

A Narrative Analysis of New Mothers' Experiences of Not-Understanding

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Statement of Authorship

This dissertation is an original piece of research written entirely by myself, Elizabeth Simmons, MBPS (Student member), and I take full responsibility for its contents. It is submitted as partial fulfilment of the award of Doctor of Counselling Psychology and Psychotherapy by Professional Studies (DCPsych), from the New School of Psychotherapy and Counselling, accredited by Middlesex University. Ethical approval for the research was granted on 19th February 2014 by Middlesex University.

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Chapter 1: Introduction

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Abstract

As Counselling Psychologists, we often help clients engage with experiences which feel significant but unresolved. What is this like for people, and how do they respond? This study explores peoples’ narrative engagement with this psychological situation, termed ‘not-understanding’, as they arose during the transition to motherhood. The secondary aim was to interrogate the role of narrative in such experiences.

Existing models articulate automatic responses to meaning discrepancies, orders of meanings made, and measurements associated with the presence or absence of meaning in life. Less is understood about the phenomenology of living with an unresolved experience. Transition to motherhood has been associated with uncertainty and discrepancies between expectations and experience, however, the psychological implications of this aspect of transition are not well understood.

An experiential narrative analysis was conducted to explore experiences of not-understanding, including participants’ narrative engagement with such experiences. Semi-structured interviews with eight first time mothers at six-twelve months

postpartum were analysed using an interpretative perspective-taking framework adapted from Critical Narrative Analysis (Langdrige, 2007)., interrogating both what was said and how it was said.

Experiences, including infant feeding decisions and childbirth, were explored where they had remained, for a time, not-understood. Engagement with not-understanding was directed, for example, towards the need to avoid feared phenomena, bear witness, negotiate a decision's meaning, or re-establish connection with others. Not-understanding was therefore an active, valuable psychological space in its own right, shaped by context and appraisals of vulnerability. Narration was found to be the means of both expressing and negotiating potential interpretations of the meaning of the not-understood experiences.

The findings challenge those psychological models and maternal discourses which view unresolvedness primarily as a sign of a pathology, incompetence, or meaning discrepancy. Exploring, valuing and nurturing people's capacity for standing in not-understanding, may help them to engage more authentically with values and choices.

Research Aims

As Counselling Psychologists, we have the privilege of collaborating with people as they attempt to make sense of their lives. It is intended that the research will enhance practice by illuminating some of the ways in which people engage with uncertainty and change.

My research question is related to a broader concern with human meaning-making in the face of difficult life events. I am interested in a particular kind of experience, and my question presupposes that 'not-understanding' is a meaningful way to categorise it. I will go on to say more about what is meant by 'not-understanding', including an account of how the question arose for me.

The term 'not-understanding' denotes the apprehension that an experience is important somehow, but that this importance has not been fully understood (and indeed, may never be so). It is not merely the absence of understanding, but the absence of understanding *about something which seems to matter*. The primary aim

of this research was to discover more about people's experiences of not-understanding. What is it like for people to live in the midst of such an experience? To hold (or not hold) it? How to engage with it? How do people generate understanding from a place where meaning is uncertain? People's responses have to be formed in the absence of understanding, and may include attempts to make sense of the phenomena in question. The presupposition that 'not-understanding' is a meaningful experiential category was lightly held, and open to revision in response to the data.

People's responses to not-understanding include narrative responses. We are all narrators of our own lives, and the stories we tell are both creative and expressive of the meanings we attach to our experiences. A central job of narrative is to weave events into coherence (Ricoeur, 1983/1984). But how does one begin to talk to oneself or others about something one cannot quite grasp? And what role does the act of narrating (or declining to narrate) play in the development of understanding? A secondary aim of the research is to interrogate the role of narrative performance in the participants' experiences of not-understanding.

Although this kind of experience may be recognisable for many people in many contexts, the cohort for this study has been narrowed to first-time mothers. This provides a manageable contextual framework for comparison of data. There was also an existing body of narrative research regarding first time mothers' responses to the challenges of pregnancy, birth and early motherhood, which suggested that this research cohort was more likely to have had experiences of not-understanding. For example, new mothers are likely to have novel experiences which do not conform to their expectations and which they find difficult to make sense of (Miller, 2005; Fowler and Lee, 2004).

A number of strands of concern have culminated in the formulation of this question:

Personal Experience

A traumatic bereavement which occurred during my training particularly influenced the development of this question. For some time afterwards, I experienced a profound disjuncture between my new reality and my experience of myself and my world 'before'. I became interested in my engagement with this phenomenon. I

noticed that my apprehension of a gap between this new reality and my understanding was embodied partly through my attempts to describe the experience to others. I could use a variety of descriptive devices; metaphor, psychological or philosophical terminology, for example, but no words seemed to contain the experience. I sensed a gap between myself and others, as shared understanding felt beyond reach, and, more importantly, I had a profound sense of not understanding what had happened myself. My failed attempts at narrative sense making not only alerted me to the gap in my understanding, but constituted part of my response to this gap, which was characterised by the pursuit of various sense-making activities.

Since beginning the research, I have undergone my own transition to motherhood. Certainly this was an experience of enormous significance for me, aspects of which I am yet to fully understand. For example, I was aware from the first positive pregnancy test of a strong desire to protect the mysterious process unfolding inside me. I did not want to tell people for quite some time, because I did not want the formation of a public, social narrative which might purport to have this phenomenon pinned down or contained, while my engagement with it was so open and unexplored. After my baby arrived, I also found that I needed to protect my own process of finding my feet as a mother from external interference. I needed to build confidence in my own way, in my own time. Narration, therefore, was something with the potential to be threatening if I could not ground it in an understanding of my own experiencing. The Reflexive Chapter includes a detailed discussion of how my own transition to motherhood influenced the research.

Professional Experience

I have an interest in how people survive and make sense of difficult experiences, and have built up a body of relevant clinical experience. This includes work with survivors of traumatic experiences (for example, refugees, survivors of childhood sexual abuse and survivors of physical assault), as well as people who are adjusting to life-changing illnesses. I have come to view the therapeutic process with such client groups partly as the person's attempt to integrate extreme experiences into their worldview. However, this process often takes time, and there may be much about the experience which forever remains ungrasped or which feels beyond words. I am

interested in how people integrate, hold and/or live with the traumatic experience while parts of it remain incomprehensible.

The phenomenon of not-understanding may therefore be implicated in responses to trauma or major life change. However, there may be a more everyday sense in which phenomena which are deemed significant but not (or not-yet) understood have to be responded to. In the course of my clinical practice my clients and I often experience uncertainty, and the project of Existential Counselling Psychology can be described as a joint attempt by client and therapists to cultivate and deepen clients' understanding of and engagement with their lifeworld. By taking an experiential approach to this research, space was created for participants to bring forth the instances of not-understanding which felt meaningful to them, in order to identify directions for future research.

Narrative and Sense-Making

I have noticed how attempts to grasp new realities in the personal and practice examples above were reflected and constituted through attempts at narrative sense-making, including experiences of narrative disruption. My choice of methodology reflects a need to acknowledge the possibility that narrative sense-making may be implicated in both the apprehension of and response to not-understanding, and be open to interrogating the impact of this on the experiential descriptions that are produced by participants. This is discussed further in the Methodology Chapter.

Dissertation Structure

The remainder of this dissertation follows a standard doctoral structure. A core competence of Counselling Psychologists is to be able to integrate evidence and knowledge from diverse epistemological perspectives in order to enhance clinical practice (Woolfe and Strawbridge, 2010), and the following Literature Review Chapter aims to dialogue with a broad range of discourses. Chapter Three details my methodology and Chapter Four describes the findings. In the penultimate chapter, I will consider how the findings dialogue with the literature, and discuss the implications of the findings for Counselling Psychologists, Maternal Service Providers, and future research. Although reflexive comments are included throughout the document in places where it is felt they are particularly relevant for

the point in question, the final chapter on Reflexivity considers the impact of the relationship between researcher and research in depth.

