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Experiences of mothering across contexts

A qualitative approach

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Research Portfolio

Experiences of Mothering Across Contexts: A Qualitative Approach

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Contents

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List of Abbreviations

CASP	Critical Appraisal Skills Programme checklist
ENTREQ	Enhancing Transparency in Reporting the Synthesis of Qualitative Research
IPA	Interpretive Phenomenological Analysis
IWM	Internal Working Model
LSRP	Large Scale Research Project
QUB	Queens University Belfast
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
SPIDER	Sample Phenomenon of Interest, Design, Evaluation, Research type
RETREAT	Review question, Epistemology, Time/Timescale, Resources, Expertise, Audience and purpose, Type of data
UK	United Kingdom

Section 1: Systematic Literature Review

Experiences of Mothering From Prison; A Qualitative Evidence Synthesis

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Abstract

Maternal incarceration can be a disruptive process for the entire family. Incarcerated mothers experience stigma and are often regarded both as criminals and mothers who willingly abandoned their children. There have been several studies examining the impact on the children of incarcerated parents. However, a synthesis of qualitative studies exploring the lived experience of these women is lacking. This systematic review seeks to provide a qualitative evidence synthesis of the literature. The following research question guided the review; what are the experiences and perceptions of being a mother in prison while separated from your children. Using the thematic synthesis method, data from 15 studies were analysed. Four analytical themes were found: 'Barriers to Motherhood', 'Burden of Perceived Maternal Failure', 'Salvation through Motherhood' and 'A Better Future'. Motherhood was both the source of a perceived failing and offered redemption for the incarcerated women. As such, this review supports evidence that the mothering role should be encouraged and facilitated while these women are in prison.

Keywords: Maternal incarceration, Female offenders, Maternal identity

Introduction

This systematic review synthesises the qualitative research exploring the experience of mothering from prison while separated from one's child(ren). Female prisoners and incarcerated mothers' difficulties were explored through the lens of maternal identity and the struggle to maintain their mothering role while imprisoned. Prior to introducing the current review, an overview of existing research in the area is discussed.

Background

The number of female prisoners is increasing worldwide (Walmsley, 2017). The majority of female prisoners are mothers with at least one child (Glaze & Maruschak, 2016; Swavola et al., 2016). Research from 2012 stated that 66% of female prisoners in the UK were mothers to dependent children (Epstein, 2012). A 2015 report linking the UK's Department for Work and Pensions (DWP) and the Ministry of Justice data estimated that between 24%-31% of female offenders had dependent children (Ministry of Justice, 2015). However, they cautioned that this might be an underestimate. Maternal incarceration is detrimental to the family system, negatively impacting children (Epstein, 2012; Murray et al., 2012; Murray & Murray, 2010). Children tend to live with their mothers prior to their incarceration rather than their fathers, further contributing to family disruption and distress (United Nations, 2014). While the majority of countries have some form of accommodation for mothers and their children to live together in prison, the logistics of this differ between jurisdictions and opportunities for this tend to be restricted to mothers and infants. As a result, most incarcerated mothers are separated from their children when they enter prison (Crewe, 2020). While incarceration may be a stressful time for all prisoners, the additional separation from their children can become the central difficulty and worry during mothers' imprisonment (Dodge & Pogrebin, 2001; Wilson & Koons-Witt, 2021). The stresses and

anxieties experienced by mothers were attributed to the separation from their children, as demonstrated during a qualitative study completed in a women's prison in the United States (Forsyth, 2003). This finding is supported by quantitative research, which found that the stress women experience due to the limited contact with their children during imprisonment was related to increased anxiety, depression and somatisation (Houck & Loper, 2002).

Maternal Identity

Motherhood has historically been viewed as a developmental task with vast social and cultural implications and is essential to female identity (Darvill et al., 2010). The maternal role is seen as unique; one is not just a parent or part of the child's system but fulfilling a precise cultural and biological role (Stern, 1995). Furthermore, mothering is seen as both an identity and behaviour (Von Weller et al., 2018 in Stringer, 2020). Motherhood is loaded with societal expectations and can be viewed as something that is placed upon women in order for them to live up to a virtuous role (Enos, 2001). One's ability to perform this role in a socially acceptable way increases a sense of belonging and competence (Stets & Lee, 2021). Maternal identity comprises a woman's identification with the role and her belief around competence in fulfilling it (Mireault et al., 2002).

Developing a maternal identity is a process that is continually negotiated (Bibring et al., 1961). This process comes under significant strain when mothers are incarcerated. While physically separated from their children, female prisoners attempt to maintain their mothering role and maternal identity, albeit remotely (Lockwood, 2018; Wilson & Koons-Witt, 2021). Their ability to directly perform the mothering role becomes compromised, and thus they strive to maintain their maternal identity in some form (Enos, 2001). Motherhood is often viewed through the dichotomous lens of good versus bad. Incarcerated mothers attempt to cast themselves as the 'good mother' to preserve their own maternal identity and dissociate themselves from the other 'bad' incarcerated mothers. (Enos, 2001; Pryce & Samuels, 2010).

Preservation of the Mothering Role

Previous research has shown that incarcerated mothers are eager to maintain their role as mothers (Greene et al., 2000). However, the practicalities of continuing the mothering role, such as the difficulties of children attending visits (Raikes & Lockwood, 2019), the cost of telephone calls (Booth, 2020) and the decision of whether to tell children about their imprisonment (Lockwood, 2018), impinge upon their ability to continue with their role. As such, a grieving process for the lost role of mothering may take place (Boudin, 1998). As mothers can no longer fulfil their roles in traditional ways, they attempt to find new ways to fulfil their role as the 'good mother', such as making financial sacrifices to afford the cost of telephone calls (Lockwood, 2013) and engaging in parenting classes (Aiello, 2011; Pollock, 2003).

Mothers may experience a sense of guilt and shame over their choices and actions that led to their incarceration and subsequent separation from their children (Allen et al., 2010; Boudin, 1998; Imber-Black, 2008; Masson, 2019). This shame is often internalised from the social stigma of being an incarcerated mother (Lockwood, 2018). Women who commit crimes, particularly mothers, fail to live up to the societal notion of being a woman and a mother (Keitner, 2002). Women's crimes, especially violent crimes, shock society; in response, these women are labelled as extraordinary in order for us to collectively return to the imagined gendered status quo of crime (Weare, 2013). Imprisoned mothers are stigmatised and viewed as an incarnation of the societal image of a 'bad mother'. These women are viewed as criminals, but they are also perceived as inadequate mothers (Dodge & Pogrebin, 2001) who have chosen to leave their children (Aiello, 2011).

Contrastingly, women cite their dependent children and their desire to provide for them as reasons behind their criminality (Moe & Ferraro, 2007). Furthermore, dependent children can act as a motivation for change for these women (Enos, 2001). Societal bias is

mirrored within the staff, who also hold negative stereotypes of incarcerated women and mothers (Schram, 1999).

Current Literature and Objectives

While there is a growing body of qualitative literature exploring the experience of mothering in prison (Baldwin, 2017; Cooper-Sadlo et al., 2019; Granja et al., 2013; Shamai & Kochal, 2008; Villanueva & Gayoles, 2019), there is no known review systematically synthesising women's experiences and perspectives. There are a small number of reviews in the broader area. For example, several reviews have examined the literature on prison parenting programmes (Newman et al., 2011; Purvis, 2013; Shlonsky et al., 2016). An integrative review has examined perinatal outcomes for pregnant women in prison (Baker, 2019). Powell et al. (2017) systematically examined how mother-child separation within the UK is referred to across the literature base with respect to attachment theory. Contrastingly, Mulligan (2019) reviewed literature exploring the experience of mothers whose children reside with them in prison. More closely linked to the current review was one undertaken to examine the impact of incarceration on parents in the United States; however, this was not completed systematically, and no synthesis of the data was performed. Furthermore, no search strategy was provided, and no quality assessment appeared to take place (Dargis & Mitchell-Somoza, 2021). With this in mind, we propose a clear gap within the literature for a comprehensive qualitative evidence synthesis exploring mothers' experiences of incarceration while separated from their children. There is a strong need to have a clear systematic synthesis of this information to incorporate these women's voices within policy and practice recommendations. By incorporating these voices, policies, interventions and strategies may become more effective and foster the mother-child bond during this difficult time while also increasing the chances of successful re-entry for both women and their families (Kennedy et al., 2020).

The current review sought to synthesise qualitative evidence of the experience of mothers in prison who are separated from their children. The review was guided by the following question: What are women's experiences and perceptions of being a mother in prison while separated from their children?

Methodology

The review utilised the "Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ)" statement (Tong et al., 2012) to ensure comprehensive reporting. Preliminary searches were carried out to assess the viability of the review, and a protocol was registered on the Prospero website (https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42021289398).

Searching

A systematic search was conducted using online databases. The search strategy was informed by SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research type; Cooke et al., 2012) and developed in consultation with an information specialist. The inclusion and exclusion criteria (Table 2) informing this search was also developed using the SPIDER framework. This strategy was piloted and found to have sufficient sensitivity for retrieving articles relevant to the research question. Searches took place on the 12th of November, 2021. Six electronic databases, including two grey literature databases, were searched. A search strategy for each database is provided in Table 1. A combination of MESH/ subject headings/ thesaurus terms and keywords were utilised within each respective search engine. No limits on language or publication date were applied. The initial search yielded 1150 references (754 following de-duplication), which were imported into Endnote X9 file. The endnote file was subsequently uploaded to the Ryan software (https://rayyan.ai, 2021). In addition, the references of the final included studies were searched using a forward

and backward strategy to identify additional, potentially relevant literature (Horsley et al.,

2011).

Table 1

Search Syntax

Database	Syntax
PsychINFO	Exp.mothers AND (expPrisons OR exp. Legal detention OR exp. Incarceration)
Cinahal- EBSCO host	(MH "mothers") AND ((MH "Prisoners") OR (MH "correctional facilities) OR "Incarceration*")
Web of Science- Clarivate	Mother* (author keywords) AND "legal detention" OR "Prison*" OR "Incarceration*" (author keyword)
Scopus	(TITLE-ABS-KEY (Prison* OR Incarcerat* OR "maternal incarceration" OR "correctional facilities" OR "legal detention") AND TITLE-ABS-KEY (mother*) AND TITLE-ABS-KEY (experience*))
Proquest	Noft (mother*) AND noft(prison* OR Incarcerat* OR "maternal incarceration" OR "correctional facilities" OR "legal detention") AND noft(lived experience)
Ethos	Mother* AND prison* OR jail OR incarcerat* OR legal detention

Screening

The lead author (AW) screened the title, keywords, and abstracts of all studies

retrieved against the inclusion and exclusion criteria (Table 2)f. Twenty per cent of the

retrieved title, abstract and keywords were screened independently by the second reviewer

(GW). In cases where the information required to determine if a study met the inclusion

criteria was not evident in the title and abstract, the full text was screened. Where the lead

author and second reviewer were not in agreement, the article was put forward for full-text

screening. The lead author and the second reviewer independently screened all papers that

met the criteria for full-text screening. The screening tool is provided in the appendices

(Appendix A). Any conflicts or doubts regarding inclusion were discussed and resolved.

Figure 1 provides more information on this process. While initially it was planned to include grey literature in the form of theses, hence the database searches on ProQuest and Ethos, after initial screening, it became clear that the inclusion of grey literature would be beyond the scope of this review due to the number of unpublished theses. Therefore, grey literature was subsequently excluded. As the review team did not have a second language, studies in languages other than English could not be included. These have been listed as 'studies awaiting classification' in Figure 1 to ensure transparency in the review process (Glenton et al., 2020). Where the same study, using the same sample and methods but was presented in different reports, these reports were collated so that each study (rather than each report) is the unit of interest (Glenton et al., 2020).

Data Extraction

Information regarding study details (author, publication year, setting), participants, design and methods were extracted from the studies selected for inclusion the program NVivo (software version 12 2019, QSR International Pty Ltd; Houghton et al., 2017). The characteristics to be extracted were informed by Thomas and Harden (2008) and Noyes et al. (2018). Additionally, first-order (participant quotes) and second-order (author) interpretations that reflected the review question were extracted from the abstract, results and discussion sections using NVivo software (software version 12 2019, QSR International Pty Ltd; Noyes et al., 2018). The second reviewer independently extracted the data from 20% of the included studies (Boland et al., 2017). Their extraction was consistent with the lead author's extraction.

Assessing the methodological limitations of included studies

The Critical Appraisal Skills Programme Qualitative Checklist was used to assess the methodological limitations and the quality of the included studies (Appendix B; CASP, 2018). The CASP checklist identifies issues to be considered when appraising a qualitative

study, including its validity and if the results are of value locally (CASP, 2018). This tool

was used to aid the interpretation of findings at later stages of the review. Studies were not

excluded based on poor quality, as how a study is reported is not necessarily an indication of

how the study was conducted (Dixon-Woods et al., 2007). One-third of the studies were

independently assessed using the CASP tool by members of the review team (GW & CH).

Table 2

Inclusion and Exclusion Criteria used for Screening

Inclusion Criteria	Exclusion Criteria
Sample	
Studies which include mothers who are separated from their children due to being incarcerated in prison	Studies that include mothers who are not separated from their children during incarceration
Studies which include previously incarcerated mothers who were separated from their children	
Phenomenon of Interest	
Qualitative first-hand accounts of the experience of mothers separated from their children due to being incarcerated in prison	Studies exploring the experience of being pregnant in prison
	Studies examining mental health outcomes in women/mothers in prison
Studies that explore other perspectives in addition to mothers if the data relating to the mothers' perspective can be easily extracted	Studies examining parenting groups or interventions within a prison
	Studies that exclusively explore the experience of individuals other than the mother, i.e. staff, or where mothers' experience is not extractable
Design	
Studies using qualitative data analysed with qualitative methods	Studies including only quantitative data
Mixed methods where qualitative data is extractable	
Evaluation	
Experiences and perceptions	Studies that do not include experiences or perceptions
Research Type	
Peer-reviewed empirical published studies	Non-empirical research

Thematic Synthesis

Thematic synthesis methodology was chosen to synthesise the extracted data (Thomas & Harden, 2008). This decision was guided by the RETREAT framework, which considers various criteria for selecting a synthesis method: the research question, epistemology, timescale, resources, expertise, audience, and purpose/type of data (Booth et al., 2018). Furthermore, thematic synthesis is effective for capturing participants perspectives as was central to the current study (Booth et al., 2018). Thematic synthesis involves the systematic coding of data and the generation of descriptive and analytical themes. It moves beyond solely describing qualitative studies to developing new explanations or interpretations across study findings.

The data were synthesised within NVivo directly from the included papers. The coding involved three steps: line-by-line coding, which incorporated free codes and axial coding. These codes were then grouped into descriptive themes and subsequently developed into analytical themes. The descriptive themes stick closely to the data of the original papers, whereas the analytical themes move beyond the raw data (first-order (participant quotes) and second-order (author) interpretations which were extracted from the abstract, results and discussion sections (Thomas & Harden, 2008)). Each stage was captured within NVivo, providing an audit trail. The analytical themes were broken down into sub-themes to reflect the core findings. The GRADE CERQual tool assessed confidence in the review findings (Lewin et al., 2018). This tool uses four components to evaluate confidence in the qualitative evidence synthesis findings: methodological limitations, coherence, adequacy of data, and relevance. An overall rating of confidence was then given to each finding.

Figure 1

Prisma Flow chart illustrating selection of studies (Page et al., 2021).

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Author reflexivity

In keeping with quality standards for rigour in qualitative research, the review authors, in particular the lead author, considered their views and opinions on incarcerated mothers and incarceration in general as possible influences on the decisions made in the design and conduct of the study and, in turn, on how the results of the study influenced those views and opinions. The lead author was epistemological positioned by Critical Realism, which posits that one's sense of reality is shaped by their own perceptions and beliefs. Thematic synthesis usefulness in gathering and synthesising perceptions of participants means that it works well with a critical realist position. However the thematic synthesis method is less reliant on epistemological position and thus can be used with studies of varying positions. The lead author maintained the reflexive stance detailed below throughout the stages of the review process, from study selection to data synthesis. Progress was discussed regularly among the team and the lead author, with decisions being critically explored. The review team have backgrounds: in clinical psychology (AW, PA, GW, BT), nursing (CH) and health psychology (PA). One team member (CH) has significant expertise in qualitative evidence synthesis, and the lead author regularly engaged with her regarding the process, which ensured rigour when completing the review. AW and PA remained mindful of presuppositions, such as an assumption that incarceration was a wholly negative experience. Supervision was used to minimise the risk of skewing the analysis or the interpretation of the findings. As the lead author, AW kept a reflexive journal to document and reflect on progress and decisions made throughout the review process. To minimise biases, interpretations of the data were repetitively questioned among the team. All team members were asked to verify that the findings reflected the supporting data accurately. The same process of awareness of personal biases was applied during the appraisal of confidence in the findings.

Results

Summary of Included Studies and Participants

Fifteen studies were included in this review; one study was split across two papers meaning that there were 16 papers included. Studies involved 479 participants in total. Participants ranged from 18 to 63 years old; however, not all studies provided an age range. Six studies were based in the USA (Aiello & McQueeny, 2016; Celinska & Siegel, 2010; Cooper-Sadlo et al., 2019; Kennedy et al., 2020; Moe & Ferraro, 2007; Stringer, 2020), two in the UK (Baldwin, 2017; Booth, 2020) and one each in Greece (Demeli, 2010), Australia (Fowler et al., 2021), Portugal (Granja et al., 2015; Granja et al., 2013), South Africa (Parry, 2021), Mexico (Sandberg et al., 2021), Israel (Shamai & Kochal, 2008) and the Philippines (Villanueva & Gayoles, 2019). Three studies included formally incarcerated participants (Baldwin, 2017; Cooper-Sadlo et al., 2019; Shamai & Kochal, 2008), while one study included women awaiting sentencing (Celinska & Siegel, 2010). The participants in the other nine studies were sentenced and incarcerated at the time of their participation (Aiello & McQueeny, 2016; Booth, 2020; Demeli, 2010; Fowler et al., 2021; Granja et al., 2015; Granja et al., 2013; Kennedy et al., 2020; Moe & Ferraro, 2007; Parry, 2021; Sandberg et al., 2021). Thirteen studies used interviews to collect data (Aiello & McQueeny, 2016; Baldwin, 2017; Booth, 2020; Celinska & Siegel, 2010; Cooper-Sadlo et al., 2019; Demeli, 2010; Fowler et al., 2021; Granja et al., 2015; Granja et al., 2013; Kennedy et al., 2020; Moe & Ferraro, 2007; Parry, 2021; Sandberg et al., 2021; Shamai & Kochal, 2008), one used focus groups (Stringer, 2020), and another used written narrative accounts (Villanueva & Gayoles, 2019). Two studies used observations in addition to interviews for their data collection (Aiello & McQueeny, 2016; Demeli, 2010). Various methodologies were utilised across the included studies for study design and data analysis. Four studies used thematic analysis (Baldwin, 2017; Booth, 2020; Granja et al., 2015; Granja et al., 2013; Sandberg et al., 2021),

and three used a phenomenological approach (Cooper-Sadlo et al., 2019; Shamai & Kochal, 2008; Villanueva & Gayoles, 2019), three used grounded theory (Aiello & McQueeny, 2016; Celinska & Siegel, 2010; Kennedy et al., 2020) , one used content analysis (Stringer, 2020), one used a narrative analysis (Parry, 2021) and one used a strength-based exploratory approach (Fowler et al., 2021). A strength-based approach was described within the study as an approach which 'enabled the asking and probing of questions to elicit the women's strengths rather than their deficits' (Fowler et al., p.84). Two studies did not provide information regarding their methodology for analysis (Demeli, 2010; Moe & Ferraro, 2007). See Table 3 for further details.

Table 3

Characteristics of studies

Author(s), year	Country	Study aims/ phenomenon of interest	Participants	Age Range	Recruitment	Data collection and methodology
Aiello & Mcqueeney, 2016	USA	To examine how incarcerated mothers constructed moral identities in the face of stigma	83 female prisoners in Northeast Jail	No range provided M=32	No information provided	Interviews, observations and telephone calls with women and families were analysed using grounded theory
Baldwin, 2017	England & Wales	To show how the physical space of prison and the dynamics within give shape to the experience of motherhood	20 formally incarcerated mothers who had experienced one period in prison	19-66	Purposive sampling and snowball sampling	Semi-structured interviews analysed using thematic analysis
Booth, 2018	England	Expand on the critical role of telephone calls for mothers to stay in touch with their children while in custody. The limitations of the current provisions were also explored.	Female prisoners in England (n=15) with one child who has been imprisoned for at least 2 months	26-47	Purposive sampling and snowball sampling.	Semi-structured interviews analysed using thematic analysis
Celinska & Siegel, 2010	USA	Focus on offenders' experiences as mothers	74 mothers who were incarcerated or awaiting trial	23-51	Purposive sampling	Life history interviews analysed using grounded theory

Cooper-Sadlo et al., 2019	USA	Explore how formerly incarcerated mothers negotiate their experience of motherhood	12 formally incarcerated mothers	No range given M=46.8	Purposive- from a support group	Semi-structured interviews analysed using transcendental phenomenological analysis
Demeli, 2010	Greece	Explore the experience of motherhood before and after imprisonment in Greece	19 incarcerated mothers	26-44	Purposive sampling	Interviews and observations, no description provided of how they were analysed
Fowler et al., 2021	Australia	To explore the parenting experience of incarcerated mothers who have been separated from their children	65 incarcerated mothers	21-58	Not stated	Semi-structured interviews an interpretive description method and strength-based techniques were used to explore experiences
Granja et al., & 2013,2015	Portugal	(i) To analyse issues concerning the identity, representations and practices of mothers in prison who have children on the outside (ii) To explore how the norms implicit in "intensive mothering" are intertwined and mutually support and	20 mothers in a Portuguese prison, imprisoned for more than 6 months	20-52	Purposive sampling	Interviews analysed using thematic analysis

		coproduce the values, rationalities, and textured practices of being a mother in prison in Portugal; and to discuss prisoners' vulnerable resistance to a fragmentary and incomplete mothering performance				
Kennedy et al., 2020	USA	To explore the experience of motherhood for incarcerated women using the Gendered Pathways Perspective	41 mothers incarcerated	23-63	Purposive sampling-taken from a wider random sample of female prisoners	Structured interview with two open-ended questions analysed using grounded theory
Moe & Farraro, 2007	USA	To further understanding of how motherhood (1) resonates with incarcerated women's self-perceptions, (2) relate to their motivations for crime, and (3) informs therapeutic programming within the carceral environment.	30 incarcerated mothers	21-50 (M=34)	Purposive sampling	Semi-structured interviews, no detail provided on data analysis

Parry, 2021	South Africa	To contribute to literature which explicates South African women's life histories and motherhood experiences before incarceration and the possible causative role it may have played in their pathway to offending	17 women in Johannesburg Female correction facility	23-53	Convenience and snowball sampling	Semi-structured life history interviews analysed using narrative analysis
Sandberg et al., 2020	Mexico	To expand existing scholarship on how structurally disadvantaged mothers negotiate their maternal identities	12 incarcerated women in Mexico	18-50	Purposive sampling	Semi-structured life story interviews were analysed using thematic analysis
Shamai & Kochal, 2008	Israel	To explore how women prisoners in Israel experience motherhood in prison and construct their motherhood after being released.	9 formally incarcerated mothers who had completed a rehabilitation program	33-50	Purposive sampling	In-depth semi-structured interview analysed using a phenomenological method
Stringer, 2020	USA	An investigation of how female prisoners, with varying degrees of success, attempt to manage their maternal role and maintain their identities as	55 mothers incarcerated	Not provided	Purposive convenience sampling	Focus groups—open-ended guide analysed using content analysis Based on pre-coded themes

		mothers.				
Villanueva & Gayoles, 2019	Philippines	Aimed to establish the lived experiences of mothers based on their lived experiences as incarcerated mothers.	7 incarcerated mothers	No range given M=36	No detail provided	Written narrative accounts, analysed using a phenomenological process

Quality Appraisal

As described within the methods section, each studies quality was assessed using the CASP tool. There was 97% agreement between the independent reviewers for the assessed sample of studies. Discrepancies were discussed and resolved. The results of the quality appraisal of the included studies are presented in Table 5. Studies were not excluded as a result of the quality assessment as each study had the potential to add to the review. However, the methodological rigour of each contributing study contributed to the confidence assessments of each review finding, as seen in the evidence profile for each finding (Appendix C). The majority of studies failed to provide information on the impact of the researcher on the research. Several studies provided extremely little or no information regarding the design of the study or data analysis method. The results of the quality appraisal indicated that it was not always possible to assess items as detailed information regarding these questions was not included in some studies' reports. This may be due to space limitations in publications and may represent the published report rather than the quality of the research.

