

**What can young mothers' accounts of their childhood relationships tell us about why they become parents?  
An Interpretative Phenomenological Analysis study of mothers aged 16 - 19 supported by the Family Nurse Partnership.**

**Hen Otley**

A thesis submitted for the degree of Professional Doctorate in Psychoanalytic Child and Adolescent Psychotherapy.

Tavistock and Portman NHS Foundation Trust.  
University of Essex.

Date of submission for examination – September 2022.

## **Acknowledgements**

I am very grateful to the five young mothers who have generously shared their compelling stories, their thoughts and their time with me to provide the data for this research project. I would also like to thank the Family Nurses, the Family Nurse Partnership National Unit and the FNP local commissioners who have taken an interest in my study and allowed me access to their clients.

Heartfelt thanks also to my research supervisor Laura Balfour for her invaluable inspiration and steadfast, intelligent guidance, and also to Jocelyn Catty, Brinley Yare and Lucia Genesoni for all their Tavistock research teaching and wisdom along the way.

I'd like to acknowledge the excellent general support of my M80 colleagues, particularly Nicola and Becca, the encouragement of Jon and the IT help from Sid. Thank you all.

## **Abstract**

This research project explores links between childhood relationships and adolescent motherhood. It uses Interpretative Phenomenological Analysis (IPA) and a psychoanalytic framework of understanding.

Working in collaboration with the Family Nurse Partnership, five young women who had become mothers between age 16 and 19 were recruited as participants. In semi-structured interviews they provided detailed accounts of their childhood experiences, relationships and families. The interview data was analysed using IPA, informed by psychoanalytic thinking.

The interviews revealed a complex network of childhood relationships. These were developed into themes exploring the potential impact of participants' experiences of early relationships on their becoming mothers in adolescence. While the accounts differ according to participants' unique personal experiences and circumstances, four superordinate themes were found across the data. A preoccupation with their own mothers pervades all participants' accounts, and the first two themes of this study's major findings relate to the important problems of first possessing and then separating from a mother. Extending outwards from these first central relationships with mothers, two further themes were uncovered which, additionally, give greater perspective to early relating in participants' families. Theme 3 is about relating to others in the family including fathers (the first 'other'), sisters and – significantly - maternal grandmothers. Within this theme an interesting finding is the impact on participants' emotional development of complicated dynamics between parents. Theme 4 examines the sense of being unsafe in a dangerous-feeling-world. This theme was found in all of the accounts, along with the hope expressed by participants that having a baby might satisfy an unmet need to feel secure.

# **Index**

## **Chapter 1**

<b>Introduction</b> .....	1
---------------------------	---

## **Chapter 2**

<b>Literature Review</b> .....	4
Reviewing the literature .....	5
Method for the systematic literature research .....	6
- Searching on PsycINFO .....	7
- Further searches.....	7
The psychoanalytic literature .....	8
- Unconscious needs .....	8
- Reparation by proxy .....	9
- Ghosts in the nursery.....	10
- Adolescent processes.....	10
- Young mothers and their mothers .....	12
- Separating from mothers .....	14
- Young mothers' fathers.....	15
- Someone to love .....	16
- Parental abuse.....	17
The search for empirical studies.....	18
- Level 1 search: finding search results .....	18
- Level 2: shortlisting papers .....	19
Themes from the 15 shortlisted research articles .....	21
- Environmental factors .....	21
- Individual factors.....	22
- Oedipal factors .....	22
- Adolescent motherhood and the experience of being in care.....	23
- Impoverished emotional pasts, loss and a wish for new beginnings.....	25
- Reparation through motherhood.....	27
- Adolescent idealising of motherhood.....	28
- Adolescent motherhood as serving unconscious purposes in a mother-daughter relationship .....	29
Concluding thoughts. ....	30

## **Chapter 3**

<b>Research Design</b> .....	33
Introduction – aims and goals .....	33
Methodology .....	34
- IPA's philosophical concepts .....	34
- The unconscious and what is knowable .....	36

Method .....	37
Ethics .....	40
- The ethics process .....	40
- Covid .....	42
Recruitment .....	43
- Recruiting via the FNP .....	43
- Inclusion/exclusion criteria .....	44
- Five late-teenaged mothers' unique perspectives.....	45
The interviews .....	46
- The impact of the literature review .....	46
- The defended interviewee .....	47
Data analysis .....	48
My place in the research.....	51
- Using the self in IPA research.....	51
- Research and psychoanalytic training .....	52
- Keeping a bracketing journal .....	53
- Reflexivity .....	55
- Countertransference .....	56
<b>Chapter 4</b>	
<b>The Research Participants .....</b>	<b>58</b>
Natalie .....	58
Ellie .....	58
Megan.....	58
Jade.....	59
Zoe.....	59
<b>Chapter 5</b>	
<b>Findings .....</b>	<b>60</b>
Superordinate Theme 1: All about mothers, part 1 – Possessing a mother.....	60
- Subordinate theme 1 – Emotional deprivation in the absence of good enough mothering .....	61
- Subordinate theme 2 – Feeling unheld in a mother's mind.....	62
- Subordinate theme 3 – Attempts to claim a mother .....	64
- Subordinate theme 4 – Using motherhood to get mothered.....	67
Superordinate Theme 2: All about mothers, part 2 – Separating from a mother (letting go and being let go of) .....	70
- Subordinate theme 1 – Pushed out too soon by a mother .....	70
- Subordinate theme 2 – Negotiating dependence and independence .....	72
- Subordinate theme 3 – Using motherhood to become somebody .....	75
Superordinate Theme 3: Relating to others.....	77
- Subordinate theme 1 – Relating to fathers, the first 'other' .....	77
- Subordinate theme 2 – Relating to sisters .....	80

- Subordinate theme 3 – Relating to maternal grandmothers .....	83
- Subordinate theme 4 – Relating to the wider family.....	84
Superordinate Theme 4: Seeking safety through motherhood.....	86
<b>Chapter 6</b>	
<b>Discussion and Concluding thoughts</b> .....	89
<b>Discussion</b> .....	89
All about mothers – possessing a mother.....	89
All about mothers, still – separating from a mother.....	95
Relating to others .....	99
- The father as the first ‘other’ .....	99
- Oedipal issues and stigma .....	100
- Holding together tenuous parental relationships .....	101
- Maternal grandmothers .....	102
Seeking safety through motherhood.....	105
<b>Concluding thoughts</b> .....	109
Supporting and enhancing existing understanding.....	109
New findings .....	111
- The role of projective identification.....	111
- A fragile relationship between parents.....	111
- Grandmothers .....	112
- A baby as a transitional object .....	112
- The work of the Family Nurse Partnership .....	113
<b>References</b> .....	114
<b>Appendices</b>	
1. Family Nurse Partnership information leaflet.....	121
2. Screenshots of database searches .....	123
3. The interview schedule.....	126
4. Public facing documents .....	128
5. TREC form and approval letter.....	135
6. Debrief letter to participants.....	154
7. Photographic examples of the analysis process .....	155
8. Summary of themes from individual interviews .....	156
9. List of themes across all five interviews .....	161
<b>Tables</b>	
1. Key research concepts .....	6
2. Further database searches.....	7
3. IPA’s key concepts.....	34
4. IPA analysis.....	48
5. Summary of themes from individual interviews (in Appendix) .....	156
6. List of themes across all five interviews (in Appendix).....	161

## **CHAPTER 1 - INTRODUCTION**

**What can young mothers' accounts of their childhood relationships tell us about why they become parents? An Interpretative Phenomenological Analysis study of mothers aged 16 - 19 supported by the Family Nurse Partnership.**

The aim of this study is to uncover meaningful links that might exist between young mothers' accounts of their childhood relationships and the fact they have become parents during their adolescence. My research constitutes part of a doctoral training in child and adolescent psychotherapy, and as such it has been conducted within a psychoanalytic framework of thinking. While psychoanalytic perspectives on childhood and adolescent processes, interpersonal relationships and unconscious motivation may be culturally narrow having developed within a specific historic setting, their sphere is appropriate to the limited scope of my research. My focus is on young mothers in the UK who come from cultures where early parenthood is not expected. I chose an Interpretative Phenomenological Analysis (IPA) research design to honour each young mother's unique experience and personal journey to motherhood. Embedded throughout the study are my reflections about my own place in the research.

My interest in why adolescents have babies originated during my years of clinical work as a teenage pregnancy specialist midwife and with the Family Nurse Partnership (FNP). My research question arose out of my curiosity about the young women I worked with and in response to the many questionable suppositions made by others about why adolescents become parents. These presumptions have frequently ignored more complex reasons for seeking motherhood which may be determined by the impact of an individual's

particular experiences. This research has given me the opportunity to elicit, analyse and seek to understand FNP clients' perspectives about their early childhood, relationships, pregnancy and motherhood. The FNP programme (Appendix 1) recognises the crucial impact of a child's earliest years, with a particular focus on family relationships. In the course of my work, I have been intrigued by many young women speaking of a desire or need to become a mother, communicating a wish to do so despite also being aware of the emotional, practical, financial and social struggles likely to lie before them. In my work with pregnant and parenting adolescents I have wanted to inquire beyond the many assumptions that exist about why young women become parents. This study hopes to gain more nuanced insights into reproductive 'choices' and the relational dynamics that lie beneath them.

Adolescent pregnancy and childbirth remain a source of sustained concern for the UK and other governments' policy makers, and the reduction in under-18 conceptions continues to be measured as a public health outcome (Public Health England, 2019). While it no longer raises quite the moral alarm it once did, adolescent childbearing is enduringly perceived as posing a considerable social threat (Duncan, Edwards and Alexander, 2010)<sup>1</sup>. A greater understanding of how a young woman's pregnancy may relate to her own experience of the mother-infant dyad, for example, can be seen as a matter of significant importance to the welfare of young mothers and their children (Waddell 2009). Using a psychoanalytic focus to explore adolescent mothers' early relationships I hope to provide research insights which may be of value to clinicians in services such as the FNP and Health Visitors working with adolescent mothers and their infants. Additionally, the research findings might contribute to strategic thinking

---

<sup>1</sup>My research focus is on individual interviewees' relationships. A psychoanalytic analysis of the wider sociological context is beyond this study's scope.



about the nature of support available to adolescent mothers and about effective work to reduce teenage pregnancies.

## **CHAPTER 2 – LITERATURE REVIEW**

### **Introduction**

I conducted a literature review to determine the current state of knowledge around early relationships of young mothers and to understand the scope and detail of both empirical research and psychoanalytic writing. I sought to explore and evaluate pre-existing studies which shed light on aspects of young mothers' early relationships and lived experience which may have led to their becoming adolescent parents.

A key aim of a literature review is to provide a rationale for a research study (Cresswell, 2007) by identifying gaps in research or voices that need to be heard. To do this, a thorough and systematic search must be conducted and described. Kumar (1996) identifies the threefold purpose of a literature review: bringing focus to the research question by understanding other approaches used in investigating the subject; informing how the study is carried out by examining methodologies used in existing research, and broadening the researcher's understanding of their area of interest and the issues surrounding it. Enhancing the researcher's grasp of a topic through carrying out the literature review reinforces the study's validity (Jupp, 2006), and I found that investigating the literature honed the focus of my study. Familiarisation with theoretical writing and with previous studies served to improve my research design, for example my interview schedule.

'Open-mindedness' is an essential component in my chosen research approach of Interpretative Phenomenological Analysis (IPA) if the researcher is to effectively

facilitate participants in communicating their subjective experiences (Smith, Flowers and Larkin, 2009). Having undertaken the literature review at the start of my study, there is arguably an epistemological tension between this systematic attempt at uncovering existing knowledge and IPA's attitude of inquiry to transcend pre-existing ideas (Husserl, 1960) to achieve a deeper level of personal understanding from participants. I have aimed to address this, and broader issues related to how my own subjectivity may impact the study, by keeping a bracketing journal. This has helped me identify and set aside, as far as possible, my own subjective experiences and biases, to be open to others' perspectives. The bracketing journal has proved a valuable tool for reflection on my reactions to the literature and how it impacts on my thinking about the research question.

### **Reviewing the literature**

Conducting the literature review uncovered:

- a large body of empirical research relating to why young women become mothers in adolescence, sometimes including aspects of earlier relationship experiences
- a small number of content-rich clinical and theoretical psychoanalytic papers and books, some known to me already, exploring the meaning of adolescent pregnancy and incorporating ideas about puberty, motherhood and becoming a mother in adolescence.

The two complementary elements of the literature search have provided essential context for my research question, with much interesting and sometimes unexpected

crossover. This literature review seeks to combine the psychoanalytic theory which has provided a foundation for my thinking (including the reflection and observation from psychoanalytic clinicians’ case studies) with a systematic look at research evidence from a wider range of disciplines. With the exception of Dean, Ducey and Malik’s (1997) study, empirical research conducted with young parents from an explicitly psychoanalytic perspective was not found. Correspondingly, while childhood relationships and adolescent processes are central to psychoanalytic understanding, theoretical writing focusing specifically on young mothers is limited to a few important papers and books.

**Method for the systematic literature search**

Aveyard (2014) emphasises the importance of the systematic nature of a literature search and review as vital tools to provide context for research and to present the wider picture within which a study is set. I identified key concepts in components of my operationalized research question, and chose synonyms for these following exploration in database searches:

***Table 1 – Key research concepts.***

	<b>Why</b>	<b>Adolescent</b>	<b>Becoming a mother during adolescence</b>	<b>Relationships</b>
Search terms describing concept:	1. Motivat* 2. Influenc* 3. Decision-making 4. Meaning 5. Choice 6. Reason 7. Cause	1. Teenage* 2. Adolescen* 3. Young* 4. Early 5. “Teenage Pregnancy”	1. Parenting 2. Pregnan* 3. “Young parent” 4. “Teenage mother” 5. “Becoming a mother”	1. Family 2. Relationship*

## Searching PsycINFO<sup>2</sup>

After some experimentation, I opted for searching by ‘subject’ from the drop-down menu as the range of research found was unhelpfully broad without this. Boolean limiters used were:

- Dating from 1971 (although attitudes to teenage pregnancy over generations change markedly, valuable insights and context were provided by earlier studies)
- ‘Adolescent mothers’ under major subject
- Articles in English
- Empirical studies.

## Further searches

For the psychoanalytic PEP Archive search it was necessary to employ only two concepts to yield results. Psychoanalytic thinking’s fundamental interest in both understanding meaning and early relationships meant these concepts proved unnecessary to include here.

*Table 2 – Further database searches.*

<b>Database chosen</b>	<b>Reason for choosing database</b>	<b>Number of results generated</b>
1. PsychINFO	Most comprehensive for psychology and mental health	386
2. Psychology and Behavioural Sciences	To incorporate other related psychology journals	84
3. SocINDEX	Sociology literature	44
4. CINAHL	Nursing and allied health literature	48
5. PEP Archive	Psychoanalytic literature	98

---

<sup>2</sup> See Appendix 2 for database searches.

## **The psychoanalytic literature**

Observed from working with the psychopathology of those who have been referred to them, psychoanalytic clinicians' sensitive focus on individuals' experiences and motivations offers a deep and thoughtful inquiry into the function a baby may serve for a young mother. In this way their writing gives insights into possible unconscious processes that may have led to a baby's conception and birth. Themes arising in varying forms in clinical and theoretical writing about young mothers can be distilled into: the centrality of young mothers' own mothers in their early childbearing; insights around the nature and function of adolescence; oedipal issues relating to feelings about parents and incorporating experiences of being fathered, and the unresolved mourning which might lead prematurely to a yearning to fill an emptiness with a perhaps-idealised baby. Throughout the psychoanalytic literature I found an avoidance (less often achieved in other disciplines) of either simply problematising adolescent motherhood or upholding idealised benefits of empowerment, fulfilment and personal development.

### **Unconscious needs**

Adolescent mothers' unconscious motivations are a focus for psychoanalytic authors' exploration. For example, Raphael-Leff (1991) writes about some teenagers both consciously and unconsciously using pregnancy and motherhood to grow up themselves. Across the psychoanalytic literature repeated assertions are made that having a baby during teenage years can be seen as representing a 'choice', whether conscious decision or unconscious drive (e.g. Raphael-Leff, 1991). In discussing the

ways women's bodies express what might not be verbalised, Pines (1988) inquired why many teenagers still became mothers in a British society where sex education, contraception and abortion were already readily available. Interestingly, she asked this 35 years ago and over a decade before the 1999 establishment of the UK Teenage Pregnancy Strategy. Hurley (2010) too, in seeking to make sense of her experiences of psychoanalytic work with adolescent mothers and their babies, considers the unconscious complexity involved in becoming a parent so young.

### **Reparation by proxy**

Hurley's recognition of some mothers' wish for psychic 'reparation by proxy' (p.101) through childbirth, a displaced attempt to repair early relationships by means of a baby, offers an answer to the question of why the Teenage Pregnancy Strategy's success was inevitably limited. Waddell (2009) echoes this understanding that multiple possible unconscious motivations underlie adolescent childbearing, asserting that it is mistaken to attribute adolescent motherhood to mere ignorance or accident. Pines' (1988) emphasis is on pre-oedipal (in Klein's terms in the first months of life) unresolved past conflicts which lead to adolescent childbearing, and this is supported by many writers including Rustin (2002). Importantly, Rustin reminds us that a mother's internal world is based on her own experience as an infant with her carers and what she has made of them. Rustin identifies becoming a mother as a developmental process which, crucially, starts with one's own experience of being mothered.

### **Ghosts in the nursery**

Focusing on the effect on children of sometimes multigenerational intrusions from the past, Fraiberg, Adelson and Shapiro (1975) write about families 'possessed by their ghosts' (p.165) in their seminal paper *Ghosts in the Nursery*. Their development of Freud's (1909, p.122) concept of the inevitable reappearance of 'a thing which has not been understood...like an unlaidd ghost' is also pertinent in the context of becoming a mother so early in life, when this might compromise both mother and baby's emotional development. In *The Adolescent Mother and her Infant*, Fraiberg (1982) looks more specifically at babies becoming embroiled in their young mothers' pregnancy timing. She asserts that their births come at a point when their mothers remain developmentally in an adolescent state of conflict regarding their attachment to and separation from their own parents and families. Firmly locating present relationships within relationships of the past, Raphael-Leff (2010) evokes nursery ghosts when she notes how 'The focus and timing of a mother's disturbances reflect the weakest links of her own infancy and childhood' (p.67).

### **Adolescent processes**

Raphael-Leff (2012, p.37) conveys the 'double crisis' of adolescence and motherhood when the emotional turmoil of puberty and pregnancy – two transitional states where unresolved issues are reactivated - become interlocked. Raphael-Leff's evidently extensive clinical experience of the psychological processes of childbearing, both from a social psychology and psychodynamic point of view, contributes substantially to the available psychoanalytic literature regarding adolescent motherhood. In *Working with Teenage Parents* (2012) she makes her psychodynamic understanding pertinent to a wide range of professionals. This book serves as a manual for the Anna



Freud Centre's '*Adolescence as a 'Second Chance'*' training for health and social care practitioners working in this field. Raphael-Leff uses Anna Freud's (1981, p.247) idea of adolescence offering a 'second chance' to find new solutions to longstanding problems by reworking earlier issues. Dwelling in more detail on psychoanalytic ideas around both adolescence and motherhood elsewhere (notably her 1991 book *Psychological Processes of Childbearing*), in *Working with Teenage Parents* Raphael-Leff acknowledges research evidence for the correlation between teenage parenthood and, for example, poor self-esteem, abuse and parental death or separation. To enhance other professionals' understanding, she includes important psychoanalytic insights about problems in primary relationships and difficulties that might subsequently re-emerge in adolescence. Unsurprisingly, as a session-by-session teaching aid for a range of professionals, *Working With Teenage Parents* has limitations both in terms of its structure and readability for those not using it as a course manual, and in the depth of psychoanalytic exploration it is able to undertake.

With Waddell's authoritative clinical and theoretical knowledge relating to adolescence, it is helpful that *Why Teenagers Have Babies* (2009) forms a central part of Raphael-Leff's manual, and indeed was originally written to contribute to the training. Using two very different case studies in this reflective and instructive paper, Waddell revisits the nature and function of the adolescent process to consider factors which might underlie teenage pregnancy. She outlines psychoanalytic understanding that separation, individuation and identity-formation are the key developmental and emotional tasks of adolescence, and their successful navigation depends on having had an adequate experience of the ordinary struggles of the first five years of life. Waddell describes problems from infancy as coming close to the surface in

adolescence. As agency is afforded by sexual maturity and a developmental move towards adulthood, she writes of pregnancy being resorted to in an attempt to try to manage emotionally; an external enactment of unresolvable internal difficulties.

### **Young mothers and their mothers**

An important focus of Pines' (1993) book *A Woman's Unconscious Use of Her Body* is the predominance of the pre-oedipal relationship with a mother, in the time before the baby is truly aware of other carers, and the shifts in this relationship that take place in a woman's lifespan. Pines includes many compelling clinical examples to illustrate the links she draws between body and psyche, offering profound insight into pregnancy and motherhood. Pines (1988) uses her understanding of the often-unconscious expression of women's psyches through their bodies to consider the impact of young women's early psychic development and motherhood experiences.

The earliest relationship with a mother and its meaning when, in turn, an adolescent becomes a mother, are central to thinking expressed by authors writing psychoanalytically on the subject. Although case studies of clinical work with young mothers are few, psychoanalytic authors offer a rich and diverse range of personal experiences where internal motivations for having a baby are thought about. In a helpfully informative way from their specialised experience with young parents, both Waddell (2009) and Raphael-Leff (1991, 2012) raise interesting conjecture about many possible unconscious motivations for pregnancy. For instance, might an early pregnancy be an attempt to preserve, attack, repair, revive or relive an adolescent's own mother-baby relationship? In differing ways, they explore fantasies of a return to

the womb or the giving of a baby to a young mother's own mother as a form of guilty reparation.

In her thought-provoking paper, Lemma (2008) deals primarily with the problems experienced by young mothers. She uses Klein's (1957) understanding of the baby's first relationship with a mother's breast as both gratifying and hostile. Considering Klein's question of how a patient originally experienced the breast, Lemma sheds light on the key role of this earliest relationship for those who have become young mothers in the context of deprivation. Hurley's (2010) nuanced account of her work with young mothers offers observations illustrating the emotional complexity of becoming a young parent. From clinical experience working psychoanalytically she finds significant evidence for the part unresolved mourning may play as an unconscious motivation for pregnancy. In becoming a mother at the point of separating from one's own mother, Hurley asks whether motherhood in adolescence is sought to 'bypass' the pain and loss of separation. She considers that, in taking over the mother's position, a young woman may be seeking a defence against motherlessness.

Pines (1988) notes ways in which conflicted early relationships led to pregnancy in the cases discussed in her chapter on adolescent motherhood. Bringing together both ideas around the desire to recover the primitive bodily pleasures experienced pre-oedipally from a mother, and the search for love that is often described in relation to early motherhood, Pines succinctly asserts (p70):

*'...adolescent girls who have experienced a lack of good-enough mothering may use their bodies in an attempt to regain the infantile state of the baby; an*

*illusory search for a lost narcissistic state. In addition they hope to regain their lost self in their new baby.'*

Examining complex and disturbing feelings relating to maternal relationships, Pines (1982) recognises the shame and confusion evoked by a woman's underlying desire to merge, through pregnancy, with her own mother, whilst perhaps also using her body to seek revenge on a mother who has dominated her.

### **Separating from mothers**

Fraiberg (1982) considers the conflicts with adolescents' own mothers which have led to early motherhood. She describes her adolescent patient as being consumed by struggles with her mother, which include a longing for her mother. Writing about the powerful transformation in identity occurring around motherhood, Stern (1995) addresses the importance of a mother's own mother. He suggests a 'motherhood constellation' exists, consisting of baby, mother and grandmother, which temporarily displaces the oedipal triad of mother, father and infant as the dominant organising principle of mental life. In this parent-infant psychotherapy book, Stern does not develop further the progress of this 'constellation' into more traditionally understood oedipal processes. Arguably, Stern is asserting the pre-eminence of the pre-oedipal relationship constellation.

As with other writers cited, Pines (1993) brings her extensive work with mothers of all ages to bear on a woman's lifelong task of separating from a mother and forming her own identity. She explores pregnancy's entangled, dual processes of identification with and differentiation from one's own mother. Hurley (2010) adds to this in her consideration of how becoming a mother in adolescence can be an attempt

at a denial of separateness when an internal mother has been insufficiently established in the daughter's mind.

### **Young mothers' fathers**

It is important to acknowledge that many elements of family relationships, notably relating to fathers, influence individual and societal responses to early motherhood. This offers insights into the stigma which, perhaps surprisingly, still surrounds and pervades young mothers in 'western' cultures, where teenage sexuality, as if somehow unrelated to parenthood, is accepted and often celebrated. From clinical experiences with adolescent mothers, Fraiberg (1982) identifies that unresolved conflicts of childhood encompass all aspects of the childhood family, including the psychoanalytic understanding of oedipal issues and sibling struggles. Fraiberg explores the power of oedipal guilt and shame when a young woman's childhood phantasy of being in a love relationship with her father is prematurely re-enacted in adolescence with a male sexual partner. The result is an actual baby who becomes 'the embodiment of a shameful secret, a "child of sin"' (p.11). In turn, the unresolved father-love in the oedipal configuration becomes an impediment to navigating the developmentally crucial difficulties of mother-love for a woman and her baby, where the girl comes to accept a relationship with the same-sex parent who had been her love rival. Raphael-Leff (1991) notes the danger for the baby who is born to a mother too early in her process of detaching from her oedipal love for her father, and who may become enmeshed in its mother's unconscious and forbidden phantasy of producing a child with her father. Elsewhere, Raphael-Leff (2012) explores the adolescent's triumphant rotation of the oedipal triangle in becoming sexually active;

no longer excluded from the union of parents in her mind, she can become an active participant in a sexual pairing.

Hurley (2010) finds that fathers have an important and lasting unconscious impact on the lives of young mothers. As professionals working with young parents often recognise, the absence of a father for either mother or infant can be problematic developmentally. In contrast to Stern (1995), Hurley sees the infant-mother-grandmother constellation as a 'rather deflated triangular space' (p.115). The problem of being without a father is explored by Pines (1982) when she examines the developmentally unhelpful deficiencies of having a weak or absent father in a woman's primary process of separation and individuation from her mother.

### **Someone to love**

Our culture has much that is critical and damaging to say about adolescent motherhood as well as commonly held beliefs about young mothers being motivated to fill an emptiness with a baby, to find someone to love. Hurley (2010) straightforwardly avoids a judgemental position, stating 'Emotional readiness for the demands of parenthood is located much later in life than the physical maturity of puberty when pregnancy becomes physiologically possible' (p.101). She describes a young woman becoming a mother as perhaps a way of gaining independence from internalised parents, while taking vicarious pleasure and satisfaction in lavishing on her baby the care she herself craves. Rooting her focus in women's embodiment of psychic processes, Pines (1988) sees premature sexual excitement that might lead to pregnancy as an attempt to replace pain and emptiness. She recognises the situation as

fraught with problems when a resulting baby, someone to love a young woman when she cannot love herself, may come to represent a rival.

Writing about 19-year-old 'Sally', Waddell (2009) describes her patient's delight in being pregnant, wanting a baby to fill the 'empty hole' she felt inside. The problematic nature of the idea of pregnancy filling an emptiness, perhaps with the baby as an embodiment of the young mother's infantile neediness, receives valuable examination by Hurley (2010). She considers the idealised view she encounters with emotionally deprived young women of pregnancy as redemptive, carrying hopes of becoming a better person through motherhood. Hurley uncovers the unrealistic wish that a repair of painful deficiencies in early relationships might be achieved without first mourning what has been lost or absent. Using Freud's (1917) understanding of mourning and melancholia and Klein's (1940) description of the depressive position's role in integrating reality and phantasy, Hurley shows the risks young mothers may be taking. She recognises the almost inevitable failure of an attempted 'reparation by proxy' by means of motherhood's longed-for 'total transformation' (p.116).

