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A mother's eternal role within the family unit

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Submitted in fulfillment of the requirements for the degree of:

Doctor of Psychology

Department of Psychology

City, University of London

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Declaration

I hereby grant powers of discretion to City University London to allow the thesis to be copied in whole or in part without further reference. This permission covers only single copies made for study purposes, subject to the normal conditions of acknowledgement.

Introduction to the portfolio

This section will introduce the three components of the Doctoral portfolio and explain the link between them. Whilst I did not initially set out with a theme in mind, over the course of working on all three elements, it became clear that there were similarities that the work shared. It should first be noted that the title for the research question has been constantly evolving from the moment the idea was conceived. The final title of the thesis '*growing up after my mother died giving birth to me*' was changed from '*growing up following the loss of a mother in childbirth*'. The reason for this change emerged from one of the key findings in the analysis; many of the participants did not actually regard their experience as a 'loss' and perceived it more as 'absence' of something. The final title therefore seeks to reflect this finding.

i. Sections of the portfolio

Section A of the portfolio comprises of a research study which explores the lived experience of growing up following the death of a mother in childbirth. Section B is a clinical case study within a systemic framework, that explores one woman's challenging relationship with her husband, in relation to her relationship with her children. The intricacy of the mother-child relationship within this case study was one of the key reasons why it was selected, alongside the research project. Section C comprises of a journal article that seeks to present an overview of the research study, with an emphasis on what I believe to be the most interesting and unique findings. This selection process was guided by what I intended to contribute to the field when I embarked upon this process. As a novice researcher this proved itself to be a challenging process. I was faced with a task of needing to significantly reduce the amount of material from my thesis, into a comprehensive journal article that captured the essence of the thesis, and most importantly, the voices of all of my participants in a meaningful way. It is hoped that I have been able to achieve this goal, as well as

contribute something meaningful to the field. Before exploring some of the themes that I believe link the three elements of this portfolio together in a coherent way, I outline my motivation for choosing to research this topic.

ii. Development of the portfolio

This research idea stemmed from a patient whom I was working with in an Eating Disorders Unit. I was struck by one patient, who let me know that her mother had passed away five days after giving birth to her. This marked a crucial event in her life in explaining her difficult relationship to food. Convinced that she had 'murdered her mother', starving herself was deemed an appropriate punishment. My literature search enlightened me to the fact that to the best of my knowledge, the experience of losing one's mother as a result of childbirth, was yet to be researched. At this point, I brought the idea to my supervisor as a research proposal and began my journey there. I held in mind that there were likely to be marked differences in the experience of losing a mother during one's birth, and later on in life, even if that was also at an age before individuals could process memory. For me, there was something about the individual themselves being involved in the death of their mothers, that struck me as worthy of exploration. I now explore some of the links between all three elements of this portfolio. It began to emerge through exploration of these themes, that one main theme could be identified that linked everything together; the eternal role of the mother within the family unit. I believe that this is what ties together the three elements of the portfolio in the most meaningful way.

iii. Themes that link the portfolio

To begin with, both the research element and the clinical case study within this portfolio can be thought about within a systemic framework, considering the vital importance of relationships. Systemic therapy emphasises the importance of human relationships, and

how these are key to our survival, evidenced by the frequent use of genograms to map out important relationships in therapy sessions (Burnham, 2002). I worked with my client, Paula, within a systemic service, offering her individual therapy with regards to her parenting challenges and other relational difficulties. Similarly, my thesis explored the experiences of individuals who grew up in the absence of a crucial relationship. This therefore explored the experiences that have emerged, as a result of not having this relationship in their life and allowed participants to reflect on what this means for them. Acknowledgment of the wider system is key here, paying attention to the importance of all members in a system, and how individuals never exist in isolation (Hedges, 2005). Given the absence of this key relationship, participants have grappled with a range of challenges growing up and in adulthood, as they explore the meaning of this loss in relation to themselves and their identities.

The phenomenological underpinnings of IPA and systemic practice suggest a further link between the two. Both place emphasis on experience as subjective to the individual, as well as trying to understand rather than assume what meaning someone takes from that experience (Willig, 2013; Eatough & Smith, 2008). The subjects are always at the heart of the work, with the researcher or the therapist coming alongside to meet them where they are, rather than being directive or leading.

Another theme connecting the sections in this portfolio is the role of the mother within families. This research explored the individual's experience of growing up without their mother, inevitably touching on their mother's identity and role within the family and what that might have provided, had they survived. In the client study, Paula, becomes emotional as she talks about her role as a mother, wife and person in her own right, as she struggles to distinguish between these separate roles. For Paula, it seems as though her role as a mother has taken over her very sense of being, and her identity as 'Paula the woman in her own right', has faded away. Paterson (2019) describes cases of women who feel as though their own identity has been eroded by their family's expectations of them, as a

predeterminant for a need to return to work. There is a sense of guilt that lingers with Paula as she reflects on herself as a working mother and describes feeling the need to make it up to her children, a common phenomenon supported by previous research (Guendouzi, 2006; Borelli, Nelson-Coffey, River, Birken & Moss-Racusin, 2017). Similarly, my research is dealing with absent mothers, not out of choice, but absent nonetheless. In both the research study and the client study, the role of the mother is highlighted as shaping the family structure and being integral to that through its presence, or in some cases, its absence.

The research is divided about whether the mother is the sole most important caregiver in a child's life, or whether other caregivers will suffice, if she is unavailable. In the client study, Paula herself appears ambivalent about whether someone else will be able to provide her children with the same degree of love and support as she knows she can. The research study highlights this point, as there appears to be a sense of participants experiencing positive relationships with alternative caregivers, but at the same time the idea that 'no-one could ever replace a mother', as one subtheme highlights.

During one of my final sessions with Paula, she became tearful as she acknowledged the little time she devoted to herself. This could be representative of the idea that mothers have a tendency to be self-sacrificing; negating their own needs as they prioritise their families' needs. Hays (1996) was one of the first to describe the idea of 'intensive mothering ideology'. This refers to a set of beliefs thought to be associated with appropriate caregiving. One of these beliefs, is that mothers should be self-sacrificing and primary caregivers, giving all their time, energy and resources. It is believed that this exhibits the 'gold standard' of motherhood, that mothers have been continuously judged against. Feminists have challenged these ideas, arguing that they were formed within socially constructed social and political agendas for women (Ferree, 2010), and are based on gender, class and race (Allen, 2001). Despite these arguments against the 'gold standard', these ideas are likely to have filtered into society, and perhaps are subconsciously in the minds of mothers everywhere, who seek to maintain this standard for themselves and their children. In my

research, although unintentionally, these mothers made the ultimate sacrifice; giving their lives for the sake of their children. One of the participants, Hannah, even suggests that her mother's ultimate and final purpose in life was to have her and her twin brother, evidenced by her passing on Mother's Day.

iv. Link to Counselling Psychology

I have found that through conducting this research, the values which I uphold from Counselling Psychology, including reflexivity, working collaboratively and ethically (BPS, 2019) have been reinforced through the process of keeping my participants at the centre of this research as well as providing a platform for previously unheard voices to become heard.

Although CBT has been my preferred speciality throughout my training, I am reminded of the importance of the humanistic values that were taught to us at the beginning of the course. These have undoubtedly shaped the practitioner that I am today, as they have kept me grounded by reminding me of my role, in ensuring that the person sat in front of me is always prioritised over something I might have to add.

It has been a challenge to separate out the skills that I have developed in Counselling Psychology, and those that are required of a psychological researcher. For me personally, this was particularly challenging as difficult emotions inevitably arose during interviews. As a Counselling Psychologist in training, my instinct was to provide empathic support, but through reflexivity, I became aware of the degree to which I might do so as a researcher. I also worked tirelessly to ensure that my interpretations stayed firmly grounded in my participants' lived experiences, but to also ensure that I added something of value to take findings further. This has meant continuously revisiting the original transcripts and exploring them in relation to any new findings. I have found the process of this thesis hugely challenging, yet it has provided me with the opportunity to develop my skills as both a scientist and practitioner as I embark on the wonderful career path that lies ahead of me.

Section A: Research Study

**Growing up after my mother died giving birth to me: An
interpretative phenomenological analysis**

Abstract

Despite there being extensive research on Early Parental Death (EPD), there has been no research to date that explores the lived experience of growing up following the loss of a mother during childbirth. This is not just a historical phenomenon, but something that still affects women today, with approximately eight-hundred and thirty passing away daily, from childbirth related complications, around the globe. All previous research in the field has been conducted in developing countries using a quantitative method. More qualitative research is needed so that practitioners in the field of Counselling Psychology can understand what the lived experiences is like for this group of individuals, to provide more tailored support.

This study was conducted using semi-structured interviews with seven adult participants, and analysed using Interpretative Phenomenological Analysis (IPA). Three superordinate themes emerged from the data: 'The isolation of not knowing where and how I fit', which captures the ways in which participants described their relationships with other people and society, and at times the struggles that had with this. The second superordinate theme, 'An indescribably emptiness that cannot be replaced', presents an account of the different ways participants talked about what was missing in their life and their experience of managing this. Finally, the last superordinate theme, 'Findings ways to manage', captures the ways in which participants described both retrospective and current reflections on how they have overcome their early adversity. Both the findings and the limitations of the research are discussed, along with suggestions for future research.

Chapter 1: Introduction

1.1 Introduction

This research seeks to explore the experience of growing up following the death of a mother during one's childbirth. In this section, I am going to outline my rationale for conducting this research with a thorough literature review. This will provide the reader with an understanding of what research already exists in the field of early childhood bereavement and attachment, as well as highlight any gaps in the literature. There is currently no research on this particular phenomenon, and so this literature review will explore both early parental death (EPD) as well as experiences of parental absence, in order to give this research context. To address this research question, I have used Interpretative Phenomenological Analysis (IPA); a qualitative research approach that seeks to uncover the meaning that an individual attributes to a given experience. This will be discussed further in the methodology chapter.

Databases used to generate research included PsycINFO and City, University of London Library, using keywords 'early parental death', 'childhood bereavement', 'attachment', 'maternal mortality' and 'child separation'. I aimed to cover the majority of the research in the field, choosing studies based on year of publication as well as relevance to my research question. Articles published in the last ten years were prioritised, however less recent articles were used to demonstrate the history of childhood bereavement and attachment, and to include more dated, yet important studies. Approximately half of the research generated was not included in this literature review.

1.2 Background and rationale

Despite medical care having improved in recent years, maternal death in childbirth is sadly still a real and all too common phenomenon, affecting women all over the globe. According to current statistics from the World Health Organisation, there are approximately eight

hundred and thirty women dying every day globally from childbirth related complications (WHO, 2018). These figures are likely to be even higher, if we take into account poor data collection in most countries (Say et al, 2014). Since approximately ninety-nine percent of maternal deaths occur in developing countries, it is unsurprising to find the current research representing this (e.g. Molina et al, 2015; Alkema et al, 2016). This means that roughly three thousand women who pass away in childbirth annually in developed countries, are highly under-represented in the literature.

The research that does exist on maternal mortality is limited (Tracey, 2011), and no research to date exists that explores the experience of growing up for those left behind. The research in the area has tended to be quantitative, with the majority of previous studies on maternal mortality having had a stronger focus on infant survival rate rather than the subjective experience (e.g. Finlay et al, 2015; Zaba et al, 2005). There was one more recent South-African study which found that families struggled to contain the emotional and psychological needs of bereaved children, following maternal mortality (Knight & Yamin, 2015).

Since Freud's work on object loss and depression, losing a parent early on in life has been widely considered to be a salient risk factor for adult psychopathology (Freud, 1917). More recent research has also supported this early finding (e.g. Berg, Rostilia & Hjern, 2016; Otowa, York, Gardner, Kendler & Hettema, 2014). This would suggest a necessity to explore the experience of losing a mother at the very beginning of life, where no relationship outside the womb has yet had the chance to develop. However, the current literature on early childhood bereavement might not be sufficient in order to understand the lived experience of growing up following the death of a mother during childbirth. On the one hand we might think of these individuals as bereaved children who have 'lost' something, and on the other hand as people living according to the only reality they know. Perhaps similarities exist between the experiences of these individuals and those that have lost a parent slightly later on in life but given the nature of their deaths, it is thought that perhaps there are likely to be significant

differences too. It is important for practitioners to have some insight into the unique features that make up this experience, to be able to provide more tailored support.

This section will therefore explore the literature on the possible effects of losing a parent early on in life. Within this, the main areas I will be exploring are EPD and attachment. It is hoped that through this I will be able to provide a strong rationale for the importance of exploring this research question. In addition to this, this review of the literature will also explore examples of primary caregivers being absent during their children's upbringings in order to place the importance of a primary caregiver in context of a child's early life, such as adoption, parental incarceration and single fathers. Given that this research has recruited participants from the UK as well as Canada, the USA and Romania, the studies discussed in this chapter will also therefore also consider studies from various locations. The only research conducted in developing countries, are the studies discussed under the subsection 'effects of maternal mortality', with the rest being conducted in Western countries. The reason for this being is that the majority of research has been conducted in Western countries, particularly the more qualitative research in the field, which was more relevant for this particular research question.

1.3 Literature review

This literature review will explore the effects of maternal mortality, early parental death, the death of a mother, the role of attachment, early separation, adoption, parental imprisonment, parental depression and father-child relationships.

1.3.1 Effects of Maternal Mortality

Much of the previous research on maternal mortality, has looked more at the survival outcome of infants whose mothers have died, rather than the experience of the loss (e.g.

Anderson, Morton, Nail & Gebrian, 2007; Finlay et al, 2015). Studies have been carried out in developing countries that have found an elevated risk of child mortality in the first two years after the mother's death (Zaba et al, 2005) but they could not isolate this risk attributable to maternal mortality alone. Therefore, further research is needed which accounts for contributing variables such as nutrition levels, subsequent care of infants and the home environment.

A qualitative study from Tanzania found that orphaned girls following maternal death, were at particularly risk due to undernourishment as a result of not being breastfed, and compromised healthcare and education due to lack of leadership (Yamin, Boulanger, Falb, Shuma & Leaning, 2013). Other studies that have looked at the practical impacts of maternal loss show an increase in disrupted living arrangements, poorer education and risk of child labour (Whetten et al, 2011).

Finlay et al (2015) examined the impact on orphans after maternal mortality. Their findings supported previous research that showed an increased risk for infants following maternal death, particularly poor health outcomes and even death. This study defined maternal mortality as death up to forty-two days after birth, and also included an extended definition of maternal death within the first year of their child's life. Although this increased the sample size, as maternal mortality is rare, effects are very likely to differ for infants whose mothers died in childbirth and those who survived the first years. One reason for this is that we know from Bowlby's attachment theory the critical importance of the first few months of life, in terms of the mother-child bond (Bowlby, 1980). Even if this bond is broken after a year, infants have still had the experience of the mother-infant relationship, compared to infants whose mothers died giving birth to them and will never experience this unique connection. Attachment will be explored in more detail in a later sub-section.

Further research is therefore needed that looks into the long-term psychological effects of losing one's mother in childbirth. As noted before, previous research has looked at the chance of survival for infants whose mothers have died early on in their lives. There is a need for research that looks at those who do survive, and what impact this early trauma has had on their lives.

1.3.2 Models of grief and bereavement

The long-term effects of childhood bereavement have been long debated. Early researchers were convinced that early bereavement was associated with distress and poorer mental health outcomes (Parkes, 1996; Stroebe, Stroebe, & Hansson, 1993). Others suggest that actually the process is much more complex and early bereavement is just one factor that affects a person's tendency towards developing adult mental health problems, and actually perhaps children are more resilient than once thought (Dowdney, 2005). It is important that we understand the ways in which bereavement is currently understood by practitioners, and the recent changes over time that have led to changes in understanding.

The origins of grief theories trace back to Freud (1917) with his concept of 'Trauerarbeit', meaning grief work. For Freud, it was necessary for a mourner to cut all ties to the deceased, in order to achieve good mental health. Later, several grief therapists conceptualised grief as something that occurs in stages (e.g. Kubler-Ross, 1969, Bowlby, 1980, Parkes & Weiss, 1983). This was a widely accepted notion until more recently (Hall, 2011). Arguably the most widely used model of this was provided by Kubler-Ross (1969) who suggested five stages of grief that an individual goes through. Although bringing some sense of order to what might otherwise feel like a state of chaos, stage theories of grief fail to acknowledge the complex processes a mourner might experience and are now often viewed as too rigid.

From this, emerged the critics of Freud's 'grief work' and stages models of grief. One of the most prominent of these was the theory of continuing bonds (Silverman, Klass & Nickman, 1996). Central to this approach is the belief that "the bereaved continue to incorporate the deceased into their life structures through the construction of mental representations that are both rich and vital" (Russac, Steighner, & Canto, 2002, p. 465). In this way it is thought that death redefines a relationship rather than ends it completely. Russac and colleagues' (2002) research compared grief work and continuing bonds models of grief by obtaining data from sixty individuals in active grief. Although we might expect that as mourners continue with their lives, the sense of loss diminishes, what the researchers actually found was that many of the participants continued to feel a strong sense of loss after the death itself. This has implications for grieving as a process over time.

The past one hundred years of bereavement research have been geared towards models that assist bereaved individuals in letting go of the deceased person and emotionally moving on with their lives (Freud, 1917; Moules, Simonson, Prins, Angus & Bell, 2004). We are now seeing a change in perspective on grief towards it being an ongoing and unresolvable, but liveable experience (e.g. Moules & Amundson 1997; Neimeyer 2001). More recent research has been finding that the elimination of difficult feelings of grief from the grieving process, actually do more harm than good (Moules et al, 2004). This has implications for the need to acknowledge and encourage difficult feelings of grief that a mourner may experience. The idea that grief is a lifelong experience cited by some (e.g. Arnold, 1995), has not been the prominent one in the literature. One suggestion for this could be that perhaps this theory does not provide mourners with the hopefulness that one day everything will be 'resolved' that other theories provide. Unresolved grief has been equated with 'failure' and 'incompetence' in some societies, and so grief 'resolution' is perhaps the more desirable contemporary outcome.

Stroebe and Schut's (1999) dual process model is useful for helping us to conceptualise the back and forth nature of the grieving process, whereby an individual moves continuously between confrontation and avoidance of their loss. Unlike earlier models that attempted to understand grief as a series of stages that an individual moves between, this model acknowledges the continuous process of grieving.

Pearce (2011) talks about how models of grief fail to acknowledge how an individual's sense of self might be permanently altered as a result of a bereavement of a loved one (Heaphy, 2000; 2008). This means that assumptions are often made about recovery being possible, since bereavement is seen as something that occurs as separate from the individual rather than as an extension of the self (Tedeschi & Calhoun, 2008). This is interesting to reflect on for the current research in terms of thinking about the ways in which the bereavement might shape one's identity.

Acknowledgement of these models is important for the current research in order to understand how grief might be perceived by an individual who has never experienced a relationship with the deceased, and therefore arguably never had a chance to 'resolve' their grief. Perhaps the more recent models provide some lens through which we might understand this, if we think about grief as something that actually is never 'resolved' to a full extent, but something that 'mourners' find a way to live with. It could be understood in the sense that those who have experienced a bereavement never achieve 'resolve' but are able to integrate the loss into their lives in rich and meaningful way.

1.3.3 Early Parental Death (EPD)

1.3.3.1 Review of the literature on EPD

In his book on Children and Grief, Worden (1996) differentiates the different terms that we might come across when assessing the effects on children who lose a parent. He describes

“bereavement” as the adaptation to loss, “mourning” as the process children go through on their way to that adaptation, and “grief” as the child’s personal thoughts and feelings associated with the death.

Current statistics suggest that in the UK about four to five percent of children will lose a parent before the age of eighteen (Parsons, 2011). Whatever shape or form the death takes, losing a parent has been seen to be one of the most poignant, stressful events that a child can experience (Melhem, Moritz, Walker, Shear, & Brent, 2007). When a child’s concept of death is often associated with being old, EPD can confuse children, whose notions on death now have to be reassessed (Dowdney, 2005). Individuals who experience an early loss, might learn from a young age about the temporary nature of human relationships as well as the lack of control they have over things coming to an end (Edelman, 2014). This can shatter a child’s sense of trust and security, making them potentially more vulnerable in adult relationships. This might manifest in reacting more dramatically to the risk of future loss (Granot, 2004), turning everyday events into catastrophes (Harris, 1995) or excessively fearing for their own safety (Edelman, 2014). From an early age, the world can seem unpredictable, and they fear that what seems secure, could be taken away in an instance (Edelman, 2014).

It is challenging to obtain accurate statistical information regarding the proportion of children that display pathological disturbances following the early death of a loved one, due to differences in methodology, inclusion criteria and recruitment practices (Dowdney, 2005). Furthermore, there are very few prospective studies on the impact of parental death in childhood. For what research there is, findings are inconclusive (Berg et al, 2016) and so need to be taken tentatively (Dowdney, 2000). The reasons for the lack of research are not conclusive, but some ideas are that the taboo around the subject could prevent researchers from gaining access to bereaved children in order to find out more about their experiences and the psychological effects the death may have had (Norris-Shortle, Young & Williams,

1993). Further to this, understandably grieving surviving caregivers are often reluctant to put their bereaved children forward for research, again making it difficult for researchers to gain access to this population. Different aims and objectives of research further complicate findings (Dowdney, 2000).

Maxine Harris (1995) suggests that losing a parent young marks the end of childhood. This would mean for the individuals in the present research that the very beginning of life marks the end of their childhood. Hope Edelman (1994) in her book 'Motherless Daughters', discusses the effects on a girl's life of losing her mother early. She suggests that Harris' claim about losing a parent young marking the end of childhood, could be as a result of a child having to mature quickly, both behaviourally and cognitively. This might mean that the child has to simultaneously take on new roles that once the mother would carry out, and cope with the adversity of early loss. Perhaps there are different experiences for children that never knew a relationship with their mother, and therefore are not experiencing the loss in this same way. Children whose mothers have never been around, might not know another reality other than taking on 'maternal' roles, whereas for children who have experienced having a mother and have that taken away, there might be a greater change in circumstances experienced.

1.3.3.2 Psychological wellbeing of children affected by EPD

In order to explore the psychological wellbeing of children affected by EPD, for the purposes of this research, the age at which the child lost the parent will be of important consideration, in order to account for the degree to which the individual holds memories of the deceased. We should bear in mind that episodic memories are not able to be formed until the age of about three or four (Bauer, 2014). With this knowledge, we might then think differently about children who lost a parent before and after this age. Having said this, Bowlby pointed out that young children's capacity for memory is limited but not absent. He observed that

children as young as one will look for a mother in the last place she appeared (Bowlby & Ainsworth, 2013). Another example of children being able to recall early memories is seen in Edelman's (2014) book. She gives an anecdote of a woman who as an adult, would pull out her hair, as she recalled a memory of having her hair stroked by her mother as a baby, which her father was able to verify. Additionally, children whose mothers passed away at the age of three, had a sense something bad had happened, despite not being able to recall the specific memory of what that was (Edelman, 2014). Edelman's claims were largely based on interview transcripts from hundreds of other women who had lost their mothers young. Having interviewed hundreds of motherless women of a wide range of ages, Edelman's research provides us with a breadth of experiences regarding maternal death.

A Freudian belief was that all bereaved children were destined for depression (Hurd, 1999). Some have indeed found that bereaved children are more likely to suffer mental health difficulties in adult life, as a result of EPD. Long-term psychological damage, such as experiencing depression (e.g. Lawrence, Jeglic, Matthews & Pepper, 2006; Berg et al, 2016), anxiety (e.g. Otowa et al, 2014), and post-traumatic stress disorder, (e.g. Kaplow, Saunders, Angold & Costello, 2010) have been found in individuals who have experienced an early parental bereavement. Furthermore, in one study that looked at suicidal risk for children who had lost a parent, it was found that losing a parent before the age of six, was amongst the highest risk factors (Guldin et al, 2015). However, because this study was based in Scandinavia, generalisability of findings may be limited primarily to Nordic and Western societies. Reasons for this include different definitions of what 'depression' is amongst countries, and lifestyle factors that might influence the likelihood of someone developing depression. Berg, Rostila and Hjern (2016) also found an increased risk of long-term mental health problems requiring hospitalisation for young adults who had lost a parent. The risk was greater for individuals whose parents had died from external causes, rather than natural causes. It is thought that this reflects the importance of children having the

opportunity to prepare for the death of the parent, and this being crucial in their ability to then grieve.

Some researchers however, have indicated that a significant seventy-five to eighty percent of children do not develop mental health problems following bereavement (Dowdney, 2005; Luecken & Roubinov, 2012), with the majority of children actually being quite resilient (Dowdney, 2005). We therefore need to look at some of the variables that might play a part.

Supportive families, and particularly those that provided emotional support, have been seen to contribute to children's grief being more quickly resolved, following a parental bereavement (Elizur & Kaffman, 1983; Furman 1974; Barnes, 1964). Bowlby agreed with the importance of support family relationships, and argued that relationships, psychological support and communication, all played a key part in influencing how healthy a child's mourning turned out (Bowlby, 1980). Hurd (1999) executed a study which questioned Freud's idea of 'inevitable depression' following the death of a parent, and also Bowlby's theory of how children cope. Hurd's study provided evidence for depression following childhood bereavement not being inevitable, and many instead had integrated the death of their parents into their lives in a meaningful way. Those who did describe themselves as depressed, also reported emotionally and psychologically unavailable mothers, following the death of their fathers, drawing attention to the importance of relationships with surviving caregivers. This study is subject to the limitation of being a self-report study, and so accuracy of childhood experiences and reports of depression should be taken tentatively since retrospective research increases the likelihood of forgetting, defensiveness and social desirability (Earley & Cushway, 2002). Nonetheless, we are made aware of the potential importance of the family unit after the death of a parent for children's psychological and emotional wellbeing.

Therapists at the Barr-Harris Children's Grief Centre in Chicago, actually found that a child's response to grief directly correlates to their surviving parent's behaviour such as their

emotional state of willingness to talk about the deceased (Pereira-Webber & Pereira-Webber, 2014). Six to nine months after the parental death, children whose parents were coping better, appeared to be managing their loss better as well. Edelman (2014) adds that if a parent appears stuck in one particular stage of grief, the child is likely to remain stuck there as too. This has implications for supporting the grieving parents who have lost a partner and have children to raise, if we recognise the importance of their influence on the children left behind.

The extent to which a child maintains ties with the deceased parent, is an idea that has been debated in the literature. Early researchers such as Freud (1917), argued that in order for a child to grieve and be able to adapt to their bereavement, ties needed to be relinquished. This idea was later contested by Silverman & Klass (1996) with their theory of continued bonds of grief, arguing that actually a continued connection with the deceased individual was what could help an individual through the grieving process more effectively. Research in the last fifteen years has highlighted the importance of recognising individual differences in the grieving process, and so neither theory may be deemed 'correct' (Field, Gao & Paderna, 2005; Stroebe & Schut, 2005). These individual differences might include attachment styles, internal working models and affect regulation (Stroebe, Schut & Boerner, 2009).

Over the last twenty years, the research in the field of bereavement has evolved to encapsulate not only symptoms of grief, but to consider the active processes involved for mourners adapting to loss. A key finding from this, proposes the importance of reconstructing meaning that has been challenged by the loss (Neimeyer, 2001, 2019). Being able to do this effectively, has been associated with better adaption to life after the loss. Neimeyer, 2001, 2006, 2019). Social validation of this process has also been seen to facilitate the adaptation process (Bellet, Holland, & Neimeyer, 2019). Neimeyer and colleagues remind us that each person's meaning-making process from a bereavement is going to differ dramatically, and so it is important to respect this and not make any

assumptions about this process for them when talking to them about it (Neimeyer, Keesee & Fortner, 2000). Clements and colleagues (2003) add that a family's beliefs about the meaning of death can help individuals make sense themselves, as well as help with the grieving process.

The Harvard Child Bereavement Study provided support for the idea that connecting to the deceased can be helpful with the grieving process. The majority of the hundred and twenty-five children sought out ways to connect with their deceased parent (Worden, 1996). They found that those that were able to construct an internal image of their parent were more easily able to process their loss than those who were unable to construct an internal image. For the purposes of this current research, it is important to note that the individuals concerned, never held an image of their parent in physical form but were reliant on photographs and other people's memories. Perhaps differences would exist for those who never held a memory of the parent to begin with.

Amato's review on divorce suggests that although the majority of studies demonstrate that the wellbeing of children living with two biological parents is generally higher than those in stepfamilies and single-parent households (Amato, 2010; Carr & Springer, 2010), other important variables to consider are family resources (King, Amato & Lindstrom, 2015; Golombok & Tasker, 2015). The review considers recent research in the past decade, to account for methodological advances and emerging perspectives of family transitions. We can take from this that a family with two biological parents might have an advantage, in that they might be better equipped to provide certain key resources, but non-traditional families can also support children's wellbeing given the right resources.

The extent of the impact on the child may differ depend on their coping strategies. In an article that described a newly developed theory of grief, Kaplow, Layne, Saltzman, Cozza, and Pynoos (2013) found that bereaved children who used an avoidant coping strategy experienced higher levels of anxiety, PTSD, depression and other poor psychological

functioning. Mediating factors such as prior experience of loss, the relationship with the deceased, and environmental impact, all too have a part to play in a child's experience of death (Worden, 1996). Inadequate parenting is a more likely contributor of the development of psychopathology, irrespective of early loss (Tennant, 1991; Breier, Kelsoe, Kirwin, Beller, Wolkowitz & Pickar, 1988).

Using data from the National Comorbidity Survey Replication, Nickerson and colleagues (Nickerson, Bryant, Aderka, Hinton & Hoffman, 2013) considered the impact of time since death as a relevant factor, which is consistent with other research that shows that experiencing acute grief reactions is very normal for anyone experiencing a bereavement, for the first six to twelve months (Bonanno & Kaltman, 2001). Nickerson et al (2013) found that those that had lost a parent more recently, showed greater likelihood of exhibiting adult psychopathology. Particularly relevant to this study, they also found that younger children were more at risk for developing psychopathology later in life. This is consistent with earlier research documenting this relationship (e.g. Barnes & Prosen, 1985; Bifulco, Brown & Harris, 1987). Findings from Nickerson and colleagues (2013) should be taken tentatively as there may have been existing childhood psychopathology, but this study only looked at adult psychological distress. They also point out that there may have been other factors influencing the development of adult psychopathology other than parental death such as the relationship with the surviving caregiver and the way in which the parent died.

