feeling that I need to rush and get home again.

Most of the participants called out work as a challenge, to varying degrees. For Shireen, working full time posed a challenge in not having time for self-care. Candice echoed this more subtly by indicating that when she was on maternity leave, she managed to exercise. Amy called out the demanding nature of her job as a culprit.

Shireen: Well, it's a challenge [for self-care] actually, to be working full time.

Candice: I don't exercise. I did. It was very good when I was on maternity leave ... I didn't feel that pressure that I was at work or, you know ...

Amy: I'd say time is, maybe, a challenge ... [long pause]. And I do think when you have a demanding job, it becomes a challenge.

Emily: So, I do get a little bit of exercise in once a week, I would say, so... I don't wear any heels. I do get ... do my hobbies, but it stresses me out, because I don't really feel like I've got time to do it.

Tiredness or a lack of energy also played a significant role in participants' inability to practice self-care.

Chelsea: ... because I didn't really sleep and eat ... you kind of don't realise, 'hey, you're not going to have enough energy to do this thing' ...

Because who the hell realises it takes me so much effort to read ... Nobody really thinks like that, but in essence, you know, your ability to do other things is completely, yes, wiped out.

Emily: It's just that I don't have the energy ... So, I try to force myself to do that. Little pieces of exercise whenever I can, even if I'm not feeling that great. I'm tired, but let's go for a walk ... You don't have to run.

Amy: Um, I haven't read much, because I'm exhausted. When I have a free moment, I ... when I have a free moment, I would rather sleep than do anything else.

The idea of driving out somewhere and putting on some clothes and getting back and it being, like, eleven o'clock [at night] is, like, 'What? I have to go to work tomorrow and my child may not sleep tonight.'

Amy's narrative carried this theme strongly and her description of being almost chronically tired and her body not knowing that it could relax, offer a perspective into possible physiological aspects of motherhood that may contribute to exhaustion and its impact on caring for self.

Amy: ... you're going through the next three or four years of your life, like, constantly fatigued and even when you do sleep through the night, it's like your body didn't know that it could relax. You still wake up tired ...

In some instances, the participants' lack of energy impacted on their use of time, which resulted in lack of planning for, or poor effort and commitment to self-care.

Amy: And I feel like I could do anything if I wasn't tired as well ... The sleep deprivation does add a layer of complexity ...

We don't plan ... You just don't have the energy to sit and plan and have those conversations.

Emily: So maybe it's the lack of commitment or energy to plan it. That would be an enabling factor, if you just plan it and commit.

❖ *Falling out of routine as a challenge to self-care*

Curiously, routine appeared to play an important role in terms of making self-care a reality, as several participants spoke about falling out of routine with self-care. This indicated that participants preferred rhythm or schedule, which may be an attempt to bring predictability into their often-unpredictable lives since becoming a mother. Planning, prioritising, and scheduling were also important coping mechanisms, which signified certainty and structure, juxtaposed with the chaos of motherhood.

Although most participants credited busy-ness, logistics, and simply forgetting as reasons for falling out of their self-care routines, it may also be as a result of the invisible hierarchy, where they place others' needs ahead of their own.

Emily: ... that I need to make sure that I get enough sleep; and then the second most important thing is exercise, which slips away the easiest, because you're always busy trying to do other stuff and organising your life around it, and it doesn't happen.

Candice: ... a while ago a friend of mine and I, for a few weeks, got into a rhythm of going to a Friday afternoon yoga class and it was great ... But, you know, then it was something came up and then we missed a couple of weeks and we just fell out of the routine.

Amy: Just logistics. Just, like, arranging with the nanny to be there on what day and yes, I find life kind of just carries on and then you forget [laughter].

Chelsea: ... because being at the office by six means getting up at quarter to four. So, there's a lot of ... it pushes time back in the evening. So, as soon as that starts going later, I'm more tired; so, it's quite easy to fall out of that time [routine].

There was also a sense of frustration at the effort of having to start again, once their routine was broken, which is visible in Emily's use of *Ah ... from scratch again*. This offers an indication not only of the physical effort, but more the emotional and mental resources required.

Emily: ... when I blink, then I've gone, like, two weeks without doing anything and then I'm like, 'Ah, now I have to, sort of, start from scratch again.'

Candice: So, I'm like, start every now and again, like, started with good intentions, but I've just not followed through.

The participants' accounts indicated a deep realisation of the need, and desire, for self-care, while simultaneously an impossibility of achieving it. Emily, Candice, and Amy's accounts indicate that this appeared to be a regular pattern between managing some form of self-care for a period of time and then falling out of that routine and feeling exasperated.

Emily: And then, whenever I go to the gym or I manage to do something, then I'm like, 'I really have to do this twice or three times a week,' and then the next week pops up and all of a sudden, you haven't gone for the week; but if you go again, then it's still okay, sort of thing.

Candice: And for a while again, got into a habit of getting up early in the morning, doing some meditation, having my coffee on my own, and it was great. And then I just pushed 'snooze' too many times and too many days in a row and then it all fell apart. But I think I'm very aware of my need for that.

Amy: And then it's [schedule] working and that's what I would stick to, but something will come along ... and before I really manage to recoup, the schedule is all over the place.

❖ *Support-facilitated opportunity for self-care*

The availability of support was a crucial determinant of the opportunity to practice self-care. All participants acknowledged additional support as important in helping them manage the demands of work and motherhood, and enabling their opportunity to practice self-care. Yet, simultaneously, they were mostly unable to practice self-care as often or consistently as they would have liked to.

Shireen: So, at the beginning, what I was doing is, I was getting Celeste to come and stay on Friday evenings so that I could go [to faith service].

Chelsea: That has been a massive improvement, just by doing that [getting help at home], because those ... the important things, in terms of looking after Zayn and myself, there's more time.

So that [self-care] time is guilt-free [because of the nanny]. You know, there's nothing at the back of your head saying you should rather be doing this [home care].

And it means that I ... it means that the times that I'm off my feet ... I'm able to just rest.

Shireen and Emily spoke about the absence of family in terms of childcare support.

Shireen: So, I don't have a choice ... because she has to be sitting with me at the front, because I don't have a family member there [at faith service].

Emily: I guess if we had more, uh, family in town, that would help quite a lot [with time for self].

Candice and Amy spoke about planning or scheduling (named as a physical coping mechanism) of support.

Amy: Well, because usually Damian and I could self-care any time we wanted, but now we must take turns, because one of us must watch her.

Closer examination of Candice's phrasing suggests, however, that it's not purely about planning and scheduling, but also about permission to take time for herself, while she has

childcare support, and without guilt. Her frustration could be viewed as self-directed, for placing herself at the bottom of the invisible hierarchy.

Candice: Because I, kind of, have this frustration that when I'm not working – I don't ever have childcare when I'm not working, so it's always one or the other, and I think it's just about carving out a bit more time for me.

Shireen recognises the need for support as an act of self-care. Other participants did not call it out as she did – they linked it more to coping and the importance of support.

Shireen: ... but one of the parts of self-care was by saying, 'I know I can't do all of this by myself ...'

❖ *Money as an enabler of self-care*

Even though money did not come up strongly, possibly due to the economic standing of the participants who had access to reasonable disposable income, most participants acknowledged it as an important resource and were cognisant of its role as an enabler.

Amy: ... but I do want to add that I think being a working mother, being able to even try to practice self-care comes with a certain amount of privilege. You know, the fact that I can afford to hire help is an indication of the amount of money myself and my husband earn. So, I do count myself very lucky that I have the money ...

I think a lot of moms who are less well-off, just don't self-care, because there's no time and there isn't enough money.

Chelsea's reflection on the implications of decreased income, had her company not been as supportive, echoed the sentiment of money as an enabler.

Chelsea: ... because that's, particularly for us, like, our bread and butter. So, I'm not sure how I would have coped, if that was just one other thing that I knew I ... they ... not, you know, I'm not performing, salary cuts, things like that.

Emily similarly appreciated how quickly costs can rack up:

Emily: ... also, getting a babysitter ... we've done that for nights out, but that can be exceptionally expensive, because it ends up dragging on and the time clocks over and then you have to pay transport and that sort of stuff.

Shireen, as a single mother and busy fighting a divorce battle, felt stressed by having to manage costs:

Shireen: So, as a single mom, it's really important for me to be financially stable, because I don't have another income to depend on in the home. And so, when you're on your own, life is a lot more expensive than when you have two incomes ... So, this is, sort of, in the back of my mind, a really big stress ... because I have to manage my everyday existence, so that I can still do the things I want to do for myself – for myself and also for Zoey – that are going to cost.

Money was not a big call-out for Candice, but it was one of the things in her pie-chart of a *million different things*.

Candice: Um, definitely work, home, family, friends, money, future. Yes, probably sums it up.

Importantly, the invisible hierarchy contributed to the challenges experienced with self-care, as it put participants at the bottom of their own priority lists. This may explain their lack of time and energy, which resulted in them often falling out of routine with self-care practices.

The final superordinate theme of this study explored self-care as an enabler to coping. Participants leveraged physical as well as mental and emotional self-care practices, which influenced their perceived coping. They further experienced multiple challenges in practicing regular self-care and limited enablers.

4.4 Chapter summary

This chapter presented the findings of the study through the superordinate and sub-ordinate themes that emerged through analysis of the data. In keeping with IPA, it is the most comprehensive chapter of this study. The superordinate themes and sub-themes are presented in an integrated way as a holonic diagram to explain what was found (see Figure 11).

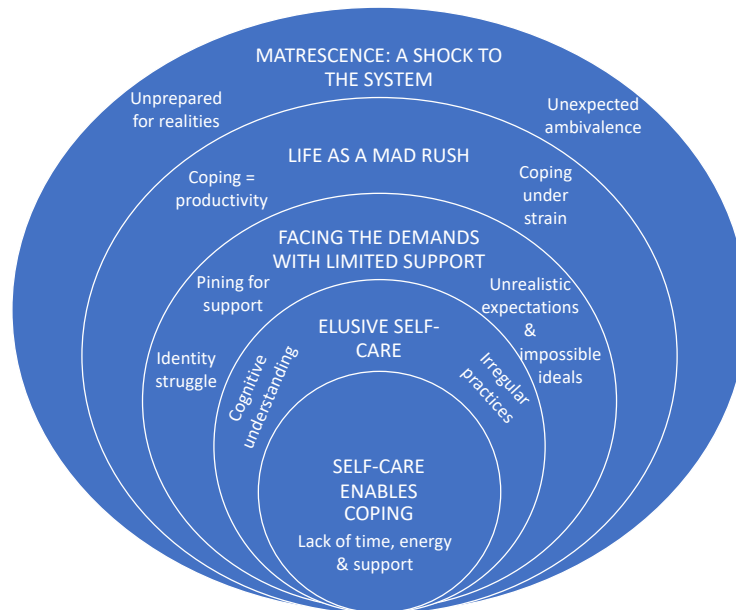


Figure 11: Holonic view of superordinate findings and sub-themes

A holon is something that can be seen as a whole by itself, as well as part of a larger whole, as is the case with the superordinate themes of this study. Each theme is a phenomenon by itself while simultaneously forming part of the phenomenon under study, being FTPWMs' experiences of self-care and coping. Matrescence left participants feeling unprepared and ambivalent. This overwhelmingly resulted in them focusing on productivity in order to cope, despite their experience of multiple sources of strain. Participants felt somewhat isolated in their experiences dealing with the demands of work and motherhood, with its impact on their identity, and the unrealistic expectations and impossible ideals, while pining for support. The shift in identity and the invisible hierarchy resulted in regular self-care being difficult to achieve, despite their understanding of its value and its influence on their coping.

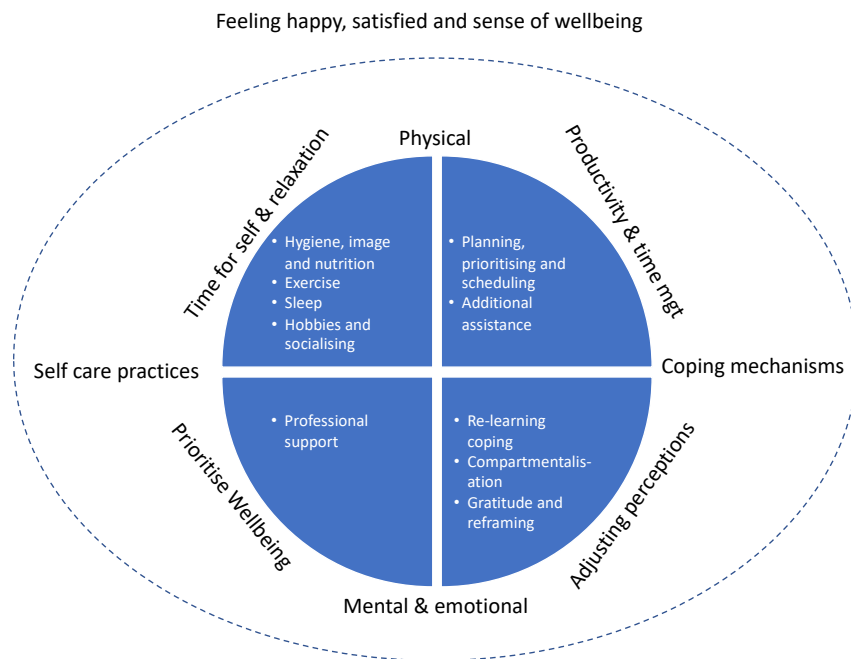


Figure 12: Summary of findings on self-care and coping

Figure 12 illustrates how the findings of this study come together with regards to self-care and coping, based on the analysis of the data. Coping mechanisms and self-care practices were categorised as either physical, or mental and emotional. Coping mechanisms were grouped as either focused on productivity and time management, or around adjusting perceptions. Self-care practices focused on relaxation and time for self or professional support. Ultimately, both coping and self-care were associated with feeling happy and a sense of overall well-being.

The next chapter discusses the findings in relation to extant literature, identifying areas of confirmation or disconfirmation.

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.1 Introduction

The purpose of this multi-case study was to explore with a small sample group of first-time professional working mothers (FTPWMs) their experiences of self-care and coping. It was hoped that that this would provide a better understanding of how FTPWMs' perceptions of self-care and coping, which could assist in better supporting expectant and future professional working women, prepare for and navigate the transition to motherhood.

The research used interpretative phenomenological analysis (IPA) to collect qualitative data through in-depth interviews and pictures that participants drew of how they saw themselves coping with the demands of home and work. Participants comprised five professional working women living in Cape Town who were first-time mothers. The data was analysed case by case where emergent themes (experiential statements [ESs]*) were identified. These emergent themes were then clustered into superordinate and sub-ordinate themes (personal experiential themes [PETs]*). During cross-case analysis group superordinate (group experiential themes [GETs]*) and sub-ordinate themes were identified. These informed updates to the conceptual framework, as depicted in chapter 6.

[*Note: during the course of the study a new edition (2021) of the book on IPA was released by Smith et al. One of the benefits of the new edition was valuable updates to terminology that better describes the process of IPA. While this paper still uses the first edition, the updated terminology is used in brackets from this point forward].

The primary research questions of this study were: What are the experiences of first-time professional working mothers with self-care and coping?