### **Parental abuse**

Correlations between adolescent motherhood and histories of abuse, violence and other evidence of serious early failings in care have been demonstrated in empirical research. These extreme deficiencies and losses also run as an unhappy theme through clinicians' accounts of psychoanalytic work with young parents. Lemma (2008) considers the destructive cycle of envious retaliation she has observed in this client group who are often emotionally deprived and shut out. She notes that disturbances in their earliest relationships can render any subsequent internalisation of

a generous or thinking parental object impossible for some young mothers. Rustin (2002) illustrates the difficulty of there being two babies needing care in her account of a young mother adopted as a child. She offers an important reminder of the added entanglement of facing - and separating from - two different internalised mothers, a neglecting birth mother and a caring adoptive mother, before someone can be ready developmentally to mother her own baby adequately. From a more generalised and practical standpoint, Raphael-Leff (2012) sets out the multi-layered damage done by child abuse, reminding us of the psychic homelessness of many looked after children who may lack a place in a parental mind.

### **The search for empirical studies**

The vast majority of papers found in the literature search were empirical studies, and I will give details of the two significant search levels resulting in 15 shortlisted studies.

#### **Level 1 search – finding search results**

The combined database searches gave 660 results, and a further 21 records were subsequently gleaned from reference lists during the process. Many duplicates across databases were identified and results were reduced to 401 on removing these. Having kept the search broad to avoid missing diverse research which might inform my study obliquely, it was a straightforward process excluding 215 papers by reading the title and first lines of the abstract. An example of articles dismissed at this stage were quantitative studies relating to adolescents' use of contraception. A further 129 papers were excluded on reading the full abstract, meaning 57 full-text items of literature (including books) were screened and considered for their quality and



pertinence to my study. Ideas from many sources read but excluded at this stage (because of their differing focus) still contributed to thinking about adolescent pregnancy and motherhood and served to inform my methodological approach. Examples of this are themes of stigma (e.g. Moseson, 2019, Holgate, 2012), ambivalence (e.g. Bender, 2008, Dixon, 2014) and the transformational experience of motherhood (e.g. Rolfe, 2008) which are present in many studies' findings.

## **Level 2 - shortlisting papers**

It was evident from database searches that a large body of literature exists regarding teenage pregnancy – particularly around the UK Labour government's Teenage Pregnancy Strategy, 1999-2010. Further supporting the notion of adolescent childbearing as a societal threat, the dominant focus of much of this inquiry is on interventions and prevention, whereas I sought less readily available insights into young mothers' feelings, experiences and early relationships. 'Pregnancy intendedness', whether following family patterns of maternal timing (e.g. East, Reyes and Horn, 2007) or choosing motherhood to seek purpose, meaning and a new identity (e.g. Dixon, 2014), was a recurring theme which touched on my research question. Where relationships feature in adolescent motherhood research, the focus is usually on current relationships with partners and parents and how these support or impede parenting (e.g. Liang, 1995), or on how a young woman's relationships inform her decision to be sexually active (e.g. Williams, 2005) or to continue or terminate a pregnancy (e.g. Evans, 2001). These were excluded from my shortlist as my research interest is specifically on historic relationships and their influence on the present.

Five chosen papers' full texts were not initially available but could be accessed via ResearchGate or direct contact with authors. Several relevant papers notably close to my research interests were dissertation studies and not peer reviewed. After unsuccessful attempts to access these via various channels they had eventually and with regret to be bypassed.

In this literature search phase a further 42 records were eliminated, leaving a shortlist of 12 qualitative, 2 quantitative and one mixed-methods study. Many interesting quantitative and qualitative papers which are not included in my final shortlist explored violence (e.g. Brown, Brady and Letherby, 2011), sexual abuse (e.g. Noll and Shenk, 2013), maternal depression (e.g. Vafai, 2018), being in care (e.g. Barn and Mantovani, 2007) and homelessness (e.g. Thompson *et al.*, 2008) as predictors for pregnancy early in life. These issues evidently inform us of highly damaged relationships, however the studies did not give voice to the young parents living through these experiences.

Limited examples of empirical research around adolescent parents' own accounts of their motivation for becoming parents were found, with very few touching on their early childhood relationships. Several authors (e.g. Brand, Morrison and Down, 2015, Barn and Mantovani, 2007) called for further qualitative studies to better understand the experience of being an adolescent mother. Authors asserted that young women's narratives are largely absent from this area of research, that there is a gap in the literature relating to the 'essence of the adolescent mothering experience' (Warner-McIntyre, 2018, p.177). Researchers interested in young mothers' experiences (e.g. Flanagan *et al.*, 1995) tended to focus on their feelings about motherhood and how

they relate to their baby or partner without extending to explorations of earlier relationships, offering further justification for my research question.

### **Themes from the 15 shortlisted research articles**

#### **Environmental factors**

Empirical research examines many external factors which might make someone more likely to become a mother early, while the focus of the psychoanalytic literature is predominantly on internal processes. A theme underlying many discussions in the empirical research is the close correlation between poverty and adolescent motherhood. This is evidenced in several interesting quantitative studies using an ecological or environmental approach to explain the aetiology of greater risk of early parenthood within communities with high levels of material deprivation (e.g. Dickins, Johns and Chipman, 2012). Johns' (2011) research on environmental risk as a predictor of teenage motherhood in the UK is included in my shortlisted papers because of her additional focus on young women's subjective experience of their neighbourhood. In her case-control design study of 797 participants she compares women giving birth in their teenage years with those giving birth later. For my own research question, it was informative that Johns found perceived family stress to be the only significant predictor of teenage motherhood. This is interesting to consider in the context of Sullivan's (1940) understanding of the influence of cultural and environmental factors on relationships and his recognition of the pursuit of security as a fundamental interpersonal phenomenon.

### **Individual factors**

Johns' (2011) large-scale study did not answer the important question raised by Dean, Ducey and Malik (1997) in their six-year mixed-methods study of 87 teenaged girls and their mothers in a deprived Louisiana African American community: why do environmental conditions conducive to early pregnancies become associated with this outcome for some, but not others? Finding empirical justification for psychodynamic theories of psychic structure, their research identified fascinating interpersonal differences between adolescents who became mothers and those who did not. A primary source of variations was the capacity of mothers to be in empathetic relationships with their daughters, which in turn (using the Adult Attachment Interview) reflect the mothers' own psychological histories and relationships with their attachment figures. Convincingly, and incorporating elements of sociology, cultural anthropology and cognitive behavioural theory alongside psychoanalytic thinking, Dean, Ducey and Malik show the centrality of mothers' unconscious wishes, implicitly communicated, on their daughters' childbearing timing. Arguably verifying psychoanalytic writers discussed above, including Rustin (2002), Lemma (2008) and Pines (1988), Dean, Ducey and Malik find empirical ways to show that a daughter's pregnancy relates to her mother's internal representations of her. These representations are in turn shown to be based on the mother's own life experiences. Published in book form, peer review of their research is disappointingly unavailable.

### **Oedipal factors**

Although the adolescents' fathers were often defined by their absence, Dean, Ducey and Malik (1997) demonstrated by their research into relationships with and between parents that fathers also have a critical role to play in helping daughters through

processes of separation and individuation. Where they provided an alternative attachment figure, fathers could help avoid the intergenerational repetition of patterns of adolescent pregnancy, supporting Fraiberg's (1982) observations about difficulties presented by unresolved oedipal father-love. Dean, Ducey and Malik's research was significant also in challenging commonly expressed if contradictory assumptions regarding the ignorance and self-interest of young women who become mothers as teenagers. Countering criticism often voiced around teenage pregnancy, they found no evidence in their extensive and complex research to indicate that receiving state aid served as an incentive for pregnancy, and found girls were well-informed about contraception. Although theirs is the oldest study included in my empirical literature shortlist, it is also the only one conducted specifically from a psychodynamic epistemology (and the only one in book form). Their project constitutes a substantial and thorough exploration of oedipal issues and other unconscious processes involved in early motherhood. Supporting psychoanalytic writers' clinical experience discussed above, these include findings that interviews with girls who became mothers contained a belief that they had not been satisfactory babies and that mothers love babies more than their grown-up children. Furthermore, they found a common hope that if grown-up children give their mother a baby they will be loved more.

### **Adolescent motherhood and the experience of being in care**

The breakdown of parental relationships resulting in a child becoming 'looked after' can be seen as exemplifying painful and damaging failures in early containment. In Bion's (1962) terms, an infant cannot grow into healthy psychic development without the opportunity to project unmanageable feelings into a receptive mother who can return them in an adapted and contained form. Three compelling studies in my

shortlist were qualitative inquiries (two using IPA, one a constant comparative method) into the experience of being a young parent having been through the care system. Two of these were from the USA, where 37% of girls in foster care become pregnant by age 15 (James *et al.*, 2009)<sup>3</sup>. In these studies, each of 18 in-depth interviews with six young American women, Aparicio (2019, 2015) asserts the importance of offsetting the dominant discourse - which sees teenage pregnancy as a problem - against the eloquent voices of her participants. In Aparicio's 2015 study her interviewees talk with great poignancy of the unavailability of their own parents as they grew up (through substance misuse, death or domestic violence). Participants speak of longing for their mothers, and the lack of safety and trust they feel regarding the adults around them. The young women describe the meaning and motivation motherhood has offered them, often as an opportunity to give and receive love, and the powerful effect of getting pregnant on drawing previously uninvolved family members into relationships with them.

Aparicio's 2019 study offers a nuanced exploration of early motherhood, with much hope expressed alongside real challenges. She found themes of 'personal pain, personal renewal', 'unplanned pregnancies, intentional births' and 'powerful bodies, powerful families'. Participants consistently spoke of the missing parts of their own childhoods and the unresolved memories of difficult relationships with their own parents which pregnancy drew their attention to. Knight, Chase and Aggleton's (2006) sizeable study used in-depth interviews with 47 young women and 16 young men who had been in the UK care system and became parents in adolescence, plus 78

---

<sup>3</sup> The most recent available UK data found that, by the age of 20, 25% of those in care as children became parents (Bradshaw, 2006).

professionals working in this area. Their findings highlight themes particularly pertinent to my interest in young parents' early relationships. The authors conclude that consistent themes from the interviews (including 'loneliness, rejection and trust', 'decisions about pregnancy', and 'looking into the past and future') suggest links between emotional experiences of being 'looked after' and early parenthood.

### **Impoverished emotional pasts, loss and a wish for new beginnings**

Several studies (not included amongst my key papers because their focus was not on interpersonal relationships) demonstrated links between early motherhood and markers suggesting very difficult childhood circumstances such as violence and abuse (e.g. Born, 2012, Noll and Shenk, 2013). Williams and Vines (1999), however, added to a picture of pregnancy being sought by some to resolve emotional pain and build more positive relationships in their IPA research interviewing young mothers who reported having experienced abuse or neglect. This American research found themes relating to young women's impoverished pasts and disintegrated relationships, with motherhood seen as an opportunity for problem-solving and reconnecting. The narratives of 23 young women pregnant between ages 14-18 in Middleton's (2011) study were interesting in various ways, including the many accounts of abuse in childhood disclosed by participants. This research's subheading is 'What the UK's Teenage Pregnancy Strategy Hasn't Heard', and it was striking that, in choosing their own narratives, the young mothers showed how their pregnancies were bound up with earlier emotional and interpersonal experiences. These included being in a hurry to have a child and the perception of pregnancy and motherhood as a restorative and healing process, often in the context of childhood abuse. This reinforces Hurley's (2010) clinical experience of the hope that a baby will serve as a proxy for reparation.

Problematic childhood relationships are not described by all young mothers in the studies I have focused on, with some giving accounts of maternal timing being influenced predominantly by family culture (Wahn, Nissen and Ahlberg, 2005, Coleman and Cater, 2006). A picture of emotional deficit to which pregnancy offers a sense of resolution is certainly, however, a theme sufficiently prevalent to confirm my research interest. Quinlivan *et al.*'s (2004) prospective cross-sectional cohort study comparing 50 Australian pregnant teenagers with 50 non-teenage antenatal women in a multivariate analysis provided persuasive quantitative evidence for this area I wish to explore qualitatively. They found that those pregnant in their teenaged years were more likely to describe relationships with and between their parents as negative or absent. The young mothers-to-be had more often been exposed to violence, parental separation and drug use during childhood, and had experienced more adverse psychological symptomology than their older counterparts.

'Lauren's story' in Hanna's (2001) ethnographic research with five adolescent mothers in Australia was one young mother's moving account of her 'perfect family' derailed by parental separation. Lauren describes feeling unwanted, becoming homeless and going into care before planning a pregnancy aged 16. She recounts seeking parenthood to create love when her family had rejected her (and found her baby offered a source of unconditional love). Lauren spoke of her pregnancy closely realigning her with her mother. Although this study focuses on a single case, there is much support across the papers surveyed for the author's claim that, despite sex education and access to contraception, young women will continue to have babies in



adolescence to fulfil multifarious needs. These may encompass complex biological imperatives, however emotional needs are this research inquiry's focus.

### **Reparation through motherhood**

Regarding reducing teenage parenting rates (with much-researched and sometimes-disputed associations of poorer outcomes for infants and mothers), Quinlivan *et al.* (2004) highlight the significant recurrence of an idealisation of childbearing among younger pregnant women. They recognise the potentially problematic nature of motherhood often being seen as a solution to pre-existing emotional and family issues. In addition to Aparicio's (2015, 2019) studies, Brand, Morrison and Down (2015) found that motherhood offers teenagers a transformational turning point, often following fragmented childhoods involving family conflict, unhappiness and transient lifestyles. In this narrative approach to observations and in-depth interviews with 11 young Australian women, Brand, Morrison and Down join other researchers in criticising the pathologising and demeaning construction of the dominant discourse around teenage pregnancy. They find this discourse both amplifies and endorses prejudice around and stigma suffered by young mothers, urging that more qualitative research is needed to hear young women's maternal-timing stories. Recognising the opportunity for change that pregnancy offers and honouring the stories their participants tell of empowerment through motherhood, they do not challenge the idealised narrative around early parenting.

Although not included in my shortlisted papers because of its differing focus, Barcelos and Gubrium's (2014) 'Reproducing Stories' study, exploring young mothers' task of negotiating and interpreting disparaging dominant narratives about

themselves, is very interesting. Using narrative inquiry, their findings provide additional insights into the difficulty of navigating shifting identities of both motherhood and adolescence in the context of being associated with ‘a host of social pathologies’ (p.6). Noting the largely absent voices of young mothers amidst the commanding research and policy agenda that surrounds them, Barcelos and Gubrium call for these young women’s stories to be heard.

From questionnaires and interviews with 41 young women and 10 young men reporting planning a baby, Cater and Coleman (2006) found that some UK teenagers plan pregnancies. Those becoming parents as young as 13 described getting pregnant to ‘correct’ deprivation and alter their lives for the better, citing experiences of difficult family relationships, and expressed feeling happier and closer to their families as a consequence. ‘Planning’ ranged from deliberate attempts to become pregnant to ambivalence around contraception, with fascinating insights into possible unconscious motivations to have a baby. One young woman stated, ‘don’t ask me why my body got pregnant – that’s up to my body’ (p.36).

### **Adolescent idealising of motherhood**

In psychoanalytic thinking, idealisation is recognised as a normal part of adolescence, a feature which serves to assist in the de-idealising of parents necessary for separation (Waddell, 2018). Adolescents are understood as being particularly prone to acting out difficulties rather than exploring them thoughtfully, and their expressions of needs and desires can be especially absolute and concrete (ibid). Researchers Wahn, Nissen and Ahlberg (2005) conclude that pregnancy is perceived as ‘a way out of an unbearable psychosocial situation’ (p.602), joining others (Dean, Ducey and Malik,

1997, Aparicio, 2015, 2019, Quinlivan *et al.*, 2004, Cater and Coleman, 2006, Brand, Morrison and Down, 2015) in finding that motivations for motherhood among adolescents are often idealised. Their content analysis study of 20 pregnant and parenting mothers aged 15-19 in Sweden highlights the importance of participants' relationships with their own mothers. They identify the difficult gap between what motherhood was anticipated to bring and the reality of young mothers' actual experiences following idealised hopes. It is notable that, in many studies, those young people who have decided to continue their pregnancies go on to express strong and absolute-seeming moral and emotional views against termination (e.g. Knight, Chase and Aggleton, 2006), despite speaking of feelings of regret regarding pregnancy timing. Further insights into pregnancy decision-making are offered in Hoggart's (2012) study. Her thematic analysis re-analysing 34 interviews with 14- to 19-year-old British females who either continued or terminated their pregnancies does not focus specifically on early relationships, however participants both give strongly-expressed moral views against abortion and, in their idealised accounts of mothering, challenge any blanket characterisation of young parenthood as an adverse outcome.

### **Adolescent motherhood as serving unconscious purposes in a mother-daughter relationship**

Additional light is shed on the nature of childhood relationships and their impact on early motherhood by two further papers looking at this issue from interesting, if more oblique, angles. Ivey (1999) conducted content analysis research, separately interviewing 8 dyads of American pregnant teenagers and their mothers. In a fascinating juxtaposition, she found that young mothers-to-be were perceived as mature and obedient 'good little girls' and given adult responsibilities from an early age but were in fact socially isolated and received little recognition from controlling

parents at home. She uncovered poor-quality and unsupportive-seeming family relationships which belied claims the dyads appeared to be making, finding that these daughters did not seem free to express anger appropriately. Using clinical insights from Fraiberg (1982), Pines (1993) or Hurley's (2010) work, these dynamics might be thought about psychoanalytically in terms of early motherhood being used as a mechanism to force an otherwise-un navigable separation from a mother, and in doing so providing a baby to appease a mother in the context of her daughter's rebellion.

In another American study, Lloyd (2004) conducted interviews with 30 Hispanic young women for her grounded theory exploration of the importance of family communication strategies in reducing the adolescent pregnancy rate. Despite a different focus to my research, Lloyd found intriguing themes of young mothers feeling hurt and rendered emotionally vulnerable by communication patterns with mothers and (often defined by absence) fathers during childhood, and of unstable family relationships. Her study also found that pregnancy served to improve relationships and communication with mothers; 'she takes care of me more now' (p.248). This aligns with Dean, Ducey and Malik's (1997) findings that girls whose primary goals at interview were to achieve the love and closeness of which they felt deprived were most likely to become pregnant. Both studies' outcomes suggested having a baby served unconscious purposes for the mother-daughter relationship.

### **Concluding thoughts**

Systematically searching the databases for existing literature emphasised how complicated the discourse around adolescent pregnancy and motherhood is. It was

also apparent that, despite some high-quality studies aiming to provide a space for young women's voices to be heard, there remains a shortfall of opportunities for individuals to share unique perspectives about their lives, relationships and becoming mothers. Many authors call for these voices to be heard (e.g. Middleton, 2011, Williams and Vines, 1999, Aparicio, 2019, Warner-McIntyre, 2018). A thorough overview of available literature also showed that investigating adolescents' childhood relationships with a particular view to understanding them becoming mothers would not be replicating pre-existing research. There was sufficient overlap with some very interesting work to justify a need for further data to build on important areas of inquiry into interpersonal relationships, for which the subjectivity of IPA offers an appropriate approach.

The eight authors around whose clinical experience and psychoanalytic thinking the theoretical aspect of the literature review is based provide rich and varied insights demonstrating the fundamental importance early relationships may play in adolescents becoming mothers. Psychodynamic clinicians' understanding of the centrality of young mothers' childhood relationships is also confirmed in Brand, Morrison and Down's (2015) and Middleton's (2011) empirical research where participants chose their own narratives in unstructured interviews. These interviewees spoke extensively about their early relationships more often and fully than relationships with current partners.

In terms of aims, focus and methodology, the empirical studies shortlisted (covering a 22-year timespan) were diverse, however several relevant themes recurred. These include stories of fragmented childhoods, needing a mother to be close, absent fathers,

seeking someone to love, idealisation (with the expectation that motherhood will be transformational), pregnancy as a 'choice' ranging from ambivalence to a deliberate attempt at starting a family, and stigma. Although only Dean, Ducey and Malik (1997) explicitly researched these topics from a psychodynamic point of view, it was fascinating how closely many of the other studies' conclusions coincided with those of the eight psychoanalytic authors. These incorporate findings centred around mother-daughter relationships, difficulties working through oedipal processes, loss and the emergence of intergenerational ghosts in the nursery.

In both the psychoanalytic and broader empirical literature presented, the emphasis given to painful experiences of being stigmatised confirmed the difficulty my participants might have in exploring their early relationships with me as a new person, despite being on the FNP programme. In her reflexive analysis of the methodological challenges of eliciting young mothers' narratives, Harlow (2009) adds to many researchers' thoughtful advice from studies with this population. Recognising the moral panic which promotes stigmatisation of teenage mothers, she identifies that participants' voices, so infrequently heard, risk being inhibited by emotional defences in response to the apprehension of disapproval and to unconscious intersubjective dynamics between young mother and interviewer. Beyond an awareness of and familiarisation with both the empirical research and theoretical thinking regarding adolescent motherhood and childhood relationships, conducting this literature review has also offered insights into techniques and wording used in questions. Seeking data from those perhaps taught by society's judgement of them to be cautious and defended when talking about early experiences and childbearing choices requires careful thought (Middleton, 2011, Harlow, 2009).

## **CHAPTER 3 - RESEARCH DESIGN**

### **Introduction – aims and goals**

The study's research design has developed during the course of my professional doctorate and is built on my longstanding interest in mothering and adolescent childbearing. As my first experience of Interpretative Phenomenological Analysis (IPA), the final design represents the culmination of my exploration in seeking what might be achieved when applying the methodology to my research question. This project aims to explore links between becoming a mother as a teenager and young women's perception of the childhood relationships they have experienced. In hearing young mothers' accounts of their early relationships, I hope to bring greater understanding to why adolescents may come to motherhood early even in the context of the ready accessibility of sexual health and contraception interventions.

In this chapter I will set out my research design and the process of conducting interviews with five young mothers. I will give an account of analysing the interview data following IPA specifications detailed by Smith, Flowers and Larkin (2009). Finally, I will discuss my own place in the study and the bracketing and reflexive processes that have helped me throughout the research. I identified several issues in designing, developing and conducting the research in terms of ontology, epistemology, ethics, sampling, methodology, method and data analysis. This chapter seeks also to discuss how these were addressed and

resolved, within the limitations of a small-scale study and using the methodological framework of IPA as well as a psychoanalytic understanding of psychic structure.

**Methodology**

As a qualitative approach which assumes that people’s accounts reveal important aspects of their thoughts, feelings and lived experience (Smith, Flowers and Larkin, 2009), IPA’s epistemological stance is consistent with my research endeavour to understand what might be learned from young mothers’ accounts of their childhood relationships. IPA’s focus on understanding an experience by examining the meanings people give it (ibid) has recommended its methodological framework as a valuable approach to address my research question. In addition, the life-changing nature of pregnancy renders it ‘an experience’ (rather than general more everyday ‘experience’), and therefore suited to IPA inquiry (ibid, p.2).

**IPA’s philosophical concepts**

Pietkiewicz and Smith (2014) clarify IPA’s theoretical orientation in terms of its application of three key philosophical tenets:

***Table 3 – IPA’s key concepts***

<b>Phenomenology</b>	Focusing on an individual’s perception of their experience.
<b>Hermeneutics</b>	Translating experience through interpretative activity; looking to the whole to understand a given part and looking to parts to understand the whole.



<b>Ideography</b>	In-depth examination of individual participants' perspectives in their unique context.
-------------------	--

The interaction between the phenomenology of lived experience and the hermeneutics of layers of intersubjective communication and interpretation is central to IPA (ibid). Smith, Flowers and Larkin (2009, p.37) describe this interplay in IPA as follows:

*'It is phenomenological in attempting to get as close as possible to the personal experience of the participant, but recognizes that this inevitably becomes an interpretative endeavour for both participant and researcher. Without the phenomenology, there would be nothing to interpret; without the hermeneutic, the phenomenon would not be seen'.*

Such interactions are consistent also with psychoanalytic processes and therefore true to the context in which this doctoral study, part of a child and adolescent psychotherapy training, has been conducted. In addition, working within a methodology that holds a firmly idiographic stance supports my responsibility to the young mothers participating to honour the richness and individuality of the relationship stories they told me. While my purposively recruited participants may represent a narrow range of possible early mothering situations, each interviewee brings her own perspective. IPA's detailed case-by-case exploration does not seek to generalise (ibid), but recognises that an external experience, for instance of deprivation or motherhood, might affect individuals differently. In psychoanalytic terms this difference would be attributed to the unique nature of a person's internal situation, including their psychic response to introjected family relationships. While each participant's situation is unique, attentive individual IPA case analysis allows for examination

of whether there may (or may not) be communalities which could offer aspects of generalisability (ibid).

A number of parallels between the three fundamental principles underpinning IPA and psychoanalytic thinking recommend it as a method for this research project. Alongside IPA's phenomenological commitment to giving participants an opportunity to voice their true concerns, the methodology's interpretative process engages in further meaning-making through an examination of the data (Larkin, Watts and Clifton, 2006), reflecting the undertaking made in psychoanalytic work. IPA's ideographic perspective aligns with a psychoanalytic framework in research in its interest in the specific rather than the universal, however psychoanalysis arguably takes on a structured position regarding how the mind develops. In focusing on individuals' personal experiences and understandings (Smith, Flowers and Larkin, 2009), IPA necessarily acknowledges the subjectivity of the data generated. Importantly, this subjectivity applies to the researcher responding to and analysing the data as well as to the interviewee.

### **The unconscious and what is knowable**

Ontological issues are raised around what might be truly knowable about links between an adolescent woman's childhood relationships and becoming a mother. Both psychoanalytic and IPA frameworks for thinking constitute a search for meaning using one person's narrative and another's interpretation. Describing the researcher's hermeneutic process of interpreting data, Pietkiewicz and Smith (2014) recommend reflections such as 'Do I have a sense

of something going on here, which was not intended?'(p.8). This appears tacitly to endorse the crucial relevance of unconscious communications, reflecting Freud's (1900) revolutionary notion of manifest and latent meanings.

The psychoanalytic framework for this study acknowledges that elements of ourselves can impact powerfully on our lives and choices in conscious and unconscious ways while not being directly knowable. Indeed Freud (1923, p.152) wrote of psychoanalysis itself as an evolving and uncertain science which 'gropes its way forward by the help of experience, is always incomplete and always ready to correct or modify its theories'. Similarly accepting of uncertainty, Smith, Flowers and Larkin (2009, p.80) assert 'the truth claims of an IPA analysis are always tentative and analysis is subjective'. Epistemological considerations informed my choice of IPA as a method to generate data that might offer at least 'adequate' knowledge (Heylighen, 1993) about whether links may be made between young motherhood and childhood relationships. Conceptually, a psychoanalytic process of discovery seems to fit with an IPA research undertaking seeking to explore possible conscious and unconscious motivations for early childbearing, rather than claiming to know absolute truths.

## **Method**

Following ethical approval, I recruited young mothers for interview via the FNP, a licensed young parents' programme widely provided across the UK. I attended online team meetings of two local FNP teams to discuss my research.

Interviewees were recruited via both FNP sites, with participants having been approached individually by their allocated Family Nurse (FN).

I designed an in-depth, semi-structured interview schedule of questions and prompts (Appendix 3) to elicit young mothers' detailed memories, thoughts and feelings about childhood relationships and their experience of and progress to becoming parents. Participants deemed suitable by FNs were given information I provided about the research (Appendix 4). After initial phone conversations with both the FN and the potential participant, and following informed consent, I made arrangements for an online interview via Microsoft Teams<sup>4</sup>.

Interviews with each of the five participants lasted approximately one hour, long enough to allow time for the exploratory nature of an IPA inquiry (Smith, Flowers and Larkin, 2009) and limited by anticipated constraints of interviewees having a baby to care for. With FNP home visits lasting 60-90 minutes, an hour-long interview seemed (and proved to be) a manageable expectation. Seeking the IPA interviewer's position of 'naïve but curious listener' (ibid, p.64), my questions focused on the participant's early family experiences, her relationships, her feelings about adolescence and her journey to becoming a mother. My initial research proposal included the possibility of a second interview with each participant, however, after further research supervision and thought, my expectation was that a single interview would provide enough data. While I remained open to conducting a second interview as needed, each

---

<sup>4</sup> Covid restrictions necessitated online interviews.

interviewee's hour-long account of her relationships proved full and detailed and I preferred to interview the next participant rather than extending interviews.

Along with guidance about questions to be asked, interviewees were made aware the interview would be video recorded, transcribed verbatim and then analysed using IPA processes. I told participants I would write notes following interviews, to include reflections on my personal response to the mother and child (if present). In keeping with IPA (ibid), these notes were to aid reflexive and bracketing processes by facilitating thoughtful awareness of my own subjective response to the experience of the other. The notes do not constitute formal research data. As I will describe further, I kept both a bracketing and a reflexive journal throughout the research process.