Table 5
Quality appraisal results

CASP checklist item	Aiello & Mcqueeny, 2016	Baldwin 2017	Booth 2020	Celinska & Siegal 2010	Cooper-Sadlo et al., 2019	Demeli 2010	Fowler et al., 2021	Granja et al., 2013,2015	Kennedy et al., 2020	Moe & Farraro 2007	Parry 2021	Sandberg et al., 2020	Shamai & Kochal, 2008	Stringer 2020	Villanueva & Gayoles 2019
Clearly stated aims	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Qualitative methodology appropriate	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Research design appropriate	-	✓	-	-	✓	-	✓	-	-	-	✓	✓	✓	✓	✓
Recruitment strategy appropriate	-	✓	✓	✓	✓	-	-	-	✓	✓	✓	✓	✓	✓	-
Data collection appropriate	✓	✓	✓	✓	✓	-	✓	-	✓	✓	✓	✓	✓	✓	✓
Researcher-participants relationship considered	-	-	-	-	✓	✓	-	-	-	-	✓	✓	-	-	✓
Ethical issues considered	✓	✓	✓	✓	-	-	✓	-	✓	-	✓	✓	✓	✓	-
Rigorous data analysis	✓	-	✓	✓	✓	-	✓	-	✓	-	-	✓	✓	✓	✓
Clearly stated findings	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓
Valuable research	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Key: Yes=✓, Can't tell= -, No= ✗

Thematic synthesis

Four analytical themes with associated subthemes were found: 'Barriers to Motherhood', 'Burden of Perceived Maternal Failure'; 'Salvation Through Motherhood'; and 'A Better Future'. A summary of the themes and subthemes are presented in Table 4 alongside the GRADE-CERQual assessment of confidence. A detailed evidence profile for GRADE-CERQual assessment for each finding can be found in Appendix C. Additionally, a summarised audit trail of descriptive and analytical themes is included in Appendix D.

Theme 1: Barriers to Motherhood

The first theme encompasses the subthemes of 'Lack of institutional support for mothering', 'Negotiating with external caregivers', 'Intergenerational cycle' and 'Pain of separation'. The theme speaks to how these components are barriers to the women's mothering role.

Lack of institutional support for mothering. The majority of the studies spoke to the lack of institutional support for mothering (Aiello & McQueeny, 2016; Baldwin, 2017; Booth, 2020; Celinska & Siegel, 2010; Cooper-Sadlo et al., 2019; Demeli, 2010; Fowler et al., 2021; Granja et al., 2015; Granja et al., 2013; Kennedy et al., 2020; Moe & Ferraro, 2007; Shamai & Kochal, 2008). The facilities and environment within prison made it difficult for the women to fulfil their roles as mothers (Aiello & McQueeny, 2016; Baldwin, 2017; Demeli, 2010; Granja et al., 2013; Kennedy et al., 2020).

'Arguably, the maternal experience of mothers in prison is often at best disrupted, at worst destroyed, by the location. Mary, for example, described prison as 'an assault on her ability to be any kind of mother at all let alone a good one' (Baldwin, 2017).

The practicalities of attempting to mother in prison resulted in numerous hurdles. Studies reported barriers such as the level of security, access to telephone and lack of appropriate

Table 4

Summary of Qualitative Findings

Summarised Review Finding	GRADE-CERQual Assessment of Confidence	Explanation of GRADE-CERQual Assessment	References
1. BARRIERS TO MOTHERHOOD			
Lack of institutional support for mothering: The facilities and environment were barriers to fulfilling their maternal roles. At its very core, incarceration threatened their self-concept as mothers.	Moderate confidence	1. Moderate confidence 2. Minor concerns 3. No/Very minor concerns 4. No/Very minor concerns	Aiello & McQueeny 2016; Granja et al. 2013; Kennedy et al. 2020; Cooper-Sadlo et al. 2019; Celinska & Siegel 2010; Granja et al. 2015; Baldwin 2017; Demeli 2010; Booth 2020; Fowler et al. 2021; Shamai & Kochal 2008; Moe & Ferraro 2007;
Negotiating with external caregivers: There was a variety of experiences. Mothers needed to negotiate with external caregivers as they were the gate-keepers of their children. In all circumstances, individuals needed to relinquish some element of their mothering role to these external carers.	High confidence	1. Minor concerns 2. No/Very minor concerns 3. No/Very minor concerns 4. No/Very minor concerns	Aiello & McQueeny 2016; Granja et al. 2013; Cooper-Sadlo et al. 2019; Celinska & Siegel 2010; Granja et al. 2015; Demeli 2010; Booth 2020; Fowler et al. 2021; Stringer 2020; Shamai & Kochal 2008;
Intergenerational cycle: The cycle of violence, poverty and crime these women face. Children are often now left in that same cycle.	Low confidence	1. Minor concerns 2. No/Very minor concerns 3. Serious concerns 4. No/Very minor	Kennedy et al. 2020; Parry 2021;
Pain of separation: The hardship and difficulties of being separated from their children.	High confidence	1. Minor concerns 2. No/Very minor concerns 3. No/Very minor concerns 4. No/Very minor concerns	Villanueva & Gayoles 2019; Kennedy et al. 2020; Cooper-Sadlo et al. 2019; Granja et al. 2015; Baldwin 2017; Demeli 2010; Fowler et al. 2021; Stringer 2020; Shamai

Summarised Review Finding	GRADE-CERQual Assessment of Confidence	Explanation of GRADE-CERQual Assessment	References
			& Kochal 2008; Moe & Ferraro 2007;
2. BURDEN OF PERCEIVED MATERNAL FAILURE			
Guilt and shame: Women felt guilty for the pain they had caused their children, the loss they had put them through and for not being there for them. Sense of shame around their incarceration. They blamed themselves for all that is happening and sense that they may have failed their children.	High confidence	1. Minor concerns 2. No/Very minor concerns 3. No/Very minor concerns 4. Minor concerns	Aiello & McQueeny 2016; Granja et al. 2013; Kennedy et al. 2020; Cooper-Sadlo et al. 2019; Celinska & Siegel 2010; Granja et al. 2015; Baldwin 2017; Sandberg et al. 2021; Demeli 2010; Stringer 2020; Shamai & Kochal 2008; Moe & Ferraro 2007;
Awareness of the impact on children: There was an awareness of maternal incarceration's far-reaching impact on children.	Moderate confidence	1. Minor concerns 2. Minor concerns 3. No/Very minor concerns 4. Minor concerns	Aiello & McQueeny 2016; Granja et al. 2013; Cooper-Sadlo et al. 2019; Celinska & Siegel 2010; Granja et al. 2015; Demeli 2010; Booth 2020; Fowler et al. 2021; Stringer 2020; Shamai & Kochal 2008; Moe & Ferraro 2007; Parry 2021;
3. SALVATION THROUGH MOTHERHOOD			
Preserving the maternal identity: Women constructed moral identities from their identities as mothers. The maternal identity offered redemption from the stigma they have faced due to their incarceration. They engaged in several strategies to maintain their maternal identity and role.	High confidence	1. No/Very minor concerns 2. No/Very minor concerns 3. No/Very minor concerns 4. Minor concerns	Aiello & McQueeny 2016; Granja et al. 2013; Villanueva & Gayoles 2019; Kennedy et al. 2020; Celinska & Siegel 2010; Granja et al. 2015; Baldwin 2017; Sandberg et al. 2021; Demeli 2010; Stringer 2020; Shamai & Kochal 2008; Moe & Ferraro 2007;

Summarised Review Finding	GRADE-CERQual Assessment of Confidence	Explanation of GRADE-CERQual Assessment	References
Children as motivation: Children acted as motivators for their mothers to manage the distress of prison and provided them with a sense of strength. Children also served as motivators for the original offence as mothers felt they provided for them.	Moderate confidence	1. Minor concerns 2. No/Very minor concerns 3. Moderate concerns 4. No/Very minor concerns	Aiello & McQueeny 2016; Kennedy et al. 2020; Granja et al. 2015; Fowler et al. 2021; Shamai & Kochal 2008; Moe & Ferraro 2007;
Protecting the child: The hardship of mothering from jail was seen as a sacrifice for their child; they missed out on luxuries to save up for telephone contact. They put off visits they longed for to protect their children from the emotional toll of visiting their mothers in prison.	Moderate confidence	1. Minor concerns 2. Minor concerns 3. Moderate concerns 4. Minor concerns	Aiello & McQueeny 2016; Cooper-Sadlo et al. 2019; Baldwin 2017; Booth 2020; Fowler et al. 2021; Stringer 2020; Parry 2021;
4. A BETTER FUTURE			
Benefits of incarceration for the women: Despite the hardship, prison gave the women a safe space when they often didn't feel safe before, an opportunity for rehabilitation, new perspectives and clarity on their roles as mothers.	Moderate confidence	1. Minor concerns 2. Minor concerns 3. Minor concerns 4. Minor concerns	Aiello & McQueeny 2016; Granja et al. 2013; Villanueva & Gayoles 2019; Kennedy et al. 2020; Cooper-Sadlo et al. 2019; Celinska & Siegel 2010; Sandberg et al. 2021; Stringer 2020; Shamai & Kochal 2008; Parry 2021;
Hopes for the future: The women had desires to be better mothers and role models and help other people in the future—priority of release and making a better life for themselves and their children.	Moderate confidence	1. No/Very minor concerns 2. No/Very minor concerns 3. Moderate concerns 4. Minor concerns	Aiello & McQueeny 2016; Granja et al. 2013; Villanueva & Gayoles 2019; Kennedy et al. 2020; Celinska & Siegel 2010; Sandberg et al. 2021; Shamai & Kochal 2008; Moe & Ferraro 2007; Parry 2021;

Key: 1= Concerns regarding methodological limitations, 2= concerns regarding coherence, 3= concerns regarding adequacy, 4= concerns regarding relevance

visiting space for children (Baldwin, 2017; Booth, 2020; Kennedy et al., 2020). Three studies

reported the lack of support they perceived from prison staff and judges, and members of the

broader judicial system (Baldwin, 2017; Fowler et al., 2021; Moe & Ferraro, 2007).

 'As Alicia stated regarding the judge who sentenced her: If you really cared about me being

a good parent, what is 90 days in here really going to do for my children? . . . Some of us in

here do have families' (Moe & Ferraro, 2007).

From primary studies, there was a sense that participants felt staff did not value their roles as

mothers and that there were institutional barriers put in place.

'One mother felt she had limited emotional support from officers, although this was not a

universal experience, and felt that simply being in prison rendered mothers 'invisible' and

'unworthy' in the eyes of the prison staff: 'the officers didn't care I wasn't a mother, I wasn't

a grandmother who was feeling sad, and in pain, I wasn't someone who had made a

successful career and made one mistake I was just a prisoner, the rest ... all gone'(Queenie,

64)' (Baldwin, 2017).

Studies reported that women's self-concepts as mothers were removed and their

maternal identities threatened (Aiello, 2011; Baldwin, 2017). Barriers such as the cost of

telephone calls, writing materials, restrictions on visits as well the location of prisons made

performing even a limited form of motherhood difficult (Baldwin, 2017; Booth, 2020;

Celinska & Siegel, 2010; Fowler et al., 2021; Moe & Ferraro, 2007).

'I've got four children, and because of the money that we're on, it's hard not being able to

speak to the kids… you're just rushing on the phone just so you can get [time] and squeezing

every phone call out of that money you've got on your credit. (Sarah, mother of four)'(Booth,

2017).

Negotiating with the external caregiver. The complexity of negotiating children's

external care also acted as a barrier to the women's mothering abilities (Aiello & McQueeny,

2016; Booth, 2020; Celinska & Siegel, 2010; Cooper-Sadlo et al., 2019; Demeli, 2010;

Fowler et al., 2021; Granja et al., 2015; Granja et al., 2013; Shamai & Kochal, 2008;

Stringer, 2020). Women were in a precarious position as they often had ambivalent feelings

toward the caregiver, being both grateful that their children were looked after and having a

desire for their children to be parented differently (Aiello & McQueeny, 2016; Celinska &

Siegel, 2010; Stringer, 2020).

'Sabrina felt a conflict: she was grateful for her mother's willingness to care for her children
but concerned about her mother's parenting style' (Aiello & McQueeny, 2016).

Other women were more explicit in stating that they were better mothers than the external

caregivers and expressed frustration with how their children were being cared for (Aiello &

McQueeny, 2016; Celinska & Siegel, 2010; Stringer, 2020).

'My niece is very strict with my daughter; I understand she has to be like that sometimes, but
not excessively like one time when she hit my daughter. And I had an argument with her "I
won't allow you or anyone else to hit my daughter"' (Granja et al., 2015).

Studies reported how women were often denied contact with their children. This may

have been a form of '*punishment*' from the external caregiver (Demeli, 2010; Granja et al.,

2013); or due to personal or practical issues with the caregiver, such as '*procrastination*' or

difficulties travelling (Stringer, 2020).

'I didn't expect them to say to me, "well done". But they are taking revenge on me through
the kids' (Demeli, 2010).

While there was a variety of experiences, it was clear that due to a lack of control and

the fact these external caregivers were the gatekeepers to their children, the women's

relationship with the external caregiver heavily influenced their ability to enact a maternal

role. The women's ability to maintain a relationship with their children was not possible

without the constant support of the caregiver. As such, their ability to perform their mothering role was highly vulnerable.

Intergenerational cycle. The subtheme speaks to the cycle of violence, poverty and crime faced by some participants (Kennedy et al., 2020; Parry, 2021).

'Now it's a vicious cycle, my child is living in the same house dealing with the same issues because I'm here and can't take care of him'(Kennedy et al., 2020).

This sub-theme illustrated how women had little agency before their incarceration. The intergenerational cycle impeded their ability to mother before and during imprisonment due to the cycles' role in their offending.

Pain of separation. The hardship and difficulties of prison are associated with the separation from their children and all that entails. Ten of the studies reported and explored the struggle these mothers felt from being separated from their children (Baldwin, 2017; Cooper-Sadlo et al., 2019; Demeli, 2010; Fowler et al., 2021; Granja et al., 2015; Kennedy et al., 2020; Moe & Ferraro, 2007; Shamai & Kochal, 2008; Stringer, 2020; Villanueva & Gayoles, 2019). Women discussed the pain, distress and anxiety that being separated from their children brought them (Baldwin, 2017; Cooper-Sadlo et al., 2019; Demeli, 2010; Shamai & Kochal, 2008; Stringer, 2020; Villanueva & Gayoles, 2019).

'pain to the point of numbness' (Ursula, 48)' (Baldwin, 2017).

In two of the studies, women discussed the immense pain of being separated from their babies (Baldwin, 2017; Fowler et al., 2021).

'I was locked in this horrible lonely, scary place with leaking breasts and no baby ... I held my pillow like it was my child, and it was soaked with my milk and my tears ... I felt bereft, I have never felt grief or pain like it (Beth, 19)' (Baldwin, 2017).

Across several studies, the women spoke about the pain of not being able to help their children. The inability to comfort them when they knew they were hurting. There was a sense

of guilt and pain that they were responsible for this painful separation (Baldwin, 2017; Demeli, 2010; Granja et al., 2015; Moe & Ferraro, 2007; Villanueva & Gayoles, 2019).

'I am angry with myself when I hear that they are sick, and I should be the one taking care of them'(Villanueva & Gayoles, 2019).

Theme 2: The Burden of Perceived Maternal Failure

This theme explores the burden these women carry with them of their perceived failing of motherhood. This perceived failing drives the women to seek salvation through motherhood and leads to hope for a better future, as will be explored in the following themes. Two sub-themes contribute to this theme: 'Guilt and shame' and 'Awareness of the impact on children'.

Guilt and shame. Throughout 12 of the studies, there was a sense of the guilt and shame the women felt for both the pain they had caused their children and the stigmatisation of being a 'bad' mother (Aiello & McQueeny, 2016; Baldwin, 2017; Celinska & Siegel, 2010; Cooper-Sadlo et al., 2019; Demeli, 2010; Granja et al., 2015; Granja et al., 2013; Kennedy et al., 2020; Moe & Ferraro, 2007; Sandberg et al., 2021; Shamai & Kochal, 2008; Stringer, 2020). Studies reported that the stigma these women faced threatened their maternal identity and the sense of being a good mother (Aiello & McQueeny, 2016; Baldwin, 2017; Granja et al., 2013; Moe & Ferraro, 2007). The stigma was centred on both being a parent who had offended but was also gendered (Demeli, 2010; Sandberg et al., 2021).

'they are viewed as both "bad women" and "bad mothers"' (Sandberg et al., 2021).

There was a sense of maternal failing, a failure to live up to societies expectations (Baldwin, 2017; Granja et al., 2015; Shamai & Kochal, 2008; Stringer, 2020).

In several studies, women expressed feelings of guilt and self-blame for the hardships they had inflicted on their children; there was a real sense that they felt that they had let their children down (Baldwin, 2017; Celinska & Siegel, 2010; Cooper-Sadlo et al., 2019; Granja et

al., 2015; Granja et al., 2013; Kennedy et al., 2020; Moe & Ferraro, 2007; Shamai & Kochal, 2008; Stringer, 2020).

'The girl failed school this year. (...) She has nothing. Her father has already been in prison. Now I am, and my sister. I won't punish her because in the end, it's my fault." Cláudia (aged 35, drug trafficking, 4 years and 8 months)' (Granja et al., 2013).

Awareness of the impact on children. The studies have shown that these women are aware of the vast impact maternal incarceration has on children (Aiello & McQueeny, 2016; Booth, 2020; Celinska & Siegel, 2010; Cooper-Sadlo et al., 2019; Demeli, 2010; Fowler et al., 2021; Granja et al., 2015; Granja et al., 2013; Moe & Ferraro, 2007; Parry, 2021; Shamai & Kochal, 2008; Stringer, 2020). There was an awareness among the women in several studies that their offending behaviour and resulting incarceration had a neglectful impact on their children (Aiello & McQueeny, 2016; Granja et al., 2015; Moe & Ferraro, 2007). Mothers discussed the deterioration of their relationship with their children and the distance they felt growing between them (Aiello & McQueeny, 2016; Demeli, 2010; Granja et al., 2015; Stringer, 2020).

'And then I called her, she looked at me, and it seemed like she was seeing the devil. She screamed, yelled . . . clung to the neck of my mother, saying she didn't want [to be here]. She has forgotten me' (Granja et al., 2015).

Mothers reported how the impact of the separation was seen in the distress of their children or challenging behaviour, that they were powerless to change (Booth, 2020; Moe & Ferraro, 2007; Shamai & Kochal, 2008). Other studies touched on the new roles that children were forced to take on (Celinska & Siegel, 2010; Parry, 2021; Stringer, 2020). As their mothers were not at home, children took on parentified roles, helping with caregiving, being strong for their mothers and holding information that was perhaps inappropriate for their age.

'*In some cases, children actually exhibited some adult-like behaviour and assumed the role of protective guardians of their vulnerable and dependent mothers'* (Celinska & Siegel, 2010).

In some incidences, maternal incarceration was further compounded by the fact that siblings needed to be separated for caregiving reasons (Cooper-Sadlo et al., 2019; Stringer, 2020).

'*Each child has a different caregiving arrangement in three different cities'* (Stringer, 2020)

Theme 3: Salvation Through Motherhood

This analytical theme speaks to the salvation that the participants in the studies experienced and attempted to gain through their maternal identity and mothering roles. Motherhood was their moral identity, the innocent part of the self that had sacrificed for their children. As such, it provided them with salvation from their perceived failings. The theme comprises of three sub-themes: 'Preserving maternal identity', 'Children as motivation' and 'Protecting the child'.

Preserving maternal identity. Twelve of the studies touch on this concept of preserving maternal identity (Aiello & McQueeny, 2016; Baldwin, 2017; Celinska & Siegel, 2010; Granja et al., 2015; Granja et al., 2013; Kennedy et al., 2020; Moe & Ferraro, 2007; Sandberg et al., 2021; Shamai & Kochal, 2008; Stringer, 2020; Villanueva & Gayoles, 2019). The centrality and importance of maternal identity were evident throughout the studies. Women constructed moral identities from their identities as mothers (Aiello & McQueeny, 2016). Motherhood allowed them to fight the stigma and the threat to their identity. In this way, it acted as a method to absolve them of the offending and create a moral 'good' identity within their roles as mothers (Aiello & McQueeny, 2016; Celinska & Siegel, 2010; Demeli, 2010; Moe & Ferraro, 2007). Embracing their 'core' identity as the 'good' mother allowed the women to dissociate and distance themselves from the prisoner identity (Celinska &

Siegel, 2010; Moe & Ferraro, 2007). Women appeared to engage in several strategies to aid the preservation of maternal identity. For example, 'othering'; allowed participants of three studies to compare themselves to other mothers and highlighted how they were better mothers (Aiello & McQueeny, 2016; Celinska & Siegel, 2010; Stringer, 2020).

'*She justified why her marijuana use was different than other women's use of harder drugs: I can't be like, 'oh, we're the same type of woman' because we're not. If it came down to me smoking or selling my ass, I would not. I just wouldn't smoke. That's not an option. You're degrading yourself as a woman, a mother, as anything'* (Aiello & McQueeny, 2016).

A fundamental way of preserving their maternal identity was to engage in any limited form of mothering, for example, doing homework over the phone with children, making parental decisions, sending money home or punishing their children (Celinska & Siegel, 2010; Demeli, 2010; Granja et al., 2015; Granja et al., 2013; Sandberg et al., 2021).

The irreplaceability of the mother was central to their survival in prison (Celinska & Siegel, 2010; Demeli, 2010; Granja et al., 2015; Granja et al., 2013; Moe & Ferraro, 2007; Stringer, 2020)**.**

'*And the mother? They have their father, grandmother and stepmother but I mean, and the mother? Nobody replaces the mother. Nobody*!' (Granja et al., 2015).

Due to the centrality of maternal identity, these women desperately tried to hold onto their maternal role despite its changing nature. This preservation appeared to be adaptive as it gave them meaning in their life, providing both pride and joy (Aiello & McQueeny, 2016; Granja et al., 2015; Kennedy et al., 2020; Shamai & Kochal, 2008).

Children as motivation. Children acted as motivators in six of the studies (Aiello & McQueeny, 2016; Fowler et al., 2021; Granja et al., 2015; Kennedy et al., 2020; Moe & Ferraro, 2007; Shamai & Kochal, 2008). Women used their children as motivation to manage

the distress that prison caused (Granja et al., 2015; Kennedy et al., 2020; Shamai & Kochal, 2008).

'*What enabled me to cope was the endless thinking about my daughter. The only hope was these two children*' (Shamai & Kochal, 2008).

Women reported that their children provided strength and some solace despite their maternal failings, as discussed in the second theme (Granja et al., 2015; Kennedy et al., 2020; Shamai & Kochal, 2008).

'*I have three wonderful children. I hold myself close to them, I speak with them every day, and they are the ones who give me strength, affection and support. Some days I'm saddest, and I call them, and they notice I'm upset and they give me strength and courage*' (Granja et al., 2015).

