

Doctoral Thesis

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**Lone mothers' experiences of caregiving: A qualitative study using the Parent
Development Interview**

Part 1: Literature Review

Part 2: Empirical Research Project

Part 3: Reflective Commentary

DECLARATION

I declare that the material submitted for examination is my own work. The ideas and findings of others have been referenced in accordance with the guidelines provided and any work by others has been acknowledged.

I understand that anti-plagiarism software may be used to check for appropriate use of referencing.

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Impact Statement

This qualitative study explored the caregiving experiences of lone mothers who attended Parent Toddler Groups, by analysing the Parent Development Interviews they completed prior to beginning the group. Some themes identified were novel, for example: the difficulties of lone parenting toddlers as a lone mother and attitudes towards professionals. Other themes mirrored those in previous literature, communicating the feelings of isolation and stress experienced by many lone mothers.

This project demonstrated that lone mothers face a number of challenges in their parenting and are a vulnerable group in need of help. The findings of this study could be used to inform the creation and development of specialised services to support lone mothers, as well providing insight into the needs of this group to any professionals (doctors, teachers, therapists) who interface with them. I have personally adapted my technique when working clinically with this group of women, since carrying out this research. I now actively reflect on how lone mothers may be experiencing me as a professional and how issues of difference (such as ethnicity, class or culture) might also play a part in the therapeutic relationship. As the study took place in the context of a Parent Toddler Group service, its findings will be fed back to the team of clinicians who continue to run these groups in the community, ensuring that they hold in mind the particular nuances of the lived experiences of lone mothers who attend. As numbers of lone mothers in society grow, they and their children will continue to access services and it is vital they have their needs understood and met. This study will aid in that process.

Part 1: Literature Review

Exploring the Caregiving Experiences of Lone Mothers

Abstract

Lone mothers are a key group in society whose needs and experiences must be better understood to inform services that work with them and their children.

Government policy and societal prejudice has led to lone mothers being viewed as negligent or incapable parents and this stereotype is challenged in this review.

This narrative review begins by examining the previous quantitative literature on lone mothers, including studies which compare lone and partnered mothers. Research into 'single mothers by choice' is then considered as these women are a growing group who make an active choice to parent alone, rather than doing so following the breakdown or loss of a relationship.

The review then moves onto summarising qualitative studies investigating experiences of caregiving, including some involving participants such as teenager mothers, or mothers in care. Following this there is an overview of the qualitative research into lone parents, containing some studies with mixed samples of mothers and fathers. Finally the key agreements and conflicts of the studies are defined, along with any gaps in the literature. Implications for clinical practice are considered, by drawing on the findings of the studies discussed and making recommendations for service planning and implementation, including the importance of a holistic approach, catering for both mother and child.

Introduction

Most recent statistics show that there are currently over 1 million 'lone parent mothers' living in England and this number is growing (Office of National Statistics, 2019). This is the case in countries across the world (Organisation for Economic Co-operation and Development, 2014). The last decade of Conservative governments in the United Kingdom, whilst promoting traditional family structures as central to a functioning society, have categorised lone parent families as inferior, thereby associating them with socio-economic inequality and poor outcomes in children (Dermott & Pomati, 2016; McKay, 2003). Studies which will be discussed in this review have attempted to disprove this narrative, however there is evidence to show that lone parenting can impact the psychological wellbeing and mental health of mothers (Collings, Jenkin, Carter & Signal, 2014; Meier, Musick, Flood & Dunifon, 2016). There are also valid concerns about the impact that growing up in a lone parent family can have on children. Research has shown that children born to lone mothers show high rates of psychological problems, perform less well in school and are more likely to live in poverty when they are adults (Keirnan & Mensah, 2010; Rodgers and Pryor, 1998). Given these considerations, lone mothers are clearly a significant group in society, whose lived experiences and needs must be better understood to inform the development of services that support them and their children.

My own interest in this area was also part of the decision making involved when choosing this topic. Clinical experience working with lone mothers and their children has led me to recognise that this group may encounter significant challenges and have unique support needs. I also have lived experience of being parented by a

divorced mother. This personal and professional involvement in the field has certainly contributed to the enthusiasm for exploring the previous research and its findings.

Review structure

This narrative literature review aims to explore the previous research surrounding lone mothers and specifically their experiences of caregiving. It will begin by considering quantitative studies of lone mothers, their wellbeing, the way they are viewed in society and other similar topics. The review will then investigate research into lone mothers by choice, as well as analysing the results of studies which compare these mothers with partnered mothers. The review will culminate in detailed evaluation of qualitative literature which focuses on the lived experiences of lone mothers, comparing findings where possible to the experiences of partnered mothers. Finally the implications of the findings of the review will be summarised, alongside any limitations. The literature search was carried out using a number of databases including PsycINFO, PEP-Web and UCL Explore. This was not a 'systematic review', but a rigorous approach was adopted to ensure key literature was identified. The terms used for the search were 'single mothers' 'caregiving' 'parenting' 'experiences' and 'lone mothers'. To ensure key literature was not missed, these search terms are broader than the terms used in this review, which are defined and clarified below.

Key terms

The phrase 'lone mother' will be used in this review to refer to mothers raising and parenting their children alone, without a partner. This was selected instead of 'single

mother' as lone mother is the nationally recognised term, used by the U.K. government in its policy and statistics. However, it also provides an umbrella term for more specific types of lone mothers e.g., lone mothers by choice, lone mothers following separation or bereavement. Literature which investigates the experiences of lone mothers by choice, a significant and growing group will be explored in the review. 'Caregiving' was considered a more appropriate term than parenting, mainly due to its use in psychological research, for example in seminal studies of parental reflective functioning (Fonagy, Steele, Steele, Moran & Higgitt, 1991; Slade, 2005) and representational models in attachment (George & Solomon, 1996).

Inclusion and exclusion criteria

This review focuses on research into lone mothers, rather than lone parents or lone fathers. There are currently around 400,000 'lone parent father families' in England (Office of National Statistics, 2019), a much smaller group than lone mothers. There are very few studies of lone fathers and their experiences, making a review of the literature challenging. Fathers have an important role to play in the healthy psychological and emotional development of children (Freud, 1925; Von Klitzing, Simoni, & Burgin, 1999; Winnicott, 1965). However, mothers are still traditionally seen as the primary caregivers, providing the first attachment relationship from which others develop (Bowlby 1969; 1988; Klein, 1959;). This idea and the wider issues surrounding the roles of fathers and mothers in society, will be discussed further in the final sections of the review.

There are some studies of interest that involve mixed samples, of both mothers and fathers. These are included in this review however the data regarding the mothers is

the primary focus. Several studies summarised concentrated on women in groups with high rates of lone parenting, such as teenage mothers, rather than lone mothers specifically, as there was a significant similarity in some of their experiences. A combination of both qualitative and quantitative research will be explored, reflecting the previous literature available. However, analysis of qualitative research will form the foundation of the review, as the aim is to explore the lived experiences of mothers, something primarily addressed using qualitative methods. The review covers global literature, including many studies carried out in the U.S.A., rather than the U.K. While the findings are therefore varied and wide-ranging, including different cultural contexts, their generalisability to the U.K. context is uncertain. The focus is on peer-reviewed literature, however one unpublished doctoral thesis will be included due to its relevance, as well as the paucity of published qualitative research in this area.

Motherhood and society

The pioneers of child psychoanalysis such as Anna Freud used observation and direct clinical work with children to begin to formulate what we now recognise as fundamental theories on child development, by identifying links between the early caregiving experiences children received and their subsequent emotional and psychological development (Tyson & Tyson, 1990). These ideas were developed by clinicians such as Fraiberg, Adelson & Shapiro who in their seminal paper 'Ghosts in the Nursery' (1975) showed how much a mother's own experiences as a child could impact her parenting and relationship to motherhood.

As mentioned earlier in the review, emphasis has always been placed on the importance of the mother-infant bond, with this considered by the majority of theorists to be the primary and most significant relationship, with little reference made to the role of the father (Freud, 1981; Winnicott, 1956). It is interesting therefore, that whilst the mother is expected to assume so much responsibility for the care and successful development of her child, mothering alone seems to be stigmatised.

Societally, lone mothers have been and continue to be viewed as 'less-than', when compared to traditional two-parent families. However sociological theory can be useful when interrogating this assumption, such as May (2004), who suggests that lone mothers often construct their own complex networks, using extended family or community to support their parenting, rather than a partner. This challenges the assumption that there is a 'need' for a two-parent family even questioning the use of the word family as an identifier for parents and children. Whilst this is a radical theory which is not referenced by the empirical research that will be discussed, it is useful to bear in mind when noting the discrepancies both within study findings and government policy.

Lone mothers and partnered mothers: the quantitative data

Early research in this area displays these contradictions, showing that despite lone mothers often experiencing stress and isolation, this does not necessarily lead to issues in the mother-child relationship. In a study carried out in the U.S.A., of 28 mother-child pairs, Weinraub and Wolf (1983) no significant differences were found between partnered mothers' and lone mothers' interactions with their children,

despite lone mothers stating that they received less emotional and parenting support. This study offers a critique of the governmental and wider societal attitude which associates lone parenting with deficient parenting practices, as outlined in Dermott and Pomati (2016). In challenging this, Dermott and Pomati also compared the parenting behaviours of lone and partnered mothers, by using data from the Poverty and Social Exclusion survey (PSE) from 2012, finding negligible differences.

However other research has shown (Kiernan & Mensah, 2010; Rodgers and Pryor, 1998) the children of lone mothers to have poor outcomes, both educationally and psychologically. It is possible that these outcomes are linked to lone parenting, but more likely caused by the socio-economic environment in which many of these children grow up. A large number of lone mothers' access social services, welfare support and are at risk of poverty (Ridge & Millar, 2011) with their children's emotional and physical well-being impacted. Despite this it is important to note that lone parenting does not necessarily equal negligent parenting.

It is also possible to challenge the correlation between lone parenting and mental health issues in lone mothers, as shown in the results of Meier et al. (2016) who using data from the 2010-2013 American Time Use Surveys (ATUS) found that lone mothers are less happy, more stressed, and more fatigued in parenting than partnered mothers. Whilst it is clear that lone mothers suffer from a range of emotional difficulties, Baranowska-Rataj, Matysiak and Mynarska (2014) suggested that it was not parenting per se that had a negative impact on lone mothers' happiness. Using a mixed-methods approach, which included interviewing 35 women in Poland, they showed that whilst lone mothers experience unhappiness

more than partnered mothers, parenting their children had a positive impact on their lives and emotional well-being.

The varied and complex findings of the literature so far suggest that a nuanced approach to this topic is needed. The exploration of research into lone mothers by choice whose experiences are very unique provides further insight and is discussed below.

Lone mothers by choice

'Single mothers by choice' is a term that began to be used in the U.S.A. during the 1980s to refer to women making a deliberate choice to raise and parent a child on their own. Increasingly these women choose to conceive their child by donor insemination, or less frequently, adopt (Bock, 2000). This identifying phrase is now used in research; however, little is known about the scale and demographics of this population. Despite this, a growing number of studies have sought to investigate the experiences and lives of 'single mothers by choice'. It is of note that there are fewer studies that focus on the experiences of lone mothers who are widows, or who have undergone a separation or divorce. A possible reason for this is that 'single mothers by choice' are a group who by their very nature challenge the mainstream view of lone mothers as either deficient parents or women existing on the margins of society.