The following sub-questions guided the analysis:

- a) How do FTPWMs understand coping?
- b) How do FTPWMs understand self-care?
- c) How do FTPWMs make sense of the relationship between self-care and coping?
- d) What enablers and constraints do FTPWMs experience?

Sub-questions are secondary in IPA (Smith et al., 2009) and served as prompts during the semi-structured interviews and to organise the presentation of findings (chapter 4) after data analysis had taken place. Analytical categories in this chapter are linked back to superordinate themes (GETs) and the connection to research sub-questions is shown as a way to help the reader organise and make sense of complex data.

The previous chapter presented findings across multiple cases from this study into superordinate and sub-ordinate themes (GETs) to bring the reader close to the participants' experience. This chapter aims to provide the interpretative insights into the findings to provide a holistic understanding and integrated picture. To this end, participant accounts are referenced and where necessary, key words or phrases are used instead of repeating verbatim excerpts.

The discussion considers literature on working mothers, self-care, and coping, previously cited and introduces relevant, new literature as the interviews and analysis delved into unanticipated areas (Smith et al., 2009). Smith et al. (2009) recommend that this introduction of new literature in IPA be selective rather than exhaustive. The new literature for this section focuses primarily on: (a) matrescence, (b) the Gestalt cycle of experience as put forth in Wyley (2014) and its applicability to the findings of this study; (c) the concept of happiness that emerged from the findings; and (d) an IPA study (Du Toit, 2013) on the self-support of new mothers, along with other relevant references from these sources.

The chapter is structured by first presenting a summary of what was found, based on the development of analytical categories from the findings, followed by an engagement with the literature.

5.2 Summary of findings and development of analytical categories

Upon close and critical examination of the findings and the themes within and across cases, four analytical categories became evident, namely: (a) the disconnect between expectations and realities of new motherhood; (b) the impact of the stalled revolution on FTPWMs' self-care and coping; (c) the effect of ignoring self-care; and (d) the role of time, energy, and support. To help the researcher and reader make sense of the developing narrative of this study, these were linked back to superordinate themes (GETs) and their respective sub-themes, as depicted in Table 34 below.

Research Question	Finding Statement (I found this)	Group Experiential themes	Analytical categories & sub- headings
What are the experiences of FTPWM with self-care and coping?	Most of the participants (4 out of 5) stated that they were not fully prepared for the mental and emotional reality of motherhood and experienced unexpected ambivalence	Matrescence: a shock to the system	Disconnect between the expectations and realities of new motherhood - Baby, baby, baby - Telling the truth about motherhood: the good, the bad and the ugly - The impact on matrescence and identity
1. How do FTPWM understand coping?	All 5 participants focused on productivity as a way in which to deal with the demands of home and work to the detriment of their self-care. Most participants (4 out of 5) expressed that they were not coping.	Life as a mad rush	The impact of the stalled revolution on FTPWM's coping and self-care - The imbalance of responsibilities in modern-day motherhood - Self-care & coping: productivity vs recovery * Self-care enables recovery * Self-care is associated with wellbeing * The effect of ignoring self-care * Coping, happiness and wellbeing
2. How do FTPWM understand self-care?	All 5 participants indicated that tending to their own needs was important. Most participants (4 out of 5) reported irregular self-care. Three of the five participants (60%) had enlisted professional / medical as part of their self-care.	Elusive self-care	
3. How do FTPWM make sense of the relationship between self-care and coping?	All 5 participants cited self-care as an enabler to coping and indicated that lack of self-care led to poor coping.	Self-care as an enabler to coping	The role of time, energy and support in self-care and coping of FTPWM - Time vs energy - The importance of support
4. What support/enablers and constraints do FTPWM experience?	All 5 participants experienced significant constraints and limited enablers in dealing with the demands of work and motherhood. They referenced the need for support from various sources within their home, work and broader societal contexts.	Facing the demands/challenges with limited support	

Table 34: Development of analytical categories for discussion

The analytical categories of this study involve the mother inasmuch as they involve others within their personal, social, and professional lives. A good amount of time was spent trying to understand the bigger picture and what was truly going on.

Further focused enquiry resulted in the discovery of the study by Du Toit (2013), which explores the experience of self-support in first-time motherhood and references other relevant literature that illuminates the findings of this study, either in support of or in opposition. Du Toit (2013) is, therefore, used as a primary source within the discussion, which is supported by Smith et al. (2021), who recommend that it is valuable in IPA studies to draw links with other experiential research. During the literature review stage, studies on IPA, as they relate to mothers, were not easily found. It was encouraging to have found Du Toit's study, which is also located within the South African context, albeit with a different demographic and a somewhat less homogeneous group.

5.3 Engagement with literature

5.3.1 Disconnect between expectations and realities of new motherhood

New motherhood is more complex than expected. Participants experienced unexpected ambivalence and were overwhelmed by their experiences, whereas they had expected a primarily positive one, which is supported by Sacks (2017). This disconnect may be attributed to the intensity of baby-focused resources, and the absence of honest, reliable information about the realities of motherhood. These result in intensive mothering to the detriment of the women's sense of identity and overall well-being.

Sacks (2017) suggests that ambivalence is a feeling that comes in roles and relations that a person is most invested in, such as motherhood, which supports this study's findings. Sacks recommends getting comfortable with the discomfort of ambivalence that comes from the opposing feelings of wanting to be with the child and wanting time away, which participants struggled to do.

5.3.1.1 Baby, baby, baby

Preparation for motherhood is largely focused on pregnancy and childbirth, and on the needs and development of the child, and not of the new mother. One need only look at historically popular titles such as 'What to expect when you're expecting' (Murkoff et al., 1984), 'Pregnancy sense', 'Baby sense', and other titles within this range by Meg Faure in collaboration with other South African industry experts – or step into a book shop. The majority of the resources are focused on the baby. Why is there not a 'Mother sense' book? Or other

popular titles that help women understand what to expect when it comes to being a mother versus having a baby? Mother-focused literature, although growing, is sparse in comparison.

‘The postnatal depletion cure’, a book by Dr Oscar Serrallach (2018) focuses on women’s return to well-being after childbirth. The word ‘return’ itself normalises the experiences of women from this study. The book describes the immense impact on women physically, emotionally, and mentally up to seven years after birth. More books and other resources like this are necessary, as they provide more realistic and accurate reflections of women’s experiences of motherhood, in addition to women being honest about it.

5.3.1.2 Telling the truth about motherhood: The good, the bad, and the ugly

Women have been found to lie to themselves and to others about the experience of motherhood. Participants’ experiences indicated that motherhood is portrayed as a romantic experience filled with love and cuddles and the challenges are rarely shared; and if they are, they are minimised in relation to the positive experiences. These notions are further engrained in society and by media, which perpetuates the disconnect between first-time mothers’ expectations of motherhood and the reality they encounter.

Our social constructs, heavily influenced by gender-role stereotyping, pass on from generation to generation. Participants carried ideas and ideals of what it meant to be a ‘good mother’ but could not explain the origin of these. There is a story of the Sunday family lunch where a tradition of cutting off the sides of the roast was passed down through the generations. Curious, and not satisfied with the response that is the way that is has always been done, a young woman enquires deeply about the tradition, only to discover that many generations ago, the pan and oven were too small and so they cut the sides of the roast. Similarly, ideals of motherhood have remained entrenched through many generations with women learning from their mothers and other women’s experiences of motherhood, and internalised societal expectations, while the modern world has shifted. Sacks (2017) supports this view and further states that this informs a woman’s fantasies she may have about her baby and herself as a mother. They state that, in addition to comparing themselves to other mothers and their own fantasies, women also carry guilt and shame about not being a good enough mother, compared to ideals.

The findings of the study indicated motherhood to be a prized and precious identity. This is supported by the work of Stryker (1980) and McCall and Simmons (1978). The value attached

to the mother-identity may be a contributing factor to mothers sharing only positive experiences because of fear of failure and shame, and other women accept this without question. And so, even though we have progressed into a more modern society with women playing a more active role as earners, their internalised expectations around experiences of motherhood are generations behind. Due to this internalisation of external, societal narratives around motherhood and the salience of the mother-identity, modern-day women find themselves striving toward impossible ideals as mothers.

Furthermore, the findings of this study indicated that FTPWMs struggled with support with home care and childcare. Women today live in a different context and environment than two, or even one, generation ago. Pre-industrialisation women were primarily responsible for unpaid work related to childcare and home care. Today, women are fulfilling the role of earner and nurturer with less support than their foremothers had and in a more technologically advanced, yet more complex world and environment. The demands on women are high and yet, the focus regarding new motherhood remains on romantic notions of love and joy.

The findings further indicate that FTPWMs felt unsupported and alone in their experiences. As part of westernisation, our lives have become individualistic. In the absence of extended families with the support of elders who could guide new mothers and share their experiences, women are turning to social media apps, such as Instagram and Facebook for support. While these narratives may offer more realistic perspectives, the content is often driven by 'popularity, clicks, and followers'. Although such content may be useful in 'normalising' experiences of new motherhood, it could also intensify feelings of overwhelm without providing avenues for support (more in the section on support). Furthermore, useful advice and content offering support can get diluted. An example is a South African Facebook, by-invite group, called The Village, which has at time of writing 48,600 members. Even though moderated, content ranges from new motherhood to requests for advice on issues with raising teenagers. Furthermore, one needs to spend time, a precious resource for FTPWMs, trolling through content and encouraging an external focus (projection) of the experience of motherhood. There is also mom-shaming and bullying that play out in these spaces, which may be counter-supportive.

Media, marketing, and advertising play a significant role in perpetuating the disconnect between expectations and realities of motherhood, and reflecting gender stereotypes. Adverts

target mothers, primarily to sell baby-related products and offer romantic depictions of motherhood, or concerned mothers, for example, in the case of a sick child, which women internalise and give in to, resulting in intensive mothering.

5.3.1.3 *The impact on matrescence and identity*

Participants experienced the transition to motherhood as jarring. Their struggle with the transition left them feeling alone, as though their experiences were not normal. Sacks (2017), a reproductive psychiatrist, was concerned by the number of female patients who sought support believing that they may be suffering from post-partum depression and often in today's modern world of overwhelm they could easily be misdiagnosed. However, Sacks argues that discomfort is not the same as disease and notes a lack of literature on the psychology of motherhood in medical texts, as it focuses on disease. Furthermore being told that they were not clinically ill did not appear to offer comfort the patients. Sack's (2017) research into the transition led to the discovery of an out-of-print essay written in 1973 by anthropologist Dana Raphael, who referenced the term matrescence used to describe the process of becoming a mother (Sacks, 2017). Sacks also came upon psychiatrist Daniel Stern's 1990s publications that illustrate that becoming a mother was not only an identity shift, but also a significant physical and psychological change for women.

Sacks (2017) suggests that mothers experience an emotional tug of war during matrescence. Oxytocin pulls her mind towards her child and makes the child the centre of her world, while simultaneously she finds herself pushing away as she remembers all the other parts of her identity. They argue that women do not understand this to be a natural part of the transition process – for various reasons – and therefore think that something is wrong which supports the findings of this study. Sacks encourages talking about the transition process more openly and normalising the experiences of mothers.

Sacks' views further support the findings of this study which indicate that insufficient information and transparency about matrescence may contribute to new mothers' experiences and the disconnect between their expectations and reality. This section illustrates how the baby-centred focus and romantic ideals about motherhood impact on the *invisible hierarchy* and the women's identity. This impact on identity is supported by Daniel Stern's publications in the

1990s, ‘The motherhood constellation’ and ‘The birth of the mother’, which explain how the birthing of a new identity can be equally as demanding as birthing a child (Sacks, 2017).

FTPWMs use phrases like ‘*a shock to the system; don't realise; until it comes; big shock; huge change; very hard*’. This may be related to the lack of honesty around the impact of motherhood on women or it could be a manifestation of participants’ resistance to change and wanting to hold on to their ‘old’ lives. Participants felt consumed by their new mother identity to the extent that they expressed a sense of having a ‘lost’ or ‘forgotten’ part of themselves, which was linked to their independent-self identity. Participants felt out of touch or distanced from this part of themselves as a result of the prominence of the mother identity in relation to their other identities, which results in what the author has termed the *invisible hierarchy*, as supported by Stryker (1980). McCall and Simmons (1978) also suggest that individuals claim more than one role identity and that these may be internally arranged within a hierarchy (Stets, 2006). Horne et al. (2005) describe a similar phenomenon in relation to roles, asserting that new motherhood, although a meaningful role, may supersede other meaningful roles.

Rubin (1967, cited by Du Toit, 2013) proposed that during the stages of MRA, just before moving to full identity development, a mother would introject witnessed behaviours, project what these behaviours mean for herself, and reject behaviours that do not resonate. These stages of conceptualisation (introjection, projection, and rejection) are resonant with resistances in the Gestalt cycle of experience. Gestalt (Wyley, 2014) believes resistance to be part of change and not something that is outside of the process and hence, resistance (staying the same) is viewed as a polar opposite to change (newness). Perls (1942), in his publication ‘Ego, hunger and aggression’ put forward several psychological resistances that interrupt the healthy functioning of individuals. Clarkson’s (1989) subsequent work mapping resistances to the various stages of the cycle of experience is a useful tool for briefly examining how participants’ resistances emerged in this study.

Resistance	Description	Result / how it shows up	Examples from this study
Desensitisation	Too much data/stimulation Ignore pain and discomfort	Blocks new sensation and experiences 'Can't feel it'	As result of the unexpected realities and overwhelming nature of the experience, they ignored their sensations of tiredness, strain; therefore 'stuck' in the experience of overwhelm, which remains figural, blocking or limiting possible experiences of joy
Deflection	Our own awareness becomes too uncomfortable We deny, make jokes, change the topic, etc.	Provides a diversion with possible opportunity to return with new energy 'Don't want to go into it'	Nervous giggle of Emily when conversation / topic felt too intense or emotional
Introjection	Uncritically accepting external standards	Prevents growth and change through accepting expectations of authority figures and society 'Rooted in past overwhelm'	Participants' drive to maintain externally defined expectations and the pressure they put on themselves and experience guilt when not meeting expectations
Projection	Disowning aspects of self while crediting it as attributes of others	Give up power and possibility for action 'Blame / point to others as having power'	Admiration for nanny / other mothers
Retroflection	Withdrawal, shy away	Protect self in face of danger or oppressive forces 'Shy away and suffer'	Not recognising and / or asking for help. Doing it by themselves to the detriment of their well-being
Egotism	Focus on self and not taking in the environment or role of others	Refusal to change, even based on valuable learnings 'I am fine / like myself as I am'	Primarily focused on self-support with limited consideration / action toward leveraging support from others; trying to keep up the illusion that they are doing fine / coping

Confluence	Unable to let go and put something behind us	Prevents sensations from next cycle of experience 'Don't let go'	Holding on to 'old life' or pre-motherhood identity
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Table 35: Resistances in the participants' cycle of experience

Resistances have positive and negative aspects, which either stabilise or prevent destabilisation, or inhibit healthy functioning through habitual and unconscious use, respectively. Resistance in this context is not considered negative or bad; it may serve a purpose, e.g., a participant's nervous giggles may be a quick deflection from the conversation when it, or her awareness of her emotions became too intense for her. Anecdotally and without further analysis, common resistances noted during engagement with participants were introjection and projection, which are supported by Rubin (1967).