Specifically, in three studies, the women spoke about how children acted as motivators to tackle their addiction problems and sustain personal change (Aiello & McQueeny, 2016; Kennedy et al., 2020; Shamai & Kochal, 2008). In two studies, women reported that providing for or protecting their children was the motivator for engaging in the offending behaviour, using their sense of motherhood as a justification for their crimes (Fowler et al., 2021; Moe & Ferraro, 2007).

Protecting the child. In seven of the studies, the concept of protecting or sacrificing their needs to protect their children was apparent (Aiello & McQueeny, 2016; Baldwin, 2017; Booth, 2020; Cooper-Sadlo et al., 2019; Fowler et al., 2021; Parry, 2021; Stringer, 2020). There was a need to protect and engage in self-sacrificing behaviour for their children to maintain their maternal identity just as 'good mothers' do. Participants spoke about sacrificing their need for visits to prevent children from going through the hardship of seeing their mother in prison (Aiello & McQueeny, 2016; Cooper-Sadlo et al., 2019) and sacrificing luxuries to pay for telephone calls to their children (Booth, 2020).

'*The hallway, that long hallway, and then they were walking down, and they were crying. I was like, Christ, I'll never put them through that again. And I didn't*' (Aiello & McQueeny, 2016).

The decision of whether to tell children the truth about their mothers' incarceration was also used to show how these women protected their children. If they chose to tell them, it was to protect them against lies, and if they decided to keep the truth from them, this was seen as protecting them against the painful truth (Fowler et al., 2021; Parry, 2021). These acts of sacrifice enabled the mothers to put their children's needs ahead of their own, thus activating their identity of the 'good' mother and allowing them to seek salvation through motherhood.

Theme 4: A Better Future

The final analytical theme demonstrates the hope that the participants in 11 of the studies held for the future. Across these 11 studies, participants had desires and plans for a better future for themselves and their children (Aiello & McQueeny, 2016; Celinska & Siegel, 2010; Cooper-Sadlo et al., 2019; Granja et al., 2013; Kennedy et al., 2020; Moe & Ferraro, 2007; Parry, 2021; Sandberg et al., 2021; Shamai & Kochal, 2008; Stringer, 2020; Villanueva & Gayoles, 2019). The theme encompasses two subthemes; 'Benefits of incarceration' for the women and 'Hopes for the future'.

Benefits of incarceration for the women. Ten of the studies reflect on the benefits of imprisonment for the women (Aiello & McQueeny, 2016; Celinska & Siegel, 2010; Cooper-Sadlo et al., 2019; Granja et al., 2013; Kennedy et al., 2020; Parry, 2021; Sandberg et al., 2021; Shamai & Kochal, 2008; Stringer, 2020; Villanueva & Gayoles, 2019). In four of the studies, participants talked about how prison gave them both the time and the tools to become better mothers (Aiello & McQueeny, 2016; Celinska & Siegel, 2010; Cooper-Sadlo et al., 2019; Granja et al., 2013).

'*Being in here, I know now I can be happy and survive without a significant other. That's the best thing prison did for me. Now I see myself as capable. Capable for caring for my daughters – not the best, but capable. After 25 years of unhealthy relationships, I think I am choosing them [my kids]*' (Kennedy et al., 2020).

Providing a safe refuge, incarceration allowed the women to focus on themselves, engaging in personal reflection and 'self-improvement' with a clarity that was not possible in their previous lives (Aiello & McQueeny, 2016; Cooper-Sadlo et al., 2019; Kennedy et al., 2020; Parry, 2021).

Hopes for the future. Nine of the studies touched on the participants' hopes for the future (Aiello & McQueeny, 2016; Celinska & Siegel, 2010; Cooper-Sadlo et al., 2019; Granja et al., 2013; Kennedy et al., 2020; Moe & Ferraro, 2007; Parry, 2021; Sandberg et al., 2021; Shamai & Kochal, 2008; Stringer, 2020; Villanueva & Gayoles, 2019). In two of the studies, participants spoke about setting an example of what not to do to their children and other troubled young people (Aiello & McQueeny, 2016; Celinska & Siegel, 2010).

"*If I find my daughter doing things that led me to being here, I will let her know, especially so she doesn't think that I'm just scolding her or lecturing her. I'm going to let her know that I was there, and you don't want to go there.*" (Aiello & McQueeny, 2016).

Participants spoke about changing both as people and as mothers. There was a strong desire in five of the studies for significant change and to be better parents (Celinska & Siegel, 2010; Kennedy et al., 2020; Sandberg et al., 2021; Shamai & Kochal, 2008; Villanueva & Gayoles, 2019)

'*I don't want to do drugs, I don't want to sell them... I just want to be a better parent to my kids*' (Kennedy et al., 2020).

Participants also spoke about getting a job (Celinska & Siegel, 2010), breaking the cycle of intergenerational violence that they were in (Kennedy et al., 2020) and holding out hope for a positive future (Moe & Ferraro, 2007; Villanueva & Gayoles, 2019)

Discussion

Summary of Findings

This systematic review synthesised the qualitative evidence of women's mothering experience while separated from their children due to incarceration. The review provides insight into the lived experiences of incarcerated mothers. Studies were thematically synthesised, and four analytical themes with associated subthemes were identified: 'Barriers to Motherhood', 'Burden of Perceived Maternal Failure', 'Salvation through motherhood' and 'A Better Future'.

The first theme captured the many barriers incarcerated mothers face to their mothering role and identity. The findings within the theme enhance our understanding of the difficulties faced by mothers when attempting to maintain their roles. In particular, the pain of the separation is evident for the women and supports research suggesting that the separation is an added stress for incarcerated mothers (Dodge & Pogrebin, 2001; Forsyth, 2003; Wilson & Koons-Witt, 2021). Furthermore, the difficulties and barriers to contact with their children described in this review add to research which suggests that limited contact increases the mental health difficulties of incarcerated mothers (Houck & Loper, 2002; Powell et al., 2017). This review demonstrates the lack of perceived support from prison staff for the women's maternal identities. This is supported by and potentially explained by research that found correctional staff hold negative and stigmatising views of incarcerated mothers (Schram, 1999). Similarly, barriers to motherhood, including institutional barriers such as difficulties with telephone calls and visits, were also found in a previous review of the impact of incarceration on parents (Dargis & Mitchell-Somoza, 2021).

The review found that incarcerated women carried a burden for their perceived maternal failings. They feel tremendous guilt and shame for their crimes and incarceration. Furthermore, they were aware of this impact on their children, reinforcing their guilt and shame. While more fathers are incarcerated than mothers, maternal incarceration is argued to be more disruptive to children (Raikes & Lockwood, 2019). Children of incarcerated mothers tend to move carers and locations frequently (Caddle & Crisp, 1997). In line with the perceptions of incarcerated mothers in this review, parental incarceration is known to harm the well-being of children (Christmann et al., 2012; Jones et al., 2013; Newman et al., 2011). This sense of maternal failing may account for previous review findings that mothers have additional rates of mental health difficulties compared with other prisoners and the general population (Dargis & Mitchell-Somoza, 2021). The challenges of visits and the negative impact on children have been seen to reinforce parental shame and guilt (Raikes & Lockwood, 2019).

The third analytical theme spoke to the salvation that motherhood offered to the women in the studies. Motherhood and particularly being a 'good mother' offered salvation from their perceived maternal failings. Preserving maternal identity was a critical tool for achieving redemption from their crimes. One of the ways that women preserved their identity was through 'othering' their peers (other prisoners and mothers). The practice of othering may have served to create an in-group and an out-group and, as such, increased the mothers sense of belonging and maternal competence (Stets & Lee, 2021; Tajfel et al., 1979). Women also distanced themselves from the identity of being a 'criminal' in order to maintain their maternal identity, as seen in a previous review (Mulligan, 2019). Additionally, previous literature and reviews have found that children act as motivators for incarcerated mothers (Enos, 2001; Mulligan, 2019), supporting the finding from the current review that by utilising the motivating factor of their children, women could cast themselves as 'good' mothers.

The final theme demonstrates the hope for the women's future; for some, incarceration was a beneficial environment that allowed them to envisage a different future and the skills to be better mothers. Previous reviews have also found that parenting programmes or classes are beneficial to parents providing them with skills not previously taught to them (Dargis & Mitchell-Somoza, 2021; Newman et al., 2011). However, one review did note that despite the benefit of parenting programmes within prison, this was rarely followed up with parenting support post-incarceration (Dargis & Mitchell-Somoza, 2021). Notably, the current review appears to be the only review which discusses the benefit of prison for mothers external to the parenting programmes offered. The present review captured how the prison provided clarity and a safe space for mothers and was seen as a refuge for them.

The current review provides support for much of the literature that currently exists as similar findings of institutional barriers to motherhood, distancing of oneself from the criminal identity and the role of children as motivators were seen in previous reviews in the area (Dargis & Mitchell-Somoza, 2021; Enos, 200; Mulligan, 2019). However, it furthers the existing literature base by providing a systematic and thorough synthesis of the qualitative literature available. The review provides a much-needed platform for the experiences and perceptions of incarcerated mothers.

Strengths and Limitations of the Studies Included

Despite the methodological concerns discussed above, the studies reviewed for this qualitative evidence synthesis provided rich data. Strengths of the literature base lie in the large geographical spread of the studies. Despite varying judicial and custodial systems, the themes across papers were consistent. Notwithstanding the concerns regarding methodology, the majority of the findings were rated with high and moderate confidence. One of the review findings, 'intergenerational impact', had a reduced confidence rating due to a lack of

adequate data contributing to it, as seen in the evidence profile in Appendix C. However, previous reviews in the area supported this finding of an intergenerational impact (Dargis & Mitchell-Somoza, 2021; Newman et al., 2011).

Strengths and Limitations of the Review

This review analysed and synthesised the experiences of 479 incarcerated mothers. Throughout the studies, similar themes and findings were included. The use of a thematic synthesis methodology allowed for the review to go beyond simply summarising the existing data and provided a synthesis. However, as with any review, there were several limitations.

The lack of a complete independent second review for the first screening stage could also be considered a limitation. However, the limitation was minimised as the second reviewer (GW) screened 20% of papers at the initial screening stage. Notably, there were few discrepancies at that point. The screening process was strengthened by a complete independent review at the second screening stage. As discussed in the methods section, grey literature was not included in this review primarily due to the scope and time restraints of the review. However, this may have weakened the review as there are a number of unpublished theses in the area.

Similarly, the second reviewer independently reviewed a percentage of the quality appraisals and data extraction. This was considered a limitation of the review however; few discrepancies were found. To mitigate the limitations, the first reviewer (AW) systematically screened, appraised, and extracted the data and was in constant discussion with other research team members (CH and PA).

Implications for Future Research and Practice

Implications for research and practice have been developed based on the overview of studies included in this review and the GRADE-CERQual assessments of the review findings. As discussed, improved reporting is needed in qualitative studies, particularly

around research design, researcher reflexivity, and data analysis procedures. The often-small word count of journals may hinder detailed reporting as qualitative researchers may prioritise rich results sections rather than providing methodological information. However, there is a need for greater transparency with reporting research methods, particularly reflections on how the researchers may influence their research. Furthermore, comprehensive indexing and labelling of qualitative studies are required to improve the ability for relevant studies to be captured within systematic searches and reduce the need for hand searching.

In light of the findings, greater support for incarcerated mothers and their mothering roles is needed across custody settings. In particular, the barriers to contact include the cost of telephone calls, the unsuitable visiting environment and the distance between the prison and the children's location. One of the studies included in this review called for in-cell phones to further facilitate accessible contact (Booth, 2020). Internationally there are varying levels of contact between mothers and their children. In a number of regions such as Scandinavia and France, overnight visiting with families is permitted. In recent years, there has been a move toward this in the UK (Raikes & Lockwood, 2019). Previous research has found that enhanced family contact benefits the children of incarcerated parents (Raikes & Lockwood, 2011). The current review suggests that it may be useful to improve maternal distress. Furthermore, development and training of the prison workforce to highlight the benefits of supporting contact and mothering may be beneficial. This could potentially reduce unconscious bias in staff and lead to less pejorative views of incarcerated mother's.

Preserving the maternal identity was vital for the women included in this review. Parenting programmes have been found to activate the maternal role and increase mothering motivation (Kennon et al., 2009). Parenting programmes are thought to improve bond and communication with children and are hoped to benefit the well-being of both the child and parent (Newman et al., 2011; Purvis, 2013). Given that incarcerated mothers tend to be the

primary caregiver prior to incarceration, parenting programmes and contact support may be particularly important when considering mother and child reunification post-incarceration. Furthermore, there are tentative links between parenting programmes and reduced recidivism (Purvis, 2013). As such, when developing programmes for incarcerated mothers, the importance of the maternal identity and promoting the maternal role should be considered.

Women may require additional mental health support following the separation from their child(ren) (Critoph et al., 2020). Therapeutic staff, including psychologists working within prison settings, should be aware of the multifaceted impact of being an incarcerated mother. Space during therapeutic sessions should be given to the conflictual feelings of their motherhood as a source of shame and stigma as well as a source of redemption. Therapeutic space should also be provided for the ambivalent feelings of their relationship with the children's caregivers.

Conclusion

This review's findings emphasised the importance of the maternal role and identity for incarcerated mothers. Furthermore, it highlighted the barriers they faced to fulfilling those roles. While it is expected that the mothering role will be disrupted due to the nature of incarceration greater institutional support could be utilised to improve the ability of incarcerated women to engage in mothering. While the mothering role is the source of much shame and stigma as women are cast as 'bad' mothers, it also serves to offer them redemption and cast themselves in a new positive light. Their maternal identities provide the opportunity for hope and motivation for a better future. The findings from the current review suggest that women should be facilitated to engage with and fulfil their maternal role as much as possible while incarcerated.

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Section 2: Technical Appendices For Systematic Review

Appendix A

Title
Author
Year

Inclusion Criteria	Exclusion Criteria
Sample	
☐ Includes mothers who are separated from their children due to being incarcerated in prison	☐ Includes mothers who are not separated from their children during incarceration
☐ Includes previously incarcerated mothers who were separated from their children	
Phenomenon of Interest	
☐ Qualitative first-hand accounts of the experience of mothers separated from their children due to being incarcerated in prison	☐ Explores the experience of being pregnant in prison
☐ Data relating to the mothers' perspective can be easily extracted.	☐ Examines mental health outcomes in women/mothers in prison
	☐ Examining parenting groups or interventions within prison
	☐ Exclusively explores experience of individuals other than mother i.e. staff or where mothers experience is not extractable
Design	
☐ Uses qualitative data analysed with qualitative methods	☐ Only quantitative data
☐ Mixed methods where qualitative data is extractable	
Evaluation	
☐ Experiences and perceptions	☐ Does not include experiences or perceptions
Research Type	
☐ Peer reviewed empirical published studies	☐ Non empirical research

☐ INCLUDED   ☐ EXCLUDED

Notes:

Appendix B

CASP
Critical Appraisal
Skills Programme

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Summertown Pavilion, Middle
Way Oxford OX2 7LG

CASP Checklist: 10 questions to help you make sense of a Qualitative research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

> Are the results of the study valid? (Section A)
> What are the results? (Section B)
> Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

CASP
Critical Appraisal
Skills Programme

Paper for appraisal and reference:

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes
Can't Tell
No

HINT: Consider
• what was the goal of the research
• why it was thought important
• its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes
Can't Tell
No

HINT: Consider
• If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
• Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes
Can't Tell
No

HINT: Consider
• if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

2

CASP
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Skills Programme

4. Was the recruitment strategy appropriate to the aims of the research?	Yes	HINT: Consider

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- If the researcher has discussed saturation of data

Comments:

3

CASP
Critical Appraisal
Skills Programme

6. Has the relationship between researcher and participants been adequately considered?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

4

CASP
Critical Appraisal
Skills Programme

8. Was the data analysis sufficiently rigorous?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

5

C∧SP
Critical Appraisal
Skills Programme

Section C: Will the results help locally?

10. How valuable is the research?	HINT: Consider
	• If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
	• If they identify new areas where research is necessary
	• If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:	

Appendix C

Evidence Profile Table for Findings

Finding	Methodological limitations	Coherence	Adequacy	Relevance	GRADE-CERQual assessment of confidence	References
1. BARRIERS TO MOTHERHOOD						
Lack of institutional support for mothering: The facilities and environment were barriers for mothers to fulfil their roles. At its very core, incarceration threatened their self-concept as mothers.	Moderate concerns **Explanation:** Moderate concerns regarding methodological limitations due to the lack of information in the primary studies regarding the relationship between participant and researcher, recruitment procedures and data analysis. 10 of the studies contributing to the finding did not discuss the relationship and the participants. Eight of the studies did not provide detail on the study's research	Minor concerns **Explanation:** The finding reflects how the women experienced a lack of institutional support for their mothering. Minor concerns regarding coherence due to some data in contributing studies being unclear or having other plausible explanations. These were explored. However, the current finding was found to be the best fit.	No/Very minor concerns **Explanation:** Very minor concerns as a small number of the studies contributed small or meagre data. However, as 12 studies contributed to the finding, and most of these had rich data from significant numbers of participants, the concerns were very minor.	No/Very minor concerns **Explanation:** Wide range of countries are represented in the data. The majority of data had direct relevance however, some minor concerns regarding partial relevance for Shamai & Kochal 2008 paper as participants had undergone a rehabilitation programme.	Moderate Confidence **Explanation:** Moderate confidence due to moderate concerns regarding methodological limitations; 10 studies did not discuss the relationship between researcher and participant, 8 studies gave no or limited information on recruitment, and two of the studies which contributed heavily to the finding gave very limited information on data analysis. Minor concerns regarding coherence, No/Very minor	Aiello & McQueeny 2016; Baldwin 2017; Booth 2020; Celinska & Siegel 2010; Cooper-Sadlo et al. 2019; Demeli 2010; Fowler et al. 2021; Granja et al. 2013; Granja et al. 2015; Kennedy et al. 2020; Moe & Ferraro 2007; Shamai & Kochal 2008;

Finding	Methodological limitations	Coherence	Adequacy	Relevance	GRADE-CERQual assessment of confidence	References
	design. Furthermore, two of the papers which contributed large amounts of data to the finding did not provide adequate information on data analysis.				concerns regarding adequacy, and No/Very minor concerns regarding relevance	
Negotiating with external caregivers: There was a variety of experiences; mothers needed to negotiate with external caregivers as they were the gate-keepers of their children. In all circumstances, individuals needed to relinquish some element of their mothering role to these external carers.	Minor concerns **Explanation:** Minor concerns regarding methodological limitations due to limited information regarding design recruitment, the relationship between researcher and participant, ethics and data analysis in two of the contributing studies. As there was enough contributing evidence from other studies with no or much fewer methodological limitations, only	No/Very minor concerns **Explanation:** All data is coherent and fits with the findings	No/Very minor concerns **Explanation:** no concerns as the finding is supported by 10 studies, and all bar one provide rich data	No/Very minor concerns **Explanation:** very minor concerns with partial relevance as one study's aims were centred on the role of telephone contact	High Confidence **Explanation:** Minor concerns regarding methodological limitations, No/Very minor concerns regarding coherence, No/Very minor concerns regarding adequacy, and No/Very minor concerns regarding relevance	Aiello & McQueeny 2016; Booth 2020; Celinska & Siegel 2010; Cooper-Sadlo et al. 2019; Demeli 2010; Fowler et al. 2021; Granja et al. 2013; Granja et al. 2015; Shamai & Kochal 2008; Stringer 2020;

Finding	Methodological limitations	Coherence	Adequacy	Relevance	GRADE-CERQual assessment of confidence	References
	minor concerns were raised.					
Intergenerational cycle: The cycle of violence, poverty and crime faced by these women. Children are often left in that same cycle.	Minor concerns **Explanation:** Minor concerns regarding methodological limitations due to lack of information regarding research design and the relationship between researcher and participant for one study. The second study did not give adequate information regarding data analysis.	No/Very minor concerns **Explanation:**	Serious concerns **Explanation:** Serious concerns regarding adequacy as despite rich data, only two studies contributed to the finding.	No/Very minor concerns **Explanation:**	Low confidence **Explanation:** Minor concerns regarding methodological limitations, No/Very minor concerns regarding coherence, Serious concerns regarding adequacy, and No/Very minor concerns regarding relevance	Kennedy et al. 2020; Parry 2021;
Pain of Separation: The hardship and difficulties of being separated from their children.	Minor concerns **Explanation:** Minor concerns regarding methodological limitations due to three studies which lacked adequate information in a number of areas	No/Very minor concerns **Explanation:**	No/Very minor concerns **Explanation:**	No/Very minor concerns **Explanation:**	High Confidence **Explanation:** Minor concerns regarding methodological limitations (due to inadequate reporting in a 3 out of the 10 studies) No/Very minor concerns	Baldwin 2017; Cooper-Sadlo et al. 2019; Demeli 2010; Fowler et al. 2021; Granja et al. 2015; Kennedy et al. 2020; Moe & Ferraro 2007; Shamai & Kochal 2008; Stringer 2020; Villanueva & Gayoles 2019;

Finding	Methodological limitations	Coherence	Adequacy	Relevance	GRADE-CERQual assessment of confidence	References
	(research design, recruitment, data collection and analysis and the relationship between participant and researcher). However, these studies did not contribute the majority of the data. Other studies did not have the same methodological concern and contributed more data to the finding.				regarding coherence, No/Very minor concerns regarding adequacy, and No/Very minor concerns regarding relevance	
2.BURDEN OF PERCEIVED MATERNAL FAILURE						
Guilt and Shame: Women felt guilty for the pain they have caused their children, the loss they have put them through and for not being there for them. Sense of shame around their incarceration. They blame themselves for all that is happening and a	Minor concerns **Explanation:** Minor concerns regarding methodological limitations due to lack of adequate information regarding key areas in three of the studies. However, there are significant contributions from	No/Very minor concerns **Explanation:**	No/Very minor concerns **Explanation:** Rich data from the 10/12 studies. Good size participant numbers in all studies	Minor concerns **Explanation:** Minor concerns regarding partial relevance due to the focus of one study being the physical space and dynamics of prison.	High Confidence **Explanation:** Minor concerns regarding methodological limitations, No/Very minor concerns regarding coherence, No/Very minor concerns regarding adequacy, and Minor	Aiello & McQueeny 2016; Baldwin 2017; Celinska & Siegel 2010; Cooper-Sadlo et al. 2019; Demeli 2010; Granja et al. 2013; Granja et al. 2015; Kennedy et al. 2020; Moe & Ferraro 2007; Sandberg et al. 2021; Shamai & Kochal 2008; Stringer 2020;

Finding	Methodological limitations	Coherence	Adequacy	Relevance	GRADE-CERQual assessment of confidence	References
sense that they may have failed their children.	other studies which do not have the same methodological concerns and as such, concerns are rated as minor.				concerns regarding relevance	
Awareness of the Impact on Children: There was an awareness of the far-reaching impact maternal incarceration has on children.	Minor concerns **Explanation:** Minor concerns regarding methodological limitations due to lack of information given in a couple of studies. However, the remaining studies did not pose methodological concerns, and the finding was supported across 12 studies.	Minor concerns **Explanation:** Minor concerns regarding coherence due to four studies were there was either slightly unclear if data fit or a plausible alternative finding. These have been explored, and it is thought that this is the most coherent fit for the data.	No/Very minor concerns **Explanation:**	Minor concerns **Explanation:** Minor concerns regarding partial relevance due to one study's participants have completed a rehabilitation programme, and another study's aim was centred on the role of telephone calls.	Moderate Confidence **Explanation:** Minor concerns regarding methodological limitations (due to the lack of adequate information from 2 studies) Minor concerns regarding coherence (due to small areas of the data having possible alternative explanations), No/Very minor concerns regarding adequacy, and minor concerns regarding partial relevance due to the aim of one of the studies being	Aiello & McQueeny 2016; Booth 2020; Celinska & Siegel 2010; Cooper-Sadlo et al. 2019; Demeli 2010; Fowler et al. 2021; Granja et al. 2013; Granja et al. 2015; Moe & Ferraro 2007; Parry 2021; Shamai & Kochal 2008; Stringer 2020;