Chapter 2: Literature Review

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Introduction

Counselling Psychologists can expect to encounter clients who feel that some aspect of their life does not make sense. A key part of our role can be to help clients to make sense of their own meaning-making process, so that they are better able to tolerate and take charge of it. This study aims to explore first time mothers' responses to a particular situation, termed 'not-understanding' (NU), in which an experience feels significant, but the person has yet to make sense of it. A search of available databases (Wiley, EBSCO, PSYCH Source, BPS Journals, Sage, Summons) was carried out using relevant search terms including (but not limited to) 'not understanding', 'not-understanding', 'understanding', 'meaning creation', 'meaning making', 'sense making' 'experience + overwhelmed', 'experience + uncertainty' 'narrative + disruption' and 'posttraumatic growth'. No studies were found which focussed specifically on the experience of not-understanding, or which explicitly addressed people's experiences of their sense-making processes.

This review will initially seek to establish the relevance of this study to Counselling Psychology practice, before exploring relevant literature regarding uncertainty of meaning. I will then briefly locate the present study in the context of narrative theory

and research, before looking at what the study can potentially contribute to the experience of new mothers, through dialogue with theory and research in the arena of perinatal psychology.

1. Relevance of Not-Understanding to Counselling Psychology

Potential examples of phenomena implicated in not-understanding can be found in philosophy, psychology and literature. For example, novelist and philosopher Helen Cixous provides an evocative description of narrative disruption in the face of a shocking and confusing experience, as the protagonist of 'Eve Escapes' contemplates her changing relationship with her elderly mother:

I was well aware that everything happening to us was difficult to say, to think, to think to say, no one is sure of anything, no one stands on anything (Cixous, 2012:5.)

Any life experience which disrupts our expectations and beliefs about ourselves and the world, for example, life transitions such as new motherhood (Miller, 2005), and trauma (Janoff-Bulman, 1992; Ehlers and Clark, 2000), may make it necessary for people to find ways of living through a period without understanding of that which feels significant.

As Counselling Psychologists, the question of how understanding might develop, or not develop, from an experience of significance is fundamental to our practice, because it is our clients' experienced meaning worlds which are the source and focus of therapeutic change. Although he does not use the term NU, Gendlin (1997) sought to examine the space between symbolised conceptualised experience, and "an individual's feeling of *having experience*... a continuous stream of feelings with some few explicit contents... something given in the phenomenal field of every person" (Gendlin, 1997:230). Subsequent theorists have made similar distinctions, for example between an embodied experiential stream of meaning and a social, conceptual one (Greenberg, 2004), top-down and bottom up processes, or between implicit and explicit meaning (Glanzer and Early, 2012).

Glanzer and Early (2012) argue that psychotherapists are often working at the interface between what is implicitly and explicitly known, calling this “edge sensing” (Glanzer and Early, 2012:391). For Greenberg (2004), it is our emotions that “inform us that an important need, value or goal may be harmed or advanced in a particular situation” (Greenberg, 2004:68), thus conferring a sense of importance onto events or situations, and directing us to respond to them in particular ways. Of relevance here is the question of what happens if the emotional messages are too complex, overwhelming, vague or otherwise disrupted to facilitate rapid assessment and reaction?

Although Gendlin’s focus was on how such phenomena might operate in the moment rather than over extended periods of time, he implies that clients and therapists must be able to manage extended periods of not-understanding when he says that:

The diagnosis can be made in a day...The clients’ own discovery and grappling with the feelings and experiences within him takes a long time and consists of feelings, not of concepts....all forms of therapy consist of a person’s efforts to experience more deeply and to come to grips with and symbolize his own felt experience for himself (Gendlin, 1997:78).

Our term ‘not-understanding’ seems to imply a particular sort of relationship between the two streams of experiencing identified above, and Gendlin’s work therefore provides a useful conceptual framework for beginning to think about NU.

2. Research Relating To Uncertainty of Meaning

Uncertainty of meaning can be considered an existential challenge from an evolutionary perspective. Human beings appear have a unique need to understand and be understood by others, and have developed neural tools to this end which are uniquely sophisticated, even amongst great apes (Blaffer Hrdy, 2009). It is thought that early human societies were based on shared infant care arrangements, where maternal commitment was supplemented and enabled by numerous “alloparents” (Blaffer Hrdy (2009), or alternative carers. Blaffer Hrdy argues that this shared care situation created a particularly unpredictable situation for the human baby, and that they evolved particularly sensitive and sophisticated intersubjective skills as a means

of eliciting care from mothers and alloparents. From this perspective, the need to understand and be understood is literally then a matter of life and death.

Uncertainty of meaning in the psychotherapeutic context is seen as ubiquitous, and paradoxically threatening and liberating. For example, Leite and Kuiper state that “uncertainty pervades the entire psychotherapeutic process” (Leite and Kuiper, 2008:55). They found that the therapeutic endeavour may be more or less difficult for clients according to individual differences in their ability to tolerate uncertainty, or their levels of clarity concerning their self-concepts. On the other hand, the experience of having our meaning world disrupted can prompt change processes in psychotherapy (Taylor, 1983; Clarke, 1989, 1991; DiClemente et. al, 1991; Baumeister and Wilson, 1996; Simsek, 2010).

Clarke states that, “Episodes of meaning creation appear to begin when an individual becomes emotionally aroused by an experience which is discrepant with cherished beliefs.” (Clarke, 1991:396). Brewin and Power (1997) make the case that meaning transformation is key to the success of all psychological therapies. Yalom suggests that “The capacity to tolerate uncertainty is a prerequisite” (Yalom, 1991:13) for both therapists and clients if they are to confront the reality of existence and allow space for new connections to emerge.

Existential philosophy concerns itself with what it means for human beings to be uncertain about matters of significance. Heidegger (1953/2010) distinguished between ontological understanding – a vague sense or intuitive grasp of one’s situation which exists apriori to our efforts to interpret particular aspects of it – and ontic understanding of something in particular, which is closer to the idea of comprehension, involving conceptual frameworks and symbolism. NU in this framework interrogates the lived relationship between the ontological and the ontic: What is it like to be aware that something in particular matters enough, and yet is still vague enough, to require interpretation?

It is possible that not-understanding may be fraught with existential tensions, and have the potential to generate both anxiety and creativity. Existential philosophers view the sense of unease, anxiety (Kierkegaard, 1843/2004) or absurdity (Camus,

1955/2004) which can arise when our sense of meaningfulness is undermined or exposed as groundless (Heidegger, 1953/2010), as an inescapable part of the human condition, and this is compatible with empirical models of meaning making (Park 2010; Proulx and Inzlict, 2012) and as we shall see. Heidegger characterised existential insecurity as a sense of “not-being-at-home” (Heidegger, 1953/2010: 183) in the world, experienced as an uncanniness which we attempt to buffer ourselves against through retreat into that which feels familiar, predictable and safe:

“The every-day way in which Dasein understands uncanniness is the entangled turning away which “dims down” not-being-at-home...Tranquilised, familiar being-in-the-world is a mode of the uncanniness of Dasein, not the other way around.” (Heidegger, 1953/2010: 183)

Living with something which feels significant but not understood may not necessarily involve a full-scale questioning of the meanings underpinning one’s life, but it is possible that it may be associated, to a greater or lesser extent, with a sense of not being at home to, or with, one’s self. Being unable to comprehend something meaningful may also render aspects of one’s past, present or future uncertain, potentially bringing one into confrontation with what Sartre (1943/2003) thought of as another key feature of the human condition; one’s responsibility to make decisions without being fully in control or aware of the consequences.

In existential philosophy our human task is shaped by the uncertainties surrounding the timing, nature and implications of our deaths, but it is the common certainty of death that both relates us to and sets us apart from other humans. Heidegger describes death as “[t]he ownmost, non-relational, insuperable and certain possibility [which] is indefinite with regards to its certainty.” (Heidegger, 1953/2010:254). The experience of NU could be a lonely one, as the meaning relations which anchor us to our world with others are obscured. Paradoxically, it may lead to a confrontation of what Heidegger termed our “being-in-the-world-with-others” (Heidegger, 1953/2010:158) as their understandings of the experience or event are evaluated for potential usefulness. For Victor Frankl, taking responsibility for one’s own sense of purpose, and by implication facing up to the uncertainties of existence, is an inherently human undertaking which itself confers value and purpose on the

individual life: “Ultimately, man should not ask what the meaning of his life is, but rather must recognize that it is he who is asked” (Frankl, 1946/2004:113).