I had originally planned to meet participants face-to-face in their preferred location for the interviews, however avoiding unnecessary risks during the Covid 19 pandemic and adhering to lockdown restrictions meant all contact had to take place online. As a keen sensitivity to multiple layers of participants' communication is crucial in IPA interviewing (Pietkiewicz and Smith, 2014) I had concerns about the impact of Covid necessitating a shared virtual rather than physical space, however I found that the interviews provided large amounts of rich data.

After each interview, I transcribed from the video recording with the help of Otter.ai software and then conducted an analysis of the data produced, aiming as far as practically possible to complete each analysis before starting the next

interview. My analyses followed IPA's systematic processes detailed by Smith, Flowers and Larkin (2009).

## **Ethics**

Important ethical considerations have run through all stages of this research process. Ethical tensions around interviewing adolescents who have recently become mothers, at a time in their lives perceived as an adverse personal and public health outcome, are highlighted across the literature. These relate both to potential risks of stirring up difficult relationship issues at a sensitive time in the mother and baby's emotional development, and to avoiding further experiences for the participant of feeling she must justify herself.

### **The ethics process**

Ethical approval for the research was achieved with the Tavistock Research Ethics Committee (Appendix 5). Authorisation to conduct the study with FNP clients was then sought via the FNP National Unit, their governing body Public Health England and the organisations overseeing the FNP regional teams I approached. Contact was made with participants exclusively via FNs, who were asked only to consider clients they judged as having a supportive and established client-FN relationship and whom they believed might manage well with taking part in the interviews. As well as the recruitment poster, FN information document and participants' information sheet, a clear and detailed consent form was provided to ensure interviewees could give informed consent to take part (see Appendix 4 for all public-facing documents). Furthermore, I spoke with

each participant before she completed the consent form to offer an opportunity for further questions and clarification, and each was made aware she could stop the interview at any point or withdraw from the study, without need for explanation, up to three weeks after the interview(s). In addition to the five participants interviewed, three others who had initially agreed to take part then changed their minds or were not available. Because of the limited scope of this study and the importance of clear consent processes I was obliged to exclude mothers with learning difficulties that might impede their capacity to consent.

Recruiting participants who had been with the FNP for at least six months and who had at least two months remaining before graduation offered opportunities for thinking with FNs about difficulties or questions raised in the interviews with a trusted professional. Understandably, participants can feel anxious and distressed in IPA interviews (Pietkiewicz and Smith, 2014), and I believe my FN experience and my psychotherapy training positioned me to respond appropriately in this event. Smith, Flowers and Larkin (2009) emphasise the researcher's ethical responsibility to monitor the effect of IPA interview questions, responding to participants with care. Plans were also made, in case of adverse or unexpected outcomes, to end the interview or stop recording, to reschedule the interview and to debrief if needed (Appendix 5). All participants were sent a debriefing letter following the interview (Appendix 6).

Ethical consideration was also given to the exclusion criteria in recruiting participants (Appendix 4) to avoid a possible increase of stress in family situations where safeguarding issues, domestic violence, drug or alcohol

dependency or poor mental health were involved. Nonetheless, interviewing participants, particularly about personal and possibly difficult feelings and experiences, constitutes risk – possibly psychological, emotional or social - greater than that encountered in everyday life. The continuing examination of my own biases and assumptions via bracketing and reflexive processes also has an important ethical dimension. It would be unethical to engage and potentially disturb participants without an openness that cultivates curiosity and seeks to find something new and real in their accounts (Smith, Flowers and Larkin, 2009).

In my experience, young mothers can be highly aware of others' moral judgement, and this might influence what they feel 'allowed' to say in interview. For ethical reasons which support my research aim to hear unique narratives, I have wished to offer participants a space which is as judgement-free as possible, facilitated by sensitive, responsive, semi-structured open questions. The options to ask her FN to attend the interview, and to have her baby with her if she wished, were offered to reduce participants' discomfort. Two mothers held their babies, none chose to have her FN present. Although the presence of the baby was offered to participants to facilitate their attendance at the interview, further consideration is required about whether this is appropriate, because of the impact on the baby experiencing his or her mother's potential distress about family relationships.

## **Covid**

The consequences of the Covid 19 pandemic playing out as I was developing and conducting the research inevitably brought uncertainty for me, the FNP teams



and their clients, however modifying my research design to accommodate pandemic restrictions has been both necessary and manageable. Although I cannot know what else might have been observed from face-to-face encounters, skills developed through practising online psychotherapy helped me with an online setting, participants told me they were familiar with this way of communicating and rich data was generated.

Particular attention was paid to recruiting young mothers who continued to be able to access support from the FNP under Covid restrictions. In my interactions with the four FNs working with the five interviewees, I observed no evidence of reduced support or negative impact on the quality of the relationship formed between FN and client. I checked with each participant whether she had access to the technology needed for the interview, wifi internet access (to avoid data poverty issues where taking part would constitute a cost to the participant) and a private space where she could feel safe to express herself and undertake the interview uninterrupted.

## **Recruitment**

### **Recruiting via the FNP**

With likely sensitivities due to young mothers' situations in mind, sampling was conducted via the FNP's home-visiting programme for first time young mothers. Underpinned by attachment theory (Family Nurse Partnership, 2020), the FNP is a structured and personalised evidence-based programme which works with vulnerable young families from pregnancy up to their child's second birthday (ibid). Each client

is partnered with a Family Nurse (FN), a role I have previously trained and worked in. I am familiar with the fundamental importance of the relationship between FN and young mother and the opportunities this relationship offers for significant and sometimes difficult thinking to take place.

Interviewees were recruited by FNs, using purposive sampling. Such recruitment techniques are appropriate for IPA studies in order to access a defined group for whom the research question is personally significant (Smith, Flowers and Larkin, 2009). As well as providing a convenient way to access participants, using an established organisation known for its thoughtful and empathetic approach was a helpful way to ensure as far as possible that interviewees would be well-supported throughout the research process. Furthermore, the reflective nature of the FNP programme, with clients encouraged to think about past and present feelings and expectations for the future, has parallels with IPA's aim to engage with reflections about significant life experiences (ibid). My professional experience of the FNP also suggested that interviewees recruited would be likely to have an enhanced familiarity with thinking about emotional experiences through participating in the programme.

### **Inclusion/exclusion criteria**

A broader exploration of the childhood experiences of young mothers of varying ages and from backgrounds and family situations with greater diversity would have been fascinating, but the narrow scope of this doctoral study necessitated practical and ethical limitations. The small size of the study and the fact that all

participants recruited were White British limits generalisations from my findings. Inclusion and exclusion criteria (Appendix 4) guided FNs in who to approach to participate, leaving me reliant on their judgement, which is not inappropriate for IPA (Smith, Flowers and Larkin, 2009). FNs were asked to consider clients aged between 16-19 at the birth of their first baby, who they judged to be engaging well with the FNP programme, well-supported in an ongoing relationship with the FN, and coming from a family culture which did not overtly expect them to have a baby so young. The 16-19 age range was chosen as it sits within the teenaged years for which the FNP programme was originally devised, but excludes younger adolescents whose vulnerability might be increased because of issues around legal sexual consent and exploitation. From my own experience in working with FNP clientele, I have noticed that many young mothers have, in varying degrees and different ways, made a 'choice' to become pregnant, whether this is an active decision or taking considered or unconscious risks with contraception. With this in mind, a further inclusion criterion specified that participants should consider themselves as somewhere on a continuum between having felt 'not unhappy' and 'very pleased' to have been pregnant.

### **Five late-teenaged mothers' unique perspectives**

A small and fairly homogenous sample is consistent with IPA research (Pietkiewicz and Smith, 2014). I decided that, to promote depth not breadth (ibid), five interviews, each lasting one hour, constituted an appropriate data set to generate and analyse.

The age of participants sought and recruited distinguishes them - in terms of Raphael-Leff's (2012) psychoanalytic conception - as being in the 16- to 24-year-old period of late adolescence. This is differentiated from early adolescence by its specific maturational tasks including finding one's own voice, separating from parents and making realistic plans for the future (ibid). According to Raphael-Leff's model, the mothers within my sample would be expected to present with a range of developmental preoccupations.

### **The interviews**

#### **The impact of the literature review**

The susceptibility of young mothers to being and feeling judged raised a dilemma for a research question hoping to uncover both conscious and unconscious knowledge about participants' experiences. The available literature highlighted the complexity of this problem, discussed both in psychoanalytic writing exploring shame around unresolved oedipal and pre-oedipal conflicts (e.g. Fraiberg, 1982), and empirical researchers' accounts of difficulties in eliciting meaningful interview data from young parents. Harlow (2009), for example, describes unconscious intersubjective dynamics between interviewer and teenaged participants in empirical research. She notes that the challenging interviewer-interviewee relationship risks producing narratives dominated by defensive strategies mobilised by the interview process. Beyond issues of what may necessarily be repressed and inaccessible to conscious thought in discussion with an unknown interviewer, there is potential for significant tensions to exist between a young mother's childhood relationship experiences and her

willingness or capacity to convey these in a candid way. Conducting the literature review emphasised both the appropriateness of my focus on participants' experiences of childhood relationships and the complexity of accessing their perceptions of why they may have become mothers. Consequently, I revisited my interview schedule wording, acknowledging that additional questions regarding feelings about experiences of motherhood or current relationships might serve only as supplementary questions that may not be needed.

### **The defended interviewee**

Hollway and Jefferson's (2000) acknowledgement of the inevitably defended nature of interview participants has informed my development of an IPA interview schedule. Furthermore, they include the interviewer's anxieties in their recognition that a research interview involves two defended subjects. In different circumstances, building a trusting relationship by offering multiple interviews with each participant to get to know each other better could be beneficial. Productive interviews with family members about early relationships might also be conducted alongside participants' accounts, however the pragmatic limitations of this study did not allow for these. While I used an IPA model (Smith, Flowers and Larkin, 2009) in designing my interview schedule, Hollway and Jefferson's additional psychoanalytically-informed insights influenced my approach to the interviews and the wording of my open questions and prompts. Their guidance informed my endeavour to generate new and 'adequate' knowledge from participants' data. Substantial differences exist between my position in psychotherapeutic work with adolescents and as a researcher in

single interviews with young mothers, however Hollway and Jefferson (2000) draw interesting parallels between psychoanalytic therapy and qualitative research intentions. Citing psychotherapist Alvarez' (1985, p.88) description of a neutral clinical setting - 'sufficient distance from the patient to think, yet not so much distance that empathic sensitivity and counter-transference receptivity get lost' - they draw attention to how aptly her advice also applies to a researcher's stance.

The interview schedule provided a framework allowing rich and detailed individual stories to be told, with the number of questions and prompts needed to facilitate participants' accounts varying widely between interviewees. As is consistent with IPA, questions evolved over interviews and depending on interviewees' personal contexts to provide the flexibility to allow for unanticipated subject matter (Pietkiewicz and Smith, 2014).

### **Data analysis**

I carried out the careful, systematic and iterative process of IPA analysis (see Appendices 7-9) using Smith, Flowers and Larkin's (2009) step-by-step guide summarised below:

***Table 4 - IPA analysis***

<b>1: Reading and re-reading.</b>	Immersion and active engagement in the data by means of close and repeated viewings of the video recording and readings of the transcript.
<b>2: Initial noting.</b>	Producing complex and detailed exploratory notes in analytic dialogue

	<p>with each transcribed line, including:</p> <ul style="list-style-type: none"> <li>- descriptive comments on the content of the participant's account</li> <li>- linguistic comments exploring the way meaning is presented</li> <li>- conceptual comments engaging with data at an interrogative and interpretative level.</li> </ul>
<b>3: Developing emergent themes.</b>	Working primarily with initial notes to transform them into themes capturing and reflecting the researcher's analysis of the account.
<b>4: Searching for connections across emergent themes.</b>	Clustering emergent themes together to produce a structure of labelled superordinate and subordinate themes highlighting important elements of the research question.
<b>5: Moving to the next case.</b>	In keeping with IPA's ideographic commitment, bracketing off the analytic process of one case before attending to the next.
<b>6: Looking for patterns across cases.</b>	Moving cautiously to generalities in considering connections between cases which share qualities, while recognising individuals' unique perspectives.

Inevitable difficulties arose particularly in the latter four stages of the analysis process, and decisions had to be made to resolve these as far as possible. In steps 3 and 4, the development of emergent themes presented dilemmas which felt particularly acute in the analysis of the first interview. Notably, it proved challenging to set aside features which were interesting but less significant in the context of my research question. Deciding between the multiple possibilities in ways themes within each interview might be linked and ordered, and avoiding over-simplification while doing so, were key challenges of step 4. In step 5 I found more space to think about each participant's data when I could complete the lengthy analysis process before conducting the next interview. Practicalities

around interviewees' availability, however, meant occasional overlaps were necessary, and on consideration I do not believe these significantly disturbed the study's ideographic intentions. The richness of the stories told by participants and the uniqueness and complexity of the relationships described meant each interviewee remained quite differentiated in my mind.

Although Smith and Osborn (2003) suggest a researcher conducting more than three interviews may prefer to use themes from previous participants' accounts to guide subsequent analyses (step 4), the complex differences in material given in each interview seemed to necessitate allowing each set of themes to be determined within individual interviews. This led to an initially overwhelming-feeling step 6 process of finding generalities and connections between the diverse and intricate data from all five remarkable accounts. Within Smith, Flowers and Larkin's (2009) guidelines, finding my own manageable and effective ways of sorting and ordering the substantial data set to present participants' accounts coherently proved to be an iterative process involving the frustrations of trial and error and, eventually, much innovation and creativity. My anxiety about what might be lost in settling on one choice of how a theme might be defined, distilled and conveyed, instead of another, increased throughout steps 3 to 6. The tensions I experienced in resolving this, however, were eased by acknowledging the inevitable subjectivity of my decisions as researcher. Throughout the analysis process it has been difficult to set aside important and intriguing-feeling themes that it has not been possible to include within the limits of this research project.



### **My place in the research**

A key part in the dynamic process of participant and researcher co-constructing meaning (Hollway and Jefferson, 2000) has been recognising and exploring my own relationship to the research. I have developed my thinking about my shifting connections to the research question, the data and my findings through keeping a reflexive journal and a bracketing journal. I have also valued the space in my own personal analysis to join thoughts arising from the research with my own experiences of mothering and being mothered. Regular opportunities to share thinking with my research supervisor have provided an invaluable additional perspective from which to reflect on my relationship to the study.

### **Using the self in IPA research**

Inwardly-directed reflection about the dynamic role of the researcher seems to be called for with slightly differing yet integrated intentions by all three of IPA's philosophical strands of phenomenology, ideography and hermeneutics. Firstly, in upholding the way we make meanings out of what happens to us, phenomenology demands that personal preconceptions be bracketed off so phenomena investigated can be truly communicated (Pietkiewicz and Smith, 2014). Secondly, IPA's ideographic commitment to unique perspectives necessitates a setting-aside of group-based nomothetic assumptions (Smith, Flowers and Larkin, 2009). Thirdly, the iterative hermeneutic process between participant and researcher requires the researcher's diligent engagement in making sense of participants' experience through interpretation (ibid). Using reflexivity, I have sought to be more fully conscious of my own internal world

and processes as well as how I am interacting with the participant or data (Etherington, 2004). I have attempted an active and yet carefully disengaged involvement in generating and analysing the data (ibid), and have become aware of ways in which my understanding of my position as researcher has changed. I have noticed how the research process mimics my experience as a FN – and as a psychotherapist - in that assumptions from previous work or encounters are challenged and attenuated on getting to know each new interviewee/client/patient. With a reflexive approach I aim to provide real and worthwhile insights via IPA which may be differently and newly conceptualised, with my participation as researcher seeking understanding beyond interviewees' own constructions (Smith, Flowers and Larkin, 2009).

### **Research and psychoanalytic training**

In choosing IPA to analyse interview data, a dilemma relating to the method's careful avoidance of a priori concepts (ibid) arose, given my parallel framework of psychoanalytic thinking with its central and established theories relating to relationships, infantile and adolescent processes and unconscious motivation. Using bracketing and reflexive processes it has been my rigorous endeavour to ensure my findings might be derived from the data and not vice versa.

Psychoanalysis also, however, values individual experience and that which is emic (from within) over etic (from outside), and analysis in both approaches depends upon observation, interpretation and intersubjective processes. That IPA and psychoanalytic thinking can co-exist within a piece of research is supported by tensions within IPA itself where there are three ontological and

epistemological tenets (phenomenology, hermeneutics and ideography) to balance. This has served as a reminder that I am not seeking to answer the question about why adolescents become mothers, but rather to accept IPA's 'modest ambition' (ibid, p.16) of sense-making through analysing each participant's account of her unique experience and my own response to it.

It has also been important to remain reflective about the training this study forms part of and the vested interests I may have in the outcome of the research supporting the psychoanalytic theory that inspires me. Significantly, similarities seem to exist between the IPA researcher's attitude and the psychoanalytic clinician's. Bion (1962, p.93) describes the state of mind needed to learn from experience, requiring that we:

*'...remain integrated and yet lose rigidity. This is the foundation of the state of mind of the individual who can retain his knowledge and experience and yet be prepared to reconstrue past experiences in a manner that enables him to be receptive of a new idea.'*

Similarly, psychoanalytic ethnologist Devereux (1967, p.294) recommends approaching psychoanalysis as primarily 'an epistemology and a methodology'. This avoidance of dogmatic adherence to established theory in favour of a flexible state of mind might enable new ideas. Devereux also advocates the centrality of countertransference in analysing research data.

### **Keeping a bracketing journal**

My professional experience, and others' theories and findings set out in the literature review, could represent obstructions to what might be known from my

research inquiry because of their effect on my own feelings or beliefs. From psychoanalytic work with patients, Britton and Steiner (1994, p.1069) differentiate between a clinically meaningful 'selected fact' and the 'delusional certainty' of an unhelpful 'overvalued idea', and these concepts seem pertinent also in qualitative research. In keeping a bracketing journal throughout this research process I have aimed to avoid 'delusional certainties' unsupported by direct evidence in participants' accounts or by exploring countertransference communications. Bracketing also honours the key phenomenological tenet of IPA whereby the essential nature of another individual's lived experience might be approached by means of reflecting on our own perception of the world (Smith, Flowers and Larkin, 2009).

The phenomenologist Husserl (1960) describes the researcher's intellectual and personal challenge of questioning and transcending pre-existing ideas about a phenomenon under investigation to achieve deeper levels of understanding (McLeod, 2011). This notion of epoché requires the researcher to bracket off all assumptions and experiences to focus on the participant's perception of their world (Smith, Flowers and Larkin, 2009). While recognising the impossibility of achieving this absolutely, Moustakas (1994) advises the thorough exploration, through writing, of a researcher's own beliefs and experiences about a phenomenon. Keeping a bracketing journal represents an effort towards the transcendental attitude required in phenomenology. Starting with an account of my memories, views and preconceptions when defining my research question, I have continued to examine my assumptions and expectations in detail during the literature search, interviews, analysis and writing-up of this project.

Even before the interviews I noticed how my curiosity about why each participant might have become a mother early was stimulated, and how links sprang up in my mind to my own experiences and my literature review findings. On meeting participants, however, I was reminded of similarities to first psychotherapy interactions, when the particular encounter can prevail, allowing assumptions to recede. Certainly my experience of carrying out this research has involved interesting turns, where participants have taken interviews in unanticipated directions or where my own perspective on their accounts has shifted and developed in new ways over time. I found Smith, Flowers and Larkin's (2009) advice to continue updating my bracketing journal throughout the analysis helpful; by recording my reactions to the interview from step 1 and as I went along I could maintain a greater focus with the data.

### **Reflexivity**

A reflexive awareness of my place as interviewer of participants and analyst of their data has also been crucial in my interpretative attempt to translate the personal worlds of the five young mothers (Pietkiewicz and Smith, 2014). In addition to ongoing reflections on my own bias and the ways in which I will inevitably be influencing the process (ibid), this has required exploring my internal responses to the research by keeping a reflexive journal to enable 'many-layered stories that honour the complexity of human life' to be co-created between the participants and myself (Etherington, 2004, p.27). Analysis using IPA involves the double hermeneutic process (Pietkiewicz and Smith, 2014), where my task is to interpret and make my own sense of the meaning

participants make of their childhood relationship experiences. In the 'hermeneutic circle' this iterative relationship applies also to the movement back and forth between levels of meaning within data (Smith, Flowers and Larkin, 2009). The hermeneutic circle between specific aspects and the broader whole of participants' accounts has engaged me as a researcher in a dynamic and personal relationship with the data.

Etherington (2004) emphasises that thinking about where a researcher situates herself is a key element of any qualitative study, and an intended and conscious use of our selves must 'inform decisions, actions and interpretations at all stages of research' (p.36). My reflexive journal explores issues of personal importance around my own experiences and how these brought me into midwifery, the FNP and finally perhaps the ultimate 'mothering profession' of psychotherapy. Through reflexive thinking about the research, I have come to understand more about myself and my relationships by noticing my own responses when attending to themes in the interviews such as closeness to, dependence on and weaning and separation from a mother. I hope this has, in turn, deepened my understanding of the data.

### **Countertransference**

Etherington (2004) urges researchers to notice their responses, much as psychotherapists use an awareness of their countertransference to enhance understanding. There is debate around the appropriateness of using countertransference in psychological research (Midgley, 2006), and indeed within psychoanalysis countertransference can be viewed clinically as both

potentially obstructive to and indispensable for gathering information about unconscious communications (Money-Kyrle, 1956). Nevertheless, noticing for example my countertransference of feelings of dismissive inattentiveness with one participant communicated additional information about her experience of fearing being overlooked by a mother whose interest cannot be held. With another participant I understood more about her perception of her parents' fragility by attending to my sense of the dangerous-seeming intrusiveness of my carefully-considered questions.

In using my subjective responses to participants' accounts of their childhood relationships alongside reflexive self-awareness, I cannot claim to know that my findings are definitively correct or that my understanding of unconscious communications via countertransference and IPA processes is accurate. Nevertheless, my endeavour has represented a careful and studied attempt to elicit meaning. Building on Freud's (1923) model of what psychoanalysis might uncover, Midgley (2006) asserts that the validity of findings in psychological research is similar to that of interpretations or formulations in a psychoanalytic session; both can be judged by their usefulness and their capacity to offer greater understanding, both may need rethinking, rejecting or replacing.

## **CHAPTER 4 – THE RESEARCH PARTICIPANTS**

To set in context the sense made of participants' accounts in chapters 5 and 6, I am presenting brief, anonymised biographical information about the interviewees' circumstances at the time of interview. All interviewees are white British, detail is limited to protect participants' identities.

### **Natalie**

Aged 20, Natalie had a pregnancy termination at 16 then became a mother aged 19. She is the youngest of many children removed from her biological mother's care. Aged 4, Natalie was adopted with her biological sister. Her adoptive parents are together. She describes a challenging relationship with her mum and competitive feelings with her sister over her mother. Natalie lives with her baby and is in an on-off relationship with her baby's father.

### **Ellie**

The youngest of several children and part of a large family producing many babies, 18-year-old Ellie was 16 when she gave birth. She lives with her baby, near her extended family. She describes often feeling overlooked in her family. She remains in a relationship with the baby's father, but they live separately. Her parents are married and living together, but in an ambivalent-seeming relationship.

### **Megan**

18-year-old Megan had her baby aged 17. Although she only knew her boyfriend (several years older) for less than a week when she got pregnant, they are still together. She lives with his family and has formed a close relationship with his



mother. At 13 she and her older sister discovered that they have different fathers. A painful family rift followed, eventually resulting in Megan's parents separating. Health issues meant Megan missed much of her education in year 10.

### **Jade**

Jade, 19, expecting her second baby, became a mother at 17. Her current partner, in his thirties, is the second child's father. Living close to the sizeable extended family she grew up amongst, Jade is the middle child between siblings with mental health conditions requiring much of her mother's attention. Her mother has significant health difficulties and is separated from the stepfather (now terminally ill) who brought Jade up.

### **Zoe**

Describing a close and loving family, 20-year-old Zoe lives at home with her parents and older sister. Her mother was a teenager when she had Zoe's two half-brothers, and gave birth to Zoe later in life. Zoe worries about her mother, father and sister's illnesses and has her own ongoing health conditions. In a longstanding relationship, she became a mother at 19.

## **CHAPTER 5 – FINDINGS**

The participants' powerful individual accounts of their relationships demonstrate significant communalities. In presenting these I wish also to retain as much of the young mothers' unique narratives, in their own voices, as the scope of this research project allows.

Mothers dominate all five participants' accounts. Strikingly, while the word 'mum' is so frequently used that the transcription technology lists it first in each interview's keywords, instances when this relates to *being* a mum are very few. As Natalie said dismissing my interest in her feelings about her father, 'the mum does everything'. The themes focus first on the central difficulties for these young women of possessing a mother and then on separating from her, before attending to relating to others.

### **Superordinate Theme 1**

#### **All about mothers, part 1 - Possessing a mother**

Four participants spoke of being left with significant problems resulting from feeling they had not had all they needed from a mother. Although the nature of this lack varies between young mothers' experiences, the quality of an absence of something longed for that might be truly felt to be theirs pervaded Natalie, Ellie, Megan and Jade's accounts.

### **Subordinate theme 1 - Emotional deprivation in the absence of good enough mothering**

Having been removed from her biological mother's care because of neglect and abuse, Natalie<sup>5</sup> offers the most absolute description of being inadequately mothered in her birth family:

*My actual mum is a drug addict, she has, like, 20 kids...me and my sister were left alone by ourselves, most of the time...I was two or three running my own bath and washing myself and dressing myself. Because she didn't do anything.*

Although she speaks with practised-seeming detachment about her birth mother's failure to care for her, she also notices the impact this has had on being able to take what is needed from an adoptive mother, remaining emotionally deprived and disconnected:

*I keep my feelings to myself. I'm not very good at expressing how I feel. Um, so, I would barely ever hug them, tell them I love them or anything, that's not me.*

In differing ways, Ellie and Megan describe feelings of loneliness and of being overlooked by their mothers. Coming from a large family where she, the youngest, felt shut away and unable to access her mother, Ellie often reiterates her loneliness and painful emptiness:

*I just felt empty...I was so alone, I think that was the problem.*

Megan is more explicit about the absence of a mother who wasn't present when she needed her, and the anger and frustration this loss evokes:

---

<sup>5</sup> Natalie has no contact with her biological parents. While belonging in the family she was adopted into, for clarity I will specify 'adoptive' and 'biological'/'birth'.

*...she wouldn't listen to what I would say to her...And she worked all the time as well, when I was at school, and so she was always cleaning, um, tidying up and things, when I was at home. And I always used to think oh, you're ignoring me, you're always ignoring me, you're always doing other things.*

Very early in her account of her family, Jade told me about having an unreliable and mentally unwell mother whose needs seem to have come first in everybody's minds:

*She's got um obviously problems herself with her anxiety, depression, back problems and all the medications she's on because of all of her issues. And she has said some horrible things, that she wishes she wasn't here.*

The central problem in Jade's emotional deprivation seems to be that she has had to provide rather than receive maternal care to a sadly unstable mother:

*I was worried about her and what she was going to do or if she was okay, if she wasn't okay, and I always tried to make sure that I was there when she needed someone to talk to.*

By contrast, Zoe seems to be saying something quite different about her relationship to her mother:

*...she's just so lovely and kind and caring and she always puts others like before herself. She's just a really kind-hearted person.*

## **Subordinate theme 2 - Feeling unheld in a mother's mind**

This theme describes the longing to be loved, while feeling unknown or unseen by a mother, which pervades the accounts of all except Zoe. It seems Ellie's mother's interest is in those of her children and grandchildren who are sexually active or producing babies:

*She realised that I was on my own...and then people say, 'oh, it's because she's got a boyfriend now, like, that's why you want to pay attention'...she said right okay, do a pregnancy test, because I always spoke to her about*

*when I come on my period...I always went to her, I'd be like, Mum, I'm worried I'm pregnant.*

In the interview, Ellie spoke rapidly and without pauses, as if my attention would drift off if she did not hold it. I noticed I could indeed find it hard to focus on what she was telling me, like the uninterested mother she might be anticipating.