Finding	Methodological limitations	Coherence	Adequacy	Relevance	GRADE-CERQual assessment of confidence	References
					centred on telephone calls.	
3.SALVATION THROUGH MOTHERHOOD						
Preserving the Maternal Identity: Women constructed moral identities from their identities as mothers. The maternal identity offered redemption from the stigma they have faced due to their incarceration. They engaged in a number of strategies to maintain their maternal identity and role.	No/Very Minor concerns **Explanation:** Very minor concerns due to lack of reported information in 3 studies. However, due to the quantity of data from other studies with no concerns our confidence in the finding was not lowered.	No/Very minor concerns **Explanation:** Some very minor concerns regarding plausible alternative explanations for small parts of the extracted data in two studies. Alternatives have been explored. However, it is thought the current fit is most appropriate.	No/Very minor concerns **Explanation:** No concerns due to rich data from 12 studies with significant numbers of participants. Limited data from one study, however, is offset by the quantity and richness of the remaining 11 studies.	Minor concerns **Explanation:** Minor concerns regarding partial relevance due to one study containing participants who had completed a rehabilitation programme.	High Confidence **Explanation:** No/Very minor concerns regarding methodological limitations, No/Very minor concerns regarding coherence, No/Very minor concerns regarding adequacy, and Minor concerns regarding relevance	Aiello & McQueeny 2016; Baldwin 2017; Celinska & Siegel 2010; Demeli 2010; Granja et al. 2013; Granja et al. 2015; Kennedy et al. 2020; Moe & Ferraro 2007; Sandberg et al. 2021; Shamai & Kochal 2008; Stringer 2020; Villanueva & Gayoles 2019;
Children as Motivation: Children acted as motivators for their mothers to manage the distress of prison and provided them with a sense of strength.	Minor concerns **Explanation:** Minor concerns regarding methodological limitations because of inadequate	No/Very minor concerns **Explanation:**	Moderate concerns **Explanation:** Only six studies contributed to this finding, and three	No/Very minor concerns **Explanation:**	Moderate Confidence **Explanation:** Minor concerns regarding methodological limitations, No/Very	Aiello & McQueeny 2016; Fowler et al. 2021; Granja et al. 2015; Kennedy et al. 2020; Moe & Ferraro 2007; Shamai & Kochal 2008;

Finding	Methodological limitations	Coherence	Adequacy	Relevance	GRADE-CERQual assessment of confidence	References
They also acted as motivators for the original offence as mothers felt they were providing for them.	information from two studies. One of the studies that concerns were raised about provided very little of the supporting data As data is supported across the remaining 4 studies which do not pose methodological concerns the confidence is only lowered to minor concerns.		of them had relatively thin data, which did give us some concern. However, we judged this to be a relatively simple and descriptive finding. We, therefore, concluded that we had moderate concerns about data adequacy.		minor concerns regarding coherence, Moderate concerns regarding adequacy due to thin data from three of the six supporting studies, and No/Very minor concerns regarding relevance	
Protecting the Child: The hardship of mothering from jail was seen as a sacrifice for their child; they missed out on luxuries to save up for telephone contact, and they put off visits they longed for to protect their children from the emotional toll of visiting prison. This allows them to access salvation through their maternal role.	Minor concerns **Explanation:** Minor concerns regarding methodological limitations because there was a lack of adequate discussion regarding the relationship between researcher and participant across the majority of studies. Additionally, one study also lacked	Minor concerns **Explanation:** Minor concerns regarding coherence as two of the studies have some data that requires some further thought about whether they are best placed within this finding.	Moderate concerns **Explanation:** Moderate concerns regarding adequacy because less than half of the studies contributed to this finding, which did give us some concern. However, the data from those 7 studies were relatively rich, and	Minor concerns **Explanation:** Minor concerns regarding partial relevance as one study aimed to explore the role of telephone calls for mothers to stay in touch with their children. However, all other studies were directly relevant; as such,	Moderate Confidence **Explanation:** Minor concerns regarding methodological limitations, Minor concerns regarding coherence, Moderate concerns regarding adequacy as less than half the studies contributed to the finding, and Minor concerns regarding	Aiello & McQueeny 2016; Baldwin 2017; Booth 2020; Cooper-Sadlo et al. 2019; Fowler et al. 2021; Parry 2021; Stringer 2020;

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Finding	Methodological limitations	Coherence	Adequacy	Relevance	GRADE-CERQual assessment of confidence	References
	information regarding design and recruitment.		the finding was judged to be a relatively simple and descriptive finding. We, therefore, concluded that we had moderate concerns about data adequacy.	there were only minor concerns.	relevance due to the specificity of the research aim in one of the contributing studies.	
4.A BETTER FUTURE						
Benefits of Incarceration for the Women: Despite the hardship, prison gave the women a safe space when they often didn't feel safe before, an opportunity for rehabilitation, new perspectives and clarity on their roles of mothers.	Minor concerns **Explanation:** Minor concerns regarding methodological limitations due to lack of information regarding design, recruitment, the relationship between researcher and participant, ethics and analysis from one of the studies. However, the study does not contribute a significant amount of the data, and the data	Minor concerns **Explanation:** Minor concerns regarding coherence due to small portions of the data from two studies having possible alternative explanations. However, these have been explored and it is thought the best fit is within this finding. Therefore, this	Minor concerns **Explanation:** Minor concerns regarding adequacy as the quantity of data from two studies is significantly less than others. However, the data from the remaining studies are rich and from primary studies with adequate participant numbers.	Minor concerns **Explanation:** Minor concerns regarding partial relevance due to the focus of two of the studies' aims. In one study, the participants have completed a rehabilitation programme, and as such, the benefits of prison may be skewed for them. Another study explored the	Moderate Confidence **Explanation:** Minor concerns regarding methodological limitations due to lack of adequate information for one of the studies, Minor concerns regarding coherence, Minor concerns regarding adequacy due to thin data for two studies and Minor concerns regarding relevance due to the focus of	Aiello & McQueeny 2016; Celinska & Siegel 2010; Cooper-Sadlo et al. 2019; Granja et al. 2013; Kennedy et al. 2020; Parry 2021; Sandberg et al. 2021; Shamai & Kochal 2008; Stringer 2020; Villanueva & Gayoles 2019;

Finding	Methodological limitations	Coherence	Adequacy	Relevance	GRADE-CERQual assessment of confidence	References
	it contributes is supported by other studies with far fewer methodological concerns. As such this is only of minor concern.	poses only minor concerns.		causative role of life history in offending; this also may have introduced a bias to the finding.	one study and the participants of another. One study, the participants have completed a rehabilitation programme, and as such, the benefits of prison may be skewed for them. Another study explored the causative role of life history in offending; this also may have introduced a bias to the finding.	
Hopes for the Future: The women had desires for the future to be better mothers and role models and to help other people in the future— priority of release and making a better life for themselves and their children.	No/Very minor concerns **Explanation:** Very minor concerns as the study posing some concerns regarding methodological limitations do not contribute heavily to the finding.	No/Very minor concerns **Explanation:** No concerns regarding coherence	Moderate concerns **Explanation:** Moderate concerns regarding adequacy due to only 9 studies contributing data and three of these providing relatively thin data. However, the	Minor concerns **Explanation:** Minor concerns regarding partial relevance as the participants in one of the studies were formally incarcerated women, and ask such, their data on 'hopes for the	Moderate Confidence **Explanation:** No/Very minor concerns regarding methodological limitations, No/Very minor concerns regarding coherence, Moderate concerns regarding adequacy due to thin data in	Aiello & McQueeny 2016; Celinska & Siegel 2010; Granja et al. 2013; Kennedy et al. 2020; Moe & Ferraro 2007; Parry 2021; Sandberg et al. 2021; Shamai & Kochal 2008; Villanueva & Gayoles 2019;

Finding	Methodological limitations	Coherence	Adequacy	Relevance	GRADE-CERQual assessment of confidence	References
			remaining six do provide rich data.	future may be skewed as they are not currently incarcerated. However, all other studies appeared directly relevant.	three studies and the number of studies contributing to the finding, and Minor concerns regarding relevance as one of the studies participants were formally incarcerated mothers.	

Appendix D

Audit Trail of Analytical themes

Analytical Themes	Descriptive Themes	Extracts from Primary Studies
Barriers to Motherhood *Subthemes:* Lack of institutional support for mothering Negotiating with external caregivers Intergenerational cycle Pain of separation	Lack of institutional support for motherhood Intergenerational cycle External caregiver Difficulties of prison Importance of and barriers to contact	'I wasn't a mother there…just a prisoner' (Rita, 35) (Baldwin, 2017) 'I was very upset about a lot of things [with her parents as caregivers], but I couldn't do nothing about it, so I just tell my kids don't worry, I'll be home [soon]. It's not even that [my parents] are being hard. It's just that that's not how I would do it' (Aiello & McQueeny, 2016) 'The negotiation and coordination between mothers and carers are entirely dependent on harmonious relationships. Managing mothering from prison implies a very fragile balance between absence and presence, which can easily involve divergence between the mothers' view of their rights and responsibilities, and the perceptions of carers about their own role'(Granja et al., 2015) 'Mothers in the study noted how the prison environment complicated their ability to successfully maintain their roles and responsibilities as mothers. Due to limitations in program availability, and the fact that some services – like residential substance use disorder treatment – were only offered in one or two prisons in the state, mothers described being forced to choose between bettering themselves and being accessible to their children' (Kennedy et al., 2020)
The Burden of Perceived Maternal Failure *Subthemes:* Guilt and shame Awareness of the Impact on children	Stigma Guilt and Shame Impact on Children What it means to be a good mother Past parenting	'Even worse because I'm a Nanna and a Mam I'm meant to be respectable at my age … I just looked round when I first went in [prison] and thought that's it, …I've let them all down…look at this place e how the fuck did I get to be here?' (Maggi, 55)'(Baldwin, 2017) 'I love being a mother. I'm a nurturing person. I need to make up for these 7 years. It eats away at me' (Kennedy et al., 2020)

Salvation Through Motherhood *Subthemes:* Preserving the maternal identity Children as motivation Protecting the child	Maternal identity Children as motivation Protecting the child Methods of coping Preserving the maternal role	'They don't know I'm in prison. I don't want them to know. It's not good for them. They're too young to know (Susie)' (Fowler et al., 2021) 'I write my kids, like each one. They all get individual letters. [. . .] I try to emotionally help them, help support them. I try to put fun and games in there with them, too' (Celinska & Siegel, 2010) 'I do anything like massage, manicure, and cook for my fellow inmates so that even with a small income I can give to them (children)'(Villanueva & Gayoles,2019)
A Better Future *Subthemes:* Benefits of incarceration for women Hopes for the future	Desire for the future Benefits of incarceration for motherhood	'I've been through rehab, detox, programs, all that. This time, I'm gonna leave it in God's hands. I've been clean before. But I want it now more than I ever did. I plan on going to church for help. I want to get a job, and keep my mind occupied' (Celinska & Siegel, 2010) 'Now that I'm incarcerated, I can see things for what they are, I have a choice to not repeat the cycle. I can choose to mother my kids differently so they don't have to sit where I am now' (Kennedy et al., 2020).

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'Nobody taught her how to be a mother'; The Lived Experience of Mothering Without a Mother

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Abstract

Maternal grandmothers play a vital role in the transition to motherhood for their own daughters. Research has explored what the experience of motherhood is like for those whose mother has passed away, and the current study adds to this literature by investigating the lived experience of motherhood for women who lacked a meaningful relationship with their mothers. Ten mothers of children under two years of age participated in a semi-structured interview to explore their lived experiences of being a mother. Women were recruited from two parent-infant services in Northern Ireland. The interviews were analysed using Interpretive Phenomenological Analysis (IPA). Three superordinate themes were identified: 'The Birth of a Mother', 'Mourning and Loss' and 'Ghosts in the Nursery'. The first theme captured the significant change of identity women experienced during their transition to motherhood. This identity change shed new light on their own experience of being mothered. The second theme captured the mourning and loss these women felt due to their relationship with their mother. Their lack of meaningful maternal relationships have left a hole impossible to fill. The final theme spoke to the intergenerational element of these mother's experience and their desire to break a cycle of maternal deprivation. The rich content from the interviews highlights the need for services to be aware of this struggle of motherhood and provide adequate space and care for these women and their children.

Keywords: Maternal deprivation, Transition to motherhood, Parenting

Practitioner Points

1. Services and practitioners should be aware of societal assumptions about the role of the maternal grandmother and ensure that they do not assume the nature of the relationship between women and their mothers

2. Practitioners should attempt to make themselves aware of the impact and a sense of loss that comes from the lack of a meaningful relationship with one's mother and how this loss is amplified during the transition to motherhood

3. Practitioners should attempt to create space for the ambivalent feelings of mothers who attempt to accept the symbolic loss of their mother while they also conflictually attempt to protect her fragile maternal image.

Introduction

The transition to motherhood can be an enormous physical and psychological adjustment for women. Early work by Bibring et al. (1961) referred to pregnancy as a period of developmental crisis comparable to puberty or menopause involving hormonal and bodily change. Notably, the transition to motherhood is a point of no return. As one participant in a longitudinal study exploring the psychological aspects of pregnancy within a prenatal primipara population described, you are a 'mother forever and ever after' (Bibring et al., 1961, p.17). The transition to motherhood does not end in pregnancy or during birth; instead, the transition is a process over time (Barclay et al., 1997).

Throughout the literature, the maternal grandmother plays a vital role in this transition to motherhood (Bibring et al., 1961; Mitchell & Green, 2002; Stern, 1995; Stern & Bruschweiler-Stern, 1998). Women's identification with their mothers is revived during pregnancy and the transition to motherhood (Freud 1933 in Irmark, 2019; Bibring et al., 1961). Stern (1998) viewed this 'revival' as a new psychic triad - the child, the mother and the mother's mother which involves the mother reflecting on her own childhood experience and learning how to be a mother from her experience of being mothered. The idea that mothers learn to parent from their mothers is discussed in both social learning theory and psychoanalytic circles, and while they differ on how this occurs, the sentiment remains the same (Boyd, 1989). Stern (1995) highlighted how this learning could take the form of either negative or positive role models. The experience of being mothered leaves an imprint on the mind of what mothering should be (Casement, 2013). What might be of most importance is not what happened during childhood but rather how women discuss their mother in the present moment (Stern, 1995). The mother's representation of her mother is thought to impact the relationship between mother and child, and it may predict the attachment that a new mother will make with her child (Stern, 1995). Furthermore, women's prenatal maternal

representation, meaning how they see themselves as mothers, has been found to influence their parenting and attachment behaviour in subsequent years (Dayton et al., 2010; Fonagy et al., 1991). Additionally, parents' own attachment representations can contribute to their attachment to their children (Van IJzendoorn, 1995).

Maternal Deprivation

The importance of mothers adequately bonding with their offspring has long been discussed within psychological theory (Bowlby, 1951, 1982; Bretherton, 1992). Attachment theory highlights the vital role of the primary attachment figure (typically the mother) in child development. It suggests how disruption of this attachment bond can result in severe consequences for the child (Bowlby, 1982). Maternal deprivation refers to the loss of the mother (or primary caregiver), the disruption of the attachment bond or the failure to form an attachment bond with the primary caregiver (Bowlby, 1951). A potential intergenerational impact has been suggested by Bowlby (1982). He proposed that maternally deprived women would grow up to be anxiously attached and would seek comfort from their child resulting in the child presenting with difficulties such as anxiety, feelings of guilt and assuming a parentified role.

Following on from Bowlby's work on maternal deprivation, other studies have examined maternal bereavement and its impact on later life (Brown & Harris, 2012; Brown et al., 1977; Caserta et al., 1987; Van IJzendoorn, 1995). Research supports that those who have been maternally bereaved, meaning those whose mother passed away during their childhood or adolescence, may be at an increased risk of mental health difficulties such as depression (Bifulco et al., 1987; Brown & Harris, 2012; Patten, 1991). Individuals may also have trouble forming attachments and trusting others (Manning, 1998). Furthermore, disruption of the maternal bond or maternal deprivation has been linked to adverse outcomes for the individual's child. Research has shown that mothers who have lost their primary caregiver

(i.e. mother) as a child are less likely to have securely attached children (Morris, 1980 as cited in Scoufe,1985) and that they may display more anxious or frightening behaviour toward their children due to unresolved grief (Busch et al., 2008; Hesse & Main, 1999). Maternal identity may also be impacted, as Edelman's (2006) survey found that mothers who had been maternally bereaved felt less confident about their mothering role than other mothers. While Edelman's survey lacked scientific rigour due to the absence of a methodological process and analysis, a similar finding was discussed by Mireault et al. (2002). They found that mothers who had experienced the death of their mother had lower ratings of maternal identity compared with a cohort of mothers who were not maternal bereaved. The maternal identity included identification with the role of the mother and belief in one's competence in the role. As evidenced, maternal bereavement would appear to have a negative impact on several areas of motherhood.

Role of the Maternal Grandmother

Qualitative studies exploring the transition to motherhood for women reared by their mothers found that when discussing motherhood and pregnancy, women's mothers soon appeared in the conversation and that their mothers played an essential role in their development as a parent (Darvill et al., 2010; Mitchell & Green, 2002; Walzer, 1995). A theme that emerges within the literature is the emotional and practical support maternal grandmothers provide to new mothers (Cronin, 2003; Darvill et al., 2010; Irmak, 2019; Mitchell & Green, 2002; Walzer, 1995). In one study, several participants had mothers who did not live in the same country as them, yet their emotional support was highlighted as vital (Darvill et al., 2010). This highlights that it is not just the mere presence of a mother but the quality of the relationship in terms of emotional support which is helpful to new mothers. In terms of practical support, women continuously referenced the value of having their mothers help in childminding (Cronin, 2003; Darvill et al., 2010; Irmak, 2019; Walzer, 1995).

Another consistent theme across studies was the information and advice around pregnancy and motherhood they received from their mothers (Cronin, 2003; Darvill et al., 2010; Walzer, 1995). Women's mothers often acted as 'reference points' during pregnancy, providing information about pregnancy stages and family histories (Walzer, 1995).

The potentially difficult transition to motherhood can be exacerbated by the absence of one's mother, whether through death or other separation. Several qualitative studies have explored the impact of becoming a mother on those who have been maternally bereaved (Desaulniers, 2013; Franceschi, 2004; Gunn et al., 2018; Lokker, 2010; Rowe & Harman, 2014; Toyoshima, 2004). Throughout the research, we see the reversal of the above themes in the documented lack of emotional and practical support and the absence of information around pregnancy and motherhood (Franceschi, 2004; Lokker, 2010; Rowe & Harman, 2014; Toyoshima, 2004). In one study, women reported that they felt they did not know how to mother as their mother had passed away when they were young (Toyoshima, 2004). Contrastingly, a mother in a similar study credited her mothering ability to her mother despite her dying during the participant's childhood. The participant believed that the explanation for her mothering ability must be that her own mother had been a 'good mother' (Lokker, 2010). Conversely, the theme of mothering as a corrective experience, a desire to be a mother unlike their own, was also evident throughout previous studies (Desaulniers, 2013; Toyoshima, 2004; Walzer, 1995).

The research discussed has focused on maternal deprivation due to bereavement. However, Bowlby proposed that maternal deprivation could occur while a mother is present within the home. Freud touches on this when referring to symbolic loss (1917, as cited in Clewell, 2004). Green's (1993) seminal paper 'The Dead Mother Complex' focused on the absent mother rather than a literal dead mother. Green detailed the mother's loss of interest in

an infant or a loss of connection between mother and infant. Green discussed the 'psyche' holes this loss leaves in a child, gaps in the experience of being mothered.

Few empirical studies can be found which explore this concept of maternal deprivation while the mother is physically present. A small number of studies have looked at the experience of becoming a mother within the care system (Aparicio et al., 2015; Pryce & Samuels, 2010; Rolfe, 2008). These studies explored the experiences of being young mothers within foster or residential care in the UK and the United States. In-depth semi-structured interviews were analysed using IPA and Thematic Analysis. The young mothers spoke about how their mothers showed them 'what not to do' and discussed motherhood as a corrective experience (Aparicio et al., 2015; Pryce & Samuels, 2010). The transition to motherhood also raised questions for these young mothers of why their mothers could not be there for them and brought back the grief of their childhood. Furthermore, participants spoke of a fear of becoming like their mothers (Pryce & Samuels, 2010).

Notably, much of the cited research and theoretical literature was completed some time ago, and there is an apparent lack of recently published research. Despite this, the area is still noteworthy; the experience of motherhood is no less valid and continues to change within our modern world and thus remains a concept and experience worthy of empirical exploration.

The Current Study

As the literature above shows, the often-difficult transition to motherhood increases due to the absence (physical or emotional) of one's own mother. Attachment theory posits that in this challenging transitionary time, women may seek their attachment figure (Bowlby, 1982). Thus, this difficult transition is exacerbated if their attachment figure is unavailable (physically or emotionally). Therefore, illustrating Bowlby's idea that attachment is a process that follows us from 'cradle to grave' (Bowlby, 1968). The term 'psychological presence'

may be helpful when considering a maternal absence despite physical proximity (Boss, 1977). Krampe and Newton (2006) distinguished between fathers' physical and psychological presence. They discussed children's internal working models (IWM) and how these may be securely developed by physically distant fathers. They also discussed the reverse, where presence in a child's life does not equate to creating a stable IWM. In line with this, Reyes (2011) proposed that physically present mothers who fail to provide adequate emotional and psychological support can be described as emotionally absent (Reyes, 2011).

Few studies have explored the impact of the absence of maternal support for new mothers who have not been maternally bereaved. The small amount are focused on new mothers who have grown up in the care system (Aparicio et al., 2015; Pryce & Samuels, 2010; Rolfe, 2008). Furthermore, many of the studies carried out in the area are unpublished dissertations (Desaulniers, 2013; Franceschi, 2004; Lokker, 2010; Toyoshima, 2004). It is hoped that the current study will provide a valuable contribution to this gap in the research.

The current study explores the lived experience of new mothers who lack a meaningful relationship with and emotional presence of their mothers. The study was guided by the research question; what is the experience of motherhood like for women who lack a meaningful relationship with their mother at the time of becoming a mother? The findings of the current study provide much needed scientific rigour to an idea that is often taken for granted in popular culture, i.e. that the transition to motherhood is psychologically and emotionally more difficult for those who lack the emotional presence or support of their own mother (Levy & Zucker, 2020).

Methodology
Design

Due to the lack of existing research, a qualitative approach was adopted to allow for an in-depth exploratory study. Specifically, an IPA design was chosen due to its primary aim

to understand how participants make sense of their personal experience of mothering. This phenomenological underpinning emphasises the experiential claims of the participants and how individuals make sense of their experiences within their context (Smith et al., 2009).

Participants and Process of Recruitment

Eleven participants expressed an interest in participating in the study, with ten eligible for inclusion (see Table 1 for participant characteristics). The participants' names were changed to protect their anonymity. All participants self-identified as lacking a meaningful relationship with their mother. A lack of a meaningful relationship was operationalised as the absence of closeness in which participants' self-identified as lacking the desired emotional and psychological support from their mothers. Participants were recruited through two infant-parent services in Northern Ireland. Clinicians in the services were provided with information about the research and inclusion/exclusion criteria for participants. They were then asked to identify individuals on their caseload who lacked a meaningful relationship with their mother and who may wish to participate and met the inclusion criteria. The individuals identified by the clinicians were given information on the study and asked if they were interested in participation. Potential participants were provided with an information sheet (Appendix A) outlining the study's aims and detailing what participation would include. Clinicians then provided the researcher with the name and telephone number of the individuals who had expressed a desire to participate via a telephone call. The researcher then contacted these individuals to complete a telephone screener to ensure their eligibility, with consenting participants then scheduled for an interview. Individuals (n=1) who did not meet inclusion criteria were informed of this, and they were thanked for their offer of participation.