Research documenting how children's understanding about death grows with ages, also supports findings that younger children can be more vulnerable to losing a parent (Dowdney, 2005). Typically before the age of seven, children may display an overinflated sense of responsibility where they believe that their thoughts can either cause or reverse death. This lack of understanding around the concept of death can also be evidenced by many children expressing a desire to be dead themselves, but on further examination, this often means a desire to be with the deceased rather than a wish to end their own lives (Dowdney, 2005).

Despite an apparent lack of understanding, the extent to which children aged three and under are actually affected by grief has been said to be underestimated (Norris-Shortle et al, 1993). Bowlby's (1969) work in attachment has shown that children aged three and under feel and react strongly to the death of a significant other, sometimes resulting in a fear of abandonment. This is exacerbated if not cared for by the surviving parent (Willis, 2002). This has crucial implications for this research. As already stated, the surviving parent is likely not only to be in a state of grief, but also faced with the unexpected reality of having to raise a new-born child as a single parent, without the support of their partner.

The largest and most comprehensive study of childhood bereavement, was implemented by Grace Christ (1988), who followed children prior to and after the death of a cancer suffering parent using a qualitative analytic research design. Observing one hundred and fifty-seven children as young as three, and as old as seventeen, Christ noted a range of different reactions to loss that starts with a lack of understanding at the finality of death, through to anger, intense loss and emptiness. Older children tend to internalise their parent more than younger children, and so were more likely not only to experience the loss of their parent, but also a loss of self-identity. Similar to Dowdney (2005), Christ (1988) also discovered that young children experienced 'magical thinking', with the children of Cancer sufferers believing that wishing the pain would stop was connected to the death of their parent.

In their twin study, Otowa et al (2014) found a stronger risk for the development of psychopathology for individuals who had experienced parental loss due to separation, compared to those whose parents had died, prior to age seventeen. Environmental factors should be considered, as there is a possibility that the home environment prior to the separation could account for some of the psychopathology, rather than the actual loss itself (Tennant, 1991; Jordan, 2001). Otowa et al's (2014) findings are concurrent with a previous study of theirs (Kendler, Sheth, Gardner & Prescott 2002), where they found that parental separation compared to parental death, increased the risk of developing depressive

disorders. Limitations of this study include it being a solely Caucasian male twin sample, meaning that results might not be generalisable to other families with non-twin offspring and of different cultural backgrounds. In addition, no rationale was given for the sole recruitment of Caucasian participants. A further limitation of this study was not controlling for other adverse childhood experiences, hindering validity of results.

Biological evidence for long-term effects of EPD is provided by Tyrka and colleagues (2008) who found an increase in cortisol response for those who had experienced loss, when compared to a group of matched controls. This was later supported by Luecken et al (2012) who linked early parental death with a greater risk of developing physical health problems, and then by Luecken and colleagues who linked improved parenting with a reduction in cortisol which was measured at six years (Luecken, Hagan, Sandler, Tein, Ayers & Wolchik, 2014). The average time since parental death at the start of the intervention ranged from three to twenty-eight months, which could be problematic as coping after three months and coping after over two years is likely to be significantly different. Furthermore, as the study acknowledges, the relatively small sample size meant that evaluation of moderators or potentially high-risk subgroups was not possible. In not doing so, we are not able to draw further conclusions about such subgroups.

A problem with many of the studies described is that they suggest a link between EPD and adult psychopathology, thereby assuming causality (Kendler et al, 2009). In reality there are many other important variables to consider that may have little to do with losing a parent at young age, such as excessive alcohol consumption, difficult relationship dynamics or genetic factors. Furthermore, although much of the early research on childhood parental loss pertains to the idea that children do go on to develop psychopathology (e.g. Arthur & Kemme, 1964; Black, 1978), many of these studies were based on children who had already been referred for psychiatric support (Miller, 1971; Black, 1978).

This condensed overview of the literature on EPD has described a number of variables that should be held in mind, when considering the impact on a child who has lost a parent at a young age. Mediating factors are an important point of consideration as they act as a reminder as to how individuals may respond differently to the same event, as well as the importance of context.

1.3.3.3 Death of a mother

Having explored some of the more general literature on EPD, it is important to explore the more specific literature on the early death of a mother, for the purposes of this research question. Hope Edelman (Edelman & Ronald, 1994) described the death of a mother as a woman's most life altering passage. Despite the significance of what can be hugely traumatic for individuals, the research in this area is limited. There is also minimal research that has solely focused on the experiences of bereaved daughters of a mother in childhood (Tracey, 2011). Perhaps this is reflective of the general taboo on the subject of death (Norris-Shortle et al, 1993). Additionally, all the research that does currently exist, exists with children old enough to remember a relationship with their mother. There is a gap in the literature for the voices of children who lost their mothers so young that the memories of their mothers are limited. Despite the limits of their memory with regards to their relationships with their mothers, this does not mean we should ignore their voices or the stories they have to tell.

Similar to the research on EPD, when considering the impact of the death of a mother on a child, it is important to consider the extent to which a relationship has been established. A child develops the ability to miss someone between the ages of six months and one year. Edelman (2014) explains that a child needs to be able to miss that person in order to have the experience of then losing them. Maternal loss before memory can develop has been described as an absence rather than a loss (Harris, 1995; Edelman, 2014), since loss

requires some previous relationship. This is an important consideration for the current research, as although the death of a mother is undoubtedly a hugely significant event for a child, we need to differentiate between a 'loss' and an 'absence'.

Although both caregivers undeniably play an important role in a child's life, some researchers have found that losing a mother has had a more significant impact than losing a father (Silverman & Worden, 1992; Worden, 1996). Worden (1996) suggested that this might be because of the greater change to everyday life that the loss of a mother bears for a child as well as the loss of emotional support in the mother. A mother has been said to be the one to teach her child about their environment. Losing this figure so early on in childhood, has been linked with increased risk of mental illness for young women (Brown et al, 1978). Perhaps the lack of this guidance figure leaves young women feeling lost and vulnerable, and having to carve their own path at too young an age. However, this being an older finding, it does not account for how societal norms have changed over time with regards to parenting and gender norms. The father could be the stay at home parent, and is therefore more likely to be teaching the child about their environment.

Mireault, Bearor & Thomas (2002) drew our attention to the possible implications of early maternal loss for later romantic relationships. Thirty women who had lost their mothers before the age of eighteen were interviewed about their close relationships. These women reported more avoidance in their relationships than the control group. Data analysis of this study concluded that motherless women tend to be more preoccupied with the relationship and the possibility of a premature end, leading to anxiety in the relationship and the development of excessive self-reliance to compensate for the fear of intimacy and to prepare themselves for another loss of a love object. Due to the small sample size of thirty women, all from relatively high socioeconomic status, and from a narrow geographic area, it is difficult to generalise these findings to the general population. Furthermore, the comparison group were recruited through the motherless participants, and so knew one another. This could mean there was a conflict of interest and so findings should be taken tentatively.

As stated above, the literature on maternal death is limited, but from what does exist we can see the importance of a mother in a child's life, and the possible implications of losing her early on in life. The next part of this review will focus on the role of attachment, giving examples of when this is disrupted at an early age.

1.3.4 The Role of Attachment

The following section provides an overview of some of the attachment literature that was considered most relevant for the research question, since it is acknowledged how vast this field of literature is. Therefore, I needed to prioritise what I believed to be the most relevant studies for this particular research question. I have tried to select more seminal studies within attachment, as well as more current literature in order to acknowledge the advancements in the literature over time in this field.

Attachment can be defined as a deep and enduring emotional bond that connects one person to another across time and space (Ainsworth, 1973). The need for a consistent, nurturing relationship by one or more sensitive caregivers stands at the core of attachment (Van Rosmalen, Van der Veer & Van der Horst, 2015). The strength of attachment is particularly important when infants feel themselves to be in a dangerous situation, and will seek out their attachment figure, usually the primary caregiver, in order to be soothed. Sensitive caregivers are more likely to respond appropriately to a child's needs, increasing the likelihood of developing secure attachment (McLeod, 2009). Attunement is a particularly important aspect of attachment. This refers to a parent's ability to 'tune in' to the child's emotional needs. A parent who is unable to be present with their child, such as one who is suffering from depression, is likely to struggle to do this. Unfortunately, their infants are more likely to grow up believing that rightly or wrongly, that no-one can share how they feel, and have a tendency to feel alone in their emotions (Maté, 2011).

Schaffer and Emerson's (1964) longitudinal study on babies demonstrates the different stages of attachment that infants go through, from being asocial to eventually developing multiple attachments. They give greater weight to parental responsiveness towards infants over a sole focus on nutritional and other basic needs, for fostering infants who are more securely attached. However, it should be acknowledged that the parents being observed in these studies could have been influenced by researcher presence, and so findings could be biased by wanting to prove adequate parenting in the presence of another.

Ainsworth's strange situation procedure is a unique way of demonstrating the anguish that infants experience at the immediate physical loss of their mother (Ainsworth, Blehar, Waters & Wall, 1978). Her experiment provides evidence for how attachment styles and interactions between mothers and infants, may influence one another. From this, Ainsworth developed the 'caregiver sensitivity hypothesis', where she argued that a child's attachment style is dependent on the behaviour that their mother displays towards them. 'Sensitive' mothers tend to be more responsive to their child's needs and emotional states. They are more likely to raise more securely attached children who feel confident that their caregiver will be readily available to meet their needs, and so feel safe to explore their environment as well as seek out their attachment figure in times of distress. In contrast to this, less sensitive mothers are more likely to miss emotional signals from their child, become impatient with them or actively neglect their needs. In turn, these mothers are more likely to raise more insecurely attached children who are likely to be more rejecting of their caregiver. Despite Ainsworth's experiments evidencing the effects of secure attachment styles, these experiments only measure the attachment to the mother. Other research has demonstrated the importance of other significant caregivers being able to provide infants with good enough nurturing (e.g. Lamb, 1977).

In the case of mothers who die during childbirth, no opportunity exists to form an attachment outside of the womb with the mother, and so the child inevitably misses out on what many

researchers would consider a vitally important stage of life (Bowlby, 1980; Main & Cassidy, 1988). Furthermore, those early experiences could be affected by being brought up in an environment that begins with those around the infant grieving for the mother they were not expecting to lose. Research has found that surviving parents sometimes struggle to provide support to their children during the grief period of their partner, resulting in children having unmet needs. This is likely to be influenced by the parent's coping style (Kennedy, McIntyre, Worth & Hogg, 2008).

Bowlby (1969) noted that children whose mothers had interacted with them socially more during their first year, were more likely to be socially advanced. This might be because a mother is usually the one to support a child through early development and therefore have the greatest influence on their psychological and physical development. When the mother is absent, another caregiver will step in. Edelman (2014) notes that it is not actually the early loss of the mother per se that has negative consequences for a child later on, but the quality of support from the replacement caregiver that is most important. She suggests that this opportunity to develop a secure attachment, has important consequences for the development of healthy adult relationships.

The research on attachment highlights the importance of a mother in a child's life (Bowlby, 1980). For many mothers, the bond that she feels with her baby begins even before her child is born (MacFarlane, Smith & Garrow, 1978). The importance of a mother in a baby's life from the moment they enter the world is something many recognise evidenced by the encouragement of women and babies to remain together in hospital in those early hours and days, even when mothers initially struggle to bond with their infants (Kennell & McGrath, 2005).

Despite this, researchers have noted that much of the attachment research negates to include both parents, with the majority of studies solely focusing on the attachment between mother and child (Verschuere, 2019). The reasons for this are multitude, but some ideas

include Bowlby's early research which set the tone for attachment research and societal norms about the roles of each parent. However, this is not representative of the world we live in today, with differences in parenting having decreased since early research (Yeung, Sandberg, Davis-Kean, & Hofferth, 2001). This is particularly the case in non-Western cultures where children are typically raised by a number of individuals (Hrdy, 2009). Nonetheless, the importance of the mother as primary caregiver continues to be demonstrated in the research. For example, even where multiple caregivers exist in a child's upbringing, there are multiple contexts in which the mother's importance is evident, such as when the child is crying and handed back to the mother (Marlowe, 2005) or sleep routines (Jenni & O'Connor, 2005).

In order to explore further the importance of fostering strong attachments, the following subsections look at some of the different experiences children have of growing up with an absent mother. To be absent is to "not be in a certain place at a given time", but it also means to be "preoccupied" or "not attentive" (dictionary definition). Therefore, both meanings of the terms will be explored, in relation to attachment and parental caregivers. The examples I will explore are: early separation, adoption, incarcerated mothers, depression and child-father relationships.

1.3.4.1 Early separation

Early research by Bowlby (1980) strengthens the possibility that children as young as six months old can experience reactions comparable with those who had experienced grief, when separated from a parent. This challenges earlier psychoanalytic research suggesting that children could not grieve. It should be noted here, that the infants used in these studies had known a relationship with their parent up until the point of separation. For children whose mothers passed away during childbirth, no relationship outside the womb exists, which should be held in mind when considering such studies.

The effects of early separation can go so far as to impact different regions of the brain in pre-verbal infants. For example, Schore (1994) obtained evidence for the right hemisphere being specifically impacted by early social experiences. Other research supports the importance of the development of the right hemisphere, for normal brain development (e.g. Geschwind & Galaburda, 1987; Chiron, Nabbout, Lounes, Syrota & Dulac, 1997). For those who experience the trauma of EPD from birth, this is likely to be disrupted. Research that has looked at the effects on the brain of early separation and usually a lack of social experiences, provides real weight to the importance of understanding the long-term consequences and experiences of individuals whose mothers died giving birth to them.

Having a solid and reliable attachment early on in life has been supported in the literature, in both studies on children (e.g. Howe, 2005; Millward, Kennedy, Towlson & Minnis, 2006) and animals (e.g. Harlow, 1958). Harlow's experiments with monkeys (Harlow, 1958), provide fascinating insight into the early rearing of infant monkeys when separated from their caregivers. Harlow's experiments concluded that early isolation resulted in bizarre behaviours, aggression and poor social skills. Those isolated never recovered from the effects of privation, emphasising the potential long-term damaging effects of lack of early attachment bonds.

Harlow's work was unsurprisingly criticised on ethical grounds, as it was clear that the monkeys suffered long-term emotional harm from being separated from their mothers. Furthermore, we are not able to generalise these results to human infants, however these types of studies do provide unique evidence towards the effects of early separation. This is supported by rare case studies of human privation such as Genie (Fromkin, Krashen, Curtiss, Rigler & Rigler, 1974) and the Czech twins (Koluchova, 1976), who were all locked away without any opportunity to form social bonds, experiencing severe abuse and neglect. In the first case, even following considerable therapy, Genie improved but never reached expected cognitive or emotional development. The latter case provides evidence for even

the worst cases having reversible effects. The twins caught up with peers and achieved emotional and intellectual normality for their age (McLeod, 2008). However, it is important to bear in mind that in the case of the twins, they were able to form an attachment to one another, and so were not completely deprived of an emotional bond and social relationship.

Early experiments with juvenile delinquents show how the likelihood of experiencing emotional difficulties in adulthood can increase for those who endure early separation from caregivers (Bowlby, 1944). More than half had been separated from their mothers for more than six months in the first five years of life. It should be acknowledged that this study relied on participants' recollections, which is subject to memory recollection and absence of bias. A more accurate study might do a longitudinal study following individuals from early infancy to adulthood, but limited resources mean this is often a challenge for researchers. One example of this was a remarkable study conducted by Crawford and colleagues, that examined extended maternal separation as a predictor for borderline personality disorder (Crawford, Cohen, Chen, Anglin & Ehrensaft, 2009). They tracked the course of childhood and adolescent psychiatric disorders for a period of more than thirty years. The authors obtained evidence of early maternal separations being a predictor for an increase in BPD symptoms. They were assessed repeatedly from early adolescence to middle adulthood, giving weight to the theory that early separation not only results in early distress, but can give rise to much more long-lasting consequences. One limitation of this study was that attachment insecurity was not measured at the start and only later on in the study, and so data was limited to maternal interviews.

Also conducted early on in their research, Bowlby and colleagues drew their attention to the possible long-term effects of the separation faced by children during World War 2, when three million of them were evacuated from urban and industrial areas (Bowlby, Miller, & Winnicott, 1939). A unique retrospective study examined how this experience was associated with adult attachment style fifty years later. Thorough calculations ensured that

their data was as accurate and as rich as possible, with the use of in depth questionnaires that requested a one-page summary of participants' childhoods. Despite the limitations of this being a retrospective study, results confirmed that evacuated respondents showed low incidences of secure attachment style, to a higher degree than controls who were not evacuated (Rusby & Tasker, 2008). This study supports Bowlby's theory that early separation can rupture the mother-infant relationship. These effects have also been seen in previous research to be not just detrimental in childhood, but to generate lasting insecure attachment (e.g. Moss, Cyr, Bureau, Tarabulsy, & Dubois-Comtois, 2005; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). This, and previous research discussed, is an important link to consider, as research has found a strong link between insecure attachment and psychopathology, as discussed in the review by Mikulincer and Shaver (2007).

This research summarises the effects of early separation on children, by drawing our attention to the importance of early attachment experiences. Although the research is divided on what determinants ensure 'good' attachments, there is certainly a case of having *some* attachment figure early on in life.

1.3.4.2 Adoption

Since the current research question is looking at the experience of growing up following the loss of one's birth mother, it will be interesting to explore the experiences that adoptive mothers have with their children, and whether these experiences share features to those of birth mothers. This might give practitioners some indication into how these experiences differ and where the commonalities lie. Similarly, the experience of parent-child relationships for birth and adoptive mothers might also be an area to explore for further context.

We might expect that adopted children might have less attachment security than non-adopted children for a number of reasons, including, being separated from their primary

caregivers at birth, and increased chance of having experienced maltreatment or neglect at an early age (van den Dries, Juffer, van IJzendoorn & Bakermans-Kranenburg, 2008). However, a recent meta-analysis on the attachment in adopted children actually found no significant difference between adopted and non-adopted children in terms of their attachment security, for those adopted before their first birthday (van den Dries et al, 2008). Those adopted after their first birthday did show less attachment security. This finding is in line with previous research (e.g. Juffer et al, 2005, 2008). These findings could give weight to the importance of early-forming attachment. Although this is a meta-analysis including much of the research in the field, the authors recognise that some results that yielded non-significant, may not have been published as much as significant outcomes, since studies had to be trimmed and filled. Furthermore, the vast majority of studies included were American, and it is acknowledged that adoption procedures may differ between Europe and the USA.

Early research on the attachment styles within adoptive families considered the factors that might affect an adoptive family, when considering their ability to parent their child as sufficiently as a non-adoptive family. Factors such as uncertainty around becoming parents and resentment about not being able to conceive naturally were amongst factors considered, in arguing that perhaps adoptive parents were not as well-equipped to provide children with as stable a start in life (Brodzinsky, 1987). As we know from attachment theory, a child's attachment to their parent, particularly the mother, is a strong determinant for healthy adult relationships. Therefore, it would be important, as advocated by Wydra and O'Brien (2018), to support adoptive parents prior to becoming parents, in order to ensure that they develop strong attachments to their children. Using the The Inventory of Parent and Peer Attachment–Revised as their measure, the findings from their study indicate that attachment to the mother was salient in predicting children's perceptions of family cohesion and satisfaction within their adoptive family. This study was limited by only including families who were already receiving psychological therapy, due to their recruitment procedures, and so

findings cannot be generalised to families who were not receiving support. Furthermore, this study relied on children understanding the measures that were being delivered to them and given the age of some of the children included in this study, it is likely that full comprehension could not be guaranteed.

Research has demonstrated that adoptive mothers have displayed adequate caring behaviours towards their babies in comparison to birth mothers (Singer, Brodzinsky, Ramsay, Steir & Waters, 1985; Suwalsky, Hendricks & Bornstein, 2008). These findings were supported by a more recent study that used electroencephalographic activity (EEG) to characterise brain functioning in biological mothers, adoptive mothers, and non-mothers, while viewing videos of a baby smiling or crying. Their findings demonstrated that both adoptive mothers and biological mothers showed greater attention and sensitivity compared to non-mothers, perhaps explained by their lack of mothering experience (Hernández-González, Hidalgo-Aguirre, Guevara, Pérez-Hernández & Amezcua-Gutiérrez, 2016).

This study was limited by a small sample size of just ten mothers per group, which makes it difficult to generalise findings. In addition, despite it having been documented that maternal responses to their infants may be strongly associated with changing cortisol (Krcpan, Coombs, Zinga, Steiner, & Fleming, 2005) oxytocin (Strathearn, Fonagy, Amico & Montague, 2009), and dopamine levels (Robinson, Zitman & Williams, 2011), hormonal and neurotransmitter levels were not measured in this study. This means that findings should be taken tentatively, as it could be the case that one of the groups were affected by these factors.

Using parent, teacher, and research observations, Kay, Green and Sharma (2016), found that despite only a limited time with birth mothers, sixty-five percent of adopted children showed clinically significant psychopathology with substantial co-morbidity. This finding has been supported by previous research (e.g. Juffer, Bakermans-Kranenburg, & Van

IJzendoorn, 2008; Juffer & Van IJzendoorn, 2005). This has implications for both adoption research as well as the current research question. Despite a limited time with their birth mothers, children were still affected by those early interactions. This might mean that even if infants whose mothers pass away from childbirth related complications, even a short amount of time bonding outside the womb might be enough to form a lasting attachment.

This research highlights the importance of early mother-baby interactions, and how long-term consequences can form in such a short amount of time. However, selection bias limits the findings of this study, since families were recruited through self-referral. Furthermore, detailed on levels of care and maltreatment history were obtained via interviews with adoptive parents as well as through documentation held. It should be acknowledged that the extent of knowledge may be limited on adversity experienced prior to adoption taking place. In turn, this may have affected the rating of severity of maltreatment that adoptive parents gave.

Research on same-sex couples encourages reflection on the role of gender for development of attachment. Studies on adoptive gay fathers provide evidence against the idea of the importance of gender in parenting and encourage us to explore other importance variables within a parent-child relationship for a secure attachment. For example, using standardised interviews, observational methods and questionnaires, Golombok and colleagues looked at the quality of parent-child relationships. They found there to be more positive parent-child interactions within adoptive gay fathers compared to heterosexual parental families (Golombok, Mellish, Jennings, Casey, Tasker & Lamb, 2014). Further support for this was by researchers who found that families with two gay fathers were able to provide their children with sensitive and good enough care in a nurturing environment (Feuge, Cyr, Cossette & Julien, 2018). This latter study did not use a comparison of heterosexual fathers, which makes it difficult to understand the differences in parenting. Both studies were limited

by relatively small sample sizes, which Feuge et al (2018) highlights is a typical problem for researchers recruiting adoptive gay fathers.

It should be considered, whilst reviewing the literature on adoption, the comparison to the present study. For adopted children, in the majority of cases they have known a relationship, although often limited at times, with a mother outside the womb. For the present study, this is not the case. For many adopted children, their attachment to their adoptive mother is not their first attachment, and so we must consider their attachment to the adoptive mother in light of the already-existing attachment to the birth mother (Suwalsky et al, 2008). For the present study, no relationship outside the womb has had time to develop.

Overall the research on adoption and attachment provides us with the necessary context for which to understand this current research question within. The research has highlighted the importance of attachment figures early on in a child's life, and what is possible when these attachment figures are either not present or taken away at some stage.

1.3.4.3 Incarcerated Mothers

Research on incarcerated mothers also provides this research with important context when we consider the possible impact of children being separated from their mothers at an early age. Unfortunately, the rate at which mothers are being incarcerated, has significantly increased in recent decades (Walmsley, 2012). Only recently though, have researchers begun their exploration of mothering within the criminal justice system (Baldwin, 2018). From the few studies that have been conducted, we already know that maternal imprisonment has a negative effect on children's mental health (Burgess & Flynn, 2013; Foster, 2012). With statistics demonstrating that the majority of incarcerated women are their children's primary caregiver, this is a growing concern for the children left behind and the psychological effects on them (Glaze & Maruschak, 2009). With their mothers being sent away to prison, children

are having to undergo the traumatic upheaval of their lives as they know it, as they simultaneously often move homes as well as lose access to their primary caregiver (Houck & Loper, 2002). In addition to being separated from their primary caregiver, children of incarcerated women are more likely to have negative parenting experiences with their mothers on reunion with them, as this group of mothers are more likely to utilise negative parenting techniques as well as have less understanding about child development (Green, Miranda, Daroowalla & Siddique, 2005).

There are a number of different consequences for children and adolescents when a parent goes to prison. Having their primary caregiver taken away so abruptly, often means that children are forced to become independent much earlier than perhaps they otherwise would have (Boudin & Zeller- Berkman. (2010). There can be shame and stigma associated with having a parent incarcerated, and so children might often feel isolated in their experience, unable to communicate with their peers or such about what they are feeling. This is likely to depend on the community in which a child lives as well as parental imprisonment rates within the area. An unsupportive peer group has been seen to exacerbate feelings of isolation (Boudin et al, 2010). These feelings of isolation might also be heightened by replacement caregivers limiting the amount of information they share with the child or adolescent, leaving them with feelings of uncertainty and dissatisfaction (Hairston, 2007).

It could be said that as a combination of the stigma, the removal of the primary caregiver and the feelings of isolation, children and adolescents of incarcerated parents are all the more vulnerable than their peers. This could be one of the reasons that these young people are more likely to be involved in criminal activity (Johnston, 1995), substance misuse (Shlafer & Poehlmann, 2010) and conduct problems (Huebner & Gustafson, 2007).

There are some moderating factors that can impact the child whose mother is incarcerated, such as suitable alternative childcare arrangements ensuring that whilst their mothers are

incarcerated, children are exposed to suitable parenting from a reliable adult (Arditti & Few, 2006). Children of ethnic minority parents have been seen to experience more negative outcomes when a mother goes to prison, reminding us to consider cultural factors (Wildeman & Turney, 2014). In addition, the degree to which a child effectively regulates their own emotions has been known to have an impact on their wellbeing following the incarceration of their mothers. This in itself is likely to be moderated by the extent to which the family the child is born into demonstrate effective emotional regulation or displays of anger (Aaron & Dallaire, 2010).

Through my search I have found little literature which explores the lived experience of having a parent incarcerated. Kautz (2017) addressed this gap in the literature by exploring the lived experience for adolescents with incarcerated parents. From this, we learn that participants felt that they had to grow up a lot sooner than they otherwise might have, holding extra responsibilities because of the absence of their parent. Participants also convey a sense of not wanting to end up like their incarcerated parents. This emphasises the young people's lack of role models, and how not only have they had their primary caregiver physically taken away from them, but they now no longer have a suitable role model from which to learn from. As similar to the research mentioned earlier, these participants were also left with many unanswered questions and a lack of trust, as a result of their parents being incarcerated. Findings from Kautz's (2017) research cannot be generalised due to a small sample size but can add something to knowledge about the experience of parental incarceration.

1.3.4.4 Depression

Although the experience of growing up with a mother with depression might differ to the experience of growing up with a physically absent mother, emotional absence is also an important consideration when reflecting on the quality of attachments developed. If we take the dictionary definition of absent, it means not only to not be in a certain place at a given

time” but also to be preoccupied” or “not attentive”. Depression is therefore a prime example where a parent might be physically present but not attentive, as well as preoccupied.

There is a wealth of literature establishing a strong link between maternal depression and greater psychopathology in offspring (e.g. Goodman, 2007; Welner, Welner, McCrary & Leonard, 1977). Adding strength to original findings, is a meta-analysis undertaken by Goodman, Rouse, Connell, Broth, Hall and Heyward, (2011), which looked at one hundred and ninety-three studies to examine the strength of the link between maternal depression and subsequent functioning of offspring. Multiple factors were considered such as participant identification as well as clinical severity of the depression. Alongside other results, it was found that maternal depression was significantly related to greater psychopathology and lower levels of positive affect. The importance of this meta-analysis, as well as other research on maternal depression, emphasises the need for better interventions for suffering mothers. Goodman and colleagues suggest that mothers who have received treatment may be more likely to seek out mental health services for their children (Goodman, Lahey, Fielding, Dulcan, Narrow & Regier, 1997). This shows the importance of exposure to the health services, and how this can have a trans-generational effect.

This meta-analysis is limited by its large negation to include families from diverse social and economic backgrounds, with the majority of mothers in the study being Caucasian and from middle class backgrounds. These contextual differences could have impacted the findings quite significantly, since the factors contributing towards the development of depression amongst social and economic backgrounds is likely to differ significantly. Furthermore, we know that children with mothers suffering from chronic depression, are more likely to experience worse outcomes, (e.g. Brennan, Hammen, Andersen, Bor, Najman & Williams, 2000), yet this study did not acknowledge the timings of the mothers’ depression, which further limits findings.

The still-face experiment is used to demonstrate the potentially devastating effects on young infants, if they do not receive the kinds of interactions from their mothers that they might expect (Weinberg & Tronick, 1996). During the experiment, the mother will interact with her child as she normally would, and then stop interacting. Findings from this experiment have shown how when this happens, babies typically stop smiling and interacting themselves, try hard to re-engage their mother, and eventually react with negative reactions such as turning away, dampened smiles and losing control of their posture due to the stress. This experiment has repeatedly shown similar effects and so has a strong reliability.

Similar responses were found when the experiment was elicited by fathers (Braungart-Rieker, Garwood, Powers & Notaro, 1998), strangers (Ellsworth, Muir & Hains, 1993) and other adults on television (Gusella, Muir & Tronick, 1988), suggesting the importance being having a strong bond with a caregiver, rather than it having to necessarily be the mother. Given the young age that infants begin to elicit these kinds of responses, we must recognise the importance implications when thinking about infants raised by a caregiver who has only very recently been widowed. Specifically with death in childbirth, that caregiver has been widowed as direct result of bringing their child into the world, that they now have to care for single-handedly. Understandably, this is likely to be a hugely difficult time for the surviving parent, who themselves are going through a process of grieving following bereavement (Harris, 1995). Depending on the longevity of the depression, this could have long-term adverse consequences for the child, whose early interactional experiences may be limited, as a result of these unexpected circumstances.