Megan was again more aware of feeling shut out by a preoccupied mother whose attentions and priorities are elsewhere. Talking about early memories, she said:

*All I can remember is just screaming at my mum to come and get me...It felt like everyone else came before me, all the time...things that everybody else seems to do, she didn't want to do with me.*

Ellie and Megan's accounts suggest not feeling seen, valued or understood by mothers whose minds are otherwise absorbed. In Jade's case her mother's preoccupation with her own all-encompassing needs have meant she has had to learn early on that her mother cannot offer containment, but rather it is her role to contain her mother:

*My mum used to say, Oh, we never did anything for her, and lashes out on us, or got angry saying, Oh, if I can predict the future, I wouldn't have had kids and blah, blah...obviously, that makes us all upset because how much we've actually done.*

Seeming to have no doubt about her place in the mind of a mother who sees and knows her, Zoe again appears to be an outlier in this subordinate theme. Natalie, however, conveys a lack of entitlement to belong in her adoptive mother's mind and a difficulty in making use of the mothering being offered. There is a sense of the temporary in her account of her adoptive family, referring to them as 'the family I'm

with now'. Important feelings of not truly belonging are evident in Natalie's moving description of a visiting 'stolen' cat in her adoptive family's house:

*...when I lived at my mum's we had a stolen, I had a stolen cat. She, basically this cat used to come into my bedroom every night and sleep with me, and she'd come in the day and just sleep and I wouldn't feed her anything but she'd literally come in, for like two years...I loved that cat. I absolutely loved that cat.*

The need to be loved in the context of issues of belonging and of doubts around being lovable run throughout Natalie's interview, and she makes the link about how this need in her is answered by having a baby:

*I think I wanted to be loved and I wanted to love something that wouldn't leave me. Um, obviously I know that Jack can leave me whenever, like, when he's older, but like, for now, I am his person. I think I wanted love. That I wasn't getting.*

Being Jack's person, but only for the time being, suggests her belief in the transient nature of taking a place and belonging in someone's mind and life.

### **Subordinate theme 3 - Attempts to claim a mother**

With varying degrees of intensity, this theme of seeking what she has lacked from her mother during infancy, childhood and adolescence is present in every participant's interview data. The lack of entitlement Natalie feels is reinforced by her apparent surprise at what is available to her from her (adoptive) mother, although she remains unsure whether this is provided for her or for her baby:

*She now actually makes time for me, because I think she knows when she sees me, she'll see him as well. Um, yeah, she just makes a lot more time, like she's making a room for Jack in her house.*

Natalie is perhaps attempting to reclaim an adoptive mother with whom she has been very challenging in adolescence by offering a baby as a reparative gift:

*She can't have kids. So, this is what she's always wanted basically.*

It seems that what Ellie has always wanted is to be mothered, and one way she has tried to claim this was by locking herself into the bedroom she 'shared' with her mother:

*I never had a room, I never had my own space. I had to, I just locked myself in my mum's room.*

In a different way to Natalie, Ellie has sought to draw her mother in by getting pregnant, perhaps because she can only claim her mother on her mother's own terms. It is striking that her memories of pregnancy relate to her mother rather than her baby's father:

*I don't remember us being pregnant in like a relationship with him, it's, I remember it was just like me and my mum, rather than me and him.*

Megan expresses awareness of intending to draw her mother into her life by making her a grandmother, but acknowledges the painful failure of this attempt to elicit the sustained mothering care for herself that she longs for and still needs. Speaking of times spent with her mother and her baby, she says:

*She really did make an effort that day, but it was just that day. It didn't carry on...and it made me sad and everyone kind of said well do you want to keep seeing her?...I said, it's my mum, I don't want to stop seeing her but at the*

*same time I don't want to be upset...she's so busy all the time, she makes out, and she doesn't have time. But she needs to make time.*

She shows how her need for her mother remains both alive and unsatisfied, recruiting her boyfriend's mother in the continuing effort to try to claim her own mother.

Having had to manage alone for so long, the mothering that Jade seems to be claiming through having her own baby is an arm's-length - and so more manageable and ordinary - version of maternal care:

*It's made it much better cos it's like she now wants to be more involved with me, involved with Kaitlyn, she's like... 'when you next coming up to see me?'*

Jade can reclaim something of what she has lost or perhaps never reliably had by using what her mother has to offer as a grandmother, a form of mothering at one remove:

*She's just really good with little ones...I'm due in 4 weeks, and she has Kaitlyn who's like 'bye'...Everybody loves my mum's house.*

Although she can accept the indulgent, temporary grandmotherly care for her daughter as a helpful form of mothering herself when she needs to go to antenatal appointments for her next baby, it is evident Jade feels the absence of an unclaimable mother acutely:

*Obviously moving out being a mummy's girl, it still does affect me, half of the time when I have been upset it's cos I've called my mum saying I just, I don't know, I just feel like I can't do it on my own anymore.*



Zoe's mother was over 40 when she was born, and by becoming a younger mother herself she may have sought the more youthful mothering she herself has lacked. Zoe's older half-brothers had already made her mother a grandmother, but by becoming pregnant she successfully reinforced her claim on her mother:

*I just said I'm pregnant and she burst out crying and she was, she was really excited and happy and gave me a massive hug and she said she's going to support me and everything.*

#### **Subordinate theme 4 - Using motherhood to get mothered**

This theme describes ways in which having a baby has been an attempt to repair or replace the missing mothering participants have needed. It is present in varying degrees across all five interviews. With Zoe, it again relates to becoming a mother when she was young as a way of reworking subtle losses because her mother seemed too old to immerse herself in every aspect of mothering:

*I did swimming lessons when I was younger...I guess if my mum was younger, she would have probably like got in. I guess that would be nice.*

An older mother is central in a powerful way in Ellie's attempts to use motherhood to get mothered, in her case in the context of having a tired mother whose attention has already been taken up with so many other children. She said:

*When I look back at it, it was hard. Because I never had the full attention of like what the others got, when they were younger.*

Her confusion between wanting a young mum, perhaps the mum her older siblings had, and wanting to *be* a young mum is particularly interesting, suggesting that being mothered and being a mother might be merged in her mind:

*Back then I always wanted, um, a young mum [sic], I always wanted to be a young mum.*

Becoming a mother seems to have worked to get her some of this missing mothering, at least temporarily:

*...when I got pregnant, she wanted to buy me clothes...we went out picking baby stuff, my partner felt left out cos he was at school.*

Now it is her partner who is the one left out, no longer her. At the time of the interview Ellie had recently suffered the miscarriage of a subsequent pregnancy, leaving me wondering how regularly she will need to reassert her claim on her mother by having another baby.

In the context of neglect and abuse, Natalie seems at times to seek a reworking of her early neglected years through her own more attentive mothering. The complexity of having both a birth and adoptive mother runs throughout her interview. The reworking that motherhood offers extends to finding new and more positive-feeling ways of relating, through becoming a mother herself, with her adoptive mother:

*...she'd actually make the time for me, well make the time for him and me. She takes me to the hospital if I need to go for him or the doctors or whatever, um, we get on a lot better since I've been pregnant than not, a lot better.*

Curiously, Jade, about to give birth to her second child, is emphatic about not actually having wanted kids, perhaps already feeling saturated with managing others' needs. Alongside this, she demonstrates what I understand as an unconscious need to return to her mother in becoming a mother, as if wanting to withdraw back into a regenerative nine-month gestation in her mother's mind and home:

*I stayed at Mum's with her...from December to September last year, so only a nine-month thing.*

The idea of reworking missed mothering is particularly striking in Jade's account of finding out she was pregnant:

*I was very excited. I was like, Oh my God, is this where now I have to really step up and have my own little mini-me?*

Despite believing she would not have children, the 'stepping up' to produce and care for a 'mini-me' seems to describe the important opportunity she might grasp at, through mothering, for reconfiguring missed elements of her own incomplete and inadequate experience of being mothered.

Interestingly, becoming a mother has brought Megan the mothering she craved, but sadly this has had to come from her boyfriend's mother:

*I mean it does make me sad, because I thought I would always go to my mum. But I'm just glad that I have someone there now. That really, really cares...but at the same time she's not my mum.*

## **Superordinate Theme 2**

### **All about mothers, part 2 - Separating from a mother (letting go and being let go of)**

Continuing the focus on the young women's mothering relationships, separating from a mother and finding an individual identity presents complex problems for all participants.

#### **Subordinate theme 1 - Pushed out too soon by a mother**

Experiences of the jarring and unwanted transitions of having to separate prematurely, when not enough has been taken in, are described in this theme. The feeling of being dropped is poignantly illustrated by Ellie's memory of being let go of, aged six, by her mother:

*I always used to hold her hand. And this one time she said to me, Ellie, you got to stop holding my hand now. Because I've gone to your school meeting and they say if you see a child holding their mum's hand so tight you got to think why? Why are they holding their mum's hand so tight? Why are they holding their hand's mum [sic]? ...I felt like I drifted away from my mum...so when she said, like, Ellie, I can't hold your hand anymore...I was like, But why? Why can't I?...why can't they let me, just me?*

With her repeated and desperate 'why? just me?' questions she appears still to be trying to make sense of her mother's brutal and illogical-seeming insistence on severing a tie she so badly needs. She merges ideas of 'mum's hand' and 'hand's mum' as if unready to identify where she ends and her mother begins. The frequently-repeated idea of being 'pushed out' by a mother punctuates her interview data, where she describes being passed over by a mother she can't hold onto, with too many others competing for her attention. For example:

*My sister had so many needs with her children, and she needed so much help, so I always got pushed out like, my mum, there'll be some days where my mum wouldn't even come in my room to check on me.*

Where Ellie is 'pushed out', Natalie is 'kicked out', and these evictions highlight the difficulty she may have in believing she is entitled to belong with her adoptive mother:

*I actually got kicked out when I got pregnant... She's already changed my room into an office. So my, my room literally went a week after I left.*

As someone who has been removed from a first home due to inadequate care, it feels significant that Natalie's evictions are linked throughout to the problem of not belonging in any enduring way in a mother's home or perhaps mind. Her stolen cat story also contains this jarring kicking out, and she struggles to make sense of what remains, in her mind, her adoptive mother's unfair exclusion, leaving no real place for her or her needs:

*And then all of a sudden she said I couldn't have the cat any more, and I was like well, why not? It hasn't been a problem before. She was like it's my house, my rules...And then since I've moved out she lets the cat go there and she feeds the cat and hugs the cat. But I wasn't allowed to.*

Throughout Megan's life, it seems her experience of being mothered has carried a sense of being excluded and pushed away before she was ready, and of waiting and hoping for more from her mother, which never comes:

*Everything like, it's a girls' day. But I was a girl. So I didn't understand why I couldn't go...I was always waiting, waiting to be like my sister in a way, for Mum to treat me same as she treated her.*

Having a mother who is a hoarder brings Jade particular problems relating to the transitions involved in separating, because these shift rapidly between too much and too little:

*J: Being in my own place, and just me and obviously Kaitlyn is very, very lonely, and obviously I went from a crowded house to empty, so it's been very difficult.*

*H: So you didn't want to move out?*

*J: Not being a mummy's girl, no, I didn't want to leave, I was like, Oh God, can Ceiran not move out?*

She speaks with evident desperation about wanting more as a 'mummy's girl' but being forced out by a brother's needs. In the context of having a mother who has never fulfilled her needs in a measured or sustained way, Jade seems to lurch unnervingly from one unsatisfactory state of order or disorder to another:

*So now it's just come from being from a messy, hoarded house to, empty, it's a good thing, but it's like, I have nothing to tidy half of the time, so I get very bored.*

## **Subordinate theme 2 - Negotiating dependence and independence**

This theme gathers together participants' accounts of trying to reach a safe and workable emotional distance with a mother, and of the difficulties experienced in finding a sense of separateness. It also includes the complicated process of gaining autonomy. While they all share these difficulties, here too the nature of the problems being navigated vary because of the particularities of their experience of dependence on and independence from a mother.

Having been depended on by her mother, Jade appears to face the necessity of seeking autonomy to evade engulfment by an unboundaried mother:

*...when my nan died, my mum took in everything of my nan's and it used to be really packed full of things and everywhere you turn you couldn't put something down cos something else was there...you couldn't see the grass because it was full up with all the stuff she actually managed to let go of. And, how messy, and how much I tried keeping on top of it.*

Her description of having a mother who hoards is extensive and often overwhelming-feeling, conveying the flood of unmanageable emotional clutter along with the tide of a grandmother's belongings that can't be let go of. She continues:

*She couldn't let anything go...first, my nan's clothing, blankets, pillows, and everything. It was literally just looking at a massive storage, garage, full of stuff, it was just piling and piling up in my mum's attic, bedrooms, and just, really cluttered.*

The idea of 'living a life' is frequently used by Natalie, and seems to assert her adolescent need for independence from her adoptive mother, for instance:

*I'm a teenager, I live my life. Like, you've lived yours. You do whatever you want to do. It's now time for me.*

Having established her lack of dependence on this mother, she can find a position sufficiently distant to value what is on offer, and to enjoy her adoptive mother's pride in her:

*She knows I've got my own life now...I thought she'd like hate me having a child, but she's actually quite proud of me, so in a way it's shown her I'm not actually a child, I'm actually a grown up, but I'm not just some immature person that went out every single weekend. I'm actually like, she's proud [smiles].*

By contrast, Megan seems to have been pushed into autonomy, and her reluctant acceptance of the loss of a mother she cannot depend on is centred on the birth of her daughter:

*When she was born I lived with my mum for about three days. And then I got so fed up that I moved here...She was thinking when I first moved in with her, um, that it was going to be like, happy families. But it wasn't.*

In differing ways, Ellie and Zoe appear unready for independence. Ellie does whatever she can to fit in with and to cling onto a mother who also had her first child 'at 15 or 16'. She told me that since she was little:

*I rather just stay inside with the family and have that family life.*

Ellie seems only to be able to risk or bear the slightest separateness, using her body and becoming pregnant to draw herself as close as possible to her mother:

*When I got pregnant, when I found out, it was, it wasn't a shock to us because obviously I, they knew I was having sex, and like, but cos I would speak to my mum about that sort of stuff, like that's how close we are now.*

In her loving accounts of her family relationships, Zoe seems to present quite different experiences to the other participants of a real closeness to her mother. In the context of substantial fears relating to her parents' survival it may also be that becoming a mother offers an important method of not-separating:

*Z: My Mum and Dad they didn't think they would get to see me or Kayleigh have children...*

*H: They didn't think that they would live long enough to see you have children?*

*Z: No I don't think so.*



### **Subordinate theme 3 - Using motherhood to become somebody**

The participants' accounts contain important aspects of the different struggles each has faced in finding an individual identity for herself, to which becoming a mother may be felt to offer a solution. Confronted with the difficult task of having two mothers to identify with and separate from, becoming a mother for Natalie seems in part to serve the purpose of bridging the gap between her identifications with both mothers. In being a mother herself she can stand apart from - and prove herself different to - her negligent but also teenaged birth mother:

*It's not anything I want to be like. I actually want to be there for my kid and know him much better... Yeah, she was young, I'm pretty sure...so it's not only to her it's to everyone that I can, that I actually care, and that, yeah, well, I'm kind of doing it, so my child's healthy and happy, so just age is not in that really, yeah.*

At the same time, she can live her own life and assert her difference in her mothering style also to her firm but caring adoptive mother:

*I want to be the fun mum. Pretty much, where he knows to respect me. But he can still have fun and live a life he wants to a degree...I want to be there and involved but let him live his own life.*

Feeling like a legitimate person is a motif running through both Natalie and Ellie's interviews. Ellie seems to use motherhood to become somebody valid in her mother's eyes. Before she was sexually active it seems she remained undifferentiated from her mother's many other children and grandchildren, saying of her same-aged niece that they 'were like twins'. Sexuality and motherhood are the currency she has to use to

be differentiated from others in her mother's mind, however there is a sense that she cannot hold her place in this way for very long with just one baby:

*In our family someone's always pregnant, always, but after me, my little boy's nearly two now, no-one's got pregnant.*

With a boyfriend's mother who provides what her own mother does not seem willing or able to, Megan also has two mothers in her mind, in a different way to Natalie. Megan's own mother and Tracey, her boyfriend's mother, provide a choice of mothering identities to explore. Through being different to her mother and similar to Tracey in her own mothering, she has a means of establishing an identity of her own:

*I'm a adult, I can do what I want, but, at the same time, Tracey and her partner guide us to where we need to be. So in a way I want to be like them.*

Whereas Zoe describes wanting to be a mother just like her own mother, for Megan becoming a mother and mothering differently seems to allow her to recognise her own agency and to start to let go of a mother who she feels had already let go of her. Her strong feelings about the absence of longed-for closeness to her mother are expressed fiercely in relation to her daughter, enabling the formation of an unequivocal moving-away, through being a mother, from her mother:

*It was like, 'Oh, let me hold her'. Like, No [holding Chloe close], my baby.*

Each participant's response to finding out she was pregnant communicates significant aspects of her emotional experience, and in Megan's case it indicates that becoming a mother is about finding the purpose and identity she needs:

*I was very shocked, very very shocked, but in a way I was quite excited as well. Cos I knew that this was what I was meant to do...school didn't work out, college didn't work out. Maybe being a mum would work out [smiles].*

For Jade, becoming a mother has enabled her to be justified in becoming separate from a mother whose claims on her are overwhelming:

*Some days, like I said, she can message me going, 'Oh, come cook for me, I can't, I'm hurting, my back hurts, I don't feel happy', or, 'My anxiety is playing up', or, 'My depression's playing up', it's like, I'm sorry Mum but I can't keep running when you text cos, how am I supposed to get my house sorted, and tidy?*

Jade's identity as a mother constitutes an opportunity to restore order, and to establish important differences between herself and what her mother has offered:

*I'm the mum and these are the little ones, they should be playing, enjoying life and running around and I should obviously be the responsible one, clean and tidy, make sure they obviously have food, dinner, clothes and, the responsible one...Yeah, I, I hope they don't worry...I say that we're like different.*

### **Superordinate Theme 3** **Relating to Others**

With the first two superordinate themes exploring deficiencies and difficulties encountered in relationships with mothers, this theme explores the relationships which stem outwards from the first mothering interactions, those with others.

#### **Subordinate theme 1 - Relating to fathers, the first 'other'**

In addition to participants' fathers' capacity or otherwise to provide a reliable alternative person to help with the developmental task of separating from a mother, an

important theme present in all interviews is the participant's position in relation to the union between her parents. A particular complication for Megan is the disclosure five years earlier that her father is not her sister's father, and the unravelling of her family that seems consequently to have followed. She describes her efforts to reunite her mother and father, a go-between attempting to join competing parents who cannot be in the same space:

*...she would stay in her room all the time and my dad would stay in the living room, and I would, like, sneak between the two to speak to them both...But then in that time as well I found out I was pregnant.*

Jade also communicates an urgent sense of responsibility for maintaining her mother and stepfather's relationship, remembering her fear and desperation when they separated:

*Mum rang me saying, 'Me and your dad's just split up'...she was obviously upset, I was at college so I was panicking because I couldn't get home...it's very hard seeing, growing up and seeing all the way he was with alcohol and then the stroke he had and then, coming back from the hospital being told you're not allowed to smoke or drink and then he continued to do it. And with the news we got the other day, his lungs are filling up with um, liquid...and he needs to stop smoking otherwise he's going to die, but he seems to still be smoking, which is very scary.*

Jade's panic at her stepfather's rapidly deteriorating illness resonates with her relationship to the overwhelming nature of her mother's hoarding, and the responsibility she feels to stem the flow when others cannot. As with Megan, her parents' separation coincides with her getting pregnant. It also coincides with the end of her own relationship with her baby's father. Additionally, Jade has the destabilising awareness of the presence of another sketchier and more menacing father, her biological father, who she seems to be trying to dismiss from her mind:

*Mum never has never told me the story, but she said something happened a long time ago that was really bad, and I can't tell any of you kids about it, but she had to even get a restraining order against him and, that's it, I've never known him.*

Natalie has two fathers to relate to in her mind as well. The first is her present and reliable adoptive father, there in the background and able to support his daughter's development:

*If I need him he'll be there, pretty much...he's the one that has just sort of, just, listened rather than get involved.*

The other is her biological father, who, to remain safe, she appears to need to block out:

*We have like report forms that say everything, and he lied about it, so I just blocked him.*

While Ellie's parents remain married, their togetherness is presented as tenuous, with their daughter's pregnancy serving to offer brief hope of joining them together again:

*My mum and dad used to stay separate until I got pregnant. And then they had to go together so we could give Finley a room.*

Ellie's description of herself as 'a daddy's girl' feels sadly incongruous as it seems her father offers an inadequate alternative to the mother she couldn't access:

*I didn't have a relationship with my mum, I only had some sort of relationship with my dad when I used to go out, get a chocolate bar.*

By contrast, Zoe's parents form a real couple in her mind, a mother and father she can join with by further uniting them in grandparenting:

*Their face lit up and it was just such a proud moment for me to witness...my mum has other grandchildren but this is my dad's first grandchild.*

### **Subordinate theme 2 - Relating to sisters**

All five participants have sisters, and the paths their sisters have taken provide interesting insights into alternative ways to pregnancy that have been attempted in separating, or not-separating, from a particular mother. From their accounts, Natalie's compliant (older) sister is physically and mentally unwell, remaining dependent on and staying close to their (adoptive) mother. Jade's (younger) sister is housebound in their mother's home due to anxiety, and Zoe's (older) sister also remains close to her parents at home because of her eating disorder. The (older) sister who Megan describes as favoured and supported by their mother is at university, and Ellie's (older) sisters have children and extensive needs ('my sisters' kids have all got problems') which engage their mother's attention. So, three of the participants' sisters are either too physically unwell or too isolated from others to have a child, and Ellie's two sisters have eight children between them. Only Megan's ('half') sister has found an alternative way of separating and moving away from her mother, having left for university.

Participants' ways of relating to their sisters offer additional information about the dynamics of their childhood relationships. Natalie speaks of a challenging relationship with a sister<sup>6</sup> she has both been in an early pair with and in competition

---

<sup>6</sup> Her biological sister, they were adopted together.

with. The way she relates to her sister communicates her longing to be in an exclusive one-to-one relationship as well as the painful difficulty of being in such a relationship:

*Well, we've always argued, always. I think we used to get on a lot more than we do now...I think if I would let her she would have been closer to me...I always thought she was the favourite. So I would then act up because, just because.*

As with her adoptive mother, Natalie shows she is unsure about whether her sister is genuinely interested in being a relationship with her:

*I think she only really comes to see me because I've got a child. And I've got a cat now. So, and whenever she asks to come over she's like, 'Well can I come and see Jack?', not, 'Can I come and see you?'*

Natalie repeatedly seems to project the unwanted and unbearable vulnerability of being abused and damaged into a sister who is unwell and, she says, infertile. Being a mother enables Natalie to triumph over her sister in claiming priority, via a bedroom being provided for her baby, in their adoptive mother's mind and home:

*I'm quite happy because it was my sister's old room, so [laughs] that sounds horrible, but.*

Both Ellie and Megan also describe different ways of competing with a sister for their mother. Megan's sister is only ever spoken of in relation to their mother, seeming to represent a rival who has successfully paired with their mother, thereby excluding Megan. In this description of her family she demonstrates, in her confusion over language, her muddle about her mother's and sister's closeness:

*I was born into a family of my mum and my dad and my half-sister, which is my mum's sister, my mum's daughter, sorry...From, like, very young it was always my mum take my sister out to do like older kids' stuff.*

The complicated family configuration that seems to have been its undoing has also excluded Megan from the closeness she craves with her mother:

*It feels really unfair what my mum's doing...Because of being my mum's child with somebody else...I think my mum says that she needs to do everything for her. And because I have my dad, she doesn't need to do everything for me.*

Ellie has two sisters (and their children) as rivals for her mother's attention, for example:

*...she had problems and she had social workers involved and she was at risk of losing her kids. So there was a point for months and months where my mum was her support because she's got health problems as well...so my mum kind of pushed me out the way.*

It seems that in not being able to beat them she has reconciled herself to joining her sisters by becoming a mother:

*E: I just got on with everyone after that. Like my brother had some like baby girl clothes, and my sister, and we all like, that's what we do...*

*H: So did you feel like you fitted in with your family members better once you had the baby?*

*E: Oh, yeah, like that's the thing now.*

Jade describes feeling stuck between needy siblings:

*I was like stuck in the middle really, and like, I couldn't really express how I felt or my feelings or what was going on in my head...my brother being the oldest and needing all the care he needed, and my sister being the youngest and needing still all that like attention, it's like I was the middle, I felt, I did feel really left out and, out of the triangle.*



It seems she feels eclipsed amidst others' needs that she is left to meet, and between her siblings' disturbances, including a younger sister who, at adolescence, has retreated into helplessness.

### **Subordinate theme 3 - Relating to maternal grandmothers**

All participants speak about their maternal grandmothers. In Megan, Jade and Zoe's accounts, these grandmothers' deaths have had differing but significant impacts on family relationships in ways which may have influenced them becoming mothers. Their thinking about mothers' mothers sheds further light on the centrality of mothers in their minds. For Megan, the loss of a maternal grandmother who has loved her as she wishes her mother did has felt devastating:

*My nan was like a mum to me, she was everything. She was lovely but then she passed away [smiles, cries].*

Thoughtfully reflecting on her motivations for becoming a mother, Megan tells me she hoped that making her mother a grandmother might replicate what she has lost:

*I thought it was going to be just like me with my nan...I can imagine she was always happy to see me [crying]...things I didn't do with my mum, my nan did with me.*

With half-sibling relationships largely carried out at their grandmother's house, Zoe's grandmother seems to have held disparate family elements together. However, her grandmother's hospitalisation and subsequent death led to the disintegration of her relationship with her half-brothers:

*He doesn't see us cos he kind of blames us for my nan's death, like, but it wasn't our fault...since my nan passed away he just hasn't bothered with us.*

For Jade, whose mother has hoarded her own mother's possessions, the death of her grandmother seems to have overwhelmed this fragile family – 'it was very difficult after that day really'. She says of her mother:

*She wishes she can take her mother's place, cos my nan unfortunately died when I was eight, and it has been hard...my mum's just gave up, she's always said that she wants to, she'd rather swap places with her mum, she doesn't want to be here anymore.*

Evoking her grandmother's death, Jade thinks of her baby's birth as offering an idealised new beginning, in which there might finally be some hope of recovery:

*When obviously she first arrived it was like, oh I wish my nan was here to see this...every day from there's been perfect, no problems. Nothing.*

#### **Subordinate theme 4 - Relating to the wider family**

Moving outwards again to encompass the cousins, nieces, uncles and partners and their families the participants speak about gives a broader idea of these mothers' childhood relationships. This adds to the picture of what might have led them into motherhood and the function that becoming a mother might serve.

For Natalie and Zoe it seems that having a baby brings the wider family together.

Natalie presents a much-improved whole-family way of relating since she had Jack:

*...we go on walks at least twice a week. Um, and on Easter me, Jack, my boyfriend and my sister and her girlfriend we went in the garden, at my mum's, and it was just, it was like it used to be but like, different at the same time.*

Interestingly, it has been Zoe's pregnancy, at the same time as her half-brother's girlfriend's, that has started to repair the family rift.

In Megan's case, becoming a mother seems to have left her own family distant, and she feels she has had to find herself a new family in order to get what she needs:

*I'm just so grateful that they took me in here. I wouldn't be this happy if I was living with my mum. Definitely not...they've done everything for me.*

Jade and Ellie both describe very large wider families where individuals get lost and generations become muddled. Jade says:

*Right where I live is like in the middle of them all. But they, my family continues and continues, my Granddad is one of 24 children. So, yeah, my family just never stops.*

As with much else in Jade's experience, the sheer number of children in a family that 'continues and continues' is so overwhelming that her great-grandmother cannot keep accurate count:

*She hasn't counted perfectly but she says she has over 107 great-children, grandchildren, great-grandchildren and great-great-grandchildren, so we've got a load of little cousins now.*

Ellie is in the middle of a similarly busily configured family:

*My brother's two doors away, so my sister's three doors away, but my brother and sister are opposite.*

The first thing Ellie told me about her family, ‘the kids are very much similar’, gives a picture of many seemingly undifferentiated children. In this extensive family, dividing lines between generations become blurred, contributing to a sense of others all around her competing for her mother. Conflating the concept of older brothers and sisters and confusing Mum and Nan, she says of a niece:

*She'll ring up early hours in the morning saying Mum, Nan, I want to come over, I want to come back, I don't want to be here. Cos all the other olders and brothers [sic], over my sister's house, they were picking on her, or there was no room for her to stay.*

There is a precarious feeling to both Jade and Ellie's descriptions of their profusion of relatives, and in Jade's case it is an environment where abuse happens and gets overlooked because no reliable parent is watching:

*...the cousin that actually done the most sexual assault to me he lived actually round the corner from my mum...it was very close by and I just didn't feel safe.*

#### **Superordinate Theme 4** **Seeking safety through motherhood**

In interesting and concerning ways, all the accounts detail experiences of danger and fear in relationships because of illness and violence. This final theme distils these experiences in exploring ways participants may be seeking or finding safety through having a baby.