There is some evidence from existential experimental studies that uncertainty of meaning is inherently disturbing, and that people may respond by unconsciously moving towards more zealous or entrenched meaning positions. (McGregor, 2006; Pyszczynski, Solomon, and Greenberg, 2003; McGregor, Zanna, Holmes, and Spencer, 2001). Yet the laboratory based nature of these studies means that they lack ecological validity, especially regarding responses to meaning disturbances over extended periods of time. Furthermore, participants were unaware that their choices may have been influenced by exposure to stimuli which undermined their meaning worlds, and this led researchers to assumptions of unconscious cause and effect. These studies therefore tell us little about how people may consciously engage with such experiences. By contrast, this study is concerned with people’s conscious, lived experiences, insofar as they are able to narrate them, and the question of unconscious motivations is beyond its scope.

Influenced by Frankl, some researchers have defined a person’s reflective sense that they are searching for purpose or meaning in life generally in terms of the measurable psychological construct ‘search-for-meaning’ (Steger, 2005) There have been attempts to empirically investigate search-for-meaning in relation to various other meaning-related psychological constructs such as meaning-in-life (Heisel, M. J, 2009) and purpose-in-life (Heisel and Flett, 2014), mental health, wellbeing, personal growth, post-traumatic growth, resilience and coping ability in the face of life’s challenges (Tedeschi and Calhoun, 2004; Steger, Kashdan, Sullivan, and Lorentz, 2008, Shuettler and Boals, 2011; Linley and Joseph, 2011).

Studies have consistently found that people who report high levels of meaning in their lives are more resilient (Heisel and Flett, 2014). For example, they have a less intense grief process following loss of a child (Lichtenthal, Currier, Neimeyer, and Keese, 2010). However, those actively engaged in a search for meaning appear to be more vulnerable to psychological distress, having consistently fared worse on a range of measures such as wellbeing, and there is a case for understanding more about how to support them therapeutically. At least two studies have found that the experience of new motherhood can give rise to posttraumatic growth, and that this

construct is independent of subjectively measured wellbeing. (Taubman – Ben-Ari, Ben-Shlomo, Sivan, and Dolizki, 2009; Sawyer, Nakric Rados, Ayers, and Burn, 2015) It is therefore possible that a study of new mothers will throw further light on such experiences. Studying NU may also help to illuminate the nature of vulnerability insofar as it is associated with uncertainty of meaning.

These studies treat meaningfulness as a commodity, either in the form of a stable psychological state or a transient trait which can be acquired or lost in the course of life events. Although search-for-meaning (SFM) research constitutes an attempt to differentiate the process of searching for meaning from the state or trait of meaningfulness, the construct ‘search-for-meaning’ does not attempt to measure people’s experiences of particular events or aspects of their lives not making sense. Nor does it tell us much about the act or experience of searching for, or construing, meaning, since, based as they are on taxonomical principals, psychological constructs tend have a product-like, categorical orientation ill-suited to description of process. However, SFM does imply uncertainty of meaning as part of its structure, and the findings appear to support negative characterisations of living with such uncertainties. Linley and Joseph (2004) note that relationships between constructs such as ‘search-for-meaning’ and ‘wellbeing’ are often characterised in terms of cause and effect without an adequate supporting evidence base. They suggest that further idiographic research needs to be targeted at understanding more about how people construe meaning.

Vos (2016) reviews the effectiveness of meaning-centred therapies, rooted in the ideas of Frankl, which attempt to address the process of meaning making following diagnosis of a life-threatening disease. The starting point for his discussion is the phenomenological investigations of the experiences of people in this situation, which suggest a need to address the sense that “the meaning of everything has changed” (Vos, 2016:172). In the integrated meaning-centred clinical-aetiological model of mental health care for individuals with a chronic or life-threatening physical disease, Vos (2016) posits the central problem as one of discongruence between the global meaning assumptions underpinning ordinary daily life, and the reality of the disease which threatens these. He formulates the central question thus: “How can I live a

meaningful and satisfying life despite the physical, psychological and existential limitations of my disease?” (Vos, 2016:185)

In common with Vos’ model, not-understanding has discongruence as its starting point, and is concerned with meaning. In my formulation of not-understanding, however, the defining source of discongruence is not necessarily between a person’s global meaning structures and their everyday assumptions (although this is an acknowledged possible source). Rather, the discongruence of not-understanding is between the experience that something matters, and the person’s inability to grasp this significance for a period of time, during which the discrepancy must be lived with. This ‘something which matters’ may in theory refer to the totality of a person’s existence and the meaning with which they invest their life, but the study may also capture less dramatic examples, of when a particular experience or aspect of experience does not make sense. The central question of not-understanding as it is initially defined in this study may be formulated as “what do I do with this particular experience? I know that it matters but I don’t know where/how to place it”, although this is of course a formulation that will be developed in response to the findings.

Much search-for-meaning related research speaks to the literature of psychological trauma and recovery. Trauma research focusses on disruptions to people’s meaning worlds which are experienced as catastrophic or at the very least, disturbing. In the trauma literature, meaning as comprehensibility has been distinguished from meaning as significance (Janoff-Bulman and Frantz, 1997). These two types of meaning making have been identified as components of posttraumatic growth, achieved when the survivor is able to make sense of what has happened through assimilation or accommodation of the event with prior understandings and beliefs about the world (comprehensibility), and/or are able to find some enhanced value in their lives as a result of the event (significance). However, meaning as significance, later termed benefit finding (Davis, Nolen-Hoeksema and Larson, 1998), differs from our use of the concept significance, because it does not refer to pre-articulated or felt meaning, but rather to the articulated value a person places on aspects of their life or relationships following a period of processing or ‘coming to terms with’ a traumatic experience. Significance in this model is therefore an end point rather than a starting point for what Rachman terms the “process whereby emotional disturbances are

absorbed, and decline to the extent that other experiences and behaviour can proceed without disruption” (Rachman, 2001:165).

Many therapeutic approaches to trauma involve challenging traumatic narratives of catastrophe and despair with those which emphasise recovery and healing. The meanings the person attaches to their traumatising experience are seen as potentially both symptomatic and curative, with a core goal of therapy being to help the person to change the narrative into something more supportive of their functioning, in effect reprocessing the traumatic memory (Ander, 2013). A working assumption of such models is that an experience can ultimately be processed through adaptation of either the meaning-world or the experience, until it is ultimately transformed into something which no longer threatens the person’s meaning world. In this way a live process is crystallised into measurable growth, new beliefs or other description which implies that meaning has been settled.

Recently, there have been attempts to formulate people’s psychological responses to experiences which undermine their meaning-worlds. Drawing on empirical evidence from experimental psychology and neurobiology as well as existential philosophy, Park’s (2010) integrated model of meaning making (IMM) and Proulx and Inzlicht’s (2012) meaning-making model (MMM) constitute attempts to unite the many disparate theories and isolated chains of research evidence regarding meaning-making under single parsimonious psychological theories.

Park’s (2010) IMM builds on cognitive dissonance theories which suggest that discrepancies between individuals’ appraisal of events (she utilises Thompson and Janigian’s (1988) term “implicit meaning”) and their own ‘global’ meaning-making structures give rise to negative affect. This in turn prompts various meaning making processes aimed at resolving these discrepancies, such as finding ways to reappraise one’s situation as advantageous, or searching for comprehensibility or significance. The model also attempts to describe different orders of meaning made. For example, a sense of having made sense of something, acceptance of it, perceptions of growth or positive life changes, or changed beliefs or goals.

Park's recommendations for future research include the need for greater understanding of people's conscious and unconscious engagement with their meaning making processes. She also points out that meaning making is deemed to be a process, yet many theories are hazy about the time period under consideration, and most studies document only a snapshot in time, or only current beliefs.