This suggestion is supported by Mannis (1999) who carried out one of the earliest pieces of qualitative research on this group of mothers. The ten participants in this study that took place in the U.S.A., were predominantly financially stable, university-educated, white women in their 30s and 40s, some of whom had adopted

their children, others had gone ahead with unplanned pregnancies, choosing to raise their child alone. What is clear from Mannis' findings is that these women were approaching motherhood purposefully, carefully considering the implications of lone parenting. One mother even carried out a 'cost/benefit' analysis, talking to friends and her therapist about her decision to go ahead with an unplanned pregnancy. The findings of this study also touched on the experiences these mothers had of caregiving; the women acknowledged how challenging parenting alone can be, however noted that they felt 'better off' than divorced lone mothers, as they had never expected to have a partner or support in the caregiving of their child.

The conclusions above are echoed by one of the largest studies carried out on 'single mothers by choice' thus far; Jadva et al. (2009). The results of questionnaires completed by 291 'single mothers by choice' in the U.K. were analysed. They found that it was most common for women to choose to have a child by sperm donation, with many opting for an anonymous donor. As with the participants of the previous study (Mannis, 1999) these women had spent a long time considering their decision to parent alone, as well as articulating their concerns about the impact this decision would have on their own mental health and the emotional well-being of their children. The mothers also ensured that where possible their children had regular contact with a male figure, such as an extended family member.

Research comparing 'single mothers by choice' with partnered mothers has produced findings with inconsistencies which parallel those discussed earlier in the review. A 2005 study from the U.K. (Murray & Golombok) compared 27 'single mothers by choice' of children conceived by donor insemination (DI), with 50 married

mothers, also with children conceived by DI. It found no significant difference in the psychological well-being or stress levels of either group of mothers. However, there were differences in the levels of mother-child interaction and sensitivity towards their children, with the lone mothers exhibiting lower levels of these than the married mothers. These findings differ in turn from those in later research (Golombok et al., 2016) which found no significant difference in parenting quality or child adjustment between 51 'single mothers by choice' and 52 two-parent families in the U.K.. However, they did report a lower frequency of conflict between mothers and children within the single parent families. In explaining this result, the researchers suggested that the active intention made to parent alone might in itself contribute to positive mother-child relationships.

These varied and somewhat inconsistent findings suggest that whilst lone mothers are clearly thoughtful parents, able to provide stable home environments, there can also be issues within the relationships with their children. Further exploration of the research will provide more insight into the experiences of this group.

Experiences of caregiving: qualitative studies

This review's focus is on research which aims to explore the unique experiences of lone mothers and their caregiving, however there are a number of other studies that have identified different groups of mothers that are also of relevance. These studies have been included in the review as the participants were groups of mothers who were predominantly mothering alone or were within groups with high rates of lone mothering. Their qualitative approaches also offer a rich and detailed insight into the lives of these mothers and their attitudes towards parenting. Following discussion of

these studies, the review will examine qualitative research investigating lone mothers specifically.

Rolfe (2008) interviewed 33 teenage mothers all taking part in projects run by the National Children's Home (NCH), a children's charity based in the U.K. and sought to conceptualise their experiences of motherhood. A quarter of the participants were from ethnic minority backgrounds and all were living on low incomes. Discourse analysis was used to evaluate the accounts of the participants, who described their experiences of caregiving with nuance, reflecting the maturity with which they were approaching motherhood. The study found that the teenage mothers did speak about the hardships as well as rewards of the parenting – but the authors noted that such experiences are common among other mothers too. However, they did also say their findings suggested young mothers experience particularly acute financial worries, and obstacles to education and employment. The participants described how they were able to make use of family or community support successfully and articulated the complex feelings they had towards motherhood and their children. These findings are similar to those in the literature discussed earlier in the review, which suggested that lone mothers may experience some unique challenges but are not inevitably incapable or neglectful parents.

A later study (Maxwell, Proctor & Hammond, 2011) investigated the experiences of a similar group of 6 young mothers, in the U.K., who had just left care. These women were also all teenage mothers and had spent at least four years in the care system. Interpretative Phenomenological Analysis (IPA) was used to analyse the responses of the women. Some of the results reflected those in Rolfe (2008), in that the

participants described adjusting to the hardships and rewards of parenthood in the same way that many other women do. However, these particular women were notable in referencing their own experiences of being parented and their memories of themselves as children, when discussing their current experiences as mothers. Many of these women had histories of maltreatment and neglect and so the experience of being a new mother would often trigger memories of their early trauma, whilst simultaneously seeing it as an opportunity for repair and 'breaking the cycle'. This theme which links women's own childhood experiences with their current experiences as mothers and caregiving is an important one, which will emerge in much of the qualitative literature being explored.

Lone parenting: an overview of the qualitative research

One of the earliest qualitative studies investigating the experiences of lone mothers specifically was carried out in 1989 in the U.S.A. by Quinn and Allen. The researchers gathered a group of 30 white lone mothers and interviewed them using an unstructured framework of questions relating to their everyday lives. It is likely that given the date of this paper, many of the now well-known qualitative data analysis methods had not yet been established. Instead, the researchers state that they examined the transcripts for repeated themes and concepts but do not reference a specific methodological approach. This limits the generalisability of the findings, as well as the fact that the sample included only white women. However there remain some results which are of interest.

The women's responses in this study reflect the prevailing concerns of lone mothers and indeed mothers of any kind (worries about money, their children, work-life

balance, childcare), however the researchers picked up on a paradox described by a number of the participants, that may reflect the historical period in which this study was carried out. Many women described how they had been raised by their parents to believe that they would be part of a traditional, two-parent family, in which they would stay at home to care for their children, whilst their husband went to work. This stereotype was one which the participants had also observed in the media and popular culture. Quinn and Allen suggested that these women were attempting to make sense of their wish to have a 'normal' family as their own parents did, but simultaneously wanting something different, to have a career or indeed to feel confident in their roles as lone mothers. This conflict mirrors much of the societal change going on during the 1980s, in which second wave feminism and its ideas were becoming more mainstream, encouraging women to question their traditional gender roles.

These findings relate to those of some studies discussed earlier in the review. The women taking part in this study (Quinn & Allen, 1989) used their own experiences of being parented as a reference point for their caregiving and ideas about motherhood. They also questioned the stereotypes placed on them by society, whilst acknowledging the challenges of parenting outside the traditional family structure. It is significant that whilst ideas about gender roles and the family have progressed since 1989, these ideas are also echoed by later research, such as Richards and Schmiede (1993), who gathered a large sample of single parents, both mothers and fathers, from a longitudinal study being carried out by the University of California at the time, the majority of whom were women (60 versus only 11 fathers).

As in the previous study discussed, the researchers took an unstructured approach to the interviews, however used grounded theory as the method of analysis, although did not offer an explanation for this choice. Again, as with Quinn and Allen (1989) the sample was almost entirely white and middle-class, meaning the findings cannot be generalized widely. The challenges of managing money were stated as a key concern for the mothers in this study, as well as the feeling of being overloaded by the responsibilities of parenting alone.

However, as with the other research this review has explored, the women spoke positively of their experiences as lone mothers. They described developing their parenting skills over time, learning how to communicate effectively with their children and experiencing personal growth throughout their journey as mothers. The researchers compared these ideas with the 'pathological parenting' which is generally expected of single parents and suggested that when offered the appropriate community and professional support, single parent families might have good life outcomes rather than the poor outcomes expected by society or government.

Moving into the 21st century, studies continue to reflect the trends exhibited in earlier research, showing the conflicts at the heart of lone mothers' lived experiences. An American study from 2019 (Whisenhunt, Chang, Parrish & Carter) aimed to explore the needs of single parents, to inform counsellors and other mental health professionals who might work with them. The sample, as with Richards and Schmiede (1993), was of both mothers and fathers, of children of a variety of ages, with mothers making up the bulk of the participants. Whisenhunt et al. used an online

questionnaire to ask the 27 parents a range of questions relating to the journey into single parenthood, the challenges and advantages of parenting alone and the personal qualities which might be needed for this. The researchers then used Qualitative Content Analysis (QCA) to analyse the data and offered a thorough rationale for the choice of this method; describing how they hoped this would provide them with a range of themes and categories which could be coded for both latent and implicit meaning. This aspect of qualitative analysis is particularly helpful when dealing with the nuances of lived experiences. The questionnaire approach did limit the study in terms of a missed opportunity to ask follow up questions, something acknowledged by the researchers, however the findings are still pertinent.

The mothers participating in this study described the difficulties of parenting alone, including managing a relationship with the non-custodial parent, the challenges of balancing various roles and concerns about their children's development. These ideas are consistent with the findings in previous research, which have shown that lone mothers are put under considerable pressure by the task of parenting alone. However, these women were also all in agreement about the positive aspects of their lone motherhood experience including their feeling that they were more connected to their child through being the sole parent, as well a sense that their child might be developing more successfully due to this close relationship. Whisenhunt et al. (2019) describe how their participants seemed to ascribe particular meaning to their own personal journey into parenthood, which is significant when compared to the commonly held stereotype of reckless or immature single parents.

The previous two studies summarised above have involved mixed samples of both lone mothers and fathers, showing the wish of researchers to understand the experiences of both groups, however often failing to establish an accurate picture of lone fathers' views, as they form a much smaller fraction of the samples, compared to mothers.

An Irish study aimed to investigate specifically the relationship between lone mothers and their children, by interviewing both mother and child. Nixon, Greene and Hogan (2012) gathered a sample of 38 adolescents and their mothers, interviewing mother and child separately, using questions designed to garner insight into their relationship. As a result, the findings relate to the mothers' views on their relationships with their children, rather than their more general lived experiences or those of caregiving. These findings are then discussed in the context of concepts such as child development. The women acknowledged that their children were aware of the pressure and stress they were often under, in a way that is perhaps unique to single parent families. The mothers described the intense connection they had with their children, which was seen by many of the participants as a positive aspect of lone parenting (something also reported in Whisenhunt et al. 2019). However, this intimate relationship also caused the mothers concern that it could lead to the breaching of a generational boundary.

Nixon et al. (2012) stated that it was only the minority of participants who appeared unable to maintain the parent-child boundary, allowing their children to become confidants. In fact, most mothers in their sample spoke of how cognisant they were of the risks of this, using aspects of parenting such as discipline to reinforce this

boundary. The researchers also noted how the mothers participating in the study reported they did not struggle with managing their children's behaviour, despite what previous research and policy has suggested. It is also possible though that the women taking part in this study, as well as many of the other lone mothers involved in research, felt nervous about the potential negative consequences of admitting to their children's behavioural difficulties and so instead presented an overly positive picture of their caregiving experiences and the behaviour management of their children.

The main limitation of this study as expressed by the researchers, was that the sampling techniques used led to a sample of families who were not in extreme need or at risk of breakdown. Participants were gathered through word of mouth, rather than referred by support agencies. Nixon, Greene and Hogan describe how further research might focus on families who are in crisis or those accessing services, as this would give greater insight into issues within the lone mother- child relationship.