Natalie, who has had to be so tough to survive as a looked after child and adolescent, has a baby to belong with, and to comfort her:

*If I'm sad, I can just cuddle him [stroking her neck].*

Through her baby she has succeeded in reinstating herself in her adoptive family on safer terms, after turbulent adolescent relationships:

*And there was no arguing, everyone was happy and talking.*

By conforming to a family culture of having children, Ellie has returned to the relative safety of a mother who cares for her again, now she is a mother herself:

*She's obviously been there for me with like the health side of it...she wanted to be there.*

Having felt cut off from her own mother, Megan feels emotional about finding the safety of a mother's care in her boyfriend's family by having a baby:

*I can go to her with everything. Anything at all, I think if, for example, if I crashed a car or something like that, she'd be the first person I rang. It wouldn't be my mum anymore. It'd be her because since I've met her she's been the one person that has really stuck by me and been, been there every day for me. I'm so emotional [crying, smiling]...without them I don't know what I would've done, I think I'd be living in a young mums' hostel to be honest.*

The dangerous world outside evokes car crashes and the exclusion of life alone in a hostel. A savage attack on Zoe's cat seems to represent the dangers in the world outside her family, and the arrival of her baby offers a way to soothe a family in shock:

*In my pregnancy, she sadly got attacked by a dog and got killed...It was like a hard time for us, so definitely having Charlotte she's brought like a lot of happiness to us.*

Jade provides an idealised-seeming memory of a safer earlier time with a functioning mum:

*She was quite well then yeah, she used to do my, um, cooking...and then yeah, we would play board games...have a shower or a bath and then bed for school the next day and it'd be just the same thing really every day.*

Her description conveys the fantasy that having a child could restore a childhood time of safety, routine and order, with her mother re-engaged and re-imagined as her baby's grandmother.

## **CHAPTER 6 – DISCUSSION AND CONCLUDING THOUGHTS**

### **DISCUSSION**

#### **All about mothers – possessing a mother**

The interviews' open questions enabled participants' focus to rest on the prevailing relationships in their minds. The complexities of relating to mothers dominated all of the narratives, notably the twin problems first of possessing and then of separating from mothers. Rustin's (2002) important observation that becoming a mother starts with the experience of being mothered repeatedly came into my own mind as I analysed the interview data. The predominant place of the pre-oedipal relationship with a mother offers significant insights into links between participants' experiences of being mothered (their early relationship with a mother and resulting psychic development) and going on to become mothers themselves at a young age. The pain and loss caused by deficiencies in maternal emotional containment were communicated explicitly by all participants except Zoe. Megan, Ellie and Jade's loneliness particularly conveys sadness resulting from the absence of the mother they longed for.

Different aspects of the idea of *possessing a mother*, my first superordinate theme, were shown in the data. While the other four participants make complaints about their mothers, in Zoe's account the idealisation of her mother communicates an unconscious hope that the lost idyllic state of mutual gratification with a mother from babyhood (Klein, 1952) might be prolonged by having a baby. Klein (1955)

hypothesised the baby's phantasy of becoming the breast via projective identification and of being thereby possessed of all the mother's cherished characteristics. These notions seem present in Zoe's admiration of her mother. Whether maternal attributes are adored (Zoe) or more explicitly envied and felt to be withheld (Megan, Ellie), the data suggests that becoming a mother represents a living-out of phantasies of becoming the breast, bypassing the difficulties of bearing difference or separation. With urgent resolve (but less conviction than Zoe), Ellie seems to express an ideal of absolute merger with a mother through becoming a mother. In such a state of oneness, the elusive object might in phantasy be possessed, thus eclipsing the unbearable separateness she describes. In all five accounts there is a pervasive longing rumbling deeply for a blissful union with a maternal object (more a reunion, perhaps, in Zoe's case) which has been frustrated or denied. This might only be satisfied, at least on the level of phantasy, through merger with a baby of one's own creation. Interestingly, there is little evidence in the data of either conscious fantasies or unconscious phantasies regarding the babies themselves, highlighting potential problems for babies' developing need for separateness.

These young women are at a developmental stage when adolescent conflicts with mothers can be expected to preoccupy them (Pines, 1988). From their accounts, the fundamental issue of the possession of a mother might also be thought about in terms of being possessed, fixated or overwhelmed by the very notion of mothering, with compelling phantasies of motherhood's power to repair, rework or repeat that which remains unresolved. In becoming mothers, each participant appears to be recreating a mothering situation: Zoe most clearly seems to wish to replicate, relive and extend her own idealised mother-baby pairing; while Jade overtly wishes for difference and to



rework mothering, she seems unconsciously also to be seeking repetition or sustaining of what she has never had enough of; Natalie communicates ways the failure of early mothering (bringing her into the care system) leaves her confused and needing to recreate something new for herself - 'I wanted to be loved and I wanted to love something that wouldn't leave me'; Megan acknowledges the lost relationship that she wanted so badly, and perhaps seeks both to *find* (her partner's mother) and to *be* a different sort of mother; Ellie seems fated to return to the fold and a system that has disappointed her, to repeat the cycle of early and overwhelmed mothering.

With differing degrees of conscious awareness, Natalie, Megan, Ellie and Jade's accounts convey sadness at maternal relationships that have gone awry, disappointed and even failed. Megan's description of a mother she was always looking for but couldn't find is so poignant. Her anger at what she has been denied brings to mind Bion's (1959) understanding that a mother's incapacity (or seeming refusal) to take in her infant's projections is experienced by the child as an attack which destroys the baby's link with a good object. As each participant shows in her own way, where this fundamental early linking has gone wrong, the subsequent experience of others coming together can feel dangerous and existentially threatening (Britton, 2004). Jade's mother's hoarding seems to exemplify a mother whose house - and mind - is too full of debris to allow space for a baby's projections to be let in, raising the question of how objects might be internalised in her family. Jade describes her childhood attempts at seeking reparation in her infant-mother relationship by prematurely adapting herself to her mother's needs, at the cost, as Winnicott (1948) identifies, of her own developing sense of self.

The data articulates and evidences a number of the phantasies that Waddell (2009) and Raphael-Leff (1991) postulate. Particularly interesting is the idea of returning to the womb by means of becoming a mother. Jade's nine-month return to her mother's home is striking, as is Ellie's confusion between *being* and *having* a young mum. These evoke the adolescent mother's phantasised but illusory search for a lost narcissistic mode of being, via their baby's infantile state (Pines, 1988). Ellie further underlines this wished-for merger, from a time of infancy, in having no recollection of being in a partnership with her boyfriend during the pregnancy - 'I remember it was just like me and my mum'. Zoe may be seeking to preserve a mother-infant relationship with a beloved but vulnerably unwell mother by having a baby herself ('she said she's going to support me and everything'). Megan seems to have hoped for - but so disappointingly failed to achieve or been able to sustain - a revival of a lost and yearned-for closeness ('everyone else came before me'). There are elements also of vengeful attack of the 'this-is-what-you-should-have-done' variety for Megan and for Jade in becoming mothers. Natalie is more overtly aggressive towards the birth mother who failed her - 'she didn't do anything'.

All five participants give vivid portrayals not only of complex relationships with their own mothers and how these have developed over time, but also of their understanding of how they are held in their mothers' minds. This supports Dean, Ducey and Malik's (1997) finding that daughters' childbearing timing relates to mothers' internal representations of them. Natalie has the psychic challenge of two mothers' phantasised or actual representations to navigate, the one who has rejected her and the one who has struggled to love her. Ellie apparently perceives that her value to her mother lies in producing babies, but her account demonstrates an evident cost to her

in complying with her mother's wishes. Zoe seems to feel joy and approbation from her mother in prolonging family life by giving birth. Despite having a child, Megan cannot draw her mother away from other stronger interests and she is in touch with the sadness of longing to belong in her mother's mind. Self-acclaimed 'mummy's girl' Jade is pregnant again despite also understanding that she will still not be taken into her mother's mind as someone who has her own needs. Her mother's consuming mental and physical health problems prevent this. This aligns with Ivey's (1999) uncovering of poor-quality relationships in mother-daughter dyads where the daughter has become pregnant in adolescence.

Despite research with a different population (African American adolescents), Dean, Ducey and Malik's (1997) finding that young mothers feel themselves to have been unsatisfactory babies strongly resonates with Megan, Natalie and Jade's accounts. Additionally, the belief that mothers love babies most (and those who produce babies next-most) is clearly and sadly conveyed throughout Ellie's interview. Their study also recognised that girls whose primary goal was to achieve a love and closeness with their mothers that had been lacking were more likely to become pregnant. At least four of my interviewees seem to have attempted a similarly reparative act. Projective identification is arguably at work here. These young women's accounts convey an excess of being projected into and insufficient opportunity, for differing reasons, for their own infantile projections to be received and digested via attentive mothering, and indeed for having been related to as 'other'. In her paper on 'Omega Function', Gianna Williams (2009) identifies just such introjective processes. She writes that when an object is taken in that is not only 'impervious' but also 'overflowing with projections' (p.247), the obverse of alpha function (Bion, 1962) is

provided, leaving the infant to become a receptacle of parental projections. She describes how development is disrupted by this ‘omega function’ from an often frightened and frightening mother who cannot tolerate her child’s psychic pain. y

The difficulty of belonging – or not belonging – in a mother’s mind is carried in all the accounts, most evocatively in Natalie’s ‘stolen cat’ material. Perhaps as Natalie perceives herself in her adoptive mother’s mind, this cat, come to take refuge in her home because she was being ‘bullied by the other cats’ where she lived, was not truly entitled to belong, and could not legitimately take her place in any home. This supports Knight, Chase and Aggleton’s (2006) and Aparicio’s (2015, 2019) recognition of the close links between early parenthood and emotional experiences of being ‘looked after’. Natalie’s stolen, then banished, cat paints a complex picture of the yearning to belong with a mother when being able to do so also seems unattainable.

The seeking of reparation is pervasive in the *Attempts to claim a mother* and *Using motherhood to get mothered* subthemes I found within the superordinate theme of *Possessing a mother*. In the data, the solution sought to the variety of the absences of good enough mothering (and the annihilating experiences of being unheld in a mother’s mind) is an urgent-feeling attempt at restoring or claiming what has been (and remains) so badly needed. This reparative attempt includes what might be Natalie’s two-tracked repair of relationships with both mothers in her mind - the guilty gift of a baby to appease an adoptive (and infertile) mother who has been attacked, and the wish to repair, by triumphing over her mother, the psychic wound left by a birth mother who has rejected her. There is a strong hope in Natalie’s

material that having a baby might evade the complexity of having to manage these two disparate mothers in her mind by becoming the mother herself, as if in pursuit of bridging the chasm between them. A problem with this attempt at reparation of unresolved mourning via the baby as proxy (Hurley, 2010) is particularly evident in Natalie and Jade's ('she now wants to be more involved') data, and less explicitly in Ellie's. Is the reclaimed love and interest from her mother actually the transient possession of the proxy baby rather than a return to - or reworking of - an intimate closeness with a mother? If so, can it only be sustained by repeating the process of creating a new baby? All participants express ways in which they have achieved the mothering they craved by becoming mothers, whether this is by prolonging the oneness (Zoe), or has to be from a substitute mother (Megan), or by conforming to expectations (Ellie), or (re)creating a 'mini-me' (Jade) to rework unmanageably unboundaried mothering.

### **All about mothers, still – separating from a mother**

Following challenges in navigating early dependence, in different ways all five participants are left with seemingly insurmountable problems in negotiating the tricky but necessary adolescent tasks of separation, individuation and identity-formation (Waddell, 2018). This leaves me curious, given early difficulties in possessing a mother, about participants' experiences of weaning. The data conveys unmourned and unresolved relationship difficulties with a mother from infancy which, arguably, link to particular problems in adolescence (Waddell, 2009). The accounts suggest consciously and unconsciously-held hopes of redemptive 'total transformation' (Hurley, 2010, p.116), of idealised new beginnings, through motherhood. Pregnancy

inevitably brings complex issues both of identifying with and *separating from a mother* (Pines, 1993), particularly complicated dual processes for adolescent mothers.

In 'pushed-out' Ellie's account, separateness seems too confusing and painful, resulting in her submitting to childbearing expectations to gain access to her mother. This leaves me disturbed about whether, in her mind, it is she or her mother who possesses her body. In her hurry to evade the pain of separation by conforming to maternal projections, she does not seem ready to identify with her mother without this eroding her own (arguably insufficiently-formed) sense of self. Zoe appears to use motherhood to sustain and seal her claim on her mother, to not-separate as if she were attempting to subsume her mother. She has perhaps not yet internalised her in a more ordinary way, and she is also competing with her brother in claiming her mother as grandmother. As Lemma (2008) describes, becoming a mother for Ellie and Zoe may serve as a very literal defence against motherlessness. In seeking to fill the position a mother has occupied (albeit in some emotionally unsatisfying ways), the others too may be defending against the pain of feeling motherless. Megan's unsuccessful claim on her mother by becoming a mother seems to have left her grieving over lost and unsatisfactory mothering. She perhaps wishes to disavow some of this pain by replacing her mother (also an act of revenge) with her boyfriend's mother and with herself as mother. Jade inhabits a lonely and empty tidy home, with her mother living amongst a tide of emotional and domestic clutter nearby. Glasser's (1979) concept of making use of adolescence's new sexual energies (as girls' bodies become like mothers') to 'establish a safe distance from the object' (p.301) is helpful in thinking about Jade's seeking of self-preservation (as well as self-realisation) through motherhood. For her, motherhood may present an irresistible opportunity to assert

her difference to her chaotic mother. However, having not wanted children, she has a second baby on the way, perhaps uncomfortably and unconsciously replicating the rapid and unmanageable flow of her mother's life.

Issues of separation in my data support Fraiberg's (1982) recognition of the dual problem seen in adolescent pregnancy of the struggles with and longing for a mother. We might see Jade and Ellie's attempts to return to the womb, through mothering, as being resolved in different and equally potentially problematic ways. While there is a strong reparative narrative in what becoming a mother offers each participant, this also carries the sense of the baby not as a separate person but as the insufficiently-mothered and inadequately-separated self projected into the baby, an unhealthy narcissistic object-relationship (Steiner, 1993).

The data illustrates how, when an internal mother has been insufficiently established in a young person's mind, the process of separating can feel juddering, entangled and potentially threatening. The startling flow of Jade's account of her mother's hoarding, and the sadness of Megan's loss of mothering, communicate particularly interesting aspects of separation and identification difficulties which may have led to them becoming mothers in adolescence. The alarming experiences of being excluded in Ellie and Natalie's data set out most powerfully the risk of annihilation that detaching from a mother carries in these young women's minds. Natalie's early relationship with a neglectful birth mother is transferred onto and entangled with her adoptive mother, by whom she communicates feeling suddenly, unfairly and repeatedly 'kicked out'. Ellie cannot comprehend her mother letting go of her hand. She is left adrift and helpless-feeling, desperate for a return to her mother, as evoked by her muddling

of 'mum's hand' and 'hand's mum'. I felt urgently grasped at by Ellie's constant stream of words in the interview, as if I might give up on her, and I felt kept coolly and cautiously at a distance by Natalie.

Amidst this loss and uncertainty, becoming a mother provides a particularly powerful way of establishing an externally recognised self-definition, even of asserting a right to exist. While Megan ('I'm a adult', '*my* baby') and Natalie ('It's now time for me') do this by affirming their individuality and difference to their various mothers, Ellie and Zoe seem intent on a return to maternal closeness at all costs. Individuals appear to get lost in Ellie's family, and there seems no other way out of the relational wasteland between being a baby and producing one. For Jade, motherhood serves the function of attempting a more manageable, bounded togetherness with an intrusive mother who seems to have projected relentlessly into her. In the context of these delicate adolescent senses of self, pregnancy might provide the opportunity to use the body to create a transformational turning point (Brand, Morrison and Down, 2015), to become a somebody rather than feeling like a nobody. Natalie conveys now being a person of substance through motherhood, creating the family she speaks of always having wanted, instead of hovering uncertainly between identifications with two very different internalised mothers. In analysing the data I was left with the unsettling question in each participant's case of who she would feel herself to be without a baby.

As Raphael-Leff (1991) also describes, it appears from my data that the interviewees have used motherhood consciously and unconsciously to cast themselves into an apparent adulthood that their bodies can enable, even though they may not be developmentally ready for such an undertaking emotionally. In each different case,



navigating separation and individuation after such fragile early maternal relations is risky and complex. Motherhood may offer a seeming solution to the unbearable-feeling processes of adolescence, a redemptive (Hurley, 2010) phantasy of hasty resolution rather than a necessary working-through.

### **Relating to others**

#### **The father as the first ‘other’**

Fathers play a crucial role in resolving the problem of infantile issues of symbiosis with mothers (Wellton, 1988, Raphael-Leff, 1991). The accounts of paternal relationships complicated by vulnerability, violence or absence set out some of the developmental relational difficulties participants have encountered. Without the process of gradual disillusionment (Winnicott, 1953) in *separating from a mother* discussed above, the data demonstrates ongoing problems amassed by lacking a robust father to detach from and to resolve oedipal issues through. In their six-year study, Dean, Ducey and Malik (1997) showed the impact on early childbearing for their interviewees of not having a father’s help with separation and individuation. This is supported by complexities in my participants’ accounts of their relationships with fathers. For example, Jade’s actual father was violent then absent, then replaced by a loved but helpless and damaged stepfather unable to address or manage his own alcoholism and ill-health. Natalie has been provided with a more dependable adoptive father, however, as might be expected, she is left with disquieting identifications to the biological father she wishes to ‘block’ in her mind. It seems for Megan that the late disclosure that her father is not her sister’s father has dismantled her family, leaving her unwillingly assigned to him while her sister gets their prized

mother. Ellie's assertions that she is a 'daddy's girl' are pitifully insubstantial in the context of occasionally being taken out (away from her unmothered loneliness) for a chocolate bar by him.

Wellدون (1988) emphasises a pre-oedipal girl's need for the protection of her father from the threat of engulfment by a mother. In this respect, the problem established by having an enduringly weak or absent paternal object is particularly well-illustrated within Ellie and Jade's accounts. Jade's mother's unregulated hoarding seems literally and alarmingly engulfing of all space inside a maternal home and mind. Ellie's father's presence is so flimsy as to offer no moderation of or shelter from her mother's powerful projections and expectations.

### **Oedipal issues and stigma**

The frailties in relationships with fathers in the data illustrates the particular emotional and developmental impact of an inadequate resolution of oedipal processes for these young mothers. While society's more explicit stigma around the immorality of teenaged parenting may have diminished, the participants' own sense of opprobrium still conveys oedipal unease. Raphael-Leff's (1991) thoughts about a baby unconsciously fulfilling the phantasy of a forbidden baby with a father when oedipal love has not been worked through are illuminating, and helpful in understanding the stigma expressed and railed against by Natalie. There was also, from my countertransference, something uncomfortably illicit in Ellie's chocolate outings with her dad. Raphael-Leff (2012) writes about the victorious rotation of the oedipal triangle in becoming a sexually active teenager, where unmanageable feelings of exclusion from a parental pairing can be temporarily banished by becoming part of a

sexual union and even a mother oneself. This runs through the triumph shown in Megan, Natalie, Jade and even Zoe's accounts. Additionally, it feels troubling there seems so little triumph in Ellie's submission to family early-childbearing expectations.

### **Holding together tenuous parental relationships**

Regarding sibling relationships, Jade says she was 'left out of the triangle', describing a crowded and geometrically-troubling five-person triad. This leaves me wondering whether any triangular space (Britton, 2004) could have been provided by her parents, whether she had the developmentally necessary links connecting her separately with each parent. Had it ever been possible for her to experience being appropriately excluded from her parents' relationship, given that they were both so vulnerable and in need of her help? Particularly notable in these childhood relationship accounts is the extensive evidence of difficulties caused when the relationship between parents is fragile. There are repercussions for participants of having been drawn into trying unsuccessfully to hold together parents in a tenuous pairing. Quinlivan *et al.*'s (2004) finding that young parents are more likely to describe relationships between their parents as negative is borne out by Jade, Megan and Ellie's detailed depictions of strikingly (sometimes even dangerously) unintegrated-seeming mothers and fathers. Jade tells of desperate worries her mother would kill herself or her stepfather would collapse when they separated, leaving her missing lessons to attend to their needs. Ellie noticed how her parents had grown apart, occupying separate bedrooms until the arrival of her baby served to push them back (unwillingly) into the same space. Megan invested many long Covid-lockdown months acting in vain as go-between for parents who were neither seeing nor speaking to each other in the family

home. Her hopes to reconcile them – perhaps wishing to revive a parental couple in her mind - failed, and the timing of her pregnancy during this period suggests a phantasy of reuniting them via shared grandparenthood (which also proved unsuccessful). Jade too became pregnant as her parents separated. By contrast, Zoe’s perception of her parents is of a couple peculiarly merged, to the point of sharing a single point of view and even face – ‘Their face lit up’. This suggests incomplete separate links to and separations from each parent. In both its idealisation and its foreboding sense of having parents who might soon die (‘they didn’t think they would get to see me or Kayleigh have children’), Zoe’s account also brings to mind the precariousness of Hanna’s (2001) subject’s catastrophic perception of disaster and derailment resulting from parental separation.

### **Maternal grandmothers**

The data relating to sisters offers further nuance in understanding participants’ early attachment experiences and ways of separating from mothers. However, it is the richness of the grandmother-related material which sheds particularly new light on object-relating and forms of reparation through motherhood, and which feels most important to explore. The further literature search prompted by my findings uncovered a lack of either psychoanalytic or empirical work around young mothers’ relationships with grandparents. Alongside Fraiberg, Adelson and Shapiro (1975), Welldon (1988) considers the impact of multiple generations in parenting. She asserts the need for an at-least three generational view of how ‘a woman becomes her mother and her mother’s mother’ (p.49) to understand how mothers become introjected within a family from generation to generation. The unanticipated grandmother

material in the interviews offers an extended perspective on participants' relationships with mothers.

In differing ways, the data from the three participants who spoke in detail about their maternal grandmothers' dominant roles in their emotional lives offers useful insights into aspects of the reparative function these babies may have in their young mothers' minds. It also adds a dimension in understanding relationships with mothers through what is revealed about their mothers' own experiences of being mothered. Significantly, both Ellie and Jade commented on the very many descendants their grandparents have. This difficulty around the quantity of relations underlines the problem Ellie speaks of so poignantly with regards to her own mother - being one of so very many seemingly undifferentiated children, she cannot be sure of claiming any place in her mother's mind. Megan wept as she told me about still grieving for her beloved grandmother ('like a mum to me'). Her grandmother's death seems also to represent the idealised mothering she had lost. She may have had a hope that having a baby herself might, in some circular way and by making her mother a grandmother, restore or revive the lost grandmotherly and motherly love she so yearns for.

Zoe's disquieting account of her grandmother's illness and death ran quickly into her mother's equally startling recent health crisis and hospitalisation. It suggests the frailty in her mind of both maternal figures' actual survival, and how swiftly the family relationships that depend on them seem prone to unravelling. In the context of losing this grandmother who was felt to hold the wider family together, Zoe may be motivated unconsciously to underpin a vulnerable-feeling family structure by shoring it up with a baby, and so a new generation of mothering. For Jade, a grandmother

seems to carry a similar stabilising role. She remembered a safer, more ordered and rather idealised time before the death of her maternal grandmother ('it was very different after that day'). She describes a disturbingly rapid dissolution from living in what seemed to her to be a manageably disordered maternal home, to occupying an unbearably cluttered one. It feels significant that it was an overwhelming tide of Jade's mother's mother's belongings that was hoarded. The hoarding started at her grandmother's death, suggesting the dominance of her grandmother in her mother's mind and the difficulty her mother is left with in taking in mothering in a moderated way. Perhaps in producing a baby that might replace the grandmother whose loss lifted the floodgates on her mother's further unravelling, Jade sought to stem the flow of unprocessed and unregulateable clutter.

From the data, becoming a mother seems to offer a way forward, in participants' minds, by laying down a new generation of mothering to secure and hold open a space amidst tenuous-feeling family relations. In this context it is interesting to consider Hurley's (2010) response to Stern's (1995) pre-oedipal 'motherhood constellation' of infant-mother-grandmother temporarily displacing the oedipal triad. With the absolute dominance of mothers over fathers evident in the participants' accounts of childhood relationships, I am left wondering whether the data tells us something about the 'deflated triangular space' (Hurley, 2010, p.115) of an infant-mother-grandmother constellation which then endures far beyond infancy, without oedipal processes being worked through. Pregnancy and childbirth early in life may then appear as a solution to repair unresolved developmental difficulties. In the absence of being offered ways to rework or reconfigure patterns of relating within the creativity and possibility of a triangular space (Britton, 2004), participants' relationships are perhaps simply being

repeated and extended by plotting another generation along the family timeline. An attempt, arguably, at becoming moored through motherhood and providing mooring for insecure-feeling families.

Hurley's (2010) experience of young mothers' pursuit of psychic reparation by proxy through childbearing is given an additional generational dimension in my findings about grandmothers. Jade, Megan and Zoe's concrete loss through death of their maternal grandmothers further supports Hurley's understanding of early childbirth as containing a wish to bypass the pain of separation. Jade and Megan seem unconsciously to be filling an emptiness left by a grandmother with a new baby, in an unrealistic wish that the 'total transformation' (Hurley, p.116) of motherhood might repair not only deficiencies in being mothered but also replace a loved grandmother and so evade the pain of mourning for her.

### **Seeking safety through motherhood**

All participants convey a sense of family relationships being experienced as fragile. This begins with insufficiently robust or stable introjected maternal figures with whom dependence and independence has not yet been negotiated. It then continues outwards through paternal figures unable to provide an adequate working-through of the oedipal processes necessary for psychic development. In turn, and as might be expected given the real and perceived dangers described by participants in their extended families and the outside world, adult life is felt to be precarious and threatening. In this context of fear and vulnerability, becoming a mother appears to offer a route to relative safety. My qualitative data supports Johns' (2011)

quantitative findings of perceived family stress being the environmental factor which significantly correlates with adolescent motherhood.

Coleman and Cater's (2006) research highlights pregnancies being planned by young women hoping to correct difficulties in complicated families. All my participants are conscious of having made very real improvements in their perceived levels of personal safety by becoming mothers: for now at least, Ellie is no longer overlooked by her mother amidst muddled generations of many children who compete for scarce mothering resources; Natalie is once again welcome in her parents' home; Jade can justify establishing a manageable distance from her mother's needs; Megan has found a replacement mother to stick by her (echoing Aparicio's (2015) findings of drawing-in new attachment figures); Zoe has provided new life to sustain her loving but wounded family, maybe even, in her mind, to keep her parents alive.

In addition to securing attachment figures and sustaining, restoring, reviving or reworking family relationships, the babies themselves, on the strikingly rare occasions they are brought into participants' narratives, seem to represent actual, physical objects of safety. Only Megan and Jade had their babies, both girls, with them in the interviews, the other babies were cared for by grandmothers. At times, each held her daughter tightly to herself, as if clinging onto a comfort blanket, perhaps to soothe her own baby self. This was particularly evident as Megan emphasised '*my* baby', and Jade spoke of a 'mini-me' to care for. Although Natalie's baby was not with her, the comfort he brings was evoked in her stroking of her neck as she told me 'If I'm sad I can just cuddle him'. Ellie barely mentioned her baby, focusing instead on the



function he served in reconciling her with her family. It felt uncomfortably fitting that he was unseen and with her mother.