Inclusion Criteria

The following inclusion criteria were applied: women (i) over 18 years of age who had a child aged two or under, (ii) whose mother was not deceased, (iii) who were co-

parenting, (iv) who spoke fluent English, and (v) who had reached full term with their

pregnancy and the pregnancy was not a multiple birth.

Procedure

As suggested by Smith et al. (2009), semi-structured interviews were conducted in

order to obtain a rich account of participants' experiences. Interviews were completed via

Zoom video conferencing software due to the COVID-19 pandemic and resulting restrictions.

An interview schedule (Appendix B) developed a-priori was used as a flexible guideline

allowing the participants' narratives surrounding their personal experiences of mothering

without a mother to unfold naturally. The interview schedule was informed by previous

research (Desaulniers, 2013; Franceschi, 2004; Toyoshima, 2004) and followed

recommendations made by Smith et al. (2009). Additionally, the schedule was reviewed by

staff and service users in one of the services and was deemed appropriate for use. Questions

focused on both the individual's experience of mothering and being mothered. To facilitate

reflection prompts such as 'how did you feel about that' and 'what sense do you make of

that' were used. Before all interviews, written consent (Appendix C) was obtained and a

demographic questionnaire was completed (Appendix D). The first author carried out the

interviews, which lasted between 53 and 137 minutes and were recorded and transcribed

verbatim. Participants were informed that they could withdraw consent within four weeks of

participation.

Data Analysis

Transcripts were analysed using IPA and were guided by Smith et al. (2009)

guidelines. The idiographic approach meant that each transcript was analysed separately to

look for themes that captured the participant's experience. Initially, the transcripts were read

and reread to immerse the researcher in the data before a detailed textual analysis focusing on

content, use of language and metaphor. Initial commenting of the data then took place, and

the connections which emerged between these comments allowed for emergent themes to develop. Emergent themes require the researcher to attempt to make sense of the participants making sense of their social and personal experiences. This is the double hermeneutic and is a central component of IPA (Smith, 2004). An extract of a transcript with these initial comments and emergent themes is presented in Appendix E. Patterns and relationships among these emergent themes allowed them to be organised appropriately and subordinate themes to be distinguished. This process was then replicated on the subsequent transcripts sequentially. Each new transcript was treated as stand-alone, with the author 'bracketing' their thoughts on the previous transcripts. By bracketing personal bias, one can fully and actively immerse themselves in the participants' experience (Smith et al., 2009). The final stage of the analysis involved looking for the connections between the themes in each transcript. Themes were collapsed or expanded and renamed during this process. A table of the final themes is presented in Table 2. Extracts were selected to represent the depth and breadth of each theme to the reader by selecting quotes that demonstrate convergence and divergence. An interpretive narrative elaborating on each theme is provided to extend beyond a purely descriptive discussion.

Author reflexivity

In keeping with quality standards for rigour in qualitative research, the lead author reflected on their positioning and the impact this may have had on the research. At the time of writing the author was a Trainee Clinical Psychologist, studying a Doctorate in Clinical Psychology. The Doctorate in Clinical Psychology requires trainees to carry out doctoral level research and undertake clinical placements in a variety of clinical settings. In line with the authors critical realist perspective they acknowledge that their professional and personal experiences influence the research. The lead author has a strong and meaningful relationship with her mother and does not have any children. This experience coupled with working with

pregnant women and new mothers during clinical placements has influenced her perceptions of what it must be like to become a mother without the support of your mother. The author had a perception that this particular experience must be challenging and add to the difficulties of transitioning to motherhood. Supervision, reflective bracketing and a reflective research diary were used to minimise the researchers' perceptions overly biasing the results. However, as accepted in IPA each researcher brings their own interpretation to the data which is layered with the participant's interpretation thus forming the analysis. Therefore a level of subjectivity is accepted (Smith et al., 2009).

Table 1

Participant demographics

Name	Age Group	Ethnic Background	Religion	Relationship Status	Highest level of education achieved	Employment	No. of Children	Age of Child	Sex of Child	Years Lacking a Meaningful Maternal Relationship
Emma	18-24	White	No religion	Partnered	AS levels	Unemployed	1	18 months	Male	2 years
Sophie	35-40	Mixed Race	Other Christian	Married	Masters	Employed	1	4 months	Male	31 years
Hannah	18-24	White	No religion	Separated/divorced			2	7 months	Female	5 years
Rose	30-35	White	Catholic	Married		Employed	1	4 months	Male	30 years
Grace	30-35	White	Protestant	Married	GCSE	Employed	1	5 months	Female	30 years
Lucy	25-30	White	No religion	Single	HNC	Employed	1	6 months	Male	10+ years
Zoe	30-35	Asian	No religion	Married	Masters	Employed	2	10 months	Female	2+ years
Eimear	25-30	White	No religion	Co-habiting	A-levels	Employed	1	6 months	Male	28 years
Jessica	30-35	White	Protestant	Married	Undergraduate (BA)	Employed	1	22 months	Male	10+ years
Laura	25-30	White	No religion	Married	NVQ3	Unemployed	3	10 months	Female	29 years

Blank space refers to an unanswered question by participants

Results

Three superordinate themes; 'The Birth of a Mother'; 'Loss and Mourning'; 'Ghosts in the Nursery', each with 3 or 4 sub-themes, are presented and discussed below. These themes are concisely presented in Table 2. A comprehensive table of results is displayed in Appendix F. The following section will discuss the key aspects of these themes and supporting extracts will be presented.

Table 2

Superordinate themes and subthemes.

1. The Birth of a Mother
1a. Transformative nature of motherhood
1b. The reality of the struggle of motherhood
1c. Protecting the myth of motherhood
2. Loss and Mourning
2a. A mother shaped hole
2b. Negotiating the world with the burden of loss
2c. Negotiating the fantasy of the ordinary
2d. Grieving for the childhood self
3. Ghosts in the Nursery
3a. 'One cycle of abuse after another.'
3b. Parentification
3c. Righting the wrongs of the past

1. The Birth of a Mother

The first superordinate theme speaks to the transition and process of becoming a mother with a strained maternal relationship. Three sub-themes explore the complexities of this transition to motherhood and demonstrate the commonality in the process and the nuances for each participant.

1a Transformative Nature of Motherhood

All participants spoke about the transformative nature of the process. Becoming a mother was seen as a catalyst for personal change. The participant's reflections captured both the permanence and magnitude of the change.

"Changed who I am as a person completely big time" (Emma, p.1).

Emma saw her entire identity as altered now that she was a mother. While Rose captured the permanence of this change.

"I mean this is it for life now" (Rose, p.1).

These women will embody this new identity for the rest of their lives. Once you become a mother, you will never not be a mother. With this permanent transformation came a new lens from which to view the world. For Rose, this perspective change came from a newfound appreciation for her mother's hardship.

'*I didn't appreciate how difficult it must have been for her as a single mum'* (Rose, p.35).

The experience of becoming a mum herself softened her feelings towards her mum. Sophie shared this shift in perspective. Motherhood allowed her an insight into her mum's perspective.

'*Now that I have him, it's so much easier to see where my mother was coming from and where she struggled'* (Sophie, p.19).

Lucy's perspective of her mother's parenting was also altered; however, her change was in contrast to the other women.

'*to re-examine everything you have ever known and feeling in absolute dismay that what you have known is no longer…you know that I thought my parents were great people, great parents. You know I will never get that back'* (Lucy,p.9).

She was profoundly hurt when she revaluated her mother's mothering.

Similarly, the transition to motherhood also triggered Eimear to reflect on her childhood.

"Before I became a mum.. I needed to work these things out in myself and work out [..]why was I parented like this[..]...it triggered a lot of things" (Eimear, p.12).

Approaching motherhood triggered the participants to revaluate their childhood, connect with their experience of being mothered and consider how they might do things differently. Within her examination, Hannah found a sense of resilience and inner strength. *"Realisation has hit now that I don't need her around, I can do this myself [..] It's taken me to being pregnant [..] and realising that yes, I can do this. I am not the same person as my mum"* (Hannah, p.21).

Hannah's effort to distinguish herself from her mum spoke to her fear of replicating her mum's parenting. However, this transformation wasn't wholly positive for all participants. Laura, as well as others, talked about a loss of self and identity.
'*I think for the first couple of years, I felt a bit lost because ehm… I had this whole person to look after, and I felt like that my husband just carried out doing whatever he was doing, and I was like I can't…*'(Laura, p.11).

The transformation of motherhood was multi-faceted for the participants involving an examination of both the past and the future. The transition and change are ongoing processes with continuous adjustment.

1b The Reality of the Struggle of Motherhood

The majority of the women spoke about the struggle of motherhood and the process of becoming a mother. As the research was carried out during the COVID-19 pandemic, all of the women were negotiating their roles as new mothers within varying levels of 'lockdown'. In the below extract, Laura speaks to the added struggle of the pandemic on an already difficult transition.
'*Well, I think it was amplified by Covid because there was nothing I could do. There was no help. My husband couldn't come [..]to any appointments*' (Laura, p.2)

The pandemic restrictions meant that social support was significantly reduced. Limited support was a struggle for many of the women.

'it was awful [I] was suicidal for such a long time because it was too hard, and COVID just felt like it became a convenient excuse for people not to help me' (Lucy, p.2.)

The majority of the women experienced perinatal mental health difficulties. Navigating severe mental health difficulties further contributed to the struggle associated with the transition to motherhood. Many of the mothers spoke about the unexpected nature of experiencing perinatal mental health problems.

'*I thought that won't happen to me because I am going to love my baby, and naively I just thought it was if you love your baby then that is everything*' (Rose, p21).

Participants spoke about the all-consuming nature of the mental health problems and a sense of missing out on the new-born phase. Eimear described the constant fear and anxiety that enveloped her. Eimear's account captured the debilitating nature of perinatal mental health difficulties. The struggle of the transition appeared to be accompanied by a sense of shame of not living up to the ideal mother or fulfilling the expected mothering role.

'*I was terrified. [..] I couldn't sleep, I used to dread the night-time, and I would sit, no matter how exhausted I was I would sit, and I would watch him and then sometimes I would manage to close my eyes and then constantly, up checking his breathing [..] It was just sheer terror* (Eimear p.9).

Given the context of her relationship with her mother, Jessica's fear of not being a good mum means the typical concerns of any new mother were increased.

'*I found motherhood a lot more difficult than I thought I would. I think that sort of got me as well because my whole life… like people would say to me 'what are you going be when you're older' and all I said was I want to be a mum, I cannot wait to be a mummy, I love kids and then obviously when I had T and all that happened.. I was like, 'oh my word, maybe I am*

not supposed to be a mummy' like I am not a good mum, I am not supposed to be a mum

because I haven't taken to this like this is not what I expected at al. [..]it was really

*hard..really har*d' (Jessica, p.2).

Laura shares this sentiment about the unexpected elements of motherhood, stating that '*Everyone makes it looks so easy, and it's not'* (Laura, p.18). The unforeseen aspects of motherhood could be interpreted as unexpected due to the lack of information sharing from their mothers.

The struggle involved in this transition is a common experience and perhaps an essential part of the 'birth of a mother'; however, each participant experienced this struggle uniquely. While it can be assumed that all new mothers may share the struggle, it appears to be accentuated by the strained nature of their relationships with their mothers, as Emma's quote captures.

'It [transition to motherhood] was very, very hard, especially because again, I didn't have my mum' (Emma, p.22)

1c Protecting the Myth of Motherhood.

When discussing the struggles and negative aspects of mothering and becoming a mother, there was a sense from most participants of a need to counteract this with a positive statement. As participants detailed their hardships, they quickly pointed out how much they enjoyed or loved being a mum.

'It's a roller-coaster, you know, especially at the start in the new-born phase, it's so hard, and you are so tired and trying to recover from the birth, and you feel like your whole world has just been turned up on its head. But no, it's been lovely' (Grace, p.1).

Grace appeared unable to sit with the experience of motherhood being '*so hard*' and quickly attempted to reassure both herself and the interviewer that it was a lovely time and

experience. We see something similar with Laura, who sandwiches her struggle between two positive comments, almost trying to dismiss it.

'*so it's been a struggle, but my health visitor and stuff has been really good, and I feel like I am coming out the other side, but it's a struggle.. (laugh). But ehm, its…I do enjoy it*' (Laura, p.1).

When discussing the expectation of an instant bond with her baby, Jessica quickly pointed out that she '*obviously*' loves her child. There was a need to defend against an assumption that she didn't love her baby. However, this defence took from the pain and struggle of not having that instant connection that she may have felt.

'*A lot of people say to you, oh, you have this instant bond…and love and I like obviously when I had T I loved.. I do love him so much. But I didn't get that..instant oh my goodness I love I love.. my goodness… I was more like I don't know what the hell I am doing and why won't he stop crying, and I am sore, and I am so tired and ehm, but yeah it kind of got easier*' (Jessica, p.1).

2. Loss and Mourning

There is an enormous loss experienced by these women resulting in a mourning process for their relationship with their mother. The struggle of negotiating this loss while their mothers are alive is arduous and emulates complicated or unresolved grief. While these women all share the experience of loss, the processes involved in the mourning and how the grief manifests are both social and deeply personal process, as demonstrated below.

2a A Mother Shaped Hole

The theme speaks to the mother's absence while physically present in their lives; there is a lack of emotional and psychological support. The hole refers to this lack of the psychologically present mother. This hole has been present for all the women since childhood when their mothers could not provide them with the necessary care, stability, and security.

This is demonstrated by Lucy, whose physical needs were met, but the more emotional and psychological elements of parenting were absent.

'We were looked after, but we weren't nurtured' (Lucy, p.3).

The pain and hurt demonstrated by participants relate to the past incidents of abuse and the current emotional and psychological absence of their mum. As Emma alludes to, there is a societal image of what a mother should be, and for her, this is unfulfilled, leaving a hole impossible to fill.

"I genuinely think it will be forever one of the hardest things in the sense of, just like I said, you just have so many pictures in your head that things are going to be this way for you and when you have to rely on your partners mum instead of your own mum, it's very difficult to accept that fact?' (Emma, p.26).

Notably, all the women had supportive families, whether that was husbands, grandmothers, or mothers-in-law; however, these helpful and supportive individuals could not fill this gap. The inability of others to fill the hole speaks to the uniqueness of the mother. The loss is not merely the absence of female support or loved ones but something particular about the symbolic absence of a mother. This loss feels particularly noticeable during critical junctures of the transition to motherhood, such as labour, as Hannah describes.

'I think it was [during the] birth I asked for my mom.. but I know it was I wanted someone another female there and someone who acted maternally as much as afterwards… my ex said to me you do know you asked for your mum.. yeah it was just in the moment I wanted someone else there who showed me that love and affection as much as he did… but it is different going through all that' (Hannah, p.31).

Hannah almost dismisses the significance of the yearning for her mother during labour. The desire for the specific love and affection of a mother is also seen in Sophie's description of her longing for her mother post-partum.

'it's really vastly complicated… all I did was want my mom. I was trying to feed my son in the middle of the night, and he was wailing […] I was going through that whole emotional journey all I wanted was my mom…. I was like.. 'I just want my mom to be here' (Sophie, p.30).

While the women knew that their mothers could not fulfil their needs in those moments, an embodied yearning for the mother to be there remained. While the women carry their mother's absence through life, the transition to motherhood has brought it to the fore. The gap left by the mother leaves a lack of a '*reference point*' (Lucy, p.9) for motherhood. For Hannah, the gap is felt in the lack of a maternal role model.

'*I never really had that role model as a mum growing up*' (Hannah, p.3).

Furthermore, the mothers' absence extends beyond these women as they are acutely aware of the absence of a grandmother for their children. Laura discussed how her mum '*should*' be there and expressed a real sense that this is not how things should be.

'*I don't really know… it makes me feel a bit bad because I think well my mum should be there…like it should be… should would could… but she is my mum she should be there.. she should be interested in them*' (Laura, p.19).

The absence shows itself when the women appear to project their loss onto their mothers. Laura, Grace, and Emma all discussed their sadness for their mum, and at first, it felt like a projection of their own sorrow. However, it can also be seen as a desire for their mothers to process, contain and simply recognise their emotions. As with much of their lives, they have been left to process the loss and pain alone. By placing the loss on her mother, Emma is almost asking her mother to take the sadness and experience and contain it for her.

'*it's not really sad on my part because I have got my whole life, I have everything ahead of me, it is sad looking at it in her perspective because we have grown up, and she is never*

going to have that like memories to look back on. You know, like the nice things you want to be able to remember with your child like going to park, reading them stories at night and just stuff, and she is never going to have that, and it makes me just feel bad for her because she doesn't have that. Whereas I am ok' (Emma, p.14).

A similar experience can be seen when the women discussed the lack of acknowledgement of the pain and hurt caused by their mothers. Mothers often validate and contain their child's distress and hurt, yet how can their mothers contain them if they do not acknowledge the hole they have created.

'*She never did anything wrong in her eyes, the drinking, the drugs, that's fine by her*' (Hannah, p.5).

A sense of mourning and loss is felt throughout this theme, and Eimear captures this.

'*there was definitely a time of mourning where I definitely mourned the loss of the mother that I never had… the mother that I needed that I never had*' (Eimear, p.6).

While the loss is evident, the grief is complex as the participants' mothers remain within their lives to varying degrees.

2b Negotiating the World with The Burden of Loss

This theme speaks to the mother-shaped hole's burden and how the individual negotiates the outside world with this loss. To manage the mother shaped hole, the individuals create a set of internal and external boundaries. As Zoe described, boundaries act as a protection and creation of a safe place.

'*I feel this is the place I feel safe [..], and I don't need negative energy to come into it*' (Zoe, p.26).

Many of the women spoke about keeping their mothers at a distance. While they remain in their lives to some extent to protect themselves and their children, the nature of their relationship is carefully managed. Eimear's description of allowing her mother to have

some form of relationship with her and her children captured the intricacies of these boundaries.

'I'll let her be a grandmother to my son…ehm, but I mean that's just a grandmother its never..going be anything… like 'nanny' she is never going to be like out and about with him'(Eimear, p3).

The term 'nanny' is reserved for the loving, caring maternal figure of her grandmother, something her mother will never be for her children.

The hole that is felt throughout their daily lives is often perpetuated by society's assumptions regarding the role of the maternal grandmother. Due to the lack of a mother, other supports come to the fore in an attempt to fill the hole. Women spoke about varying levels of support from multiple sources. Some participants found their mother-in-law's support hugely helpful and acted in an almost surrogate mother role.

'I have my mother-in-law as a support, sometimes I think of her as a surrogate mum..because she has all the warmth, empathy and support that you know that my own mother doesn't have' (Lucy,11).

Lucy saw her mother-in-law as providing her with the qualities her mother couldn't; however, for other women, there was a sense of shame attached to overly relying on the mother-in-law. Rose didn't want to rely on her mother-in-law as she didn't want her thinking badly of her mum.

'if I were relying on say my [husband] mum, I would worry that she would be like what about your mum and why aren't you asking her and I wouldn't want her thinking mum was a bad mum. I am still very aware of that [..], I don't know why. I think maybe I don't want her to be judged' (Rose, p.32).

Similarly, others were uncomfortable with relying on their mothers-in-law. While grateful for the support, it didn't feel quite right. Emma describes how depending on her mother-in-law created feelings of jealousy toward her partner.

'*I seen him with his mum and dad and they were very much involved and still are very helpful, but for that first while and even still sometimes now I see that, and I almost feel a wee bit of jealousy because it's like 'why can't I have that*?'' (Emma, p.26).

What is clear from all the interviews is that the women relied on a wide range of support; however, despite the strength of that network, it did not heal the hole left by their mother. That burden of the loss is carried throughout their daily lives and all their interactions. As Zoe states, '*it's part of life*' (p.39), and as such, they have found a way to carry the burden and negotiate the outside world.

2c Negotiating the Fantasy of the Ordinary

This theme speaks to the negotiation of their fantasy for the 'ordinary'- 'a good enough mother'. While the desire for a present mother should not be seen as fantastical for these women, this wish feels out of reach. There is a sense of loss and mourning for the imagined mother. The mourning feels more resolved for some than others. Jessica's inner conflict between the mother who is always there for her and the mother who can't give her what she needs was seen throughout her interview.

'*I feel like such a horrible person when I say this about my mum and stuff because obviously, she is always there for me whatever I need, she gets me, but the thing she struggles with, and the thing I need the most is her to be there for me and for her to be that person I ring if I am struggling and I just can't because she just doesn't want to help*' (Jessica,p.10).

Across interviews participants felt guilty for talking about their mothers and they tried to protect their mother's image.

Furthermore, there was a wish that their children may act as healers of the mother-daughter relationship, thus allowing their mother to take up her role as the much longed for ordinary mother and grandmother.

'I think it's just hope almost.. it's like that. Kind of feeling of 'oh maybe.. you know maybe this is what she needs'… it's her first grandchild, she will see the wee baby, and she will be so happy. I think it was more hope that maybe she would potentially stop taking drugs was a [.]part of it in my brain. I was like once I give birth will this change our lives you know for the better' (Emma, p.16).

However, this hope has reduced, as the participants realise not much has changed since the birth of their children. While loss and mourning are felt throughout this theme, a sense of everlasting hope remains. The uniqueness and sacred position of motherhood is seen throughout the transcripts as women state, '*but she is my mum'*. Despite the negative aspects of the relationship described, there is still a desire to be loved, appreciated, and gain the mother's approval. The unique position of motherhood means these women cannot truly shut their mothers out, and they will always have a sense of duty toward her. Part of them will always be the child searching for their mother's love

"*no matter what she is, she is my mother, and you know (long pause) I just couldn't do it to her*" (Rose, p .41).

2d Grieving for the Childhood Self

This theme centres on the loss and grief attached to the childhood they should have had. It examines the incredible pain caused throughout childhood and how it lives on today, fuelled by their own experience of becoming mothers. There is both sadness and anger in the accounts of some women who cannot imagine treating their children the way they were treated.

'It makes me want to go back to 15-year-old Lucy and just give her a big hug. Because 15...
15 is a baby.. [..] if I were to think of not even myself either of my two girls either of my girls
in that situation..unthinkable..completely unthinkable.. like I am disgusted.'(Lucy, p.4).

The grief for childhood may always have existed. However, as Lucy shows, these
women now view their childhood through a maternal lens, which compounds the pain as they
imagine their childhood self and their children in their position.

The '*sadness for everything*' they '*miss out on*' (Rose, p.42) is accompanied by a
wish for a different trajectory. Jessica wonders how her life would be different if her mum
had gotten the help she needed.

'I think back if she had of just got the help if she had just gone and taken the medication
would everything...would my teenage years be completely different, would everything now be
completely different' (Jessica, p.13).

Jessica captured what could have been and the sadness of what was and what is. The
mourning for their childhood is triggered by becoming a mother, and its repercussions are felt
as they wonder how different their current life could be if their childhood had been different.

3. Ghosts in the Nursery

The final theme speaks to the intergenerational elements of the participants' experiences.
There are ghosts within their babies' nursery, intruders from the mothers' past and their
grandmothers' past; however, these women are attempting to banish these ghosts and do what
generations of women before them could not - break the cycle.

3a 'One Cycle of Abuse after Another'

The majority of participants discussed an intergenerational history of mental health
difficulties and reduced capacity for mothering. Participants spoke about their mothers'
struggles with mental health and its impact on their childhood. Furthermore, there was an
awareness of the problematic childhoods their mothers had experienced and the effect on

their mothering ability. Grace captured the impact of the lack of maternal role models through the generations.

'*she said to both me and my sister that nobody taught her how to be a mother, she didn't have a role model, you know she didn't have anyone to look up to, and I suppose in a way me and my sister are sort of the same*' (Grace, p.2).

Just as a lack of role models was passed down through the generations, so was mental ill-health. Many of the women spoke about a family history of severe mental health difficulties.