Introjection prevents growth and change through uncritically accepting expectations of authority figures and society. For participants, these presented as internalised ideals of gender-based roles from media, society, and possible reference to their previous experiences and observations of mothers and mothering. During projection, people give up power and possibility for action by crediting or blaming others. Participants' examples here mostly credited others with power and possibility (admiration of the nanny who seems to cope well and have it all together) while blame was limited and often referred to instances indicating a lack of support. FTPWMs can benefit from raising their awareness of their needs in comparison to the needs of others during the cycle of experience, and consider how they work through resistances and meet their needs in an effective manner.

The finding related to 'lost' or 'forgotten' selves is supported by Lazarus and Folkman (1984), whose research suggests that as part of their coping, mothers go through a process of deciding whether a situation is stressful or not, and will experience grief over parts of their previous identity that they lose (Du Toit, 2013), which is not attuned to motherhood. Gestalt, as a needs-driven theory of human engagement, suggests that our behaviour is determined by either an internal need or an external demand (Wyley, 2014). The internal need results in a search in the environment to satisfy the need, while the external demand results in a need to respond. For FTPWMs:

- a) The internal need may be acceptance of their new identity or acknowledgement of their performance within this new role, which results in them scanning the environment for affirmation.
- b) The external demand may emanate from their child's need for comfort and security, or the unrealistic expectations and impossible ideals of society, which results in the response of intensive mothering or motherhood martyrdom.

The concept of the *invisible hierarchy* is supported by McCall and Simmons (1978), who state that when an identity is threatened (driven career women vs nurturing mother) in a situation. For example, when others do not support the role enactment, negative emotions (guilt) arise that leads to the person trying to eliminate the negative feeling and pain associated with the disconfirmed identities (career women / independent-self identity), which may explain the sense of 'lost self' participants expressed. Alternatively, when interactions go well, relationships are strengthened and engrain the individuals' respective prominence hierarchies (being a 'good mother' and value placed on mother identity). This is also supported by McCall (2003) in their case for self-identification ('me') and self-disidentification ('not me') as positive and negative polarities of identity. Their study on how identity changes ('not me' can become 'me') through role transitions is congruent with the Gestalt's concept of the organism ('me') and its environment ('not me') and Gestalt's paradoxical theory of change, which states that change is about the tension of polar opposites (staying the same or changing) (Wyley, 2014).

In addition to ambivalence, FTPWMs experience guilt – a key source of which was living up to and the internalisation of external expectations. This is supported by Stryker (2004) and Burke (2004) who focus on how emotions influence and are influenced by role behaviour in social structures. It may be viewed as follows in the context of mothers: positive emotions (joy of motherhood) will lead to role behaviour that confirms an identity; and role behaviour that meets cultural norms ('good' mother) will produce positive emotions (feeling affirmed in the role of mother). Stryker (2004) indicates that intense emotional responses (guilt) that emerge when role partners behave in a way that is unsupportive to an identity (independent self or career woman), the intense and uncontrollable emotion works to maintain identities, commitment, and the prevailing salience hierarchy, i.e., the *invisible hierarchy*, where mother identity is placed at the top and independent-self falls to the bottom. Using Burke's additional

factors that impact emotions, i.e., the frequency and source of identity disruption, one could hypothesise that FTPWMs experience more intense negative emotions (guilt) because their work-identity or independent-self identity is being disrupted by a significant other (child or partner).

Participants illustrated the use of the prominence hierarchy, with the mother identity at the top as enduring across situations and over time. There is an opportunity to leverage salience-based hierarchy, which allows for a shift in how the hierarchy is arranged based on what is figural at any given point in time. This is congruent with the Gestalt cycle of experience approach.

The magnitude and all-encompassing nature of the transition to motherhood has a life-changing impact on participants' identities. It is unclear whether Rubin's (1967) conceptualisations of motherhood support the findings of this study, as there was no obvious evidence of stages in participants' journeys toward MRA (Darvill et al., 2010). What was evident, were instances of introjection and projection, but these are more aligned to Gestalt resistances to change than Rubin's stages of identity development. The findings of this study in relation to identity are better supported by Mercer (2004), a student of Rubin, who argues that becoming a mother is more complicated than Rubin's conceptualisations. Mercer proposes a change to the term MRA, to becoming a mother (BAM), reasoning that it is a life-transforming experience with the commitment to growth, development, and new self-definition, which supports the findings of this study.

Mercer (2004) further states that disruptions in the mother's self-confidence and belief in her competence as a mother while influenced by different variables, ultimately lead to constant shifts in maternal identity. While the findings of this study cannot conclusively support the ongoing shift in identity, there is evidence of factors that influence mothers' belief in their competence in this new role and identity, where participants questioned their performance in the role and compared themselves with others.

The findings indicate that different standards appeared to exist for mothers and fathers who work, and women grappled with the concept of being a 'good' mother, its origins and its internalisation in modern-day motherhood. This is supported by Wallace and Young (2008), who state that the expectations of being a 'good' mother and wife are very different than the

roles of being a ‘good’ father and husband. The expectations of motherhood usually conflict with work roles, whereas for fathers they coincide (Wallace & Young, 2008).

Participants also tended to assume the key accountability for childcare and when their partners engaged in childcare, it was providing assistance versus taking accountability. This is supported by the literature, which indicates that men’s involvement in invisible cognitive and emotional tasks take more of a helper / assistant role instead of taking responsibility (Dugan & Barnes-Farrell, 2020; Hochschild & Machung, 1990). Participants further indicated that their spouses seemed oblivious to their challenges, despite them claiming fairly egalitarian relationships. Entire papers have and can be written on feminism and gender inequality in relation to motherhood and modern society. However, for the purposes of this paper, we maintain a key focus on exploration of the phenomenological experiences of participants’ self-care and coping.

The Gestalt paradoxical theory of change (Wyley, 2014) suggests that embracing their new identity is paramount to mothers’ continued happiness. ‘Happy’ was a word participants used when talking about coping and self-care, which is discussed further on in this chapter. In summary, if the larger societal structures of the identity standard value or favour women as mothers versus workers, then the status quo will remain fairly entrenched, as noted in chapter 2.

5.3.2 Impact of the stalled revolution on FTPWMs’ coping and self-care

Women automatically take on primary responsibility for childcare and home care within their households. New mothers focus on productivity as a coping mechanism to the detriment of their self-care. They experience limited opportunities for rest and recovery, due to the strain on their time and energy resources and a lack of effective support.

Despite their intensive efforts to be successful as mothers and career women, FTPWMs feel like they are not coping well. This is supported by Hobfoll’s (2011) conservation of resources (COR) theory, as they strive to obtain, retain, foster, and protect their child, their career, their mother identity and to a limited degree, their independent-self identity, without opportunity for recharge.

5.3.2.1 Imbalance of responsibilities in modern-day motherhood

FTPWMs struggle for equitable sharing of roles within their households, which leave them shouldering primary and inequitable responsibility for childcare and an increased load for home care, while maintaining the same degree of accountability as an earner. In comparison, it appeared that their partners' lives proceed as before, without as big an impact. Furthermore, their partners seem to view childcare as part of women's primary role. This is supported by Dugan and Barnes-Farrell (2020), who observe that with the arrival of a child, division of labour becomes more traditional and gendered.

The increased load left women strained in terms of time, energy, and support, while they focused on productivity and without sufficient opportunity for rest or recovery. This is supported by the literature (Dufu, 2017; Dugan & Barnes-Farrell, 2020; Hochschild & Machung, 1990; Peters, 1997).

The stalled revolution has a significant role in this cycle. Women have made, and continue to make, significant strides in the role of 'earner', including in fields historically thought of as typically 'masculine', like science, technology, engineering, and maths. Men comparably have not embraced 'feminine' roles, i.e., those involving home care and childcare, which supports the findings of this study (Friedman, 2015).

The findings of this study indicate that participants experienced challenges at work. Workplace policies did not cater for them as working mothers, and even where policies did exist to allow for flexible work, these were not practiced considerably nor consistently. Participants were expected to return to work after maternity leave, as though from a holiday, without appreciation for the life-altering shift they had been through. This is supported by the literature (Dufu, 2017; Dugan & Barnes-Farrell, 2020; Hochschild & Machung, 1990; Peters, 1997). Workplaces and other institutions (e.g., educational, religious, government) where gender stereotypes prevail, have not kept up with modern times in terms of policies related to pay, leave, job types and levels, etc. (Sandberg, 2013; Sujani, 2022). Workplaces were born during industrialisation and cater for men whose wives were at home caring for the family and the home. Workplace practices are not geared for two-parent earning families. More recently, progress is being made in these areas, boosted by outcries by women and lobby groups, using the power of social media to pressure for reforms. However, these are slow and women remain on the back foot, playing catch up, while mothers who also do paid work outside the home continue to live with the overwhelm of an inequitable environment.

5.3.2.2 Self-care and coping: Recovery vs productivity

Discussions about coping and self-care may be likened to the chicken or egg conundrum of which comes first. How can FTPWMs feel like they are coping when they have no time for rest or recovery? How do they take time to rest and recover when they are already strained by the current demands on their time and energy?

The findings indicate that FTPWMs' lives were productivity-dominant without opportunity for rest or recovery; hence, they experience stress and strain. This is supported by Hobfoll (2011), who emphasises the importance of recovery or gaining resources.

Figure 13 indicates how FTPWMs generally view their coping, based on the findings. An opportunity exists (Figure 14) to shift this with an appreciation for rest, recovery, or even a small pause for reflection, which may assist with resource gain and thereby break the cycle being experienced. This is supported by Dugan and Barnes-Farrell (2020), who suggest that increased strain simultaneously intensifies the need for recovery and restrict recovery opportunities.

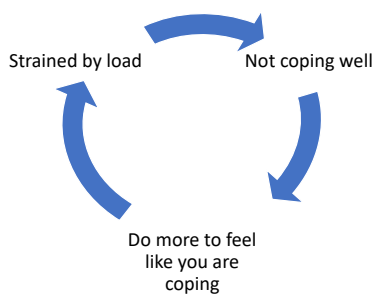


Figure 13: Vicious cycle between productivity and coping

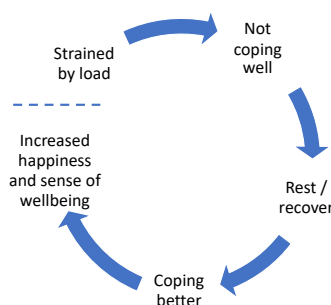


Figure 14: Virtuous cycle between rest/recovery and coping

The findings indicate that in their desire for or goal of leading a fulfilling life, participants associated coping with productivity and rest/recovery with self-care (see Figure 15). What if participants were to view this differently, in a way where leading a fulfilling life involved all these elements, but where the relation between the elements was somewhat more integrated, i.e., that they each contained aspects of the other to a greater or lesser degree. So, coping and productivity, although on the surface appear linked, both also contain rest/recovery and self-care, and vice versa – and that all four elements together contributed to the sense of feeling fulfilled.



Figure 15: How self-care and coping were viewed by participants



Figure 16: How self-care and coping may actually be connected

1.3.2.2 (a) Self-care enables recovery

The importance of self-care is understood cognitively by mothers, yet they remain unable to implement this practically. Barkin and Wisner (2013) support this and suggest that this awareness of the importance of self-care is conflicted by ideals around selflessness of being good parent. Regular self-care contributes to greater or perceived coping, but mothers find it challenging to establish regular practices, often falling out of routines, due to the salience of their mother identity and the *invisible hierarchy*. Mothers seek professional help to deal with the struggles they experience and may resort to medication or substances to help them cope, thereby treating the symptom and not the cause.

Participants described self-care as tending to their own needs, which is supported by Webber et al. (2013). The findings categorise self-care as either physical or mental and emotional. This is supported by the literature (Barkin & Wisner, 2013). Horne et al. (2005) state that productivity and leisure are also important contributors to well-being in addition to self-care and suggests that some time be spent on all activities on a *regular basis*. However, participants' experiences were productivity-heavy with limited opportunity for self-care and lack of

regularity was called out as a significant challenge (*falling out of routine*). Barkin and Wisner (2013) suggest that even sporadic self-care rendered women returning to their child in a more relaxed state. However, this may not necessarily contribute to a feeling of well-being, if not regular. This is evident with participants of this study who agreed that when they did manage to practice self-care periodically, they returned feeling better. However, these occasional opportunities did not contribute to their overall narratives and they desired regular self-care opportunities and practices.

The findings clearly indicate the association of self-care with recovery. Self-care often occurs during free leisure time, which participants reported limited opportunities for, due to constrained time and energy resources, which is supported by the literature (Barkin & Wisner, 2013; Crosby, 1991; Dugan & Barnes-Farrell, 2020; Hochschild & Machung, 1990; Horne et al., 2005). What is needed is actual (physical) time away from the pressure of roles that contribute to strain and related responsibilities.

The findings indicate that participants desired time away from family and home to enable rest and recovery. This is supported by Dugan and Barnes-Farrell (2020), who state that mothers experience time with their family as part of their role, where they are obliged to give care and attention, and did not lend itself to recovery.

The findings of this study indicate participants as being time-poor, which impacted their ability to tend to their needs. Horne et al.'s (2005) study supports this and indicates clear changes post-motherhood in how time is spent; in some cases, even basic hygiene may be neglected, while prior to having a baby, participants indicated involvement in self-care, productivity, and leisure (as noted in chapter 2), which is evidenced in participants' reported experiences.

5.3.2.2 (b) Self-care is associated with well-being

The findings of this study indicated physical, and mental and emotional self-care practices and coping mechanisms. McGowan (2002) recommends physical, mental, and social well-being/self-care. This study did not render a category of social well-being, although participants' reference to time with friends and desire for support from their environment may be seen as social self-care and well-being.

Despite limited reference to spiritual self-care and well-being, the researcher believes that the addition of this category adds value to the model and presents a fuller view of human needs. Interestingly, the participant who leveraged that spiritual self-care was part of her coping also reported coping better than other participants had reported. Although this could be attributed to the difference in her personal circumstances, it is unlikely, because as a single mother without family in close proximity, it is more likely that she faces additional strain due to the lack of support. This leads one to believe that her self-perception of coping may very well be influenced by other factors – in this instance, her spiritual self-care and well-being.

Interestingly, participants indicated that work was an important part of their coping too, not only a source of stress. This may be explained by Horne et al. (2005), who state that productivity is also an important contributor to well-being, in addition to self-care and leisure. Interestingly, when describing both self-care and coping, participants referenced feeling happy. But what is happiness? This is explored in the next section.

5.3.2.2 (c) Coping, happiness, and well-being

The conceptual model for this study expressed coping dichotomously as either coping or not coping, whereas the findings indicate coping as more of a continuum.



Figure 17: Revised view of coping in conceptual model

Participants found dealing with the strain and tensions of work and motherhood stressful, realised that they had limited internal resources (time and energy) and external support (from others), which resulted in them doing more, which exacerbates the stress of the experience. This is supported by Lazarus and Folkman (1984) who explain coping as a transactional process between mothers and their environments. Herbst et al. (2007) also support this transactional view.