A retrospective study by Van Parys, Smith & Rober (2014) looked at individuals who had grown up with a mother with depression. The themes that emerged from this IPA study included *feelings of desolation contrasted with exceptional support, growing into caring role as a way to keep standing and coping with own vulnerability*. This research gave these individuals a voice, as their experience had remained unexplored in the literature. Van Parys

and colleagues (2014) shed light on some of the difficulties that children who grow up with a parent with mental health problems experience. This, amongst other research, can provide us with some insight into the experience of growing up with an 'absent' parent, perhaps not in the sense of being physically absent, but mentally not present. This being a retrospective study means that we must approach findings tentatively. Earley et al (2002) draw our attention to some of the dangers of conducting retrospective research which include forgetting, defensiveness and social desirability.

Unlike women with depression who may have the support of a partner, children whose mothers have passed away in childbirth, might be being raised singlehandedly by one surviving, and grieving parent. The research would suggest that children can be negatively impacted by growing up with a parent with depression, particularly if there is no other parent there to act as a buffer. This draws our attention to the potential importance additional caregivers and their roles, who might be present to help raise the child such as grandparents, aunts or stepmothers.

1.3.4.5 Relationship with fathers

Whereas there is a vast amount of research documenting mother-child attachment security (e.g. Ainsworth, 1973; Main et al, 1988; Atkinson, Paglia, Coolbear, Niccols, Parker & Gyger, 2000), much less exists for fathers (Brown, Mangelsdorf, Shigeto & Wong, 2018), despite the recognition that fathers can also be important caregivers (Brown, McBride, Shin & Bost, 2007). Although the importance of the biological mother is undoubtedly of huge significance, at the core of attachment theory, are claims that the infant develops attachment not only towards the biological mother, but anyone who they spend significant time interacting with (Lucassen et al, 2011), such as other family members (Byng-Hall, 1999) or friends (Dunn, 2004). This reminds us that children are not just raised in a dyadic relationship (Fredman, 2016). This raises the importance of paying attention to the other important relationships

around a child growing up, particularly in the case of those whose mothers have passed away before a relationship can develop.

This is important to understand for the current research, as a strong attachment to the father, could buffer against the loss of a mother at the earliest stage of life. Lamb (1977), provided one of the earlier pieces of evidence towards the importance of fathers within attachment, finding that infants showed no strong preference for mothers over fathers. They observed twenty infants at home at three-monthly intervals, interacting with both parents. This finding is limited by being quite outdated, yet more recent research is limited. It should also be noted, that results may have been influenced by the effects of researcher observation, which could have influenced the way that each parent interacted with their infant.

Evidence for which parent infants are more likely to seek out, is mixed. Some have found a preference for the mother (e.g. Colin, 1985; Lamb, 1976), but these results have not been replicated in naturalistic observational home studies (Lamb, 1977). Ainsworth (1982) suggested that the infant may be seeking out the parent who they feel more securely attached to, which in some cases, may be the father. Ainsworth (1982) also pointed out that despite infants being able to have a strong attachment to more than one caregiver, they are more likely to seek out their primary caregiver when ill, tired or hungry. This finding was demonstrated in a number of studies (e.g. Ainsworth, 1967; Morelli & Tronick, 1991). In a more recent study, researchers wanted to know whether infants showed a preference towards the primary caregiver (the one that spends the most time with the infant) or the one whom they have the strongest attachment to, when distressed (Umemura, Jacobvitz, Messina & Hazen, 2013). They found that regardless of the strength of attachment, infants were more likely to seek out their primary caregiver, typically the mother, when distressed. These findings provide evidence towards infants' preference for their mothers over their fathers within a home environment, but only when distressed. However, it should be

acknowledged that this sample was mainly made up of two-parent middleclass heterosexual households, where fathers were typically the primary breadwinner. This meant that infants were more likely to have spent more time with their mothers over their fathers. This study would need to be replicated using a wider range of families from diverse backgrounds, in order to conclude infant preference.

The findings from this study could date back to Bowlby's (1969) ideas that seeking out the primary caregiver is essential for an infant's survival. This research is supported by a recent meta-analysis which included all the current research available, which found that overall, paternal sensitivity was weaker than maternal sensitivity (Lucassen et al, 2011). Taken from Ainsworth and colleagues (1978), sensitivity is defined as 'the ability to perceive and to interpret accurately the signals and communications implicit in the infant's behaviour, and given this understanding, to respond to them appropriately and promptly'. This could mean that infants are more likely to seek out their mothers when distressed, as they are more likely to be comforted with a greater degree of sensitivity.

In contradiction to the above findings, Umemura and colleagues' (2013) study found that infants preferred their primary caregiver regardless of gender. Marvin, Vandevender, Iwanaga, Levine & Levine (1977) supports this idea, reminding us that fathers, or any other individual can also be the primary caregiver if they are the ones spending more time with the children. It should be noted that this study included mainly heterosexual couples from middle-class backgrounds, meaning that mothers were more likely to be the primary caregiver and the fathers were more likely to be working. It would be important to replicate this study with gay or lesbian couples, or working-class families to gain a clearer idea of the role of gender. Furthermore, a child's preference could change if they were only exposed to one parent, for example where the mother dies early on in the child's life. If they are never exposed to the mother, then what impact would these findings have on these infants?

Within four months of losing their loved one, seventy bereaved families were interviewed, and then again at the first and second anniversary of the death. Motherless children compared to fatherless children were more likely to experience changes in daily routine, have a stepparent and be living with a depressed parent (Silverman et al, 1992).

Furthermore, the Harvard Children's Bereavement Study found that adolescent motherless girls being raised by their fathers were more likely to act out or engage in delinquent behaviour than fatherless girls (Worden, 1996). Nan Birnbaum offers a possible explanation for this by turning our attention to the complications a father faces raising a child of the opposite sex (Edelman, 2014). He might be more likely to base his parenting on how he saw other important men in his life treat women, or how his own mother parented him. If this relationship is nothing he wishes to draw from, the grounding on which he stands to parent his own daughter may be challenging.

The literature on widowed fathers is limited. Boerner & Silverman (2001) found gender differences in the ways widows and widowers coped following the loss of their partners, with mothers typically being more 'child-centred' than fathers. However, in McClatchey's (2018) research on widowed fathers, it was found that fathers typically put their own needs secondary to their child's, which is positive in terms of adjustment (Saldinger, Porterfield & Cain, 2004). It should be noted that the fathers who took part in this study had brought their children to a healing camp, meaning they were probably more likely to be 'child-centered' than the average.

Harris (1995) reminds us how the role of the surviving parent changes when they lose their spouse, who they used to share responsibility with. Men whose wives pass away, not only have their own grieving process to go through, but now full responsibility for all the needs of their child. It is therefore not surprising to find in the literature that young women's relationships with their fathers change significantly following the deaths of their mothers (Schultz, 2007). In a study that looked at South Asian American women's relationships with

their fathers following the deaths of their mothers, despite reporting an increase in closeness with their fathers following their loss, the women also reported having to experience the 're-grieving' process alone, due to a lack of awareness from their fathers (Sharma & Natrajan-Tyagi, 2018). This meant that the grieving process was hidden rather than absent for these women and re-surfaced during particular moments in their lives. We might conclude therefore from this study that fathers were able to develop a closer bond with their daughters and step up to their new roles in some ways, taking on more responsibility, but could not fully replace the mothers in terms of the role as nurturer.

The cultural aspect of this study should be considered, and therefore we cannot generalise these findings to American cultures. Another limitation of this study was that recruitment relied on self-selection, meaning that the majority of father-daughter dyads included in this study already had a close relationship prior to maternal loss. Estranged dyads may have been more likely to opt out of this particular study. Daughters' perspectives on grief were also not explored within this study, which may have provided a valuable lens for exploring how they experienced their mothers' deaths.

The research on fathers is limited and mixed. There is no clear evidence to suggest that the mother is more suited to be a child's primary caregiver, but the context for which the child grows up in seems to play more of a crucial role. The ability for a parent to provide good enough nurturing regardless of gender, appears to be key in the long-term wellbeing of the child.

1.4 Conclusion

Extensive research has been carried out in the field of childhood bereavement, but further research is needed in more specific areas of loss, and the long-term effects of it, as this critical literature review has demonstrated. Although some of the studies have found an increased risk in psychopathology (e.g. Otowa et al, 2014; Berg et al, 2016), others have

found no such effects (Luecken et al, 2012; Nickerson et al, 2013). By exploring a wider range of experiences of bereavement, such as growing up following the death of a mother during childbirth, practitioners will have an increased understanding of the kinds of areas to hold in mind when working with such a population.

The research has also highlighted the importance of having a sensitive caregiver present, especially in the earliest stages (e.g. Bowlby, 1980). A lot of research pertains to this being the mother (e.g. Main et al, 1988), although there are cases where a sensitive and available father is sufficient to provide the necessary conditions for a stable and supportive upbringing (Lamb, 1977).

Looking at the experiences of growing up having lost a parent at a young age, it will be important for practitioners to hold in mind how this experience might fit in with other experiences of loss and bereavement, in order to more sensitively work with them and meet their needs.

I would argue that this research should be carried out so that practitioners may more sensitively work with those who have suffered this particular trauma and have an increased understanding of the kinds of issues that this particular group may face. It is acknowledged that this particular phenomenon does not affect a huge population that practitioners are likely to see during their career, and so it is also hoped that the findings from this research might be applicable to the wider field of EPD and attachment. By placing this experience in context of the wider field, practitioners might be better placed to understand the importance of parental relationships, attachment and the role of significant caregivers in a child's life.

I propose to carry out a qualitative study using Interpretive Phenomenological Analysis to understand further the experience of individuals whose mothers died giving birth to them. Without overreaching my ambition, I believe that the research will fill a small gap in the

overall body of academic work in the field of childhood loss and bereavement, within the domain of Counselling Psychology. My training as a Counselling psychologist means that my work is shaped by placing a heavy emphasis on subjective human experience, trying to avoid making any assumptions about what an experience is like for an individual. It is hoped that through this lens, I will be able to provide rich and meaningful accounts of what it was like for this group of individuals to grow up following the deaths of their mothers during childbirth and do justice to them and their narratives.

Chapter 2: Methodology and Procedures

2.1 Methodology

2.1.1 Outline

This chapter will outline the methodological procedures that have been utilised for the purposes of this research, as well as a rationale for this chosen methodology. This includes an explanation of the methodology as well as its philosophical underpinnings. I explain my epistemological standpoint in relation to my research. Reflexivity and validity issues are addressed, in order to explore the methodological rigour of my research and research integrity. Procedures including sampling, interview procedure and analytic strategy are also discussed.

2.1.2 Research Design

This study used a qualitative research design. A small sample of seven participants was gathered using purposive sampling, and data was obtained using semi-structured interviews. Recorded data was then transcribed, and analysed using Interpretative Phenomenological Analysis.

2.2 Choice of Methodology and Philosophical Considerations

2.2.1 Rationale for Choice of Methodology

One of the primary reasons for conducting this research in the first place was the gap in the literature. As a result of this, it felt appropriate to stay grounded in the lived experience of this phenomenon, using a qualitative approach. Furthermore, it has been well documented

that individuals who have experienced trauma, may try to make sense of that trauma through the process of speaking about and processing what occurred (Howitt, 2016). Although individuals who have not consciously experienced a trauma, a trauma has taken place for which those individuals were present in the first few moments of their life, and so this served as an additional rationale for choosing a qualitative approach.

Quantitative studies typically require large sample sizes in order to provide numerical data and determine cause and effect. Although this may have offered a 'bigger picture', and allowed the opportunity for more generalised findings, given the relatively small population I was recruiting from, a quantitative approach was deemed unfeasible (Biggerstaff, 2012). There was also a danger that a quantitative study might de-personalise participants' experience, as at its core is obtaining objective measures and statistical data (Langdrige, 2007). Although this has value for many psychological studies such as those wishing to demonstrate outcome measures, Biggerstaff (2012) reminds us that a qualitative approach is more appropriate for researchers wishing to explore feelings and reflections on experience. It was felt that a quantitative approach would not provide the same richness of data, as there is not the same level of exploration that a qualitative researcher is able to carry out (Mason, 2006).

Therefore, a qualitative approach offered individuals the opportunity to explore and make sense of their lived experience (Willig, 2013). This research is less concerned with absolute 'truths' (Hu & Grbich, 2009) but more with the subjective meanings that each individual takes from their personal experience (Eatough & Smith, 2008; Willig, 2013). Qualitative research provides researchers with the opportunity for flexibility and creativity, opening up the possibility for multiple truths and narratives, throughout the research process (Sale, Lohfield & Brazil, 2002). This requires an in-depth exploration and analysis of individual case studies, typically with a relatively small number of participants.

Patton (2002, p. 39) stated that for qualitative research, “phenomenon of interest unfold naturally”. This means that as a qualitative researcher, I was not pre-empting what might be found from conducting the research but aimed to go into it with an open mind ready to embrace what it was that did unfold. For this research, it felt necessary to give voice to participants in order to get as close as possible to their lived experience.

2.3 Interpretative Phenomenological Analysis (IPA)

IPA was chosen as a methodology for this research. Before explaining my rationale for choosing IPA, it is important that we understand both the historical origins as well as epistemological standpoint which will help to justify this rationale, placing my research in context.

IPA was developed by Jonathan Smith in 1996, with an aim to explore how individuals made sense of different phenomena they have experienced (Smith, 1996). The main concern of IPA is with subjective, personal lived experiences and the ways in which individuals obtain the knowledge they possess (Smith, Flowers & Larkin, 2009). The ‘lived experience’ seeks to “acknowledge the embodied, socio-culturally and historically situated person who inhabits an intentionally interpreted and meaningfully lived world” (Eatough et al, 2008, p. 181). It takes an idiographic stance whereby researchers first understand what a particular phenomenon that matters to an individual is like for them (Larkin & Thompson, 2012), with any generalisations being grounded in this (Eatough et al, 2008). IPA is a qualitative research method grounded in three main philosophies; phenomenology, hermeneutics and idiography, which although he didn’t develop, Smith drew from in order to form the approach.

2.3.1 Phenomenology

The phenomenological aspect to IPA, initiated by Husserl's philosophy, provides guidance on how to examine and interpret lived experience (Shinebourne, 2011). According to Husserl (1927), taking a phenomenological attitude requires examining things as they are, rather than how we might expect them to be. This will involve identifying the essential qualities of an experience, by being reflexive in our consideration of how we perceive objects to reflect on "an individual's personal perception or account of an object or event as opposed to an attempt to produce an objective statement of the object or event itself" (Smith & Osborn, 2003, p. 53).

In order to achieve a phenomenological approach, Smith (2007) encourages us to prioritise the 'new object'. This refers to new findings being grounded in the data, being prioritised over any pre-conceptions held prior to analysis. In order to do this, we are encouraged to engage with these pre-conceptions, rather than shy away from them (Eatough et al, 2008). This might be done through keeping a reflexivity journal, to explore how our pre-existing ideas might play out in the interview or analytical process. Remaining curious and reflective, will allow the researcher to keep their focus on the participant's world view rather than be swayed by their own.

Building upon Husserl's initial ideas, Heidegger (1962) proposed the concept of 'interpretative phenomenology', which emphasised the importance of individual interpretation and meaning-making process of experience. This additional line of thought acknowledged the different contexts which an individual finds himself within such as historical, social and cultural. These will inevitably influence an individual's interpretation of events and meaning he derives from it (Finlay, 2003). For IPA, this means that when examining the lens through which an individual describes their experience, these different contexts should be held in mind.

2.3.2 Hermeneutics

Hermeneutics refers to the meaning and interpretation of experience (Giorgi & Giorgi, 2008), with an aim of making meaning intelligible (Grondin, 1994). Moran (2000), stated the following regarding hermeneutics:

Phenomenology is seeking after a meaning which is perhaps hidden by the entity's mode of appearing. In that case the proper model for seeking meaning is the interpretation of a text and for this reason Heidegger links phenomenology with hermeneutics. How things appear or are covered up must be explicitly studied. The things themselves always present themselves in a manner which is at the same time self-concealing. (Moran, 2000: 229)

For Heidegger, the way in which a phenomenological inquiry is sought, is through an interpretative process. This means that as an IPA researcher, it is thought that I am able to access my participants' subjective experience and meaning-making processes, through interpretation of their accounts, since this allows the uncovering of possible hidden meanings (Shinebourne, 2011). For Heidegger, "interpretation is grounded in something we have in advance" (Heidegger, Macquarrie, & Robinson, 1962, p. 191), which I take to understand as interpretations being made through one's own psychological knowledge and experience (Larkin et al, 2012).

Through the process of interpretation, there is said to be two types of meaning making-occurring; my participants' meaning-making of their own experiences, and then my meaning-making of that. This is what is known as 'double hermeneutics'. In this sense, IPA recognises the central role of the researcher in making sense of the personal experience (Smith, 2004). The researcher's point of access to the participants' is therefore through their accounts, and then through their ability to interpret those accounts. Some argue that *direct* access to experience from individuals' accounts is not possible, but access is gained

through the process of intersubjective meaning-making. This emphasises the collaborative and congruent nature of IPA, in that the findings are a product of the work done by both researcher and participant, both contributing to the found meanings (Harper, O'Connor, Dickson & O'Carroll, 2011).

Smith et al (2009) refer to the concept of the 'hermeneutic circle' in order to remind us of the dynamic nature of doing interpretative analysis. The work is dynamic in the sense that the words can be understood in the context of the sentences, and vice versa. In this sense, there is a dynamic relationship between the 'part' and the 'whole'. The process of doing IPA is therefore iterative; it will involve the researcher moving back and forth between the parts and the whole, in order to arrive at new meanings and interpretations. This back and forth nature also reminds the researcher that the process of doing IPA analysis is not linear, and they should be encouraged to continuously move between their preconceptions and new interpretations of the data, to arrive at new meanings.

We are also encouraged to reflect on the ideas of 'empathic' versus 'suspicious' interpretation. The former accepts the participant's account of their experience at face value and is unquestioning about what they hear. The latter is more questioning, where the researcher utilises psychological knowledge and theory in an attempt to uncover possible hidden meanings within the participant's account (Smith et al, 2009). IPA falls somewhere in the middle; researchers are encouraged to keep their interpretations firmly grounded in their participants' experiences, but through the process of interpretation and consideration of context, explore possible hidden meanings that might not yet have surfaced. This allows for richer and more detailed interpretations to emerge.

2.3.3 Idiography

In contrast to quantitative psychological approaches which tend to take a more nomothetic stance and making more general claims, IPA takes an idiographic approach, focusing more on the particular (Larkin et al, 2012). Husserl recognised that each experience of a particular phenomenon was both unique as well as having shared commonalities, which he believed obtained the essence of experiencing a particular phenomenon. IPA therefore seeks to reveal what something is like for a small number of individuals rather than a large population (Smith et al, 2009). The focus is therefore very much on the “uniqueness of the person’s experiences” and “how experiences are made meaningful” (Shaw, 2001, p. 48). This means I methodically analysed transcripts on a case-by-case basis. It is therefore recognised that using an IPA methodology, generalisations to the wider populations cannot be made lightly, as each experience is subjective and to be interpreted in its own right (Smith et al, 2009). Having said this, Smith (2014) proposes that such intricate detail of the lived experience provides us with an increased understanding of humanity in general. Furthermore, Stephens (1982) distinguishes between horizontal generalisability (findings are applicable across settings) and vertical generalisability (provoke a reappraisal of what is known). Therefore, we might be able to make some more general claims about already known theories. Therefore, the current IPA study could inform already-existing knowledge regarding EPD, attachment and growing up without a primary caregiver (Smith et al, 2009).

2.3.4 Rationale for choosing IPA

A wide range of qualitative methods were considered for this research. It was thought that of all the qualitative research approaches used within the field of psychology, IPA was the best fit for this research question, by providing a lens for the subjective lived experience and meanings that were derived from this population group. Furthermore, being a first-time doctoral research student, I wanted to utilise one of the more methodologically known

methods. I also needed a method that allowed me to utilise a small group of individuals, considering recruitment challenges for this cohort of individuals. I will now explore some of the other approaches that were considered for this research, and what conducting the research from that angle may have brought.

It could be argued that Grounded Theory (GT) would have been a suitable methodological approach, as it too is a rigorous qualitative method, with Smith (2004) suggesting it as the closest methodology to IPA. Within a GT study, theory is discovered by examining concepts that are 'grounded' in data. Originating from sociology, GT proposes that meaning can be understood through interactions with others in social processes. The aim of GT is to develop an explanatory theory of basic social processes, studied in the environments in which they take place (Glaser & Strauss, 1967). The approach is suited to the analysis of accounts which include diversities as well as similarities, which one could argue makes it particularly relevant for the research question at hand (Burck, 2005). For example, some participants experienced a stepmother growing up, whereas others did not. Similarly, the quality of those relationships significantly differed amongst participants, which could have been explored with a GT approach. However, GT relies on theoretical sampling, which involves recruiting participants with differing experiences of the phenomenon in order to explore multiple perspectives of the social processes. In order to do this, the researcher continues adding individuals to the sample until the complete range of constructs that make up the theory is fully represented by the data. Typically, this will involve a sample size of between ten and sixty participants (Starks & Brown Trinidad, 2007). Given the relatively small sample pool from which I was drawing, it was highly unlikely that I was going to be able to recruit the necessary number of participants for a GT study. It was therefore ruled out on a practical basis.

Discourse analysis (DA) was another qualitative methodology considered, as versions of this such as Foucauldian DA, also seek to understand experience (Hook, 2007). DA places a

heavy emphasis on the importance of language; ultimately deeming words meaningless, until a shared meaning is agreed upon (Starks et al, 2007). DA requires an exploration of how language shapes cultural, social and political practices (Crowe, 1998). Similarly, IPA also places importance on language, as without it, we are unable to get close to the participant's lived experience. However, it does not rely as heavily on participants' use of specific language and is more concerned with the meaning they take from their experience. Using a DA approach would have offered more of a perspective about the ways in which language shaped the participants' experiences and the social context. For example, more attention might have been paid to the differences in the ways that the participant from Northern Ireland talked about her experience, compared to the Canadian participant.

IPA looks at one particular phenomenon of interest that all participants have experienced (Smith et al, 2009). There was the initial concern that losing one's mother in childbirth is not an 'experience' that individuals are able to draw from and recall, in the same sense that IPA would demand. Freud (1905/1953) first coined the term 'childhood amnesia' to explain the phenomenon that adults have little or no recollection of events that occurred in infancy or their early childhood. Later research, suggested that most adults' earliest memories were between the age of three and four (Bauer, 2007). Therefore, it must be emphasised that the experience that individuals were recalling was growing up *following* their mothers passing away in childbirth, retrospective meaning-making, as well as ongoing meaning-making processes in adulthood. IPA was chosen for its focus on thoughts, feelings and beliefs generated from the experience of a growing up following the loss of a mother in childbirth, which this research sought to uncover.

It was felt that a phenomenological approach would be the most appropriate choice of method to provide the richest level of understanding, allowing the research participant to make sense of what happened to them (Smith et al, 2009) at such an early stage in life, hopefully generating rich insight into how it was growing up and living, beyond this highly unfortunate event.

2.4 Epistemology

2.4.1 Ontological position

Ontology is the study of things that exist and reality (Ponterotto, 2005). Willig (2012) encourages qualitative researchers to ask themselves what sort of claims they are trying to make with their research, by reflecting on to what extent the research sheds light on 'reality'. Within this one must distinguish between the status of the *data* and that of the *analysis*. For each, there are two broad positions that a researcher can take; realist or relativist. An extreme realist, also known as a *naïve realist*, "takes data... at face value and treats them...as a description of events that actually took place in the real world" (Willig, 2012, p.8). On the other end of the spectrum, a relativist position maintains that the data produced informs the researcher not about what is really going on in the world, but "something about how the participants are constructing meaning in their lives" (Willig, 2012, p. 9). This research falls somewhere in the middle, meaning I align with a critical realist position. This assumes that although the data can tell us about what is going on in the real world, this is not as self-evident as a naïve realist might believe. For my participants, I consider the deaths and the absence of participants' mothers 'real', in the physical sense. However, I am not assuming that the data I received from my participants directly reflects reality. I am aware that I only have access to my own sense-making, and similarly, that of my participants' is only available to them. I am able to get close to their meaning-making through interpretation and by drawing on psychological knowledge.

Similarly to the status of the data, I take a critical realist position for the analysis, as inevitably during the analytical process, I will be imposing my own experiential views. Therefore, I am unable to produce an entirely accurate account of participants' knowledge of their narratives. An extreme relativist perspective would not acknowledge the objective reality of participants' mothers' deaths, yet if I were to take an extreme realist perspective, I

would be claiming that I am able to have access to my participants' experiences at face value, which this research does not claim (Willig, 2012).

2.4.2 Epistemological Standpoint

Epistemological positions are characterized by a set of assumptions about knowledge and knowing that provide answers to the question "what and how can we know?" (Willig, 2012, p. 10). The epistemological position that a researcher adopts generates a particular breadth of knowledge, in terms of its characteristics and what we are able to infer from our data (Schmidt, 2001). Willig (2012) outlines three main epistemological positions that a researcher can adopt: realist, phenomenological and social constructionist.

A realist approach to knowledge aspires to "capture and reflect as truthfully as possible something that is happening in the real world and that exists independently of the researcher's, and indeed the research participants', views or knowledge about it". The assumption here is that there are certain processes available to be identified by the researcher. However, I am not seeking to "uncover hitherto hidden facts" in a detective-like fashion, but instead trying to explore the lived experience of what growing up following the loss of a mother in childbirth is *like* for this group of individuals (Willig, 2012, p. 11).

A social constructionist approach would have offered a way of examining "how people talk about the world and... how they construct versions of reality through the use of language". (Willig, 2012, p. 12). This way of thinking is quite sceptical and does not incorporate participants voices that represent their inner reality in the way that this research aims to. How knowledge is constructed is more of a focus than the quality of experience (Willig, 2013).

As such, a phenomenological approach is most in line with the aims of the research, aiming to produce knowledge about subjective experience, but without making claims about its accuracy. The value of a phenomenological account is to gain access to what it is like to have a particular experience (Willig, 2012). Willig (2012) reminds us of the variation within a phenomenological approach, drawing differences between a *descriptive* and *interpretative* approach. Whilst all phenomenological knowledge aspires to increase the researcher's understanding of research participants' experience, the two varieties approach analysis quite differently. Descriptive phenomenology's main concern is with capturing data as it is, and not going beyond that data. By contrast, an interpretative approach does not take accounts of experience at face value and instead moves beyond the data by drawing on psychological knowledge and outside experience, in order to explore wider meanings (Willig, 2012). In line with the aims of IPA and this research, I fall somewhere in the middle, by making interpretations but firmly grounding each one in my participants' accounts. This meant not trying to work out what a participant *might* mean, but offering tentative interpretations grounded in what they *do* actually state.

I believe that my epistemological position is in line with the underlying principles Counselling Psychology, which holds that the client has expert knowledge, whilst the listener aims to get as close as possible to their world, whilst simultaneously recognising that full understanding is never possible. Furthermore, both phenomenology and Counselling Psychology value subjectivity and aim to capture the "richness of...psychological life" (Wertz, 2005, p. 176). As a Counselling Psychology trainee coming towards the end of training, I adopt an integrative approach when working with clients. This means that I draw from a number of different approaches and integrate the approaches that best suit that client at that time. For this reason, IPA from a critical realist and phenomenological perspective fits with my line of thinking as I believe that it allows me the flexibility to stay with what it is I am being presented with, but also add my own unique interpretations, all the time staying grounded in the data.

2.5 Personal reflexivity

This research idea stemmed from a patient whom I was working with in an Eating Disorders Unit. It felt important to reflect on this further in order to give the reader some background into my interest into the subject as well as how I have personally reflected on what it means for me to be a researcher carrying out this research project for my Counselling Psychology doctorate.

As a first-year trainee, I was honoured to secure a placement working with patients with Eating Disorders so early on in my training. Despite being known as someone who loves food, I have also been someone who has struggled with maintaining a positive body image at some points in my life. I was therefore drawn to working with individuals for whom this struggle was the main focal point of their lives, in order to better understand this lived experience and provide psychological support. I was struck by one patient, who at the time was suffering from anorexia nervosa as well as bulimia nervosa. Part way through the therapy, it emerged that her mother had passed away five days after giving birth to her, which for my patient, marked a crucial event in her life for explaining her difficult relationship with food. She was convinced that she had 'murdered her mother' and therefore did not deserve to eat. This type of self-blame has been found in other studies, such as Christ's (1988) study that looked at bereaved children of cancer sufferers. An example is given of 'magical thinking' of a child who wishes her mother's pain would stop, the night before she does pass away. This girl subsequently held the belief that she may have killed her mother. Like the patient that I work with, many young people suffer from a series of mental health problems, including eating disorders, depression, anxiety, paranoia and immense guilt following the death of a loved one (e.g. Nickerson, Bryant, Aderka, Hinton & Hofmann, 2013; Stikkelbroek, Bodden, Reitz, Vollebergh & van Baar, 2016).

I recall being fascinated with the link that my patient had made between these two phenomena, at a time when I had not decided upon a research topic to embark upon. I

thought to do some research into this phenomenon, that I had not heard much about before. I came to realise that this topic area had no psychological research on it that I could find in the literature. At this point, I brought the idea to my supervisor as a research proposal and began my journey there.

I began researching early parental bereavement as well as attachment, in order to develop a research question. I held in mind that there are likely to be differences in the experience of losing a mother during one's birth, and at a later stage in life, even if that was also at an age before individuals could process memory, which is believed to be between three and four years old (Bauer, 2014). For me, there was something about the individual themselves being involved in the death of their mothers, that struck me as unique, and something worthy of investigation. Additionally, since this had never been researched before, I wondered what this meant for the individuals who had experienced such a phenomenon. I am reminded by Todorova (2011) about the value of IPA giving voice to those who might otherwise be silenced or ignored.

Throughout the research process, I remained aware of my pre-existing ideas about self-blame and feelings of guilt within the phenomenon of interest. I was also aware that IPA seeks to find commonalities amongst lived experiences for a particular phenomenon, and therefore recognised a tension between these two realities. In order to manage this, the analysis process became a challenge for me, as I was continuously having to remind myself to stay grounded in the data and ask myself what meaning *participants* might be making from something, ensuring I was not straying too far away and getting carried away by any pre-existing ideas (Willig, 2013).