In the context of having fragile object relations at a time of challenging adolescent developmental flux, the babies seem to offer a solid transitional object for their mothers to hold onto. I wonder whether, for each participant in differing ways, the always-difficult progression out of childhood and towards adulthood, and the identity crisis presented by adolescence, may have felt too precarious to work through without the purpose, identity and recovery of lost infancy that having a baby has provided. Each seems to have lacked aspects of the necessary foundations for working through the difficulties and pain of separating, individuating and forming her own identity, and this may have led to using her body's new capacities in an attempt to resolve unbearable-feeling uncertainty. Rather than adolescence promising developmental possibility, the data suggests that relationship insufficiencies have led to the threat of breakdown, freefall and annihilation. This supports Hurley's (2010) understanding of teenage motherhood being motivated by a wish for reparation by proxy (in the form of a baby), to bypass the pain of loss and separation because the mourning process of adolescence is felt to be unbearable. Becoming a mother might offer the omnipotent-feeling position of being in possession of both the mother/breast *and* the baby.

While the data shows safety is sought through pregnancy by young mothers, adolescent mothering is still seen as socially dangerous. In analysing participants' ways of relating and being related to, it seems the confusion and pain caused by excessive maternal projective identification has been a significant feature of their difficulty in establishing their own identity without becoming mothers. Unhelpfully,

it appears young mothers continue to be receptacles for others' projections beyond the family. Despite teenage sexual activity being accepted as normal in this country, adolescent mothering remains stigmatised and saturated with others' disdain and despair. As Horne (2004) puts it, adolescents have a particular capacity to 'elicit an extremely punitive societal superego' (p.337), and young mothers' youth and potency may well stimulate considerable envy.

## **CONCLUDING THOUGHTS**

Conducting this research has opened my thinking on the differing functions that becoming a mother may serve for adolescent young women. It has also represented a significant reflexive experience of becoming embedded in the research process and of attending to and incorporating my own personal and professional responses to the data. I was drawn to my research question during previous work as a teenage pregnancy midwife and family nurse, and it has been challenging and compelling to find a focus and new axes of enquiry as a psychoanalytic child psychotherapist and a researcher. My shifts between these professional identities have also inevitably brought tensions to be navigated in the course of the study. My countertransference has informed my understanding of the data, for example the alarming flood in Jade's account of her mother's hoarding, the disconcerting confusion I felt as Zoe spoke about being held accountable for her grandmother's illness and death, or the differing senses of loss and painful poignancy I experienced on hearing and analysing Ellie telling me about being let go of and Natalie talking about her stolen cat.

### **Supporting and enhancing existing understanding**

Data from the five unique individual accounts has supported and extended existing psychoanalytic and research findings in several ways which can contribute to the understanding of those working with young mothers as well as furthering insights for child and adolescent psychotherapists. One notable example is the centrality of a young woman's experience of being mothered in her having a baby early in her own life. Although adolescents' views of mothers are likely to be complicated and

significant, the absolute dominance of material about mothers in the interview data, including the sheer force of participants' longing for mothering, has been striking. The young mothers' voices have confirmed and further elaborated Hurley's (2010) recognition of an attempted reparation by proxy through motherhood to rework, repair, repeat or prolong insufficient-feeling relationships with their own mothers. Lemma's (2008) idea of motherhood as a defence against motherlessness is widely manifested across all five accounts.

Pregnancy as a response to otherwise unmanageable-feeling adolescent issues of identity-formation, discussed by several authors (e.g. Waddell, 2009, Raphael-Leff, 2012), is strongly supported by the data. Motherhood's established identity offers a sense of certainty amidst frail relationships. While adolescence provides a developmentally helpful experience of trying on new identities for size, bringing a baby into the world in the hope of transformation (Brand, Morrison and Down, 2015, Hurley, 2010) or to fill a painful emptiness (Waddell, 2009) might prove highly problematic for both mother and baby. Despite statistical evidence for reduced teenage pregnancy numbers in the UK in recent years, for the wellbeing of individual mothers and babies it is important to continue to address the issue by considering the relational reasons that some young women may be more likely to pursue early motherhood than others. My research illustrates participants' seeking of motherhood as a solution to unbearable feelings of separation from a mother in the context of inadequate paternal help with working-through oedipal processes (Dean, Ducey and Malik, 1997, Welldon, 1988). In addition, it supports ways motherhood may be felt to offer safety in a dangerous-feeling world (Johns, 2011) and an opportunity to draw in new attachment figures (Aparicio, 2015).

## **New findings**

### **The role of projective identification**

My research has also uncovered new insights about ways a young mother's childhood relationships may have influenced her becoming a parent in adolescence. The data offers new understanding about relational and psychic processes for child psychotherapists as well as those working with young parents. It is my intention to share what has been learned with both psychoanalytic and healthcare colleagues by publishing and presenting aspects of my research. Firstly, 'omega function' (Williams, 2009) problems caused by the impact of projective identification on relating, when carers cannot provide a receptive space for their infants, pervade the accounts. It seems the participants have had unusually extensive and destabilising experiences of being receptacles for maternal projections, rather than having been related to as 'other' by a containing and emotionally continent caregiver offering a space for infant projections to be let in. The ideographic nature of IPA research has felt particularly appropriate, offering a non-directive opportunity for a young mother's own lived experience to be heard, and thereby demonstrating just how individual their lives and relationships are. This is especially relevant in the context of young mothers seeming to be a societal group into whom we project negatively, maintaining the stigma that compounds their difficulties.

### **A fragile relationship between parents**

Participants' substantial accounts of precarious parental relationships run through the data, both difficulties that are current (Megan, Jade, Ellie) and/or past (Natalie, Jade,

Megan, Ellie). This extends to all interviewees' experiences if it includes the perception of her parents' combined vulnerability (Zoe). The research provides evidence for the significant impact on a young woman of finding herself drawn (inappropriately and in vain) into a responsibility for sustaining her parents' relationship. Further research into the psychic effect of relating to a parental union in this way would be helpful in establishing which young women's family dynamics may make them more likely to seek motherhood early in their lives, and in exploring the function that having a baby serves in this context.

### **Grandmothers**

A third set of new findings which is little discussed in the literature is the perspective added by participants' accounts of relating to their maternal grandmothers, and what these tell us about established patterns of mothering in the families of young mothers. My data suggests this would be a rich area for future research.

### **A baby as a transitional object**

Given adolescent participants' presentations of having insufficiently taken in and then separated from primary parental objects, there is interesting evidence in three accounts for a baby representing a still-needed transitional object to hold onto, perhaps bringing comfort and a sense of safety. While the data offers much insight into the similar and differing psychic functions becoming a mother early in life may serve, it would be enlightening to develop further thinking into the role the physical possession of a baby may occupy in a young woman's phantasy.

## **The work of the Family Nurse Partnership**

When I was a Family Nurse, the FNP motto was ‘Changing the world one baby at a time’ (NHS, 2014). The problem of projective identification in young mothers’ emotional and developmental experiences, highlighted by my research, particularly endorses one of the FNP programme’s crucial functions, that of drawing the mother’s attention to her baby’s separateness and individuality, to who she or he might be as a person. This is developed following (and alongside) the FN paying close attention to the client’s particular experiences, journey to pregnancy and motherhood, family history, relationships, hopes, preferences and anxieties. The FNP materials focus on remembering and reflecting, and my data emphasises the importance of this aspect of the unfolding therapeutic relationship between FN and client. A space is then held open for thinking about the baby’s needs and paying attention to his or her projections. A getting-to-know process is modelled which offers the profoundly important possibility of changing the world one mother at a time, and so also one baby at a time. In this way, some of the multi-generational parenting and childhood relationship deficiencies my participants’ data suggests might be rectified, one experience of being mothered at a time.

## REFERENCES

Alvarez, A. (1985) The problem of neutrality: Some reflections on the psychoanalytic attitude in the treatment of borderline and psychotic children. *Journal of Psychotherapy* 11A(1), pp. 87-104.

Aparicio, E., Pecukonis, E. V. and O'Neale, S. (2015) 'The love that I was missing': Exploring the lived experience of motherhood among teen mothers in foster care. *Children and Youth Services Review* 51, pp. 44-54.

Aparicio, E. M., Shpiegel, S., Grinnell-Davis, C. and King, B. (2019) 'My body is strong and amazing': Embodied experiences of pregnancy and birth among young women in foster care. *Children and Youth Services Review* 98, pp. 199-205.

Aveyard, H. (2014) *Doing a Literature Review in Health and Social Care: a practical guide*. (3<sup>rd</sup> edition). Maidenhead, Oxford University Press

Barcelos, C. and Gubrium, A. (2014) Reproducing Stories: Strategic Narratives of Teen Pregnancy and Motherhood. *Social Problems* 61(3), pp.466-481.

Barn, R. and Mantovani, N. (2007) Young Mothers and the Care System: Contextualizing Risk and Vulnerability. *British Journal of Social Work*, 37(2), pp. 225-243.

Bender, S. S. (2008) Three cases of adolescent childbearing decision-making: The importance of ambivalence. *Adolescence* 43(172), pp. 861-879.

Bion, W.R. (1959) Attacks on Linking. In: *Second Thoughts* (1967), pp.93-109. London, Karnac Books.

Bion, W. (1962) *Learning From Experience*. London, Karnac Books.

Born, A. (2012) 'Relationship Violence and Teenage Parents', *Journal of Infant, Child and Adolescent Psychotherapy* 11(4), pp. 368-375.

Britton, R. (2004) Subjectivity, Objectivity, and Triangular Space. *Psychoanalytic Quarterly* 73(1), pp.47-61.

Britton, R. and Steiner, J. (1994) Interpretation: selected fact or overvalued idea? *International Journal of Psycho-Analysis* 75, pp. 1069-1078.

Bradshaw, J. (2006) *Teenage births* [online]. Available at: <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/9781859355046.pdf> [Accessed 20 May 2022]

Brand, G., Morrison, P. and Down, B. (2015) 'You don't know half the story': Deepening the dialogue with young mothers in Australia. *Journal of Research in Nursing* 20(5), pp. 353-369.



Brown, G., Brady, G. and Letherby, G. (2011) Young mothers' experiences of power, control and violence within intimate and familial relationships. *Child Care in Practice* 17(4), pp. 359-374.

Cater, S. and Coleman, L. (2006) 'Planned' teenage pregnancy: views and experiences of young people. *Education & Health* 24(3), pp. 35-38.

Coleman, L. and Cater, S. (2006) 'Planned' Teenage Pregnancy: Perspectives of Young Women from Disadvantaged Backgrounds in England', *Journal of Youth Studies*, 9(5), pp. 593-614.

Cresswell, J. (2007) *Qualitative Inquiry and Research Design. Choosing Among Five Approaches*. 2<sup>nd</sup> Edition. California, Sage Publications.

Dean, A. L., Ducey, S. J. and Malik, M. M. (1997) *Teenage pregnancy: the interaction of psyche and culture*. Hillsdale, Analytic Press.

Devereux, G. (1967) *From anxiety to method in the behavioural sciences*. The Hague, Moulton & Co.

Dickins, T. E., Johns, S. E. and Chipman, A. (2012) Teenage pregnancy in the United Kingdom: A behavioural ecological perspective. *Journal of Social, Evolutionary, and Cultural Psychology* 6(3), pp. 344-359.

Dixon, V. (2014) Teenage pregnancy: Identifying young people aspiring or ambivalent to parenthood. *British Journal of School Nursing* 9(1), pp. 38-44.

Duncan, S., Edwards, R. and Alexander, C. (2010) (eds) *Teenage Parenthood: What's the Problem?* London, Tuffnell Press.

East, P. L., Reyes, B. T. and Horn, E. J. (2007) Association between adolescent pregnancy and a family history of teenage births. *Perspectives on Sexual and Reproductive Health* 39(2), pp. 108-115.

Etherington, K. (2004) *Becoming a Reflexive Researcher. Using Our Selves in Research*. London, Jessica Kingsley Publishers.

Evans, A. (2001) The influence of significant others on Australian teenagers' decisions about pregnancy resolution. *Family Planning Perspectives* 33(5), pp. 224-230.

Family Nurse Partnership (2020) *The Family Nurse Partnership* [online] Available at: <https://fnp.nhs.uk/> [Accessed 29 March 2020]

Flanagan, P. J., McGrath, M. M., Meyer, E. C. and Garcia Coll, C. T. (1995) Adolescent development and transitions to motherhood. *Pediatrics* 96(2), pp. 273-277.

- Fraiberg, S., Adelson, E. and Shapiro, V. (1975) Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. In: Fraiberg, S. (ed.) *Clinical Studies in Infant Mental Health. The first year of life*. London, Tavistock Publications, pp. 164-196.
- Fraiberg, S. (1982) The Adolescent Mother and her Infant. *Adolescent Psychiatry* 10, pp. 7-23.
- Freud, A. (1981) *Psychoanalytic Psychology of Normal Development*. London, The Hogarth Press and the Institute of Psycho-Analysis.
- Freud, S. (1909) *Analysis of a phobia in a five-year-old boy*. *SE 10 pp. 1-318*. London, The Hogarth Press.
- Freud, S. (1917) *Mourning and Melancholia*. *SE 14 pp. 237-259*. London, The Hogarth Press.
- Freud, S. (1923/1986) Two encyclopaedia articles. In: Dickson, A. (ed.) *The Penguin Freud library, Volume 15*. London, Penguin.
- Glasser, M. (1979) Some aspects of the role of aggression in the perversions. In: Rosen, I. (ed.) *Sexual Deviations*. Oxford, Oxford University Press, pp. 279-305.
- Hanna, B. (2001) Adolescent parenthood: a costly mistake or a search for love? *Reproductive health matters*, 9(17), pp. 101-107.
- Harlow, E. (2009) Eliciting narratives of teenage pregnancy in the UK: Reflexively exploring some of the methodological challenges. *Qualitative Social Work: Research and Practice*. 8(2), pp. 211-228.
- Heylighen, F. (1993) *Epistemology, introduction* [online]. Available at: [pespmc1.vub.ac.be](http://pespmc1.vub.ac.be) [Accessed 20 March 2021]
- Hoggart, L. (2012) 'I'm pregnant ... what am I going to do?' An examination of value judgements and moral frameworks in teenage pregnancy decision making. *Health, Risk & Society* 14(6), pp. 533-549.
- Holgate, H. (2012) Young mothers speak. *International Journal of Adolescence and Youth* 17(1), pp. 1-10.
- Hollway, W. and Jefferson, T. (2000) *Doing qualitative research differently. Free association and the narrative interview method*. London, Sage.
- Horne, A. (2004) 'Gonae No' Dae That!'. The Internal and External Worlds of the Delinquent Adolescent. *Journal of Child Psychotherapy* 30(3), pp. 330-347.
- Hurley, A. (2010) Reparation by proxy: Experiences of working with pregnant teenagers and adolescent mothers. *Journal of Child Psychotherapy* 36(2), pp. 101-118.

- Husserl, E. (1960) *Cartesian Meditations: An Introduction to Phenomenology*. Translated by Dorion Cairns. The Hague, Nijhoff.
- Ivey, J. B. (1999) 'Good little girls': reports of pregnant adolescents and those who know them best. *Issues in Comprehensive Pediatric Nursing* 22(2/3), pp. 87-100.
- James, S., Montgomery, S.B., Leslie, L.K. and Zjang, K. (2009) Sexual risk behaviours among youth in the child welfare system. *Children and Youth Services Review* 31, pp. 990-1000.
- Johns, S. E. (2011) Perceived environmental risk as a predictor of teenage motherhood in a British population. *Health & place* 17(1), pp. 122-131.
- Jupp, V. (ed.) (2006) *The Sage Dictionary of Social Research Methods*. London, Sage Publications.
- Klein, M. (1940) Mourning and its relation to manic depressive states. *The Writings of Melanie Klein, Volume 3, Envy and Gratitude and Other Works*. London, Hogarth Press.
- Klein, M. (1952) The Origins of Transference. *The Writings of Melanie Klein, Volume 3, Envy and Gratitude and Other Works*. London, Hogarth Press.
- Klein, M. (1955) On Identification. *The Writings of Melanie Klein, Volume 3, Envy and Gratitude and Other Works*. London, Hogarth Press.
- Klein, M. (1957) Envy and Gratitude. In: *The Writings of Melanie Klein, Volume 3, Envy and Gratitude and Other Works*. London, Hogarth Press.
- Knight, A., Chase, E. and Aggleton, P. (2006) 'Someone of Your Own to Love': Experiences of Being Looked After as Influences on Teenage Pregnancy. *Children & Society* 20(5), pp. 391-403.
- Kumar, R. (1996) *Research Methodology: A Step-by-Step Guide for Beginners*. London, Sage.
- Larkin, M., Watts, S. and Clifton, E. (2006) Giving voice and making sense in Interpretative Phenomenological Analysis. *Qualitative Research in Psychology* 3(2), pp. 102-120.
- Lemma, A. (2008) Keeping envy in mind: the vicissitudes of envy in adolescent motherhood. In: Roth, P. and Lemma, A. (eds) *Envy and Gratitude Revisited*. London, Karnac.
- Liang, B. (1995) *Children and parents of teen mothers: The remedial effects of social support on the generational cycle of parenting*. 56, ProQuest Information & Learning [Online] Available at: <http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=1995-95017-269&authtype=shib&site=ehost-live> [Accessed 2 January 2021].

- Lloyd, S. L. (2004) Pregnant adolescent reflections of parental communication. *Journal of Community Health Nursing* 21(4), pp. 239-251.
- McLeod, J. (2011) *Qualitative Research in Counselling and Psychology* (2<sup>nd</sup> edition). London, Sage Publications.
- Middleton, S. (2011) 'I wouldn't change having the children—not at all' Young women's narratives of maternal timing: What the UK's teenage pregnancy strategy hasn't heard. *Sexuality Research & Social Policy: A Journal of the NSRC* 8(3), pp. 227-238.
- Midgley, N. (2006) Psychoanalysis and qualitative psychology: complementary or contradictory paradigms? *Qualitative Research in Psychology* 2006 (3), pp.1-16.
- Money-Kyrle (1956) Normal counter-transference and some of its deviations. *International Journal of Psycho-Analysis* 37, pp.360-366.
- Moseson, H. (2019) 'Society is, at the end of the day, still going to stigmatize you no matter which way': A qualitative study of the impact of stigma on social support during unintended pregnancy in early adulthood. *PLoS one*, 14(5), p.e0217308. doi:10.1371/journal.pone.0217308.
- Moustakas, C. (1994) *Phenomenological research methods*. Thousand Oaks California, Sage.
- NHS (2014). *Changing the world one baby at a time*. [Leaflet]. Family Nurse Partnership.
- Noll, J. and Shenk, C. (2013) Teen birth rates in sexually abused and neglected females. *Pediatrics* 131(4), pp. 1181-1187.
- Pietkiewicz, I. and Smith, J. (2014) A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne – Psychological Journal* 20 (1), pp. 7-14.
- Pines, D. (1982) The Relevance of Early Psychic Development to Pregnancy and Abortion. *International Journal of Psycho-Analysis*, 63, pp. 311-319.
- Pines, D. (1988) Adolescent pregnancy and motherhood: A psychoanalytical perspective. *Psychoanalytic Inquiry* 8(2), pp. 234-251.
- Pines, D. (1993) *A Woman's Unconscious Use of Her Body. A Psychoanalytical Perspective*. London, Virago Press.
- Public Health England (2019) *Public Health Outcomes Framework* [online] Available at: <https://www.gov.uk/government/collections/public-health-outcomes-framework> [Accessed 21 March 2020]

Quinlivan, J. A., Tan, L. H., Steele, A. and Black, K. (2004) Impact of demographic factors, early family relationships and depressive symptomatology in teenage pregnancy. *Australian & New Zealand Journal of Psychiatry* 38(4), pp. 197-203.

Raphael-Leff, J. (1991) *Psychological Processes of Childbearing*. London, Chapman and Hall.

Raphael-Leff, J. (2010) 'Mothers' and fathers' orientations: Patterns of pregnancy, parenting and the bonding process', in Tyano, S., Keren, M., Herrman, H. and Cox, J. (eds.) *Parenthood and mental health: A bridge between infant and adult psychiatry. World Psychiatric Association evidence and experience in psychiatry*: Wiley-Blackwell, pp. 9-22.

Raphael-Leff, J. (2012) *Working with teenage parents. Handbook of theory and practice*. London, Anna Freud Centre.

Rolfe, A. (2008) 'You've got to grow up when you've got a kid': Marginalized young women's accounts of motherhood. *Journal of Community & Applied Social Psychology* 18(4), pp. 299-314.

Rustin, M. (2002) Struggles in becoming a mother: Reflections from a clinical and observational standpoint. *Journal of Infant Observation* 5(1), pp. 7-20.

Smith, J., Flowers, P. and Larkin, M. (2009) *Interpretive Phenomenological Analysis. Theory, Method and Research*. London, Sage Publications.

Smith, J. and Osborn, M. (2003) 'Interpretive Phenomenological Analysis' in Smith, J. (ed) *Qualitative Psychology: A practical guide to research methods*, Chapter 4, pp. 53-80.

Steiner, J. (1993) *Psychic Retreats. Pathological Organizations in Psychotic, Neurotic and Borderline Patients*. London, Routledge.

Stern, D. (1995) *The Motherhood Constellation*. New York, Basic Books.

Sullivan, H.S. (1940) Conceptions of modern psychiatry: the first William Alanson White Memorial Lectures. *Psychiatry: Journal for the Study of Interpersonal Processes* 3, pp. 1-117.

Thompson, S. J., Bender, K. A., Lewis, C. M. and Watkins, R. (2008) Runaway and pregnant: Risk factors associated with pregnancy in a national sample of runaway/homeless female adolescents. *Journal of Adolescent Health* 43(2), pp. 125-132.

Vafai, Y. (2018) *The effect of depression on women's contraceptive behaviors and teenage pregnancy*. 79, ProQuest Information & Learning [Online] Available at: <http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2018-40527-127&authtype=shib&site=ehost-live> [Accessed 28 December 2020].

Waddell, M. (2009) Why teenagers have babies. *Infant Observation*, 12(3), pp. 271.

- Waddell, M. (2018) *On Adolescence*. London, Karnac Books.
- Wahn, E. H., Nissen, E. and Ahlberg, B. M. (2005) Becoming and Being a Teenage Mother: How Teenage Girls in South Western Sweden View Their Situation. *Health Care for Women International*. 26(7), pp. 591-603.
- Warner-McIntyre, T. L. (2018) *Hearing their voices: A Phenomenological study on adolescent motherhood*. 79, ProQuest Information & Learning [Online] Available at: <https://www.proquest.com/docview/2041948110> [Accessed 28 December 2020].
- Welldon, E. V. (1988) *Mother, Madonna, Whore: the idealization and denigration of motherhood*. New York, The Guilford Press.
- Williams, C. and Vines, S. W. (1999) Broken Past, Fragile Future: Personal Stories of High-Risk Adolescent Mothers. *Journal of the Society of Pediatric Nurses*, 4(1), pp. 15-26.
- Williams, G. (1999) On different introjective processes and the hypothesis of an "omega function". *Psychoanalytic Inquiry* 19(2), pp.243-253.
- Williams, J. C. (2005) Parental perceptions of family processes in unintended adolescent pregnancy. *Communicating Nursing Research* 38, pp. 265-265.
- Winnicott, D.W. (1948) Reparation in respect of mother's organised defence against depression. In: *Through Paediatrics to Psychoanalysis* (pp.91-96). London, Hogarth Press.
- Winnicott, D.W. (1953) Transitional Objects and Transitional Phenomena – A Study of the First Not-Me Possession. *International Journal of Psycho-Analysis* 34, p89-98.



## APPENDICES

### Appendix 1 – Family Nurse Partnership information leaflet

**Why take part  
in the Family  
Nurse Partnership  
programme?**



Your specially trained family nurse will work alongside you during your pregnancy and as you care for your new baby.

**“I feel I really  
understand what  
my baby wants  
from me.”**

FNP client, Walsall



**“The best thing I like is not being judged as a person or mother.”**

FNP client, Lincolnshire



**Your family nurse will provide you with information and guide you in the following areas:**

- ▶ Having a healthy pregnancy
- ▶ Planning for your labour and baby's birth
- ▶ Improving your child's health and development
- ▶ Building positive relationships with your baby and others
- ▶ Lifestyle choices that give you and your child the best possible start in life
- ▶ Identifying and achieving your goals such as finding a job or returning to education.

**Your local Family Nurse Partnership team:**

Local centre stamp with address and contact information here in this box

**What's involved?**

- Regular visits at home and in the community from your family nurse starting in your pregnancy, where you will decide together what topics to talk about.
- How often your family nurse visits you will be a joint decision between you and your family nurse.
- The Family Nurse Partnership programme will continue until your child's 1st birthday, with the possibility of continuing until your child is 2 years old.
- We know dads are important to babies, so we welcome dads or partners to join in the visits if you choose.