Participants used the word ‘happy’ to describe what coping meant to them. Happiness assumes that the root of our existence is to maximise pleasure and minimise pain (Henriques, 2013). Kahneman (1999) explores objective happiness in terms of two systems: (a) actual here-and-now experience of the feeling (joy spending time with child); and (b) a reflecting,

remembering, and narrating system that decides how satisfied we are with the experience (joy experienced when recalling time spent with child, or freedom and satisfaction with pre-motherhood life) and uses that to decide what is good for us. Using these systems to assess participants' experience, one may notice that their actual here-and-now experience presents a tension between joy (of time with their child) and strain and overwhelm (of expectations and increased load), while their experience of recalling their pre-motherhood is presented as more alluring than their current experience. Although there may be actual differences in time and energy availability between their pre-motherhood and mother selves, this rationalised view of pre-motherhood times may also be contributing to the discontent and tension that participants feel regarding motherhood, which is supported by Kahneman (1999).

Building on this view and connecting with participants' expressions around *happiness* and *feeling content* leads one to believe that there may be something even more significant at play. Henriques (2013) argues that happiness is important, but there is more to well-being, suggesting that the emotional aspect and reflective components highlighted by Kahneman (1999) are components but that there are others, such as: (a) broader health and functioning; (b) the environmental context of individuals; (c) what the person values and believes makes for a good life. This supports the findings of this study, where participants referenced their overall well-being, their personal circumstances, and the things that were important to them.

This view of happiness being only one part of well-being is further built on by the Gestalt philosophy, which describes self-actualisation where humans strive to function optimally within the circumstances within which they find themselves. Goldstein (1995) describes this process as *organismic integrity*, suggesting that every person or system is doing the best they can within their circumstances with the resources that they have (Wyley, 2014), as seen with the participants. Hence, this striving for happiness that participants described is more likely to be a process of self-actualisation than happiness or well-being as components of the larger intent or need for fulfilment.

Mothers may do well by learning to leverage multiple coping styles and strategies based on their in-the-moment experiences, to move toward desire for fulfilment and satisfaction. This is supported by Herbst et al. (2007), who suggest that a versatile coping profile is associated with good adjustment to stress.

5.3.3 Role of time, energy, and support in self-care and coping

Self-care is pivotal to the well-being and effective functioning of mothers, their families, and society at large. The participating mothers placed diminished importance on their self-care, due to the *invisible hierarchy* and the salience of their mother identity. They further experienced time and energy constraints, exacerbated by the lack of effective support.

5.3.3.1 Time vs energy

Energy plays a more pivotal role in recovery compared to time. Participants used multiple words and phrases such as *chronically tired* to describe their lack of energy. Focusing on productivity as way to cope, they neglected their recovery. Schwartz and McCarthy (2007) state that even when focusing on productivity, to get more done and faster, increasing our energy capacity is the best way, as time is a finite resource that cannot be replenished.

Participants referred to primarily physical and, mental and emotional self-care practices and coping mechanisms – and to a very limited degree spiritual self-care. This is supported by Schwartz and McCarthy (2007), who suggest that energy has four sources: body, emotions, mind, and spirit – and it can be systematically expanded and renewed in each. This makes a case for an expansion of this study’s model of self-care practices and coping mechanisms, to include the spiritual element.

Schwartz and McCarthy (2007) link spiritual energy to meaning and purpose and steer away from a more traditional religious-based perspective, claiming that if we do what we do matters to us, we feel more energised, better focused, and able to persevere. The limited reference to spiritual self-care indicated in this study may be explained by Schwartz and McCarthy (2007), who suggest that due to the fast pace and multiple demands of life, most people do not recognise this as a source of energy.

Sources of energy	Example of rituals for building energy
The body – physical energy	Regular breaks (ultradian rhythm)
Emotions – quality of energy	Reframing tools
Mind – focus of energy	Avoiding distractions
Spiritual energy	Activities that give meaning and purpose

Table 36: Sources of energy and rituals to build energy

Source: Schwartz & McCarthy (2007).

The model depicting self-care practices and coping mechanisms based on the findings of this study, may be adapted to include a spiritual category, as described by Schwartz and McCarthy (2007) to provide a more holistic perspective.

5.3.3.2 The importance of support

There is a lack of support structures and programmes for new mothers, and those that do exist are baby-centred. New mothers have a need for support and advice on motherhood that is mother-centred, focusing on their needs and the impact on them during this life transition. Mothers require more effective support from their partners, their work environments, and other role-players within the parenting and social ecosystems, as supported by Hobfoll (2011), who indicates that the impact of social support is one of the most robust single markers of resiliency.

The support of participants' partners may be interpreted as unintentionally ineffective, based on the socialisation of gender roles and women's expectations of their partners. Participants needed to raise this with their partners instead of it being a natural and equitable form of role-sharing. Despite the focus on mothers' self-support, Du Toit (2013) references studies that call out the important role partners play to socially support first-time mothers and the need for them to play a more active role in infant caregiving. This supports the findings of this study, where participants desired and requested greater support from their partners.

Mothers, however, also need to be open to accepting their partners' help and recognising that it may not be to the standards that they imagine or expect, which is supported by Barkin and Wisner (2013), who indicate that willingness to delegate and the ability to set boundaries are all aspects of self-care in motherhood.

Participants referenced the need for support from various sources, including: (a) partners; (b) managers, colleagues, and the company; (c) childcare and home care providers; and (d) professionals, other mothers, and society. Du Toit (2013) argues for self-support for first-time motherhood, which does not support the findings of this study. Du Toit (2013) valuably references House (1981), who indicates social support to include four categories: (a) emotional – from family and friends such as empathy, concern, trust and love; (b) appraisal – confirmation, social comparison, and feedback from friends and family, community resources, and co-workers; (c) informational – guidance, advice and recommendations that may assist in personal or situational difficulties; and (d) instrumental – tangible forms such as money, time, and explicit involvement on the person's behalf. This supports the findings of this study and is a useful model to apply to participants' experiences.

Despite Du Toit's (2013) views on self-support, the researcher believes that social support is vitally important for new mothers, based on the findings of this study, in addition to building new mothers' ability to effectively leverage self-support, specifically through arriving at insights. Although, overall Du Toit does credit the benefit to personal growth (read as independent-self identity in relation to this study) instead of being exclusively child-focused, a key aspect of Du Toit's study that does not resonate with the findings of this study, is the use of the words 'good' mother in the excerpt below which is, sadly, an example of the internalisation of external standards of socialisation and gender stereotyping.

For the new mother a PP [positive psychology] approach may be of great value to her when she perceives her subjective experiences as beneficial towards her well-being. She can do this by focusing on her positive individual traits that would strengthen her capacity to be a good mother and also focus on viewing her situation of new motherhood as beneficial for her personal growth as well as for her child to be optimally cared for (Du Toit, 2013, p.40).

This view, framed in positive psychology, focuses on the mother's internal strengths to enable support and reduce stress. Although this perspective may be viewed as empowering for new mothers, it is limited in its view of not acknowledging the context within which she may find herself. It also places great emphasis and therefore great responsibility on the already overwhelmed new mother for her well-being while abdicating the role that her partner, other role-players, and larger social support systems can play.

Du Toit (2013) further purports that ideal self-support is based on an interactive relationship with their environment, implying that that self-support is an experiential process of growth. They reference arriving at insights and experiences of joy and gratitude as ways in which self-support is developed and maintained. This resonates with the findings of this study in terms of mental and emotional coping mechanisms that participants used, e.g., reframing and relearning coping.

Participants highlighted the need for support from professionals, other mothers, and society, illustrating their lack of broader social support. This is in consonance with Darvill et al. (2010), who recognise that mothers have an unmet need for social support during and after their pregnancy, especially from other new mothers. A key impact of the shift in societal constructs toward westernisation and individualism, is the absence of 'a village to help raise a child' and the lack of a support ecosystem. Du Toit (2013), however, suggests that there is a greater need for focus on self-support for mothers than social support as a means of coping and happiness. Most participants were leveraging support from professionals, including therapists. Medina and Magnuson (2009) agree and emphasise the role of counsellors as social support towards mothers (Du Toit, 2013). They highlight the intense and demanding pressure society places on motherhood, where it is expected of mothers to excel in their role, which supports this study's findings of facing the challenges with limited support.



Figure 18: FTPWMs' ecosystem of support

Figure 18 shows FTPWMs at the centre with opportunity to leverage their self-support (grey circle: physical, emotional, mental, and spiritual) while the blue lines indicate social support in terms of proximity to and interaction with the mother.

5.4 Chapter summary

Bloomberg and Volpe (2016) suggest that the discussion should strive to figure out the deeper meaning of what was found in order to understand more precisely what it all means. Both Bloomberg and Volpe (2016) and Smith et al. (2009) agree that the researcher's analytical thinking, which may be a strength and a weakness of qualitative research, cannot be replicated. They describe it as an intuitive process of continual reflection, not a technical one, that involves judgement, sensibility, and creativity. The findings of this study were categorised into three broad analytical categories namely: (a) disconnect between expectations and realities of new motherhood, (b) impact of the stalled revolution on FTPWMs coping and self-care, and (c) role of time, energy and support in self-care and coping. The first category highlighted the opportunity for greater focus on the mother during the preparation and transition to motherhood, the lack of honesty about motherhood and importantly the effect of matrescence on women's identity. The second category explored the persistence of gender-based roles in modern-day parenting and the association between self-care and coping, suggesting a shift in how productivity and recovery are viewed towards improved coping, happiness and wellbeing. The third category investigated time versus energy particularly in terms of renewal and the

importance of a support ecosystem. This chapter discussed these analytical categories and their sub-sections in relation to the literature with a view to better understand all the factors that may be at play and how they relate to one another. Much literature was found to be in support of the findings with limited disconfirmation of the findings. Based on the findings of the study, the theoretical and conceptual frameworks may be updated, as presented in Figure 19 and Table 37 respectively. The next chapter presents conclusions and recommendations for directions of future studies.

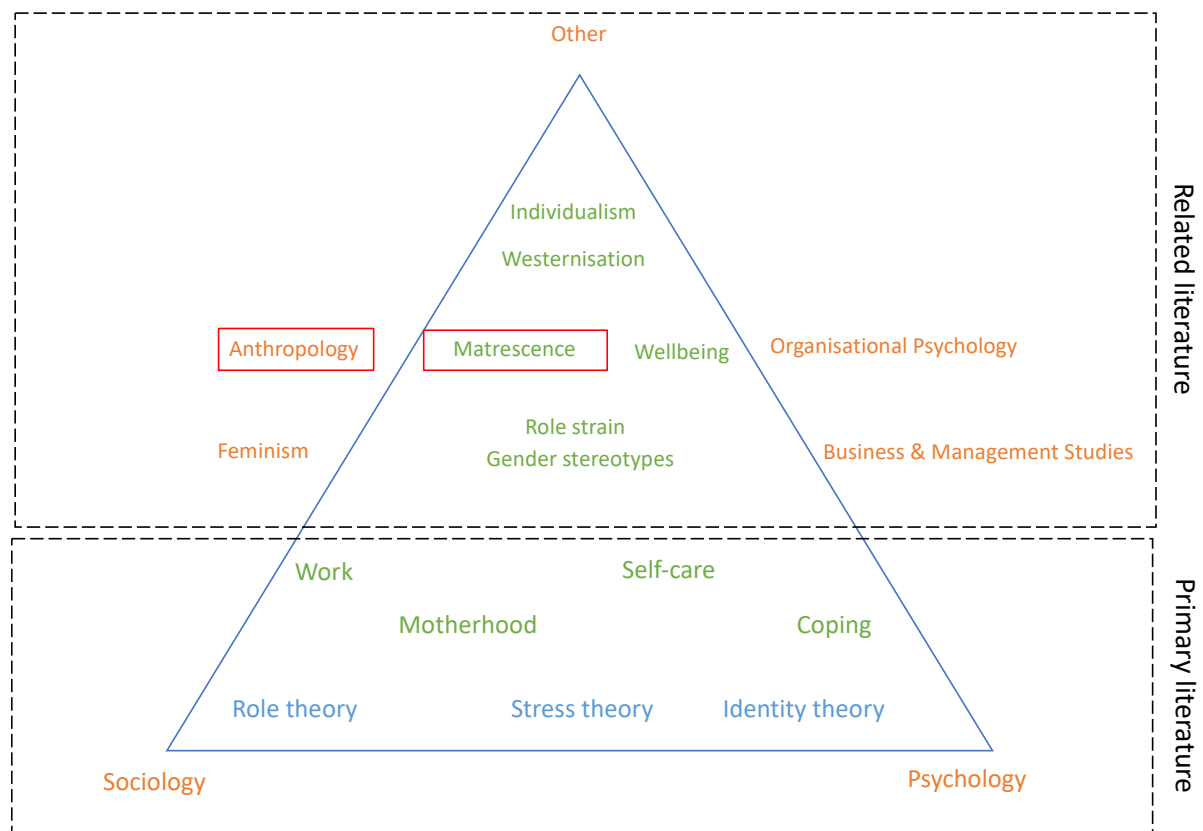


Figure 19: Revised conceptual framework

Revised Conceptual Framework

Coping

- Perception

Not Coping

Coping Well

- Definition

- Productivity
- Balancing work and home
- Feeling happy / fulfilled

- Mechanisms

- Physical (productivity and time management)
- Mental / Emotional
- Support from others

Self-care

- Perception

- Important
- Not important

- Experience

- Regular
- Irregular

- Practices

- Exercise, yoga / meditation
- Hobbies & Interests
- Time with friends / relaxation
- Hygiene/ grooming
- Professional support
- Medicine / substance

Constraints and enablers of self-care

- Time
- Energy
- Support from others
- Personal boundaries (invisible hierarchy, importance of recovery, negative emotions)

Interplay between coping and self-care

- Self-care enables coping

Table 37: Revised conceptual framework

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The purpose of this multi-case study was to explore with a small sample group of first-time professional working mothers (FTPWMs) their experiences of self-care and coping. The conclusions from this study are guided by the findings based on the superordinate themes (GETs) that emerged: (a) matrescence: a shock to the system; (b) life as a mad rush; (c) elusive self-care; (d) self-care as an enabler to coping; and (e) facing the demands and challenges with limited support. The findings and conclusions are discussed below, followed by recommendations and researcher reflections.

6.2 Applicability of theories and definitions

Both role theory and identity theory have bearing on the topic based on gender-biased division of work between participants and their partners, and greater value being placed on their mother identity respectively. Lazarus and Folkman's (1984) theory of psychological stress has broad applicability in understanding coping while Hobfoll's (2011) COR theory was particularly pertinent to understanding the use and renewal, or lack thereof, of participant's resources. The definitions of self-care presented in the literature review fell short in relation to the findings of this study in that they focused primarily on physical self-care. Barkin and Wisner's (2013) definition additionally considered emotional self-care while the findings and recommendation of this study suggest that self-care, like wellbeing, be seen more holistically in terms of physical, mental, emotional and spiritual self-care.