2.5.1 Reflexivity and the role of the researcher

Reflexivity for the qualitative researcher, means reflecting on one's self in relation to the research question, and having the self-awareness to know how this could shape the final

product of the research (Creswell & Creswell, 2017). Unlike quantitative researchers who are said to be more detached from their research as Winter (2000) claimed, qualitative researchers take a much more active part in their research (Golafshani, 2003). Although the participant is placed at the core of the research, the researcher “plays an inescapably significant part in the process” which I am encouraged to embrace (Biggerstaff & Thompson, 2008, p. 17). Since every researcher brings to the table their own set of values, beliefs and meanings, one needs to be aware of how they might interact with the participants or the research as a whole, in order to not bias it unfairly (Finlay & Gough, 2008). Being reflexive requires me to question my interpretations, rather than just taking them at face value (Hertz, 1997). This process was aided for me through keeping a reflexivity diary. From the moment I decided to research this particular topic, I began reflecting on what possible meanings lay behind my interest in the subject, and how I came to decide upon it for my doctoral thesis (Finlay et al, 2008).

I was aware of any potential researcher-introduced bias towards ED and self-blame as a result of losing a mother in childbirth and reflected on my fascination with this subject (Punch, 2016). I believe that my fascination lay in the self-punishment my client placed on herself, for an event she did not experience consciously. I was fascinated by the potential power of unconscious experiences, and how important those early life experiences are, even if we cannot consciously recall them. I also believe there was a link to me being a woman in my mid twenties thinking about motherhood in the near future and thinking about the implication of early childhood experiences. During the analysis process, it was important for me to bracket these pre-existing ideas, in order to let the relevant themes emerge naturally (Smith et al, 2009). This was a challenge during one particular interview when I asked a question and recall expecting the answer to be around the theme of self-blame. I remember feeling surprised when her answer revealed something completely unrelated but was able to notice this and bracket it accordingly by making a note on the transcript when I heard it back.

Another element of reflexivity to be aware of, was participants' possible beliefs that someone who had not been through what they had, could not possibly understand or make sense of such a phenomenon. This played out within one interview, where one participant repeatedly used rhetorical questions to ask, "do you know what I mean?" as well as stating a belief that those who had not experienced what she had, could not possibly understand. I was acutely aware that as an outsider, I myself did not have the experience of growing up following the loss of my mother during childbirth. I was therefore apprehensive about what this lack of experience might mean for my research. In line with my epistemological position, I shared my participant's view that no-one could *fully* understand, as only my participants had direct access to their own experience. As a researcher my aim therefore to get as close as *possible* to their lived experience. Furthermore, I was reassured by Smith and colleagues (2009) that despite the researcher having some expertise within the field of research, the participant is always the expert of their own experience. Holding this in mind, I reflected on the possible advantages of being an outsider to this phenomenon and thought that it might actually be easier to immerse myself in the analysis as an 'outsider' researcher, as I was less likely to get strayed by my own hypotheses. This was a challenge given the emergence of the idea for this research as well as the theme of 'blame and 'guilt' that did emerge.

In conducting this research, it was also essential that I take time to reflect on my dual role as a researcher and practitioner within the field of Counselling Psychology. This became an important consideration particularly during the interview process, where I was holding in mind the skills I had acquired during my training as a Counselling Psychologist, and newer skills as a novice researcher. This was a challenge earlier on in the process, as I navigated my way through holding these two roles simultaneously, in order to remain sensitive to my participants, but equally reminding myself that I was not there to provide therapy, but to explore a particular phenomenon. An example of how this was managed during the interview process, was by acknowledging emotion that arose during interviews, but not offering therapeutic interventions that might steer the course of the interview. I might say that I took a

more 'person-centered' approach and stayed with those feelings, rather than become too directive.

2.6 Validity

The way in which we assess validity for qualitative research, is different to that of quantitative. There have been a growing number of claims that much of the qualitative research that already exists in the literature, is unable to be evaluated against the same criteria as for quantitative research in order to be deemed 'valid' (Smith et al, 2009).

Therefore, there has been an increase in demand for criteria to be put in place to establish qualitative research validity. It is important to bear in mind that qualitative research is a creative and subjective process than its quantitative counterpart. Nonetheless, in order to obtain high standards of research, it is important that criteria are put in place in order to obtain a high level of rigour. Yardley's (2000, 2008) approach is recommended as a sophisticated and pluralistic stance, which presents guidelines for assessing the quality of qualitative psychosocial research. They are broad-ranging in terms of theoretical orientation and can be applied to a wide range of research. Yardley (2000) suggests four principles that should guide any piece of qualitative psychological research: sensitivity to context; commitment and rigour; transparency and coherence; impact and importance which will now be explored in relation to my research.

Sensitivity to context, might be demonstrated by showing awareness to participants' perspectives and setting, the sociocultural and linguistic context of the research, as well as acknowledging their possible influence on what the participants choose to share and the researcher's interpretation of this (Yardley, 2008). I tried to ensure that this principle was met at the earliest stage of the research, by ensuring that each suitable participant had the opportunity to take part in the research regardless of geographical status. This meant offering Skype interviews as well as interviews in person at a suitable location for

participants. This attitude continued throughout the analysis process, where I endeavored to stay as close to the participants' lived experience as possible, whilst still adding thoughtful and considered interpretations. I tried to include as wide a range of verbatim extracts from participants as possible, in order to include participants' lived experiences as important representations for the phenomenon at large as well as support the argument being made.

Consideration of already-existing literature is also important when showing sensitivity to context. I have endeavored to do this through a thorough literature review which provided me with an initial starting guide as to what literature already existed within this particular field. Although there has been considerable research conducted in the area of early childhood bereavement, to the best of my knowledge no research has yet been carried out on individuals whose mothers passed away during their birth.

Yardley's second principle, *commitment and rigour*, was addressed via a purposive sampling procedure that sought out a homogenous sample group in order to establish that participants represented the criteria for this research question: growing up following the death of one's mother during childbirth. I ensured that during the interview process, participants were sufficiently probed in order to obtain the richest level of data and following their lead in terms of what aspects of their narratives they chose to share. I took care with each individual case during the analysis process, by committing myself to an in-depth analysis for each participant in order to ensure that their subjective lived experience emerged in my analysis as much as possible before comparing across cases in order to make more broad statements about the phenomenon.

Transparency and coherence were attended to by ensuring that the procedures that follow in this chapter are as clear and replicable as possible. I have endeavored to give as clear an account of possible of the exact steps that were taken in order to carry out this research, to the extent to which another researcher could replicate this study. I hope that my themes are coherent and logically flow from one another, and it is clear why each theme has been

selected within the analysis. I have included any anomalies in my research but sought to provide some explanation where contradictions appear.

A thorough explanation of procedures and keeping a detailed reflexivity journal have allowed me to stay as close to mine and my participants' experiences as possible and reflect on any issues at the time they arise. This includes a paper trail whereby I have documented the process of how I arrived at each stage including any ideas I had along the way that did not materialise. These have all been documented in the reflexivity section.

Yardley's final principle is *impact and importance*. I have aspired to achieve this from the beginning of this entire process, beginning with selection of this research topic. I have endeavored to contribute to a gap in the literature which I believe is important for providing Counselling Psychologists and other practitioners with a greater understanding about the lived experience of growing up following the death of one's mother during childbirth. I hope that the analytical interpretations and further discussion I have engaged in will be found insightful and valuable by my readers.

2.7 Procedures

2.7.1 Sampling and Participants

In line with IPA's theoretical orientation, participants were selected purposively for this research project. This means that participants were chosen on the basis of being of particular relevance to the phenomenon in question, in that they all had in common the fact that their mothers had passed away giving birth to them. They were all therefore able to offer insight into this particular experience. Participants were recruited through opportunities, meaning I used my own contacts in order to reach potential participants (Smith et al, 2009) as well as social media. I was also introduced to other individuals who were able to support me with sourcing suitable participants.

Maternal mortality is sadly still something that affects women globally. Therefore, I wanted to recruit participants globally rather than limit it to the UK, in order to encourage a wider range of voices to be heard. IPA requires me to have a solely homogenous sample, and it could perhaps be argued that extending my research to other countries does not fit the strict criteria for an IPA study. However, this research was more focused on the lived experience of growing up without a mother during childbirth, regardless of context. Based on the World Health Organisation's definition (WHO, 2018), the term 'death during childbirth' included any participant whose mother died from the day of the participant's birth, up to and including six weeks after the birth.

The rationale for only including adults lay in the desire to generate knowledge of the sense-making process retrospectively. Therefore, it was necessary that all participants had been through the adolescence phase and could effectively look back on their life and make sense of the phenomenon of interest. There was no upper age limit as time since the death was not considered a relevant criterion. The research was more interested in the sense-making process. Including participants from a wide range of ages and backgrounds allowed me to say something about the phenomenon that I could not have captured had I only observed a small range of experience. As discussed in the introduction, grief is a process that occurs over time, and therefore including this wider age bracket allowed me to explore the ways in which grief played out over the decades. Furthermore, given the constraints of recruiting from the relatively small population, it was felt necessary to extend the recruitment criteria as widely as possible.

Convergence and divergence between individuals who experienced the presence of a step-mother and those who did not, provided interesting insight about how a replacement maternal figure influences one's subjective experience of growing up following said phenomenon. Therefore, both were included in this research.

In line with IPA's requirements for homogeneity, I initially considered whether the experience for males and females might differ, with consideration to several theoretical models that suggest the experience of parenting might differ amongst genders (e.g. Wood & Eagly, 2012; Bem, 1981). However, according to a recent meta-analysis using one hundred and twenty-six observational studies, there is a lack of consensus in the literature to say whether parents treat their children differently according to gender (Endendijk, Groeneveld, Bakermans-Kranenberg & Mesman, 2016). It therefore felt important to offer the opportunity to both males and females in order to ensure that all voices were heard. Considering this research had never been conducted before, I wanted to ensure as wide a range of suitable participants were included as possible. Furthermore, considering the relatively small data pool I was working from, I wanted to ensure that I obtained at least the minimum number of participants suitable for a doctoral IPA research project. Increasing my criteria to include men was therefore also based on this rationale.

I considered the importance of excluding participants with current severe mental health difficulties, due to the sensitive nature of the research. During the initial screening telephone call, all participants were asked about their current mental health in order to assess whether further questions needed to be asked in order to establish suitability for participation. This was to ensure as much as possible that all participants were able to handle the emotional challenges the research could have brought. I agreed beforehand with my supervisor that any participants with severe psychosis or other mental health difficulties that could prevent them from providing a logical and coherent narrative, would be excluded from the research. I did not have any participants during my screening calls that I thought needed to be excluded on this basis.

Early on in the recruitment process, I realised that accessing suitable participants was much more challenging than had initially been estimated. Therefore, I used a wide range of recruitment strategies in order to try and access suitable participants. A flier was produced (Appendix A) that was emailed round to colleagues, friends and family members, who were

all encouraged to send it to as many people as possible. Through this word-of-mouth process, I gained access to several potential participants, some of whom I ended up interviewing. Others did not meet the research criteria for a variety of reasons.

I shared my research on social media, initially sharing the flier with as large a cohort as possible, and then to relevant groups. Having read Hope Edelman's book 'Motherless Daughters' (Edelman, 2006), I decided to reach out to her to see whether she might be able to help me access suitable participants. This proved a hugely successful method of recruitment, where several participants got in contact from, after Hope shared my research flier on her Facebook page. Through this method of recruitment, I had a number of individuals email me expressing their interest in my research. I was able to include all of the individuals who contacted me and met the criteria.

I was also in touch with a number of organisations such as bereavement charities, Universities, hospitals, mother and baby services, counselling services, gynecology services and adoption services in order to widen my pool even further. I used Google to search extensively for individuals who had experienced the phenomenon but was unsuccessful at reaching any participants through this recruitment strategy.

There were two individuals who I was unable to include in my research as they did not meet the criteria. One of these individual's mothers had passed away when they were two years old, and the other had lost their mother giving birth to their sibling. For those I was able to include in my research, a pre-screening telephone call was arranged at the participant's earliest convenience, in order to assess whether they would be suitable for the research, able and willing to take part. Following this, participants were encouraged to take a week to consider their participation before committing to it. They were reminded that they were able to change their mind at any time about taking part in the research with no repercussions. One participant who had initially agreed to take part following the screening telephone call, became uncontactable, and so was not included in the research.

I was able to recruit seven participants through the various methods described above. Two interviews took place in London with a face-to-face interview. The other five participants lived too far away, and so interviews took place over Skype at a convenient time. For some of the participants, there was a considerable amount of time between the initial telephone screening call and the actual interview, due to work and personal commitments.

Seven adult individuals, aged between twenty-eight and ninety years of age, comprising of six women and one man, agreed to participate in the research. Only participants whose mothers had passed away giving birth to them and did not have any current significant mental health difficulties were recruited.

Before interviews commenced, participants were given an information sheet regarding the research (Appendix B). Participants were then asked their ethnic origin and age for research purposes only. Although this is a purposive homogenous sample in relation to their lived experience of growing up following the loss of a mother during their childbirth, a range of backgrounds, experiences and ages across the group were also included in order to allow for diversity within the research (Smith et al, 2009).

The table below displays participants' demographic details. I have used pseudonyms in order to preserve the anonymity of participants.

Name	Age	Ethnic origin	Location	Type of interview
Sarah	90	White British	London	Face-to-face
Kristal	67	White British	N. Ireland	Skype
Adam	80	White British	London	Face-to-face
Hannah	28	White American	USA	Skype
Lola	36	White Romanian	Romania	Skype
Pauline	56	White American	USA	Skype
Mildred	63	White Canadian	Canada	Skype

Table 1. Participants demographic details

2.7.2 Interview Schedule

Interviewing is one of the most widely used methods of data collection amongst qualitative researchers, perhaps having an edge over other data collection methods such as diaries or personal accounts due to its real-time interaction, giving researchers the opportunity to explore the phenomenon of interest more rigorously (Eatough et al, 2008). There are a range of types of interviews that can be conducted, however typically, semi-structured interviews are used by IPA researchers, and were utilised for this research. This allowed me to pre-prepare a set of questions I wanted to ask participants, which I could use as a guide in order to generate rich data but was not intended to be used rigidly in order to accommodate the natural flow of human interaction (Appendix C). This is in keeping with Smith et al's (2003) idea of the participant as 'experiential expert' and the researcher as 'enabler'. This means that IPA recognises the human-to-human interaction as very much part of the research process, and something to be encouraged rather than dismissed (Fontana & Frey, 2000). The participant leads the interview with the detailed experience that they bring, with the researcher's questions acting as a guide in order to generate the richest level of data. Smith et al (2009) remind us that "unexpected turns...because they arise unprompted, they may well be of particular importance to the participant" (Smith et al, 2009, p. 58).

Interviews took place at a time and place convenient to the participants. Two of the interviews took place in the homes of the participants. For these, my supervisor was informed of the start and finish time of each interview and I informed her when I went in and when I left in order to ensure researcher safety. The other five interviews took place over Skype, due to participants living in other countries or other parts of the UK. It is acknowledged that Skype interviews are not ideal for IPA research, as inevitably I missed out on much of the embodied experience which could have been taking place for

participants. I tried to overcome this by intently listening as much as possible, particularly to the emotional tone of what was being said.

For this research, participants were asked open-ended questions about their experiences of growing up following the loss of their mother during childbirth. The nature of the interview schedule meant that although certain topics were pre-empted, much of the interview was guided by what the participant chose to share, ensuring that nothing was prescriptive and the meanings that participants held were enabled to be shared. Prompts were also added during the interview in order to learn more about the participant's lifeworld (Smith et al, 2009). In addition to this, the final question of the schedule encouraged participants to share anything we had not yet covered, emphasising the participant as 'experiential expert' role (Smith et al, 2003).

Smith et al's (2009) guide to collecting IPA data and previous IPA research projects was used as a guide for the interview schedule, with an aim of uncovering how each participant made sense of their subjective and unique experience, whilst holding in mind the epistemological underpinnings that this research holds. The impact on the interview schedule based on this, was that questions remained open and non-directive. Participants were encouraged to say as much or as little as they wanted, and questions did not assume any particular 'truth' regarding their experience.

Before interviews begun, participants were given consent forms to sign. Consent was also taken in verbal format. Participants were encouraged to express any concerns they had about the research or ask any questions they had at this point. Many of the participants asked where my initial interest for the research had stemmed from which I answered openly, sharing my experience of working in an ED unit and meeting a client for whom this experience had been her reality. Participants were reminded that all interviews were being audio-recorded, so that I would be able to transcribe them prior to analysis. Consent was therefore obtained for both the data collection as well as what might be done with the data following analysis which was also written on the consent form (Appendix D). Participants

were reminded at this stage that this research was being conducted as part of a doctoral research project and could be published following submission.

From the beginning of the interview, participants were ensured of their rights to withdraw from the research at any time and anonymity should they wish to continue. I tried to build a rapport with each participant, by reminding them of their right to withdraw, continued by empathic listening and an attitude of non-judgement as they share their experiences.

Interviews lasted between thirty-four and sixty-five minutes. Each interview began by asking participants what they knew about their childbirth, with an aim of gathering factual information to start as a way of easing participants into the potentially more emotive parts of the interview. This was followed by arguably more challenging questions about the sense-making processes participants might have engaged within, how understanding may have changed over time, life transitions and how participants coped with their loss over time. Together, it was hoped that these questions, together with prompts that arose out of each interviewee's responses, would generate a rich set of data about the experience of growing up following the loss of one's mother during childbirth and the meaning they made from their experience.

With one participant, due to faulty Internet connection, the interview cut out four times and was restarted. Inevitably, this disrupted the flow of the interview and was distracting for both myself and the participant. I held this in mind during the analysis of this interview.

At the end of each interview, participants were given a debrief both in oral and written format (Appendix E). They were encouraged to share their experience of taking part in the research including any concerns that may have arisen during the interview. Participants were reminded of the relevant organisations that they could contact following the interview, should they need further support if anything came up during the interview that they were not expecting.

2.7.3 Ethical Considerations

This research complied with the British Psychological Society Code of Human Research Ethics (BPS, 2018), and the Health and Care Professions Council's guidance on conduct for students (HCPC, 2019). Before beginning the recruitment process, ethical approval for this research was obtained from the City, University of London Psychology Ethics Committee.

When thinking about ethical practice, Smith et al (2009) remind us that avoidance of harm is an important starting point for any research. It is important to consider that the very experience of talking about sensitive subjects could be unintentionally inflicting harm on participants, but as a researcher I must do my utmost to minimise this throughout the research process and evaluate the extent of harm that might be caused. I held this in mind from the start of the process, acutely aware that my research topic is likely to bring up emotional content for my participants. I made sure to monitor any noticeable emotional distress that could have taken place during interviews and ensured that this was carefully contained and responded to appropriately, by acknowledging any particularly strong emotions that arose during interviews and encouraging participants to take their time. Participants were reminded of their right to decline discussing any particularly emotive topics.

At the earliest possible stage, participants were asked for consent for their participation in the data collection as well as likely outcomes for data analysis (Smith et al, 2009). This was done in both oral and written form. Participants were informed that data would be used for the purposes of my doctoral research, with the possibility of publication. For risk assessment please see Appendix F.

The confidentiality policy of the research and its limits was explained to all participants. The process of de-identification and pseudonyms was also explained to participants, who were also told that only the researcher will be knowledgeable with regards to identification (Smith et al, 2009). Participants were made aware that the researcher and their supervisor would have access to data. Electronic versions were stored on a password protected computer, where only the researcher had access to the password. Hard copies were stored in a locked filing cabinet with only the researcher having access to the key.

In order to remain transparent throughout the research, participants were repeatedly reminded of their right to withdraw from the research at any point, without repercussions. I was aware of the possibility that in doing so, participants could have experienced concern about taking part, however I weighed up the pros and cons of doing this, and it was decided that transparency was of the utmost importance. Care was taken to ensure that all participants understood the nature of the study and what was required of them.

Before interviews begun, participants were informed that interviews would be audio-recorded and that I might make notes during the interview if something struck me that I might want to follow up on later on in the interview. I informed participants that interviews would be transcribed and then analysed individually. Interviews begun once participants had signed consent forms and had been fully briefed about the research.

2.7.4 Analytic Strategy

IPA provides a framework for researchers to conduct analysis, yet is a time-consuming and rigorous process, which requires researchers' full engagement within the process from the very beginning (Shinebourne, 2011). In line with Smith's recommendations, I first analysed cases individually, before moving on to compare across cases, to uncover any convergences and divergences between participants.

Interviews were recorded on a digital device and then transcribed verbatim. This involves a time-consuming process of turning sound recordings into written text prior to further analysis (Howitt, 2016).

Stage one required me to transcribe interviews, which I did myself to protect confidentiality as well as immerse myself in the data from the start. All identifying details, including names of participants and other names of those they mentioned during interviews were changed to ensure anonymity. Each recording had to be listened to multiple times in order to obtain as accurate an account as possible for each interview, and to allow the potential for new themes to be generated through each re-reading (Smith, 1996). I was also careful not to alter the form of speech in any way. For example, long pauses, vocal utterances and non-verbal communication were not 'tidied up' as it was felt that this would detract from the participants' experience and reduce authenticity. I wanted to ensure as close a representation of each text as possible. I used the playscript method of transcription for simplicity, as it prevents unnecessary clutter of detail onto transcripts. It is nonetheless recognised that IPA does place importance on language, as participants' language is the only means by which the researcher is able to gain access to their experience (Howitt, 2016).

Since IPA is an idiographic approach, I worked through each transcript individually before moving on to the next or comparing across cases (Smith et al, 2009). From the first reading of the transcript, I began to engage with the data analytically; writing notes and comments on the transcript (Appendix G), which made up the second stage of analysis. This included details about content, language or context. Interpretative comments were also written at this stage, including any thoughts, feelings or observations I had at the time of conducting the interview. At this early stage in the analytical process, researchers are encouraged not to hold back, but to write anything that comes to mind without filtering it first. During this early stage of analysis, as encouraged by Smith et al (2009), I engaged with the data by making three types of comments: descriptive which refers to the theme of the interview, linguistic

which focuses on language used and paralinguistic features, and conceptual comments which refer to the interpretative element. Once I became more familiar with the data, I moved on to the third stage of analysis which required me to begin identifying emergent themes from the initial notes taken. Themes were noted in the left-hand margin in order to differentiate between initial comments and themes (Appendix G).

Following this, a fourth state involved me creating a table of themes for each participant, which included (from right to left), extracts, references, emergent themes and superordinate themes (Appendix H). I then began clustering emergent themes according to categories of meaning. These were arrived at by taking one emergent theme, and then scanning the rest in order to search for others that could be grouped with it according to meaning. In the column to the left of each emergent theme, a number was given, each representing a different category of meaning. Once each emergent theme had been numbered, they were filtered so that each cluster of themes was grouped according to its number. I then began a careful examination of each cluster and thought about what might best represent the superordinate theme in a small phrase. This process was repeated for each participant until I had generated a list of superordinate themes. I reflected on whether themes were truly representative of the data and captured the essence of each participants' experience with my supervisor. We went back to the data and checked the themes against the data to ensure that what was being captured represented the true essence of what the participants might be trying to convey.

The next stage required me to think how the themes might relate to each other and be grouped across cases (Appendix I). Each summary table of themes for each participant was examined, and connections across participants were identified. Colour coding was then used in order to group themes into superordinate themes across cases by eyeballing the list. Smith and colleagues (2009) recommend a variety of ways to look for connections amongst themes. The main one used for this research was abstraction, which involved putting similar themes together and grouping them under a new name in order to form a master theme.

Once each emergent theme had been colour-coded, each superordinate theme was grouped together and named. At this stage, some themes were discarded whilst others were edited and re-named (Smith et al, 2009). This was an extensive and time-consuming process that involved naming and re-naming themes in order to reach the highest order of themes that could be clustered. Appendix J demonstrates which final themes were relevant for which participants.

Once I had grouped all superordinate themes into master themes, I began taking each superordinate theme in turn and writing up a narrative account. This involved a descriptive and interpretative process which included extracts from each participant in order to illustrate my findings. I tried to use a relatively equal number of extracts from each participant in order to ensure that each narrative emerged in the research.

Smith et al (2009) remind us of the importance of being able to demonstrate a paper trail of the entire analytic process from initial comments through to the end structure of master themes. They also encourage researchers to collaborate with peers and supervisors in order to reflect on the coherence of themes and interpretations made. I ensured that my supervisor was informed throughout the analytical process and made aware of my thought processes as themes emerged and continuously changed.

2.8 Summary

This section has outlined the methodology and procedures that I have engaged with in order to conduct this research. It is hoped that this section has been robust enough to give a representative account of the steps taken, to the point that this research could be quite easily replicated. IPA was the methodological approach taken for this research. I discussed the way in which this research was carried out including participant sampling, interview procedure, analytic procedure, ethical considerations and validity.

Chapter 3: Analysis

3.1 Introduction to the Analysis

This chapter seeks to present the main themes identified from seven interviews using IPA, which were carried out in order to get closer to the lived experience of growing up after one's mother died giving birth to them. My aim was to capture themes which I believe represent the essence of the phenomenon most accurately. Of course, much of what was produced in the interviews and analysis process was unable to be included in the write up, and difficult decisions had to be taken in order to ascertain which themes to include and which to leave out. I am reminded by Smith et al (2009) that recurrence of themes is important, when working across larger samples. I therefore tried to include themes which appeared for at least four of my participants and used this as a basis for my inclusion criteria, however have also included themes that felt particularly relevant to the lived experience if they were captured in less interviews. All the superordinate themes represent every participant. Further interpretations can be found in the discussion chapter.

Three superordinate themes emerged from the analysis: The isolation of not knowing where and how I fit; An indescribably emptiness that cannot be replaced; Finding ways to manage. The first superordinate theme captures the ways in which participants described their relationships with other people and society, and at times the struggles they had with this. The second superordinate theme presents an account of the different ways participants talked about what was missing in their lives and their experience of managing this. Finally, the last superordinate theme captures the ways in which participants found ways to overcome their experience of early loss and find a way to move forward with their lives meaningfully.

3.2 Overview of Superordinate Themes:

The diagram below displays the superordinate themes with their relevant subthemes. They have been displayed in this way in order to represent the many decades that this research spans, with it being a retrospective study. The first superordinate theme describes retrospective childhood experiences that span into adulthood at times. The second superordinate theme represents the process of growing up and recognising the absence of their mothers. The final superordinate theme spans childhood and adulthood, but mainly describes participants sense-making in the present with retrospective understanding. The arrows have been shown in both directions in order to represent the non-linear relationship between the themes. Although we can think of them as essentially representing a particular phase of life for the participants, there is also much overlap that should be considered.

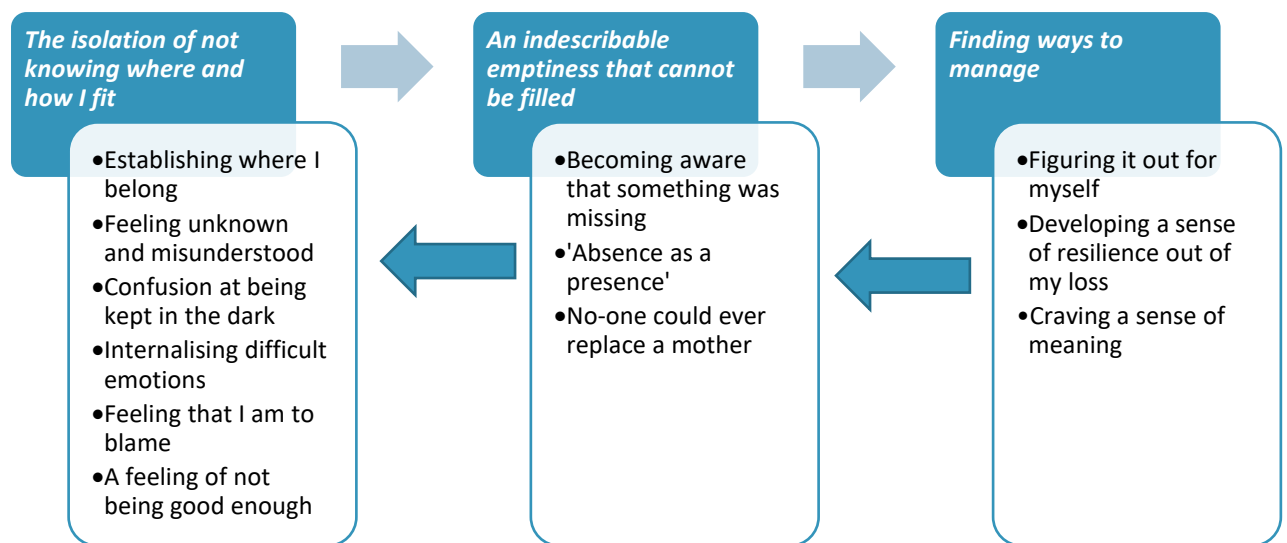


Figure 1. Diagram of superordinate themes and subthemes

3.3 Superordinate Theme 1- The isolation of not knowing where and how I fit

The first superordinate theme describes participants' felt sense of isolation in regard to not knowing where and how they fit. I chose to present this first as the subthemes within this superordinate theme seek to encapsulate the retrospective meaning-making of participants, for their childhood experiences. It was felt that presenting the superordinate according to temporality would represent their experiences the most fully. This superordinate theme describes six subthemes: Establishing where I belong; Feeling unknown and misunderstood; Confusion at being kept in the dark; Internalising difficult emotions; Feeling that I am to blame; A feeling of not being good enough.

3.3.1- Establishing where I belong

The first few extracts capture the difficulty that participants faced on joining their new families following the deaths of their mothers:

It could have been the scenario everybody just came home with a new baby and life continued on...instead I came home to an environment of a lot of yelling and screaming (Pauline: 8, 189-192).

Pauline draws a distinction between her experience of early childhood, and another reality that only exists in her imagination. Interestingly, Pauline shifts from talking about herself in the third person as the "new baby" to first person. This could be interpreted as the psychological battle for Pauline who is reluctant to acknowledge the possibility of causing disruption in the family home. On the one hand Pauline acknowledges that this was her, but another part of her wants to distance herself from her reality and imagine it as being another baby coming home to that environment.