Proulx and Inzlicht's (2012) meaning-making model (MMM) suggests that "meaning violations" trigger 'negative affect' observable on a range of standard anxiety-related physiological measures. They refer to the feeling which may follow from the violation of our meaning-world as "disanxiousuncertlibrium" (Proulx and Inzlicht, 2012:322). This motivates a range of behaviours, referred to as "the five A's of meaning-making", which are aimed at restoring meaning. These are, firstly, 'assimilation', where a person changes their perception of discrepant information so it matches their expectations. Secondly, 'accommodation', whereby the person adjusts their expectations so that the new information can be incorporated. Thirdly, 'affirmation', which describes the renewal of one's commitment to an existing meaning structure in response to a meaning violation (even if violation is in another domain). Fourthly, 'abstraction', refers to a heightened propensity to see patterns in response to meaning violations (even if meaning violation is in a different domain and even if patterns are learned implicitly). Finally, 'assembly' refers to the active creation of a new meaning structure, either to directly replace the one that has been violated, or in another domain in order to create a sense of familiarity. (Proulx and Inzlicht, 2012: 325-329). Proulx and Inzlicht go further than Park by predicting that meaning violations in one domain can be addressed through meaning making activity in other, unrelated domains, citing empirical evidence from 'control compensation' literature as tentative support for this.

According to the narrative of meaning-making which emerges from these theoretical frameworks, people begin with a set of beliefs or cognitions, which are then disrupted or challenged. This disruption prompts 'negative affect', which in turn motivates the person to address the discrepancy between their current belief system and the new information through palliative or compensation behaviours. A significant gap in this literature points to the potential value of the current study. Although these models articulate that there is a qualitative and temporal distance between a

person's initial appraisal of a situation and the eventual meaning they make of it, they fail to consider the way people reflectively engage with their meaning-making processes over time, the possible impact of their appraisals on their selection of meaning-making strategies, or their satisfaction with the outcome of these processes. What exactly is 'disanxiousuncertlibrium' like for people, and is this in fact the key to having a felt sense that something is meaningful, even if that meaning cannot (yet) be grasped, or is there more to it? To what extent do they feel in control of their process or at its mercy? What levels of conscious awareness do people have about the choices they are making? As Park (2010) pointed out, it is not clear how much meaning making is available to people's conscious awareness at any given time.

Whilst empirically testable theories are undoubtedly valuable in shaping our understanding of general psychological processes, as practitioners we also need our understanding to be grounded in raw experience – since this is ultimately the medium through which we work. Yet in the quest to reach a single parsimonious, universal, empirically testable theoretical structure, much of the richness of unique experience is necessarily lost (Romanyshyn, 2012). Theoretical frameworks are more persuasive and practical when they speak to experience, and research is one of the key mechanisms through which experience can speak to theory. Research suggests that the subjective experience of having made sense of something varies widely (Park, 2010). It is therefore possible that the subjective experience of sense-making is equally as diverse. For example, as-yet-unarticulated meaning could be experienced as absent, uncertain, lost or inadequate, or full of potential for growth, insight and epiphany, rather than simply conflicted as predicted by IMM and MMM. It is clear that, for some people in some circumstances, challenges to existing meaning structures can precipitate an experience of stuckness, crisis or even breakdown. Are such experiences part of the meaning-making process, or do they represent its failure? Such questions are especially pertinent to Counselling Psychologists because they influence our own understanding of what is happening when person is in the midst of trying to understand something of significance, and therefore shapes our ways of being with them therapeutically.

It is argued here that research conducted within an existential-phenomenological framework has the potential to enhance the understanding of meaning-making processes offered by the IMM and MMM frameworks, by challenging, deepening, and extending the insights generated through empirical research. The existential-phenomenological tradition reminds psychologists to keep lived experience front and centre in our understanding of the human situation, and can provide an important counter-balance to the flattening and categorising of experience which can result from the drive to develop measurable psychological constructs. This is particularly important for Counselling Psychologists, as research must be valuable in the therapy room with clients. Skourteli and Apostolopoulou (2015) found that many Counselling Psychologists prefer process-oriented research to empirical, outcome-oriented research, precisely because it is more directly relevant to their practice.

The impact of including experience can be seen by contrasting Park (2010) and Proulx and Inzlicht's (2012) satisfaction with Baumeister's (1991) definition of meaning as: "[The] mental representation of possible relationships among things, events, and relationships." (Baumeister, 1991:15), with Gendlin's (1997) argument that:

Meaning is experienced. It is not only a certain relationship between verbal symbols, between symbols and things, or between symbols and perceptions. If meaning were only these "formal" and "objective" relationships, our speaking would be like the speech of a phonograph record. A phonograph record may "obey" all the rules of logic, syntax, and of the objects about which it speaks, yet it has no experience of the meaning it speaks. When we humans speak, think, or read, we experience meaning (Gendlin, 1997:45).

The existential perspective emphasises that the space between the significant and the articulated is dynamic, including both the visible and the implied-yet-invisible (Merleau-Ponty, 1964/1968). With reference to Gendlin's idea of the "more" (Gendlin, 1997b:16), Todres (2004) suggests that, "The 'more' is not reflectively already achieved before us, one needs to go into a kind of 'murky' or a kind of 'down there' or 'in there', a 'not quite that but something else'." (Todres, 2004:46). Romanyshyn (2012) emphasises that on an ontological level, "understanding is a fore-structure within which a dialectical process between presence that simultaneously shows and

conceals itself and meaning continuously unfold and change within history, language and over time.” (Romanyshyn, 2012: 236)

From this viewpoint, the psychological situation which prompts meaning making processes constitutes far more than a discrepancy between two cognitive meaning categories (for example ‘implicit’ and ‘global’ meaning), in the manner suggested by MMM and IMM. Experience, and particularly its relationship with the narratives we produce about meaning, need to be brought into this picture if it is to make practical sense.

3. Narrative and Meaning Making

Narrative psychology is considered here because it attempts to engage with the relationship between experience, meaning and language, or more specifically, storytelling. Influenced by hermeneutic theories, the field of narrative psychology which has emerged since the 1970s is guided by the principle that we actively create meaning through the narration of our lives and worlds (Bruner 1990; Ricoeur, 1983/1984). A search of the terms listed earlier with the prefix ‘narrative’ did not yield any studies focussing on the experience of significance without meaning, or on what people make of their own sense-making processes.

Crossley (2000) makes the case that the stories we tell about therapy have political and moral implications. Stories are by their nature selective, and existing power structures can be actively maintained or challenged through emphasis or absence of particular value systems, voices, and the selection of sources from which the narrative gains its power. Crossley critically examines a number of narrative tropes which are particularly associated with therapy, including “therapeutic”, “quest” and “restitution” narratives. A study of the narratives people produce about their experiences of not-understanding should interrogate the psychological function of narrators’ selection of particular narrative tropes, and the voices and values expressed and ignored.

The narrative psychology tradition nevertheless provides a framework and starting point from which to address the role of narrative performance in participant’s experiences of not-understanding. For Bruner (1990), storytelling is concerned with

human beings' confrontation of that which disrupts normality, and their subsequent attempts to restore it. Squire (2008) notes that storytelling is profoundly social, and bound up with attempts to understand and be understood: "Even if you tell a story to yourself, or to someone who does not understand it, you are still speaking as a social being, to an imagined social 'other' who understands your tale." (Squire, 2008:44).

Crossley states that: "Life, unlike the story, does not have an 'implicit contract' towards order." (Crossley, 2000:54) Hammond, Teucher and Hamoline (2014) make the argument that psychologists' assumptions about meaning and order have limited the ways in which therapeutic narratives are understood. They are critical of what Hyvarinen, Hyden, Saarenheimo and Tamboukou call the "imperative of coherence" (Hyvarinen et. al. 2010:7) in narratives within psychological discourse, whereby healing stories necessarily conform to structures (such as triumph over adversity in positive psychology, or tragedy in some existential writing) which serve to validate existing epistemological assumptions about meaning, losing some of their complexity and ecological validity in the process:

Such correlations [for example between narrative coherence and healing, or narrative incoherence and despair] are heavily simplified in psychological discourses, and lose sight of the complex, paradoxical, and diverse ways that people make sense of and cope with experiences of suffering. (Hammond et. al., 2014:143).