This limitation is a significant one which can be reflected on in relation to other studies discussed in this review. The samples are frequently of white, middle-class, educated women, many of whom do not appear to be struggling or in need of support, in the way that lone mothers from other backgrounds may do. Whilst these studies provide an alternative view to the stereotype of the overwhelmed or marginalised lone mother, it is not possible to gain a full picture of the lived experiences of lone mothers. This issue will be further discussed in the final section of this review.

Freeman's (2017) study makes an attempt to address this limitation, by focusing specifically on the mother-child bond in low-income lone mother led families in Boston, U.S.A. All 66 women participating were receiving at least one type of welfare support e.g., in public housing, receiving financial or food assistance or child-care subsidies. The sample was much more diverse as a result, with a number of Black, Hispanic and Asian mothers whose children ranged in age from new-born to adult. The interviews were in-depth and unstructured, carried out over a 3-year period, allowing for long-term observations of the women who were all involved in a local anti-poverty program. All mothers taking part in the study had to be making some attempts to move out of poverty by seeking employment or further education. The researchers used grounded theory to analyse the women's responses and were thorough in their rationale for the use of this method, noting the importance of centering the lived experiences of the mothers at the centre of the data analysis.

Due to the context in which this study took place, many of the responses focus on the financial difficulties of the mothers, using these to make suggestions on how the mother-child bond might be a motivator for change and a move out of poverty. The participants described putting their children at the heart of all their decision making, whether relating to future career prospects or plans for further education. Many women spoke about how they put their children and their needs first, considering their roles as mothers more important than job responsibilities. This idea is also found in the results of the Whisenhunt et al. (2019) whose participants identified motherhood as the part of their lives which had most meaning. In general, the mothers taking part in this study (Freeman 2017) were all in agreement that they

wanted their children to have more positive childhood experiences than they did (as children) and used this as momentum to make important life changes.

Freeman (2017) showed that even women who fit the societal stereotype of lone mothers- on the poverty line, accessing public services- are able to reflect on their role as parents, relationships with their children and engage with their caregiving in an astute way. It is clear that many women taking part in Freeman's study were under enormous pressure, with lone parenting taking a toll on their emotional well-being, but this did not stop them from prioritising their children and their needs.

As mentioned in the introduction of this review, there is a dearth of qualitative literature that focuses directly on the caregiving experiences of lone mothers. There are a number of unpublished doctoral theses which explore the experiences of specific demographics of lone mothers and one in particular which is relevant, due to its focus as well as the insight it provides into the lived experiences of more marginalised communities. Fuzane (2018) carried out 8 interviews with eight Southern African women, aiming to understand their experiences of parenting as immigrant lone mothers of adolescent boys, living in the U.S.A.. This is evidently a very specific lived experience, however Fuzane's use of Interpretative Phenomenological Analysis (IPA) as the data analysis method provides an in-depth perspective on this group of lone mothers, which is unique.

The participants in this study described how they turned to their community, predominantly associated with their local church or parish, for support with parenting and raising their sons. However, unlike the white lone mothers in the other studies

discussed, who described turning to extended family for support, the women in this study often did not have this help, as they were immigrants, not living near their own parents or families. The participants were stated as living in low-income neighbourhoods of California, where it was common for adolescent boys to become involved in crime or gang related activity. The mothers expressed how their own upbringing experiences, that were often severe and focused on discipline, had in their view a strong and positive influence on how they chose to parent their sons. They cited this parenting approach as having ensured their sons remained safe and continued to be engaged in education. The women also recounted how they established open lines of communication with their sons, always maintaining a positive outlook which they recognised as essential in their role as mothers.

Despite this study (Fuzane, 2018) focusing on a unique community and their specific lived experience, the themes which emerged in the participant's responses do echo some from other studies. The women in Fuzane's study suffered the pressures of lone parenting, far away from family, often living in unsafe neighbourhoods, however, were still able to feel confident and secure in their caregiving. These findings echo those of other studies, which are conspicuous in that lone mothers regularly described not only the challenges of lone parenting, but also commonly cited positives.

Summary and conclusions

The literature outlined in this review has provided an alternative perspective on lone mothers. Whilst the research shows that lone mothers experience many challenges, both in their own emotional well-being and their relationships with their children, it also repudiates dominant assumptions about this group. This suggests that the traditional societal views of this group may not be based on the evidence available. The women participating in the studies which have been explored in this review describe their caregiving experiences with nuance, acknowledging the difficulties but also reflecting on the powerful positive aspects of parenting alone.

Key agreements and conflicts

Several common themes were found across the studies reviewed. A number of quantitative studies discussed showed no significant differences between lone mothers and partnered mothers in a number of areas including parenting behaviours, parenting quality and interactions between mother and child (Dermott & Pomati, 2016; Golombok et al., 2016; Weinraub & Wolf, 1983). This challenges the notion that lone mothers are in some way less able parents than partnered mothers or that lone mother-led households are ones in which there is more conflict or difficulty. In fact one study found the opposite; the lone mother participants reported less conflict with their children than their partnered counterparts (Golombok et al., 2016). Other research however provided different results, showing there was a difference between the interaction sensitivity of lone mothers and partnered mothers, with lone mothers showing lower levels of attunement to their children in these moments (Murray & Golombok, 2005).

There was some consensus that lone mothers are more prone to suffer from mental health issues including stress or depression than other mothers (Collings et al., 2014; Meier et al., 2016). However, two studies offered different findings. Murray and Golombok (2005) found no significant difference in the psychological well-being of lone mothers when compared to partnered mothers and Baranowska-Rataj et al. (2014) suggested that whilst lone mothers do suffer more emotional distress than other mothers, this is not caused by their lone parenting. In fact, motherhood is what brings them joy, whilst their stress is often caused by other daily pressures.

As expected, the qualitative research examined in the review offered more insight into the nuances of the lived experiences of lone mothers and again another divergent point of view on this group of women. Across the board the mothers described the challenges of lone parenting but without exception also spoke of how rewarding caregiving was and how special their relationship was with their children (Fuzane, 2018; Nixon, Greene & Hogan, 2012; Richards & Schmiede, 1993), with two groups of participants in different studies agreeing that motherhood was what gave their lives meaning (Freeman, 2017; Whisenhunt et al., 2019).

There was agreement of the impact that the women's own experience of being parented had on their caregiving and relationships with their children. Some mothers, having suffered neglect or maltreatment in childhood, were determined to give their children a different experience and this was a motivator in their parenting choices (Freeman 2017; Maxwell, Proctor & Hammond, 2011). Others struggled to emancipate themselves from their traditional upbringings, whilst they tried to decide what types of mothers and women they wanted to be (Quinn & Allen, 1989). One

study showed how a particular group of women were grateful for their strict mothers and used this experience to inform their own parenting (Fuzane, 2018).

As is evident from this summary, whilst the lived experiences of lone mothers are different depending on their ethnicity, culture, education or nationality there are some universal experiences which came through in the varied literature discussed.

However, the research in this area is limited and some gaps in the knowledge about lone mothers have become apparent and will be outlined below.

Gaps in the literature and implications for further research

Many of the studies included in the review had similar samples, of generally white, middle-class, educated women (Quinn & Allen, 1989; Nixon, Greene & Hogan, 2012; Richards & Schmiede, 1993). This is likely because the samples were gathered via word of mouth or snowball sampling and not from local support services. The women involved were therefore not from more marginalised groups. Whilst it is meaningful to have research which shows lone mothers are not always financially or socially disadvantaged, evidence (Ridge & Millar, 2011) shows that many lone mothers are in receipt of welfare support or living on the poverty line. Therefore, to gather a full picture of all experiences of lone mothers, it is necessary to have a variety of samples of different women. Freeman (2017); Fuzane, (2018) and Maxwell, Proctor & Hammond, (2011) all tried to address this in their studies, interviewing ethnically diverse, immigrant mothers, as well as those who had been in care. However more research is needed to investigate the lived experiences of specific groups of lone mothers, particularly those accessing public services, which can in turn inform the improvement of those services.

One group which has been of particular interest to researchers has been 'single mothers by choice'. This is likely to be because this group is growing, as In vitro fertilisation (IVF) and donor insemination become more common and so studies have sought to understand the experiences of these mothers (Golombok et al., 2016; Jadva et al., 2009; Mannis, 1999; Murray & Golombok, 2005). However, the same level of interest in groups such as bereaved lone mothers and divorced or separated lone mothers seems to be absent and further research is needed to investigate the needs and experiences of these women. These mothers are likely to need professional support, due to having experienced the loss of a partner, whether through death or separation and future studies in this area would aid the development of these support services.

Two studies examined in this review used mixed samples of both lone mothers and fathers (Richards & Schmiede, 1993; Whisenhunt et al., 2019). The responses and data relating to mothers were focused on, however it was notable how few fathers there were in each sample, compared to the mothers. The number of lone fathers is growing. As with many of society's attitudes towards lone mothers, societal views on lone fathers are also antiquated. These have developed from early psychoanalytic and attachment theory which minimized the role of the father, placing the mother as the primary and most significant caregiver (Bowlby 1969; 1988; Freud, 1981; Klein, 1959; Winnicott, 1956).

More recent research has begun to challenge this view that the father is secondary. In fact, many of the mothers participating in the studies examined in this review state

their concerns about the absence of a male or father figure in their children's lives (Jadva et al., 2009; Mannis, 1990). Given all of the above and the growing number of lone fathers, further research is essential to shed light on these men, their views and experiences. Studies which compare lone mothers and fathers would also be of interest and in turn provide further insight into lone mothers and their caregiving.

Whilst it is helpful to be able to draw on the findings of qualitative research, particularly to answer questions regarding lived experiences, the studies in this review have used such a wide range of interview and data analysis methods, that replicating them would be particularly challenging. Only two studies used the same qualitative analysis method; grounded theory (Freeman, 2017; Richards & Schmiede, 1993) and only Freeman's study offered a coherent rationale for the choice of this method. One study used qualitative content analysis (Whisenhunt et al., 2019), another IPA (Fuzane, 2018) and one study did not have a clear analysis method of any kind (Quinn & Allen, 1989).

Limitations of the review

This review had a number of limitations, not least of which was that it was not a systematic review of the literature, meaning that there were likely some relevant studies not included, due to the limited scope of the review. Most of the studies summarised had been carried out in the U.S.A., meaning that many of the conclusions reached regarding implications for clinical practice are not directly applicable to services or policy in the U.K. Similarly, due to the dearth of research specific to the caregiving experience of lone mothers, an unpublished doctoral thesis was included in the review. This in itself is a limitation, as ideally a literature review

would include only peer reviewed articles to ensure rigour. My own lived experiences of being parented by a lone mother may have also influenced my approach to the topic, perhaps causing me to interpret the data relating to the positive aspects of lone parenting in an overly favourable way.

Implications for clinical practice

Although most of the studies in this review made recommendations which are only directly applicable to professionals or services in the U.S.A., many of the findings and themes can and should inform support offered to lone mothers in the U.K.