'*She suffers with depression and anxiety. So I think that is where I have gotten it from because she got that off her mother and then my granny got that from her mum*' (Zoe, p.3).

The cycle of maternal mental health problems felt omnipresent and deterministic to Hannah.

'*I actually overdosed when I was three months pregnant with [*child's name*] because I think with the whole shock of it, and I suppose at that stage as well, I was like oh well, I am going to turn out like my mum, and I suppose that was a big thing as well the hospital always pushed on me*' (Hannah, p.6).

The staff's concern and vigilance of her mental state due to a family history negatively impacted Hannah. While others were grateful for the watchful eye of services, she felt that post-natal mental health difficulties were almost inevitable.

This experience of living in the cycle meant that the participants were acutely aware of the impact developmental trauma, neglect, and parental mental health difficulties can have on children. This awareness brings a worry and a need to negate any negative impacts on their child. The weight of the responsibility for these mothers was apparent.

'So I was certainly very worried that all of that was going to rub off on him, and I think because of everything I went through as a child and as a teenager and even as an adult, I was so worried that my relationship with him now' (Rose, p.21).

This increased awareness of the intergenerational cycle meant some women could appreciate why their mothers found mothering so difficult.

'As I got older, I have been able to have more empathy with her, you know, she had such a horrible, horrible childhood and a pretty chaotic adult life as well. I mean, it is no wonder that she wasn't able to be mum of the year' (Grace, p.7).

However, others, such as Lucy, felt frustrated that her mother had allowed the intergenerational cycle to continue. Lucy wished someone had broken the cycle before so that she never had to experience it.

'can't someone have done it before me[..]Ok things make you stronger, but I would sooner be weaker and not go through that because those are horrible, horrible ways of learning life lessons that can be totally preventable' (Lucy, p.11).

Across all accounts, there was awareness and frustration of the past's influence on the present.

3b Parentification

Because of the intergenerational cycle discussed above, most participants took on the parenting role within their homes, often looking after themselves, their siblings, and their mums. As Emma's quote shows, these women took on practical parental tasks.

'from the age of like 6 and 7, I was making my brother dinner'(Emma, p.9).

However, they also took on emotional duties becoming their mother's confidants.

'because I was my mother's sounding board at 4 and 5 years old' (Sophie, p.15).

As Sophie describes, they became their mothers' containers and protectors, a role which should have been reversed. They were also exposed to hugely traumatic events at a very young age.

'*When I was 11, I came home twice from school that year to find her overdosed on heroin*' (Hannah,p.3).

Exposure to such frightening incidents and taking on the role of protector resulted in the loss of innocence at a young age. These women have been acting in a maternal role long before they had children. As Rose illustrates, the roles have been reversed since they were children.

*'I was aware of lots of things I shouldn't have been aware of like[..] our finances and times when we were low on money like how much was in our bank account I remember one time [..]her telling me we had a fiver in the account or something and she was like crying, and then I started crying and I was maybe god…I was either P7 or very early years secondary school or whatever. Like, I shouldn't have known that sort of stuff… I mean, but then she obviously felt like she couldn't turn to anyone else, but I never went to her…that is the difference.. like I didn't see her as a support.. and that is still the way it is' (*Rose, p.29).

As Rose captures, the support was and still is one way. These women contained their mothers as children, and now that they are mothers, they must contain both their mothers and their children. In some ways, these women have been primed to be mothers from an extremely young age.

3c Righting the Wrongs of the Past

All the participants passionately discussed the desire to give their children the life they didn't have, to parent the way they wish their mother had.

'I don't want to be the mother to my child [...] that my mum was to us. I want so much better…and my child deserves better' (Grace, p.16).

Grace captured the mothers' desire to break the intergenerational cycle. There was an urgency from these mothers that the cycle stops now.

*'I like never want to repeat that. I don't want to… I am never going to do' (*Sophie, p.9*).*

These desires to break the cycle and give their children all that they weren't given means that they hold themselves to exceptionally high standards. These unrelenting standards manifest in the mothers' desire never to allow their children to feel how they did.

'I was..so scared of them feeling the way I felt, and I still am.. I just don't want them ever feeling that …they are on their own. That they don't have me..[..] I don't want them to ever feel like that…(crying)' (Laura,p.10).

However, their children may naturally feel some version of this, for example, not knowing where their mum is for a short period, this may be typical, but they strive for this to never happen. These mothers did not have a model of 'good enough', so they struggle to tolerate their child's difficult feelings even if the situation is appropriate and safe. As Hannah describes, they are constantly trying to be '*supermom*', which is unrealistic and unhelpful.

 '*I try to be supermom, [..]. So that has really affected me because I don't want my kids missing out, so I nearly try to over parent them nearly and be a perfect mum which realistically doesn't happen*' (Hannah, p23)

The lack of a model of a 'good enough' mother means that breaking the cycle and parenting perfectly become synonymous. While breaking the cycle was paramount to these mothers, there was also a sense of healing through breaking the cycle. While unable to undo their experience, their children offered them an opportunity to correct the wrongs of the past.

'*It will never undo how I feel, but I am certainly making sure that [he] will never feel the way she made me feel*' (Rose, p.8).

Throughout the interviews, there was a sense that by giving their children the childhoods they should have had, there might be an opportunity for healing vicariously.

'I am nearly trying to give my kids two childhoods..mine and theirs' (Hannah, p24)

Hannah wants to give her children the childhood they deserve and the one she deserved and should have had. The mothers attempt to replace the ghosts in the nursery with angels. There is hope that by giving their children all that they should have had, that the cycle of the past haunting the present will end.

Discussion

This research aimed to explore the experience of motherhood for women who lacked a meaningful relationship with their mothers using an IPA approach. The results suggested that this difficult transition was exacerbated by their mothers absence or lack of support, represented by three superordinate themes.

The first theme captured the transition of motherhood and the birth of the mother. This transition was a catalyst for profound personal change for these women and represented the shift from daughter to mother (Moskowitz, 2011). The emergence of this new identity pulled the women back into the 'lives and minds of their families of origins' (Moskowitz, 2011, p.230). The participants' reflections on how they were parented and how they wish to parent going forward supported Stern's (1998) theory regarding the psychic triad.

The difficulty and hardships that are the reality of the transition were captured within the theme. The broader context of the pandemic and the more personal context of perinatal mental health problems were reflected. While difficulties were discussed, there was a sense of wanting to protect against the negative sides of motherhood. There seemed to be anxiety for these women about acknowledging the typical ambivalent feelings of motherhood. This may be linked to the weight that 'correct' mothering carries for them. As Winnicott (1994) discussed, ambivalent feelings are typical and desirable. He posited that there are many reasons why a mother might 'hate' their child and that maternal ambivalence provides a critical development task for the baby; they must learn to hate, to learn to love. Healthy and

safe maternal ambivalence is accepted as a typical part of motherhood (Raphael-Leff, 2010). However, for these participants who had the experience of their mothers' ambivalent feelings being acted out, there is a fear that they risk becoming their mothers if they acknowledge their negative feelings. As these women did not experience the model of a 'good enough' mother (Winnicott, 1971), they perhaps struggled to sit with good enough motherhood instead diminishing the difficulties that can be very much part of motherhood.

The second theme captured the mourning these women experienced for their relationship with their mothers. As Green (1913) stated, there is a psyche hole where the experience of being mothered should be. The absence of maternal support and knowledge was similar to that seen in maternally bereaved women (Franceschi, 2004; Lokker, 2010; Rowe & Harman, 2014). Along with mourning the relationship they lacked with their mother, there was mourning for their childhood and their child selves. This grief for lost childhood was also seen in studies exploring the transition to motherhood for mothers within the care system (Aparicio et al., 2015; Pryce & Samuels, 2010). Despite being well-supported in other areas, there was a huge sense of loss of the mother for the participants of the current study. Reminiscent of the 'primal wound' theory in which adopted children are thought to be forever wounded by the loss of their birth mother (Verrier, 1993), the mother leaves a distinct hole that others cannot fill. This leaves a painful and deep sense of yearning for these women.

The final theme spoke to the impact of the intergenerational cycle of limited maternal capacity and the participants' strong intent to break the cycle. Parenting styles are known to be passed down through the generations (Van Ijzendoorn, 1992). In the seminal paper 'Ghosts in the Nursery', ghosts are used as a metaphor for the passing down of childhood maltreatment, neglect and punitive parenting (Fraiberg et al., 1975). The participants spoke of the repeating of past maternal relationships in their childhood, and how their mothers had

parented in similar ways to their grandmothers. The lack of maternal role models meant that as children, their nursery was full of ghosts.

Throughout the interviews, the strong desire to break the cycle was clear. The women were acutely aware of the ghosts that had occupied their nurseries and intended to banish them and replace them with angels for future generations. The paper 'Angels in the Nursery' postulates that in the same way that negative parenting relationships can be replicated, so can positive early experiences (Lieberman et al., 2005). This is the hope for these women that they can create the angels in the nursery that will be replicated for future generations. Breaking the cycle provides the women with an opportunity to 'right the wrongs of the past'. Similar themes are seen in studies looking at the experience of becoming a parent while in foster care (Radey et al., 2016). Motherhood acted as a corrective experience for those who wished to parent utterly different to how they were parented (Desaulniers, 2013; Toyoshima, 2004; Walzer, 1995).

The participants in this study have been able to break the cycle to some degree. The fact that they are actively involved with services can be seen as both an indicator that they have broken the cycle and as the reason that they have broken the cycle. However, the question arises, why this generation? What made them different from the generations of mothers before them who could not banish the ghosts of the past? Caring relationships in the form of partners or close others have been found to mitigate intergenerational transmission of abusive parenting (Herrenkohl et al., 2013). Fraiberg et al. (1975) also touch on this, stating that becoming a mother and giving a child the life you should have had can bring healing for the parent. This may explain why these women appear to be breaking the cycle. Stern (1995) discussed the importance of a balanced, coherent narrative regarding the childhood experience. He postulated that mothers who could form balanced narratives of their early experience would be able to provide secure attachment for their infant despite their lack of a

good enough model of motherhood. Furthermore, Fraiberg et al. (1975) suggest that what allows parents like the participants in this study to break the cycle is that these parents have not repressed the emotions from their difficult childhoods. Remembering the emotion of the past prevents them from repeating it. By engaging in services which bring acceptance and understanding to their experiences, where they can discuss their experience of being parented, they have been able to care for their children in a way their mothers could not (Fraiberg et al., 1975).

Strengths and Limitations

The IPA approach used provided a robust framework for the research. As little was known about this population, IPA created the opportunity for exploratory research to be carried out. The semi-structured interviews allowed for the space to discuss the sensitivity of the topic and created an intimacy which produced rich data exploring both the personal and social aspects of becoming a mother without a meaningful relationship with one's own mother. As participants self-identified as lacking a meaningful relationship, the sample included a range of experiences in terms of maternal relationship. Arguably this may have undermined the homogeneity of the sample, and fostered some disparity in the findings. It could be argued that a more objective measure of the lack of a meaningful relationship may have better ensured homogeneity. However, the individual's interpretation is central to IPA, in which participants are held as experiential experts and their meaning making supersedes the objective experience. Furthermore, IPA focuses both on what is unique to individual participants but also what is common across their various experiences. In line with this, it was felt an interpretive definition of a lack of a meaningful relationship with one's mother allowed for the critical realist perspective and idiographic focus of IPA to remain central (Smith et al., 2009). As noted in Table 1, there was a wide range of years that women stated they lacked a meaningful relationship with their mother. Initially, this was a concern for

homogeneity. However, following the interviews, it became clear that the lack of this relationship was much longer than answered on the demographic questionnaire and, in all cases, was their entire lives. Typically the answer on the demographic questionnaires marked the point where they explicitly put boundaries with their mothers. Therefore, there was no concern regarding homogeneity in the sample with respect to the research question.

Due to the COVID-19 pandemic, interviews took place via Zoom. While this was beneficial as it allowed the research to continue and keep all parties safe, it had some disadvantages as the interviewer could not pick up on non-verbal cues, particularly ones that may have occurred off-screen. While there were several minor technical difficulties, Zoom made interviews accessible for the women, which was important considering that they were new mothers. Notably, research supports video conferencing platforms for collecting qualitative data (Archibald et al., 2019; Boland et al., 2021; Oliffe et al., 2021).

As with any qualitative research, the researcher brought their own bias and interpretation to the analysis and findings. Reflectivity, reflective bracketing, journaling, and supervision were utilised to raise awareness of biases and minimise their impact on the research. However, the researcher's theoretical standpoint and experiences undoubtedly influenced the interpretation of the data. To provide rigour, a comprehensive audit trail was kept. An example of the workings of a theme are presented in Appendix G.

It is worth noting that the literature around the transition to motherhood is almost entirely heteronormative and westernised; this is mirrored within the current project. As the transition to motherhood for those who lack the psychological and emotional presence of their mothers is under-researched and given the context of the location of the study, it was not feasible for the current study to expand past heteronormative families and experiences.

Conclusion and Implications for Practice and Research

As with any qualitative research, the implications for practice and research should be considered in the context of the specific sample. Participants of this study were recruited from services where they were receiving therapeutic input. Notably, the women were not attending the service due to any concerns regarding their parenting ability. Concerns regarding parenting are defined here as requiring the input of social services. The women attended the services recruited from in this project were referred or self-referred to the service due to a desire for additional support regarding bonding with their babies. Therefore, future research in a non-clinical setting where women are not seeking therapeutic input would be beneficial. The sample was restricted to Northern Ireland, a largely traditional society where families maintain close contact. This context is essential when interpreting the research results. Future research may benefit from exploring the phenomenon in varying societies and cultures and with non-traditional families or those raised in non-traditional families.

The data provided by these women is rich, and the content holds vital learnings for clinical and therapeutic staff who work with women in similar positions. Infant mental health theory posits that for mothers to provide for their children's emotional and psychological well-being adequately, they need to be able to regulate themselves emotionally. The added stress and instability that a non-meaningful relationship with their mother can bring may inhibit their caregiving and attunement to the baby (Moskowitz, 2011), as such therapeutic support may be needed to 'hold the mothers so they can hold their babies' (Moskowitz, p. 234). Winnicott (1960) posits that those who have the capacity for good enough care for their children can have this level of care enhanced when they are cared for.

It is vital for staff to make space for any mothers' ambivalent feelings about motherhood. However, it may be of particular importance for this sample. As discussed above, these participants resisted the healthy maternal ambivalence for fear of replicating

their mothers. There may also be a sense of shame attached to these feelings. Staff and services working with new mothers should explore and validate these difficult emotions. Additionally, the wound and loss of the mother must be validated and explored with these women. This loss is likely to continue throughout their lifetime, and despite having many other supports, the opportunity to explore the loss of the mother is vital.

The women in this study spoke about the guilt of discussing their mother, and there was an attempt to preserve the fragile image of the mother. This is important for clinicians to be aware of as there may be a silent struggle for these women, which prevents them from seeking help. The conflict between preserving the image of the mother and accepting the loss of the mother should be delicately explored with clinicians. While it may be desirable for women to reach an integrated space of empathy and understanding for their mothers, this understanding should not negate the validation of their loss. Individuals working with this population should attempt to make space for both emotions.

During the interviews, the participants expressed a desire for services to be aware of their position. They spoke of the struggle for societal assumptions regarding the role of the maternal grandmother. Notably, they also talked about the desire for peer-support groups and to meet women in similar positions to themselves.

As these women attempt to break the intergenerational cycle and replace ghosts in the nursery with benevolent angels, services must consider how best to support them in doing this. Services are needed for both the women and their children. The women involved in this study were all receiving support from parent-infant services; however, it is clear how difficult this work is despite that extra support. This highlights the importance of availability of services providing early therapeutic intervention for families. Existing services must be aware of this particular struggle of motherhood and provide adequate space and care for these women and their children so that the past is not repeated for generations to come.

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Section 5: Technical Appendices for Large Scale Research Project

Appendix A

Queens University Belfast

Doctorate of Clinical Psychology

The Absence of Mother in the Minds of New Mothers

Information Sheet

You are being invited to take part in a research study investigating the experience of new mothers who do not have their mother in their life. This study is part of a programme of study (Doctorate in Clinical Psychology) being carried out by Amy Walsh in Queens University Belfast. The project is being supervised by Dr Pauline Adair (P.Adair@qub.ac.uk), Dr Brent Thompson (B.Thompson@qub.ac.uk) and Dr Bridget Tiernan (bridget.tiernan@setrust.hscni.net). The information you share will be used as part of a written project which will be submitted to Queens University Belfast and potentially published within a scientific journal. Before you agree to participate, please read the following information and ask as many questions as necessary to be sure that you fully understand what your participation will involve.

Purpose of the Research

The purpose of this study is to understand the experience of becoming a mother for people who are not close to their mothers. While research exists on the experience

of becoming a mother, there is a lack of research that tries to understand the experience of this particular group of people. It is hoped that this research can contribute to service delivery and provide a greater understanding of your experience. It is important to note that this project is not a therapeutic intervention.

What your participation will look like

If you chose to take part you will be contacted by the researcher to complete a telephone screener questionnaire. This will last approximately 15 minutes and will involve you answering a few questions such as whether you are close to your mother. If you want to take part after this telephone call we will schedule a time that suits you for you to take part. This part of the study will last approximately 60-90 minutes. A break will scheduled after 45 minutes. You can ask a friend/family member or support worker to join you if you would find this helpful. After completing the consent form, the researcher will ask you to fill out a questionnaire, which will ask questions relating to your background. The researcher will then ask several open-ended questions related to you becoming a mother, your experience of mothering and your relationship with your mother. There are no right or wrong answers, we are simply interested in your experience.

Risks

The potential risk of participation in this study is considered very small. However, you may experience some distress or discomfort while discussing your experience of motherhood, as well as discussing topics around your relationship with your mother. If you do show signs of distress or become upset, the researcher will stop the interview to discuss your feelings. You may choose to end the interview at any stage.

Benefits

While there are no obvious benefits of taking part, there may be some indirect benefits such as increased awareness of your own experience of motherhood.

How we will use your information?

If you chose to participate in the study, we will use the information you provide for this research project. This information will include your name, contact details, educational details and information about your background. People will use this information to do the research or to check your records to make sure that the research is being done properly. Queens University Belfast will not have access to your information until you agree to take part in this research.

Only the research team will be able to see your name or contact details. Your data will have a code number attached to it so no-one else can identify you. Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study. We will keep all information about you safe and secure. Only the research team will have access to the information which could identify you.

 If the researcher feels that you may be at risk or another individual may be at risk then they will need to discuss the situation with the relevant organisations who can best support you and/or others affected by these concerns.

Your participation in this research study is voluntary. You may refuse to participate or change your mind at any point during the interview and up until 1 month after your

participation in the research study. We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you remove or change the data we hold about you after 1 month Your participation or withdrawal in the study will not impact your ongoing engagement with the ABC PiPS/ New Parent Program/ Family Nurse Partnership service.

Where can you find out more about how your information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients/
- our leaflet available from

  http://www.qub.ac.uk/privacynotice/Research/ListofResearchPrivacyNotices/PrivacyNoticeforResearchParticipants.html
- by asking one of the research team
- by sending an email to P.Adair@qub.ac.uk

This research study has received Ethics approval from Barnardos and Office for Research Ethics Committees Northern Ireland

If you are interested in taking part please contact the researcher, Amy Walsh (awalsh28@qub.ac.uk **or 07955 748840) or let the member of staff who provided you with this information know.**

If you have any concerns about this study and would like more information please feel free to contact the researcher, **Amy Walsh,** awalsh28@qub.ac.uk or the projects supervisor Dr Pauline Adair (P.Adair@qub.ac.uk).

Thank you!

Appendix B

Interview Schedule

1. Tell me a bit about your mother?

2. How would you describe your relationship with her?

3. What was it like growing up in your family?

4. Tell me about your experience of motherhood thus far?

5. What was the transition to motherhood like for you?

   By transition I mean during pregnancy and thereafter

6. What has it been like becoming a mother without your mother in your life?

7. How has your relationship with your mother influenced your mothering?

8. Can you tell me a bit about the supports you have had during your transition to motherhood?

9. Can you tell me a bit about how you coped at that time/during this transition?

10. Can you tell me what you have learned (if anything) from the experience?

11. Is there anything else you would like to add? Anything you feel we haven't covered and that we should?

Potential Prompts

How?

Why?

Can you tell what you were thinking?

How did that feel?

Can you tell me more about that?

Can you tell me about other people in your life that supported you at this time?

Appendix C

Queens University Belfast
Doctorate of Clinical Psychology
The Absence of Mother in the Minds of New Mothers

Consent Form

[Please circle your answer]

Have you read the Participant Information Sheet?	Yes / No
Have you had an opportunity to ask questions and discuss this study?	Yes / No
Have you received satisfactory answers to all your questions?	Yes / No
Have you received enough information about the study?	Yes / No

Do you understand you are free to withdraw your participation?

Up until one month after your participation?	Yes / No
without having to give a reason for leaving?	Yes / No
without affecting your engagement with the service?	Yes / No

Do you understand that this study has received ethical approval?   Yes / No

Do you understand that identifiable personal information will be altered to maintain anonymity?   Yes / No

Do you understand that only the research team will have access to your personal information?   Yes/No

Are you aware that all information will be kept anonymous except in the rare circumstances in which it is judged that you or someone else is at risk of serious harm? (in which case only information necessary to an emergency would be communicated)   Yes / No

Do you agree to take part in this study?   Yes / No
Do you agree to be recorded as part of the study?   Yes / No

Signature of Participant _____
Date _____
[NAME IN BLOCK LETTERS] _____

Signature of Researcher _____
Date _____
[NAME IN BLOCK LETTERS] _____

Queens University Belfast Doctorate of Clinical Psychology
The Absence of Mother in the Minds of New Mothers

Demographic Questionnaire

Please complete the following questions

Age group?

18-24	☐	25-30	☐
30-35	☐	35-40	☐
40+	☐	Prefer not to say	☐

Your Ethnic Background

White	☐	Black/African/Caribbean	☐
Asian	☐	Irish Traveller/ Gypsy	☐
Mixed	☐	Prefer not to say	☐

Other_____

Your Religion

No religion	☐	Protestant	☐
Catholic	☐	Other Christian	☐
Buddhist	☐	Hindu	☐
Jewish	☐	Muslim	☐

Prefer not to say ☐   Other_____

Please tick the box which best describes your relationship status

Married ☐   Separated/divorced ☐

Single ☐   Partnered ☐

Co-habiting ☐   Prefer not to say ☐

What is the highest level of education you have achieved?_____

Please tick which box best describes your employment status?