6.3 Conclusions of this study

Through its broad research question – what are FTPWMs experiences with self-care and coping - and idiographic, inductive methodological approach, this study allowed for organic emergence of what was figural for its participants. They all identified personal aspects as well as those outside themselves and within their environments, which supports a comprehensive solution to identify, understand, appreciate, and work with the challenges of FTPWMs in a systemic, and hopefully a sustainable way. Figure 20 brings together the models depicted in Figure 12 and Figure 18 to provide an integrated and systemic view of the findings of this study and the illuminations from the discussion. The centre indicates working mothers' self-support in terms of self-care practices and coping mechanisms, followed by their ecosystem of social

support and finally, the holistic concept of feeling happy and having a sense of well-being. The shape indicating happiness and well-being is not a perfect circle and is dotted, indicating a state of constant flux that is influenced by the interplay between self and social support. It is rare to achieve and maintain a state of constant happiness.



Figure 20: Systemic view of FTPWMs’ self-care, coping, and support

There are four key conclusions from this study: (a) expecting the unexpected in the transition to motherhood; (b) levelling the playing field for women; (c) educating mothers on the benefits of self-care and providing practical guidance, support, and resources; and (d) mobilising support for new mothers. Table 38 indicates the flow of research from analysis through to conclusions. Each conclusion is discussed below.

<i>Group experiential themes</i>	<i>Analytical categories & sub-headings</i>	<i>Conclusion</i>	<i>Conclusion headings</i>
<i>Matresence: a shock to the system</i>	<p>Disconnect between the expectations and realities of new motherhood</p> <ul style="list-style-type: none"> - Baby, baby, baby - Telling the truth about motherhood: the good, the bad and the ugly - The impact on matresence and identity 	<ul style="list-style-type: none"> • <i>No amount of planning will be able to prepare women for becoming a mother.</i> • <i>Women should not expect only positive emotions and experiences with new motherhood; they should expect ambivalence.</i> • <i>Women should not take the experience and narratives of others as an indication of what to expect as they are not always honest in a bid to be seen as coping, on par, a good mother etc.</i> • <i>Society, media, organisations and institutions need to shift toward more egalitarian policies and practices toward a more equitable portrayal of the distribution of earner and nurturer roles between partners, as well as more systemic solutions that are focused on mother and parents such as support groups, coaching, books, etc.</i> 	Expecting the unexpected in the transition to motherhood
<i>Life as a mad rush</i>	<p>The impact of the stalled revolution on FTPWM's coping and self-care</p> <ul style="list-style-type: none"> - The imbalance of responsibilities in modern-day motherhood - Self-care & coping: productivity vs recovery <ul style="list-style-type: none"> * Self-care enables recovery * Self-care is associated with wellbeing * The effect of ignoring self-care * Coping, happiness and wellbeing 	<ul style="list-style-type: none"> • Women are striving to prove themselves as successful in their careers and as mothers while their worth is assessed against externally defined standards which they have also internalised. Women feel like they are not coping but are ashamed to speak openly about it lest they be deemed below par. • PWM need to understand that their success and sense of worth in life is not inextricably linked to their mother identity. We need to help PWM understand the invisible hierarchy as dynamic in relation to needs of the moment • Women need to expect more - and voice their expectations - from their partners and other sources of support. They need to learn to trust their partners as equally competent in home and child care. Together as parents they need to understand and define their support ecosystem. 	Levelling the playing field and giving mothers their lives back
<i>Elusive self-care</i>		<ul style="list-style-type: none"> • Mothers need to be reminded and educated on the importance of self-care and its contribution to coping with increased demands. • Mothers need practical guidance and coaching on how to introduce res and recovery into their lives to help them cope. 	Educating mothers on the benefits on self-care and helping with practical guidance and support
<i>Self-care as an enabler to coping</i>	<p>The role of time, energy and support in self-care and coping of FTPWM</p> <ul style="list-style-type: none"> - Time vs energy - The importance of support 	<ul style="list-style-type: none"> • Mothers need to recognise and acknowledge their decreased focus on self-care and the effect it has on them, and to understand the influence of self-care as an enabler of coping and the role of rest and recovery in maintaining effective levels of productivity. 	
<i>Facing the demands/challenges with limited support</i>		<ul style="list-style-type: none"> • Conversations with other mothers dealing with similar challenges can be a valuable source of support. It offers opportunity for reflection and considered action. This is best offered through individual and group facilitation or coaching. • Dialogue with partners offer opportunity to understand expectations and agree division of responsibilities, new ways and opportunities for support and closer collaboration between parents with greater shared accountability. Ideally this would need to be ongoing. • Broader support for pregnancy and childbirth (books, antenatal classes etc) needs to extend beyond being baby-focused to having a new parent focus too. Such support will allow families to better prepare themselves for the realities of parenting and finding their unique way of dealing with the new addition to their family and the impact on their lives. 	Mobilising support for new mothers

Table 38: Consistency between themes, analytical categories, and conclusions

6.3.1 Expecting the unexpected in the transition to motherhood

The first major finding of this study was that first-time mothers found the transition to motherhood overwhelming and experienced unexpected ambivalence. It was more complex than they expected and they felt that their preparation had been focused on pregnancy and birth and primarily concentrated on preparing for the arrival of the baby instead of preparing them for parenting. A conclusion that can be drawn from this is that no amount of planning can prepare women for the realities of motherhood. A further conclusion is that women should not take the experiences and narratives of others as an indication of what to expect, as they are not always honest in a bid to be seen as coping, on par, a ‘good’ mother, and to meet other societal norms and expectations. They should also expect ambivalence despite the romantic portrayal of motherhood in the media.

6.3.2 Levelling the playing field for women

The second major finding was that participants focused on productivity as a way to cope with the demands of work and motherhood, to the detriment of their self-care, and despite their efforts, they still felt like they were not coping. A first conclusion that can be drawn from this is that women strive to prove themselves as successful in their careers and as mothers. A second conclusion is that women view their success and sense of worth in life as inextricably linked to their mother identity based on the value society places on the role of women as mother in relation to her role as earner. Their worth is thus assessed against externally defined standards, which they have also internalised. A third conclusion is that women feel like they are not coping, but are ashamed to speak openly about it lest they be deemed below par. A final conclusion is that women do not trust their partners as equally capable of caring for their child. This may be based on how they experience their partners or it may be as a result of internalised ideals of mothers’ versus fathers’ roles.

6.3.3 Educating mothers on the benefits of self-care

Participants indicated that tending to their own needs was important, yet self-care remained a challenge for them, while a majority of them had enlisted professional medical help as part of their self-care. A conclusion is that mothers understand the role of self-care cognitively, but they were unable to implement this practically, for several reasons. A further conclusion is that mothers equate coping with productivity and undermine the role that rest and recovery play in

getting things done. A third conclusion is that mothers end up seeking professional help, due to the lack of regular self-care, to deal with the overwhelm, guilt and anxiety.

6.3.4 Mobilising support for new mothers

Participants of this study experienced multiple challenges and limited support. The final major finding was that new mothers face the demands and challenges of work and motherhood with limited support. A conclusion that can be drawn is that despite new mothers' intensive efforts and attempts to cope by leveraging self-sufficiency, they were desperate for support. Their partners and employers are a primary source of support. Other important sources are other mothers, childcare and home-care support, family, and friends. A second conclusion is that honest conversations with other mothers dealing with similar challenges can be a valuable source of support, as they offer a sense of camaraderie. A final conclusion is that dialogue with partners offer the opportunity to understand expectations and agree on the division of responsibilities, creating the foundation for more equitable parenting and sharing of the load.

Human beings strive for optimal functioning; this was indeed evident in participants' narratives. They were striving to be effective in meeting the (internal and external) demands of managing new motherhood and their careers. The findings and conclusion of this study may be summarised as 'the motherhood conundrum'. The problem is complex and confusing, with multiple elements and ever-moving parts to consider and therefore the answer is not simple. It requires shifts and reforms at individual, group, and societal levels in order to attain significant and impactful change. The next section presents recommendations as a result of this study.

6.4 Recommendations

History is rich with examples of where individuals with a common goal came together to produce great results – imagine if society had a common goal of solving the challenges of working mothers, how transformational the results could be? The 'motherhood conundrum' is born from many factors and systems over many generations. It makes sense then, that the solutions need to be systemic and may take time to resolve.

Raising awareness about the challenges that first-time professional working mothers face plays an important role in starting to shift the paradigm. Such efforts need to target mothers and their entire ecosystem of support based on the findings of this study. Surfacing working mothers'

experiences provides an opportunity for reflection and considered action by all stakeholders. Based on the study, an updated conceptual framework informed by the findings and taking into consideration the conclusions, the recommendations below are put forward.

6.4.1 Mothers need to:

- a) engage in honest conversations about their experiences of motherhood, including the challenges;
- b) converse with other mothers dealing with similar challenges as a valuable source of support and identification;
- c) recognise and acknowledge their decreased focus on self-care and the effect it has on them and their families;
- d) understand the influence of self-care as an enabler of coping and the role of rest and recovery in maintaining effective levels of productivity and well-being;
- e) understand the *invisible hierarchy* as a dynamic in relation to the needs of the moment and not succumb to the pressures of intensive mothering;
- f) learn to expect and trust their partners as equally competent in home care and childcare.

6.4.2 Mothers and their partners should engage in ongoing dialogue about:

- a) understanding their individual expectations and contributions as earners and nurturers within their family;
- b) exploring new ways and opportunities for support and closer collaboration between them with greater shared accountability;
- c) jointly identifying and defining their support ecosystem and contracting with those individuals what their needs are and how they envisage support.

6.4.3 Organisations, leaders, and colleagues should do more to support FTPWMs:

- a) Ensure more egalitarian policies and practices that are family friendly and acknowledge the role of fathers in parenting too, e.g., maternity and paternity leave, flexible work practices, remote work.
- b) Appreciate the major shift that employees undergo when they become parents and recognise the role as more prominent than their role as an employee and expect and cater for the effect this may have on their time and energy availability in their work roles.

- c) Train line managers in the implementation of policies and procedures regarding flexible work and the applicability to FTPWMs.
- d) Consider maternity and paternity coaching interventions as part of their employee value proposition and retention measures.
- e) Explore new and innovative ways in which FTPWMs, and parents in general, can integrate their roles better, e.g., offering on-site early childhood care facilities, which facilitate greater physical proximity between parent and child. Part of parents paid work for the employer would include rostered time supporting in the child-care facility which allows for greater integration between their roles as parent and employee.

6.4.4 Medical professionals, therapists, counsellors, and coaches should:

- a) Support in educating mothers on the importance of self-care and its contribution to coping with increased demands.
- b) Provide support materials for the transition to parenting, beyond pregnancy and childbirth and being baby-focused, to extend to having a new parent focus and the impacts and changes for them.
- c) Offer practical guidance and coaching on how to introduce rest and recovery into their lives to help them cope with the increased demands on their time and energy resources.
- d) Author books and articles and offer workshops focused on the above to build on the resources available to parents.

6.4.5 As a society in general, there is a need to:

- a) Recognise the shift over the past few decades in how, where, and when we live and work and appreciate the changes in family roles and constructs and what is needed to support families in light of these shifts.
- b) Refocus to ensure these shifts are reflected in how we consider and build support for parents.
- c) Lobby for change to legislation, policy, and governance as well as more systemic solutions that are focused on supporting families.
- d) Ensure and lobby for the country's media, marketing, and advertising depicting motherhood and parenting represent a more equitable portrayal of the distribution of earner and nurturer roles and not perpetuate gender stereotypes.

All these recommendations in combination will not only help alleviate the pressures faced by FTPWMs but also support families in better preparing themselves for the realities of parenting and finding their unique way of dealing with the new addition to their family and the impact on their lives, thereby contributing to greater fulfilment in parenting and building a more functional modern-day society.

6.5 Recommendations for further research

The researcher recommends further studies be conducted to deepen the understanding of the experiences of mothers regarding self-care and coping. Future research could focus on following:

- a) Using Gestalt as a theoretical foundation for understanding the experiences of new motherhood. The initial theoretical and conceptual frameworks of this study were grounded broadly in psychology and sociology. However, through examination of the findings, Gestalt resonated as a lens through which to make sense of the experiences of new mothers using a holistic and optimistic frame of understanding how FTPWMs function within their environments that Gestalt can provide.
- b) Exploring the use of first person and third person during analysis may offer powerful insights, particularly around motherhood and identity. Further research could explore this in more detail in relation to ownership/acknowledgement and denial/rejection of identity or aspects thereof. Participants flowed easily between these, sometimes seamlessly and at others with distinction. Although shift in identity was a finding sub-theme, the constraints of the study did not allow for deep, justified exploration thereof.
- c) Undertaking a study and including participants' drawings as a part of the detailed analysis.
- d) Undertaking a study with a larger sample to assess the extent to which same or similar findings may be found, which is recommended in IPA.
- e) Undertaking a study using the same criteria but conducted by a researcher who is not located within the sample to correct possible researcher bias and assess if the findings are similar.
- f) Conducting a deep analysis exploring the various different sources of social support that professional working mothers leverage; determining what meets their needs and where things fall short.

6.6 Researcher reflections

I have at multiple times during this journey said that I feel as though I am living my research. And as I bring it to a close, I am cognisant of the journey I have been on and hope that I have done it justice in presenting it to you the reader, honouring the authentic voices of participants while offering valuable interpretations and simultaneously allowing you to draw your own insights, too. I hope that the study, its findings, interpretations, conclusions, and recommendations are able to shed valuable light on the very real challenges professional working mothers face in our society today.