It is clear that not all lone mothers require support from either public services or third sector organisations. Many women in the studies included in this review were self-sufficient and financially and emotionally stable. However, it is also the case that some lone mothers do require professional input, whether this takes the form of accessing mental health services, support groups or benefits. It is essential that all these interventions are designed holistically, to encompass the needs of both mother and child. The participants in Freeman's study (2017) directly stated that they were less likely to agree to programs of support if they did not involve their children and needed to be flexible around responsibilities such as childcare. This is significant when considering how to provide assistance for lone mothers seeking employment or in further education.

Child and adolescent mental health services (CAMHS) in the U.K. often work with the children of lone mothers, however it is common for the interventions to be offered only to the child, with no further support offered for the parent. Adult mental health

services are under immense strain and do not accept routine referrals, instead usually providing medication monitoring or crisis management. All therapeutic input for children in CAMHS should involve parallel parent work, but particularly in the case of lone-parent mothers who as we have seen are often under increased pressure and stress. However, accessing mental services can come with its own set of challenges for families and there is stigma attached to it in certain cultures. Local authorities should consider offering a package of support for lone mothers and their children in the community or at school, which can be logistically and emotionally easier to manage for both parents and children.

Any professional working with lone mothers and their children would do well to examine in detail research in this area, to have a sense of what the needs of this group might be and to unpack their own internalised prejudices. As we have seen it is common for lone mothers to be viewed as negligent, careless or immature and there might be an assumption that these women would not engage with an intervention offered, leading to decisions being made at service level not to provide support. This would be a mistake and it is clear from the research that lone mothers want the very best for themselves and their children, so may be prepared to take part when necessary and indeed likely welcome the opportunity if support is appropriately tailored to their needs. As the number of lone mothers continues to grow, both national and local services should consider and plan the ways in which they can support these women in a proactive way, to prepare for future need, for both mothers and their children.

Conclusion

Lone mothers have historically been regarded as a marginalised group, living on the edge of poverty and unable to provide good-enough care for their children. This review of the literature has shown that whilst lone mothers often do suffer from mental health issues and find parenting alone extremely challenging, they also feel fulfilled and rewarded by the experience of caregiving. A growing number of lone mothers in fact choose to raise a child alone, again defying the stereotype that a lone parent family is created as the result of conflict or loss, rather than through an active choice. Having a lone mother as a parent can affect a child's outcomes in life, so specialised support should be available to ensure the needs of lone mothers and those of their children are met. However, this review has shown that lone mothers are able to build intimate and robust relationships with their children, through thoughtful communication which leads to stable family dynamics. This defies the societal stereotype imposed upon them and offers an alternative approach for the creation of appropriate services.

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Part 2: Empirical Research Project

Lone mothers' experiences of caregiving: A qualitative study using the Parent

Development Interview

Abstract

Aim: This qualitative study aimed to investigate the caregiving experiences of lone mothers attending a Parent Toddler Group (PTG), by analysing Parent Development Interviews (PDI) using Interpretative Phenomenological Analysis (IPA).

Method: This project was part of a wider service evaluation of PTGs carried out between 2003 and 2019 in a third-sector mental health service. A sample of 7 lone mothers was purposively selected from the wider pool of toddler group attendees. All participants had completed a 'baseline' PDI on entering the group and these were audio recorded and then transcribed. Data was analysed using IPA.

Results: The findings included some novel themes specific to lone mothers of toddlers, relating to managing their children's need to be in control and difficulties around separation. Other themes echoed those in previous literature. Participants expressed feelings of isolation and being overwhelmed by lone parenting, as well as many struggling with mental health issues and histories of trauma.

Conclusion: This study showed that the lived experiences of lone mothers are nuanced, challenging societal assumptions about this group as homogeneous. Lone mothers can be vulnerable and continue to be in need of specialist services, such as the PTGs, that can help them with their parenting, alongside support from family and friends.

Introduction

There are over 1 million 'lone parent mothers' living in England (Office of National Statistics, 2019) and this number as a proportion of the population is similar in countries across the world (Organisation for Economic Co-operation and Development, 2014). The majority of theorists and clinicians give prominence to the importance of the mother-infant bond, with this considered to be the primary and most influential relationship, with minimal reference made to the role of the father (Freud, 1981; Klein, 1959; Winnicott, 1956). It is pertinent that whilst the mother is expected to bear the brunt of responsibility for the care and healthy development of her child, mothering alone appears to be stigmatised.

Governments have in the past associated lone parent families with socio-economic deprivation (Dermott & Pomati, 2016; McKay, 2003). There are studies that show a different picture which will be reviewed below, however there is evidence that lone parenting impacts the emotional wellbeing and mental health of mothers (Collings et al., 2014; Meier et al., 2016). Children of lone mothers often have poorer outcomes, higher rates of mental ill health or lower levels of educational attainment (Kiernan & Mensah, 2010; Rodgers & Pryor, 1998). It is clear lone mothers are an important group whose lived experiences need to be better grasped to develop services that help them and their children.

Early quantitative research in this area (Weinraub & Wolf, 1983) shows that despite lone mothers experiencing stress and isolation, this does not necessarily result in difficulties in the mother-child relationship, thereby challenging wider societal prejudice which associates lone mothering with inadequate parenting (Dermott &

Pomati, 2016). This study also compared the parenting behaviours of lone and partnered mothers, finding insignificant differences. However other quantitative studies (Keirnan & Mensah, 2010; Rodgers & Pryor, 1998) have demonstrated that the children of lone mothers have poorer outcomes, psychologically and educationally. It is possible that this is related to lone parenting, but socio-economic factors also play an important role. Many lone mothers require the support of social services and receive welfare or benefits (Ridge & Millar, 2011) all of which can impact the well-being of their children.

Whilst there is evidence of a relationship between lone parenting and mental health issues in mothers (Meier et al., 2016), Baranowska-Rataj et al., (2014) proposed that it was not parenting itself that caused sadness or stress. They showed that while lone mothers experience unhappiness more than partnered mothers, parenting their children had a beneficial impact on their emotional well-being.

A growing number of studies have sought to investigate the experiences of 'single mothers by choice'. This phrase refers to women making a deliberate choice to parent a child on their own. Usually, these women conceive their child by donor insemination, or less commonly, adopt (Bock, 2000). It is intriguing that there are fewer studies concentrating on the experiences of widowed lone mothers, or those separated or divorced from their partners. A likely reason for this is that 'single mothers by choice' are a group who fly in the face of the societal presumption that lone mothers are inferior parents or marginalised women and therefore provide a rich and fruitful research opportunity.

This idea is supported by both qualitative (Mannis, 1999) and quantitative (Jadva et al., 2009) research. These studies found these women were approaching motherhood with purpose, reflecting on the ramifications of lone parenting and concerned about the effect their decision might have on their emotional well-being as well as that of their children. The participants in the study by Mannis (1999) acknowledged the difficulties of lone parenting, but felt they were in a better position than divorced lone mothers, as they had not become parents expecting any support from a partner.

Early qualitative research focusing on the experiences of lone mothers is limited in its generalisability due to the use of homogeneous samples of white, middle class women (Quinn & Allen, 1989; Richards & Schimege, 1993). However the women's responses are of interest, as they included reflections on how aspects of their own experiences of being parented influenced their attitudes as parents, as well as describing their parenting style developing over time and learning how to communicate productively with their children. The researchers compared these responses with the 'pathological parenting' which is generally assumed of lone mothers and posited that when offered the appropriate support, single parent families could have good life outcomes.

Two later studies (Freeman, 2017; Fuzane, 2018) made attempts to address one of the limitations of earlier research by gathering ethnically diverse samples of women as participants. Freeman (2017) interviewed low-income lone parent families in Boston, U.S.A, whilst Fuzane (2018) focused on exploring the experiences of South-African immigrant mothers of adolescents, also living in the U.S. Both studies

showed how these women put their children at the heart of all their decision making and that lone mothers who struggle financially, or are in receipt of government benefits, are also reflective parents, engaging with caregiving in a thoughtful way, further evidence to counter the societal attitudes towards this group. Most significantly these findings echo those of other studies, in which lone mothers regularly described not only the challenges of lone parenting, but also the joys.

Rationale for this study

As shown above, there is minimal research into the lived experience of lone mothers, and in particular how they understand their caregiving: this study hopes to fill that gap. Lone mothers and their children can be vulnerable and are a group who may need specialised support so as to ensure their needs and their children's needs are met.

Much of the previous research sampled white, middle-class, educated women (Quinn & Allen, 1989; Richards & Schmiede, 1993). This is likely because the samples were gathered via academic institutions and not from local services. Whilst it is important to have research that shows lone mothers are not always disadvantaged, it is necessary to have a variety of samples to gather a full picture of all experiences. Freeman (2017) and Fuzane (2018) tried to address this in their studies, interviewing ethnically diverse mothers. However further research is needed to investigate the experiences of this group, particularly those accessing public services, which can in turn help develop these services.

Previous studies have used a range of interview and data analysis methods, which makes replicating them particularly challenging. Only two studies used the same qualitative analysis method; grounded theory (Freeman, 2017; Richards & Schmiede, 1993) and only Freeman's study offered a rationale for the choice of this method. Most researchers in other studies created their own interview schedules to suit their various aims. This study was designed to use the Parent Development Interview (Aber et al., 1985) a specific interview tool that examines parenting or caregiving experiences alongside IPA (Smith et al., 2009) a rigorous systematic approach specifically intended to explore lived experiences.

Only one study reviewed focused on interviewing mothers of children of a specific age (Fuzane, 2018) whereas most of the previous research sampled women with children of a whole range of ages, leading to a discrepancy in findings. This project is an investigation of the experiences of lone mothers of toddlers, providing a detailed picture of how these women manage the particular challenges of parenting children of this age. Toddlerhood is a crucial time in a child's life when the foundations of development are laid, meaning that interventions directed at this age group can have an enormous impact on health outcomes for families and children (Health and Social Care Committee, 2019). The focus of this study on mothers of toddlers is something unique and not offered by past research.

Aim of this study

To investigate the caregiving experiences of lone mothers attending a Parent Toddler Group, by analysing Parent Development Interviews using Interpretative Phenomenological Analysis.

Method

Background and setting of project

This study forms part of a wider service evaluation of PTGs that took place between 2003 and 2019. Two weekly groups took place, run by child psychotherapists and attended by parents and their toddlers. The only requirements for entry to the group were that families attended for at least a year and that the toddler was under the age of two when they joined the group. Families could self-refer to the group as well as being referred by other professionals. The aim of this psychoanalytically informed therapeutic group was to support the parent-child relationship and to provide a safe space within which to address any issues. The most common problems which brought parents and their children to the group were behavioural difficulties as well as wider concerns around the child's development. The groups were kept small, with eight children per group, ensuring a containing environment.

Similar Parent Toddler Groups continue in different settings across London, some catered specifically to certain vulnerable groups. Health professionals from different disciplines are also being trained to deliver the PTG model in their own services.

Design

A qualitative study using Interpretative Phenomenological Analysis (IPA) to analyse data from the Parent Development Interviews (PDIs) of seven lone mothers who attended Parent Toddler Groups (PTGs) carried out in a third-sector mental health service.