From an existential perspective, we story our lives, but the conditions of life are inherently disruptive – we are never in a position to tell our stories completely, and we don't know our own ending, so the need to tolerate uncertainty and anxiety becomes a key life skill (Van Deurzen, 2015). This idea predates modern existential philosophy: John Keats described his idea of negative capability as the situation "when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason" (Keats, 1817/1958:193-4). If psychologists are only concerned with "reaching after fact and reason", as the empirical tradition demands, then one might expect an institutional tendency to dismiss the potential value of dwelling with uncertainty. An experiential study of narration at times of disruption may generate fresh insights, in the light of which the concept of

impoverished narrative may be re-evaluated. The psychological function of narratives in performing, negotiating and resolving such tensions is a secondary focus of the current study.

4. Perinatal Research Context/ Narrative Identity and New Motherhood

When considering the multiple influences on women's narratives about their mothering experiences, it is possible to draw on a vast wealth of multidisciplinary research which attempts to create, theorise and challenge maternal discourses from multiple perspectives. Psychoanalytic theories initially made motherhood a focus of academic research, from the point of view of its impact on the child rather than the mother. From Klein's "good breast and bad breast mother" (Klein, 1975:371), to Winnicott's "good enough mother" (Winnicott, 1971:13), psychoanalytic concepts were a dominant influence on what has come to be called the 'intensive mothering' discourse dominating western thinking (Hays, 1996; Wall, 2010). This model of mothering broadly demands that mothers are available physically and emotionally to their children in order to promote secure, healthy development. The intensive mothering model has been subsequently criticised for its subjugation of women's non-maternal identities and needs (Rich, 1977; Fowler and Lee, 2004), and for its privileging of white western norms over other ethnic, cultural and class boundaries (Abrams and Curran, 2011). Alternative discourses such as that of 'deviant mothers' or 'underprivileged mothers' are academic descriptions for attempts to confront and resist such norms.

De Beauvoir (1949) was one of the first to draw attention to the contrast between the cultural idea of motherhood as a natural, and naturally fulfilling, state of being for all women, and the variation, complexities and ambivalences of women's lived experience of motherhood. She highlighted the active, choice-making character of motherhood, whilst, perhaps less helpfully, conferring value judgements on certain choices over others, based on her own philosophical framework. For her, the ambiguities of motherhood were evidence of the non-existence of maternal instinct, and also functioned as aspects of pathology brought about by the pressures of women's situation in society, particularly the opportunities for self-fulfilment denied her in lieu of becoming a mother.

Maternal narratives available to women have both proliferated and changed rapidly in the last few decades, as medical professionals, parenting gurus, online information and social media debate have taken over some of the traditional role of the immediate family and community in supporting new mothers (Hays, 1996). Modern philosophies of parenting draw on these discourses in different ways. For example, the 'attachment parenting' model (Sears and Sears, 2001), advocates that the mother makes herself as available as possible until the child is ready to let go, following the child's own style of sleeping and feeding regulation as far as possible. At the other end of the spectrum, routine-based theories of parenting such as those put forward by Gina Ford (1999) tell women that their babies should attach to the routine the mother sets, and that babies sleeping and feeding patterns can and should be controlled by the mother, and fit around mothers and their lives. Attachment parenting is associated in psychoanalytic literature with the work of Bowlby (1988) and 'facilitator' mothers, and routine focussed approaches are associated with the concept of 'regulator' mothers (Sher, 2001).

The proliferation of parenting approaches may imply liberation from single model approaches and reliance on the immediate community, but also alienation from traditional sources of trust. Motherhood can be thought of as increasingly proscribed and professionalised. Each tribal community serves both as a gateway to contact with potentially likeminded parents and a source of expertise for the novice parent, but also as a potential source of pressure to conform. Journalist Zoe Williams has mocked parenting manual authors' absurd "desire to teach the same rules across infinitely varied terrain" (Williams, 2017). Consensus on what constitutes good (or even good enough) parenting is impossible amidst such a competitive field of expertise. Each parenting tribe stands as a critique to the other, and as public health debates such as breast is best vs fed is best rage on in traditional and social media, the novice parent is guaranteed to be able to find a counter-argument for any and every advised practice. All of the above models contain powerful warnings for new mothers: they are wholly (or almost wholly) responsible for their children's psychological wellbeing, and they may endanger their children if they fail to adopt the right approach. Through their collective existence, they tell a mother that she stands to be criticised whatever she does. It is, perhaps, unsurprising that a recent study found that use of parenting books was associated with symptoms of depression and

anxiety, and lowered confidence among mothers of babies under twelve months old (Harries and Brown, 2017).

Such a fragmented and competitive narrative landscape can be seen from an existential perspective as forcing the existential condition of freedom and responsibility as defined by Sartre (1943/2003) into the open. Mothers can take advice, but they must choose who to listen to from a range of often competing and conflicting voices, and ultimately bear responsibility for their choices. Responsibility is another theme closely associated with both existential philosophy and new motherhood transition studies. New mothers are grappling with the total dependency of another human being on them, and as researchers have noted, the uncertainty regarding the short and long term consequences of each decision can make this responsibility overwhelming and anxiety-provoking (Arnold-Baker, 2014). Writing about procreation from an existential perspective, Arnold-Baker and Donaghy (2005) highlight the central role of existential uncertainty in the condition of new motherhood: “procreation means facing the inescapable evidence of thrownness, the impossibility of controlling one’s environment or what the future may bring.” (Arnold-Baker and Donaghy, 2005:35). Responsibility for the welfare of one’s child is shaped by the possibility, and fear, of the loss of the child. Van Deurzen elsewhere writes that mothers “understand exactly how mysterious life is and how close it is to death, the fear of which is always on the horizon when you have a newborn baby in your arms” (Van Deurzen, 2015:54). The stakes in new mother’s narratives are therefore likely to be both high and complex.

Jaspers (1951/2003) refers those conditions of human existence which ultimately will confront us with our failure to overcome them: “I must die, I must suffer, I am subject to chance, I involve myself inexorably in guilt. We call these...ultimate situations” (Jaspers, 1951/2003:20). For Jaspers, such experiences constituted a source of philosophy, and ultimately, transcendence. It is possible that new motherhood throws women into an uncomfortable apprehension of such situations. But is motherhood, as De Beauvoir conceived it, a barrier to the transcendent creation of new meanings in our existence, or might it in fact bring increased potential for creative engagement?

In her longitudinal study of first time mothers' narratives, Miller 2007 powerfully demonstrates the dynamic relationship between women, their experiences and the dominant discourses on motherhood such as 'intensive mothering'. It is possible to discern psychological implications from her finding that there is a mismatch between expectations and reality for the women in her study, and between their reported experiences and the 'good mother scripts' which dominate acceptable social discourse. However, as a sociologist, Miller is not primarily concerned with the psychological implications of the conflicts she finds within her participants' narratives. Nor are experiences of not-understanding a focus of concern for her, although her characterisation of the maternal transition experience does support the proposition that NU may form part of the transition for many women, and that narrative performance may play a part in their engagement with such experiences. For example, she suggests that, "Initial confusion eventually provides the catalyst for the women to engage in more discursively challenging and creative ways with dominant discourses" (Miller 2007:355).

Maternal narrative identity studies have also identified some of the discursive strategies that women use to position themselves in relation to discourses. For example, Abrams and Curran (2011) found that mothers from underprivileged backgrounds who had experienced postnatal depression boosted their status as good mothers by comparing themselves positively to negative stereotypes, and by distancing their core selves from their depressed selves. Amongst the many studies engaging with maternal identities, only a few (Miller, 2005, 2007; Abrams and Curran, 2011; Raith, 2008 (unpublished doctoral thesis)) engage extensively with narrative identity positioning in the sense of looking at the speakers and listeners implied in individual stories, and the dialogues performed between these voices.

Prinds, Hvidt, Mogensen, and Buus (2014) used an existential framework to analyse a range of maternal transition studies, and found that the significance of the transition to motherhood in terms of existential meaning-making needs to be explored further, as a counterbalance to the dominant bio-medical model of childbirth in healthcare systems. Interestingly, although Prinds et. al. (2014) note evidence from a number of studies which suggests that the transition to motherhood can be

difficult to articulate, they do not consider the possibility that difficulty with articulation and the creation of new meanings may be linked.