Mildred describes the process of moving between homes, the discrepancy she feels about what home is for her and where she truly belongs:

I went to live...about three hours from where my father and my siblings were living...He had brought me home that he knew that my mother's parents were going to take me to live with them...He told me the story that I brought you home from the hospital because I wanted you to establish that this was your home...I went to live with my family, and my brother had gotten Cancer...I had to go back and live with my grandparents...though I was back and forth I remember that you know going back and forth I had kinda two homes...I remember being in the car being driven by an aunt and uncle back...where my family was...I remember not wanting to go, like I remember sitting in the back seat...not wanting to go (Mildred: 2, 36-37, 81-82, 100-134).

Here we get a sense of the powerlessness experienced by Mildred, as she describes her experience of being moved between homes; the consequences of other people's decision making. I recall hearing desperation in Mildred's voice as she recalled "not wanting to go". I wondered how integral to the family she felt at this time, echoed by her vagueness about where her family lived in relation to her. Mildred's choice of language describing her father telling her the "story" about being brought home, might suggest she is not entirely convinced of his narrative. The possible confusion about where home was, was demonstrated by the back and forth nature of Mildred's narrative during her interview, which at times felt confusing.

Hannah described trying to become part of a group and seek belonging from those she felt understood her best:

I actually wanted to be a part of umm...I'm trying to be a part of a motherless daughters like support group, and the therapist that I was working with said I have a lot of similar feelings to other women that she'd been working with...what do you do with that sort of feelings...or you know like not knowing where we fit in in terms of like

our family...like do you understand like like what it's not ever like to never have your mum?...I think it's just a different view of the world (Hannah: 11, 242-254).

Hannah seems to express the idea that those who have not experienced losing their mother in the same way she has, could not possibly understand what it is she needs, emphasised with her use of rhetorical questions. She appears to try and meet these needs through connecting herself with those that she believes *will* understand her. This need appears to be ongoing, as she moves from describing it as a past to present event. I thought that the last question had great pertinence with relevance to the research question and myself as an 'outsider' researcher. Her past experiences may have led Hannah to conclude that no-one can understand her, and so perhaps there is some uncertainty about whether those in the group would either. She later continues:

And umm, sometimes it's like hard to be like okay like how I do I fit in like everyone else, to like, just has a different view? Like sometimes I'm like what I see is not what everyone else sees, and that's sometimes hard to like to differentiate like my perspective versus other people's perspective (Hannah: 33, 772-775).

There is a sense that having a different view to others meant that she was in some sense isolated from them. Interestingly, Hannah describes the experience of feeling both different from others, as well as being merged, as she struggles to separate out her perspective from other people's.

Like other participants, for Lola, there is a sense that family resemblance is an important part of establishing a sense of belonging. Below, she describes the experience of meeting her new half-brothers that she had only found out about later in life:

I wanted to look at their faces and see umm if we have if we have similar faces... I think I craved some kind of connection point with my mother...uhh...I think...I I I think I craved some kind of instant connection beyond time and space with her. So it was not so much about them, it was so much about her. I think I craved like...your belief is so strong that you almost feel that which you want to touch (Lola: 12, 278-295)

In this descriptive and emotive extract, Lola's sense of longing for her mother is apparent as she searches for connection. I note her shift from past to present tense at the end of the extract and understand this to mean that Lola's longing for her mother is ongoing. On meeting her half-brothers there was a craving for connection, and in the present as she recalls this experience, her belief in something "beyond time and space" is still so strong. Lola's choice of language here emphasises her desire for an eternal connection with her mum, in the absence of a physical body.

Two of the participants described childhood experiences of being able to establish where they belonged:

So, uhh, you know, not being what you might call a 'complete' family, was not so uncommon...so we were quite an odd family I suppose...But looking back on it now every family I know is slightly odd in its way. (Adam: 10, 232-233, 274-275).

Adam begins by separating himself from others in the notion of a "complete family", refers to his family as "odd" and then retrospectively diminishes the differences between his family and others. Perhaps this is representative of Adam's shift in perception over time; as an adult he is able to put his family into context, whereas his child perspective was narrower. His matter-of-fact language seems to suggest that Adam did not have any qualms about establishing a sense of belonging in his family but took their 'oddness' as something factual. His experience appeared to go unquestioned by him and those around him.

Like Adam, Sarah's experience of remaining in a stable environment growing up could also contribute to her having found it unchallenging to establish where she belonged.

I wasn't I wasn't pushed from pillar to post...well that was all I knew. As far as I was concerned I had three brothers (Sarah: 29, 531-541)

Sarah's description of her childhood appears unaffected by her early experience of loss, as she describes her felt sense of stability. Her use of past tense draws our attention to the potential differences between the view she holds as an adult, and that she held as a child. The vulnerability of Sarah as a child emerges here, as she describes herself as only

knowing part of the story. As a child, the stability she experienced and knowledge of who were her siblings appears in part to have sheltered her. However, earlier in her interview, Sarah had stated:

I was distressed and crying because the nurses weren't there anymore (Sarah: 27, 504-505)

It could be that Sarah's distress is evident of her perception that being with the nurses gave her a sense of belonging, and the absence of them meant a she experienced feeling displaced.

These extracts convey how participants talked about the process of establishing where they felt they belonged, both as children, and retrospectively. The participants share the common experience of ambivalence about their connection to others, and where they fit in. We see a need from participants to reach out to other platforms in order to try and find that sense of belonging that they have perhaps always been missing in their lives, as they seek to find their place.

3.3.2- Feeling unknown and misunderstood

This next subtheme closely links to the previous theme but focuses more on the specific experiences that participants described of feeling unknown and misunderstood by others. In one way or another, all the participants had some experience of this, despite it taking different forms. I begin by exploring the ways in which participants described feeling left out to some degree:

Nobody was ever there...nobody every worried about me in that way (Mildred: 14, 307-310).

At the end of graduation, I'm out there on the field...I was all by myself (Pauline: 37, 861-863)

These emotional extracts highlight the felt sense of loneliness experienced by the participants. They appear to be encountering life experiences where they do not feel cared about by others. Perhaps the significance of certain events meant loneliness was more acutely felt, as it acted as a reminder of what was not there.

For Hannah, there is a sense of not being believed, which I interpreted as her feeling misunderstood by others:

I sometimes feel like people don't believe me, because I look like someone who has parents, like meaning I've gone off to college, have girlfriends (Hannah: 8, 173-175).

Because she appears more 'successful', perhaps others do not recognise her as someone who lost a parent. This perhaps contributed to Hannah feeling misunderstood and perhaps not getting what she needs from others. She continues:

I dunno this might sound weird to say but I kinda feel like I look at myself as like we're like a minority group. Like not everyone understands what we're about and what we're you know what we're a part of, there's really not that much information out there (Hannah: 9, 192-194).

Hannah describes feeling like part of a wider group who have lost their mothers in a similar manner. She uses the term "minority" which has implications of being different from a larger group of which it is part. I interpret this as Hannah feeling isolated from the rest of the world who do not share her experience. She appears to suggest that the lack of information could be part of the reason that others do not understand her and others in the "minority group". I get a sense that Hannah is eager to share her experience with others but feels that there is no platform for her to do this. Grouping herself into a minority but also acknowledging the lack of information, seeks to highlight her felt sense of isolation as this likely means that an actual group does not exist. She goes on to say:

It's just like a difficult, a difficult, it's hard to convey a perspective that like no-one else really fully understands, you know what I mean? (Hannah: 31, 726-727).

As Hannah describes her perspective as difficult to convey, she then uses a rhetorical question to establish understanding. I interpret this as Hannah trying to ascertain my level of

understanding about her, which amplifies her general feeling of not feeling understood. Hannah's repetitive language emphasises her struggle to get her perspective across. I wondered what this meant for me as a researcher, trying to get as close as possible to this phenomenon.

In the next quote, Adam conveys his sense of feeling unknown:

I tend not to get emotionally excited. Even my wife and my family always said I had no feelings, which wasn't quite true (Adam: 19, 448-449).

Similarly to other participants, Adam appears to share an experience of being misunderstood by others. He uses his wife and family as examples of people that have not quite understood his true essence. Further than this, he appears uncertain about his own identity himself with the contradiction about what he "tends" to be like and then that not being "quite true".

In summary, this subtheme described the various experiences that participants talked about regarding being misunderstood by others. From the majority of participants, I noticed a common theme of loneliness, that ran through their narratives. There was a sense that through the combination others not being able to fully understand them, as well as participants struggling to tell their stories in the first place, participants were often left feeling alone in their experiences and unable to convey quite what was going on for them to those that had not shared their same tragedy. There was a sense of others missing the mark, which perhaps left participants feeling isolated, as through a lack of understanding their story, it was like they themselves were not being understood.

3.3.3- Confusion at being kept in the dark

This next subtheme describes the confusion experienced by participants as they were kept in the dark with regards to knowledge surrounding their mothers' deaths. Early on in interviews, many participants spoke about lacking information about their mothers' deaths,

which was exacerbated by a lack of conversation around the subject. This subtheme begins with an example from one participant's journey to finding out more about her mother's death:

I was always the kid who searched through umm documents in the house...I did another round of research ...I was so conflicted ...I was very confused and I think I started to ask questions to my sister...the family, they all decided they should just wait for the perfect moment to tell this (Lola: 3, 48-73).

I feel Lola's confusion here at being kept in the dark, in comparison to the family members around her who, to Lola's understanding, knew far more than her. I sense a shift from Lola's desire to find out about her mother's death autonomously, to recognising she will need to others' input to make further progress. However, I also sense some angry sarcasm in Lola's voice as she describes her family as waiting for the "perfect moment" to tell her about what happened to her mother, recognising that this moment has not or will not ever exist. Lola perhaps feels frustrated towards her family for not telling her sooner and relieving her from her confusion and unanswered questions.

The following extracts convey participants' experiences of gathering information about their mothers' deaths, challenged by the subject being taboo and mostly avoided:

Well I gathered that. Well I don't really know. Nobody ever spoke about it. So this is all just surmised what I've gathered (Adam: 3, 69-70).

This is only what I think I was told... (Sarah: 17, 306).

I wanted to know about her but nobody wanted to tell me much...I don't understand as much about it as I would like you know (Mildred: 11, 254, 512).

I interpret these extracts from Adam, Sarah and Mildred as them all sharing the experience of both feeling dismissed and powerless, as they are kept in the dark. All three participants are forced to make assumptions following limited, and sometimes absent information. There appears to be a double lacking in information; firstly, lacking the information itself, and secondly lacking the knowledge about why this was the case, leaving them dissatisfied. With

Mildred in particular, I get a sense of her trying to find out more information but being dismissed in the process. For the others, there appears to be more of a shared experience of assumption-making as a result of others holding back information.

All the participants talked about the subject of their mothers' deaths being 'taboo' and therefore not spoken about within the family, and certainly not to the participants. This in many cases, meant that participants were kept in the dark about what really happened for many years. Many of the participants dare not ask any questions at all, fearing they were breaking some unsaid rule about the silencing. Others tried to broach the subject, but as we have seen this sometimes resulted in dismissal.

3.3.4- Internalising difficult emotions

This subtheme describes the ways in which participants talked about their experiences of concealing their emotions. Pauline is one participant who spoke about internalising difficult emotions as a means of protection. She describes her upbringing which led her to gradually internalise her emotions more and more, in order to try and not feel that emotion in quite the same way:

I, as I got older, I purposely built this wall around my heart. It was like, I was so proud of it. I was so proud of how hard my heart was, I was so proud of how hard my heart was. 'Cause you know what, I have cried enough. I am not ever crying again, cause I cried so much when I was a kid...I just started to build up these defences (Pauline: 16, 367-372).

Here it seems as though Pauline's initial displays of emotions were not managed in the way she perhaps needed at the time. Something happened so that she needed to build her "wall around [her] heart" and feel she could "not ever cry" again. The transition from Pauline as an emotional child to an adult who internalises her emotions is seen here. I wonder if she is

reflecting on how she has changed over time, in her yearning to have been protected, which she now does herself with the “wall”.

In the following two extracts, Hannah offers two different possible explanations for why she believes she might be more likely to internalise her emotions:

I definitely felt like I internalised a lot more...I should of like just because there wasn't really much conversation around it... (Hannah: 6, 137-139)

Hannah appears to make a link between the lack of conversation about her mother and her tendency to internalise. The lack of conversation could have suggested to Hannah that the subject was to be ignored. Next, she suggests:

I feel like I internalise a lot because I'm like taking responsibility for other people's like feelings and thoughts...things like that that aren't my own (Hannah: 33, 787-789).

I thought that this could be interpreted as Hannah feeling overwhelmed with everyone else's feelings and thoughts, that she did not feel able to express anything at all. Hannah recognises that she takes things on that aren't her own, but perhaps is unable to decipher between her own and other peoples' stuff, meaning she internalises everything as it becomes muddled.

Mildred's eludes to the fact that talking about her mother is sometimes just too painful:

*And I think probably if you know like I carry the same as my father, it's sometimes too much, I have to leave it alone I don't wanna poke the bear you know...tired of poking the bear *laughs*. (Mildred: 25, 578-581)*

Mildred uses highly evocative language here to describe how she and her father often find it too painful to talk about Mildred's mother. I interpret this, and her use of laughter as a way of distancing herself from the difficult feelings associated with thinking or talking about her mother. It seems as though Mildred's ongoing search to find out more about her mother but to no avail, has been like carrying a heavy load that is weighing her down. There also appears to be a fear of continuously opening herself up to the subject, and what that might do to her.

This theme described the ways in which participants talked about their experiences of internalising their difficult emotions. The subject of their mothers' deaths not being spoken about appeared to be significant in terms of participants struggling to talk about their experiences, since they were not encouraged to growing up. Further to this, a need to escape painful emotions, or being afraid of what might happen if they were to expose themselves to such raw emotions, was something that appeared for many of the participants. For some of the participants, there was a shift over time, from being highly emotional as children, towards having more of a hardened heart in adulthood and struggling to show any emotion at all.

3.3.5- Feeling that I am to blame

A lot of the participants talked about self-blame when it came to their mothers' deaths. However, over time many of the participants appeared to hold less responsibility, as they gained more information and developed their understanding:

But still a thing about growing up and not really knowing if they blamed me in some way for her dying, because suddenly there's this baby to care of, and if it weren't for her... (Pauline: 22, 514-515)

Pauline's tone suggests a longing for certainty with regards to her siblings' resentment towards her. The "not really knowing" appears to be the challenging part for Pauline, evidenced with "still", which suggests an ongoing need to know. The immediacy of Pauline's presence with the simultaneous death of her mother emphasises the unexpected arrival of Pauline. I interpret Pauline describing herself as "this baby" as her attempt to distance herself to manage the difficult feelings associated with the blame she thinks her siblings might put on her. She goes on to explain that she only realised later on in life, that she too held this level of blame towards herself:

I didn't really figure this out until this year, but yeah uhh I think I've always blamed me, and felt responsible for it, and what that's done to me on an unconscious level...I think all my life I've had this unconscious feeling that it's my fault. When somebody got hurt, even if it's not my fault, I would feel bad about it for a really really long time, and I would feel like I needed to make it up in some way...make sure that umm other people don't get hurt because it'll be my fault...so it's like all my life I've been trying to make up for my mother dying (Pauline: 24, 556-565).

Pauline appears to have experienced a long-standing feeling of self-blame that is so deeply ingrained it seeps into every aspect of her life and particularly, any situation where something goes wrong. During this part of the interview I recall a longing to reassure Pauline that she was not to blame. Perhaps this could be reflective of Pauline's desire to know it is not her fault; something she has never been explicitly told. Her language suggests a retrospective reflection, implying she no longer feels this way. She goes on to explain:

In the past I would have beaten myself up, and I would have taken on that responsibility...but I don't anymore, because now I know it's not my fault. It's not my fault your mother died (Pauline: 30, 701-704).

Here we see Pauline evoke a much greater degree of self-compassion towards herself, as she is able to shift the blame off of herself. She appears to be talking to her siblings in the last part of this extract. I interpret this as an unsaid family belief that it's Pauline's fault, which Pauline has now begun challenging. Her tone is gentle yet defiant, as she sheds herself of this long-standing sense of responsibility.

Hannah goes one step further than just blaming herself, even alluding to a belief that she might deserve her mother to have died during her birth:

Sometimes I kinda like think and I know this is another thing that might sound silly but like did I do something in like a past life that like you know, like I didn't respect my

mother enough in a past life and that's why I don't have my mum in this life?

(Hannah: 16, 374-376).

Hannah appeared to experience herself as deserving of her fate, with reference to herself as disrespectful in a previous life. Her tone was inquisitive, which I believe is illustrative of her ongoing desire to answer this question. Later on, she says:

I feel like a lot of the guilt stems from...the lack of direct conversation about it...there's definitely like a lot of like, a lot of guilt of me being here but then like seeing other people's guilt and loss of like, my mum...I know that she would not want me to feel guilty (Hannah: 24, 552-553, 557-558, 595-596).

There appears to be some confusion here about how the guilt manifests or what it is about. I interpret this as being linked to the lack of conversation, as Hannah points out, which could suggest that Hannah was then left with the experience of guilt, but uncertain about why or where it came from. Within this short extract, Hannah repeats "guilt" four times. This could be indicative of the ongoing sense of guilt that she experiences, as well as trying to emphasise the impact it continues to have on her today.

Mildred, too, describes a felt sense of responsibility following her birth and her mother's death:

I realised that what I carried was this, uh no responsibility's not the right word but th-umm...that my birth brought about my mother's death...some guilt, that I carried around (Mildred: 19, 445-448).

Mildred struggles to get her words out here, and even to decide upon which words best describe what it is she is experiencing. This could be interpreted as Mildred's uncertainty about whether or not she should be held responsible for her mother's death. She goes on however to imply that perhaps there is something that still remains:

*Umm...*long pause*...well yeah I think it may have left me with this lingering sense that I had done something wrong or I had caused something wrong (Mildred: 20, 464-465).*

She describes the guilt as “lingering” suggesting that something is ongoing and will always be with her. We are reminded of the enormity of the event, and how no matter how much time has passed, this experience will, always be with her. The fact that Mildred describes herself as someone whose done “something wrong”, would imply that she sees part of herself at least, as bad.

In summary, this described the guilt that participants experienced following their mothers’ deaths. This guilt was ongoing in nature and often met with uncertainty. Many of the participants described not being sure about the degree to which others perceived them as ‘responsible’ for the death, exacerbated by participants themselves being unsure. We see a shift over time as participants become aware of other explanations and are often able to shift some of their felt sense of responsibility.

3.3.6- A feeling of not being good enough

This final subtheme describes the ways participants spoke about feeling inferior or substandard. I begin by exploring Kristal’s experience of how she came to live with her grandparents:

Whenever I was born, oh there was a whole fight as to who would, wanted me.

Nobody wanted me (Kristal: 4, 174-175).

And me grandad Polly...he says ‘what are you’s chatting about? Sh’ the win’s home’s here. Bring your ween...home here’. (Kristal: 5, 230-233).

Kristal appears ambivalent about the degree to which she was wanted, in these two short extracts. The first depicts a feeling of being unwanted by anyone, whereas in the second

extract, Kristal's tone was more playful as she explained how her grandparents came to adopt her. I interpret this as Kristal's general ambivalence about being wanted at all, echoed by her nonchalant language in "whenever I was born", implying a sort of indifference about her arrival into the world. Her tearful tone in the first extract seeks to emphasise this indifference and feeling that she was perhaps not good enough to be wanted.

Lola, during her interview, described herself negatively too:

I'm not the pretty one so I really must knock people down with my intelligence or my wisdom (Lola: 14, 318-319).

Here, Lola appears to hold physical attractiveness in higher regard than internal beauty. It could be that she holds implicit societal views about what "beauty" means and the extent to which she is valued. Lola appears to want to make an impact on others and does this through her intelligence. Later, she goes on to conclude:

I've come to believe that I'm not good enough (Lola: 41, 952).

It seems as though everything in her life has been an amalgamation for Lola perceiving herself in this way. However, "believe" implies that Lola considers there might be other possible truths available to her.

In the extracts that follow, Pauline describes a sense of unworthiness that she experienced as a child, which she believes set up a pattern of abandonment in her life:

And my stepmother and I never bonded. And she made it perfectly clear that I wasn't hers...that's when I started to realise there's something wrong with me because there are why don't I have a mother? that's probably when a lot of my unworthiness started, not being good enough started (Pauline: 6, 138-143).

Pauline's use of absolute terms in "never" and "perfectly" reflects her certainty about the degree to which she was treated differently by her stepmother. Her tone was dismissive, which I interpreted as Pauline's rejection of her stepmother before she could reject her. I also noted some resentment in her voice, which I thought could be interpreted as Pauline's anger towards her stepmother for making her feel unworthy and not good enough. She goes on to say:

*I think it set up a pattern of abandonment *tearful* a pattern of abandonment. Like they left me, not being good enough for people to stay you know *tearful*, it set up a pattern in my life to always feel like I had to take a back seat...I was made to believe that I wasn't good enough to sit in front, so's to speak (Pauline: 7, 154-163).*

Pauline's tearfulness could be interpreted as a deep sadness that she had not recognised before. Her repetition further suggests that Pauline is considering this in the moment, as she pieces together the patterns in her life. The word "pattern" implies something repetitive and ongoing, emphasising the extent to which Pauline feels affected. Her analogy of being good enough to "sit in front", suggests that Pauline feels like a second-class citizen, as she describes a sense of inferiority compared to others.

This subtheme described the ways in which participants described experiences of not being good enough in some way. Amongst other examples, this encompassed ambivalence about being wanted and not feeling good enough for others to stay. Participants appeared to hold deeply ingrained views about themselves being inferior to others and some equating that to the harsh treatment by subsequent caregivers.

3.4 Superordinate Theme 2- An indescribable emptiness that cannot be filled

Throughout the interviews there was an overarching sense of participants struggling to find the right language to talk about their experiences, hence the inclusion of 'indescribable' in the title. It felt important to acknowledge the emptiness that appeared to encapsulate many of the participants' experiences, in regard to losing their mothers during their birth. There was an apparent sense of 'something' not being there, but that 'something' being difficult to vocalise in words. Furthermore, this 'something' did not appear to be easily replaced. This superordinate theme describes three subthemes: Becoming aware that something was missing; 'Absence as a presence'; No-one could ever replace a mother.

3.4.1 *Becoming aware that something was missing*

This subtheme encapsulates the various experiences described by participants with regards to the specific moments they noted as poignant in becoming aware that something was missing for them. It is important to note that for two participants, the death was not actually perceived as a loss, taking the view that one cannot lose something they never had. For those that perceived it as a loss, some experienced acceptance. Others struggled to find this acceptance, and the subject of their mothers' deaths brought up an overwhelming sense of loss, a theme that then continued and lingered with them throughout their lives:

I was just like, 'oh my god, that's what it's like to have a mother'...Probably around age twelve...starting to have sleepovers...realising they had mothers, was probably when that really started...Umm, I just think it was just the intimacy between my girlfriend and her mother and realising that, 'cause I didn't have... (Pauline: 15, 332, 774-788).

This emotional extract suggests a lightbulb moment where Pauline realised what she was missing through observing her friend with her own mother, Pauline is able to see first-hand what she never had. It appears that prior to this, a mother as well as the intimacy that comes with that, may have been foreign concepts to her. She goes on to say:

Like I've never had a mother who wrote a note from the tooth fairy...I just made that up. I never had that done for me, that came from inside (Pauline: 39, 916-919)

The tooth fairy, a recognisable and memorable concept for many children, appeared to be something tainted with absence for Pauline. It seems as though Pauline values her ability to draw from her inner resources, as she is able to provide her children with an experience that she herself never bore witness to. Similarly, Kristal and Mildred describe some of their points of recognition in relation to becoming mothers themselves:

When I got married and had me own wees, they had no granny, and that bothered me (Kristal: 6, 252-253)

I believe that the sentence structure here emphasises the significance of Kristal's children not having a granny, over anything else she missed out on. It is almost as though the other events are merely a build up to the most difficult experience that was missing for her.

Mildred's experience of motherhood is described slightly differently, but marked with the same sense of overarching loneliness in something missing:

Umm I I would say definitely after I had I became a mother...that was when it really hit me...just how much I loved my daughters... this is what I missed in my life...I didn't have this that kind of just that overarching kind of the love, the passion that a mother feels for her children (Mildred: 17, 383-393).

We feel the full weight of the impact of Mildred's mother's absence here, which Mildred describes as something that "hit her" implying it was felt suddenly and forcefully. The beautiful experience of loving her daughters is marked with the sadness in her recognising that this was not something she experienced from her own mother. The two become intertwined for Mildred, as she describes the love for her children, as well as the absence of her own experience of being mothered, intermittently throughout this extract. I interpret this as Mildred attempting to rectify the experience of loved she missed out on from her mother, through the love she experiences for her own daughters.

Lola's experience of recognising something was missing was different and marked by an intuitive feeling that she was missing out on something from the woman she knew as 'mother', as she compared her and her brother's experience of her mothering:

For my brother it was. And maybe that's another thing that helped me make this distinction because she was having, I could not feel what he felt from the inside, but only from external observation I realised that her, she was pampering him more, something like that (Lola: 18, 401-404).

Lola's recognition that she was experiencing something different to her brother appears to mark the moment she recognised something was missing. This experience appears to be marked by a lack of emotion from Lola towards her stepmother, which confirms what she already knew.

Unlike the previous extracts, the following extracts convey two participants' retrospective childhood experiences of acceptance around their mothers' deaths, rather than an experience of recognising something as missing:

You see, a child just accepts the way it is (Sarah: 10, 187).

But then you're just a kid and this is the way your world is (Mildred: 8, 167).

Despite talking about 'acceptance', both participants create a distance from their experience with the use of third person, as they recall childhood experiences. I wondered whether in doing so, they were able to distance themselves from potentially painful experiences and emotions, in order not to become overwhelmed. In addition, the reference to themselves as children implies that perhaps there has been a change in perception regarding their felt level of acceptance, holding more acceptance as naïve children who knew no better, than as adults who have developed a greater understanding of what the loss might mean.

Adam appears to accept his mother's death, but also offers an insight into his frustration about medical times advancing not soon after:

The sadness is that ten years later ...you know, she would have been treated, without any problems. Or probably without any problems...So that obviously sort of rankles, but it has to be accepted...So you know, never really thought about it too much. Accepted rather than...it wasn't a major problem (Adam: 18, 412-413, 417, 442-443).

Despite Adam's emotive descriptions of "sadness" and "rankles", I do not recall feeling emotional here. My experience of this lack of emotion could have been mirroring Adam's sense-making in this moment, as he considers what the outcome could have been years later. I sense a real fear of letting his imagination consider what his life could have been like if his mother had been born ten years later, evidenced by Adam's need to minimise the impact her death has had on him. The acceptance that he describes is therefore perhaps

something he feels he *needs* to feel, stating “it has to be accepted”, rather than instinctively feels.

I mean you know, eh, what do they say, what you haven't got you don't miss... I never I wasn't aware I told you I wasn't aware of having a mother or anything (Sarah: 25, 458-459, 480-481)

Sarah struggles to articulate herself here, which I interpret as it being difficult to find the words to talk about an experience that was for her, in some ways a *lack of* experience.

“What do they say”, appears to help Sarah explain her feelings, indicative of everything that her connection with her mother represents; something she only draws on through other people. Sarah goes on to explain that since she had never had her mother, it was not actually a loss in her eyes. Adam's extract implies he experiences something similar:

It wasn't a loss as far as I was concerned. I mean, I'd never had it (Sarah: 30, 547-548)

You have nothing to compare it with. This was my upbringing...it it's an impossible question that really (Adam: 9, 213-215)

For both participants I noted frustration in their tones here. I interpreted this as frustration towards myself for a perhaps hidden assumption that they had experienced a ‘loss’ when in their eyes, this was simply not the case. Both participants seem to imply that in order for them to have ‘lost’ something, they would have had to have physically had it to start with. The process of comparison appeared integral, in order for participants to conceptualise what they were missing.

In summary, this subtheme described how participants perceived their loss. For some, this changed over time, whilst for others, the views they appeared to hold as children, did not appear to change much. This latter experience appeared to hold truer for the participants that held a more matter-of-fact, accepting approach towards their mothers' deaths. For them, there was a shared theme of the idea that ‘losing’ their mothers were not actually a loss per

se. For others, significant life experiences appeared to have an impact on how participants' perceptions changed, such as becoming mothers themselves. Social comparison also appeared as a key factor for many participants in their process of recognising something as missing.

3.4.2 'Absence as a presence'

The next subtheme title arose from one of the participants, and I thought it encapsulated well the idea that something was missing which governed everything in their lives. Included within this subtheme are the ways in which participants described something being missing which created an absence, as well as the ways in which the subject of their mothers' death was spoken about, and often, not spoken about. In this sense, it also felt right to include the idea of their deaths being seen as a taboo, within this subtheme, as for many of the participants it seemed as though the absence of conversation in itself, became something very present in the lives of the participants as they began asking questions and developed their curiosity.

Mildred talks about her mother's absence as a presence, however, she phrases it, 'presence as an absence':

Looking at the whole sense of presence was an absence in my life, this gaping gaping absence in my mind. She's she's there in the way that she's not there (Mildred: 13, 299-301).

I was not sure whether this was a linguistic error, or whether Mildred meant to form her sentence with the words this way round. I interpret this as her mother's presence in her life being stronger than her absence, as she goes on to describe her being "there in the way that she's not there". This phrase could also be encompassing of Mildred's attempt to keep a part of her mother in her life, despite her physical absence. The absence in her mind is perhaps indicative of Mildred's struggle to even conjure up in her imagination a concept of her mother, rather than solely being a physical absence. Mildred's description of her mother's absence is highlighted using evocative images:

*It's just this tremendous overarching loss. An absence in my life. It's it's an emptiness I think...Just a gaping gaping hole, *laughs*, this great big empty place in my life that will always always be there (Mildred: 25, 574-578).*

Her choice of language seeks to emphasise her loss. Mildred's wide-ranging language to describe her loss is perhaps indicative of an absence of the right words to do justice to her felt sense of loss. It is described as a loss, an absence, an emptiness, a gaping hole and a big empty place, all within one sentence. We also get a sense of the ongoing nature of this loss, emphasising the permanence of her mother's absence.