Participants

A sample was selected of lone mothers who had attended PTGs with their children and had completed a PDI when they first joined the PTG (before they had begun the intervention). The project used purposive sampling to gather a cohort of mothers with a range of ethnicities, nationalities and ages from the toddler group database.

Mothers whose data had been used for other research studies were not included, as well as those who did not finish the group. Detailed demographic information can be found in the table below. Two pieces of information are missing, which were missing from the wider database of participants and this study was reliant on the data that had been collected by PTG staff. All participants and their toddlers (aged under 2) have been given pseudonyms to ensure confidentiality, and age ranges rather than specific ages have been given, also to protect privacy.

Mother	Toddler	Ethnicity	Age of Mother
Janet	Billy	White-British	Not known
Nadia	Laura	Black-African	20-30
Dorota	Leo	White-Eastern European	30-40
Rebecca	Freddie	White British	50-60
Vicky	Molly	Not known	40-50
Phoebe	Nick	White British	30-40
Aisha	Karim	Asian-Pakistani	20-30

Recruitment

Participants were not directly recruited for this project but had previously attended the PTGs, meaning their PDIs and other data was available for further study. Parents gave written consent for their interview data and other personal information to be used for the purposes of service evaluation.

Data Collection

All parents completed a baseline PDI, on entry to the group, as well as a form detailing key demographic information, some of which is shown in the table above. Other details collected when parents joined the group related to other services involved with the family, as well as any mental health issues experienced by the parents. Some of the mothers in this sample had received support from social care, or previously accessed therapeutic support within the same organisation delivering the toddler groups, but this data was not always available. Whilst some of the participants did struggle with mental ill health, these diagnoses were also not collected in a systematic way and this was not a criteria for eligibility to the groups.

The baseline PDIs were carried out by the toddler group leaders and audio recorded. Transcription of PDIs was not routine practice with the PTGs and only carried out when the data was required for the purposes of service evaluation. Some of the PDIs used in this study had already been transcribed previously, others were transcribed specifically for this project.

Parent Development Interview

The PDI (Aber et al., 1985) is a 45 item semi-structured clinical interview examining parents' representations of their children, themselves as parents, and their relationships with their children. The interview has three sections: (1) the parent's view of their child, (2) their view of the relationship with their child, and (3) their affective experience of parenting. Initial studies using the PDI (Slade et al., 1999) were typically coded quantitatively using a scale that evaluated parental representations along three dimensions; parental representations of their own affective experience, parental representation of their child's affective experience, and state of mind. However, the PDI also provides rich qualitative data which was the focus of this study.

Interpretative Phenomenological Analysis

IPA (Smith et al., 2009) is a form of data analysis used in qualitative research, which has an idiographic approach, focusing on the individual level of a person's experience. It is influenced by the theory of hermeneutics, the interpretative approach of analysing texts. The process of analysis in IPA is often referred to as the double hermeneutic, as interpretation is happening at two levels; the participants are trying to make sense of their world whilst the researcher is attempting to understand this experience (Smith & Osborn, 2008). IPA takes an inductive approach, meaning that it is 'bottom-up', developing themes from the data, rather than from previous research.

IPA was chosen as the analytical method for this project as the aim was to understand the detailed experiences of a specific group, lone mothers of toddlers.

IPA provides an opportunity for in-depth analysis and understanding of the lived experiences of individuals and so was considered appropriate for this study.

Data Analysis

The analysis followed the steps outlined in Smith et al., (2009). Once all interviews had been transcribed, the transcripts were read through one-by-one and initial reflections were made. Then coding began on a case-by-case basis, using NVivo 13 (QSR International, 2020). The first stage of coding took the form of descriptive comments, summarising the content of the responses. Subsequent coding was done by making linguistic comments, which noted aspects of the interviews such as vocabulary, syntax, pauses or even laughter, and finally conceptual comments, which took an interpretative approach to the data, making suggestions about the underlying meaning behind participants' responses. From the conceptual codes, emergent themes were created which were then gathered together into superordinate themes. This was done for each individual participant, before the data set was viewed as a whole and the patterns across cases were gathered together into groups of themes.

Themes were adjusted where necessary with the support of my supervisor and another clinical trainee who read an interview and carried out initial coding independently, before we met to discuss ideas. This collaborative method of ensuring trustworthiness can enable the researcher to widen their perspective on the data (Shenton, 2004).

A reflective journal was kept throughout the analytical process to facilitate constant scrutiny of the data, whilst being another way of safeguarding the trustworthiness of the project (Shenton, 2004). This reflexive process also allowed me to be aware of my own preconceptions and potential bias as a child psychotherapist (Malterud, 2001).

Ethical considerations

Ethics approval was not required as this project was part of a wider service evaluation. However, the participants in this study had given written consent for their data gathered as part of the PTGs to be used for the purposes of service evaluation.

Findings

Six superordinate themes were identified during the analysis: (1) Need and control; (2) Separation; (3) Isolation; (4) Past experiences (5) Professionals and support and (6) 'Single mother by choice'. Within each superordinate theme there are subordinate themes corresponding to each participant. The themes were created in this way to ensure the idiographic focus of the analysis was maintained whilst also drawing comparisons across participants. All the themes are listed in Table 2, in the appendix, alongside illustrative extracts.

1. Need and control

Four of the participants described their child's desire to be in control and how this clashed with the boundaries they felt they needed to set as parents. These mothers also communicated their own wish to be in control and how they felt this had been taken away from them by their children.

Both Vicky and Rebecca used language that described a power imbalance that they felt had developed with their children. They also conveyed a level of frustration at this and a wish for the situation to change. Vicky stated:

I think she's gotta know that I'm mummy and that I'm in charge...and that she's got to...conform.

Rebecca specifically used the word 'power' a number of times, when explaining the dynamic that she felt there was between her and her son. The language used by

both women reflects a somewhat domineering attitude, suggesting the mothers are experiencing their children as being in control, whereas in many ways they are clearly more powerful.

Aisha and Dorota described how their children's attempts to get what they want and exert control, often resulted in moments of conflict, causing distress for the children and frustration for them.

For example, Dorota detailed how her son demanded her attention:

Mommy, I want your attention, mommy, I don't want this, mommy, I am bored, please do something about it... And that's exactly one that annoys me because this is where we're fighting for many time...

Aisha gave a similar account of her son's behaviour, describing him as 'very aggressive' when reacting to her boundary-setting. This language also communicated her own anger at having to manage her son's battle for control.

2. Separation

Nearly all the women made observations on how they were navigating separation from their children. The developmental stage of toddlerhood is when a child begins to separate from their mother, so all of the participants were in the midst of experiencing this process whilst being interviewed. Whilst the mothers did not make a direct connection between lone parenting and the difficulties of managing this

phase, it seems plausible given some of the women's responses that this experience may have been intensified for them.

Vicky and Rebecca described noticing specific changes in the way their children were relating to them and linked this to the developmental shifts of toddlerhood. They were also able to reflect on experiencing some level of loss at the way their relationship with their children had changed.

There's a separation happening, because she's growing up. I mean, on one hand I want her to walk, but in another way I don't, because she still needs to hold onto me and everything, mmm, but once she starts walking, she's gonna need me less, less and less. (Vicky)

Janet, Dorota and Aisha in their interviews illustrated the conflict at the heart of this developmental stage. They spoke of how their toddlers expressed intense urges to be apart from them, but that this was matched by the intensity with which the children also wanted to be close to their mothers. The women also described experiencing the same conflict, communicating a wish to have time apart from their children, whilst simultaneously feeling guilty or bereft when they did spend time apart.

For example, Janet, speaking about being apart from her son, stated; 'I had left him the whole day and it was brilliant'. Aisha encapsulated the perplexing challenges of the separation process when she said, 'he's actually too much close to me, and I think close is good'. Whilst it is clear from Aisha's interview that English was not her

first language, which might explain the unusual structure of the phrase above, it also perfectly epitomises the ambivalence and contradictions of lone parenting a toddler.

3. Isolation

Perhaps unsurprisingly, almost all of the participants expressed feelings of isolation as parents, which is coherent with the experiences of other lone mothers. Several of the women directly referenced being a single parent and the absence of a partner. Other women spoke more generally about the lack of support they had in parenting and their concerns about this.

Dorota, Phoebe and Janet all reflected on how their children were being impacted by the absence of their fathers. Dorota referred to this as the 'daddy question' and spoke about not ever having a 'second opinion' on how to make certain parenting decisions.

Phoebe and Janet described how the fathers of their children had caused immense pain and emotional damage, and their anxieties about the impact of this. Phoebe spoke about being 'abandoned' by her son's father and the financial difficulties that she is struggling with because of this. She expressed feeling 'not good enough' and finding herself unable to see this changing in the future.

Janet conveyed her worry about how to answer her son's questions about his father;

Cos...one day he's going to ask who his dad is, why he didn't want him and I haven't got half the answers why. No, I won't know what to say to him...

Vicky, Aisha and Rebecca spoke more generally about the difficulties of lone parenting, not having someone else to help and therefore often feeling overwhelmed or isolated. Aisha and Rebecca explained how limited their support networks are; friends are busy, or not available or family live elsewhere. Aisha spoke about how even when she was ill, she wasn't able to get any help, as Karim wasn't happy to be looked after by anyone else other than her.

In addition, Aisha described experiences with Karim which were not echoed by any of the other mothers. She conveyed how her feelings of isolation led her to seek out physical affection and support from Karim, as if he were her partner. She explained how when she is upset, Karim would notice this and try to cheer her up, or that if she requested a hug from him he would give that to her immediately.

In another example Aisha stated:

I wanted him to wake up and play with me (laughs) like seriously this happens so many times, I just want him to wake up and play with me

This role reversal in the relationship between Aisha and her son is examined in more detail in the next theme as it appeared to reveal how Aisha's traumatic history and emotional difficulties impacted how she related to her son.

4. Past experiences

A number of mothers, including Aisha, spoke either directly or indirectly about their experiences of trauma, mental health difficulties or previous addiction issues and how these affected their parenting. Rebecca and Janet both mentioned their relationships with their own mothers and reflected on the impact of this on how they relate to their children. For example, Janet stated:

I try to be the opposite of my mother... 'cos my mother wasn't very friendly and hard to live with and the opposite of her.

Janet also shared that being a mother had completely changed her lifestyle;

I get up now and I get out of my bed, I don't drink, I don't smoke, I don't do anything that'll harm myself physically or mentally

This suggests that before becoming a parent Janet engaged in some self-destructive behaviours and struggled with mental health difficulties and that she felt being a mother had an enormous positive impact.

Nadia and Aisha were less explicit when discussing their past experiences but did convey that they struggled with emotional difficulties and expressed the impact this had on their parenting. From the information gathered for the PTG about these women, it is known that both had experiences of trauma in earlier life. It is possible that their trauma may have been unprocessed and too painful to reference openly, however is nonetheless communicated throughout their interviews.

Nadia, for example, appeared to fixate on how her daughter always needed to be having 'fun' and seemed unable to reflect on what it meant when she was sad or angry. Nadia described feeling 'guilty' and 'bad' when she shouted at her daughter, as if getting in touch with her own anger was unbearable.