None of these studies specifically examine the role of such dynamics in the experience of grappling with unresolved meaning or not-understanding. An awareness of dominant maternal discourses and their potential power to silence aspects of maternal lived experience will inform the present study. However, as is consistent with the stated epistemological position, narrative conflicts will be considered as potentially reflective of intra-psychic conflicts within women's lived experiences, rather than only as conflicts between women and society mediated through discourse. This study will interrogate the narrative identity positioning within participants' narratives insofar as they may reveal something about the participants' lived engagement with their experiences of not-understanding.

Rather than critiquing one model or another of motherhood, this study aims to be as neutral as possible to participants' emerging parenting styles and/or maternal narratives, instead focussing on how competing narratives are negotiated and performed, and studying the role of such performances in the experience of NU. This should provide a different perspective: one which avoids making social judgements regarding any maternal narratives that do emerge from the interviews, allowing the focus to stay on women's ways of making-meaning rather than meanings made. It is hoped that this will provide a helpful resource to professionals who wish to support new mothers regardless of their emerging parenting style.

5. Perinatal Research Context/ Maternal Uncertainty and Distress

Some Counselling Psychologists may work in services targeted specifically at mothers; many more will encounter clients who are also mothers as part of their work in other specialisms. Yet the voice of the Counselling Psychology profession is all but absent from the British Psychological Society's Faculty of Perinatal Psychology. For example, as the title of the recently published briefing paper for NHS Commissioners, 'Perinatal Service Provision: The role of Perinatal Clinical Psychologists' (British Psychological Society, 2016) suggests, it is driven by the robust commitment and concerns of Clinical Psychologists. It will be demonstrated that there is much potential for a richer, more engaged contribution from Counselling

Psychologists to the public narratives which shape the way transition to motherhood is understood, and to the design and delivery of services aimed at mothers. New mothers have been chosen as a cohort for this study, both because they are a clinically significant population in their own right, and because they are a potentially rich source of insights into people's ways of engaging with issues such as transition, uncertainty and fluidity of meaning. NU has not been studied in the context of maternal research, however, there is evidence from a number of sources that NU like experiences may be commonly implicated in maternal transition.

Women's experiences of new motherhood are likely to disrupt their own and/or society's expectations about life with a baby, as well precipitating major changes in their other relationships, working lives and sense of identity (Miller, 2007; Nelson, 2003). A sense of the shock and emotional turbulence precipitated by these changes pervades the literature (Figs, 2008; Read, Crockett and Mason, 2012; McCarthy, 2015). Other studies have found that feeling overwhelmed is a common experience for both depressed mothers (Abrams and Curran, 2009; Chen, Wang, Chung, Tseng, and Chou (2006) and non-depressed mothers (Smith-Pierce, 1994; Cudmore, 1997), 2014:217). Barclay, Everitt, Rogan, Schmied, and Wyllie (1997) found that mothers experienced uncertainty as draining, and conversely that "working it out" was a core category of the process of change.

Transition studies emphasise the experience of new motherhood as a process of ongoing change. For example, Sethi (1995) found that mothers were continually engaged in "transitions, contradictions, tensions and transformations" (Sethi, 1995:235). In her meta-analysis of maternal transition studies, Nelson found that "engagement" (Nelson, 2003:467) was a basic social process commonly found by researchers. All of this implies that the transition to motherhood is a time when meanings are in flux, creating the necessity for new understandings of self and relationships. Interestingly, these findings are compatible with Yalom's observation from the psychotherapeutic context that "Meaningfulness is a by-product of engagement and commitment." (Yalom, 1991: 12)

Maternal transition is often framed in learning and adaptation narrative paradigms (Fowler and Lee, 2004; Miller, 2005, 2007; Smith, 1989, 1994), and while such characterisations are no doubt useful, it is possible that the contained nature of such

presentations obscures the open-endedness of the experiences as they are lived. Miller (2007) touches on this when she finds that mothers tend to speak about difficulties only after they have been resolved:

In the prenatal narratives, most of the women had hedged their bets and talked the good mother talk, but their unexpected birth experiences leave them feeling let down by what they had thought official discourses had promised. However, they do not yet feel able to challenge the optimistic stories that shaped their prenatal expectations: that only comes later as experience and confidence grow (Miller, 2007:347).

Stadlen (2004) and Arnold-Baker (2014) both found uncertainty to be a central theme of new motherhood, and suggest that the ability to engage with uncertainty constructively may be beneficial for both mother and baby. Studying NU may open up space to consider how uncertainty of meaning is lived with before it can be contained in a narrative paradigm such as learning and adaptation.

Miller (2005) suggests that "...Experiences which do not fit with expectations can be difficult to cope with..." (Miller, 2005:89), and researchers have made links between this gap between expectation and reality, and the high prevalence of mental health problems amongst new mothers across the perinatal period (i.e. the beginning of pregnancy to one year postpartum) (Darvill, Skirton, and Farrand, 2008). Some research studies which have found discrepancies between maternal expectations and experience have concluded, quite logically, that maternal distress could be reduced if only healthcare professionals could better prepare mothers psychologically for the challenges they will face (Nelson, 2003; Miller, 2005). Whilst good preparation undoubtedly plays an important role in facilitating the transition for many women, the implication, whether or not it is intended, is that, if it could only be thorough enough, preparation would prevent women from experiencing their new role as shocking or discordant with their expectations. And yet, since it is clear from the research that women's experiences of new motherhood vary a great deal (Miller, 2007) healthcare professionals surely cannot be expected to anticipate each woman's unique experiences and the particular challenges she will face. This implies that even with good preparation, new mothers' would still need to be supported through experiences of living with discrepancies between expectation and

experience. Stadlen recognises that shock can be downgraded through preparation rather than eliminated when she suggests that, “In a sense, a woman can’t prepare for meeting her baby. But she can be prepared to be surprised.” (Stadlen, 2004:29)

The interpretation of maternal uncertainty is an important issue for Counselling Psychologists and other professionals connected to maternal services, particularly when it relates to maternal distress. Perinatal mental health problems are now formally recognised as relatively common, but under-reported conditions affecting approximately 10-20% of mothers in the UK each year (Bauer et al, 2014). Studies which have tried to explore reasons for under-diagnosis of postnatal depression have repeatedly identified a reluctance on behalf of mothers to voice their concerns to health professionals (Chew-Graham, Sharp, Chamberlain, Folkes, and Turner, 2009), and according to a Boots Family Trust Alliance report (2013), 30% of mothers experiencing mental health problems never tell a health professional. A range of barriers to reporting symptoms have been identified, however, less attention has been paid to how women are making sense of their distress in the first place. Experiences of NU may not necessarily include distress, but if one is particularly uncertain about how to interpret one’s distress, then this may well throw up examples of NU, and studying this might help to better connect services to new mothers’ lived experiences.

There have been calls for approaches to maternal service design which go beyond crisis intervention, and even beyond advice and support to aid preparation for new motherhood, and urge service providers to better take account of women’s lived experiences and their individual processes of engagement with the challenges of new motherhood. For example, in a meta-analysis of qualitative studies on maternal transition, Nelson (2005) identified engagement as the primary social process involved in the transition to motherhood, and concluded that support should be tailored to each woman’s individual challenges. The recommendations of The Joint Commissioning Panel for Mental Health’s ‘Guidance for Commissioners of Perinatal Mental Health Services’ (2012), include greater attention to identification of subthreshold symptoms and preventative strategies. Writing in *The Psychologist*, Slade and Cree (2010) have argued that women need to be supported to find the space to explore their transition to motherhood, to confront anxieties and uncertainty

around pregnancy, birth and parenthood, and that psychological support which prevents mental health problems from developing needs to be an important aim for services. Arnold-Baker (2014) explicitly links this issue with maternal uncertainty when she says that:

Rather than needing advice or a routine to follow, mothers need to feel empowered to work out their own way of mothering and that not knowing is a good place to start from. Rather than worrying about what they don't know, new mothers need encouragement to recognise what they do know and what they have learnt. Further research on this area would be a benefit to mothers and health professionals alike (Arnold-Baker, 2014:180).