I think I just started to feel really sad...I am missing someone who loves me that much, you know. I don't know what it would be like to be nurtured like that (Pauline: 34, 780-782).

Pauline's tone suggests she has intense feelings of sadness at the idea that she could have had someone in her life who showed her such a high degree of love and nurturing that she has not experienced. She trails off midway through suggesting she is reflecting in that moment about what that might have been like, with her hesitancy reflecting her absence of experience and therefore struggle to find the right words. This is emphasised with her stating "I don't know", again highlighting her naivety to this experience.

For Hannah, the absence of her mother is described as a missing puzzle piece:

Umm I mean I just kinda felt like there's a missing, missing like puzzle piece (Hannah: 6, 130).

We might interpret this as Hannah referring to her family as the puzzle, and her mother as the missing piece of that puzzle, in the sense that the puzzle continues to exist and fit together, but there is evidently something missing that can never be replaced. Her not being there continues to be acknowledged by those that survive her.

Lola explained her loss as something that was almost difficult to recognise, given that her mother was someone who for her lifetime, had never been there:

If you grow up in an environment where normal things are missing...say like television...they don't know that the TV exists so they don't ask for it (Lola: 5, 107-109).

Lola draws an interesting comparison here between not having a mother, and not having a television. It could be said that someone who had experienced both of these, would be unlikely to compare the two. In this sense, Lola is naïve to the experience of having a mother, as is highlighted by her choice of language in comparing the two. In this extract Lola also alludes to her mother's absence being unknown in the sense that she was unaware of what she was even missing.

There's just so little research that sometimes it's hard to explain like all of these feelings (Hannah, 8, 180-181)

Here, Hannah implies that the lack of research is what makes it difficult for her to convey her experience to others. This is an interesting idea, since additional research in the field would not necessarily change Hannah's subjective experience or meaning-making process, since this is already established. However, research would mean that others might understand the general phenomenon better. Her experience being so unique, could be perceived by Hannah that no-one could possibly understand it, which the lack of research almost echoes. Therefore, we might interpret this extract as Hannah perceiving the lack of research as being a barrier to others understanding her experience, rather than her explaining them.

*It's it's there in my body somewhere that sense of umm yeah like *laughs* I don't think there are words for it yeah...umm (Mildred: 30, 686-687).*

This experience could be interpreted as one that can be embodied yet not vocalised. This is echoed with Mildred's repetition, indicating she might be struggling to vocalise what she feels in this particular moment. There is a sense of her grief being a present and very real phenomenon, but one that is difficult to put into words. Mildred tails off and is unable to finish off what she says, perhaps again being indicative of this being such a unique experience that cannot be compared to other losses, and therefore difficult to be understood.

Most of the participants spoke about the subject of their mothers' deaths as 'taboo':

I always wondered, I was always inquisitive about what happened. You didn't just dare ask, it was a taboo subject...nobody daren't mention it (Adam: 11, 255-258).

It was a taboo, a taboo subject...we weren't allowed to talk about it at all...there were no pictures of her out...she would never, never talk about my mother to me. And my father wouldn't either...I remember talking a lot to my brothers about it too like as adults we talked a lot about it and how we couldn't talk about it and how mystified we were that we couldn't talk about this huge huge thing (Mildred: 8, 172-180, 410-412).

For both participants, there appears to be a family narrative that the subject is not to be spoken about, yet they have an ongoing need to know more. Further to this, this family narrative appears to bring with it a sense of fear, that the participants felt out of their desire to know but not daring to. The absence of conversation appears to preserve the participants' felt sense of longing, as they remain "mystified" about not being able to know more.

Mildred's shift from herself as a child, to talking about herself as an adult, I interpret as a shift in perception from taking the family narrative as truth, to questioning the mystery of it as an adult.

Hannah describes a feeling of pity experienced by those that knew her story:

Yeah there was someone that I'm assuming just like knew like our story and like saw my brother and I and just kinda like looked down in sadness and like just kept walking...it's interesting being someone who like is so well known for something that's that was so traumatic...there isn't as much privacy as you would want but at the same time, I feel like being in a small town there's more sometimes understanding with it all if that makes sense? (Hannah: 20, 467-472).

It could be said that the absence of her mother created the experience of being well-known by others as well as being pitied by them. Hannah's tone is relatively upbeat here, which lay in contrast to the sadness of the topic. I interpret this as Hannah's ambivalence about being "so well known" which could have positive connotations, for something "so traumatic". Also experiencing pity, Pauline says:

*I'm like 'oh my god they're gonna pity me!' So I suddenly realised that at birth I got imprinted with pity, because that poor baby lost her mother...It's like being a celebrity *laughs* but in a very pitiful way (Pauline: 27, 615-617, 628-633).*

Pauline's switch from first to third person could be indicative of a rejection of the pity she received and a desire to remove it from herself and distance herself from the pity. Her choice of language in "imprinted" suggests a permanent mark that is difficult to shift. It could be said that this early experience therefore became a key part of her identity and the lens through which others viewed her. In addition, "celebrity" implies that this was a part of her identity that was well-known by a large number of people, again making it difficult to shift or hide away from.

In summary, this subtheme described the ways in which participants experienced their mothers' absences as something quite present in their lives. For some, this meant the experience being embodied but participants lacking the right language to explain it effectively. Others talked about how minimal research on the subject may also contribute to them lacking the language to be able to describe their experiences. The idea of 'absence of a presence' also sought to incorporate the experience of there being something there that was so significant yet ignored and not spoken about.

3.4.3 No-one could ever replace a mother

Participants described their relationships with replacement caregivers differently. Who those caregivers were, also varied. Some described them lovingly, holding the utmost respect and gratitude for them. Others described hostile relationships, which often only seemed to intensify the loss of their mothers. Of the seven participants I interviewed, six described having stepmothers. The title of this subtheme encapsulates the idea that despite some participants describing positive relationships with caregivers, there appeared to be an

overarching theme that these relationships were limited, and that those relationships could not provide something their mothers may have.

The only participant to describe a positive relationship with her stepmother was Mildred:

*My dad remarried, and I had a wonderful stepmother, like she was my mother...she she really challenged all the stereotypes you know *laughs* of stepmothers (Mildred: 5, 94-98)*

There is a sense here that Mildred recognises that her relationship with her stepmother was perhaps atypical. Perhaps Mildred holds an idea in her mind that the 'typical' stepmother might not be so wonderful.

My stepmother cared about me, but she wasn't one to worry about me in the same way that a real mother would (Mildred: 14, 319-320)

Later in her interview however, Mildred goes on to note the perceived differences between a mother and stepmother. Mildred appears to have experienced a positive relationship with her stepmother but acknowledges the limitations. For example, she implies that her stepmother does not worry about her as much she Mildred might expect, and there is an assumption that her "real" mother would.

Kristal implies that having a replacement caregiver was key in having a good childhood and describes her grandmother as this person, yet longs for her mother when her grandmother shows signs of imperfection:

Oh you see I was with me ma from almost three weeks old, So that maternal thing I had was was for me ma, me granny. ...she was a replacement... But in them days, you got you got chastised, you got hit. And I remember my granny used to uh give me uh a bine, with a...sally rod... when my granny use to give me a hidin with a sally rod, I used to scream for my mummy (Kristal: 15, 679-693; 701-711).

Kristal's words "maternal thing" suggests she knows something about the experience of mothering through her grandmother, but that experience is limited. Initially Kristal starts off quite positive as she describes her granny as a maternal replacement, but as she recalls granny giving her the "hidin", I hear a sadness in her voice, as she appears to long for her mother. I wondered whether Kristal's use of second person in "you got hit" was her need to detach herself from this potentially traumatic memory. Interestingly, she then switches back to first person as she recalls screaming for mummy, perhaps as a way of stating ownership that this was "my" mummy.

Lola on the other hand, describes a less positive relationship with her stepmother:

No no cos she, I always had this, well theoretically I had a mother, this woman who was my father's wife, so I could not logically think that she's not my mother and after I uhh did find out, it made sense. Okay so so this is why I had these hunches that she's not my mother 'cause she's really not (Lola: 16, 367-373).

Lola's tone here suggested that she intuitively knew all along that her stepmother was not her birth mother and finding out was merely confirmation of this rather than new information. Lola appears to create some distance between her relationship to her stepmother through her words "this woman" and "my father's wife". I interpret this as Lola's rejection of having a relationship with her stepmother, and a way to keep her at a distance emotionally. This is emphasised with "theoretically" she had a mother, suggesting Lola did not really consider her to be a real mother in reality. She goes on to say:

I was this girl that had no clue about being feminine uh about being gentle, I was just following my father's gestures...my feminine side was just not nurtured (Lola: 14, 307-308, 313-314).

Lola appears passive as she describes her feminine side as "just not nurtured", which I interpret as Lola's perception that someone else needed to step in and support her with this. Lola's words "just following" could represent feeling helpless and reliant on the only caregiver she had access to in order to develop.

Pauline alludes to being someone who, as an adult, tends to shy away from others who try to nurture her, perhaps holding the belief that it is all too late:

Like don't try to nurture me, 'cause it was all taken away, so don't try to give it to me now, you know? (Pauline: 35, 815-816).

With her words “it was all taken away”, Pauline could be referring to both the removal of her mother’s nurturing when she passed away, as well as losing the nurturing she received from her siblings when they left home. I sensed anger and resentment in her tone with her repetition of “don’t” which I interpret as needing to put up a barrier between herself and others, as a form of self-protection. Perhaps this resentment was directed towards those that did not nurture her when she most needed it, and now it is too late.

Pauline describes the experience of choosing her husband, and how this for her, was impacted by her experience of losing her mother so early on in her life:

I chose him because he mothered me, and then later I resented him for that, because he wasn't man enough for me...I needed a mother for that. But it felt really good to have somebody nur-, you know sing to me and stroke my hair (Pauline: 41, 953-960).

Pauline’s ambivalence about her husband’s nurturing nature could be interpreted as her need for nurturing, but frustration at this not being from her mother. She experiences her husband’s nurturing as positive, but her resentment towards him appears to be reflected in her frustration at the absence of her mother.

Kristal describes a sense of loneliness that surrounds her, despite also being surrounded by a large family:

I was left with nobody. Because as I sit here and I'm talking to you, other than my two boys and Sandra Mike's girlfriend and Steven's wife, and the two grandchildren, and my husband Niel, I don't have, I have cousins, millions of them, 'cause we're both a big family, but I feel very much alone... even with the family around me I feel alone... And it is all because I lost me mother. (Kristal: 22, 1023-1040)

I interpret Kristal's apparent contradiction of being around lots of family but feeling alone, as her way of conveying that the early loss of her mother has remained with her, and no matter how surrounded by loved ones she is, there is a void that can never be filled.

Despite some participants reporting positive relationships with alternative caregivers, there is an overall perception that even these could not come close to a relationship that could have been had with participants birth mothers. Participants who lacked these positive relationships with alternative caregivers appear to hold the mothers they never met on pedestals and remain convinced that the nurturing they lacked would have been provided by them. For those that experienced a more positive relationship with a replacement caregiver, somewhere in their narratives was hints or explicit statements that despite being kind and nurturing, there was nonetheless a longing for the mother they never had, and an idea that she could never be replaced.

3.5 Superordinate Theme 3- Finding ways to manage

The final superordinate theme captures the ways in which participants found ways to overcome their experience of early loss and find a way to move forward with their lives meaningfully. This superordinate theme explores three subthemes: Figuring it out for myself; Developing a sense of resilience out of my loss; Craving a sense of meaning.

3.5.1- Figuring it out for myself

There was a sense that for a lot of the participants, they became parentified at a very early age, often meaning that they had to fend for themselves much earlier than their peers. Some participants expressed that they needed to become independent as there was a feeling of no-one being around for them. For others, it was about providing themselves with what they missed out on.

Hannah and Mildred imply a need to do things by themselves, because no one was ever there, implying a lack of choice in developing their independence:

I think I do figure out a lot of stuff on my own if I'm being honest. Like very independent because of that reason (Hannah: 35, 820-821).

Always very umm very independent, to a fault...nobody was ever there... just sort of fascinated at how umm just just how independent I I've been umm and I don't know if there's something that's kind of in my nature, but if it is it was definitely enhanced by not having, umm not being mothered (Mildred: 14, 307-319).

The shared experience of loneliness lies in sharp contrast to the typical positive connotations one might have with the word “independent”, that might usually signal freedom and self-reliance following a time of being dependent on another. For these women, independence is thrown upon them as a result of having no-one to depend on.

I was always self-reliant, since...since as long as I can remember I would never ask for help, because help was not obvious around me. (Lola: 5, 105-106).

Lola too describes being self-reliant. Like the other women, Lola's self-reliance is also marked with a sense of isolation, as she describes doing things for herself out of a lack of external resources. Lola goes on to describe the self-love she provided herself with:

I need to give myself unconditional love, 'cause that's the closest to what a parent would give you (Lola: 7, 145-146).

Here, Lola's tone sounded determined, as she sought to give herself unconditional love. There is an assumption that parents give children unconditional love, implying a need for Lola to grow up quickly in order to be a parent to herself to get what she needs.

Similarly, Pauline describes not being able to rely on others:

I've uh asked myself questions like umm uh 'why do you always try to get out of the room before somebody can help you?'...the person that was supposed to make me

feel secure and hug me, also beat the children. So in other words, after my mother died, all the children started to be abused by my father. (Pauline: 8, 171-176).

I interpret Pauline's words of "get out of the room" as meaning she shies away from help. She links this to the physical abuse by her father, which could be interpreted as Pauline's perception that if the person that loves you also hurts you, it is safer to stay away from that altogether and be self-reliant. She goes on to say:

I take care of myself and nurture myself. everything I need I get from myself, but in a, in a healthy way. (Pauline: 41, 967-969).

Pauline's repetition of "myself" could be indicative of her need to protect herself, believing that perhaps if she does not do this no one else will. This could be representative of her need to become an autonomous being from an early age, following the loss of her primary caregiver.

In summary, this subtheme has explored the ways in which participants described experiences of becoming parentified and having to become independent earlier than they might otherwise would have. Many of the participants talked about needing to do things for themselves because there was no-one else around to do it for them. Taking this, there is a sense of becoming independent out of a lack of choice and circumstances rather than being something innate within the group. Lastly, many also spoke about a need for nurturing, and how they provided themselves with this as this was something they lacked.

3.5.2- Developing a sense of resilience out of my loss

At some point in their interviews, most of the participants referred to having developed some sense of resilience as a result of their losses. Some were more explicit, making specific links between the loss of their mother and their own resilience, whereas others' narratives implied having developed resilience without specifically describing it. One example of the latter is Kristal, who refers to getting on with things.

You're like sore and you just get on with it (Kristal: 16, 738-739)

Although she is talking about being hit by her grandmother with a sally rod, we could also interpret this as the experience of hardship in life, such as the loss of her mother, yet finding a way to become resilient. Kristal's resilience to cope shines through here, as she alludes to being in pain, but finding a way to manage. Similarly, Lola describes not giving up on life, but relates this more specifically to the loss of her mother, in terms of thinking about her spiritual beliefs that have arisen from her loss:

Similarly uh it gave me a strength, a mental toughness and a physical resilience...to not give up on life (Lola: 35, 828-829)

Lola's tone was assertive and upbeat here, which I interpret as her having overcome hardship and a desire to make the best out of her situation. It is interesting to note that Lola uses three separate terms to describe her resilience here. Perhaps this emphasises for her just how strong she feels as a result of her spiritual beliefs she has developed to cope with the loss of her mother. Lola goes on to describe the ways in which someone might adapt following a change in circumstances:

They learn to adapt...without having had the initial uh unconditional love ...if a person is born...he loses an arm, immediately the brain will help uhh...they will adapt.. (Lola: 38, 888-899)

Lola's use of the pronoun "they" could indicate her attempt to distance herself from the experience but referring to others who might haven't receive unconditional love. Perhaps it feels too painful to talk about herself having experienced this. Lola alludes to the fact that through her loss, she has been able to adapt accordingly to her circumstances. The loss of the "arm" that is helped out by the "brain" is a powerful metaphor used by Lola. I interpret this as Lola feeling incomplete as a person, whereby she is missing something that would help her live more easily.

Mildred describes being able to recognise not just the challenging aspects of her childhood but also the positives, or what she refers to as "survivorship".

Not only umm some of the the challenges and sorrows that I lived with but also the good things that have emerged from this (Mildred: 21, 492-494)

*Validating some of the painful side but also maybe delighting in the some of the *laughs* survivorship (Mildred: 22, 498-499)*

Mildred's tone was more hopeful here on describing some of the "good things". Her hesitancy and laughter might suggest she is uncomfortable with acknowledging some of the ways her experience has contributed to her experience of 'survivorship'.

Overall, the theme of resilience shone through amongst most of the participants, who used their early life experience to shape their lives in the most meaningful way possible. There was a sense of needing to adapt to the situation in order to grow, rather than give up on life.

3.5.3- Craving a sense of meaning

One theme that emerged for the majority of participants, was an ongoing search to make some meaning from their loss. It appeared that this was essential for some participants in their ability to go on and have meaningful lives.

I'm trying to put meaning to it to cope...just find closure or find an explanation. I think...people are craving for stories, for meaning (Lola: 7, 150-151)

This suggests that if she is able to draw some kind of meaning from the loss of her mother, then it becomes somewhat more bearable. I interpret the word "people" as reference to Lola's experience of being asked about her mother's death. By having drawn some meaning herself, she is able to provide others with a better explanation. Another interpretation is that Lola is referring to both herself as well as everyone else who has suffered some sort of tragedy that requires a meaning-making process. "People" could also help her create distance from her experience which feels easier to bare.

I kinda look at it like, I think it was my mum's purpose to have George and I...dying on Mother's Day it kinda shows that I was her last purpose (Hannah: 30, 709-711).

Hannah's tentative language of "kinda" and "I think" implies an uncertainty about her mother's death being her "last purpose". Her reference to Mother's Day I interpret as Hannah's attempt to comfort herself through her suggestion of it being part of her mother's last purpose. Mother's Day, a day for celebrating mothers, is likely to be filled with sadness for Hannah, whose mother is not around to celebrate with her. By positively connoting her mother dying on Mother's Day, she is able to spin what could have been a hugely sad and negative circumstance, into a more meaningful and manageable one.

Some things can just carry forward, almost like I was finishing something she didn't get to finish...am I here in some way to finish things that she didn't get to finish? Like why did I live? So that's always been the big question in my life...so there's always been a seeking for a purpose, because why would I be here if I didn't have a purpose?... I just think that's gonna be a constant search in my life (Pauline: 3, 68-96).

The repetition of the word "finish" could be emphasising Pauline's frustration at her mother not getting to finish what she started, by being taken so young. Her use of rhetorical questions implies both a curiosity, as well as remind us of Pauline having to live with a series of unanswered questions. I wondered who Pauline was talking to when she asked these questions; was it me as the researcher, or was she actually talking to her mother? The idea of it being a "constant" search reminds us that Pauline can ask as many questions as she wants, but ultimately there is the frustration of them never being able to be answered. She asks herself "why did I live"? This feels both emphatic as well as self-deprecating. Pauline may not feel valuable enough to have lived, and perhaps there was also a sense that mum would have done a better job at finishing the task.

For the majority of participants, there was a sense of needing to draw some sort of useful meaning or explanation for their mothers' deaths, as a means to cope or even survival. This subtheme described the ways in which participants tried to make meaning, and part of this, was through seeking out further information about what had happened. Throughout many of the narratives, we see a shift in needing to make meaning, to a more acceptant view of both her death and the limitations of what they can know about them, which appears to stem from the realisation that only so much information can ever be received.

3.6 Summary

In this analysis chapter I have discussed my three super-ordinate themes and themes table. I have taken each super-ordinate theme in turn and discussed the relevant subthemes, giving me a combined total of twelve subthemes. I have presented my analysis in both descriptive and interpretative form, by providing quotes from participants as well as giving my own insight as to what I have taken them to mean. Looking at the analysis as a whole, the super-ordinate themes provide us with some insight into the experience of growing up after one's mother died giving birth to them.

'The isolation of not knowing where and how I fit' tells us about how participants experience the world around them following their loss in terms of their relationships with others and finding their place within the family and society. 'An indescribable emptiness that cannot be filled' encapsulates the experiences of what participants described as being lost or missed out on from not growing up with their birth mother and how these experiences were perceived over time. Finally, 'Finding ways to manage' tells us about participants experiences of trying to cope and find meaning in order to live meaningful lives. The implications of these themes and further interpretation and analysis will be explored in the discussion.

Chapter 4: Discussion

4.1 Introduction

In this discussion chapter I will present a summary of the findings of the analysis in relation to the initial aims of the research. These will be considered in the context of the wider existing literature in the field, which was selected based on relevance to Early Parental Death (EPD) and attachment. Research in the last twenty years was prioritised, although older studies were referenced at points in order to give context to the wider field and its origins where relevant. I discuss what I believe the implications of the key findings are for the field of Counselling Psychology, the strengths and limitations of this research including a reflection on the chosen methodology and suggestions for future research. Finally, I reflect on the impact of this research on myself as the researcher.

4.2 Research aims

Through an IPA analysis, this research study aimed to explore the experience of growing up following the death of one's mother during their childhood and capture a rich understanding of this experience. To the best of my knowledge this unique phenomenon had never been researched before. It was hoped that this research would provide practitioners with greater insight into the lived experience of this phenomenon, by contributing to the field of EPD and attachment.

4.3 Summary of findings

The seven narratives depict the similarities as well as the diversity between participants. The analysis of this data aimed to provide both a descriptive and interpretative account of participants' experiences. Findings suggest that the experience of growing up after the death of one's mother in childhood is both broad and complex, in the ways in which an individual perceives both themselves and the world around them. The retrospective nature of this research question meant that I was able to capture experiences across the lifespan for many

of the participants, which provided a much richer understanding of the experience as a process over time.

Participants reflected on a number of different life stages and their experience of growing up. All the participants were asked to begin by recalling their knowledge regarding their childbirth, and the extent to which they were told about it. The majority of participants were typically met with resistance from surviving caregivers when they began asking questions. Many described experiences of being kept in the dark when trying to find out more, internalising their emotions and feeling that they were to blame for their mothers' deaths. I thought that these experiences may be connected to the lack of information, as participants confusion left them drawing their own conclusions about what happened, and perhaps turning their attention to their own role.

Other life events were reflected on by participants, such as being at school, watching peers with their own mothers and becoming mothers themselves. For each of these milestones, there appeared to be some moment of recognition for participants who began to witness firsthand what it was they were missing. For some participants, this impact was minimised by the presence of supportive replacement caregivers. However even for these individuals, there appeared to be some sense that they were missing out on something significant by not having their birth mother around, with replacement caregivers often being perceived as sub satisfactory.

A final theme that emerged from the analysis sought to encapsulate the ways in which participants sense of self was shaped by their early experience, and the ways in which they managed the challenges around it. Many described a sense of autonomy that they perceived to be linked to the early deaths of their mothers. There was a sense of having to do everything for themselves, as there was no-one else around to do it. This in itself is an interesting finding, since the participants in this study were not orphans nor only children in

the majority of cases. The experience of feeling as though no-one was there to help with basic child tasks, brings our attention to the importance of a mother's role in a child's life. This will be discussed further in later subsections. In addition to autonomy, most participants also described feeling resilient, as well as experiencing a need to draw meaning from their experience. Being able to create some sense of meaning was perhaps one way that the participants could reduce their felt sense of blame and make sense of their early experience of loss.

Three superordinate themes emerged from the analysis and were presented in the analysis chapter: *The isolation of not knowing where and how I fit; An indescribable emptiness that cannot be replaced; Finding ways to manage*. Within these superordinate themes emerged twelve subthemes. The key findings which emerged from these themes are explored in more detail below as well as overarching links between them.

4.3.1 Grief and mourning as an ongoing process

A central theme that emerged from the analysis, was grief and mourning being experienced as a continuous and ongoing process, rather than something that could be categorised as a single event. Before looking at how this was conceptualised in the analysis, it feels important to understand what we mean by grief and mourning in the context of individuals who have never met the person that is nonetheless absent in their life.

In his book on Children and Grief, Worden (1996) describes 'mourning' as the process children go through on their way to that adaptation, and 'grief' as the child's personal thoughts and feelings associated with the death. Mourning in this context could be understood as the process of growing up and coming to understand the absence of their mother in the context of their reality and adapting as coming to terms with that reality in comparison to those who have mothers. Taking Worden's explanation of grief, it might be

important to acknowledge the child's physical presence in the death, which inevitably may impact their grief. The thoughts and feelings they associate with the death are likely to differ from a child who has lost their parent through an external event to themselves.

Edelman (2014) writes that losing a loved one is like breaking a bone; if left to heal on its own, it will heal, but not properly. For Edelman, one needs to go through the grieving process which means breaking and healing again, in order to come out stronger the other side. This may involve going through the necessary stages of mourning such as reflecting on one's relationship with their loved one or visiting gravestones. I wondered though, what this meant for motherless individuals whose mothers passed away before they were at an age where a grieving process might naturally take place. One of the women who writes a letter to her mother in Edelman's (2014) book who lost her mother aged one, notes how she only realised at the age of thirty-three, that she has never grieved for her mother. There is also the question of whether the grieving process is even the same 'grieving' process, for those that have never known a relationship with the deceased outside the womb. Perhaps the grieving process provides mourners with a platform to mourn their loss in a healthier way, and there could be repercussions for never having done this yet still having lost a loved one. In order to be able to answer this question, we might turn our attention towards the existing models of grief and see how we might interpret them in the context of these theories.

Unlike earlier research that suggested mourners cut all ties to the deceased (Freud, 1917), the individuals in this study appeared to actively seek out ties with the deceased in order to maintain some sort of relationship. This is supported by more recent research in the field of bereavement, as we have seen a shift towards an understanding that grief can be simultaneously an ongoing, unresolvable *and* liveable experience (Moules & Amundson 1997; Neimeyer 2001). The theory of continuing bonds (Russac et al, 2002) is one theory that supports the notion that mourners find a way to incorporate the deceased into their life, by constructing rich mental representations of them. Their research with bereaved

individuals suggested that participants continued to feel a strong sense of loss after the death itself.

Earlier research such as thinking about grief in stages, contradicts these more recent findings, as these theories fail to acknowledge the complex processes a mourner might experience (e.g. Kulber-Ross, 1969, Bowlby, 1980, Parkes et al, 1983). The typically recognised five stages of grief (Kubler-Ross, 1969) do not account for the ways in which the mourner might seek to incorporate their loved one into their life *and* find a healthy way to process their grief. Furthermore, the model places a heavy emphasis on the negative emotions that an individual might experience having lost someone but negates the possibility that an individual might experience more 'positive' emotions as were discussed in this current research, under the subtheme '*developing a sense of resilience out of my loss*'. One participant talked about "delighting in some of the positives" as she described her experience of being a more independent child than she may have otherwise been. This experience was shared for a number of the participants.

Dowdney (2005) drew attention to the positive outcomes that can arise following the death of a parent, which can often be overlooked. Increased independence and greater ability to empathise with others' distress were amongst some of the positive consequences that had been noted (Dowdney, 2000). In Edelman's (2014) book, one of the women describes wondering whether it was better to lose her mother young as she did not have to live through the immediate grief or does she have the memories. This sense of 'loss' is undoubtedly different to those who have developed a relationship, memories and go through the grieving process, yet no less tragic or challenging. Volkan (2018), in his book 'Life after Loss', talks about the subtle and complex negotiations that take place following the loss of a mother, where the bereaved individual has to integrate the memory of their mother into a motherless life. They try to make sense of their loss and fit it into their life meaningfully. For the individuals in the present research, it often meant becoming much more independent at a

much younger age than they may otherwise would have. There was a sense of freedom for not having a mother there to worry about their safety, which often meant that participants endured experiences perhaps earlier than they would have.

These findings have implications for practitioners in the field of bereavement not making assumptions about their client's grieving process and taking a more client-led approach in order to meet them where they are at. This might include encouraging the client to reflect on how they themselves might make meaning from their loss as well as the ways in which they might be able to integrate the deceased into their life in a meaningful way (Reissman, 2008). For those bereaved before they had a chance to develop a meaningful relationship with the deceased, this might mean thinking creatively with the client about what this might look like. Silverman and colleagues (1992) point out that gathering information from others as well as collecting memorabilia can help a bereaved person feel that they have a continued sense of bond or relationship with the mother they never knew.

Whilst thinking about this phenomenon as a process occurring over time, it is also important to consider the ways in which participants experienced significant life events and milestones. Many of the participants in this study spoke about how on becoming mothers themselves, they were reawakened to the absence of their own mother, as they began to see first-hand what they had missed as infants. In this sense, we can perhaps say that the grieving process 'restarted' during such milestones. Edelman (2014) supports this idea by talking about how a mother is missed at different milestones in a child's life. This is also supported by Rogers (1968) who observes that the ability to parent can be overshadowed and threatened by the craving to be parented. Based on research suggesting that early bereaved women would display more disorganised maternal behaviours (George & Solomon, 1999; Hesse & Main, 1999), Mireault, Thomas and Bearor (2002) examined maternal identity for women who had been bereaved in childhood. They reported that motherless mothers showed significantly lower maternal identity, referring to the degree to which a woman

identifies with her role as 'mother', as well as her perceived confidence within this role. Amongst many other consequences, this might suggest that it is the very experience of being mothered from which an individual learns how to mother.

This has implications for the pertinence of experiences that occur even before we are consciously aware of them as well as early-forming experiences. Practitioners should be aware of the possible attachment difficulties that unmothered mothers may experience as a result of missing out on these early life experiences of being mothered. Working relationally to unpack childhood experiences, identify relationship patterns and develop new ways of being with others, might be some ways that clinicians might work with unmothered mothers therapeutically.

Some participants in this research explicitly mentioned the idea of approaching the age their mother passed away and experiencing loneliness around that. Another participant, could not comprehend surpassing the age her mother passed away at. The complexity of this experience and wide range of emotions experienced by participants can be supported with previous literature. Therese Rando (1995) refers to the process of young women reaching the age that their mothers died at as 'correspondence phenomenon'. This often causes anxiety and re-experiences of grief. Equally, there is often a powerful urge to live a full life, as women reach what Rando describes as the 'magic number', which can be both a time of 'sadness and rebirth', for living beyond the age her mother did, but with the knowledge that her story goes differently. Equally, Harris (1995) found that individuals actually experienced freedom once passing the age their parent died at, linked with the idea of living their own lives. In this sense, there might be a fear around one's own mortality, and some relief experienced when this does not happen as one might expect.