Aisha conveyed the feeling that she and Karim were constantly in danger or that a threat was just around the corner. This is coherent with what is known about Aisha's history, as hypervigilance is a typical indicator of complex trauma. She described having 'bad bad dreams' about her son and that she would 'never leave him with anyone' as she did not trust that he would be kept safe. She also referenced a fear of social services removing Karim and that even when a friend made this comment as a joke, she has not seen the friend since.

5. Professionals and support

As these interviews took place as part of the PTGs some of the mothers exhibited their significant anxiety about how they were perceived as parents, both by the

therapists running the groups, and by professionals in general. Other mothers spoke of their need for reassurance and guidance, looking for this both from the group leaders, as well as their family and friends.

Phoebe spoke in a way that seemed to indicate a wish to demonstrate her sensitivity as a parent, and to show how she fostered her son's development, as if her parenting skills were being appraised by the toddler group leaders. For example:

I think, you know, I'm always listening, and so, I've been told his language is very good and I think that's, you know, because I talk to him and when he makes noises back, I listen, and he likes it

Phoebe also described in detail the extremely traumatic birth of her child and how she had been treated by the midwives during labour.

I just remember saying "Is he ok, is he ok, is he ok, is he ok?" like, over and over and over again, and the midwife took him away and wouldn't give him back and I was begging, I was just saying anything, begging and pleading, and there was no reason for her to take him.

Phoebe went on to explain that she had been given an injection by another midwife, without having consented to this. Phoebe had shared this story in response to a question about a time she felt she was 'losing' her son. However, this is also a distressing example of the profound impact that professionals can have on mothers,

which may then have enormous repercussions for all future interactions with professionals.

Nadia spoke candidly about her experiences with social care, when she had faced the threat of having her child removed. She described going through a difficult period emotionally and that she was told that if she couldn't look after her daughter, she would be taken away. Unsurprisingly, these events had an impact on Nadia's experience of the PTGs and during her interview she seemed eager to convince the group leader interviewing her that her difficulties were in the past;

I don't have no problem with my kids now. I'm fine with Laura. I'm really fine

Dorota and Vicky both described their need for reassurance and guidance in their parenting. Dorota spoke of her feeling that her son Leo 'needs a little bit more of a structure' and her hope that the PTG might be able to provide this. Vicky outlined the conflict exhibited in a desire to have her parenting praised by others, including her own parents, but also her frustration at the judgement she faces from the same people.

I mean, it's good that I talk to my mum and whatever, but sometimes, like it can make me feel even worse, you know, cos they can be a bit judgemental

6. 'Single mother by choice'

The final theme relates to only one of the participants, Rebecca, as it describes her unique experiences as a 'single mother by choice' and her reflections on having her son Freddie through assisted fertility. Rebecca shared many of her anxieties about her decision to have Freddie, for example she stated:

It's hard for me to shut down the fear that he's going to be OK, and that we'll get through, the...you know, the fall-out if you like from my decision to have him this way

She also spoke of her relief when she realised they have similar personalities, despite 'not being genetically related'. Rebecca expressed her feeling that she isn't 'allowed' to wish she had a co-parent, as she decided to have her child alone.

Finally, Rebecca described many instances of feeling guilty and how these were linked to her decision to parent as a lone mother;

"Oh yes that's Luke's daddy, and, and Luke's got a Mummy as well and Freddie's just got a Mummy" ...When he woke on Saturday, not in a distressed way but he was thinking about it still, and it made me sad, and the sort of an edge to it of feeling a bit defensive, and, you know when you feel that you've got something wrong, and it doesn't feel there's any way out of that mistake

Rebecca's unique experiences as a 'single mother by choice' will be explored further in the context of previous research, in the discussion section below.

Discussion

This project aimed to explore the caregiving experiences of lone mothers by qualitatively analysing the data from PDIs, carried out whilst attending a PTG. Many of the participants expressed similar ideas and six overarching themes were identified in their responses. 'Need and control' and 'separation' reflected some of the particular challenges of parenting toddlers and how these could be compounded by the difficulties of being a lone mother. 'Isolation' was a feeling echoed by almost all the participants, communicating the extent to which the mothers felt lonely and sometimes overwhelmed by the tasks of lone parenting.

'Past experiences' illustrated how painful or traumatic events in the past had impacted the participants' emotionally, as well as their parenting. Some of this trauma was also visible in the theme 'professionals and support', although these responses were partially triggered by the context of the interviews taking place in the setting of the toddler groups, in which clinicians were giving advice and guidance. Finally, one mother's experience was particularly unique, and as a 'single mother by choice' her responses differed from those of the other participants.

As summarised in the introduction, whilst there is prior research into the wider area of lone mothers, this is mostly quantitative research and existing qualitative studies mostly do not focus specifically on caregiving experiences. The earlier research in this area has also been varied in its methodologies which presents challenges when drawing comparisons between studies.

There were three themes in this study which were not found in previous literature on lone mothers; 'need and control', 'separation' and 'professionals and support'. This was perhaps due in part to the participants in this study being lone mothers of toddlers who were also attending a PTG, which was not replicated in any of the prior studies reviewed.

Toddlerhood is an important developmental stage in childhood, with a specific set of challenges (Bergman & Fahey, 1999). Toddlers often test boundaries, push to be in control and to be independent. In one qualitative study focused specifically on experiences of parenting toddlers, thirteen mothers of toddlers -most married and some divorced- spoke predominantly about themes related to the uncertainty of motherhood and a wish to be an ideal mother, rather than describing the difficulties of parenting toddlers (Prikhidko & Swank, 2018). This is in contrast to the participants in this study, some of whom seemed to be caught in a battle of wills with their children, struggling to manage the demands of this developmental stage. The two women who expressed the most frustrations with their toddlers' quests to be in charge, were also the two oldest participants. It is possible that their attitudes towards parenting were influenced by their age and the likelihood that they had lived full and independent lives, which had then been somewhat curtailed on becoming mothers.

A number of participants also described their difficulties in managing separation from their children, something else that is a key feature of toddlerhood. Other research shows that separation during toddlerhood is distressing and anxiety-provoking for mothers generally, whether they are lone parents or not (Dunbar, 2008), however it is

possible that lone mothers might find this experience more painful, given that for many, separating from their children means being faced with the reality of being alone. For example, Aisha illustrated how her son had in some ways taken the role of a partner or friend, aware of her emotional state, attempting to comfort her and keep her company, describing also how agonising it was to manage experiences of separation from him. It is possible this relationship dynamic might have been harmful to her son and his development (Shaffer & Sroufe, 2005) but it is understandable given Aisha's feelings of loneliness and need for support.

The theme of isolation appeared in the findings of a number of other studies (Fuzane, 2018; Richards & Schmiede, 1993; Weinraub & Wolf, 1983). Participants in these studies articulated the particular pressures of parenting and how these were exacerbated by doing so alone, without a partner, leading them to feel overwhelmed. However, these women also spoke positively about lone mothering, how it had led them to make conscious choices about their parenting and develop strong relationships with their children. This optimistic view of lone parenting was not something represented by the participants in this study. They spoke at length about how intensely alone they felt as mothers, how many felt they had been abandoned and hurt by the fathers of their children and they expressed an often desperate need for support.

It is likely that the mothers in this study did not express a positive outlook on their experiences of lone parenting as they weren't asked about it directly, but it is also possible that the context within which these mothers were being interviewed, whilst

in need and seeking help, meant that they unconsciously emphasised their vulnerability.

The vulnerabilities of lone mothers were picked up on in previous studies. Some of the literature referenced the mental health needs of lone mothers and tried to establish a correlation between this and lone parenting (Collings et al., 2014; Meier et al., 2016) however one study (Baranowska-Rataj et al., 2014) suggested that whilst these mothers do experience more emotional difficulties, this is not necessarily caused by the fact they are parenting alone. In this study, detailed, diagnostic information about participants' mental health issues was not available, however mothers spoke candidly about their emotional difficulties linking these to their earlier experiences, rather than their parenting.

Participants in previous studies reflected on how their experiences of being parented, and of childhood, had shaped their decisions as parents, and how they hoped to give their children something different (Freeman, 2017; Quinn & Allen, 1989). This was something specifically expressed by two women in this project, Rebecca and Janet, who described how they had been emotionally impacted by their own mothers and how these experiences had influenced their parenting choices. Other participants had experienced trauma and communicated how this had affected their mental health and relationships with their children. Experience of trauma was not something explored in the past literature on lone parenting and therefore it is a strength of this study that this issue was highlighted.

The third theme which was not depicted in any prior research on lone motherhood was 'professionals and support.' As noted above, this theme was likely shaped by the context in which the interviews took place, groups where mothers were seeking guidance from professionals. However, several of the participants in this study had accessed other services in the past, which had led some of them to experience the punitive and persecutory aspect of professionals, with one mother having faced the threat of the removal of her child by social care. These experiences impacted how the women viewed the PTGs and professionals more broadly.

It is significant that the two mothers who expressed anxiety about social care were also from ethnic minorities. It is well evidenced that people from ethnic minorities mistrust the state and its agencies, such as social services, due to the historic and ongoing racism they experience within the system (Eddo-Lodge, 2017) and this was a finding of the recently published government report from the Commission on Race and Ethnic Disparities (2021). It is also more likely for children to be taken into care if they are black (NSPCC, 2021) and it was Nadia, the one black participant, who had previously been threatened with her daughter's removal by social care.

Whilst other studies (Freeman, 2017; Fuzane, 2018) shed light on experiences of mothers from ethnic minorities or those from low-income backgrounds, the findings of those studies did not explore the mistrust these communities might have of services they need to access for support. When developing interventions or services it is essential to have in mind the systemic issues at play and how these might impact the way certain groups interface with professionals.

There are a growing number of studies investigating the experiences of 'single mothers by choice' including Mannis (1999) and Jadva et al. (2009). These studies emphasised the active, mindful choice made by these women to parent alone and how this often led to them being reflective parents. This was evidenced by the responses of Rebecca in this study, who spoke honestly of her anxieties about her decision to parent alone and the impact this might have on her and her son. She also described her feeling that she wasn't 'allowed' to feel she needed support, due to this decision. This idea is similar to the view expressed by the participants in Mannis' (1999) study who felt they were in a more favourable position than other lone mothers, as they were not expecting support. However, as Rebecca illustrated, just because you aren't expecting help, that doesn't mean it isn't needed. Rebecca conveyed her worry about her son not being genetically related to her, and what this might mean, as well as her relief to discover their personalities were in fact very similar. This was not a reflection made by any of the other participants, and demonstrates how unique and complex many of the experiences of 'single mothers by choice' are.

A focus of several previous studies was to challenge the assertion that lone mothering automatically results in negligent parenting. For example, Dermott and Pomati (2016) showed that there were no significant differences between the parenting skills and behaviours of lone mothers and partnered mothers. Nearly all the other studies reviewed demonstrated in various ways that lone mothers were reflective and caring parents. The primary aim of this project was not to disprove the societal narrative on mothers, nonetheless it has indirectly illustrated that lone

mothers can be reflective parents, coping with enormous challenges yet still able to prioritise their children and their needs.