Employed ☐

Unemployed Full ☐

time student ☐

Carer ☐

Other_____

How many children do you have?_____

Do you have any stepchildren?_____

Appendix E

Extracted of Coded Transcript

Coding Key: Black font= descriptive comments, Red Font= linguistic comments, Blue font= conceptual comments

Emergent Themes	Original Transcript	Initial comments
Struggle of motherhood with a mental health condition Shame of not fulfilling the instant bond Protecting the myth of motherhood/good mother? Negative impact on covid on transition to motherhood Protecting image of motherhood Development of post-natal OCD	I: The first question I ask is for you describe how motherhood has been for you thus far? P Honestly its been really difficult.. I ehm… I.. like I have suffered from mental health issues in the past so I kind of always had a feeling that once I had a baby I might suffer but I think.. I never realised how hard it was going to be. Like I am a person who likes to be control and know what I am doing, know whats going on..like I have to have plans and know what time something is at and what we are doing. And when T was born, like my little boy..it just.. I just had no idea what I was doing. Like I always have eh.. a vague routine… I like to have a routine..so like the first couple of months we didn't have a routine I didn't know whether I was going to be doing this that or whatever. So I think that kind of freaked me out to start with and then obviously not knowing. A lot of people say to you oh you have this instant bond…and love and I like obviously when I had T I loved.. I do love him so much. But I didn't get that..instant 'oh my goodness' I love I love.. my goodness… I was more like I don't know what the hell I am doing and why wont he stop crying, and I am sore and I am so tired and ehm but yeah it kind of got easier. I kind of just kept myself really really busy and we started going to clubs and I would meet up with friends and stuff and then obviously when covid hit that..is when it too a massive turn for me. Because we went from going out pretty much everyday to being in the house all the day like for 3 months…ehm my husband suffers from Chrons so we ehm where shielding basically so we didn't really see anyone. He works from home so he was working still his 9 to 5 so it was just be and T constant throughout the day which was great but also it was so tiring because I never really got a break. Like I I think through COVID I lost about 3 stone just because I didn't really eat during the day..because he ddint like settle down I din't know what to do.. I was just trying to keep myself busy all the time and that's really when my post-natal OCD got.. I always knew before COVID that I wasn't ok..like I didn have maybe Post natal depression but it was really when the COVID hit that I knew something wasn't right, like I just…anything that came into the house I had to clean.. I was so scary T or D getting sick. I was just so terrified…and even when we first… starting letting my mum and dad back in.. the	difficulty of motherhood expected to experience perinatal MH level of struggle unexpected struggled with the lack of routine in the post-partum days feeling of not knowing was hard to manage struggling with the uncertainty-provokes anxiety? Societal expectation that you have an instant bond Qualifying that she loves him Didn't get the instant bond people talk about Anxieties took over in that moment Reassuring us (the interviewer? Herself? Society?) that it gets easier? By reassuring us that all passes is she ensuring the myth of motherhood is intact Impact of covid was huge Shielding during it Went from seeing people every day to being in house for 3 months Never got a break from son – exhausted Once again had to add the positive before the negative

Motherhood did not live up to the expectation	house and I was still so scary… I didn't want them to touch me or him or D or anything. And I was like this is my mum and dad and I… I shold be able to use them for support… so ehm yeah motherhood wasn't what I expected like you hear all these stories… 'oh it was the best like the time off I have' like my sister… I have a little niece and my sister was like 'oh maternity was amazing and you get to this and this' and honestly for me I didn't have a great experience at all.. like I knew… COVID was massive part… I just felt so alone because I didn't have support around me.. I only had my husband, I didn't even have health visitors like the help I need now with ehm my postnatal OCD and depression stuff but it was really hard..really hard. I It sounds so hard especially with COVID…. What age was T when COVID hit	Lost weight because she was tending to him Struggled with not knowing how to settle him Developed postnatal OCD Knew something wasn't right Terrified of husband and baby getting sick So scared of people in the house Motherhood was not as expected Didn't live up to societal myth she had heard?
Lack of support due to COVID	P so he had just turned 3 months I he was still so young	Maternity was not good exp COVID played significant role in the struggle Lack of support due to COVID Returning to work brought change and adjustment too
Shame of not living up to the fantasy image of motherhood		Terrified that patients would have covid Struggled with finding motherhood hard

Table 3
Table of themes

Superordinate theme	Sub-themes	Participants contributing to sub-theme	Key Cross Reference page number	Brief Description	Quotes
The Birth of a Mother	Transformative nature of motherhood	All participants	Emma (1,45) Sophie (4,6,40) Hannah (1,19) Rose (1.35) Grace (1,6,9) Zoe (1,16) Lucy (1,9) Eimear (1,6,12) Jessica (26) Laura (10)	Transformative experience of becoming a mother. Roller-coaster of emotions and a catalyst for deep personal change.	*"Its taken me to being pregnant with E and realising that yes I can do this. I am not the same person as my mum and yeah its"* Hannah *"I think it has actually bettered me"* Zoe *"Changed who I am as a person completely big time"* Emma
	The reality of the struggle of motherhood	Emma, Sophie, Hannah, Rose, Grace, Lucy, Jessica, Laura	Emma (22) Sophie (2,3,35) Hannah (1,2) Rose (1,2) Grace (1) Lucy (1,2,11) Jessica (1,2,25) Laura (1,17,18)	The difficulties of the transition to motherhood. Perinatal mental health difficulties feature heavily. Context of the Pandemic is clear.	*" I found motherhood a lot more difficult than I thought I would. I think that sort of got me as well because my whole life… like people would say to me 'what are you going be when you're older' and all I said was I want to be a mum, I cannot wait to be a mummy, I love kids and then obviously when I had T and all that happened.. I was like 'oh my word maybe I am not supposed to be a mummy' like I am not a good mum, I am not supposed to be a mum because I haven't taken to this, like this is not what (I) expected at all"* Jessica
	Protecting the myth of motherhood	Emma, Sophie, Rose, Grace, Zoe, Eimear, Jessica, Laura	Emma (2) Sophie (1) Rose (2) Grace (1)	Every discussion or mention of the negative sides of motherhood are	*"It's a roller-coaster you know especially at the start in the newborn phase, its so hard and you are so tired and trying to recover from the birth and you*

			Zoe (1,2) Eimear (1) Jessica (1,2) Laura (1,18)	counter balanced by positive statements.	*feel like your whole world has just been turned up on its head. But no its been lovely* "Grace
Loss and Mourning	A mother shaped Hole	All participants	Emma (2,26,40) Sophie(3,7,22) Hannah (2,3,1,22) Rose (13,19,42) Grace (23,25,26) Zoe (32,38,39) Lucy (2,4,12) Eimear (1,4,7) Jessica (19,20,21) Laura (3,5,21,22)	Speaks to the absence of the mother from both childhood and present life. A hole that is felt throughout their daily lives, perpetuated by societies and peers assumptions.	*"but there was definitely a time of mourning where I definitely mourned the loss of the mother that I never had… the mother that I needed that I never had"* Eimear *"its really vastly complicated… all I did was want my mom"* Jessica
	Negotiating the world with the burden of loss	All participants	Emma (3,4,28,38) Sophie(18, 31,7) Hannah (27,28) Rose (32) Grace (11,17,18,25) Zoe (12,26,36) Lucy (11,12) Eimear (3,7,15) Jessica (1,19,21) Laura (16,18,19)	Speaks to the burden of loss that is carried day to day and how the individual negotiates the outside world with this loss.	*"I know that it took a lot of effort..ehm.. and I a lot of determination on my own part to get myself to where I am now"* Sophie *"sometimes I think of her [mother-in-law] as a surrogate mum..because she has all the warmth, empathy and support that you know that my own mother doesn't have"* Lucy
	Negotiating the fantasy of the ordinary.	All Participants	Emma (16,17,26,37) Sophie(20,40,41) Hannah (13,18,22) Rose (9,40,41)	The theme speaks the negotiation these women must undergo in relation to their fantasy for an 'ordinary'- the good	*"No expectations that anything is going to shift massively in your relationship. Its never going to be that mother daughter relationship you crave.. [..[having a child of your own is not going to send some cosmic shift and change everything and erase everything[..]the novelty would wear off"* Eimear

			Grace (4,6,23,26) Zoe (4,5,37,38) Lucy (4,13) Eimear (17,18) Jessica (13,15,18) Laura (8,20)	enough mother. While there is nothing fantastical about the desire for a present mother for these women this wish feels out of reach.	*"I will always love her but I won't forgive her"* Zoe
	Grieving for the childhood self	Sophie, Rose, Zoe , Lucy, Eimear, Jessica, Laura	Sophie (20,39) Rose (7,42) Zoe (20) Lucy (3,8,9) Eimear (6) Jessica (13,19) Laura (11,14)	The loss and grief attached to what should have been or the childhood they should have had.	*"there is a sadness for everything that I felt I missed out on and there is a protectiveness over that small girl that I see in the photographs and that I can see her clearly unhappy and for my brother and there is a frustration and an anger you know because she has never addressed it"* Rose
Ghosts in the nursery	*'One cycle of abuse after another'*	Emma, Sophie, Hannah, Rose, Grace, Zoe, Eimear, Laura	Emma (23,41,42) Sophie (3,8,28) Hannah (6,7,11) Rose (1,8,21) Grace (2,7,9) Zoe (3,17,27) Eimear (2) Laura (20)	Intergenerational cycles of difficulties of mothering and mental health.	*"she said to to both me and my sister that nobody taught her how to be mother..she didn't have a role model you know she didn't have any one to look up to and I suppose in a way… me and my sister are sort of the same"* Grace
	Parentification	Emma, Sophie, Hannah, Rose, Grace, Jessica, Laura	Emma (9,12,13) Sophie (13,15,190 Hannah (3,12,13) Rose (2,12,29) Grace (3,4,6) Jessica (15,16) Laura (8)	These participants took on the parenting role within their homes often looking after themselves, their siblings and their mums	*"I was because she was the only person I had over there I was constantly trying to protect her"* Hannah *"so it was more a case of looking after ourselves"* Emma

	Righting the wrongs of the past	All participants	Emma (9,10,12,28) Sophie(19,21,43) Hannah (23,24) Rose (8,22,23) Grace (2,16,24) Zoe (17,41) Lucy (6,10) Eimear (12,13,16) Jessica (9,12,26) Laura (11,13,22)	Sense of breaking the intergenerational cycle but also healing through it. While unable to undo what was done to them or what they experienced perhaps they can heal viciously through their children. Attempting to replace the ghosts in the nursery with angels.	*"I am nearly trying to give my kids two childhoods..mine and theirs"* Hannah *"I don't want to me the mother to my child or children that my mum was to us. I want so better…and my child deserves better… you know"* Grace

Appendix G

Workings of Mourning and Loss Theme

Subordinate	Emergent themes (that make up subordinate theme)	Ppt	Quotes
A Mother Shaped Hole (10/10)	Lack of memories with her mum Lack of meaningful relationship Disappointment of empty promises sense of being let down No sense of comfort from her mum or her house Loss of the altruism in maternal relationship Lack of acknowledgement: the normality of chaos Assumptions of a grandmothers role Mourning of what should be… Hates the gulf between her children and her mother Mourning children and mothers relationship Grieving for her childrens relationship with their granny Frustration at her mums lack of responsibility Lasting impact of a lack of healthy relationships Frustration at her mums lack of awareness If you don't laugh you'll cry- using laughter as deflection (4) Sense of not being able to tolerate the pain of the past (6) Projecting the loss onto her mother- it is not her loss (9) Projecting sadness onto her mother (21) Pain inflicted Sadness Unmet emotional needs Bare minimum of parenting Lack of nurture Childhood unmet needs On my own Expected to fend for yourself Attempting to understand her parents Lack of role model Isolation	Laura Lucy	'that's not how you get them to love you…come and see them… but yeah I think we were missing out on stuff like that' Laura 'I don't really know… it makes me feel a bit bad because I think well my mum should be there…like it should be… should would could… but she is my mum she should be there.. she should be interested in them like I don't know what else I can give her like I have given three granddaughters and she is still not pulled out of her bubble.. shes not. So it just makes me feel a bit sad I think…'Laura 'but there was definitely a time of mourning where I definitely mourned the loss of the mother that I never had… the mother that I needed that I never had… 'Eimear 'So I suppose I never really had that role model as a mum growing up' Hannah 'when L was born that I didn't want her there as much as I suppose deep down I did..she was my mum as much as she put me through she is still my mum. But I was so I suppose anger that they continued to push and push and push you're going to have this, you're going have this that hatred outweighed that completely so that I didn't want her anywhere near me' Hannah

No accountability or acknowledgement /acceptance Irony of her mothers work Frustration at her mum Struggling to make sense of her experience of being parented Pain her mum caused Appreciates the practical and physical mothering All the good was undone Uneasy childhood Complete control Legacy of her fear Present but absent Permeant damage Unforgettable Unable to forgive Anger Anger and sadness Looking for answers Contempt for mothers day One sided relationship Conflictual relationship One sided support Only room for one Undeserved credit Hindrance Lack of responsibility Lack of acceptance Frustration Attempt to understand Questioning One way relationship Reality of her mothers shortcomings Societal expectations of maternal grannys Saddness for everyone else Raised by grandmother Didn't feel like mums priority	Rose Grace Eimear	'I genuinely think it will be forever one of the hardest things in the sense of just like I said you just have so many pictures in your hand that things are going to be this way' Emma 'its really vastly complicated… all I did was want my mom. I was trying to feed my son in the middle of the night and he was wailing and it was like… and he was only a few weeks old and he wasn't taking the breast very well and you know he was cholic-y.[…] I was going through that whole emotional journey all I wanted was my mom…. I was like.. 'I just want my mom to be here', I want her to tell me what to do.. I want her to take him off me for a little bit… because that sort of stuff' Sophie 'have just wanted to ring my mum and be like I am having a really crappy day, I don't understand what is wrong with my head today…just kind of blabber for 20 minutes and but you just never got anything back..you never got any support back and it just got to the point where I thought there is no point you are better to just not say anything and to pretend that everything is ok.' Jessica 'I suppose as well it is they are missing out.. a family member who is normal' Hannah

	Selfishness of mum Children not priority Negative view of mother Wedge in relationship Family not a priority for her mum Turning point in relationship End of mother-daughter relationship Questions why she had another child Struggle to envisage her mother as a mother Frustrated at her mothers efforts Excluded from narrative by mother Mourning the mother you never had Anger at her mothers parenting and her reaction in hindsight Lack of awareness of hurt causes Frustrated at lack of awareness Reality of childhood denied Frustration at mothers' reaction Lack of understanding Frustrated at lack of awareness Isolation of not having family The uniqueness of your own family Isolation Sad for her It should her mum Imagines alternative life Difficult accepting maternal absence Helpless ness Importance of emotional support Supportive partner –grateful vs not enough Lack of maternal support very difficult Lack of awareness Need for mum postpartum Its her loss Distancing self from the pain Mum drinking and drug use	Emma	

	Experience of neglect as a child	Hannah	
	Experience care		
	Abuse from mum and partners		
	Lack of maternal role model		
	Wanted to give children a chance to bond with granny		
	Mum throw away the opportunity she was given?		
	Role of maternal grandmother		
	Lack of trust for her mother		
	Difference between the two grannys		
	Years of hurt		
	Repeated rejection from mum		
	Doing everything on your own		
	What could have been?		
	Grandmother and MIL very support but not the same		
	What if?		
	Ongoing loss of her mum		
	Empty space for mum		
	no contact		
	why couldn't she be there for me?		
	Hatred		
	Resentment towards mum		
	Aware of their loss		
	Guilt of taking their granny from them		
	Loss of her mum.		
	Blaming mum		
	Anger towards her mum		
	Feeling rejected from mum		
	Longing for mum		
	How could your mum hurt you?		
	Rejected all things that remind her of her mum		
	Need for maternal support during labour		
	Alternative maternal figures		
	Grateful for support		
	Receive maternal support else where	Jessica	
	Receiving what she didn't have as a child		

	Despite alternative supports they do not fill that maternal gap Alone with her pain practical support vs emotional support Performance for her mother Wonders what it would be like to be open with her mum What could have been vs what is? Unwilling to accept help Limited genuine support Frustration at mum for not accepting help Mum sabotaging her recovery Hindrance to her recovery Frustration at mums lack of empathy Anger at her mums treatment of her Questioning whats normal Lack Reference points for motherhood Lack of mothers to learn from Ineffectual discipline Good intentions of mother Behaviour prohibited what she wanted Internalised Sophie's mistakes Highlighting her mothers failings Barrier to an open relationship Need to manage her mum Tensions in mother child relationship early on Realised the fallibility of her mother young Complexity of relationship Desire for her mum Birth triggered desire for her mum Challenges of MIL Limited use of advice from others Externalising sadness Emotion toll of managing her mum Desire for approval Frustration of not getting her needs met	Sophie Zoe	

| Negotiating the world with the burden of loss

10/10 | Society's expectation
Society assumes maternal presence
Hope that the research project will increase awareness
Others lack of understanding
Pain of seeing other mothers
Comparison of friends parents
Societal assumptions of mothers
Keeps mother at a distance
Boundaries around mothers role
No longer needs her mum
Lack of familiarity
Treats mum like an acquittance
Lack of trust
Doesn't miss her involvement
Boundaries
Found ways to cope
Reversing the roles
Protection of boundaries
Safe place
Protecting her sanctuary
Putting boundaries in place
Standing up to the bully
Need to protect herself
Needing to protect safe space
Limiting the energy given to it
Feared her mothers reaction to the boundaries
Parents unhappy with boundaries
Need for boundaries to protect herself
Need for boundaries to protect herself from the judgement
Sense of guilt of gaining distance
Mum struggled with boundaries placed
Physical boundary aids relationship
Constant shadow of guilt
Uni allowed for boundaries
Boundaries | Emma

Hannah
Sophie
Zoe
Eimear

Zoe

Jessica | 'for you and when you have to rely on your partners family instead of your own mum its very difficult to accept the fact and I suppose as well its hard for me I seen him with his mum and dad and they were very much involved and still are very helpful but for that first while and even still sometimes now I see that and I almost feel a wee bit of jealousy because its like 'why can't I have that?' Emma

'Personally that people aren't as aware as what they should be . I think because like I said you do when you are pregnant you think you have these expectations and I suppose most people have them because most people have their parents there.' Emma

'if she turned nasty I knew that I could just hang up the phone and be like right I am not dealing with this right now I don't need to but then on the other side' Jessica

'I'll let her be a grandmother to my son…ehm but I mean that's just a grandmother its never..going be anything… like 'nanny' she is never going to be like out and about with him' Eimear

'When I came home I used to think this is where I feel safe, I don't have mum anymore, I don't have bullies this is my safe place and my safe haven' Zoe

'in order for me to really heal I did actually have to distance myself from the situation by moving 4000 miles away' Sophie |

	Necessity for strong boundaries Guilt Putting your family first Difficult of boundaries Parents far removed physically Necessity of boundaries Boundaries needed with mum and sister Relief of boundaries Taking back control from mother Development of self Process of unlearning the shame from her childhood Sense of clarity at university Positively changing Process of unlearning the shame from her childhood Can see how far she has come Development of self Shaking off the shame of childhood/upbringing? Importance of development of self Taking back some power from her mum Developed independence at uni Convincing herself she would be ok without her Not my fault On- off relationship The journey so far Unlearning the past Self-protection Development of self-awareness Preservation of self-identity gaining independence Value of therapy Therapy = healing Developing sense of self Developing own identity Developing sense of self assurance Alternative supports MIL fills maternal shoes MIL fills role of maternal support	Emma Sophie Grace Jessica Emma Sophie Hannah Zoe Zoe	'but my whole life I have kind of been brought up to believe this is my fault, and I have done something to make this happen and I have now realised that I haven't whereas my whole life I have done things that I haven't want to do because she has wanted me to do it' Jessica 'I know that it took a lot of effort..ehm.. and I a lot of determination on my own part to get myself to where I am now' Sophie I said to myself yeah its not ideal that I can't go to my own mum but it's a part of life there is no point everyday being upset over it. This is what it is. I have just I suppose gotten on with it. ZOE 'my best friends mum [..]I definitely clung onto her as a maternal figure… [..]you know she was really supportive of me during my pregnancy, she was actually one of the first people that I told… I told her before I told my mum that I was pregnant' Eimear 'And she came every week, and she would stay and play with the girls and have tea and like she was just so nice… it was really nice to have someone there and someone to say you know….you deserve the help you… because everyone was always like you have J you are so lucky you know.. and I was like yes but I am still struggling… but yeah she was great' Laura

	Alternative supports of partner, sister and friend Grateful for support In-laws are not the same Range of supports Alternative mother figure Assumption that a husband is the only support you need (3) Struggled with lack of support (16) Assumption that husband is enough support (16) Appreciates help of MIL(16) Difference a supportive health visitor can make(17) Health visitor fulfilling a maternal role (17) Support from services (18) Husband supportive but it is not enough (18) Value of professional help(19) Doesn't feel so alone in her suffering (19) MIL fills maternal role Alternative supports Support network Frustration at services Support of MIL Practical support during pregnancy Strengths Support of husband Alternative supports Perception of relying on her MIL Just got on with it Cautious Importance of getting help Need to protect herself Looks for support elsewhere Supportive partner Alternative support It takes a village Practical support MIL gives her what her mother doesn't	Eimear Laura Grace Rose Lucy Emma	'I mean I know my mother isn't the mothering type where I m really lucky that my mother in law is' Grace 'If I was relying on say S mum I would worry that she would be like what about your mum and why aren't you asking her and I wouldn't want her thinking mum was a bad mum. I am still very aware of that… because I don't to be honest I don't know why. I think maybe I don't want her to be judged' Rose 'I have my MIL as a support, sometimes I think of her as a surrogate mum..because she has all the warmth, empathy and support that you know that my own mother doesn't have' Lucy 'My husband has been my absolute rock and he has always been my rock in fairness since the moment I met him..'Rose

	Surrogate mother Supportive in-laws Maternal grandmother Peer support Ambivalence over in-law support Jealous of partners family Strain on relationship Resentment towards in-laws Greatest support from other mothers Alternative maternal supports Gratitude for grandmother Alternative maternal figures. Importance of family support Additional support from family Supportive husband Mother in law- support MIL helpful not quite helpful enough	Jessica Hannah Sophie	
Negotiating the fantasy of the ordinary 10/10	Desire to be prioritised Futility Assumptions regarding mother daughter relationships Not burning the bridge…..yet Guilt Protecting the fantasy of mother Disappointment that grandchildren weren't enough to save the relationship The healing that pregnancy could of brought Misses the ideal mother Permeance of mum Conflict of denying them a relationship while protecting them Conflict of wanting and not wanting her mum Difficult acceptance the wrongdoing of mum Conflict of wanting mum and not wanting mum Ideal mother Mum knows best The ideal mother Realisation that she cant make her change	Lucy Laura Hannah	'No expectations that anything is going to shift massively in your relationship..its never going to be that mother daughter relationship you crave.. [..[having a child of your own is not going to send some cosmic shift and change everything and erase everything[..]the novelty would wear off' Eimear 'I feel it drifting and I feel like the main reason that we weren't completely cut off from one another is because deep down I love them and I want them as part of my children's life. That I still believe in the value of us being family and that you know.. its not a bridge I want to burn' Lucy 'Obviously she is always there for me whatever I need she gets me but the think she struggles with and the thing I need the most is her to be there for me and for her to be that person I ring if I am

Understanding gained from therapy Hatred and resentment for mum Acceptance Realisation of the reality of her mums behaviour Broken promises giving up Resignation vs never ending hope Continued disappointment Planning for future- I will fix it Restraining hope Lack of optimism/hope Realisation of abuse Unconditional love for your mother Maternal image portrayed in public Familys are not meant to work this way Finality of the follow through Nothing comes free Questioning her motivates Societies image of a mother Feeling of guilt Frustration at her mother Portrayed image of her mother Special role of mum Portrayed image vs truth/ Desire for approval/ Portraying an image to the world Desire for the ideal mother Frustration at the hope Fantasy of the ideal mother Vs the reality Wanting more from her mum Attempts to please her mum Societal image Sense of duty to mother Desire to be appreciated Pedestal of motherhood Striving for her mother's approval The fantasy of the perfect family	Sophie Zoe Rose	struggling and I just can't because she just doesn't want to help me' Jessica 'I told her because she was…my mum and it was like… I feel guilty doing this because she is my mum' Laura 'Why hasn't it pulled her out of her hole. You know.. [..] I don't know I thought she would have been. I didn't think she would have been very hands on but I didn't think she would be like I'll see twice a year you know… I don't know' Laura 'I love you but I don't forgive you for what you have done and I have made that abundantly clear that I will always love her but I won't forgive her' Zoe 'I thought like this is a hard experience for me because any time I am thinking I don't know what to do or I need help I want to pick up the phone and call her but I am thinking but you aren't going to get it' Zoe 'It is horrible because I am thinking that if anyone is your life that you want to get support from advice from you would think it would be your mum' Zoe 'I love her..she is my mum and that is a given' Grace 'I don't need my mum to show me how to be a mother.. I don't feel like I need her to help me mother my child. I don't feel that there is anything