Other difficulties with being a motherless mother have also been found in the literature. For example, Tracey (2011) found that those that had lost their mothers at a young age, struggled to relate to their own children by either being over-protective, trying to be the

'perfect' mother or lacked the ability to show affection at all. Interviewees appeared to demonstrate a fear of investing in their relationships with their own children, fearing they could die. In this case, it could be said that the women were protecting themselves from a further experience of loss that they had already experienced once before. This fear of investing too much love in case a child dies has been something that other researchers have also observed (e.g. Fulton & Metress, 1995), where in addition to fearing losing their child, some of the participants exhibited a fear around their own death, particularly as they approached the age that their mothers died. Edelman (2014) supports these findings by reminding us that individuals who have experienced an early loss have learnt from a young age that relationships are temporary, and therefore are more likely to experience anxiety around losing others or their own mortality. This idea has been supported by other researchers, finding that individuals who have experienced early loss have a greater sense of vulnerability regarding losing other important relationships (Mireault & Bond, 1992; Mireault et al (2002a).

Clinical interventions may include relational therapeutic work with individuals to help them explore their current attachment patterns and how these might relate to their early experience of loss, in order to help them create new attachment patterns. For example, greater understanding about one's own attachment style may help an individual to understand their possible preoccupation with the potential premature end of their relationship, which could be negatively impacting that relationship (Mireault et al, 2002a). In this sense, the individual may obtain increased awareness about how their early experience continues to influence their relational patterns in their adult life rather than perceiving it as an isolated event that no longer continues to affect them.

Another way that we might understand this phenomenon as a process over time, was through the participants' acquirement of knowledge and understanding regarding their mothers' deaths. For many, this was a process that began at an age young enough to

understand that their mothers had passed away, and they could begin asking questions about why. Many participants were met with resistance and even hostility, as they began trying to understand what had happened. Some learnt from a young age to accept the resistance from their families as a signal to not ask further questions. Others did not accept this so easily, and continued their quest to find out more, some well into late adulthood. In this sense, the grieving process was prolonged, as individuals lacked the necessary information to be able to make sense of the trauma that had occurred at the earliest stage of life, thereby leaving a lingering sense of something unknown and uncertainty around the subject. The process remained ongoing, until participants recognised that they could never fully know what happened. Some participants explicitly described giving up the need to know, perhaps in some sense creating some certainty for themselves amongst all the uncertainty of this ongoing process.

4.3.2 Relating to death as a taboo

One of the major themes in the literature on maternal loss in childhood, is the experience of silence around their mothers' deaths, which perhaps stems from the idea of 'death as a taboo' (Norris-Shortle et al, 1993). This idea has been documented in the grief literature since the 1950s (Gorer, 1955) and Aries (1974, 1981), who suggested that death was a taboo subject due to it being unfamiliar, avoided and restricted. Others have questioned this idea and suggested that the very fact that there is such an interest in the subject negates the idea of it being taboo (Mellor, 1993). Furthermore, the literature points out the cultural differences that can depict the ways that grief is dealt with. For example, despite crying, fear and anger being common expressions of grief within many cultures, Western cultures have been seen to discourage overt expressions of emotion at funerals (Parkes, Laungani & Young, 2015). There appears to be a particular taboo around talking to children about death. Consequently, this means that the extent to which children receive the right education and

support around grief can be limited (Jackson and Cowell, 2001; Panagiotaki, Seeley & Nobes, 2018). The amount of literature that includes the voices of children is minimal, and so it is difficult to obtain rich and detailed knowledge about the ways in which children experience losing a parent (Paul, 2019).

Many participants in the current research described childhoods where their mothers' deaths were often unacknowledged, and the very subject was such a taboo that nobody dared to mention it. In this sense, the absence of conversation was a presence in the lives of participants who were constantly wondering to themselves what happened and why they could not speak about such a significant event in their lives. The lack of conversation often means that children lack information around deaths of loved ones, as well as opportunities to take part in important rituals which can hinder their grieving and experience of bereavement (Silverman, 2000). Many of the participants who described a childhood where their mothers' deaths were taboo, also described internalising their emotions when it came to the subject of their mother's death.

Despite thinking that they might be protecting their child by avoiding difficult conversations, researchers have suggested the contrary, and that by doing this, adults can actually foster confusion, ignorance and a lack of trust (Smith & Hunter, 2008), reinforce the 'death as taboo' concept and reduce the agency of children to explore their own attitudes towards death and have their voices heard (Paul, 2019). Honesty allows children the opportunity to grieve with the rest of the family (Koehler, 2010). By openly discussing their own grief experiences with children, adults foster the idea that talking about death is normal and encourages them to do the same (Tracey, 2011). Paul (2019) set out to address the gap in the literature to include children's voices in the field of bereavement, finding that they do have the capacity to share their views around the subject of death. The research highlighted children's need to have access to information about the deaths of loved ones, whilst also realising both the emotional impact on adults as well as adults needs to protect them. This

has implications for the importance of conversations around death with bereaved children at an age appropriate level, in order to provide them with the opportunity to ask questions and take part in healing rituals.

Another possible consequence of the subject of their mothers' deaths not being discussed, was the conclusions participants may have then drawn about what happened. Many of the participants reported feeling that they are to blame for their mothers' deaths. Originally applied to describe Holocaust survivors, 'survivor guilt' is a concept that might be useful in this context to help understand the guilt that some of the participants experienced (Niederland, 1968). It refers to "having remained alive or uninjured in a circumstance in which another person(s) died or was physically or psychologically injured" (Hutson, Hall & Pack, 2015, p. 20). Despite participants not using this term explicitly, I thought that perhaps some of the, may have been experiencing 'survivor guilt', given the physical presence of participants in the deaths of their mothers. Perhaps the guilt and shame experienced by many, was a way to process their experience and take responsibility, so that the world could remain a safe place. Rather than the world being somewhere where bad things such as losing a parent so young can occur, internalising the responsibility could have been one way participants attempted to keep themselves safe. This idea has been since in the field of trauma as well as developmental psychology. For example, Menna (2015) notes how traumatic events change the way that we perceive the world. Prior to the event, an individual generally has a sense that the world is safe, free from the sense that something bad could happen at any time. Following the traumatic event, this story changes, and the world is somewhere where bad things might happen at any given time. One way that individuals might seek to overcome this feeling that the world is unsafe, could be by internalising the responsibility for the bad event happening, thereby shifting the responsibility from an external source to themselves. This in turn may help the individual to continue living their life with the original premise of the world being safe, albeit at the expense of now perceiving themselves as 'responsible'.

Similar to above, this has implications for the importance of honesty with young children, and that perhaps 'protecting' them by not talking about it, is actually doing more harm than good (e.g. Smith et al, 2008). It could be said that a lack of information and conversation around the subject is actually quite harmful, as it leads individuals to draw conclusions for themselves, which are likely to be self-deprecating (Pearce, 2011). Pearce (2011) actually found that individuals interpreted silence around their mothers' deaths as evidence that there was something wrong with them. However, it should be noted that for many of the participants in this research, I noticed a shift in their narrative as they described their experience of self-blame chronologically. This could be indicative of increasing amounts of knowledge obtained on the subject, which perhaps allowed participants to reduce some of their felt sense of responsibility. Yet for many, there appeared to be a lingering sense of wrongdoing. This has implications for the importance of providing children with information as early as possible, in order to prevent them from forming misjudged and potentially long-standing beliefs about themselves that could be detrimental to their sense of self.

All of the participants spoke about the process of finding out about their mothers' deaths, and how this process was often masked by a lack of information and being kept in the dark. There was a sense of only knowing what others chose to share with them, and therefore having to assume 'truths' but never fully knowing for certain. Silverman (2000) points out that the act of gathering information can be one therapeutic way that children cope with losing a loved one and having this information has actually been said to foster a continued sense of relationship with the deceased (Silverman, Nickman & Worden, 1992). By not being able to do this, many of the participants may have lacked the opportunity to develop a relationship with their mothers at all, since they never had one to begin with that could be continued. It could be said in this respect that information gathering was one of the only ways they could have developed something that might resemble a 'relationship' or sense of relationship.

Edelman (2014) draws our attention to the importance of mourning, as a way of coping with future experiences of loss or separations. This idea is supported by Furman (1974) who

found that the death of a mother could be reactivated by a later loss. This has implications for the current study, where many of the individuals spoke about being shut out and therefore not having an opportunity to grieve, particularly if they were discouraged from experiencing anger or sadness. For some, this meant that a later loss then acted as a trigger for the grieving process for their mothers, perhaps activating the fear around important relationships ending.

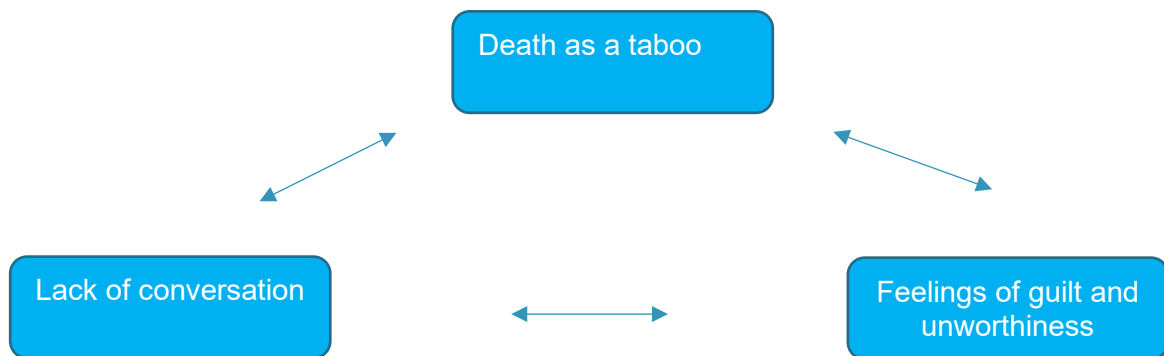
Furthermore, the participants appeared to be experiencing a conflict between needing to know what really happened, and recognising the taboo that was their mothers' deaths, and therefore also not wanting to potentially cause more hurt. There was a sense that participants were struggling to comprehend the idea that they could have already caused some hurt just by being born, and therefore are questioning their right to ask questions and potentially further upset loved ones around them. Research on bereaved children by Paul (2019) provides support for this finding, whereby many of the children spoke about not wanting to show sadness for fear of making others sad. There is an implication here of sadness being perceived as something negative to be avoided, rather than a normal part of the grieving process. Perhaps greater encouragement of a wider range of emotions would be useful for children experiencing grief. For example, psycho-education on the typical responses to grief such as anger, fear and sadness, might normalise these experiences for children and reduce any felt sense of fear or shame about expressing them.

In addition to a felt sense of blame expressed by many of the participants, there appeared to be a sense of needing to make up for something that emerged in many of the narratives. This materialised in a variety of ways such as choosing helping careers that participants felt were shaped by their early life experience and wanting to set up support groups for motherless individuals, perhaps in an attempt to provide something useful to others who had experienced a similar loss. It was interesting that in many ways, participants life courses appeared to be shaped by an early experience that they were not even consciously aware was happening at the time. It could be said that these manifestations were ways that

individuals made meaning from their experiences and relieved some of their felt sense of guilt. If they were able to 'do good' as a result of their trauma, then perhaps they could hold on to the belief that their mothers' deaths were not completely futile.

4.3.2.1 Connections

I propose that death being perceived as taboo is closely linked with the lack of conversation around it that participants experienced growing up, as well as subsequent feelings of guilt and unworthiness. Their interconnectedness is illustrated below:



These elements are interconnected in that the lack of conversation around the subject as a result of taboo, may prevent individuals from learning the truth about their mothers' deaths, and instead they are perhaps forced to turn inwards for an explanation and blame themselves. In turn, perhaps because of the unsaid rule that the subject is not to be spoken about, as well as ideas about death being a taboo somewhat being reinforced, individuals may have refrained from encouraging conversation as they already felt some level of guilt. This could be because individuals may have had the limited knowledge that their mothers died giving birth to them, but not had the opportunity to ask clarifying questions that may have demystified further ideas around this and led them to concluding that it was their fault.

4.3.3 The role of the mother

As highlighted in the preface, the role of the mother was a theme that ran through this research and tied many of the subthemes together. Findings here are explored in relation to the attachment literature. Despite never having met their biological mothers, their presence appeared prominent in the lives of participants nonetheless. The title of this research initially included the word 'loss' to represent the phenomenon of growing up without the mother who had died during childbirth. However, through conducting my interviews, it became clear that the majority of participants did not actually experience a 'loss'. 'Absence' appeared to conceptualise much of what was being described by participants as they talked about life without their birth mothers. This was an important distinction and was therefore represented in the new title which sought to incorporate this finding.

The idea of something being felt as an absence rather than a loss is echoed by psychologist Maxine Harris (1995) in her book 'The Loss that is Forever', who suggests that loss requires some previous relationship. However, it could be argued that these individuals developed a relationship with their mothers in utero, and therefore did experience some relationship with their mothers. Despite the origins of attachment literature referring to the relationship between mother and baby (Bowlby, 1951; Ainsworth, 1973), later research set out to include maternal-fetal relationships (e.g. Verny & Kelly, 1981). According to them, a child's personality is shaped by their mother's attitudes and effects during pregnancy. They add that a fetus will develop awareness regarding how the mother feels about their pregnancy. It could therefore be argued that individuals in this study developed what we might refer to as a relationship, despite this not taking place outside the womb. The participants' desire to in some way 'know' their mothers and find out more, could be indicative of experiencing a 'loss' of that nine-month in utero relationship.

In contrast, Edelman (2014) notes that children only develop the ability to miss someone between the ages of six months and one year, and that to experience 'maternal loss' requires the ability to miss. It could therefore be said that the individuals in this study were

more likely to be longing for a maternal presence rather than the mother they never knew. Emptiness, void and absence, are therefore more apt ways of describing the experience for a child who has lost their mother as an infant or toddler, rather than 'loss' (Harris, 1995; Edelman, 2014).

One of the most prominent ways in which the role of the mother emerged in the analysis, was through participants' narratives of their relationships with surviving and or replacement caregivers. The majority of participants described relationships with their stepmothers that seemed to draw on negative stereotypes of stepmothers often seen in the literature (Miller, Cartwright, & Gibson, 2018). This is interesting, since for these individuals there was no comparison of stepmother to birth mothers, as might be the case for children whose parents divorce or die following the development of a relationship. With cases such as these, there can be difficulty integrating the stepmother into the family due to uncertainty about family belonging, which can lead to boundary ambiguity (Gosselin, 2010). This has implications for these individuals perhaps having some innate sense of their stepmothers not being their 'real' mothers. This is emphasised with the example of the only individual in this research to describe a positive relationship with her stepmother, who hinted at her being inferior to what she perceived her birth mother may have been.

Edelman (2014) writes that it is normal to idealise a lost loved one, as this reaffirms their importance and supports the mourning process. We can see that this is one way that children who have lost a parent manage their loss, and perhaps in a way keep the memory of their mother alive. Edelman (2014) talks about simultaneously living with the image of the 'good mother' and the 'bad mother', following her death. Naturally, mourners seek to emphasise the good and minimise the bad, yet this only seeks to maintain an impossible standard for themselves as mothers. For those that have never met their mothers, and only hear about her through the tales of others, it seems that this process could be even more exaggerated. This has implications for perfectionism and the motherless daughter's expectations of herself when she becomes a mother.

Reflecting on blood relations versus replacement caregivers, Lawler (2008) reminds us that the meaning people ascribe to blood relationships is what is of importance, rather than the technicalities. This has implications for the ways in which bereaved individuals view what it means to be 'family'. Further to this, education in schools about different types of families could be an important intervention for supporting bereaved children in helping them to ascribe new meanings to replacement caregivers whilst still placing high value on their bereaved love one. This is of particular importance since according to Riness and Sailor (2015, p. 171), "the blended family now comprises approximately 65% of all families".

Some of the participants describe seeking out a motherly figure in others; friends' mothers, stepmothers or partners. It could be said that in doing so, they are seeking to fill a void that was left by the loss of their mother. Edelman (2014) points out that over time, the longing for *one's* mother, is often replaced with the desire to be *mothered*. This refers to a set of maternal behaviours: "security, support, comfort, nurturing". She notes that these behaviours are then typically sought after in other relationships, which can lead to unrealistic expectations of others. This was seen in the current research with Pauline, who described her sense that she chose her husband because he mothered her. This need to be mothered might be explained by motherless individuals' search for someone to heal them, as they reestablish a secure emotional base. Bowlby (1987)'s observations support this, finding that bereaved women were more desperate to find a partner earlier on, in order to fill the role of someone to care for them. Unless addressed, it could be argued that these early-developed attachment styles continue into adulthood in a continued search to be mothered.

One of the participants mentioned struggling as a result of not having her "female side...nurtured". This idea has been echoed in the literature. Edelman (2014, p. 190) writes that without a mother or motherly figure, a young woman has to "piece together her own feminine identity". Furthermore, in one recent study on father-daughter relationships

following maternal loss, the theme of 'gender barriers' emerged, drawing our attention to the possible limitations of lacking that female role model such as not being able to "figure out girl things" (Sharma et al, 2018). p. 366). This has implications for the importance of alternative female role models, and how although fathers might be able to provide a lot in terms of emotional support following the deaths of their partners, we must also acknowledge that this support might fall short sometimes when it comes to matters that are more relevant to women such as female puberty, societal expectations of women and perceived roles of women.

One participant spoke about taking on other people's thoughts and feelings, and not being able to separate out her own from theirs. I wondered whether the lack of her primary caregiver around to support her in being able to distinguish between her own and others' emotions may have played a role in this. Research on child development provides some understanding for this finding. For example, Furman (1974) observed that children as young as three years old were able to mourn, due to the fact that they had attained object permanence; understanding of being separate from their parent as well as the idea that their parent continues to exist even when not physically present. For individuals who lose a parent prior to attaining object permanence, perhaps this process of learning to separate the self from others is disrupted. Early research on the theoretical considerations of early parental loss supports this, suggesting that for children who lose a parent before achieving object permanence, the loss of that parent might be less devastating since a child is not able to perceive their parent as a separate object (Palombo, 1981). Attachment theory suggests that these individuals might have a difficult time forming secure attachments to loved ones (Ainsworth, 1973), suggesting that attachment difficulties for this group of individuals is possible.

Many of the participants spoke about a general sense of not feeling good enough. This encompassed a variety of different aspects such as feeling that they needed to overcompensate for something, as well as feeling like a burden to others that ended up

caring for them unexpectedly. Recent research by Janina Fisher (2017) could help us to understand this finding better. She explored attunement between mothers and babies, finding that 'good enough' mothers and their babies typically experience a cycle whereby a baby experiences discomfort and the mother then meets those needs in order for the baby to experience comfort again. When mothers are either not attuned or absent, this cycle does not occur, and the baby is left with an inherent sense of unworthiness. For the participants in this current study, mothers were never present, meaning that the cycle that would normally occur between mother and baby, was not present. However, this same cycle may have occurred between baby and replacement caregiver. As we have already seen though, surviving caregivers' ability to grieve can have a direct impact on how their child manages (Pereira-Webber et al, 2014). Therefore, this has implications for the strength of the interactions between infants and replacement caregivers. Furthermore, practitioners should be aware that surviving parents might be struggling to cope on their own and with providing their new infant with the necessary support.

In addition to the above findings with regards to an individual's feelings about the self following early loss, Van der Kolk (2002) explains that since individuals typically cannot recall traumatic memories or what occurred, they tend to interpret re-activated somatic responses as an indication that there is something inadequate about themselves such as 'I am worthless'. This current study holds in mind that although individuals were not consciously aware of a trauma taking place, meaning that they do not have any visual or declarative memories, they are emotionally and behaviourally able to 'remember' (Grigsby & Stephens, 2002). It is therefore important that when considering 'memory', we also consider the emotional and procedural systems, as we know that these could also have an important role in 'remembering' early childhood events. Early attachment disruption will likely impact an individual's later sense of self, a concept that would be useful for practitioners to bare in mind during therapy.

4.4 Clinical implications

This research has explored the lived experience of growing up following the death of a mother in one's childhood in order to better understand this phenomenon for this group of individuals. It is important to state that although this research was conducted with adults who were bereaved as infants, it is thought that this research has implications for both working with bereaved children as well as adults who lost their parents early. Both of these groups will therefore be addressed in this section. Furthermore, as psychologists our role is not limited to individual therapeutic work. We also have a role to play in facilitation of group work, service development and treatment policy. Therefore, these will also be addressed in this section.

Our understanding about the process of grief has changed drastically in the last twenty years (Russac et al, 2002). This therefore has implications for practitioners needing to meet the client where they are at rather than making any assumptions about their grieving process. There has been an increase in using narrative to support the complexity of the grief process which its attempt to give some sense of order to a more chaotic or fragmented process (Gilbert, 2002; Neimeyer et al, 2006). This can help contain emotions and give meaning to the bereavement (Reissman, 2008).

Provision of support for both the bereaved child as well as the surviving caregiver are of huge importance for practitioners to be mindful of. This might be in the form of ensuring that a child's home remains stable in the early years following the bereavement in order to support the child in forming strong attachments (Main et al, 1988). This is of particular importance since we know that children who have ruptured attachments early on in life can find it challenging to develop the concept of object permanence and have meaningful relationships in adult life. Working with these individuals therapeutically might involve understanding early attachment experiences and how these fit in to their current

understanding of their life today. Surviving caregivers may also need extra support following the sudden death of a partner, having now been left to raise a child alone. Support groups or practical support might be important for this.

One of the key findings that emerged was how through the deaths being regarded as 'taboo' and not being spoken about, many of the participants were left feeling shut out, often resulting in them drawing their own conclusions about their mothers' deaths. It could be said that this then linked with many of them concluding that they themselves were responsible in some way and experiencing guilt long into their adult lives, something that has been seen in other studies (e.g. Pearce, 2011). As challenging as it can be for bereaved parents, encouraging children to talk about their grief and ask difficult questions could be a really important part of their healing process. This might involve telling children stories about the mother they never knew or giving them opportunities to partake in healing rituals such as visiting the gravestone or commemorating anniversaries.

It is likely that the process for grief will differ for an individual who has never developed a relationship with the deceased outside the womb, and the way that we perceive that 'loss' might also differ (Harris, 1995; Edelman, 2014). This has implications for the ways in which practitioners might talk about this particular phenomenon, as well as the ways in which individuals might place this experience in the context of other experiences; namely it might be understood more within the context of something being 'absent' rather than 'lost'.

Practitioners may need to encourage the client to reflect on the meaning-making process and the ways in which they might be able to integrate the deceased into their life in a meaningful way. For those bereaved before they had a chance to develop a meaningful relationship with the deceased, this might mean thinking creatively with the client about what this might look like. Silverman and colleagues (1992) points out that information gathering from others as well as memorabilia can be useful ways that a bereaved person may feel that they have a continued sense of bond or relationship with the mother they never knew.

The isolation that many of the participants described in their narratives, could be contextualised by the fact that so few people experienced this rare phenomenon.

Participants in this study were very interested in whether their experiences were shared and were eager to hear about others who had experienced a similar phenomenon. This suggests that there could be an important role for support groups or therapeutic groups for this group of individuals. Given the small number of people affected by this phenomenon globally, it might be more practical for this to be in the form of an online platform or group in order for all relevant parties to have access.

I thought that part of the felt isolation by participants, was their struggle to verbally convey their experience to anyone else. Participants struggled to find the words to convey exactly what it is they were feeling. This has implications for alternatives to talking therapy, for individuals who seek psychological support. One example of this might be art therapy, a well-used technique for bereaved individuals that supports the process of emotions being expressed through another medium when they cannot be expressed verbally (Schupp, 2007).

Grief being perceived as taboo appears to also be a societal issue, as this is something that has been felt in many societies since the 1950s (e.g. Gorer, 1955). This would suggest a need for interventions at a more societal level in order to address this. The majority of current research addressing death stigma has focused more specifically on death by suicide (e.g. Peters, Cunningham, Murphy & Jackson, 2016; Pitman, Stevenson, Osborn & King, 2018). However, we know from the bereavement literature that death as a more general concept is often stigmatized (Aries, 1974; Crampton, 2012). This therefore has implications for more generalised campaigns to target this stigma, perhaps through bereavement charities' media campaigns incorporating more messages around death being an acceptable topic of conversation and doing more to normalise it.

In summary, for a practitioner working with a group of individuals who have been bereaved before they were able to develop a relationship with the deceased, it is important that they hold in mind some key differences between those who knew the deceased for a prolonged period of time. The first difference will be the language that the practitioner uses to talk about the client's relationship to the deceased. This research would suggest that absence rather than loss might be a more likely conceptualization. However, no assumptions should be made here, and a more client-led approach is encouraged. Creative therapeutic techniques may be needed in order to encourage the client to find ways to make meaning from their experience and find a way to connect to their deceased loved one. It will also be important for practitioners to hold in mind the potential attachment difficulties that a client may have as a result of their early bereavement, and work with them in ways to develop their skills in managing their relationships.

4.5 Reflections

4.5.1 Methodological reflexivity

Since the main objective of this research was to explore the lived experience of growing up following the loss of a mother in childbirth, IPA was chosen as a methodology as it was felt that this would generate the richest level of data for this phenomenon as well as convey the meanings that participants ascribed to their experiences (Willig, 2013). Despite me believing that I have a strong case for using IPA for this research, it is nonetheless important to consider the various limitations of this approach.

For this research I ensured that I addressed good practice guidelines from the BPS (2018) as well as Yardley's (2008) criteria that determines rigour and validity in qualitative research, which have already been discussed in the methodology chapter. Despite these efforts, inevitably this research has some limitations which are important to address. I will now

explore key aspects of the research design in order to explore the limitations of this study further.

IPA requires a homogenous sample meaning that all individuals have experienced the phenomenon under investigation. I addressed this by only including individuals whose mothers had passed away giving birth to *them*. This meant that individuals whose mothers had passed away giving birth to a sibling were not included.

Although my research was open to individuals of all genders, I was only able to recruit one male participant. I outlined in my methodology a rationale for including both genders, based on the current lack of consensus in the literature whether the parenting experience is different for males and for females (Endendijk et al, 2016). However, I do hold in mind that there could be differences between the male and female experience of this specific phenomenon, which could be explored in further research.

Although race and ethnicity were not criteria by which participants were selected, all the participants in this research were Caucasian. Participants from the UK, Canada, the USA and Romania were included in this study. This is important to bear in mind when thinking about generalisability of findings to other ethnic groups, as it is possible that ethnic background and country of origin could have some influence on this phenomenon. For example, Rosenblatt (2001) highlights the social constructionist perspective on cultural differences in grief, reminding us that the process is quite different for varying groups. Furthermore, some cultures are more open to the idea of communal parenting than others, meaning that children might have more exposure to parenting from replacement caregivers that are available to them (Adler-Baeder, Robertson & Schramm, 2010; Moore & Chase-Lansdale, 2001).

Recruitment of participants is an area that should also be addressed. The majority of participants included in this study saw an advertisement on social media group that they were part of because of the fact they had lost their mother. However, two participants were made aware of the study. For these individuals, it should be acknowledged that perhaps there was less of a vested interest in the subject matter than those who were more active on relevant social media platforms.

Although I did my best to provide a safe and non-judgmental environment, some participants may have held back some aspects of their narratives. Although many were forthcoming about their experiences, some did not appear as comfortable sharing their experiences as perhaps had not done so before. I do believe that the participants shared as much as they felt they could in that moment, given what knowledge they had about their experiences, evidenced by a wide range of meanings that have come out of the data.

Hermeneutics is concerned with interpretation, with an aim of making meaning intelligible (Grondin, 1994), meaning that researchers use interpretation to try and get as close as possible to an individual's experience. Further to the participant making sense of their experience, the researcher attempts to make sense of the participant trying to make sense of their experience (Smith, 2004). This is of importance when considering the limitations of any IPA research, since any claims made, are down to the interpretations by the researcher, which rely on the researcher's knowledge, capacity to interpret as well as bracket their own assumptions where necessary. Despite being encouraged to face the bias we might be experiencing (Eatough et al, 2008), inevitably it might not always be possible to keep bias completely out of the interpretative process. I believe that through my reflexivity and self-awareness, I was able to minimise the level of assumption that I made about my participants and their experiences, in order to keep all interpretations firmly grounded in the participants' lived experiences.

Thinking about the research question itself, is an area of consideration. This particular research question had never been researched before, which could be said to be a strength of this research, as it addressed a gap in the literature. However, given the narrow focus of this research, and the small number of people affected by this phenomenon, it could be argued that this research is not as far-reaching as perhaps a broader, more inclusive research topic might have offered. Nonetheless, it was felt that this was a neglected area in the research and therefore important to give voice to this previously unheard population, as Todorova (2011) reminds of us the importance of. It is also thought that these research findings contribute to the field of childhood bereavement and attachment more broadly.

Finally, this being a retrospective research study meant that this brought with it further possible limitations, such as forgetting, defensiveness and social desirability (Earley et al, 2002). Nonetheless, it is hoped that through my attempt to engage in a process of making sense of my participants' sense-making, the impact of this might be minimised. Although it could be argued that participants may have forgotten aspects of their narrative or were eager to produce a 'socially desirable' account, what was important for the purposes of an IPA study was uncovering the meaning that participants made of whatever they chose to share. It was therefore not my job to decipher the degree to which participants' accounts were 'accurate' but the meaning that was made from them.

Since IPA relies on the language that participants choose to describe their experiences, it was important for me to pay close attention to the tone and body language used by participants in order to gain access to deep and rich interpretations of their narratives. One might argue that it is never possible to gain full access to a participant's meaning-making, and I as a researcher was limited by my interpretations of their sense-making.

Finally, although IPA might be able to make claims about what an experience is like for a group of individuals, it is unable to provide explanation for *why* those experiences take place

in the first place or any discrepancies in the data. Hence IPA *describes* lived experiences rather than *explains* them, which could be said to limit our knowledge of the phenomenon in question.