Strengths and limitations

There were a number of limitations with this study. The project took place within the context of a wider service evaluation of the PTGs, meaning that the participants were all mothers who had sought help and attended a group, also making them all mothers of toddlers. As a result, their responses, as well as some of the themes, were influenced by this setting. However, these responses are essential to inform the development of future groups or similar services.

Similarly, the PDI, used as the interview framework for this study, has a unique structure and set of particular questions, meaning the participants' answers directly mirrored the content of the questions, sometimes even using similar language. In addition, the PDI was not designed to explore the experiences of lone mothers specifically, but to gather a qualitative picture of any parent's relationship to their child. However, the use of IPA meant that the data could be thoroughly analysed, ensuring that all levels of meaning were explored, thereby providing insight into the lived experiences of lone mothers, even though the participants were not asked about this directly.

The 'case-by-case' approach of the IPA process also led to some overlap between themes, but these were grouped together where possible into large thematic areas. In spite of these limitations, the use of IPA provided a depth of insight that would not have been possible by using other qualitative methods.

It is important at this point to consider my role as the researcher and the impact that my own personal experience might have had on the interpretation or analysis of the data. As previously mentioned, awareness of researcher bias and preconceptions aid in a successful analytic process and in the general positive outcome of the study (Malterud, 2001). I have lived experience of being parented by a divorced mother so felt invested in the subject matter and understanding the needs of this group of women. Also relevant was my professional role as a child psychotherapist and the risk of psychoanalysing the participants and their responses, whilst interpreting the data. Discussions with my supervisor about these issues helped me to hold them in mind continuously and then mindfully put them to one side where possible. It is of course impossible to remove every element of bias from a research situation, however awareness of the influence and impact these experiences can have on the findings of the project is essential.

Further qualitative research in this area is necessary, as there are limited studies that focus on the experiences of this group of women. Qualitative data can help inform service provision as well as aid professionals who work with lone mothers to better understand their needs. In CAMHS in particular we work with many women who are lone parents through divorce, separation or bereavement and further research into these groups would also be extremely valuable.

Conclusion

The findings of this study contribute to understanding the experiences of lone mothers, a group that is growing both in this country and elsewhere and who, as was seen in this study, may need access to specialised services and the support of professionals. This project shows that lone mothers are individuals with complex and nuanced experiences, who should not be dismissed as a societal stereotype. Many of these mothers experience mental health difficulties, have histories of trauma or distressing relationship histories, however they are still able to care for their children and be reflective parents. Despite anxieties about their relationships with professionals, this study has shown that lone mothers felt in need of the support provided by the PTGs and were grateful for the guidance given them by the group leaders.

This provides further evidence of the requirement for non-statutory services that are designed to help mothers, particularly those who parent alone. These findings will be of interest to professionals who work with lone mothers, as well as those who work with mothers of toddlers, as this study's themes have also demonstrated the particular needs of the women parenting children at this crucial developmental stage.

Most importantly this study has shown that being a lone mother should not mean being a lonely mother and that women in this position should be supported within their communities and by professionals, to parent their children.

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Appendix

Master table of themes with illustrative extracts

Superordinate themes	Subordinate themes	Supporting extracts
Need and control	<p>Who's the boss? (Vicky)</p> <p>Who's in charge? (Rebecca)</p> <p>A battle of needs (Dorota)</p> <p>Anger and control (Aisha)</p>	<p><i>I need to enforce the no a bit more, and try not to let her get her own way</i></p> <p><i>Sometimes I just need to be in control and I need to remind myself sometimes, now I'm in control, I want to do it this way</i></p> <p><i>If I do feel that he is the one starting to control me, or this sort of things, I quickly readjust and say no. Because, um, I really don't want that.</i></p> <p><i>Controls me? (Laughs) Control in a sense, like, sometimes yeah</i></p>
Separation	<p>Growing up and growing apart (Vicky)</p> <p>Managing developmental changes (Rebecca)</p> <p>Separation and independence (Janet)</p> <p>The difficulties of separation (Dorota)</p> <p>Separation and need (Aisha)</p>	<p><i>But that's when you know that they're their own person, you know, although I'm in control of her life, it's like, she has her own feelings...</i></p> <p><i>Freddie's wanting more autonomy, and I'm trying to adjust to that</i></p> <p><i>Sometimes when I pick him up from the childminder after I go on the way, he erm...doesn't speak to me and he ignores me and he cries when I drop him off</i></p> <p><i>I think he needs a bit more time away from me.. and I think that he is being so clingy with me at the moment cause I am the only person he has...</i></p> <p><i>He's actually too much close to me, and I think close is good</i></p>
Isolation	<p>Isolation and intensity of lone parenting (Dorota)</p> <p>Leave me alone, don't leave me (Vicky)</p>	<p><i>I, um, we are too much together. Because...being a single parent there is not another person... as a father to, to, to sort of break it off a bit. So it's bit intense</i></p> <p><i>I still feel alone but not as lonely</i></p>

	<p>Abandoned and alone (Phoebe)</p> <p>The absent and dangerous father (Janet)</p> <p>Role reversal (Aisha)</p> <p>Need for another perspective (Rebecca)</p>	<p><i>Because of what we've been through, erm, and...us being abandoned by his father...</i></p> <p><i>It was such a horrible way he came into the world and {{long pause}} how I didn't feel for him when I had him but it was his father at that time who put me in that way</i></p> <p><i>When he cuddles me and give me tight hug and give me kiss, I feel really good at that time</i></p> <p><i>There may be things that I'm blind to, that will be picked up here, things that aren't quite right for Freddie, that you can say "actually you know Rebecca you need to think about that, do it different way"</i></p>
Past experiences	<p>Ghosts in the Nursery (Rebecca)</p> <p>Unbearable feelings (Nadia)</p> <p>Mother's emotional vulnerability (Janet)</p> <p>Danger everywhere (Aisha)</p>	<p><i>Of course it all relates to my childhood, doesn't it, that feeling of, Mum wasn't happy to have a third child, me..</i></p> <p><i>Well. I think when I shout on her I feel guilty.</i></p> <p><i>I'll be dead I think if I didn't have him, I'll just smoke myself to death or got murdered or something the way I was living</i></p> <p><i>Wherever I go I have to take him with me. I don't trust anyone, not even my friend...</i></p>
Professionals and support	<p>The persecutory professional (Phoebe)</p> <p>The spectre of social care (Nadia)</p> <p>'How-to' be a parent (Dorota)</p> <p>Judgement and reassurance (Vicky)</p>	<p><i>I just wanted to hold him and I just remember saying "Is he ok, is he ok, is he ok, is he ok?" like, over and over and over again, and the midwife took him away and wouldn't give him back</i></p> <p><i>If I can't took care of my daughter, they'll take my daughter away from me so I was really bad</i></p> <p><i>Do I now tell him off because he did it or does he figure out he's wrong, what do you do? They don't come with a manual.</i></p> <p><i>When people say you're doing a good job, or if people comment and say 'oh isn't she lovely' and I'm usually speechless</i></p>
'Single mother by choice' (Rebecca)	<p>Experiences of guilt</p> <p>Is he my child?</p>	<p><i>You know when you feel that you've got something wrong and you, it doesn't feel there's any way out of that mistake, that sort of edge to sadness</i></p>

		<p><i>I was relieved when he first smiled... I realised that I'd found his sense of humour... so although we're very different and not genetically related, erm, that's something that somehow we've been given in common.</i></p>
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Part 3: Reflective Commentary

Introduction

This reflective commentary is an account of my development as a researcher, whilst undertaking the clinical doctorate in child and adolescent psychotherapy. It will focus primarily on the experience of carrying out the empirical study, which was the culmination of the research component of the doctorate. However, I will also reflect on my involvement with research earlier in the training and explore how my views and feelings on this topic have changed over the course of the last four years.

Preconceptions and misconceptions

Prior to beginning the training, I had carried out a piece of qualitative research for my MSc, exploring children's understanding of mental health. I found this experience stimulating and satisfying, although not without its challenges. Given this previous experience, I felt I was in a good position and ready to approach the research component of the doctorate. However, I soon realised this was a somewhat complacent attitude, as I discovered the scale of the task ahead of me and felt apprehensive, particularly as I was faced with the new demand of balancing academic and clinical work. I felt particularly overwhelmed by the teaching on statistics, realising my knowledge in this area was lacking, but was both relieved and surprised when I passed the exam on this topic in the first year.

During this initial period of the training, I began to notice a discrepancy when comparing my experiences of learning through clinical work, with those I was having as part of the research component of the doctorate. I was thrilled by the interactions I was having with patients and families, putting psychoanalytic theory into practice, immersing myself in new therapeutic relationships and fascinated by the knowledge I

was gaining through supervision. This was in stark contrast to my experiences in research seminars, during which I felt disengaged and frustrated, at the time not comprehending the significance of what was being taught and discussed.

Looking back on this stage in my training, I believe I was heavily influenced by the preconceptions I had about research in child psychotherapy, and by discussions I was having on this topic with my analyst and other trainees. I had become aware of an ideological divide between those in the psychoanalytic community who felt research was essential to promote and advance our field, and those who felt it was a distraction from what they saw as the primary task of the analyst; direct clinical work with patients. This latter position was similar to my own view; that empirical research was not able to accurately capture the nuances and unconscious processes in psychoanalytic work, and when attempted was forcing psychoanalysis into a scientific model which was inappropriate and ill fitting.

This debate is summarised in the introduction of 'Essential Research Findings in Child and Adolescent Counselling and Psychotherapy' by Midgley et al. (2017) which outlines the different attitudes on research and evidence-based practice within the profession. As my training progressed and I was faced with the realities of working as a child psychotherapist in the NHS, I began to realise the importance of research in evidencing the effectiveness of psychoanalytic interventions, which would then allow these therapies to be recommended and delivered within services. The clinical audit which I carried out in my first year was a task which brought into sharp relief a chaotic and poorly equipped service, which was often not providing evidence-based treatments for young people and families.

The topic of my audit was to investigate whether young people with moderate to severe depression were receiving treatment as per NICE guidelines. I felt frustrated by what I saw to be the narrow and prescriptive remit of the audit and struggled to remain engaged by the process. However, the findings of the audit, which showed that some young people were not receiving the recommended psychological support, and some were not receiving any therapeutic intervention at all, made me determined to develop my own skills both as a clinician, and researcher, so that I could ensure my patients were receiving the most appropriate care.

Taking ownership

I encountered further frustration when beginning to plan my empirical study. Each trainee was assigned to a supervision group and then each group was assigned an area of research (and data) to explore. I felt resentful that we were being instructed to carry out research in this way and it seemed that there was not much space for creativity or independent thought in the process. However, it soon became clear that I would be able to carve out a unique research project, which would not overlap with that of other trainees in my group.

Our supervisor had outlined that there were two sources of data we could use for our projects, gathered from two different services working with under-5s. I was particularly excited to hear that one of these services was a Parent-Toddler Group (PTG) that I had come across during my MSc. During my MSc I had been taught by a psychotherapist who was also one of the PTG leaders and was inspired by her commitment to this group model and how effective it could be. I had never had the

chance to see the group in action during my MSc, so the idea of using data from these groups for my study was particularly appealing.