6.7 Chapter summary

This chapter focused on the study's conclusions and recommendations for future research. It presented a model (see Figure 20) indicating a systemic view of FTPWMs self-care, coping and support – both self-support and social support. Four key conclusions were put forward with a suggestion that the conclusions of this study may be summarised as ‘the motherhood conundrum’ due to the complexity of the phenomenon under study – and that no single solution would suffice. The conclusions suggest (a) that women should expect the unexpected during the transition to motherhood, (b) a need for levelling of the playing field by valuing them beyond their mother identity, (c) educating mothers on the benefits of self-care particularly in relation to stress and coping, and (d) mobilising new and improved social support for new mothers with a specific focus on their partners and employers. Finally, it presented recommendations for mothers and stakeholders within their ecosystems of support, and closed with a brief reflection by the researcher. The importance of this study, its findings, conclusion and recommendations may be succinctly summarised by two quotes:

“If you want to make the pieces of life fit together, if you want to build a career, raise a family, and stay sane, it is hard to escape the conclusion that self-care is the secret ingredient.” (Vanderkam, 2015, p.199)

“The well-being of mothers is the fabric from which the cloth of the future of our society is made.” (Serrallach, 2018, dedication page)

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APPENDICES

Appendix A: Praxis model

BUSINESS MODEL CANVAS

KEY PARTNERS Professionals (gynecologists, birth dulas, midwives) who provide pregnancy and birthing support to customers Organisations who employ professional working women/mothers providing security of income, paid maternity leave etc Conferences organisers within the HR / People field who host conversations on topics like talent retention, diversity etc Other possible partners: baby-related retailers, pediatricians, medical aid providers	KEY ACTIVITIES Customer relationship network Problem-solving for professional working mothers demands and organisations talent issues Network of support for professional working mothers Production of revenue stream (corporate retainer and individuals)	VALUE PROPOSITION Provide a new service for South Africa focusing on professional working women that: 1. Supports while they are pregnant to prepare for the realities of motherhood in a way that is mother-centric 2. Helps new mothers better manage the demands of work and motherhood by providing them with skills and tools to deal with the strain and overwhelm, and connect them with others 3. Support professional working mothers need for rest and recovery through personal coaching sessions which provide opportunity for reflection and regrouping 4. Provides line manager/ team coaching to prepare for the mother's return to work	CUSTOMER RELATIONSHIP Mothers – personal support and regular contact; ability to reach out as / when needed; co-creation of solutions; partner conversation; community of support (organisation agnostic opportunity) Line managers: once off and ad-hoc support in managing individual and team dynamics Organisations – ROI / retention; monthly or quarterly reporting	CUSTOMER SEGMENTS Professional working women Professional working mothers Organisations Line managers
	KEY RESOURCES Intellectual: data, copyrights, for coaching and workshop models and content Human: coaching time Financial: investment from company and / or professional women, professional working mothers Physical: laptop, internet, email, coaching and workshop premises		CHANNELS Pregnancy & birthing professionals Mothers - at different stages of the journey Organisation's HR / EAP	
COST STRUCTURE Value-driven: provision of coaching services, consultation meeting, feedback sessions Economies of scale: reusable content, models and principles		REVENUE STREAMS Mothers pay for medical / profession support, medication Organisations: general coaching, talent/skills loss and cost of rehire Fixed pricing: customer segment dependent and provide pricing options based on		

Overview of intervention approach

	PLANNING & PREGNANCY	MATERNITY & POST-BIRTHING	INTEGRATING	NAVIGATING
Key stakeholders	Mother (and partner)	Mother (and partner)	Mother (and partner) Line manager, colleagues and company	Mother (and partner) Line manager, colleagues and company
Collaboration and support partners	Pregnancy & birthing professionals Organisations		Other professional working mothers	Other professional working mothers
Key outcomes	Understand the realities of motherhood Identify self-care practices, coping mechanisms and support ecosystem Explore post maternity child-care options	Understand the impact on self and natural process of identity and ambivalence	Creation of virtual and / or in-person support groups	Improved coping with demands of work and motherhood

Appendix B: Introductory cover letter



Dear Prospective Participant,

Thank you for your interest in participating in my research on working mothers.

About the researcher

I am currently undertaking my Masters in Philosophy (Inclusive Innovation) through the UCT GSB. The programme and research project is being undertaken in my personal capacity and is self-funded. I have decided to conduct my research on self-care and coping in working mothers. Having recently become a mother, I became interested in the topic based on my own experiences of managing work and motherhood.

The research topic

The research topic focuses on working mothers and the role of self-care in coping. The purpose of this research is to explore and understand self-care practices of professional working women who are first time mothers and how it impacts their coping in their personal and professional lives. I intend on conducting in-depth conversations with approximately 6 professional working women (i.e. women working within corporates) who:

- Live in Cape Town
- Have become first time mothers within the past 9 months to 3 years
- Work within a business/corporate environment (not self-employed)
- Have reintegrated into work environment for at least 6 months
- Married (by law) or single

This research has been approved by the Commerce Faculty Ethics in Research Committee. The outcome of the research will be a dissertation where I write an account of my exploration of the topic.

Participation in the research

Should you meet the selection criteria and agree to participate in the study, you will be required to complete a consent form and a short biographical data sheet. Due to the nature of the study you will need to provide some identifiable information however, all responses will be confidential and used for the purposes of this research only. Our primary engagement will be a 90-minute semi-structured conversation which will be audio-recorded where I would like to hear about your experiences. It may be the case that as the project progresses, I may require one or two more engagements to clarify certain points or to explore new topics. These

may be telephonic or in person and are likely to be of a shorter duration. The conversations will take place between December 2018 and June 2019.

Your rights as a participant

Participation is voluntary and you may withdraw at any time. You may also choose during any of the engagements to decline to answer a question. There aren't any identifiable risks to participation. As an expression of appreciation for your time and participation, you will receive an invitation to attend a "Playschool4Moms" workshop as my guest. The workshop is designed to help you explore your individual needs and challenges in a unique manner towards a more fulfilling way of being.

Use of data and reporting

Access to the data is limited to me as the researcher, my supervisor and transcriber. The research will be reported in my completed dissertation. Confidentiality will be maintained through the use of pseudonyms. Data will be kept for the duration of the project until completion of my studies. Data that is included in the dissertation will remain on the database of the GSB.

Should you have any questions regarding the research please feel free to contact me on the details below:

Sarika.Mahadeo@gmail.com

Mobile: +27 82 994 6255 (Call or WhatsApp)

Please do let me know if you are willing to participate by responding to this email by Friday, 7 December 2018. I will then send you a biographical information form to complete and we can agree the date, time and venue for our conversation.

Warm Regards,

Sarika.

Appendix C: Interview consent letter



MASTER OF PHILOSOPHY IN INCLUSIVE INNOVATION

INTERVIEW CONSENT FORM:

Participant name:

I volunteer to participate in a research project conducted by **Sarika Mahadeo-Diercks** as partial fulfilment of the requirements for the MPhil Degree at the Graduate School of Business. I understand that the research is designed to gather information about **working mother's self-care practices and the impact on their perceived coping ability** and that I will be one of approximately six people being interviewed for this research.

Background and purpose of the research

The purpose of this research is to explore and understand self-care practices of professional working women who are first time mothers and how it impacts their coping in their personal and professional lives.

Ethics approval

Ethical consent for the study has been approved by the *UCT Commerce Faculty Ethics in Research Committee*.

Participation and confidentiality

I understand that my **participation in this research is voluntary**, that I will not be compensated and that I may withdraw at any time.

The interview will take **approximately 60 - 90 minutes** to complete and will be **audio recorded**.

I understand that I **will not be identified by name** in any reports using information obtained from this interview and that my confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions.

Should you have any questions or concerns please contact me or my supervisor.

Sarika Mahadeo-Diercks (Student)

Sarika.Mahadeo@gmail.com

+27 82 994 6255

Dr. Christina Swart-Opperman (Supervisor)

Christina.Swart-Opperman@gsb.uct.ac.za

+27 71 855 8150

Consent

I consent to participate in this interview, based on the terms outlined above and subject to the following additional condition of my own (if any).

Signed by Interviewee

Date

Signed by Student

Date

Appendix D: Biographical details form



Biographical Information	
Participant's name:	
Age:	Race / ethnicity:
Citizenship: RSA / Other (specify)	Occupation:
What is your profession and how long have you been in your current job:	
What are your typical working hours?	Do you work flex-time or flex-place?
What forms of childcare do you use while you are at work: nanny au-pair crèche/school family & friends other	
Relationship status:	
married co-habiting divorced single	
Partner's name:	

Sex: M / F / Prefer not to answer	Age:
Partner's occupation	Partner's race / ethnicity
<p><u>Net</u> average monthly household income: (this question is important to gauge disposable income)</p> <p><R30k R31 – R50k R51k – R70k R71k – R90k >R91k</p>	
Child's name:	
Sex: M / F / Prefer not to answer	Age:
<p>Any other important or relevant biographical information you would like to share</p>	

Appendix E: Interview guide



Interview Guide

The purpose of this research is to **explore and understand** *self-care practices of professional working women who are first time mothers* and **it's relationship with their coping** in their *personal and professional lives*.

What are the experiences of first-time professional working mothers (FTPWMs) with self-care and coping?

- *How do FTPWMs understand coping?*
- *How do FTPWMs understand self-care?*
- *How do FTPWMs make sense of the relationship between self-care and coping?*
- *What constraints and enablers do FTPWMs face?*

1. Please could you draw a picture of how you see yourself in relation to self-care and coping (at present)? Could you **describe your picture** to me?
Prompts: What do you feel / think about the picture you have drawn?

2. How would you describe **self-care and coping**?
Prompts: What are some of your self-care practices at present? Can you tell me about a recent experience of self-care? How did it make you feel? How would you describe your coping ability in general?

3. How does this / your picture **compare to before you became a mother**?
Prompts: How was life different for you then in relation to self-care? What were some of the things you did to practice self-care before becoming a mother? How did you cope with the demands of life before motherhood? What were some of your coping mechanisms?

4. How have the **changes** you experienced (since becoming a mother) impacted on your **self-care practices**?
Prompts: What is different for you now? What are some of the challenges / enablers for you to practice self-care?

5. How would you describe the **effect of these changes** (in your self-care practices) on your **coping ability**?

Prompts: How are you coping now? What are some of the coping mechanisms you use? What is different about how you cope / the mechanisms you use (since becoming a mother)? On a day-to-day basis, how do you manage the demands of being a professional working mother?

6. What do you think **others** (partner, manager, friends, family etc) would say about your **coping ability**?

Prompts: Would they say it has changed since you became a mother? How?

7. Can you tell me about a **time (since becoming a mother) where practicing self-care had an impact on your coping ability**?

Prompts: What prompted you to take care of yourself? What did you do? How did it make you feel? What was the effect on your coping ability? What do you think / feel about this situation?

A few reminders:

- The intent is to learn about YOUR actual experiences; not what you think you should be doing. Important that you feel comfortable and answer honestly.
- There are no right or wrong answers.
- Feel free to ask if something is unclear.
- If at any point you feel uncomfortable, for any reason, do let me know and we can decide how best to proceed together.
- I will be asking you to draw a picture and write down two things before we get started – I will be taking the page with me – feel free to take a picture of it should you wish. We will then go into the discussion. At the end I will discuss the way forward?
- The interview will last approx. 60 mins (excluding time on either side to open and close the discussion). Clock will be visible and I will help manage the time.
- Before we begin is there anything you would like to ask or say?

Appendix F: Excerpt of researcher journal – Participant 2

Participant 2 – 20 Dec 2018

We confirmed this interview on the morning of the day (Thursday) after being in contact the night before and agreeing either Thursday or Friday as options. Fortunately, I had prepared the morning and had taken the interview items with me to work.

We met at 14h00 (I arrived at 14h05) at her office. She arrived with forms completed and signed. It was open plan but she had booked us a boardroom which actually was more of a meeting room. It didn't feel cold and corporate – the colours were bright and there was natural light. She appeared quiet yet comfortable. I suspect that she is naturally more introverted. We both felt the other looked familiar and realised that we had shared a post-natal yoga class together and that she lifted me home thereafter. She works for a government department and leads a team of architects.

Her voice appeared to shake a bit when she talked about her picture (can't recall the exact part) and she did eventually get emotional. Fortunately I had tissues! She was fine to continue though.

She indicated that she didn't work flexibly on the form yet toward the end of the interview she talked about coming in late and taking longer lunch breaks – perhaps she doesn't see that as a formal arrangement? Also when we talked about the enablers of self care, they were limited to family and friends for support if I recall. Again toward the very end she spoke about her supervisor being very supportive and understanding – how excited he was when she announced she was pregnant etc. She compared this to her previous job – even though she didn't have a child then- and manager (female) who was a workaholic (“on my case, breathing down my neck”).

Immediate questions:

How would things be if she were married? Would there be a difference in any way / is it different from married couples?

Does she see a psychiatrist for her anxiety / has it been diagnosed as a disorder and is she on pills for it still or seeing a therapist?

21 January 2019: Reading & re-reading

Just completed **initial noting (listening and reading)** and what stands out for me is how 'apart' she appears from her child. She talks about the baby a few times and also that she doesn't know how the nanny does it. The nanny also spends time engaging with her child whereas it appears to me that for her it's more about watching the child. There is a heavy slant on being productive with other stuff – even when she is with her child. She mentions trying to hold on to her old life somewhere. Also about her partner, she mentioned having panic attacks around not having a family. I wonder how much of her relationship is 'love' versus convenience. She says that she is perfect and just what she was looking for. She also talks about how she brings herself to have sex even though it's not important to her. She used the words 'semi' a lot and a few times says things in an uncertain way giving the sense of maybe, maybe not. She also uses the word "crazy" a lot to describe how things feel – a sense of chaos?

1 February 2019: Initial noting

I finally **completed the second round of initial noting yesterday. I find this merging somewhat with the emergent themes processes as some of the interpretative comments actually are or point to themes.** After the first listening and reading (I do some noting there too), the line by line re-read I just make notes and comments. I then read through them and categorise into descriptive, linguistic or conceptual (the latter two being interpretative). This time around the process took me even longer due to work commitment and just lack of energy after long days. I have noticed that when I sit for one full day (like yesterday) and work with the transcript I am less engaged when I get tired / bored and then skim through instead of the usual attention I would give it when I do the analysis in 1-2 hour chunks.

I also found with this participant that there was a lot of interpretative comments; I wonder if that is because I feel more comfortable with the process?

2 February 2019: Emergent themes

Today I worked on the **emergent themes**. It took me 4 hours but felt like a day. I just didn't feel like I was moving fast enough. I get caught up in the transcript (which is a great way to be i.t.o engaging with it) but also have milestones to meet in order to submit within the timeline. The pressure and tension of these two elements stirs irritation in me.

In terms of the theme; participant two provided a couple good metaphors and phrases for exploring and possibly use as superordinate themes. I feel like I am building my confidence in being more interpretative in my analysis while still keeping the participant in mind – so not sticking only closely to their meaning but exploring various concepts that emerge. This is a significant shift as I do carry a 'guilt' around what they may think of my 'judgements' if they were ever to read the thesis. I wonder how many of them would be interested. I take solace in the fact that the themes in the paper will be common themes and not a full-case on each and every participant.

6 February 2019: Connections across themes

I finally started and **completed the emergent themes** in a 6-odd hour sitting. Again I felt that stressful and a bit frustrating and rushed a bit toward the end. I began the **connections across themes** as well and then only got to finishing that this evening. Again work demands have kept me busy. This transcript feels like it's a maze of intertwined stuff, like self-care comes up as a coping mechanism – and one of the themes is 'self-care enables coping'. With the guidance of Dersiree from the writing centre I am getting much clearer on focus and concepts of my study which may very well impact future iterations of my themes and connections. For now I am mailing Christina my data for Participant 2 – albeit 2 days later than my self-imposed deadline.

I am a bit concerned about Feb as we are away for 10 days from Saturday on a cruise from Mon – Fri. We are still considering leaving Mika with my mum at Anisa's house – that's another strain, that his godparents (who he knows and is comfortable with) said they can't watch him over that time. Its interesting to be living my research!