Sadness of the reality The good was tainted Rationalising her mums behaviour Conflict of absolving her mum of responsibility but also her behaviour was unacceptable Similarities with her mum Desire to protect image of mum Diminishing her mums responsibility Trying to justify her mums harsh words Conflict of exploring the impact of mums parenting but also a desire of protecting her Realisation that her mothers behaviour was not ok Protecting the image of her mother as supportive Excusing her mums behaviour Guilt of speaking openly about her mum Conflict of the fantasy vs the reality Inner conflict of acknowledging her resentment of her mother Inner conflict of accepting her childhood and protecting the fantasy? Glimmer of hope of relationship change Craving mothers' approval Reality vs fantasy: parenting received vs social media Love her because shes my mom Energy drain Frustration Can't make a horse drink The past is the past Scars from the past Enduring love for mum Fantasy of the ideal mother Comparison evitable Reality of the relationship Frustration at her mum Frustration at her mums repetition Grace is the tolerant one Understanding of sister now	Jessica Eimear Grace	my mum could..any wisdom that my mum could impart to me in terms of motherhood that I could actually want to listen to and you have ruined our childhoods' Grace 'I had this wee very land of fantasy of how lovely it would be and at one point I wanted my mum as my birthing partner' Grace 'I will never ever turn my back on her, I may get annoyed and stop talking for a while but I will never turn my back on her because she is my mum and at the end of the day family is family 'Grace 'no matter what she is she is my mother and you know (long pause) I just couldn't do it to her'Rose said the life they are still leading and have yet to change and that they promised me for years that they would and never did' Sophie

| | Need to protect herself from mum
Negative impact of childhood
Diminishing of anger
Jealous of other families
Anger
Pick your battles
Undercurrent of resentment
All consuming nature
Need to protect oneself
Realisation that this is not normal
Ideal mother
Societal expectation of the good mother
Fantasy of motherhood
Acceptance (of how her mum is)
Unconditional love of child
Grandmother not wanting to be there
The idea of the first grandchild
Uniqueness of pregnancy
Idea of pregnancy as being different
What could have been- supposed to be
Expectation of change that pregnancy would bring
Hope of the grandchild
Birth as possibility
Pressure of pregnancy
Unmet expectations
The imaged grandmother
Connection during pregnancy
The promise that pregnancy brought
The imagined future
Societal expectation
Hope vs realisation
Expectations of pregnancy
Lack of visits from mum
Grandmother not wanting to be there
Image of what it could be | Emma | |

	Attempting to understand the mother Attempting to protect mums image Continuing to be let down Convincing herself she would be ok without her Continuing to be let down Conflict in her head		
Grieving for their childhood self 7/10	Can't correct the past Sadness Mourning and grief Anger at her parents Grieving the past Grief Grieving the parents she thought had Shattering of the fantasy Grief for younger self Desire to protect younger self Disgusted Terrifying childhood Questioning what life could have been like Grief The toll of broken promises They should of done better It should have been different lack of acknowledgement and validation Frustration at the sense of normality they tried to create Carries the scares of the emotional abuse/neglect (in relationships- makes extra effort with girls) Frustration for what her mum didn't do and still isn't doing for her siblings Dad also didn't provide a safe pair of hands Overwhelming realisation of her loss of father <mark>Does not believe her mum did her best</mark> Nothing feels good enough Mourning of the loss of happy memories Mourning of her 21st Lasting impact of childhood	Rose Lucy Jessica Sophie Laura Eimear Zoe	'when I look back on my childhood now as an adult I feel very sad… I feel very sad for the wee girl I look at in photographs… I was very…stressed out wee child and I didn't even know it. I was extremely thin… I was clearly living in a state of…. Like trauma.. 'Rose 'there is a sadness for everything that I felt I missed out on and there is a protectiveness over that small girl that I see in the photographs and that I can see her clearly unhappy and for my brother and there is a frustration and an anger you know because she has never addressed it' Rose 'breaks my heart and I use that in the current term because I am not sure I could ever..get over it you know' Lucy 'completely shattered they would have been my heros' Licu 'I think back if she had of just got the help, if she had just gone and taken the medication would everything…would my teenage years be completely different, would everything now be completely now' Jessica

**Fell away from grieving childhood self with further interpretation

Lack of consistent support	Sense of rejection	Unhelpful environment to grow up in	Subjected to abuse in own home
Humiliation from mum	Rejection from mum/family		Abuse was normalized
Strained relationship	Anchor of home being taken away	Desire to be with nanny	Home was not a safe space
Manipulation of events		Traumatising childhood	Lack of acknowledgement: the normality of chaos
Chooses what to remember	Stealing of the milestone		Growing up in social deprivation
Manipulation of the situation	Rejection from the family home	Mum would cause fights in the house	Unable to ask for help
Mum becomes centre of attention	overshadowing of all events	Conflictual family environment	Safe haven of school
	Events no longer belong to her		Sustaining emotional abuse within her own home
Normalised her experience	Negativity overshadows the happiness	On edge as a child	Why did nobody help?
Isolation of childhood			Denial of her reality

Section 6: Author Guidelines for Submission to Infant Mental Health Journal

1. Article Types

Original Papers are reports of new research, empirical findings or conceptual analyses that make a significant contribution to knowledge, to the extant literature, and to the science of infant and early childhood mental health. Manuscripts should not exceed 10,000 words, inclusive of references but not tables or figures. Abstracts are unstructured and no more than 225 words. All manuscripts must include a data availability statement, an ethics statement, key findings, and statement of relevance of the work for infant and early childhood mental health.

Brief Reports are no more than 5,000 words and are appropriate for preliminary findings of cutting-edge pilot studies. Case reports reflecting novel or highly significant clinical approaches may be considered as well. Abstracts are unstructured and no more than 225 words. All brief reports must include a data availability statement, an ethics statement, key findings, and statement of relevance of the work for infant and early childhood mental health.

Review Articles reflect critical, thorough literature reviews or theoretical/conceptual articles that synthesize and critique the research literature to date or offer new theoretical and conceptual frameworks that are highly relevant to the field of infant and early childhood mental health. Manuscripts should not exceed 10,000 words, inclusive of references but not tables or figures. All manuscripts must include a data availability statement (if applicable), an ethics statement (if applicable), key findings, and statement of relevance of the work for infant and early childhood mental health.

Special Collections/Special Sections are collections of three to five manuscripts on a topic highly relevant to the field of infant and early childhood mental health. Authors interested in submitting special sections should contact the editor. The editor will require a brief proposal include the proposed focus of the collection/section, working titles/foci of the manuscripts, rationale for the collection/special section. If the collection/special section is approved by the editor, each manuscript will go through the standard review process.

2. Submission and Peer Review Process

Once the submission materials have been prepared in accordance with the Author Guidelines, manuscripts should be submitted online at https://mc.manuscriptcentral.com/imhj

For help with article preparation, Wiley Editing Services offers expert help with English Language Editing, as well as translation, manuscript formatting, and figure preparation.

Free-format submission

Infant Mental Health Journal now offers free-format submission for a simplified and streamlined submission process. Although authors are not required to format their manuscript according to specific style guidelines, references should be formatted according to APA

Publication Manual: 7th Edition. Formatting changes needed in manuscripts to comply with APA 7th edition guidelines will be made by the Wiley production team after a manuscript is accepted for publication. This applies to all article types.

(Important: this journal operates a double-blind peer review policy. Please anonymize your manuscript and prepare a separate title page containing author details.)

Infant Mental Health Journal operates a double-blind peer review process, so please ensure that all identifying information such as author names and affiliations, acknowledgements, or explicit mentions of authors' institutions in the text are on a separate page.

Your manuscript: This can be a single Word file including text, three key findings and statement of relevance to infant and early childhood mental health, figures, and tables, or separate files—whichever you prefer. All required sections should be contained in your manuscript, including abstract, introduction, methods, results, and conclusions. Figures and tables should have legends. References may be submitted in any style or format, as long as it is consistent throughout the manuscript. If the manuscript, figures or tables are difficult for you to read, they will also be difficult for the editors and reviewers. If your manuscript is difficult to read, the editorial office may send it back to you for revision.

Before you submit, you will need the following:

- A cover letter to the editor confirming the following: 1) the manuscript and its content are not under review or in publication elsewhere; 2) all research protocols were approved by the appropriate research ethics board(s) prior to initiation of the study; 3) all authors have meaningfully contributed to the work and approved the submitted manuscript.
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    o Data sharing and data availability statement
    o Funding statement
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- Ethics approval statement (please blind the full name of the approving board to ensure a blind review) in the cover letter and in the methods section of the manuscript
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3. The full names of the authors;
4. The author's institutional affiliations where the work was conducted, with a footnote for the author's present address if different from where the work was conducted;
5. Acknowledgements;

6. Conflict of Interest statement.

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Main Text File

Infant Mental Health Journal operates a double-blind peer review process, so please ensure that all identifying information such as author names and affiliations, acknowledgements or explicit mentions of authors' institutions in the text are on a separate page. Please see "Article Types" in item 2 before for manuscript options.

The main text file should be in Word and include the following for all article types:

- A short informative title containing the major key words. The title should not contain abbreviations
- Abstract (unstructured) No subheadings are required in the abstract but abstracts should include a brief introductory sentence, the research question(s), the sample size, brief demopgraphic characteristics of the sample, including the country in which the research was conducted, a brief summary of the methods, results, and conclusions. Abstracts may be no more than 200 words.
- Up to six keywords appearing below the abstract;
- Relevance and Key Findings
    - 3 key findings/practitioner points appearing below the abstract: Authors will need to provide no more than 3 'key points', written with the practitioner in mind, that summarize the key messages of their paper to be published with their article. Each finding should be one sentence in length.
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    - Fully describe in the abstract, the racial, ethnic, and/or cultural background of the sample and the country in which the study was conducted. We understand

that not all research protocols and human research review boards allow for the collection of data on variables such as race and ethnicity. In these cases, please describe the sample in ways permitted.

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- Main body: formatted as introduction, methods, results, discussion, conclusion and implications for practice and/or further research.
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3. After Acceptance

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The journal offers Wiley's Accepted Articles service for all manuscripts. Manuscripts accepted 'in press' are published online shortly after acceptance, prior to copy-editing or typesetting and appear in PDF format only. After the final version article is published (the article of record), the DOI remains valid and can still be used to cite and access the .

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NAME OF RESEARCH: Mothering Without A Mother: The Absence of Mother in the Minds of New Mothers

1. PURPOSE AND VALUE OF THE RESEARCH

1.1 Aims and objectives
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

1.2 Research questions
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

1.3 Value of research
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

1.4 Dissemination of findings
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

2. RESEARCH METHODOLOGY

2.1 Sample and recruitment
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Comments / suggestions:

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☐ This section needs more attention (please describe)

Comments / suggestions:

2.3 Interpretation of data
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

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3.1 Competency of researcher(s)
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Comments / suggestions:

3.2 Voluntary, informed consent of participants
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

3.3 Consent of parents/carers
☒ This section has been completed satisfactorily
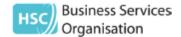☐ This section needs more attention (please describe)

Comments / suggestions:

3.4 Participant comfort
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

3.5 Safeguarding children, young people, and vulnerable adults
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

3.6 Confidentiality
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

3.7 Recording and storing data, in line with the Data Protection Act 2018 and GDPR
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

3.8 Anonymity of findings
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

3.9 Concluding relationship with participants
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

3.10 Recognition of participants' time and effort

☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

3.11 Complaints procedures
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

4. RESEARCHER'S WELFARE

4.1 Researcher's physical welfare
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

4.2 Researcher's emotional welfare
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

5. ROLES AND RESPONSIBILITIES

5.1 Agreement with Gatekeepers (if applicable)
☐ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

- N/A

5.2 Agreeing with Barnardo's services (if applicable)
☒ This section has been completed satisfactorily
☐ This section needs more attention (please describe)

Comments / suggestions:

5.3 Agreeing/contract with sponsors/funders (if applicable)

☒ This section has been completed satisfactorily

☐ This section needs more attention (please describe)

Comments / suggestions:

- Subject to receipt of sponsor agreements when available.

FIELDWORK TOOLS AND ATTACHMENTS

Do you have any further comments on the researcher's fieldwork tools or other attachments?

☒ Their fieldwork tools / attachments are satisfactory

☐ Their fieldwork tools / attachments need more attention (please describe)

Comments / suggestions:

- Information sheet:
    - Consider making it clearer that participation will involve:
        - Completion of consent form, screening call, then 60-90 min interview

- Distress protocol
    - Subject to inclusion of collection of address information prior to interview to ensure safeguarding (How will emergency services be directed to participants if no address details have been collected?). *Please ensure this is collected and reported as per GDPR guidelines.*

LEAD REVIEWER'S RESPONSE (ON BEHALF OF THE COMMITTEE)

Your application has been approved.

☒ I am satisfied that this research proposal conforms to Barnardo's ethical research guidelines, and you may proceed with your research.

☐ I am satisfied that this research conforms to Barnardo's ethical research guidelines. We request that comments above are addressed before proceeding with your research, but you <u>do not</u> need to re-submit your application.

Your application has been declined.

☐ This submission requires amendments before it conforms to Barnardo's ethical research guidelines. Please refer to comments given above if you wish to re-submit your application.

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Name:	**Jill Cushing**
Position:	**Lead Reviewer**
Date:	**11.11.20**

08 December 2020

Dr Brent Thompson
School of Psychology
Daivid Keir Building
Queens University of Belfast
BT9 5BN

Dear Dr Thompson

Study title:	**Mothering Without A Mother: The Absence of Mother in the Minds of New Mothers**
REC reference:	20/NI/0169
Protocol number:	n/a
IRAS project ID:	279302

The Research Ethics Committee reviewed the above application at the meeting held on 03 December 2020. Thank you for attending to discuss the application.

Ethical opinion

The members of the Committee present gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation, subject to the conditions specified below. .

Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

Number	Condition
1.	On the demographic sheet, date of birth is to be replaced with age group.
2.	In the Participant Information Sheet the following sentence should be added. 'A break will be scheduled after 45 minutes.'

You should notify the REC once all conditions have been met (except for site approvals from host organisations) and provide copies of any revised documentation with updated version numbers. Revised documents should be submitted to the REC electronically from IRAS. The REC will acknowledge receipt and provide a final list of the approved documentation for the study, which you can make available to host organisations to facilitate their permission for the

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the WHO official acronym for the coronavirus disease (COVID-19) in the full title of your study. Approved COVID-19 studies can be found at: https://www.hra.nhs.uk/covid-19-research/approved-covid-19-research/

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).
After ethical review: Reporting requirements

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study, including early termination of the study
- Final report

The latest guidance on these topics can be found at https://www.hra.nhs.uk/approvals-amendments/managing-your-approval/.

Ethical review of research sites

NHS/HSC Sites

The favourable opinion applies to all NHS/HSC sites taking part in the study taking part in the study, subject to confirmation of Capacity and Capability (in England, Northern Ireland and Wales) or NHS management permission (in Scotland)being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Approved documents

The documents reviewed and approved at the meeting were:

Document	Version	Date
Evidence of Sponsor Insurance or Indemnity (non NHS Sponsors only) [Evidence of Indemnity]	1	18 November 2020
Interview schedules or topic guides for participants [Interview Schedule]	2	05 November 2020
IRAS Application Form [IRAS_Form_18112020]		18 November 2020
Letter from sponsor [Sponsorship letter]	1	18 November 2020
Non-validated questionnaire [Demographic questionaire]	2	05 November 2020
Non-validated questionnaire [Telephone screening questionaire]	2	05 November 2020
Other [Participant debriefing form]	2	05 November 2020
Other [Distress Protocol]	2	05 November 2020
Other [Lone working protocol]	2	05 November 2020
Other [Dr Tieman CV]	1	22 September 2020
Participant consent form [Consent form]	2	05 November 2020
Participant information sheet (PIS) [PIS]	4	12 November 2020
Referee's report or other scientific critique report [Peer Review Letter]	1	22 September 2020
Research protocol or project proposal [Protocol]	2	05 November 2020
Summary CV for Chief Investigator (CI) [CI CV]	1	05 November 2020
Summary CV for student [student CV]	1	14 August 2020
Summary CV for supervisor (student research) [CV supervisor]	1	23 September 2020

Membership of the Committee

The members of the Ethics Committee who were present at the meeting are listed on the attached sheet.

None

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website: http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/

HRA Learning

We are pleased to welcome researchers and research staff to our HRA Learning Events and online learning opportunities– see details at: https://www.hra.nhs.uk/planning-and-improving-research/learning/

IRAS project ID: 279302	Please quote this number on all correspondence

With the Committee's best wishes for the success of this project.

Yours sincerely

Denise Nesbitt

p.p
Professor Patrick Murphy
Chair

E-mail: recb@hscni.net

Enclosures: List of names and professions of members who were present at the meeting and those who submitted written comments

"After ethical review – guidance for researchers"

Copy to: Dr Paula Tighe

HSC REC B

Attendance at Committee meeting on 03 December 2020

Committee Members:

Name	Profession	Present	Notes
Dr Ronald Atkinson	Retired Consultant in Medical Oncology	Yes	
Dr Aaron Courtenay	Pharmacist	Yes	
Mr Martin John Fisher	Solicitor	Yes	
Dr Donna Kernaghan	Research & Policy Officer	No	
Mrs Cliona McDowell	Statistician	Yes	
Ms Mary McMahon	Director	Yes	
Mrs Evelyn Melanophy	Solicitor	Yes	
Mr John Edward Mone	Retired (Former Executive Director of Nursing)	Yes	
Dr Anne Moorhead	Senior Lecturer in Health Communication	Yes	
Ms Aine Morrison	Service Manager, Community Treatment & Support Services for Learning Disability	No	
Professor Patrick Murphy	Advisor on Social & Economic Policy	No	
Dr Seamus O'Brien	Outcomes Manager, Primary Joint Unit	No	
Mr Glenn Phair	Health Economist	Yes	
Dr Mark Reid	Retired Consultant Paediatrician	No	
Ms Marilyn Trimble	Lecturer in Law and Ethics and Business Law	No	
Ms Sue Trouton	Community Midwifery Sister	No	

Also in attendance:

Name	Position (or reason for attending)
Mrs Denise Nesbitt	REC B Manager
Ms Fiona McNally	REC Administrator

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Office for Research Ethics Committees
Northern Ireland   *(ORECNI)*

Customer Care & Performance Directorate
Unit 5, Lissue Industrial Estate West
Rathdown Walk
Moira Road
Lisburn
BT28 2RF
Tel: 028 95361400
www.hscbusiness.hscni.net/services/orecni.htm

HSC REC B

09 April 2021

Ms Amy Walsh
School of Psychology
Daivid Keir Building
Queens University of Belfast
BT9 5BN

Dear Ms Walsh

Study title:	Mothering Without A Mother: The Absence of Mother in the Minds of New Mothers
REC reference:	20/NI/0169
Protocol number:	n/a
Amendment number:	Substantial Amendment 1.0
Amendment date:	N/A
IRAS project ID:	279302

The above amendment was reviewed by the Sub-Committee in correspondence.

Ethical opinion

The members of the Committee taking part in the review gave <u>a favourable ethical opinion</u> of the amendment on the basis described in the notice of amendment form and supporting documentation.

Approved documents

The documents reviewed and approved at the meeting were:

Document	Version	Date
Completed Amendment Tool [Amendment tool]	1.0	15 March 2021
Other [Debreifing form track changes]	3	06 March 2021
Other [Debriefing form (Clean)]	3	06 March 2021
Other [Original IRAS form (New CI Authorised)]		19 March 2021
Participant information sheet (PIS) [Information Sheet (Track	5	05 March 2021

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changes)]		
Participant information sheet (PIS) [Information sheet]	5	05 March 2021
Research protocol or project proposal [Protocol (track changes)]	3	06 March 2021
Research protocol or project proposal [Protocol Version 3 6.03.21 clean]	V3	06 March 2021
Summary CV for Chief Investigator (CI) [CV Pauline adair]	1	23 September 2020

Membership of the Committee

The members of the Committee who took part in the review are listed on the attached sheet.

Working with NHS Care Organisations

Sponsors should ensure that they notify the R&D office for the relevant NHS care organisation of this amendment in line with the terms detailed in the categorisation email issued by the lead nation for the study.

Amendments related to COVID-19

We will update your research summary for the above study on the research summaries section of our website. During this public health emergency, it is vital that everyone can promptly identify all relevant research related to COVID-19 that is taking place globally. If you have not already done so, please register your study on a public registry as soon as possible and provide the HRA with the registration detail, which will be posted alongside other information relating to your project.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

HRA Learning

We are pleased to welcome researchers and research staff to our HRA Learning Events and online learning opportunities– see details at: https://www.hra.nhs.uk/planning-and-improving-research/learning/

IRAS Project ID - 279302:	Please quote this number on all correspondence

Yours sincerely

pp **Professor Patrick Murphy**
HSC REC B Chair

E-mail: recb@hscni.net

Enclosures: *List of names and professions of members who took part in the review*

Copy to: *Ms Amy Walsh*

HSC REC B

Sub-Committee of the REC on 07 April 2021

Committee Members:

Name	Profession	Present	Notes
Dr Aaron Courtenay	Pharmacist	Yes	
Professor Patrick Murphy	Advisor on Social & Economic Policy	Yes	Chair

Also in attendance:

Name	Position (or reason for attending)
Mr Matthew Mills	REC B Manager

Section 8: Reflective Appendix

I have kept a reflective diary throughout the research process, which has benefited both myself and the research project. Below are some of the most pertinent reflections from my time completing the project.

Before completing my qualitative interviews, I had been warned and advised by many researchers to ensure that I relinquished my therapist perspective and took on a researcher perspective. This meant not stepping in with therapeutic comments, reflections, or summaries of what the participant had said but instead allowing space for them to continue speaking and only offering prompts when needed. Despite being forewarned, I found the process difficult. This difficulty was undeniably linked to the fact that I am on a training course to be a therapist. Throughout the placement and teaching components of the course, I am assessed based on my therapeutic skills and qualities.

Furthermore, the sample in my LSRP is a population that I thoroughly enjoyed working therapeutically with and wish to work further with post qualification. Due to pre-warning and preparation, I was able to resist going into full therapist mode. On reflection, I believe that the therapeutic skills I learned throughout my training helped me during my research interviews. Skills such as creating a safe empathetic space for the participant, maintaining an open, curious stance, and leaving room for silence created an environment for the rich interviews to occur. A reflective journal was helpful to explore my thoughts after interviews, and I found this most useful for those interviews where I was particularly tempted to switch into therapist mode.

One of the women who volunteered to participate in my research did not meet the criteria and could not be included. I found this particularly challenging as I sensed that she wanted to have her story told. I found it difficult to turn her away and had a strong pull to help and go into therapist mode. However, I needed to put that aside as she was not suitable for the

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research, and I knew she was already receiving therapeutic input. Therefore, I did not need to refer her to other services. I found it particularly helpful that all participants were open to services already. As the research was a highly emotive topic, I was contained to know that participants had support from therapeutic staff post-interview.

The interviews all took place over Zoom due to the pandemic restrictions. I found this frustrating as I had hoped to conduct interviews face to face. However, on reflection, as new mothers, the sample of participants was extremely busy and was spread across a wide locality. With this in mind, it was advantageous for both the participants and me that the interviews were conducted virtually. While there may have been disadvantages to the virtual interviews, as discussed in the discussion section of my paper, overall, I am grateful for the virtual means as it meant the research project could continue without delay despite the pandemic.

The large-scale project and systematic review allowed me to develop skills in methodologies I was previously unfamiliar with. I have undertaken training in both IPA and Qualitative Evidence Synthesis. The two methodologies have complemented each other. The interpretative skills I developed from IPA benefitted the synthesis in the systematic review. The skills I have developed while appraising qualitative literature for my review have improved my writing and reporting for my own LSRP. I have enjoyed learning these new skills and have developed a passion for qualitative.

My final reflection is how grateful I am to have carried out this research. I am as interested and fascinated by the topic now as I was when I chose to begin the project. It was a great privilege to meet the participants and share their stories.