My decision to use data from the PTG also meant that I was able to create a project that was completely distinctive from anyone else's, as none of the other trainees were using this data. This felt very important to me as many aspects of this stage of the training felt infantilising; a result of the destabilising process of beginning analysis and the expectations being placed on me by the training school. Given this I was energised by the awareness that I would be able to take control of this research process and make the study entirely my own.

Mothers, children and society

I spent some time discussing with my supervisor what particular research niche I could explore using the PTG data. The data consisted of audio recordings and transcriptions of Parent Development Interviews or PDIs (Aber et al., 1985), a 45 item semi-structured clinical interview examining parents' representations of their children, themselves as parents, and their relationships with their children. These had been carried out with all parents who attended the groups, so the research area needed to be focused on parents. After further deliberation we agreed it made most sense to focus on mothers who attended the groups, as not many fathers took part in the groups regularly. As I was interested in using the PDI data qualitatively, it seemed appropriate to think about a study linked to the experience of parenting, as this was something many of the PDI questions were designed to investigate.

The project slowly began to come together and soon my supervisor and I decided that I should analyse the PDI data of lone (single) mothers who had attended the PTGs. During an initial look at the PTG database, my supervisor had discovered that there were a number of lone mothers who had attended the groups, which would make for an appropriately sized sample and we agreed that analysing these PDIs for any common themes could prove fruitful and fascinating.

However, it was not just convenience or ease that influenced my decision to choose this research area, there was also a personal investment in this topic. During my teenage years my parents separated, and I was brought up from that point onwards by my mother. I was aware of the particular pressures that my mother was under and the difficulties she faced having to provide and care for my brother and I alone. She also experienced judgement and prejudice in certain environments, due to being a lone mother, and this is when I realised that lone parents were not treated in the same way by society, as those in a parental couple.

When I began my training and started working in CAMHS, I encountered many lone parents, mostly lone mothers, who were struggling in a way that was totally different from my own mother. The parents I was meeting in my clinic came mostly from deprived socio-economic backgrounds, many were on benefits, involved with social care, and had experienced trauma or loss. Whilst this type of family often seek support from CAMHS, I discovered that these difficulties were exacerbated for lone mothers, who had to manage by themselves, whilst parenting often very disturbed children. I reflected on how helpful it could be both for myself, and other clinicians, to

have a more detailed understanding of the experiences of lone mothers, to inform our work with them.

There are a number of reasons why I chose to train as a child psychotherapist, but one of the most fundamental is my commitment to understand and support those most vulnerable in society. This is a principle that has informed many decisions I have made in my life and professional career thus far, and so it felt coherent that it should also inspire me to undertake a research study focused on a group who are misunderstood and often dismissed by society.

Data analysis or psychoanalysis?

Once I had finalised my research question, I began reflecting, with my supervisor, on what might be an appropriate method of qualitative data analysis. In my MSc research project I used Thematic Analysis (Braun & Clarke, 2006). This was adequate for my needs and a straightforward approach, appropriate for my first foray in qualitative analysis. For my doctoral research project, I felt I wanted to challenge myself to try a data analysis method which was new and unknown. As my study focused on the experiences of mothers, my supervisor and I felt that Interpretative Phenomenological Analysis or IPA (Smith & Osborn, 2008) would be applicable and produce rich and nuanced findings.

I was attracted by IPA's approach which aimed to look underneath the data, not take it at face value and search for its true meaning. I also felt this was coherent with the psychoanalytic thinking that was informing my clinical work and my training as a whole. As child psychotherapists we are encouraged to be curious about the

meaning behind what our patients are directly communicating and to use this to make interpretations about their states of mind. I was excited by the idea that there was a method of qualitative data analysis with a similar theoretical standpoint.

During the data analysis phase, I discovered that IPA's similarity with psychoanalytic technique was a double-edged sword. I found myself drawn to making interpretations about participants' emotional states or potential mental health issues based on the audio recordings I was listening to. I remained aware of this process within myself, making notes in my reflective journal and discussing the conundrum with my supervisor. It proved challenging to maintain a balance between taking the interpretative and curious stance encouraged by IPA, and not over analysing the data or the participants. However, despite these difficulties, I was fascinated by the knowledge and depth of understanding provided by IPA and felt pleased I had chosen this as the data analysis method.

Experiences of professionals, professional experience

The findings of my study indicated a number of themes, some specific to lone mothers and others to mothers of toddlers. There was one theme in particular which had a great impact on me, influencing my thinking on this issue, as well as my clinical work. The theme was called 'Experiences of professionals and support' and encompassed issues such as fear of judgement, anxiety about parenting choices and distressing interactions with professionals. I was especially affected by the descriptions of moments in which the mothers had not only been let down by professionals but were not taken seriously. Many of the participants communicated

their insecurity about what professionals might think of their capacity as parents, and others demonstrated how much reassurance and guidance they needed.

During the period in which I was carrying out the data analysis, I had begun working clinically with a parent I will call Lisa. Her son was in therapy with a colleague within my CAMHS team and I was offering Lisa fortnightly parent sessions. Lisa was a lone mother, with two children and experiencing many of the challenges that the participants in my study had disclosed. Much of my work with Lisa was centred around bolstering her confidence as a parent, encouraging her to take agency in setting boundaries for her children and trusting in her parental instincts. Lisa had been scarred by previous traumatic experiences with professionals, including social care, and communicated her worry that history would repeat itself in our therapeutic relationship. I made every effort to name these anxieties, and we spent time thinking about her view of professionals as persecutory and punitive.

My work with Lisa came to an end after a year, and there had been significant change both in her own parenting and reflective capacity, and in her son's behaviour and emotional difficulties. I have no doubt that the understanding I had gained through my research into lone mothers, and specifically their experiences with professionals, had informed the approach I took in my sessions with Lisa, and enabled me to carry out a successful piece of work. I made a decision, whilst reflecting on my research findings, to always endeavour to be a different kind of professional from those that Lisa and the study's participants had encountered.

A particular nuance of the theme 'Experiences of professionals and support' was that the majority of participants who had recounted distressing interactions with professionals were those from ethnic minorities. This detail interested me, and I explored it further in the discussion section of my study, reflecting on how people from ethnic minorities are likely to mistrust the state and public services due to the systemic racism at the heart of these institutions (Eddo-Lodge, 2017). The NHS Race and Health Observatory has recently published a report into ethnic health inequalities and found evidence of these issues throughout the health service (2022). The report found that there are inequalities in health outcomes at every stage of life, for those from ethnic minorities, including within mental health services.

This is something I have been reflecting on frequently and using to inform my work. I try to ensure that I am working cross-culturally and considering difference as it may manifest in all areas including ethnicity, gender and religion, and how these may impact access to services and interventions. This can be a challenge and I have often grappled with feelings of discomfort when naming these issues whilst in the room with a child, parent or family. I have found it is important to think carefully about when and how to make these types of comments, and where possible to do so within an already established therapeutic relationship.

The above is related to the concept of intersectionality (Crenshaw, 1991) which is another topic that was highlighted through my study's findings. All the participants experienced difficulties as lone mothers, many felt they were judged for parenting without a partner, for not being part of a traditional family unit. However, for mothers from ethnic minorities these challenges were compounded and exacerbated. A

number of other studies which I examined as part of my literature review focused on the experiences of lone mothers from particular ethnic or socio-economic backgrounds (Freeman, 2017; Fuzane, 2018). These studies showed that women who were within this intersection of ethnicity, class and gender had a unique lived experience and were often more vulnerable and in need than white, middle-class, lone mothers. These ideas have formed part of my thinking about my patients and how I can make sure every facet of their identity is being held in mind and worked with in the consulting room.

The impact of early intervention

As mentioned above I was interested in using data from the Parent-Toddler Groups because of having heard from colleagues and teachers what a successful and important intervention it was. PTGs were originally created to build on the Anna Freudian tradition of child observation which began at the Jackson Nursery in Vienna in the 1930s (Zaphiriou Woods & Pretorius, 2016). Supporting and maintaining this tradition felt significant to me, particularly given the theoretical orientation of my training. I felt I had the opportunity to do so by carrying out research using data from the PTGs and whilst the aim of my study was not to investigate the effectiveness of this model, I was curious to see if the participants communicated anything about their experiences of the groups.

The PDIs which I analysed were carried out with parents when they first started attending the groups, at baseline, so it was difficult to get a sense of what their feelings about this intervention might have been. However, several mothers voiced their need for this type of support and how appreciative they were that they were

being offered a space like the toddler groups. Whilst listening to, reading and analysing these interviews, I began to feel that the PTGs were an essential intervention and should be available across the country, for all families. This was an idea which was cemented in me since I began co-facilitating an Adoptive-Parent Toddler Group (A-PTG) being carried out in the community. This is an example of the adaptation of the original toddler group model to a specific population and in a different setting, which has been happening for a number of years, alongside the training of other professionals to facilitate PTGs in their own services.

The A-PTG is designed for parents and their adoptive toddlers, to help them in strengthening the parent-child bond. I was excited to be offered the opportunity to take part in delivering this group, because of my interest in this intervention model and particularly because of the topic of my empirical study. The group has only just begun but I have already observed how valuable this type of support can be and its potential for aiding true transformation within families. This model's effectiveness was evidenced in a feasibility study carried out when the A-PTG was created (Crasnow et al., 2020). The study showed that there was improvement in key areas such as child development and family wellbeing, as well participants having reported finding the group hugely helpful in different ways.

I feel extremely fortunate to be able to bring together different aspects of my training in this way, meaning that my clinical practice facilitating the toddler group is feeding into my thinking around my research project and vice versa. My experience in the A-PTG has shown me how crucial early intervention can be and that I believe that if

these types of interventions were more widely available, we might not have the same levels of unmet need and referrals to CAMHS.

Conclusion

When beginning to write this reflective commentary, I was unsure how much I would be engaged in the process, expecting that it would feel somewhat artificial to try to summarise my journey as a researcher in this way. I think this attitude reflects the ambivalence that I had, and in some way, still have about my identity as a researcher. At the point of qualification, I think I will feel most comfortable calling myself a child psychotherapist first, and a researcher second, mostly because what I wanted to achieve with this training was to be able to work clinically with children and young people, rather than undertake research.

However, writing this commentary has made me realise that my skills in this area have developed beyond what I could have ever imagined, and I now feel I understand how essential it is to carry out research into psychoanalysis, psychotherapy and child mental health. I also now recognise that clinical research does not take place in a silo and should inform clinical practice, and vice versa, in a continuous feedback loop. This is something that I have been able to accomplish, through the opportunities offered me by the training and a process that I wasn't fully aware I was undertaking, until I was able to reflect on it whilst writing this reflective commentary.

I feel proud of the research that I was able to carry out and grateful for the support and guidance I received from my supervisor, which enabled me to persevere, even

when I felt demotivated and hesitant. I hope that I have created a study that will be able to inform clinicians in their work with lone mothers, and I have planned to discuss my research findings with my colleagues with whom I ran the Adoptive Parent Toddler Group. I think my project will also be able to provide guidance and insight on other areas, such as building successful relationships with patients, and the development of services.

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