Appendix G: Excerpt of transcript – Participant 2

1	Speaker 1	Okay.	Response to drawing picture: "Okay that's quite difficult. [Laughter]. And motherhood. Coping?" Starts drawing at 00:02:45. Asks how long she has for picture at 00:02:35. At 00:08:00 looks for another blue. At around 00:08:30 adds another colour to 'this one' At 00:09:00 wants to add another quick sketch at the bottom here. Another colour 00:10:45.	Difficult to manage the challenges or express / draw it? Feeling in control stands out! [BLACK = descriptive RED = linguistic GREEN = conceptual] Stands out
2				
3	Interviewer	You good?		
4				
5	Speaker 1	Mm. I think so.		
6				
7	Interviewer	Okay.		
8				
9	Speaker 1	There might be a few things that [overtalking].	Definition of self-care – 'hard question, don't usually put stuff in words'. 'Never know how to spell exercise.'	Difficulty expressing her experience
10				
11	Interviewer	If anything else comes up we can add it as we go along.	Use of work 'semi', 'so, yes, 'ya'. All yes'es are actually ya.	
12				
13			Shares a thought/idea/opinion and the opposite e.g. maybe, or maybe not.	
14	Speaker 1	Cool. Mm.	Talks out loud about what she is doing (drawing)	
15				
16	Interviewer	Okay, so we're going to start by having you explain your picture to me.		
17				
18				
19	Speaker 1	It feels like I'm drawing a picture that, probably, most people will draw, but hopefully each person's journey is a bit different. So it's not too obvious, but it's basically— I just started out drawing and as I went along I realised that different compartments in my routine have different energies and when I leave home it's kind of crazy, slash not too crazy and sometimes unpredictable and sometimes I can leave on time and most of the time I leave late. So it's a little bit nuts and then when I get to work, it's actually— then I get on the bus and things start calming down and stuff and then when I get to work it's like this calm zone which is ironic, because you would have thought it is the other way around. And then when I get home again and the nanny's there and the house is all clean and everything's amazing and it's, sort of, like back into quite a relatively calm zone and I'm happy to see my baby and I'm trying to get out of my work head space and everything's, kind of, like cool and rosy and	Comparison with other mothers	Comparison with other mothers
20				
21				
22				
23				
24				
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38				
			Differentiation between energy in different parts of routine	Compartmentalisation of life
			Mornings are crazy, unpredictable, nuts and runs late	Life as degrees of chaos
			Voice drops when she says " would have thought it's the other way around" (Secret? Not proud of chaos at home and calm at work)	Work as an escape / sanctuary Expectations of how home should be
			House is clean, everything is amazing because of nanny. Happy to see her baby Trying to get out of work head space Things are cool and rosy (?positive, good)	Admiration or envy of the nanny / Nanny as having it all together Child as source of joy

Participant Two

39 then there's normally about two and a half hours
 40 between when I'm at home and when my partner
 41 gets home, where I feel I need to be semi-
 42 productive and either cook or either do exercise or
 43 something. And often one or both or all of that
 44 stuff doesn't happen, so then my head starts semi-
 45 exploding and then later when my partner gets
 46 home, things start relaxing again and the baby
 47 slowly gets put to bed and finally we're exhausted
 48 and can semi-relax again. So no time for any other
 49 stuff, like often not even time for a movie or
 50 anything relaxing, never mind reading a book.
 51
 52 Interviewer Mm.
 53
 54 Speaker 1 And that's, kind of, what it's about so where it's got
 55 three colours, it's the most crazy and where it's
 56 green, it's, like, calm and where it's red, it's a little
 57 bit crazy and yes.
 58
 59 Interviewer You said the three colours was the most crazy.
 60
 61 Speaker 1 The most crazy, yes.
 62
 63 Interviewer Green is calm.
 64
 65 Speaker 1 Yes.
 66
 67 Interviewer And red is crazy.
 68
 69 Speaker 1 Yes.
 70
 71 Interviewer Okay. So tell me about the different areas. So this,
 72 this is now you leaving home—
 73
 74 Speaker 1 Yes.
 75
 76 Interviewer — in the morning.

<p>Expectation (of whom?) that she needs to be semi-productive yet it doesn't happen</p> <p>Head semi-exploding Effect on her of not being productive or meeting the expectation</p> <p>Finally exhausted after the day (constant ups and downs, rollercoaster?) They can semi-relax (never fully?)</p> <p>No time for self-care</p>	<p>Not fully engaging with child</p> <p>Expecting self to be productive Half/partially (productive)</p> <p>Half/partially (exploding)</p> <p>Stress of being alone with child</p> <p>Half / partial (relaxed)</p> <p>Time scarcity for self-care</p>
<p>Three colours is most crazy Green is calm Red is a little it crazy</p>	<p>Life as degrees of chaos</p>

77				
78	Speaker 1	Mm.		
79				
80	Interviewer	Okay. And so the colour's there. At least two		
81		colours. So it's semi-, semi-crazy.		
82				
83	Speaker 1	Semi-crazy. Because I <u>guess you wake up earlier</u>	Two colours is semi-crazy in mornings	Life as degrees of chaos
84		<u>than what you want to, because the baby wakes up</u>	Wake up earlier than she wants because baby	Mother's wants vs child's needs
85		<u>and then, yes, you, kind of, try and make sure she</u>	wakes up	
86		<u>doesn't kill any— herself or anything like that</u> [half	Make sure she doesn't kill herself (vulnerability	All consuming responsibility of mothering
87		laugh] and you, kind of, <u>get ready for work and</u>	/ dependence /responsibility of having achild?)	
88		<u>then there's always this, like, is the nanny going to</u>	Half-laugh = what does this signify?	
89		<u>arrive on time today? You know, whatever else</u>		
90		<u>needs to be done during the day.</u>	There's always like (questions / worry?)...	Constant worry about many things
91			nanny, whatever else needs to be done in day	
92	Interviewer	And then that's you on the bus—	(constant worry?)	
93				
94	Speaker 1	Then we're on the bus.		
95			Who is " we "? (Is this referral to	Hungry for support
96	Interviewer	— on your way to work. Then you get to work and	companionship; her and I on the journey	
97		very green, very calm.	together of motherhood or through her	
98			picture?_	
99	Speaker 1	Yes, relatively calm most of the time. Sometimes a		
100		little bit in work mode—	She is in work mode (? thinking, not fully	Half / partially (in work mode)
101			present, "semi"?)	
102	Interviewer	Okay.		
103				
104	Speaker 1	— <u>but quite manageable. Probably am feeling the</u>	Work mode is manageable Feeling in control at	Feeling in control (at work)
105		<u>most in control there, because you— it's more</u>	work (" able to direct a person, situation,	
106		<u>predictable obviously.</u>	activity")	
107			More predictable environment (know what to	Knowing what to expect (at work)
108	Interviewer	Okay.	expect)	
109				
110	Speaker 1	Get home. That's again at home space. There	Forgets to draw the bus on journey home.	
111		should be a bus, I guess, in the middle here.	(Significance?)	
112			"Get home" – very direct and short – does it	Lack of boundaries (between work and
113	Interviewer	Okay.	feel to her like there is no break between the	home?) / Instantaneously home / Quick
114			two?	change

Participant Two

115	Speaker 1	I'm going to add that. And then, yes, things are quite rosy, happy to see the baby again.	Decides to add the bus (transport, means, mobility = desire?)	
116				
117				
118	Interviewer	Less crazy than when you leave in the morning.	The bus is in the middle – she decides to add it. Happy to see 'the' baby (no kinship, closeness, feeling apart from, child's dependence on her though?)	Need for separation /independence from child
119				
120	Speaker 1	Less crazy, yes, when you just arrive.	Arriving home is less crazy than the mornings. (degrees of chaos / craziness)	Life as degrees of chaos
121				
122	Interviewer	Okay. Alright.		
123				
124	Speaker 1	When I just arrive.		
125				
126	Interviewer	Okay.		
127				
128	Speaker 1	And the nanny's there and she looks like she's got everything completely under control. The house is clean and there's order again. Five minutes later the house is not in order at all. I don't know how she does it. And, yes, you get this, this is the worst time, because I get the feeling that I should be doing something productive, whether it is exercise or cooking or bathing or anything. A hobby, whatever. In the end it's just often none of that gets done.	Nanny looks like she has things under control (admires nanny for being in control?) Disbelief at how quickly the house gets messy again (once she is home, chaos follows her?) Disbelief at how nanny copes	Admiration or envy of nanny / Nanny as having things under control Life as degrees of chaos Admiration or envy of nanny / Nanny as having things under control
129				
130				
131				
132				
133			Arriving home is the worst time because she feels like she should be productive (expectations of her use of time; doing anything, expectations of productivity) (Why does none of it get done in the end?)	Expectation of self (to be productive)
134				
135				
136				
137				
138				
139	Interviewer	Mm.		
140				
141	Speaker 1	And then later when my partner gets home, so this is the most crazy and then a little bit less crazy, but still a bit crazy.	Uncertainty about the severity of the craziness (degrees of chaos) when partner gets home or the level of craziness shifts so quickly?	Blurred boundaries (most crazy, less crazy, still crazy) Quick change (in degrees of chaos)
142				
143				
144				
145	Interviewer	Mm. Mm. And that productive time there, I mean, are you spending it— is Joslyn— it's Joslyn, right?		
146				
147				
148	Speaker 1	Yes.		
149				
150	Interviewer	Is she then with you whilst you're cooking or exercising and—		
151				
152				

153	Speaker 1	Yes, yes, yes. [Ya, ya, ya]		
154				
155	Interviewer	Okay.		
156				
157	Speaker 1	So sometimes I pack the baby into the pram. If it's	<p>'the baby' (apart from child, no ownership, independence, freedom?)</p> <p>Combining self-care with other tasks like walking the dog and time with child</p> <p>She feels like she is coping when she does self-care?</p> <p>If she doesn't go out for the walk then she doesn't get anything done at home either? (Not productive, fact or feeling. Why doesn't anything get done; what is she doing?)</p> <p>Struggles to be with daughter Nanny is better at giving child attention (Nanny is better than her at caring for child?)</p> <p>She values productive time and doesn't see time with her child as productive (?yielding anything, bigger purpose?) She can give her child attention / be unproductive for short spans like 10 minutes</p> <p>Doesn't sit and play with daughter Engage while doing something else</p>	<p>Need for separateness from baby</p> <p>Not fully engaged with baby</p> <p>Time not fully hers</p> <p>Self-care influences coping</p> <p>Self-care influences accomplishment</p> <p>Difficulty to be alone with child Admiration or envy of nanny (as caregiver)</p> <p>Productivity (getting things done) vs being (with child)</p> <p>Difficulty to be alone with child Productivity (getting things done) vs being (with child)</p>
158		a good day, this is what happens. The baby gets		
159		packed into the pram, the dog gets taken out and		
160		we go for a little run slash walk, taking the dog for a		
161		bit of exercise. That sort of stuff. <u>So then even</u>		
162		<u>though I haven't cooked, I still feel, kind of, like,</u>		
163		<u>everything's fine, you know. We're coping and it's</u>		
164		<u>all good. But sometimes if I decide not to do that,</u>		
165		<u>it's actually the worst, because then I don't get</u>		
166		<u>anything done.</u>		
167				
168	Interviewer	Okay. And how do you see your time with her,		
169		because I hear you saying you feel like you need to		
170		cook or exercise being productive—and be		
171		productive.		
172				
173	Speaker 1	Yes, I know. I think I—		
174				
175	Interviewer	So how would you classify just the time with her?		
176				
177	Speaker 1	I know. I think I struggle. The nanny's probably		
178		quite good at it, like, giving her attention and stuff.		
179				
180	Interviewer	Right.		
181				
182	Speaker 1	I, kind of, don't see that time as being productive. I		
183		can sometimes do it for five, ten minutes, then she		
184		goes on to do something else.		
185				
186	Interviewer	Okay.		
187				
188	Speaker 1	So I don't actually sit with her and play with her and		
189		<u>stuff like that. I engage with her, but I've tried to</u>		
190		<u>do something else on the side, which is probably</u>		

Participant Two

191		<u>grasping at the past life in a way a little bit and</u>	<p>Grasping at past life (appears to be a big theme for her along with control? Wanting to be productive, child as hindrance to getting stuff done, time with child as non-productive)</p>	Grasping at past life (in a way, a little bit)		
192		<u>then, yes [ya].</u>				
193						
194	Interviewer	Okay. And then this is your partner arrives home.				
195						
196	Speaker 1	Yes, I know. When he gets home then he can either watch her and <u>then I get cross with him.</u> I'm, like, " <u>Either you take over the baby or you take over the cooking, you know. Just— we can't do both,</u> you know, because sometimes he tries to do what I'm busy doing, like I'm busy cooking and <u>then he tries to help,</u> you know. So he tries to help with stuff around and I'm, like, the baby's, like, crying here, you know. You can pick her up and go play with her rather.			<p>Anger at partner (negative emotion)</p> <p>Either take over the baby or take over the cooking. (Either / or; baby or other stuff/productivity/doing; being vs doing??)</p> <p>He tries to help her with tasks (partner is trying to help but makes her angry? He is helping in his way not hers?)</p> <p>Prefers her partner to attend to the baby (finds other tasks easier to manage / control vs crying baby?)</p>	Anger at partner for trying to help
197						
198						
199						
200						
201						
202						
203						
204						
205						
206						
207	Interviewer	Yes.				
208						
209	Speaker 1	So that sort of vibes.	Casual: sort of vibes			
210						
211	Interviewer	And then just tell me the colours in the people. What's that about [overtalking]?				
212						
213						
214	Speaker 1	Yes. It's, kind of, just to differentiate between the people, but not really, like the red is when it's a little bit more crazy.	Differentiation between the people and their colours (energy / ability to deal with chaos)	Life as degrees of chaos		
215						
216						
217						
218	Interviewer	Okay.				
219						
220	Speaker 1	The green is where it's, kind of, calm and then back to crazy again and here I'm, like, crazy calm, trying to regroup.	Green is calm			
221						
222			Crazy calm (dichotomy / contradiction)	Life as degrees of chaos Contradiction of motherhood (I love my child; I don't enjoy mothering)		

Appendix H: Emergent, superordinate and sub-ordinate themes (ES and PETs) – Participant 2

(Yellow highlight – key themes for participant)

Participant 2

What are the experiences of FTPWMs with self-care and coping?