This study identifies a need to support new mothers' own processes of understanding as their expectations are replaced by unique experience, rather than attempting to hand them explanations intended to substitute or even leap-frog such processes.

Conclusions

As an applied discipline, Counselling Psychology needs to focus on how psychological theories can be of practical help to people. The existing models of meaning-making do not adequately engage with the experience of appraising something as significant, but not understanding what its significance is. The aim of this study is not to create yet another overlapping construct to add to the already heavily populated arena of meaning related constructs, but rather to extend our understanding of the process of meaning-making by asking how people live through it. It opens up new lines of enquiry with regards to the relationship between people's appraisals of their own sense-making process, and their engagement with different sense-making strategies.

Empirical models add to our appreciation of the complexity of the psychological processes which may be involved, but ultimately are ill suited to helping us to understand how these are lived, with their emphasis on measuring abstracted, stable end products of the processes described, such as 'meaning-in-life' or 'posttraumatic growth'. Gendlin (1997), Romanyshyn (2012) and others have attempted to describe

how meaning is lived using dynamic, process-oriented language, but their ideas have not been as yet applied to an investigation of not-understanding over extended time periods, or in the specific situation of new mothers. It is claimed that researching the experiential aspects of meaning-making processes, focussing on the 'how' rather than the 'what' of meaning generation, can help shape a body of psychological knowledge and theory which can help people to ground themselves in the midst of their confusion and uncertainty, and perhaps to become more curious and accepting regarding their own process.

This study aims to contribute to knowledge of maternal transition by exploring the needs of women in relation to their individual ways of engaging with uncertainty and new meanings, generating some practical implications for more creative service design.

Chapter 3: Methodology

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Methodology Chapter Introduction

An experiential narrative analysis (Squire, 2008) was conducted in order to address both primary and secondary research aims. Data collection took the form of a semi-structured interview in two parts. In Part 1 of the interview, participants were asked to narrate any experiences of significance- without-understanding which they had had in the context of motherhood. In Part 2 of the interview, participants were asked to reflect on what it was like to talk about their experiences in Part 1. The results were analysed using a systematic interpretative perspective-taking framework adapted from Langdridge's Critical Narrative Analysis (CNA) (Langdridge, 2007) and other experiential narrative approaches.

Section 1: Epistemology

1.1. Interpretative Phenomenology

Epistemological positions in psychological research suggest different ways of conceptualising the relationship between reality, experiential phenomena (such as perceptions, beliefs, cognitions and emotions), and language. My research question presupposes a category of experience, that of 'not-understanding', and interrogates its meaning. This is immediately suggestive of a phenomenological approach, which aims to find out more about what particular kinds of experiences are like for people.

This study adopts an interpretative phenomenological stance insofar as it is consistent with the following assumptions and principles: Firstly, the study is concerned with understanding human embodied lived experience for its own sake, and not as a means of interrogating external reality. Brentano's (1874/2009) idea that phenomena cannot be understood except through our intentional, direct experience of them, was developed by Husserl to become a founding principal of phenomenology (Husserl, 1931/2012). Therefore, this study does not concern itself with the reality of the event or experience felt to be significant but not understood, but with people's lived experience of not understanding it.

Secondly, all experience (including description) is interpretative. One of the departures of Heidegger's existential phenomenology from descriptive phenomenology was its evaluation of human meaning-making (hermeneutics) as an important aspect of the structure of experience, rather than something which corrupts and obfuscates the phenomena in its appearance. This insight forms one of the basic principles of interpretative phenomenology.

Thirdly, phenomena are always located in contexts with unlimited horizons (Spinelli, 2005). The implication for this study is that attention is paid to the contexts in which the data and analysis are produced. It also means that the conclusions of the research are both interpretative and open ended and not intended to represent the findings in a definitive sense.

Finally, the study aims to be open to and grounded in the phenomena. For example, my presupposition, that 'not-understanding' can be thought of as a meaningful category of experience, was tentatively held throughout the process, and re-evaluated in the light of my findings.

1.2. Approach To Language, Discourse And Narrative

My epistemological position on the relationship between language and experience departs from descriptive phenomenology in that I am assuming a discursive relationship between the person's experience and their narrative account(s) of it. The act of narration may stand in relationship to experience, potentially obscuring, creating or changing it, and utilising social discourses as resources with which to construct meaning in particular contexts for particular psychological purposes. At the same time, I maintain that narratives are also 'about' lived experience. My position draws on the work of Paul Ricoeur (1983/1984), who argued that the pre-linguistic lived experience was *both* expressed *and* created through discourse (speech), language, and texts (Langdrige, 2007).

Ricoeur was responsible, along with Bruner (1990), Sarbin (1986), Polkinghorne (1988) and others, for bringing narrative sense-making to the fore of hermeneutic psychology. These thinkers contrast narrative sense-making with other ways of

understanding the world, such as empirical scientific approaches, and argue that narrative sense-making has an ontological function (Sarbin, 1986), which is fundamentally about bringing order and meaning to the chaos of experience (Murray, 2008). Through the stories we tell, we exist as meaning-making beings in time. Epistemologically, therefore, this study is underpinned by the assumption that the participants' narrative sense-making attempts deserve attention. Firstly, narratives form the basis of the participants' interpreted lifeworlds, and therefore must constitute an important aspect of the experience of not-understanding. Secondly, attention to narrative encourages us to consider how understandings are both situated and created in the process of data collection, where researcher and participant are in dialogue.

1.3. Reflexivity And The Role Of The Researcher

It is assumed that the researcher is active in the process of creating the meanings generated throughout the research process, and therefore reflexivity is embedded in the analysis. Heidegger (1953/2010), Ricoeur (1983/1984) and Gadamer (2004) emphasise that human action is always situated, in time, space, society and culture. This implies that it is important to be as explicit as possible about the ideological assumptions guiding the actions and interpretations of the researcher (Langdrige, 2007).

Gadamer (2004), Ricoeur (1983/1984) and Van Manen (1990) have stressed the relational, co-created, nature of understandings generated through the discourse and text. The implication for this study is that researcher and participants are seen as co-creators of the understandings generated between them in the data collection process. Such dialogue is 'plurivocal', implicating both actual and imagined speakers and audiences. This also guided the researcher to cultivate a relationship with each participant characterised by openness, curiosity and respect. The application of reflexive processes across the entire research process played a crucial role, both by grounding the data, and by making the process accessible, in order to create space for the opening of new understandings.

Section 2. Methodology Background and Literature

2.1. Method Selection

In order to address both research concerns, I needed a method which addressed the experiential aspects of narratives as well as the narrative aspects of experience. Given the phenomenological orientation of my primary research aim of finding out more about experiences of not-understanding, I initially considered phenomenological research methods such as Interpretative Phenomenological Analysis (Smith, Flowers and Larkin, 2009). However, such methods were unsuitable, because they assume a naive relationship between language and experience, whereby the function of language in relation to experience is primarily expressive. I needed a methodology which would allow me to look not just at *what* was being said, but also *how* it was being said; to interrogate not just the content, but to ask what was being achieved psychologically through the narrative performance, and to be able to link this to the broader context.

I therefore also considered discourse analysis, which is designed to address questions about how meaning is constructed through discourse (Willig, 2008). Discourse analysis would have been suitable for addressing the secondary aim of this study, to interrogate the role of narrative in experiences of not-understanding. But such an approach would have risked taking the focus away from the phenomenological intention of the study, potentially making structural aspects of discourse the predominant sphere of interest, rather than not-understanding as it was experienced by participants, including aspects which may have been pre-reflective, embodied or otherwise not easily available for narrative sense-making. Indeed, I was particularly interested in the interplay between the articulated and the unarticulated.

Langdrige (2008) distinguishes between these two kinds of approaches, suggesting that “Discourse analysts clearly prioritise...action-oriented aspects of talk, whereas phenomenologists...instead prioritise content and meaning“ (Langdrige, 2008: 1135). I looked for a methodological framework which could incorporate both phenomenological and narrative oriented concerns, to do justice to

both research aims. Langdrige (2008) makes the case that using narrative analysis “Offers the possibility of bringing in understandings of features of talk-in-interaction to the phenomenological project” (Langdrige, 2008: 1135). I eventually chose to adopt his Critical Narrative Analysis (CNA) as my main methodological framework. Part of the family of experience-centred narrative approaches, CNA combines hermeneutics of both empathy and suspicion. I honed the method in response to the practical considerations raised at the pilot analysis stage. The key methodological decisions are incorporated into the methodological descriptions below.