## Appendix 2 – Screenshots of database searches

### 1. PsycINFO = 386

<input type="checkbox"/> Select / deselect all <input type="button" value="Search with AND"/> <input type="button" value="Search with OR"/> <input type="button" value="Delete Searches"/> <input type="button" value="Refresh Search Results"/>				
Search ID#	Search Terms	Search Options	Actions	
<input type="checkbox"/> S9	S1 AND S2 AND S3 AND S4	Limiters - Publication Year: 1971-2021 Expanders - Apply equivalent subjects Narrow by Methodology: - empirical study Narrow by Language: - english Narrow by SubjectMajor: - adolescent mothers Search modes - Boolean/Phrase	<a href="#">View Results</a> (386)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S8	S1 AND S2 AND S3 AND S4	Limiters - Publication Year: 1971-2021 Expanders - Apply equivalent subjects Narrow by Language: - english Narrow by SubjectMajor: - adolescent mothers Search modes - Boolean/Phrase	<a href="#">View Results</a> (445)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S7	S1 AND S2 AND S3 AND S4	Limiters - Publication Year: 1971-2021 Expanders - Apply equivalent subjects Narrow by SubjectMajor: - adolescent mothers Search modes - Boolean/Phrase	<a href="#">View Results</a> (456)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S6	S1 AND S2 AND S3 AND S4	Limiters - Publication Year: 1971-2021 Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (12,534)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S5	S1 AND S2 AND S3 AND S4	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (12,596)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S4	family OR relationships	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (1,156,030)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S4	family OR relationships	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (1,156,030)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S3	parenting OR pregnan* OR "young parent" OR "teenage mother" OR "becoming a mother"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (115,799)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S2	teenage* OR adolescen* OR young OR early OR "teenage pregnancy"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (979,434)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S1	why OR motivat* OR attitude* OR influenc* OR decision-making OR meaning OR choice OR reason OR cause	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (1,660,487)	<a href="#">View Details</a> <a href="#">Edit</a>

### 2. Psychological and Behavioural Sciences = 84

<input type="checkbox"/> Select / deselect all <input type="button" value="Search with AND"/> <input type="button" value="Search with OR"/> <input type="button" value="Delete Searches"/> <input type="button" value="Refresh Search Results"/>				
Search ID#	Search Terms	Search Options	Actions	
<input type="checkbox"/> S9	S2 AND S3 AND S4 AND S6	Limiters - Published Date: 19700101-20201231 Expanders - Apply equivalent subjects Narrow by Subject: - teenage pregnancy Search modes - Boolean/Phrase	<a href="#">View Results</a> (84)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S8	S2 AND S3 AND S4 AND S6	Limiters - Published Date: 19700101-20201231 Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (1,922)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S7	S2 AND S3 AND S4 AND S6	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (1,925)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S6	family OR relationships	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (237,818)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S5	S2 AND S3 AND S4	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (2,846)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S4	parenting OR pregnan* OR "young parent" OR "teenage mother" OR "becoming a mother"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (27,566)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S3	teenage* OR adolescen* OR young OR early OR "teenage pregnancy"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (159,459)	<a href="#">View Details</a> <a href="#">Edit</a>
<input type="checkbox"/> S2	why OR motivat* OR influenc* OR decision-making OR meaning OR choice OR reason OR cause	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	<a href="#">View Results</a> (221,170)	<a href="#">View Details</a> <a href="#">Edit</a>




### 3. SocIndex = 44

<input type="checkbox"/>	S11	S1 AND S3 AND S4 AND S9	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Narrow by SubjectThesaurus:</b> - teenage mothers</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (44)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S10	S1 AND S3 AND S4 AND S9	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (701)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S9	"teenage pregnancy"	<p><b>Limiters</b> - Date of Publication: 19700101-20201231</p> <p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (2,528)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S8	S1 AND S2 AND S3 AND S4	<p><b>Limiters</b> - Date of Publication: 19700101-20201231</p> <p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Narrow by SubjectThesaurus:</b> - parent-child relationships</p> <p><b>Narrow by Language:</b> - english</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (713)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S7	S1 AND S2 AND S3 AND S4	<p><b>Limiters</b> - Date of Publication: 19700101-20201231</p> <p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Narrow by Language:</b> - english</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (3,603)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S6	S1 AND S2 AND S3 AND S4	<p><b>Limiters</b> - Date of Publication: 19700101-20201231</p> <p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (5,308)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S5	S1 AND S2 AND S3 AND S4	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (5,385)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S5	S1 AND S2 AND S3 AND S4	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (5,385)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S4	family OR relationships	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (588,813)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S3	parenting OR pregnan* OR "young parent" OR "teenage mother" OR "becoming a mother"	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (48,824)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S2	teenage* OR adolescen* OR young OR early OR "teenage pregnancy"	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (264,369)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S1	why OR motivat* OR attitude* OR influenc* OR decision-making OR choice OR reason OR cause	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (554,591)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>

### 4. CINAHL = 48

<input type="checkbox"/>	Search ID#	Search terms	Search options	Actions
<input type="checkbox"/>	S6	S1 AND S2 AND S3 AND S4	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Narrow by SubjectMajor:</b> - adolescent mothers</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (48)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S5	S1 AND S2 AND S3 AND S4	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (961)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S4	SU family OR SU relationships	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (170,884)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S3	SU parenting OR SU pregnan* OR SU "young parent" OR SU "teenage mother" OR SU "becoming a mother"	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (223,710)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S2	SU teenage* OR SU adolescen* OR SU young OR SU early OR SU "teenage pregnancy"	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (683,948)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/>	S1	SU why OR SU motivat* OR SU attitude* OR SU influenc* OR SU decision-making OR SU meaning OR SU choice	<p><b>Expanders</b> - Apply equivalent subjects</p> <p><b>Search modes</b> - Boolean/Phrase</p>	<a href="#">View Results (432,392)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>

## 5. PEP archive = 98

<input type="checkbox"/> Select / deselect all <span style="margin-left: 20px;"><b>Search with AND</b></span> <span style="margin-left: 20px;"><b>Search with OR</b></span> <span style="margin-left: 20px;"><b>Delete Searches</b></span> <span style="float: right;"><b>Refresh Search Results</b></span>			
Search ID#	Search Terms	Search Options	Actions
<input type="checkbox"/> S3	 S1 AND S2	<b>Expanders</b> - Apply equivalent subjects <b>Search modes</b> - Boolean/Phrase	<a href="#">View Results (98)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/> S2	 parenting OR pregnan* OR "young parent" OR "teenage mother" OR "becoming a mother"	<b>Expanders</b> - Apply equivalent subjects <b>Search modes</b> - Boolean/Phrase	<a href="#">View Results (356)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>
<input type="checkbox"/> S1	 "teenage pregnancy" OR adolescen* OR young OR early OR teenage*	<b>Expanders</b> - Apply equivalent subjects <b>Search modes</b> - Boolean/Phrase	<a href="#">View Results (5,341)</a>   <a href="#">View Details</a>   <a href="#">Edit</a>

## **Appendix 3 – The interview schedule**

**Project title: What can young mothers' accounts of their childhood relationships tell us about why they become parents? An Interpretative Phenomenological Analysis study of mothers aged 16 - 19 supported by the Family Nurse Partnership.**

### **At start of interview:**

Thank participant for agreeing to take part in the interview and ask questions about her comfort and readiness to start, and about if she has everything she needs for her baby, if present.

Remind participant that the interview should last about one hour and that she can let me know at any point if she wishes to pause or to stop the interview. Let her know I'm interested in as much detail about her experiences as she can give me.

Opening phrase:

'I am interested in your relationships with people and your experiences when you were little and around the time you became a teenager, and in your experience of becoming a mother'.

### **1. Earliest relationships:**

#### **Can you tell me a bit about the family you were born into?**

Prompt questions:

In what ways do you feel that you got or didn't get what you needed from your parents when you were little?

Can you tell me about what kind of parents/carers your mum/dad/other were when you were little?

Can you tell me about what life was like for you when you very little?

Can you tell me a bit about times you remember as good, or as bad, when you were little?

Additional prompts: *ways you felt close to your mum/dad/other, a time you felt alone and sad. Can you say more about that? Brothers and sisters? What was that like for you?*

### **2. Experiences of being adolescent:**

#### **Can you tell me a bit about what growing up and becoming a teenager felt like for you?**

Prompt questions: Can you tell me about a time when you felt happy and excited/lost and lonely/confused?

Can you tell me about how things were with your mum/dad/friends/boyfriend at this time?

Additional prompts: *can you give me an example to help me understand this? Can you tell me about a time when you have felt pleased and happy/when you have struggled and been unsure?*

### **3. Attitude towards motherhood:**

#### **What do you remember thinking about babies when you were young yourself?**

#### **Can you tell me about ways that becoming a mother has affected how you think about your childhood?**

Prompt questions: Would you say you chose to become a mum?

What do you think led you to feel this way?

Did you make that choice/come to feel that way on your own or were others involved?

### **4. Becoming a mother:**

#### **Can you tell me about your feelings when you found out you were pregnant?**

Prompt questions:

Can you tell me about ways you felt good or ok about becoming a mum?

Can you tell me about a time when you felt scared or unsure about being a mum?

Can you say a bit about what your relationship with your mum/dad/partner was like when you were pregnant?

Can you tell me about X's birth?

Can you tell me a bit about how it felt for you becoming X's mum?

Can you give me an idea of how things feel being X's mum?

Additional prompts: *can you give me an example to help me understand this? Can you tell me about a time when you have felt pleased and happy/when you have struggled and been unsure?*

-

Additional facilitating prompts:

*That may be quite a big question to answer.*

*You may have a number of different thoughts about this.*

*How did you feel about that?*

Towards the end of the interview: Is there anything else that you think is important that you would like to add?

**At close of interview.**

Thank participant for taking part.

Ask participant if they have any questions to ask me at this point.

Ensure participant has my email address if they wish to contact me.

**Would you be interested in telling me about yourself and your relationships in order to help me understand more about young mothers' experiences?**

- Did you have your first baby between the age of 16 and 19?
- Would you be interested in talking to me about your relationships when you were very little, as you grew up and now?
- Would you be willing to talk to me about your experience of becoming a mum?

My name is Hen Otley and I used to be a Family Nurse. Now, for part of my training as a psychotherapist, I am doing research into:

**What can young mothers' accounts of their childhood relationships tell us about why they become parents?**

**An Interpretative Phenomenological Analysis study of mothers aged 16 - 19 supported by the Family Nurse Partnership.**

Taking part in my study will involve one or two, hour-long interviews. These will help me to understand more about what the relationships in your life have been like, and I will be thinking about these and how they might link into your journey to becoming a mother.

If you would be interested in taking part or would like to know more, please find attached the Participant Information Sheet which will give you more details about my research project.

**RESEARCH INFORMATION SHEET FOR FAMILY NURSES**

**Project Title:**

**What can young mothers' accounts of their childhood relationships tell us about why they become parents? An Interpretative Phenomenological Analysis study of mothers aged 16 - 19 supported by the Family Nurse Partnership.**

Dear Family Nurse,

This research, for my professional doctorate in Child and Adolescent Psychotherapy, is founded upon my curiosity about why FNP clients become mothers in their teenage years, despite often knowing how hard it will be. This interest developed when I was myself a Family Nurse and I am excited to have the opportunity to work with you to explore it.

I have observed it to be the case that many assumptions are made about why young women become parents, potentially ignoring more complex reasons for seeking motherhood which may be determined by an individual's particular experiences. I am curious to explore FNP clients' perspectives about their early childhood, relationships, pregnancy and motherhood, and in doing so I hope to gain more nuanced insights into FNP clients' experiences and motivations.

I am looking for FNP clients to interview for my research study, in the interest of better understanding the reasons for becoming a mother during teenage years. The findings of this study could be used to inform approaches to working with this client group.

Because of the supportive nature of a young mother's relationship with her Family Nurse, it is important to me that participants in my study have positively engaged with the programme for at least six months and that they will have at least two months remaining under the care of the FNP before they graduate from the programme, for ongoing support. I am specifically looking for clients who you, as their Family Nurse, understand have responded to finding out they were pregnant with some degree of pleasure, even though there has not been an expectation that they would have a child at this time. You will know the mothers in your caseload best, and I would really appreciate you considering participants for my study who fit the following inclusion and exclusion criteria:

**INCLUSION CRITERIA**

I am looking for participants who:

- have had their first baby between the age of 16 and 19
- have engaged with the Family Nurse Partnership for at least six months and, as their Family Nurse, you assess that there is a supportive ongoing nurse-client relationship
- would count themselves as having been somewhere on a continuum between 'not unhappy' and 'very pleased' to have been pregnant

- come from a family culture which does not routinely expect teenagers to become mothers
- will be continuing with the FNP for at least two more months after interviews can be scheduled.

## **EXCLUSION CRITERIA**

Because of the limitations of this small-scale study, I will need to exclude young mothers where:

- the mother or her child has ongoing child protection and/or safeguarding concerns which warrant Children's Social Care and/or Court Proceedings
- her child has severe developmental difficulties requiring additional specialist services
- she is currently experiencing domestic violence, drug or alcohol misuse
- she has a history of severe mental health difficulties
- she comes from a family culture where early childbearing is expected
- she has a learning disability or other reason not to have capacity to consent to the research process

It will be the mother's choice whether to have her baby with her for the interview(s). She might be guided in this decision both by childcare practicalities and also by her and your understanding of the child's needs. It is important that participants should be facilitated to reflect and to talk freely about their feelings and experiences. Please do contact me if you need any further information or if you would like to discuss a potential FNP client for the study. I really appreciate your help with this research.

Thank you,

Hen Otley  
Child and Adolescent Psychotherapist in Doctoral Training  
07793 452809  
[Henrietta.otley@oxfordhealth.nhs.uk](mailto:Henrietta.otley@oxfordhealth.nhs.uk)



## Participant Information Sheet

**Date: March 2021**

### **Project Title:**

**What can young mothers' accounts of their childhood relationships tell us about why they become parents? An Interpretative Phenomenological Analysis study of mothers aged 16 - 19 supported by the Family Nurse Partnership.**

You have been given this information sheet because you may be thinking about taking part in this research study. This information sheet describes the study and explains what will be involved if you do decide to take part.

### **Who am I?**

My name is Hen Otley, I am a Child and Adolescent Psychotherapist in Doctoral Training, working in Marlborough Child and Adolescent Mental Health Services. I used to work as a Family Nurse and a Midwife. I am the researcher and interviewer for this study.

### **What is the purpose of this study?**

To understand more about what your experiences of relationships have been like when you were little and while you grew up, and how this might have influenced you becoming a mother.

### **What will happen during the study?**

You and I will meet (I had been planning for this to be in your home, a Children's Centre or somewhere else you feel comfortable, but because of the pandemic it is likely to be online) for an hour-long interview, at a time that works well for us both. Because of Covid 19 it is difficult to know when we would be able to meet in person – it may be necessary to do the interview(s) digitally.

I am interested in your relationships with your family or carers, and with your friends and partners, and in what it was like for you becoming a mother, I will ask you questions about these subjects in the interview. It will be important to me to help you feel comfortable thinking about these things. If you prefer, you can have your child with you during the interview. You can also ask for your Family Nurse to join us, whether this is in person or on screen.

You will be offered the chance to have a second hour-long interview if there is more you would like to say about your experiences.

The interview(s) will be audio recorded if we meet in person, video recorded if we meet online. After the interview I will make some brief notes about my experience of being with you.

### **What approval has been gained to protect participants (and information about participants) in the study?**

I have approval for this study from the Tavistock and Portman, Trust Research Ethics Committee (TREC). This ensures that I am conducting the study within accepted legal and ethical standards. If you have any concerns or queries regarding my conduct you may contact Simon Carrington, Head of Academic Governance and Quality Assurance, Tavistock and Portman NHS Foundation Trust ([academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk)).

### **How will what you do and say be used in the study?**

Your name will not be used in the study and your personal information will be anonymised, which means that all identifying details will be removed. The information recorded during your interview will become the study data, and will be kept entirely separate from your personal information.

The recorded interviews will be transcribed, and analysed by me. Study data will be kept in encrypted files, which only I will have access to. All study material will be destroyed after completion of my thesis write-up. Your personal details will be stored and protected according to General Data Protection Regulations (2018).

### **Is there any risk regarding personal details?**

Because this is a small-scale study there is a very small risk that some identifying features may be discoverable when the research is written up, however, every effort will be taken to ensure confidentiality. Please be reassured, I am an experienced practitioner in managing client information and confidentiality.

### **What happens to the results of the study?**

The written results of the study will form my doctoral thesis, and may become an academic paper and/or published in relevant academic articles and/or presentations. I would be happy to send you a summary of the results if this is something that you would like.

### **Do you have to take part?**

No. Taking part in the study is completely voluntary. If you agree to take part, you are free to change your mind during the interview process and right up until 3 weeks after the interview(s), without giving me a reason. Taking part or not does not have any effect on your work with the Family Nurse Partnership.

### **What are the possible benefits of taking part?**

1. I hope that you will find taking part to be a positive experience and that it will be interesting for you to explore your experiences of relationships with a psychotherapist in training.

2. I hope that the information you share in the interviews will contribute to an understanding of young mothers' reasons for choosing to become parents, and so might help improve the services that work with young mothers.

### **Are there any risks to taking part?**

No, there are no direct risks, however I am aware that it may be a challenging topic that involves thinking about experiences in a way which some may find uncomfortable. Your Family Nurse and I will be available to think with you afterwards about further support you may need.

### **Study sponsor details**

Mr Brian Rock, Director of Postgraduate Studies, Tavistock and Portman NHS Healthcare University Foundation Trust, 120 Belsize Lane, London NW3 5BA, ([BRock@Tavi-Port.ac.uk](mailto:BRock@Tavi-Port.ac.uk)).

**Thank you for considering taking part in this study and taking the time to read this information. If you are willing to take part in the research please complete the consent form provided.**

Hen Otley  
Child and Adolescent Psychotherapist in Doctoral Training  
07793 452809 [Henrietta.otley@oxfordhealth.nhs.uk](mailto:Henrietta.otley@oxfordhealth.nhs.uk)

## Consent Form

### Project title:

**What can young mothers' accounts of their childhood relationships tell us about why they become parents? An Interpretative Phenomenological Analysis study of mothers aged 16 - 19 supported by the Family Nurse Partnership.**

**Name of researcher:** Hen Otley

- I \_\_\_\_\_ voluntarily agree to participate in this research project.
- I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- I understand that my participation in this study is voluntary and that I am free to withdraw, without giving a reason, at any time up to three weeks after the completion of the interview.
- I understand that the interview will be digitally recorded and transcribed as described in the participant information sheet.
- I understand that the information I provide will be kept confidential, unless I or someone else is deemed to be at risk.
- I understand that direct quotes from the audio recording may be used in this research study but will be made anonymous to the reader and held securely by the researcher.
- I understand that the results of this research will be published in the form of a Doctoral research thesis and that they may also be used in future academic presentations and publications.

### Contact details:

Researcher: Hen Otley Email: [Henrietta.otley@oxfordhealth.nhs.uk](mailto:Henrietta.otley@oxfordhealth.nhs.uk)  
Research Supervisor : Laura Balfour Email: [laura.balfour@nhs.net](mailto:laura.balfour@nhs.net)

Participant's Name (Printed): \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 5 – TREC form and TREC approval letter

### Tavistock and Portman Trust Research Ethics Committee (TREC)

#### APPLICATION FOR ETHICAL REVIEW OF RESEARCH INVOLVING HUMAN PARTICIPANTS

This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram ([academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk))

#### SECTION A: PROJECT DETAILS

<b>Project title</b>	What can young mothers' accounts of their childhood relationships tell us about why they become parents? An Interpretative Phenomenological Analysis study of mothers aged 16 - 19 supported by the Family Nurse Partnership.		
<b>Proposed project start date</b>	ASAP	<b>Anticipated project end date</b>	September 2022

#### SECTION B: APPLICANT DETAILS

<b>Name of Researcher</b>	Hen Otley
<b>Email address</b>	<a href="mailto:Henrietta.otley@oxfordhealth.nhs.uk">Henrietta.otley@oxfordhealth.nhs.uk</a>
<b>Contact telephone number</b>	07793 452809

#### SECTION C: CONFLICTS OF INTEREST

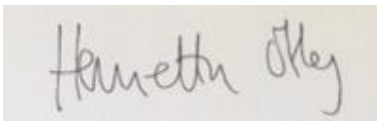
<b>Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, please detail below:
<b>Is there any further possibility for conflict of interest?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, please detail below:

#### FOR ALL APPLICANTS

Is your research being commissioned by and or carried out on behalf of a body external to the trust? (for example; commissioned by a local	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>
--	---

authority, school, care home, other NHS Trust or other organisation). <small>*Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)</small>	
If <b>YES</b> , please supply details below:	
Has external* ethics approval been sought for this research? <b>(i.e. submission via Integrated Research Application System (IRAS) to the Health Research Authority (HRA) or other external research ethics committee)</b>  <small>*Please note that 'external' is defined as an organisation/body which is external to the Tavistock and Portman Trust Research Ethics Committee (TREC)</small>  If <b>YES</b> , please supply details of the ethical approval bodies below <b>AND</b> include any letters of approval from the ethical approval bodies:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If your research is being undertaken externally to the Trust, please provide details of the sponsor of your research?	
Do you have local approval (this includes R&D approval)?	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/>

#### **SECTION D: SIGNATURES AND DECLARATIONS**

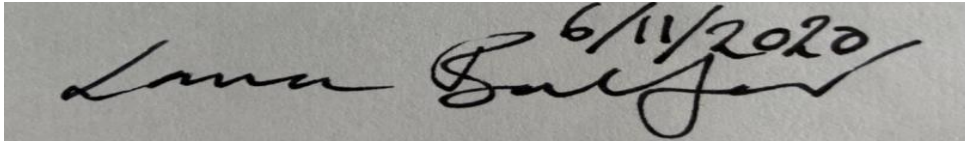
<b>APPLICANT DECLARATION</b>  I confirm that: <ul style="list-style-type: none"> <li>• The information contained in this application is, to the best of my knowledge, correct and up to date.</li> <li>• I have attempted to identify all risks related to the research.</li> <li>• I acknowledge my obligations and commitment to upholding our University's Code of Practice for ethical research and observing the rights of the participants.</li> <li>• I am aware that cases of proven misconduct, in line with our University's policies, may result in formal disciplinary proceedings and/or the cancellation of the proposed research.</li> </ul>	
<b>Applicant (print name)</b>	Hen Otley
<b>Signed</b>	
<b>Date</b>	6/11/20

#### **FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY**

<b>Name of Supervisor</b>	Laura Balfour
<b>Qualification for which research is being undertaken</b>	Professional Doctorate in Child and Adolescent Psychoanalytic Psychotherapy  (D.Ch.Psych.Psych.)

**Supervisor –**

- Does the student have the necessary skills to carry out the research?  
YES  NO
- Is the participant information sheet, consent form and any other documentation appropriate?  
YES  NO
- Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient?  
YES  NO
- Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance?  
YES  NO

**Signed**

**Date**

6/11/20

**COURSE LEAD/RESEARCH LEAD**

- Does the proposed research as detailed herein have your support to proceed?  
YES  NO

**Signed****Date****SECTION E: DETAILS OF THE PROPOSED RESEARCH**

1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)

For this study I will interview between three and six young women who have given birth to their first baby between the ages of 16 and 19 and who are currently engaged in the Family Nurse Partnership (FNP) programme, which works with first time adolescent mothers from pregnancy until their child's second birthday. Following the recruitment process, each young mother participating will be interviewed for about an hour (the usual length of a Family Nurse home visit is 60-90 minutes) using semi-structured questions, and participants will be given information on the themes of these questions in advance. Interviews will be audio recorded. The interviews will seek to explore the young mothers' own early experiences and relationships, their earlier adolescent years and their experiences around becoming mothers.

Following reflection after the first interview, participants will be invited to take part in a second hour-long interview, offering the possibility of collecting further data. The second interview will be presented as optional and declining to take part in the second interview will not discount data from the initial interview. Interviews will be face-to-face and offered in the participant's home or a

children's centre local to them where their privacy can be assured, if preferred (please also see covid 19 contingency plan below). Each participant can choose whether to have her Family Nurse present. It will be possible for a participant to have her baby with her if this is her preference and if she and her Family Nurse think that this will be practical. I do not wish to exclude those mothers without access to alternative childcare, particularly in the current covid context.

Participants will be aware that I will write notes following interviews, to include reflective notes on my personal response to the mother and child (if present). In keeping with Interpretative Phenomenological Analysis, these notes will aid my bracketing process by facilitating thoughtful awareness of my own subjective response to the experience of the other. The reflective notes will not constitute formal research data.

The data collected will be analysed using Interpretative Phenomenological Analysis.

#### Covid 19 contingency plan

It is currently difficult to predict when it will be possible to meet face to face with participants for interviews. As a contingency it may be necessary to conduct the hour-long interview(s) digitally via Zoom or Microsoft Teams. In this event the participant will be aware that the interview will be video recorded. If she wishes, her Family Nurse will be invited to join us on the digital platform, and I will encourage this to provide additional support for the participant. Particular attention will need to be paid to recruitment of young mothers who continue to be able to access support from the Family Nurse Partnership under covid restrictions. There will also be a need to check that participants have access to the technology needed for the interview (a smartphone, tablet or personal computer), wifi internet access and a safe space where they feel secure undertaking the interview for an uninterrupted period.

**2. Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)**

In my years of clinical work with young mothers, many have described a desire or need to become parents, communicating a wish to do so despite awareness of the emotional, financial and social struggles likely to lie before them.

It has seemed to me that many assumptions are made about why young women become parents



which frequently ignore more complex reasons for seeking motherhood, determined by the impact of an individual's particular experiences. I am curious to explore Family Nurse Partnership clients' perspectives about their early childhood, relationships, pregnancy and motherhood, and in doing so I hope to gain more nuanced insights into their experiences and motivations. I aim to explore ways in which we might see young motherhood in the context of a young person's early experiences and her subsequent adolescent processes. My interest is the potential links between early motherhood and the ordinary struggles of infancy and early childhood, understood through a psychoanalytic framework for development.

Using Interpretative Phenomenological Analysis (IPA), my study aims to uncover greater understanding from young mothers' narratives of the factors in their lived experience and internal worlds which may influence adolescent motherhood.

As my interest in this research stems from my years of experience, in different capacities, of working with young mothers, it will be necessary to be aware of my own personal, professional and cultural assumptions and notions regarding adolescent pregnancy. It will also be important to consider the psychoanalytic training that this study forms part of and the possible vested interests I may have in the outcome of the research supporting the psychoanalytic theory that interests me. I have therefore started a 'bracketing journal', identifying, recording and examining my assumptions and the interests that motivate this research, in an effort to be aware of my own influences and suppositions. I will continue the bracketing journal throughout the research process with the aim of attending to participants' accounts, as Husserl recommends, before my beliefs inform what I perceive. This examination of my own biases and assumptions has an important ethical dimension, as it would be inappropriate to engage and potentially disturb participants without an openness that cultivates curiosity and seeks to find in their accounts something new and real.

The 1999-2010 UK Teenage Pregnancy Strategy was successful in reducing teenage conception by over half (Public Health England 2018), although teenage birth rates here remain among the highest in Western Europe (ibid). The Strategy's focus on sex education and contraception for young people was effective in significantly reducing adolescent pregnancies and births, however many young people who receive both education and contraception continue to become parents.

Greater understanding of how a young woman's pregnancy may relate to her own experience of relationships is a matter of importance to the welfare of young mothers and their children (Waddell 2009), and could be of value to the work of services such as the Family Nurse Partnership, and

potentially also in strategic thinking both to support young parents and reduce teenage pregnancy. I hope that by giving young mothers this opportunity to have their accounts heard, the study could also contribute to an increased understanding of how young mothers are perceived and treated in society. My preliminary literature search suggests that there is limited psychoanalytically orientated research centred on young mothers, and so by giving voice to this population the study may also be potentially significant in informing understanding within Child and Adolescent Psychotherapy.

**3. Provide an outline of the methodology for the proposed research, including proposed method of data collection, tasks assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)**

Participants will be recruited from two or three (depending on response, and otherwise chosen because of their geographical convenience) Family Nurse Partnership sites in the UK via their allocated Family Nurse. Seeking the IPA interviewer's position of 'naïve but curious listener' (Smith *et al.* 2009, p64), my questions will focus on the participant's early family experiences, her feelings about adolescence and her journey to becoming a mother.

As is consistent with IPA interview techniques, questions can be revised and developed as data is collected. In my experience, young mothers can be very much aware of moral judgement from others and this might influence what they feel 'allowed' to say in interview. It is my wish to offer participants a space which is as judgement-free as possible so they can share their unique narratives facilitated by a sensitive, responsive, semi-structured, open question process. In this way I will attempt to elicit their stories and seek truth.

The interviews will be recorded and transcribed, then analysed using IPA processes. Drawing on the key concepts of phenomenology, hermeneutics and ideography, IPA fits well with my area of inquiry as it examines how people make sense of their life experiences. Each young mother's narrative will be particular to her, and this uniqueness will be honoured by IPA's ideographic approach. Phenomenology upholds the way we make meanings out of what happens to us, and the iterative process of the hermeneutic circle may offer further interpretation from the data, recognising my role as researcher in facilitating and making sense of the young mothers' stories.

The 'careful, systematic and rigorous analysis' (Pietkiewicz and Smith 2014, p13) of the data will be followed by writing up my findings. While I cannot predict participants' accounts of early experiences and becoming mothers, Smith *et al.* (2009) observe that IPA can provide insights which may enable people's experiences to be 'constructed quite differently' (p206) because data may go beyond 'participants' own sense-making and conceptualizations' (ibid, p186). Although no explicit claims are made regarding IPA's capacity to access unconscious processes, Pietkiewicz and Smith (2014, p8) suggest it can uncover meaningful data 'not intended' by participants. As such, the methodology should offer ways of considering both manifest and latent aspects of participating

mothers' internal reality, quality of early experiences and motivation to have a baby.

#### **SECTION F: PARTICIPANT DETAILS**

**4. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why this criteria is in place. (Do not exceed 500 words)**

The young mothers I will recruit will be engaged in the Family Nurse Partnership's intensive home visit programme (starting in pregnancy and ending when their child is two years old). As this is an IPA study, I will decide during the course of the recruitment and interviews whether three participants each interviewed on two occasions will provide an appropriate data set, or whether more participants (up to six) should be sought. I will approach participants via their Family Nurse, and I will ask Family Nurses to identify only those clients who have a supportive and established relationship with their Family Nurse, and those who they believe might manage well with taking part in the interviews.

I have been interested from my own experience with Family Nurse Partnership clientele that many young mothers have, in varying degrees and in different ways, made a 'choice' to become pregnant, whether this is an active decision or taking considered risks with contraception. I do not envisage it will be difficult to recruit participants who would count themselves as somewhere on a continuum between 'not unhappy' and 'very pleased' to have been pregnant. In a separate information sheet, Family Nurses will be informed of the scope and focus of the research and be asked to consider which of their clients would fit these criteria. After discussion with the Family Nurse I will ask her to go through the participant poster and information sheet with a potential participant she considers appropriate. I will provide the posters, information sheets and consent forms via email or printed and posted out (to include stamped return envelopes for the consent form, in case of the Covid contingency plan to conduct interviews digitally), as preferred. I will ask the Family Nurse to encourage the potential participant to contact me with any questions about the study, and will equally provide an opportunity for any questions the Family Nurse have to be answered. This can be done over the phone or by email or text.

#### **Inclusion criteria:**

- Mothers aged 16 to 19 engaged with the FNP and considered to have a supportive relationship with their Family Nurse

- Mothers who have been engaged in the programme for at least 6 months (in order that there has been sufficient time for them to get to know their Family Nurse and benefit from the thinking offered by the programme).