Themes	Page/line	Key words
A. Constant worry 1. Your job to worry 2. Worry about child’s safety 3. Pressure on self 4. Difficulty accepting anxiety	13/480 8/289; 13/484-491 16/586; 18/655 12/449; 15/557	Your job to worry about everything Still alive; Pool; boiling kettle To do a lot of stuff; simpler life ‘ang,ang’; it stayed with me
B. Measuring up 1. Admiration / envy of nanny 2. Comparison with other mothers	4/131; 1/20; 8/288	Don’t know how she does it Most people; below average
C. “Shock to the system” 1. Motherhood as uncontrollable / unpredictable / uncertain 2. All-consuming craziness (time & energy) 3. Grasping at old life (Productivity)	10/393 10/374; 12/445 10/382; 11/384	Until it comes More in control; of the rocker Don’t have the energy; really don’t have the time

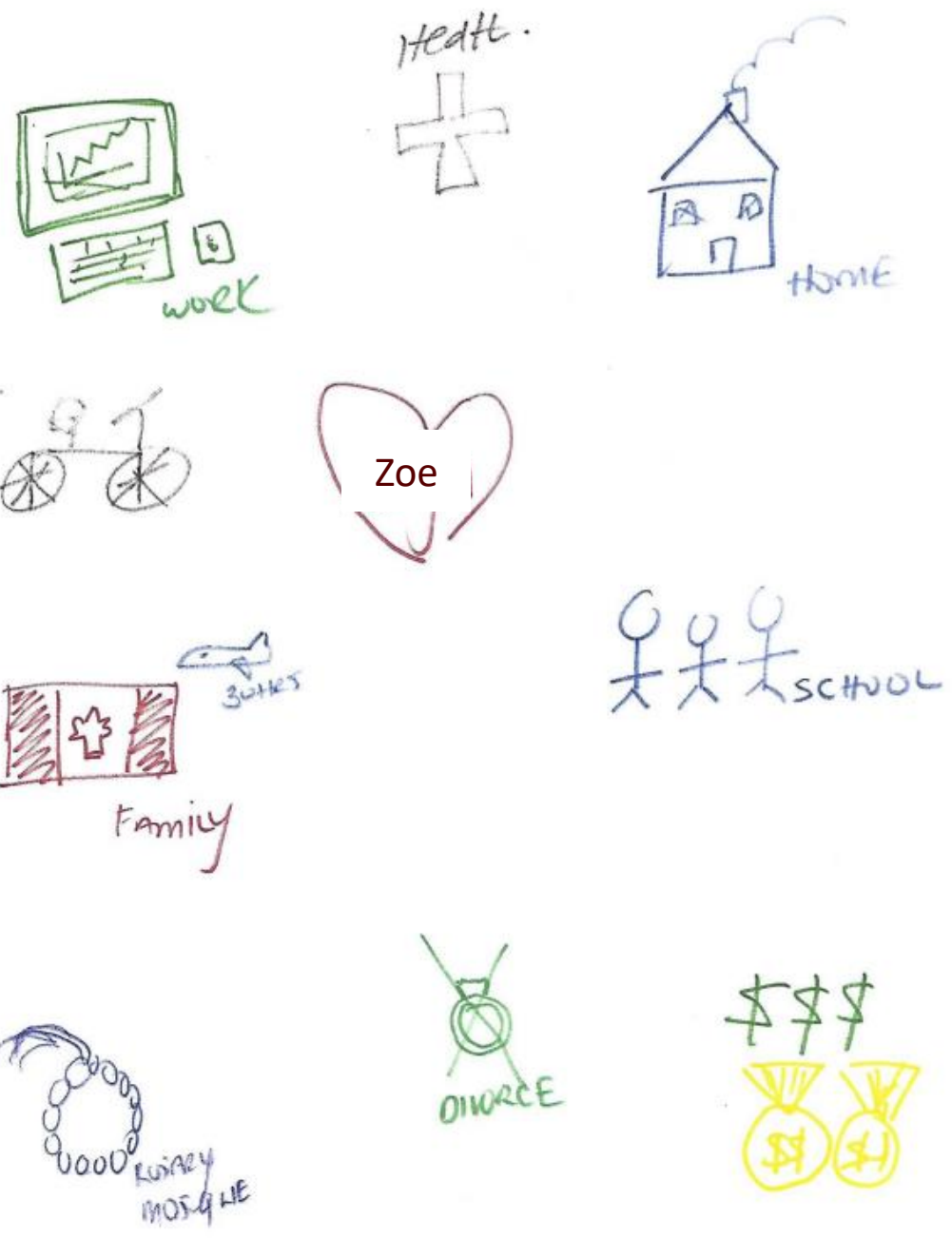
	6/190	Do something on the side;
D. Life as degrees of chaos 1. Life as a mad rush between things (?part of all consuming?) 2. Compartmentalisation of life? (separate theme? Does it relate to keeping order/ 'in control') 3. Blurred boundaries? (between activities, self and baby)	1/28; 2/55; 4/120;4/130; 6/216; 6/221 9/324 8/275; 20/743; 24/896	Nuts; crazy; less crazy; 5min later; more crazy; crazy-calm Mad rush between Parts of (day); categories; family on weekends
E. Forgotten self 1. Speaking in 1 st & 3 rd person (need to research this) 2. Putting others ahead of self	19/717; 20/738; 3/83; 10/358	Even..don't feel like it (sex); tired; earlier than you want; something I preferred
F. Coping mechanisms 1. Work 2. Flexibility at work 3. Freedom (with time) 4. (Hungry for) Support 5. Self-care 5.1 Exercise 5.2 Sleep 5.3 Substance/Mood? 5.4 Compartmentalisation	1/297 38/1440; 39/1467 33/1227; 38/1441 3/94;16/591; 17/638; 23/852; (partner) - 27/1012; 30/1139; 35/1308; 41/1544 (others) 2/396; 23/837; 35/1323;37/1394	Because of work Free reign; so flexible Dependent on; can disappear We; he can understand; complaining a lot; to help me

	<p>20/744; 21/767; 35/1316</p> <p>12/450; 20/749; 35/1317</p> <p>20/743; 24/896; 1/24</p>	<p>Big part; feel amazing; every opportunity; huge difference</p> <p>Most important; get enough</p> <p>Tablets; weed balls</p> <p>Different categories; family; different energies</p>
<p>G. Grasping at old life</p> <p>1. Pressure on self</p> <p>2. All or nothing; Either / or</p>	<p>16/586; 18/655-665</p> <p>26/953</p>	<p>A lot of stuff; simpler life; lot simpler</p> <p>Is it worth the effort</p>
<p>H. Self-care enables coping</p> <p>1. Importance of self-care</p> <p>2. Challenges of self-care</p> <p>3. Self-care practices</p> <p>3.1 Grooming</p> <p>3.2 Time for self</p> <p>3.3 Exercise/physical</p> <p>3.4 Hobbies</p>	<p>5/163; 32/1212</p> <p>34/1265; 34/1274; 11/406; 37/1375; 37/1368</p> <p>34/1271; 22/830; 22/801</p> <p>10/360; 22/825</p> <p>10/360</p> <p>22/825-826</p> <p>22/801-807</p>	<p>Everything's fine; in control</p> <p>Definitely contributes; sinking; wasn't dealing; have to; lose it</p> <p>Not having time; programme self; have time</p> <p>Haircut, make-up</p> <p>Mall, movie, cook without rush</p> <p>Exercise in – yoga</p> <p>Hobbies</p>

Appendix I: Participant pictures

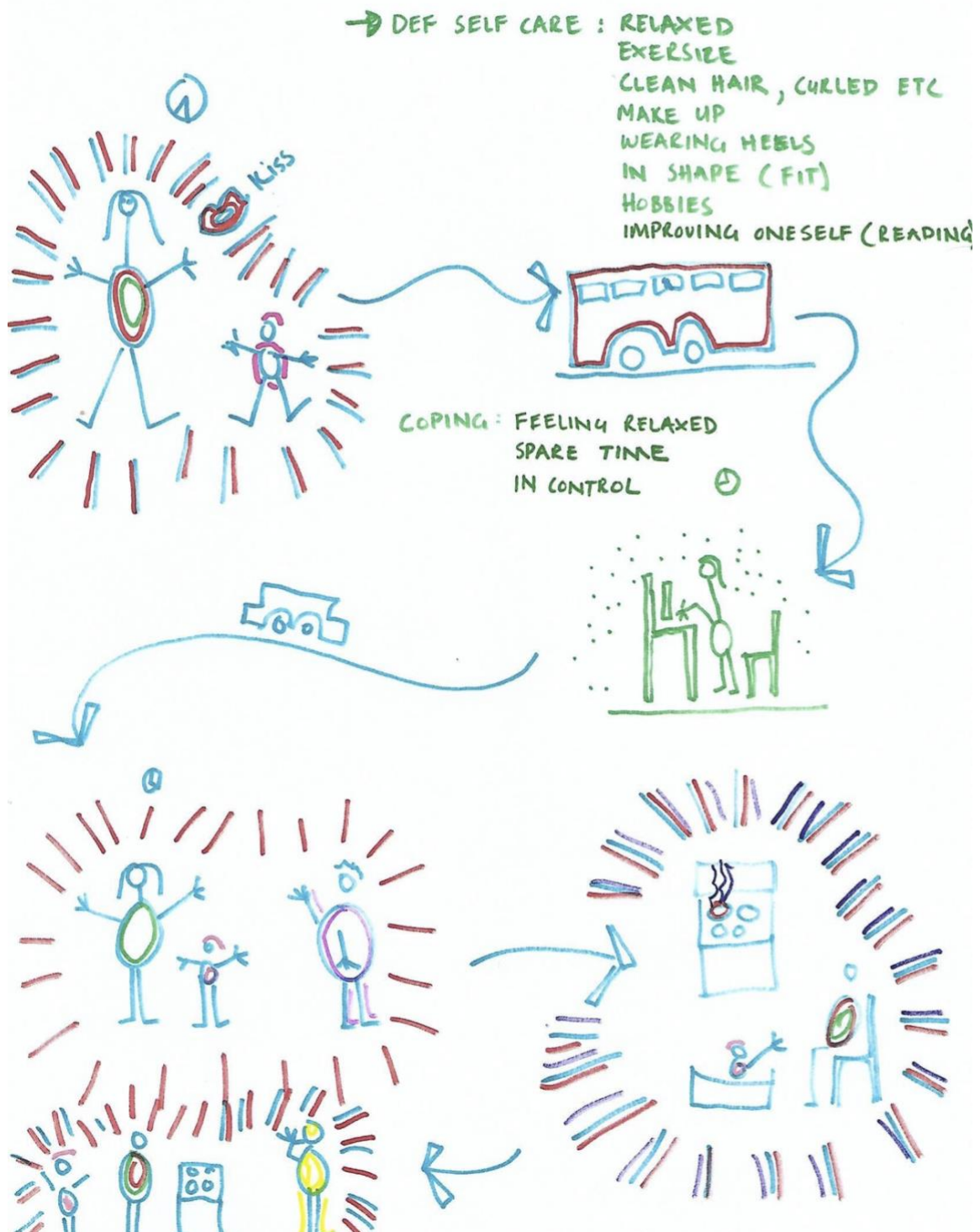
II: Participant 1 – Shireen

PARTICIPANT 1
14 DEC 2018



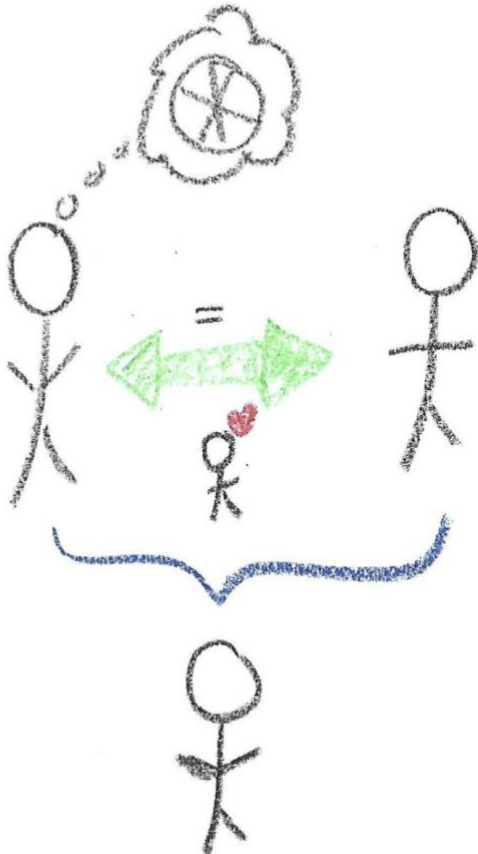
I2: Participant 2 – Emily

PARTICIPANT 2
20 DEC 2018



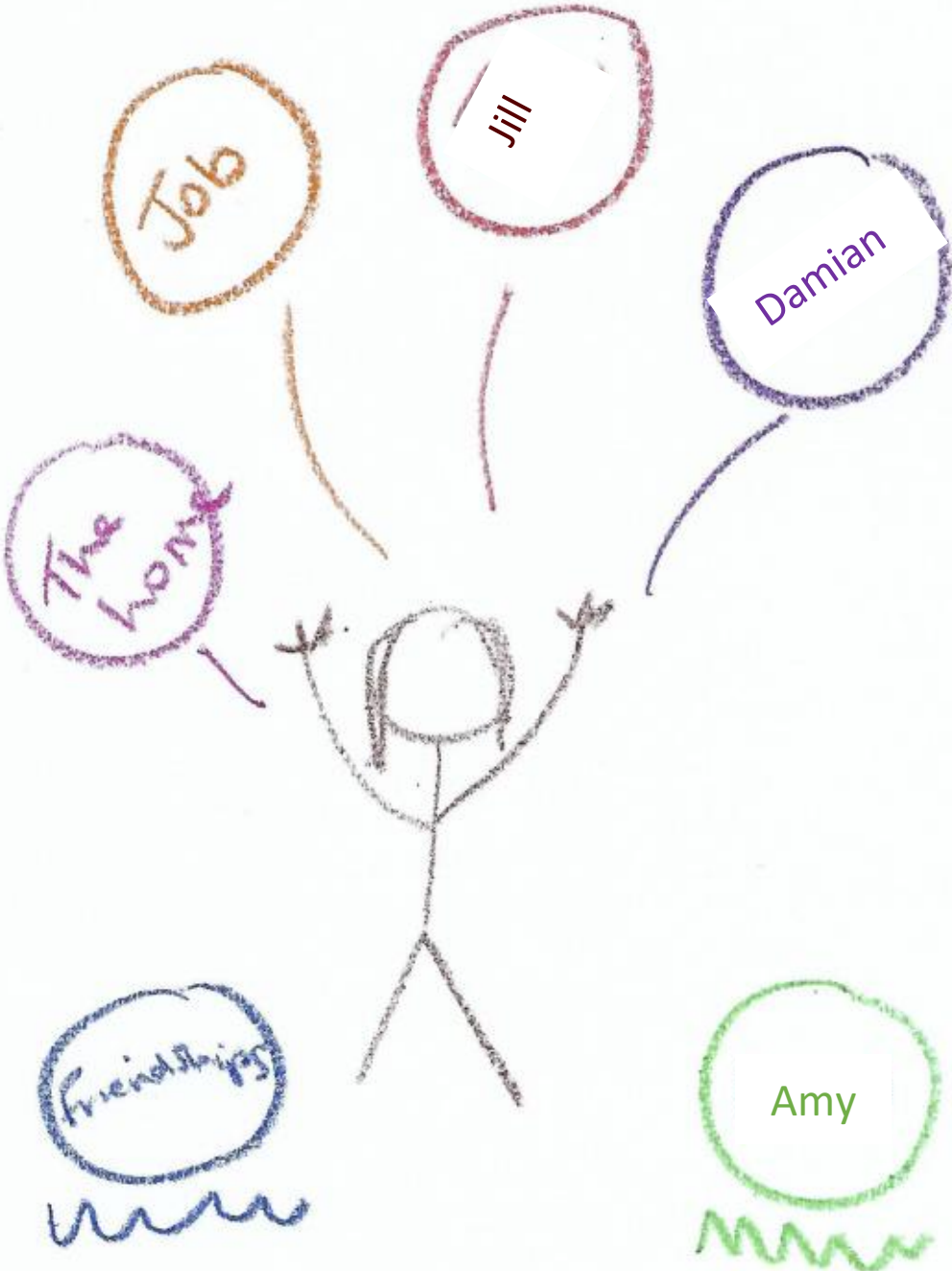
I3: Participant 3 – Candice

PARTICIPAN 3
15 JAN 2019



I4: Participant 4 – Amy

PARTICIPANT 4
22/01/2019



15: Participant 5 – Chelsea

PARTICIPANT 5
25 FEB 2019