4.5.2 Reflections on the research process

Reflexivity has already been considered in the methodology chapter, but I revisit it here in order to conclude my personal journey of reflexivity throughout the process. The process of reflexivity was aided through keeping a reflexivity diary from the start. Through this, I was able to document my process from start to finish, note any challenges that I faced as well as how I overcame them and what was learnt (Finlay et al, 2008).

I am mindful that although there has been no research in this particular area of early parental death, I was careful not to be led by the research explored in the introduction chapter, when conducting my analysis and making interpretations. Furthermore, since this research idea emerged from a former client worked with, I was also careful to bracket these assumptions about the client's experience, in order to remain open to the lived experiences of my participants without pre-existing ideas.

Furthermore, this being qualitative research, I have had to be careful throughout this process not to assume cause and effect between any variables. Despite having explored the psychological effects of EPD in my introduction chapter, I was careful not to assume that my participants would have long-term psychological effects from losing their mothers during their childbirths. I remained focus on exploring their lived experiences and the meanings they drew from them.

Reflecting on the analysis process, it is important to note that many valuable quotes could not be included in the final analysis chapter, and difficult decisions had to be taken in order

to determine which ones would be included. Had different themes emerged, different quotes would have inevitably been selected, and the whole shape of this research may have looked quite different. This would have meant that ultimately, different findings and clinical implications would have been concluded. Furthermore, if a different researcher had been conducting this analysis and making those selections, this too would have determined the final shape of this research. This brings my attention to the importance of my personal role within the research, and recognising that as a qualitative researcher, I have taken an active part in this research (Golafshani, 2003). I was aware from the start that I could not fully separate myself from the research. (Biggerstaff et al, 2008). In order for my presence to influence the research in a meaningful and non-biased way, I attempted to actively engage with the data throughout the process. This meant continuously going back to the transcripts and ensuring that all my interpretations were firmly grounded in the participants' lived experiences. Furthermore, it meant continuously questioning my findings rather than taking them at face value (Hertz, 1997). This involved ensuring that findings were approached tentatively, and I avoided positivist language as much as possible.

I have reflected a lot on my position as an 'outsider' researcher and what this might mean for the findings of this research. It is hoped that despite not being someone whose mother passed away during my own childbirth, my passion to understand and learn about the lived experience for individuals who have endured this experience, means that findings are still rich and firmly embedded in the lived experience.

4.6 Suggestions for future research

The current research could be extended by exploring the lived experiences of other individuals affected by this phenomenon, such as the bereaved siblings or partners of women who die in childbirth, as a way of understanding a wider perspective of this phenomenon. A number of the participants described challenging relationships with siblings,

growing up. Furthermore, many explained how they struggled to find their place within the family unit. Following this up with the siblings' or surviving parent's perspective would be an interesting addition to this research in order to provide a more holistic context for which we can understand this research. Understanding their perspective is important as we know, particular for surviving caregivers, how challenging it can be to raise a child without a partner, particularly if that partner has died suddenly and they are left to raise a child alone, unexpectedly (Harris, 1995; Kennedy et al, 2008).

The majority of participants experienced the presence of a stepmother following the deaths of their mothers. This group are stereotypically given a negative reputation (Miller et al, 2018). It would be interesting to explore further the perspective of the stepmother coming into a family where the mother has died unexpectedly. Research has shown that it can be difficult to integrate into a family for a number of reasons such as uncertainty about family belonging (Gosselin, 2010). This would be interesting to look at where the birth mother has never been present in the child's life.

4.7 Conclusion

This research has intended to give an account of the lived experience of growing up following the loss of a mother in childbirth. It is hoped that by doing so, I have addressed a gap in the literature, so that practitioners now have some insight into how this phenomenon might be experienced within this group of individuals and how this might be understood in the wider field of early childhood bereavement and attachment. Through doing so, I have endeavoured to give voice to a group of individuals whose voices had not been heard in the literature before. Through the analytical process I have attempted to provide my own interpretations of the meanings that I believed individuals were taking from their experiences, in order to be able to say what this experience is like for this group of participants.

This section has outlined three main findings: Grief and mourning as an ongoing process; Relating to death as a taboo; The role of the mother. It was felt that these were the most poignant and significant findings from this research that should be explored further.

The retrospective nature of this research and the inclusion of a wide range of participants by age, allowed me to explore the ways in which the process of growing up without a mother following her death in childbirth, spanned decades and emerged for the different participants. There was an overall sense that this was an experience that was difficult to 'overcome', as the early theorists in the field of bereavement may have suggested (e.g. Freud, 1917). It was something that remained with participants throughout their lives and seeped into most things that they encountered whether that was career choice, choice in life partner or becoming a mother themselves.

I highlighted how we might understand how the death of a mother in childbirth might be perceived. A key finding that emerged was that typically, her death was not experienced as a 'loss' but more as an 'absence'. This finding has been supported by earlier research that emphasises the necessity of an existing relationship in order for something to be perceived as a 'loss' (Harris, 1995), as well as the ability to miss someone, which developed from the age of six months old (Edelman, 2014). This has implications for the ways in which practitioners might talk about this particular phenomenon, as well as the ways in which individuals might place this experience in the context of other experiences; namely it might be understood more within the context of something being 'absent' rather than 'lost'.

Relating to death as a taboo explored the ways in which hesitance to talk about certain topics, particularly with children, can be damaging, despite good intentions. In line with this, I explored how this perception of taboo left participants confused, and at times drawing their own conclusions about their mothers' deaths, which sometimes meant an inward focus.

Over time, as participants were able to gain more information, this often reduced, however something nonetheless lingered.

Finally, the role of the mother was a theme that has connected the research throughout. Despite her physical absence, her presence was very much felt in the narratives of all the participants. I explored the ways in which participants perceived their lives to be different to their peers from having missed out on the experience of having a mother, and what it might have added, had she been around. An interesting comparison between those that had stepmothers, contextualised the potential importance of a birth mother in comparison to those that might fill her place.

I have stated the relevance of this research to the field of Counselling Psychology and the possible clinical implications for the future of Counselling Psychology and other practitioners in the field of mental health. I hope that this research will raise awareness of the experience of growing up following the loss of a mother in childbirth and contribute to the extensive field of EPD and attachment.

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Appendices

5.1 Appendix A: Recruitment Material

Dear

I am writing to you with regards to some research that I am conducting as part of my doctoral training in counselling psychology. I am a third year student at City, University of London, supervised by Aylish O'Driscoll, Counselling Psychologist.

I am recruiting adults whose mothers passed away during their childhood, as to the best of my knowledge, this is an understudied area in the current literature. The study consists of a qualitative research design using Interpretative Phenomenological Analysis (IPA), which will involve individual interviews that will be carried out either in person or over Skype, depending on participants' location. It is hoped that by carrying out this research, I will be able to provide some insight into the lived experience about growing up following the death of one's mother during their childhood.

Individuals that wish to participate will be provided with an information sheet as well as an informed consent form, following an informal telephone conversation to assess suitability for the research. Following this, a suitable time and place to conduct the interview will be arranged at the earliest convenience for both the participant as well as myself. Interviews are expected to last approximately one hour. All material will remain anonymous.

Please do not hesitate to contact me if you would like further information and feel free to pass this email on to anyone you think might be suitable.

Yours sincerely

Emily Brill

Trainee Counselling Psychologist

DID YOU LOSE YOUR MOTHER IN CHILDBIRTH?

FEMALE PARTICIPANTS NEEDED

Department of Counselling Psychology

City, University of London

We are looking for adult volunteers to take part in a study the experience of growing up following the loss of your mother during childbirth.

You would be asked to take part in a one off 1-2-1 interview that would ask about how you have made sense of losing your mother during childbirth. Interviews will take between 1 hour -90 minutes depending on what you choose to share. If you would like to take part, a screening phone-call will be arranged.

Travel expenses will be covered.

For more information about this study, or to take part,
please contact:

Researcher (Emily): *emily.gittelmon@city.ac.uk*

or

Supervisor (Aylish): *aylish.ODriscoll.2@city.ac.uk* or phone on 020 7040 6620

This study has been reviewed by and received ethics clearance through the Research Ethics Committee, City University London [PSYETH (P/L) 17/18 107].

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on 020 7040 3040 or via email

City, University of London is the data controller for the personal data collected for this research project. If you have any data protection concerns about this research project, please contact City's Information Compliance Team at dataprotection@city.ac.uk

5.2 Appendix B: Participant Information Sheet

Title of study: Growing up following the loss of my mother during childbirth: An Interpretative Phenomenological Analysis.

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

This research will be conducted as part of a doctoral research project in Counselling Psychology. The purpose of the study is to find out more about experience for individuals who have grown up following the loss of their mother during their birth. The subjective nature of this research means that this study will ask certain questions related to this question but is open to and welcomes any interpretations that feel important to you.

Why have I been invited?

Individuals over the age of 18 whose mother died giving birth to them has been invited to take part in this study. Participants were chosen on a first-come-first-serve basis and you were one of the first eight participants to request to take part.

Do I have to take part?

No. Participation is completely voluntary, and whilst we very much appreciate your efforts so far, we also recognise that the sensitive nature of this research might mean that going forward at this point might be too difficult for some participants. If this is the case, you have every right to withdraw at this point without giving a reason. You may withdraw at any point up until analysis of data commences.

If you do decide to go ahead with the interview, please let me know if there are any questions that you feel are too intrusive, and also if there are any topics you wish not to discuss.

What will happen if I take part?

- You will take part in a one-off individual interview.
- The interview can take any time from 1 hour to 90 minutes to, depending on how much you wish to share.
- You will only be required to meet once with the researcher.
- Interview will take place within City, University of London buildings where possible. In cases where this is not possible, an alternative meeting place will be arranged. Skype interviews will also be made possible.
- A narrative approach will be used, meaning that the focus of the interviews will be on your personal story and meaning-making process.

Expenses and Payments

Travel expenses will be reimbursed- If you have a travel ticket with you we are able to provide cash on site. Alternatively, please email Emily (emily.gittelmon@city.ac.uk) with proof of travel. This will then be reimbursed by BACS.

What do I have to do?

You will be asked to share your experiences. This will be at your own pace and you are encouraged to share which aspects you perceive to be important. Prompt questions may be asked at certain points. Follow up questions will be asked once you have finished telling your story.

What are the possible disadvantages and risks of taking part?

Given the sensitive nature of this research, there is the possibility of difficult feelings coming up. With this in mind, appropriate points of contact will be provided after interviews have taken place.

What are the possible benefits of taking part?

It is hoped that this research will be therapeutic for participants, who will be given the opportunity to voice their story and have it heard. There is also the added benefit of adding to the field of counselling psychology and to this niche subject area, to allow practitioners better insight for what it might be like to experience such an event.

Will my taking part in the study be kept confidential?

- All information that you share will be confidential with the exception of reporting information that could be considered a risk to either yourself or to others.
- Myself and my supervisor will have access to the data including audio recordings. All names will be anonymised for the purposes of producing the research report.
- Your personal information will not be stored for future use.
- Records will be stored on a computer with password access only. Hard copies will be stored in a locked cabinet.
- If the project is abandoned before completion, you will be contacted to ask whether you would like access to your data.

What will happen to the results of the research study?

This study is part of a doctoral research project, and so results from this research will be part of such. There is a chance that doctoral work will be published, and so please be aware of this before partaking in this study, and therefore available for public access. The thesis will be made available on the City Research Online. Please note that all data will be anonymised throughout the process.

What will happen if I don't want to carry on with the study?

Participation is completely voluntary, and you have every right to withdraw up until the point that analysis begins. Once analysis begins, you will no longer be able to withdraw your data.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: "The experience of growing up having lost your mother in childbirth"

You could also write to the Secretary at:

Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB

Email: Anna.Ramberg.1@city.ac.uk

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study, you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?

This study has been approved by City University London Research Ethics Committee, PSYETH (P/L) 17/18 107

Public task

City, University of London considers the lawful basis for processing personal data to fall under Article 6(1)(e) of GDPR (public task) as the processing of research participant data is necessary for learning and teaching purposes and all research with human participants by staff and students has to be scrutinised and approved by one of City's Research Ethics Committees.

Legitimate Interests

City, University of London considers the lawful basis for processing personal data to fall under Article 6(1)(e) of GDPR (legitimate interests) as the processing of research participant data is necessary for the purposes of City's legitimate interests and having completed the legitimate interests assessment City believes that the research falls within its legitimate roles and is satisfied that City has considered the interests and fundamental rights and freedoms of the research participants as documented in our LIA below.

Data Protection Privacy Notice: What are my rights under the data protection legislation?

This is a statutory requirement under General Data Protection Regulation (GDPR). Please note that City will not usually rely on consent as a lawful basis for processing of personal data for research purposes, only for special category data (previously known as sensitive data) unless the research is relates to health/social care. However, you may need to seek consent for collection of personal data for ethical or professional reasons. If you have any concerns about which lawful basis to use for your research, please contact the Information Compliance Team at dataprotection@city.ac.uk

City, University of London is the data controller for the personal data collected for this research project. Your personal data will be processed for the purposes outlined in this notice. The legal basis for processing your personal data will be that this research is a task in the public interest, that is City, University of London considers the lawful basis for processing personal data to fall under Article 6(1)(e) of GDPR (public task) as the processing of research participant data is necessary for learning and teaching purposes and all research with human participants by staff and students has to be scrutinised and approved by one of City's Research Ethics Committees.

The rights you have under the data protection legislation are listed below, but not all of the rights will be apply to the personal data collected in each research project.

- right to be informed
- right of access
- right to rectification
- right to erasure
- right to restrict processing
- right to object to data processing
- right to data portability
- right to object
- rights in relation to automated decision making and profiling

For more information, please visit www.city.ac.uk/about/city-information/legal

What if I have concerns about how my personal data will be used after I have participated in the research?

In the first instance you should raise any concerns with the research team, but if you are dissatisfied with the response, you may contact the Information Compliance Team at dataprotection@city.ac.uk or phone 0207 040 4000, who will liaise with City's Data Protection Officer Dr William Jordan to answer your query.

If you are dissatisfied with City's response you may also complain to the Information Commissioner's Office at www.ico.org.uk

Further information and contact details

For further information you may contact:

Researcher (Emily) - emily.gittelmon@city.ac.uk

or

Supervisor (Aylish)- aylish.ODriscoll.2@city.ac.uk

Thank you for taking the time to read this information sheet.

5.3 Appendix C: Semi-structured Interview Schedule

1) I am wondering if we might start with what you know about your actual child birth?

Example prompts: can you tell me more about that? When did you find out? How were you told? What was it like finding that out?

2) I am wondering if you are able to say a bit about how, as a child, you made sense of finding out how your mother passed away?

Example prompts: Can you tell me more about that?

3) Was there a time when you first realised your mother wasn't there?

Example prompts: When was that? Can you tell me more about that?

4) I am wondering if there were certain times in your life such as particular ages or transitions when your mother not being there was most acutely felt?

Example prompts: Can you tell me more about that? What was the impact? How did you feel about that? Were there any particular occasions you particularly noticed a mother's absence? Might this situation have been different with a mother there? What was it like being a primary school child/teenager without a mother?

5) Was there anything growing up that made your mother not being there easier to bare?

Example prompts: Can you tell me more about that? Was there anyone that particularly supported you during your childhood? Any role models? Key relationships?

6) As an adult, do you have any thoughts or feelings around the way your mother passed away?

Example prompts: Can you tell me more about that? Has anything in particular influenced this (beliefs/values/people)? Has this changed over time?

7) I wonder if we might bring our interview to a close by thinking more generally about the concept 'mother'- what does this mean to you?

Example prompts: Can you tell me more about that? Do any words/images come to mind? Has that meaning changed over time? (If relevant) did that meaning change when you yourself became a mother?

8) Before we finish, is there anything else that you feel is important for me to know that we have not yet covered?

Example prompts: Can you tell me more about that?

5.4 Appendix D: Consent Form

Title of Study: *Growing up following the loss of my mother during childbirth: An Interpretative Phenomenological Analysis.*

Ethics approval code: PSYETH (P/L) 17/18 107

1.	<p>I agree to take part in the above City, University of London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records.</p> <p>I understand this will involve:</p> <ul style="list-style-type: none"><input type="checkbox"/> being interviewed by the researcher<input type="checkbox"/> allowing the interview to be digitally recorded<input type="checkbox"/> talking about topics that might bring up emotional or psychological difficulties	
2.	<p>This information will be held by City as data controller and processed for the following purpose(s): To answer the research questions of: <i>Growing up following the loss of my mother during childbirth: An Interpretative Phenomenological Analysis.</i></p> <p>Public Task: The legal basis for processing your personal data will be that this research is a task in the public interest, that is City, University of London considers the lawful basis for</p>	

	<p>processing personal data to fall under Article 6(1)(e) of GDPR (public task) as the processing of research participant data is necessary for learning and teaching purposes and all research with human participants by staff and students has to be scrutinised and approved by one of City's Research Ethics Committees.</p> <p>City considers the processing of special category personal data will fall under: Article 9(2)(g) of the GDPR as the processing of special category data has to be for the public interest in order to receive research ethics approval and occurs on the basis of law that is, inter alia, proportionate to the aim pursued and protects the rights of data subjects and also under Article 9(2)(a) of the GDPR as the provision of these personal data is completely voluntary.</p>	
3.	<p>I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.</p>	
4.	<p>I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose set out in this statement and my consent is conditional on the University complying with its duties and obligations under the General Data Protection Regulation (GDPR).I understand that the thesis will be made</p>	

	available in the City Research Online repository.	
5.	I agree to take part in the above study.	

Name of Participant Signature Date

Name of Researcher Signature Date

When completed, 1 copy for participant; 1 copy for researcher file.

Requests for opt-out consent will only be considered in exceptional cases and a full explanation should be provided and cannot be used under the General Data Protection Regulation (GDPR) if consent is the lawful basis upon which the research data is collected for data protection purposes. There are five other lawful bases upon which personal data can be processed, and the relevant ones are included on the consent form template. If you have further queries, please contact the Information Compliance Team dataprotection@city.ac.uk or 0207 040 4000.

Note to researcher: to ensure anonymity, consent forms should NOT include participant numbers and should be stored separately from data.

5.5 Appendix E: Debriefing for Participant

Growing up following the loss of my mother during childbirth: An Interpretative Phenomenological Analysis.

DEBRIEF INFORMATION

Thank you for taking part in this study. Now that it's finished we'd like to tell you a bit more about it.

The aims of this research are to find out about the experiences of individuals whose mothers died during childbirth. Although this is a rarer phenomenon nowadays, sadly, 830 worldwide women die every day from childbirth-related complications. The loss to those left behind is undoubtedly significant, yet likely to differ from those who have lost someone in their life they have formed a relationship with outside the womb. It was felt that it was vitally important to address this gap in the literature and find out more about this unique experience, in order to allow practitioners, counsellors and other professionals, to provide more tailored and appropriate support to individuals who have gone through such an experience.

The questions that you were asked today were to try and find out a bit more about what it was like for you growing up having lost your mother in childbirth. It is recognised that talking about such a topic is likely to have brought up some difficult feelings for you, and we want to thank you again for the value you have added. If you do feel that this research has brought anything up for you and raised particular concerns that you feel now need addressing, it is suggested that you contact your GP for further support. Alternatively, below are provided the contact details of some organisations that might be relevant.

British Psychological Society

Find a Psychologist: The BPS provides a list of chartered psychologists who are trained to support individuals with a range of mental health challenges. If you feel that you would like further support with anything you have disclosed today or other matters, please visit the website below for further details and how to access a psychologist near you.

Website: <http://www.bps.org.uk/lists/cpsychol>

UKCP

Find a therapist: UKCP is the leading body for the education, training and accreditation of psychotherapists and psychotherapeutic counsellors. They provide high-quality psychotherapies. Please see website below to find a therapist.

Website: <https://www.psychotherapy.org.uk/>

Cruse Bereavement Care

Cruse Bereavement Care is the leading national charity for bereaved people in England, Wales and Northern Ireland. They offer support, advice and information to children, young people and adults when someone dies and work to enhance society's care of bereaved people. Cruse offers face-to-face, telephone, email and website support.

Phone: 0844 477 9400 (Mon-Fri, 9am-5pm)

Website: www.crusebereavementcare.org.uk

Samaritans

The Samaritans offers a safe place for you to talk any time you like, in your own way. You don't have to be suicidal They provide confidential support for people experiencing feelings of distress or despair.

Phone: 116 123 (free 24-hour helpline)

Website: **www.samaritans.org.uk**

Mind

Mind provides advice and support to empower anyone experiencing a mental health problem.

Phone: 0300 123 3393 (Mon-Fri, 9am-6pm)

Website: **www.mind.org.uk**

We hope you found the study interesting. If you have any other questions please do not hesitate to contact us at the following:

[emily.gittelmon@city.ac.uk - Emily. If you would like to contact my supervisor please contact Aylish on: Aylish.ODriscoll.2@city.ac.uk]

Ethics approval code: *[PSYETH (P/L) 17/18 107]*

5.7 Appendix F: Risk assessment

Hazard	Type of injury or harm	People affected and any specific considerations	Current Control Measures already in place	Risk level Med High Low	Further Control Measures required	Implementation date & Person responsible	Completed
Lone Working	Lone working	Emily Gittelmon			<ul style="list-style-type: none"> • Informing supervisor, or colleague if supervisor not available, of name of person I am meeting, where and time. • Provide supervisor/colleague with my mobile number and ensure they are available at the time of the interview. • Inform supervisor/colleague when I arrive and leave from interview. • Inform supervisor/colleague of codeword to alert to a high risk situation • Arrange layout of the room to allow myself easy access to exit • Become aware of relevant security number for my location • Always behave in a professional manner • Work within working hours (Monday-Friday 9-5). For participants who work full-time, interviews will be arranged for evenings up 		

					until 9pm, where there are security staff at City University campus.			

Contacts

School Safety Liaison Officer: Philip Prescott, P.W.Prescott@city.ac.uk

University Safety Manager: Daniel Harrison, safetyoffice@city.ac.uk

5.8 Appendix G: Transcript for Kristal

	11	K: Me father's mother and father.	
	12		
	13	E: Mmhm	
	14		
	15	K: And, uh, I had a good bringing up, uh, didn't *inaudible	good upbringing
Upbringing as positive	16	speech* by my granny, who was crying as long as I was	granny
emotional expression	17	laughing	childlike expression
in childhood	18	with granny's sadness	childlike expression
	19	E: Mmhm	Mix of emotional expressive
	20		growing up
	21	K: uhh, my grandfather died when I was seven and a half	death, loss
early experience of death	22		
	23	E: Mmm	sense of togetherness
	24		sense of isolation
Togetherness	25	K: So it was just me and my granny	
isolation	26		
	27	E: Mmm	being sure of self
	28		despite early loss
Knowing yourself despite losses	29	K: She died when I was 26. I always knew who I was. And my	early loss, death
rejection	30	daddy went to England when I was 10 months old. For work,	knowing self
child as having agency/power	31	there was no work here. And, uh, he remarried when I was 5.	did working away
	32	And uh, my stepmother, although she knew about me before	second marriage
	33	she married him, she embarrassed by the fact that Dave had	stepmother
	34	been married before and had a daughter. So she really wasn't	embarrassed
	35	that good to me	poor treatment
	36		rejection & loss
	37	E: Mmhm	lack of agency
	38		
	39	K: Although I never had to live with her. But she... you know,	
child as having agency/power	40	as I say in this context she would of cut the teeth from you. I	viscous
	41	remember her once telling me, I was bone idle. I was only a	bone idle
	42	child. What child wants to get up in the morning and start	child being told
	43	cleaning? → questioning norms	questioning child's role
	44		
	45	E: Mmhm	Lack of power
	46		lack of agency

5.9 Appendix H: Sample of table of themes for Hannah

Superordinate theme	Emergent theme	Reference	Quote
Turning towards a medical understanding	medical explanation of death and loss	P1110	"and so my mum had uh preeclampsia...like having seizures"
	risk being increased	P2124	"They say with twins, not to be expected but you're at higher risk..."
	experience of trauma	P3160	"So I was experiencing like trauma...I had knee pain..."
	attributing memory to subconscious mind	P4179	"That's why it's so powerful the subconscious mind, it just remembers so much more than what you do"
	trauma as a permanent entity	P4180	"I think that's where a lot of trauma symptoms come about, 'cause it's kinda stuck there, you know what I mean?"
	referring to a subconscious understanding	P71152	"When my brother George and I were in utero, like we knew that something was happening 'cause my mum was having seizures..."
		P2139	"But it was always painted like it was the doctor's fault"
Deciding who should be held responsible	the role of blame	P141323	"when my mum passed away my dad filed a law suit against the doctor"
		P381893	"there is hesitation around talking about it and the way umm I word how my mum has passed, because of law suits...my dad filed umm a court case against him"
	a felt sense of responsibility	P71158	"we kind of took that on more than we should of"
	something in the Universe	P151345	"I definitely feel like umm like it was something like like in the Universe, like in the works"
	avoiding placing blame	P161360	"I try not to get caught up in the perspective that it was just the doctor's fault"
	considering my level of responsibility/my role	P161374	"sometimes I kinda like think and I know this is another thing that might sound silly but like did I do something in like a past life that like you know, like I didn't respect my mother enough in a past life and that's what I don't have my mum in this life?"
	being a reminder of grief and loss	P181417	"I feel like when they look at me they see my mum, so I sometimes feel like it's a reminder of grief and loss"
	survival at the expense of another	P181419	"Hannah's here, she's not like her mum, like she's still here"
		P241557	"there's definitely like a lot of like, a lot of guilt of me being here but then like seeing other people's guilt and loss of like, my mum"
	guilt at survival at the expense of another	P191445	"there's a lot of guilt. I'll be the first to admit that. Sometimes there's a lot of guilt"
		P251577	"Umm I would just say like feeling guilty about like being here and like my mum not being here"
	alluding to a sense of indirect guilt	P231542	"my mum's side of the family, doesn't directly make me feel guilty, but I think that there's a lot of internalising"
	lacking direct conversation	P241552	"I feel like a lot of the guilt stems from...the lack of direct conversation about it"
	unwarranted feeling of guilt/being here without her	P251583	"like I said, unwarranted guilt, no-one's directly made me feel this way, but like I'm here and she's not you know what I mean?"
	needing to know I'm not to blame	P251595	"I know that she would not want me to feel guilty"
	blaming myself	P341800	"they look unhappy is it me making them unhappy?"
	Recognition of what was missed	the process of comparing myself to others	P2146
seeing others have something I lacked		P3148	"I knew that they had parents but I had my dad and stepmum"
unconsciously comparing myself to others		P3167	"When I was eight years old...I kind of like began comparing myself to other people, but I wasn't consciously aware of that"
magnitude of my loss		P91211	"I never would have thought like oh my mum would have given me a call, 'cause that's like not what has ever happened"
realising what I've never had		P91213	"like she's never given me a call 'cause I never had my mum"
what was missed out on		P261606	"I missed out in that way"
recognising what I don't have		P281651	"I'm just wondering if that's where that stemmed from, like me comparing myself and me wondering where my own mum is"
missing piece of the puzzle		P61130	"Umm I mean I just kinda felt like there's a missing, missing like puzzle piece"
the need for another to talk me through		P341795	"I sometimes wonder if like I had my mum here then she'd talk me through it"
a longing for mum		P161366	"I would definitely say there's probably been like times where I've struggled...kinda of like saying 'why aren't you here or I wish you were here'..."
contemplating a life without imperfections		P221519	"I sometimes imagine like oh what would it have been like if I had perfect vision"
lacking consistent emotional support		P341798	"I feel like if I had like more consistent emotional support, then maybe I wouldn't be like oh that is about me"
a need for support		P351811	"part of my problem, like not having that support"
happy occasions tainted with loss/loss as a continuing process		P281662	"if I think about what I'd really want in a wedding it would be like to have like all my mum's side of the family there"
		P301703	"this upcoming year my birthday falls on Mother's Day, so it's things like that that definitely make me more aware"
emotional recall of mum's absence	P191444	"It's good to hear but it's hard to hear...I'm a lot like her, but she's not here"*tearful*	

5.10 Appendix I: Extract from Master Table of Themes

Feeling that I am to blame	Reference	Quote
	P16L374	<i>"sometimes I kinda like think and I know this is another thing that might sound silly but like did I do something in like a past life that like you know, like I didn't respect my mother enough in a past life and that's what I don't have my mum in this life?"</i>
	P25L583	<i>"like I said, unwarranted guilt, no-one's directly made me feel this way, but like I'm here and she's not you know what I mean?"</i>
	P25L584	<i>"It's not supposed to happen and you know it's my fault"</i>
	P19L445	<i>"I realised that what I carried was this, uh no responsibility's not the right word but th- umm...that my birth brought about my mother's death...some guilt, that I carried around"</i>
	P20L468	<i>"and if I hadnt come along it wouldn't have, it would have been very different for my family"</i>
	P22L514	<i>"but still a thing about growing up and not really knowing if they blamed me in some way for her dying, because suddenly there's this baby to care of, and if it werent for her..."</i>
	P24L556	<i>"I didn't really figure this out until this year, but yeah uhh I think I've always blamed me, and felt responsible for it, and what that's done to me on an unconscious level...I think all my life I've had this unconscious feeling that it's my fault"</i>

5.11 Appendix J: Final Themes for all

	Sarah	Kristal	Adam	Hannah	Lola	Pauline	Mildred
Establishing where I belong	✓	✓	✓	✓	✓	✓	✓
Feeling unknown and misunderstood	✓	✓	✓	✓	✓	✓	✓
Confusion at being kept in the dark	✓	✓	✓	✓	✓	✓	✓
Internalising difficult emotions	✓		✓	✓	✓	✓	✓
Feeling that I am to blame				✓	✓	✓	✓
A feeling of not being good enough	✓	✓		✓	✓	✓	✓
Becoming aware that something was missing	✓	✓	✓	✓	✓	✓	✓
Absence as a presence'		✓	✓	✓	✓	✓	✓
No-one could ever replace a mother		✓		✓	✓	✓	✓
Figuring it out for myself				✓	✓	✓	✓
Developing a sense of resilience out of my loss	✓	✓		✓	✓	✓	✓
Craving a sense of meaning		✓		✓	✓	✓	✓

The Professional Practice Component of this thesis (page 213) has been removed for confidentiality purposes.

It can be consulted by Psychology researchers on application at the Library of City, University of London.

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