- Mothers whose infants have at least 2 months of FNP support remaining (infants under 22 months old).

- Mothers somewhere on a continuum between 'not unhappy' and 'very pleased' on finding themselves pregnant.

**Exclusion criteria:**

Since it is not within the scope of my research question, I will ask Family Nurses to exclude those whose family cultures expect early motherhood.

For ethical reasons regarding this population of young mothers, and in conjunction with Family Nurses, I will also exclude those with:

- ongoing safeguarding, or serious health issues, concerning themselves or their babies
- significant mental health issues, or drug and alcohol dependency
- a learning disability or other reason not to have capacity to consent to the research process

**5. Will the participants be from any of the following groups? (Tick as appropriate)**

- Students or staff of the Trust or the University.
- Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
- Children or legal minors (anyone under the age of 16 years)<sup>1</sup>
- Adults who are unconscious, severely ill or have a terminal illness.
- Adults who may lose mental capacity to consent during the course of the research.
- Adults in emergency situations.
- Adults<sup>2</sup> with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).
- Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
- Prisoners, where ethical approval may be required from the **National Offender Management Service (NOMS)**.
- Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
- Healthy volunteers (in high risk intervention studies).
- Participants who may be considered to have a pre-existing and potentially dependent<sup>3</sup> relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
- Other vulnerable groups (see Question 6).
- Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
- Participants who are members of the Armed Forces.

<sup>1</sup>If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability<sup>3</sup>, any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.

<sup>2</sup> 'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)

<sup>3</sup> Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal

relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

**6. Will the study involve participants who are vulnerable? YES  NO**

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from the participant's personal characteristics (e.g. mental or physical impairment) or from their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness). Where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable.

Adults lacking mental capacity to consent to participate in research and children are automatically presumed to be vulnerable. Studies involving adults (over the age of 16) who lack mental capacity to consent in research must be submitted to a REC approved for that purpose. Please consult [Health Research Authority \(HRA\)](https://www.hra.nhs.uk/) for guidance: <https://www.hra.nhs.uk/>

**6.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?**

If **YES**, the research activity proposed will require a DBS check. (NOTE: information concerning activities which require DBS checks can be found via <https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance>)

**7. Do you propose to make any form of payment or incentive available to participants of the research? YES  NO**

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

**8. What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)**

N/A – while participants may be under 18 years old, they will be Gillick competent. In guidance on consent for over 16s, the NHS Health Research Authority (2018) states that: *In the absence of law relating specifically to research, it is commonly assumed that the principle of 'Gillick competence' can be applied not only to consent for treatment, but also to consent for research.*

## **SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT**

### **9. Does the proposed research involve any of the following? (Tick as appropriate)**

- use of a questionnaire, self-completion survey or data-collection instrument (attach copy)
- use of emails or the internet as a means of data collection
- use of written or computerised tests
- interviews (attach interview questions)
- diaries (attach diary record form)
- participant observation
- participant observation (in a non-public place) without their knowledge / covert research
- audio-recording interviewees or events
  
- video-recording interviewees or events
- access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes
- administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process
- performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfiture, regret or any other adverse emotional or psychological reaction
- investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)
- procedures that involve the deception of participants
- administration of any substance or agent
- use of non-treatment of placebo control conditions
- participation in a clinical trial
- research undertaken at an off-campus location (risk assessment attached)
- research overseas (copy of VCG overseas travel approval attached)

### **10. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life?**

**YES**  **NO**

If **YES**, please describe below including details of precautionary measures.

Interviewing participants, particularly about personal and possibly difficult feelings and experiences, constitutes risk – possibly psychological, emotional or social - greater than that encountered in everyday life. I will recruit participants who have been with the Family Nurse Partnership for at least six months and who have at least two months remaining before graduation, in order that there can be opportunities for thinking with Family Nurses about difficulties or questions raised in the interviews with a trusted professional.

Participants will be able to choose whether they would like to be interviewed in their home or in a children's centre, and they can also have their child with them and their Family Nurse with them for support if they prefer.

In the recruitment process and at the start of the interviews, participants will be made aware and then reminded that they are taking part voluntarily and can terminate the interview without needing to explain why they are doing so, with clarity around the fact that this will not have an impact on their involvement in the Family Nurse Partnership programme.

In the event of adverse or unexpected outcomes, I will offer:

- to end the interview or stop recording
- to reschedule the interview
- to debrief if needed

**11. Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.**

Having trained and worked as a Family Nurse, I am familiar with the programme, the fundamental role of the relationship between Family Nurse and young mother and the opportunities the nature of this relationship offers for important and sometimes difficult thinking to take place. My work as a Teenage Pregnancy Specialist Midwife and then with the Family Nurse Partnership has given me extensive experience with young mothers and an awareness of their possible difficulties and sensibilities, and of the particular challenges they face, that will prove valuable in planning and conducting this study.

Selecting participants with established relationships with their Family Nurses will promote the possibility of sensitive issues raised having an opportunity to be explored further, and I anticipate the close relationship with their Family Nurse will be a protective factor for the young mothers in the study. To ensure that all participants have the support of their Family Nurse at recruitment, after the interview process and, if preferred, during the interviews, I will select mothers whose Family Nurses report a positive and containing ongoing relationship.

Clinical psychoanalytic work at CAMHS with patients in this age group has given me further experience conducting relational working with young people who are anxious or distressed.

**12. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)**

**NOTE:** Where the proposed research involves students of our University, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

The young mothers I will recruit for the study will have been through significant life changes over recent months in becoming mothers for the first time. There may be a benefit for them in building on the work they have been doing with their Family Nurse and having a new opportunity to reflect on their experiences and emotions. The interviews will offer participants a structured interest in aspects of their lives and they may find it meaningful to share experiences and feelings with someone who is curious and attentive. Thinking in this way may also be helpful in understanding their own motivations to become parents and may in turn enhance their relationship and empathy with their child.

Greater understanding of how a young woman's pregnancy may relate to her own experience is potentially a matter of importance to her welfare and that of her children. The experience and findings could be of value to the work of individual Family Nurses, programmes such as the Family Nurse Partnership, and potentially also in strategic thinking both to support young parents and reduce teenage pregnancy.

**13. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)**

A participant may find the experiences she is recalling and talking about very distressing or anxiety-inducing and not wish to continue. She may regret becoming involved in the research and become angry. She may feel that her involvement compromises existing relationships with her family or partner or might be under pressure to withdraw from the research. Relevant information is given in the Participant Information sheet, along with clarity around the fact that participants can withdraw from taking part at any point during and up to three weeks following the interviewing process.

It is possible that an unexpected disclosure or safeguarding issue may arise regarding a mother or her baby during the interview process. In the event of this happening I will set out clearly that I will need to share what she has told me with her Family Nurse, if she is not already present with us in the interview.

Participants will be made aware that I will do everything possible to ensure nothing is included in my write up of the data which will identify them or their child.



**14. Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)**

At the end of each interview I will offer a short debriefing process to allow the interview session to be closed in a thoughtful way for participants. Following the interviews, all participants will be given a debriefing letter sent via email thanking them for their involvement, and inviting them to contact me on a given email address if they have any concerns or questions about the study.

The debriefing letter will recommend the Family Nurse as a first point of contact for support that may be needed following the interview(s).

#### **FOR RESEARCH UNDERTAKEN AWAY FROM THE TRUST OR OUTSIDE THE UK**

**15. Does any part of your research take place in premises outside the Trust?**

- YES**, and I have included evidence of permissions from the managers or others legally responsible for the premises. This permission also clearly states the extent to which the participating institution will indemnify the researchers against the consequences of any untoward event

**16. Does the proposed research involve travel outside of the UK?**

- YES**, I have consulted the Foreign and Commonwealth Office website for guidance/travel advice?  
<http://www.fco.gov.uk/en/travel-and-living-abroad/>
- YES**, I am a non-UK national and I have sought travel advice/guidance from the Foreign Office (or equivalent body) of my country of origin
- YES**, I have completed the overseas travel approval process and enclosed a copy of the document with this application

For details on university study abroad policies, please contact [academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk)

**IF YES:**

**17. Is the research covered by the Trust's insurance and indemnity provision?**

- YES**    **NO**

**18. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place.**

**NOTE:**

For students conducting research where the Trust is the sponsor, the Dean of the Department of Education and Training (DET) has overall responsibility for risk assessment regarding their health and safety. If you are proposing to undertake research outside the UK, please ensure that permission from the Dean has been granted before the research commences (please attach written confirmation)

## **SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL**

**18. Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.**  
YES  NO

If **NO**, please indicate what alternative arrangements are in place below:

**19. Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.**  
YES  NO

If **NO**, please indicate what alternative arrangements are in place below:

**20. The following is a participant information sheet checklist covering the various points that should be included in this document.**

- Clear identification of the Trust as the sponsor for the research, the project title, the Researcher or Principal Investigator and other researchers along with relevant contact details.
- Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.
- A statement confirming that the research has received formal approval from TREC.
- If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.
- A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.
- Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.
- Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.
- A statement that the data generated in the course of the research will be retained in accordance with the University's Data Protection Policy.
- Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance ([academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk))
- Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

**21. The following is a consent form checklist covering the various points that should be included in this document.**

- Trust letterhead or logo.
- Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.
- Confirmation that the project is research.
- Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.
- Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.
- If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.
- The proposed method of publication or dissemination of the research findings.
- Details of any external contractors or partner institutions involved in the research.
- Details of any funding bodies or research councils supporting the research.
- Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

**SECTION H: CONFIDENTIALITY AND ANONYMITY**

**22. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.**

- Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?
- The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with no record retained of how the code relates to the identifiers).
- The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers are able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).
- Participants have the option of being identified in a publication that will arise from the research.
- Participants will be pseudo-anonymised in a publication that will arise from the research. (I.e. the researcher will endeavour to remove or alter details that would identify the participant.)
- The proposed research will make use of personal sensitive data.
- Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

**23. Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.**

YES  NO

If **NO**, please indicate why this is the case below:

**NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.**

## **SECTION I: DATA ACCESS, SECURITY AND MANAGEMENT**

**24. Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES  NO**

If **NO**, please indicate what alternative arrangements are in place below:

**25. In line with the 5<sup>th</sup> principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.**

1-2 years  3-5 years  6-10 years  10> years

**NOTE:** Research Councils UK (RCUK) guidance currently states that data should normally be preserved and accessible for 10 years, but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer. (<http://www.rcuk.ac.uk/documents/reviews/grc/grcpoldraft.pdf>)

**26. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.**

Research data, codes and all identifying information to be kept in separate locked filing cabinets.  
 Access to computer files to be available to research team by password only.  
 Access to computer files to be available to individuals outside the research team by password only (See **23.1**).

Research data will be encrypted and transferred electronically within the European Economic Area (EEA).  
 Research data will be encrypted and transferred electronically outside of the European Economic Area (EEA). (See **28**).

**NOTE:** Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).

Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.

Use of personal data in the form of audio or video recordings.

Primary data gathered on encrypted mobile devices (i.e. laptops). **NOTE:** This should be transferred to secure UEL servers at the first opportunity.

All electronic data will undergo secure disposal.

**NOTE:** For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.

All hardcopy data will undergo secure disposal.

**NOTE:** For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

27. Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.

Not applicable

28. Please provide details on the regions and territories where research data will be electronically transferred that are external to the European Economic Area (EEA).

Not applicable

29. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs? YES  NO

If YES please provide details:

#### **SECTION J: PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS**

30. How will the results of the research be reported and disseminated? *(Select all that apply)*

- Peer reviewed journal
- Non-peer reviewed journal
- Peer reviewed books
- Publication in media, social media or website (including Podcasts and online videos)
- Conference presentation
- Internal report
- Promotional report and materials
- Reports compiled for or on behalf of external organisations  Dissertation/Thesis
- Other publication
- Written feedback to research participants
- Presentation to participants or relevant community groups
- Other (Please specify below)

#### **SECTION K: OTHER ETHICAL ISSUES**

31. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?

#### **SECTION L: CHECKLIST FOR ATTACHED DOCUMENTS**

**32. Please check that the following documents are attached to your application.**

- Letters of approval from any external ethical approval bodies (where relevant)
- Recruitment advertisement
- Participant information sheets (including easy-read where relevant)
- Consent forms (including easy-read where relevant)
- Assent form for children (where relevant)
- Evidence of any external approvals needed
- Questionnaire
- Interview Schedule or topic guide
- Risk Assessment (where applicable)
- Overseas travel approval (where applicable)

**34. Where it is not possible to attach the above materials, please provide an explanation below.**

**Risk assessment.**

If I am able to interview participants face-to-face, I will offer each participant the choice of meeting for the interviews in their own home or in a children's centre local to them. At this stage I am therefore unable to conduct a risk assessment specific to the location, but, as with the many FNP and midwifery home and children's centres visits I have done, I will assess in advance (over the phone/via email) and on arrival (in person) to ensure the following:

Children's centre

- That the room is private and we can meet uninterrupted for an hour in it.
- That the room is suitable for a baby to play safely in.

Participant's home:

I will discuss with the participant and also consult with the Family Nurse before agreeing to conduct interviews in a participant's home in order to establish:

- That there is a private space we can meet uninterrupted for an hour in.
- That it is a space the participant (and the Family Nurse) feels safe and comfortable in.
- That any dogs or other potentially threatening pets can be safely kept in another area during my visit.
- That there is no anticipated risk to me from others in the house.

In both cases I will inform somebody of where I will be visiting and when I expect to return, and confirm when I have left the property.

Henrietta Otley

By Email

9 December 2020

Re: Trust Research Ethics Application

**Title:** Title: What can young mothers' accounts of their childhood relationships tell us about why they become parents? An Interpretative Phenomenological Analysis study of mothers aged 16 - 19 supported by the Family Nurse Partnership.

I am pleased to inform you that the Trust Research Ethics Committee formally approved your application.

**Please note that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.**

If you have any further questions or require any clarification do not hesitate to contact me.

Please note that I am copying this communication to your supervisor for information.

May I take this opportunity of wishing you every success with your research.

Kind regards,



**Mrs Paru Jeram**  
Secretary to the Trust Research Ethics Committee

Cc. Course Lead, Research Lead, Supervisor

Date

Dear [name],

I am writing to thank you for taking part in the interview for my Doctoral Research Project and for sharing your stories and feelings with me. I hope you found it interesting.

Talking about personal things can sometimes be unsettling. If after taking part in the interview there are issues that trouble you, I hope you will be able to get support from your Family Nurse [name], or from the important people around you.

Should you need it, [Family Nurse] will be able help you access local services that offer help and support, your GP can also help you. Your Family Nurse can contact me, using the details below, if it would be helpful for us to think together about your interview.

If you have any questions or would like further information, here are my contact details:

Email: [Henrietta.otley@oxfordhealth.nhs.uk](mailto:Henrietta.otley@oxfordhealth.nhs.uk)

Phone: 07793 452809

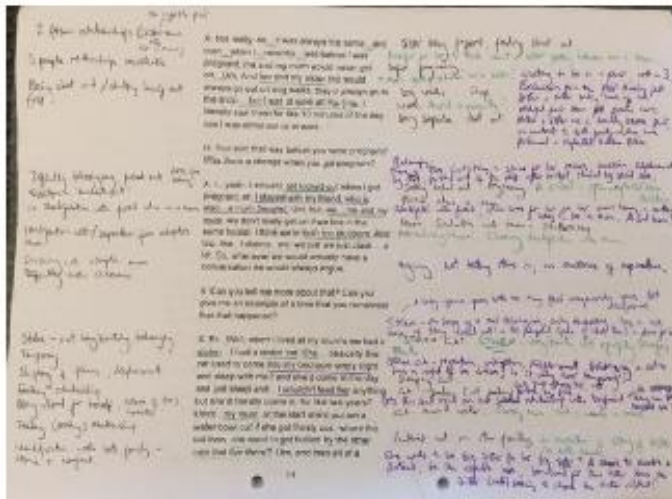
If you have any concerns about how the study has been conducted please contact me, my research supervisor Laura Balfour ([laura.balfour@nhs.net](mailto:laura.balfour@nhs.net)), or Simon Carrington, Head of Academic Governance and Quality Assurance at the Tavistock and Portman NHS Foundation Trust ([academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk)).

Best wishes and thank you once again for taking part in the interview,

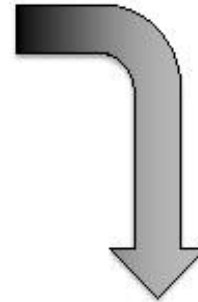
Hen Otley



**Appendix 7 – Some photographic examples to illustrate stages of my data analysis process.**



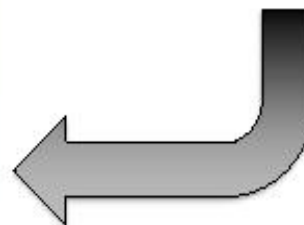
**Stages 2 and 3: Initial noting and developing emergent themes.**



**Stage 4: Exploring connections across emergent themes.**



**Stage 6: Looking for patterns across interviews.**



## Appendix 8 – Summary of themes from individual interviews.

<b>Interview 1, Natalie. Superordinate themes.</b>	<b>Subordinate themes.</b>
<b>1: Feelings of not belonging in a mother’s mind, home or life.</b>	<p>1.1: The problem of not having a physical space with her mum.</p> <p>1.2: The problem of being unsure of having her mum’s time and a space in her mind.</p> <p>1.3: Unsure of being entitled to belonging in her mum’s life.</p>
<b>2: Longing for an exclusive one-to-one relationship.</b>	<p>2.1: Wanting her mum all to herself.</p> <p>2.2: Three person relationships seeming unmanageable for her.</p> <p>2.3: A competitive relationship with her sister which is either enmeshed or unworkable.</p>
<b>3: A need to prove herself and test herself.</b>	<p>3.1: Feeling unsure if she’s lovable (for herself).</p> <p>3.2: Feeling unsure if she’s good (as a child and as a mother).</p> <p>3.3: Feeling unsure if she’s enough.</p> <p>3.4: Having a need to triumph.</p>
<b>4: What is a mother? Identification with multiple mothers (birth mother, adoptive mother, self as mother).</b>	<p>4.1: Denied curiosity about/identification with a birth mother she has ‘blocked’</p> <p>4.2: Her body having a mind of its own (fertility/infertility).</p> <p>4.3: Her own mothering serving to bridge the split between birth and adoptive mothers and to plug the gap of her early deprivation.</p>
<b>5: Problems with closeness and with separation.</b>	<p>5.1: Closeness to and separation from her sister.</p> <p>5.2: Closeness to and separation from her mother.</p> <p>5.3: The function becoming a mother serves to</p>

	evade a separation that feels too hard to negotiate .
<b>Interview 2, Ellie.</b> <b>Superordinate themes.</b>	<b>Subordinate themes.</b>
<b>1: Not enough to go around - survival in the context of environmental deprivation</b>	1.1: Too many other children. 1.2: Getting lost in the muddle of overlapping generations. 1.3: Life as brief, hard and frightening. 1.4: The difficulty of holding a space open for herself, even briefly.
<b>2: Unmet emotional needs.</b>	2.1: The experience of inattentive mothering. 2.2: Being undifferentiated from other children in her mother's mind. 2.3: Being let go of too soon. 2.4: Trying through motherhood to claim what she has never had.
<b>3: Wanting to claim her mother, draw her closer.</b>	3.1: Feeling lonely, lost, left out. 3.2: Feeling pushed out, passed over. 3.3: The cost of claiming her mum. 3.4: In competition with sisters and sisters' daughters for her mum. 3.5: A mum and dad too fragile to offer the containment she needs.
<b>4: Trying to belong in the family.</b>	4.1: Fitting in, not being an individual. 4.2: The difficulty of finding a space for herself in the family. 4.3: Finally having something of value to offer, pairing with her mum.
<b>5: Who does her body belong to?</b>	5.1: Others' ownership of her body. 5.2: Her body with its own agenda/the inevitability of pregnancy. 5.3: Mum's intrusive interest in her sexual development and pregnancy. 5.4: Claiming limited autonomy via pregnancy/being the mother.

<b>Interview 3, Megan. Superordinate themes.</b>	<b>Subordinate themes.</b>
<b>1: (Un)happy families – a family who has fallen apart.</b>	<p>1.1: Parents who don't come together.</p> <p>1.2: Feeling a responsibility to hold the family together, the go-between.</p> <p>1.3: Hopeless and irreparable family break-up.</p>
<b>2: Attempts to elicit more mothering from her mother.</b>	<p>2.1: Her mother's interest in her felt to be unreliable and unsustainable.</p> <p>2.2: Feeling shut out and second best, her mother's interest being focused elsewhere.</p> <p>2.3: Needing her mum's interest and help.</p> <p>2.4: Feeling special to her nan but not her mum.</p> <p>2.5: Wanting to give her mum a second chance at mothering her.</p>
<b>3: A sister who her mother favours.</b>	<p>3.1: Mother and sister in an excluding pairing.</p> <p>3.2: Feeling second best to her sister in her mother's mind</p> <p>3.3: Lonely, and left out by her sister.</p>
<b>4: Finding a way to establish her own identity at her own pace.</b>	<p>4.1: Becoming a mother as an identity.</p> <p>4.2: Too soon, too little – the problem with being the baby.</p> <p>4.3: Finding a way to be mothered by being a mother.</p> <p>4.4: Feeling unable to rely on people.</p>
<b>5: The embodiment of unmet emotional needs.</b>	<p>5.1: Conversion of unresolved infant pain into somatic symptoms.</p> <p>5.2: Attempts to get what she needs by using her body.</p>

<b>Interview 4, Jade. Superordinate themes.</b>	<b>Subordinate themes.</b>
---	----------------------------

<p><b>1: Unmet needs in her own experience of being mothered.</b></p>	<p>1.1: Uncontained by a damaged mother.</p> <p>1.2: Issues around dependence and independence.</p> <p>1.3: Trying to claim her mum.</p> <p>1.4: Having to mother her mother, responsibilities reversed.</p> <p>1.5: Wanting to recreate a lost and idealised time of being mothered.</p>
<p><b>2: Being lost and finding an identity.</b></p>	<p>2.1: Lost, overlooked and stuck in the middle.</p> <p>2.2: Too many needy others competing for scarce resources.</p> <p>2.3: Finding an identity through motherhood.</p>
<p><b>3: The experience of surviving in a dangerous world.</b></p>	<p>3.1: Male aggression.</p> <p>3.2: Feeling unprotected and unsafe.</p>
<p><b>4: Too little/too much - the experience of being overwhelmed.</b></p>	<p>4.1: Jarring transitions.</p> <p>4.2: A tide of unmanageable mess that others don't take responsibility for.</p> <p>4.3: Trying to restore order in a messy world.</p>

<p><b>Interview 5, Zoe.</b> <b>Superordinate themes.</b></p>	<p><b>Subordinate themes.</b></p>
<p><b>1: Difficulties separating from her loving family.</b></p>	<p>1.1: Describing a very close and loving immediate family.</p> <p>1.2: Being in close identification with idealised parents.</p> <p>1.3: Having a baby to reinforce family closeness.</p>
<p><b>2: Frightening illness and fear of death in her family.</b></p>	<p>2.1: Anxieties about her own susceptibility to illness.</p> <p>2.2: Mum's fragility and suffering.</p> <p>2.3: Dad's and sister's vulnerability.</p>

	2.4: Fear of sudden death and the loss of loved ones.
<b>3: A baby to draw her family together.</b>	<p>3.1: Describing a family within a larger family.</p> <p>3.2: Seeking healing and joy for her damaged nuclear family.</p> <p>3.3: A way to gather in the wider family after a painful rift</p>
<b>4: Timing.</b>	<p>4.1: No time to waste - needing to push ahead in context of family fragility</p> <p>4.2: A yearning to return to a safer time - replicating her childhood.</p>

<b>Appendix 9 - List of superordinate and subordinate themes across all five interviews</b>	<b>Natalie</b>	<b>Ellie</b>	<b>Megan</b>	<b>Jade</b>	<b>Zoe</b>
<p><b>1. All about mothers, part 1 – possessing a mother.</b></p> <p>A. Emotional deprivation in the absence of good enough mothering.</p> <p>B. Feeling unheld in a mother’s mind - a longing to be loved while feeling unknown and unseen by a mother.</p> <p>C. Attempts to claim a mother - seeking what she has lacked from her mother, through infancy, childhood and adolescence.</p> <p>D. Using motherhood to get mothered - having a baby to repair or replace the missing mothering she needs.</p>	<p><i>page.line</i></p> <p>1.3, 2.21, 9.11.</p> <p>1.6, 14.22, 33.14, 7.18, 10.4.</p> <p>19.6, 9.1.</p> <p>2.22, 18.20.</p>	<p><i>page.line</i></p> <p>2.17, 7.16.</p> <p>6.9, 24.1, 28.1.</p> <p>3.6, 41.18, 29.15.</p> <p>27.13, 35.13, 33.6.</p>	<p><i>page.line</i></p> <p>4.13, 20.22.</p> <p>9.3, 24.15, 10.22, 5.11.</p> <p>18.6, 17.17, 7.20.</p> <p>22.19, 24.19.</p>	<p><i>page.line</i></p> <p>3.3, 4.2, 4.16. 1.16, 3.16, 12.22.</p> <p>16.10, 26.16, 11.15.</p> <p>17.19, 17.15.</p>	<p><i>page.line</i></p> <p>4.21. (<i>italics denote antithesis</i>)</p> <p>25.12, 15.22.</p> <p>16.7.</p>
<p><b>2. All about mothers, part 2 – separating from a mother, letting go and being let go of.</b></p> <p>A. Pushed out too soon by her mother – jarring transitions of having to separate before she’s ready.</p> <p>B. Negotiating dependence and independence – finding a safe and workable emotional distance and gaining autonomy.</p> <p>C. Finding an individual identity – using motherhood to become somebody.</p>	<p>19.16, 24.21, 33.14, 14.11, 14.31.</p> <p>16.7, 25.24, 30.7, 24.32, 25.21.</p> <p>27.26, 3.4, 28.20, 26.26.</p>	<p>6.8, 24.15, 7.3.</p> <p>4.20, 2.1, 40.4, 28.12, 38.8.</p> <p>2.3, 15.1, 14.8.</p>	<p>2.8, 4.5.</p> <p>19.15, 24.19, 16.27, 22.19.</p> <p>21.8, 20.5, 20.24, 22.26, 24.22.</p>	<p>3.13, 16.13, 6.3.</p> <p>5.11, 14.4, 10.7, 7.27, 18.23.</p> <p>27.13, 4.20, 2.4, 21.17, 21.23.</p>	<p>27.5.</p> <p>28.2.</p> <p>24.2, 24.17.</p>
<p><b>3. Relating to others.</b></p> <p>A. Relating to fathers, the first ‘other’.</p> <p>B. Relating to sisters.</p> <p>C. Relating to maternal grandmothers.</p>	<p>20.15, 2.5.</p> <p>5.12, 12.9, 10.30, 18.8, 19.9.</p> <p>-</p>	<p>23.15, 10.20, 16.16, 41.7.</p> <p>9.7, 5.20, 17.3, 34.1.</p> <p>-</p>	<p>13.10, 12.23, 12.10, 3.22, 6.1.</p> <p>1.2, 7.10, 16.21.</p> <p>25.10, 26.1.</p>	<p>7.8, 6.25, 19.2.</p> <p>16.1, 2.11, 13.24.</p> <p>3.3, 13.1, 25.18.</p>	<p>26.2, 23.10, 19.12.</p> <p>4.17, 10.24.</p> <p>2.19, 20.17.</p>

D. Relating to the wider family.	25.12.	1.3, 27.6, 16.3, 35.4, 12.19.	21.23.	1.3, 11.9, 23.18.	20.7, 21.7.
<b>4. Seeking safety through motherhood.</b>					
Illness and death.	22.9, 11.13, 27.8.	39.7, 32.1, 8.27, 21,22, 3.23.	9.25, 9.11.	3.16, 16.19, 2.27, 12.3.	7.16, 14.1, 17.13, 26.3.
Violence and fear.	1.4, 5.18, 23.1.	18.12, 22.9.	-	5.21, 16.27, 22.27.	23.17.
Risk in sexual relationships (reflecting family relationships).	33.1, 31.16.	28.8, 35.21.	18.25.	22.18, 17.7, 26.2.	10.11, 11.23, 12.4.
Seeking safety in a dangerous world.	33.22, 25.17.	40.14.	26.12, 22.8.	9.23, 25.20.	23.25.