2.2. Experience-centred Narrative Approaches

The methodology for this study was adapted from what Squire (2008) refers to as experience-centred narrative approaches, especially Langdrige’s (2007) Critical Narrative Analysis, but also influenced by Hiles and Cermak’s (2007; 2008; 2009) Narrative Oriented Inquiry and Mishler’s approach to narrative and meaning (Mishler, 1986, 1995), as well as Emerson and Frosh’s (2004) emphasis on the individual significance of personal narratives.

Experience-centred narrative approaches are influenced by the work of Ricoeur (1983/1984), and seek to interrogate the interrelationship between participants’ experiences, the narrative which they produce about the experience, and the social context in which this production occurs (Reissman, 2008). They assume that: “Narratives...are sequential and meaningful; are definitively human; ‘re-present’ experience, reconstituting it, as well as expressing it; [and] display transformation or change.” (Squire, 2008:42). It is further assumed that narratives are always produced in a social context (i.e. performed by narrators for audiences, real or imagined), and are also positioned discursively in relation to available social discourses. Experience-centred narratives are defined as “Texts which bring stories of personal experience into being by means of the first person oral narration of the past, present, future or imaginary experience” (Patterson, 2008:37).

2.3. Critical Narrative Analysis

Critical Narrative Analysis is a psychological research method developed by Darren Langdridge (2007). It is grounded in phenomenology, entailing a focus on lived experience, and hermeneutics, emphasising that humans must interpret their world in order to create meaning. It attempts to make sense of a sense-making process (adopting a 'double hermeneutic'), and moves between parts and whole (encompassing the 'hermeneutic circle') in order to produce an analysis which also interrogates the role of the narrative. The resulting analysis should therefore be as grounded in the phenomenon, and as open about interpretative manoeuvres, as possible. CNA is consistent with the principles described above, and is idiographic, meaning that any tentative generalisations about how people make sense of their experiences are grounded in the study of how particular individuals have made sense of particular experiences (Langdridge, 2007).

2.4. Pilot Study

A pilot study was carried out in order to clarify the viability of the design, and to help identify risks and address unforeseen difficulties, and hone the methodology. One participant was recruited and interviewed. The recorded interview was transcribed and analysed. The process of transcription and analysis was honed to ensure that experiences of not-understanding could be identified and analysed from a range of interpretative perspectives, without the inclusion of unnecessary steps. The overall interview process was successful in engaging the participant and safeguarding her wellbeing.

Section 3. Design

3.1. Participants

3.1.i. Exclusion Criteria and Rationale

A number of criteria were placed on the research participant cohort in order to serve four key principals:

1. In order to facilitate an environment where participants could relax and be engaged with the interviewer without being distracted by concerns about

childcare, steps were taken to maximise chances that the babies are old enough and well enough to be placed in the care of another adult for the duration of the interview, and that such arrangements might be made in the context of the mother's support network. Participants were also given the option to have their babies with them while the interview was conducted.

2. To maintain a focus on experiences in relation to motherhood, mothers who were not the primary carers of their babies were screened out.
3. To maximise the potential for experiences of not-understanding, mothers with previous parenting experiences were screened out.
4. In recognition that subject matter might be sensitive and painful to discuss, steps were taken to ensure participants had stability and social support.

See Appendix 5 for Screening Form

Mother characteristics: All participants were first time mothers, with no pre-existing relationships with step or foster children. Participants had not had psychiatric admissions for three years prior to the interview, did not have a current diagnosis of postpartum depression, and were not being prescribed psychoactive medication at the time of the interview. They also spoke fluent English.

Baby characteristics: Babies were aged between 6-12 months at time of interview.

Socio-economic circumstances: Participants were planning to be their babies' primary carers for at least the first twelve months of the babies' lives. In order to address the fourth criteria mentioned above, participants were caring for the baby within some form of stable partnership with another adult or adults.

Participant Characteristics: Nine first time mothers (including one participant for the pilot) were recruited from mother and baby fitness classes in the Altrincham and Hale area of Cheshire.

Table 1: Participant Characteristics (See also Appendix 5 Demographic Form)

PPT	Age (mother)	Age (baby)	Ethnicity (self described)	Birth circumstances	Prenatal employment	Education	Intend to work in future?	Location of interview	Baby present at interview
A *	35	8 months	White British	Hospital birth without intervention, IVF conception	Employed full time	BA/BSc	Yes	Precious Health	No
B	35	7 months	White	Home birth without intervention	Employed full time	Phd	Yes	Precious Health	No
C	28	7 months	White British	Caesarean hospital birth	Employed full time	BA/BSc	Yes	Precious Health	No
D	31	6 months	White British	Assisted hospital birth	Employed full time	MA	Yes	Precious Health	No
E	25	7 months	White British	Hospital birth without intervention	Employed full time	BA/BSc	Yes	Precious Health	No
F	33	10 months	White British	Assisted hospital birth	Employed full time	PGCE	Yes	Ppt home	Yes
G	39	11 months	White British	Adopted at birth+3 days	Employed full time	MA	Yes	Ppt home	Yes
H	37	12 months	White British	Hospital birth without intervention	Employed full time	Postgrad Diploma	Yes	Precious Health	No
I	34	6 months	White British	Assisted hospital birth	Employed full time	MA/MSc	Yes	Ppt home	Yes

*Pilot, not included in analysis

The first nine respondents who met all the recruitment criteria and consented to be interviewed were accepted for the study.

This study employed a purposive, homogeneous approach to sampling, in that it aimed to target a particular subgroup of people (first time mothers) whom, it was thought, were likely to share experiences of not-understanding in a particular

context. The sample size was limited in order to account for the time-consuming nature of the analytical process (Langdridge, 2007). Although this limited sample size precludes all but the most tentative generalisation of findings, it is appropriate considering that the focus of the research question is on the breadth and depth of individual experience.

The women who were recruited were homogenous in terms of ethnicity and class. All the women described themselves as White British, were educated to degree level or higher, had been in full time work prior to taking maternity leave, and intended to return to work. This was reflective of the geographical area from which they were recruited, and undoubtedly had implications for the ways in which the research can be interpreted. The maternal age range was broad, but did not include younger mothers (age 25-39). All the babies were single births, however there was considerable variation in the birth circumstances, with experiences of adoption, IVF and various kinds of assisted birth included alongside vaginal births without complications. Implications of both the homogenous and diverse aspects of the sample are considered in the discussion.

Most participants chose to be interviewed at the Precious Health wellbeing centre while leaving their babies with trusted others. Three participants chose to be interviewed at home with their babies present. The impact of the babies' absence or presence on the interviews is discussed in the reflexive chapter.

3.2. Participant Recruitment and Consent

3.2.i. Recruitment method

Participants were recruited from a number of mother and baby exercise groups in the Altrincham and Hale area of Cheshire, UK. Respondents were sent information about the study and a consent form. A telephone call was arranged with those who agreed to participate. Screening questionnaires were conducted over the telephone, in order to establish whether respondents met the recruitment criteria. The participant information was verbally reviewed, and interviews were arranged.

3.2.ii. Interview Location

Six interviews were completed in comfortable therapy rooms of the Precious Health Centre, where confidentiality could be protected. A risk assessment was completed for each interview. Where participants were interviewed at home, the conditions for ensuring confidentiality were arranged with participants beforehand.

For the interviews which took place at Precious Health, the participants arranged childcare for their babies. Each was offered a small (£5) reimbursement for expenses incurred by their babies' carers while the interview was being conducted.

3.3. Data Collection

Data was collected using a semi-structured interview format.

3.3.i. Participant Admin

Before commencing each interview, the participant and I reviewed fire safety information, and the participant information form, including information about confidentiality, data protection and the right to withdraw. The participant completed the consent form and an anonymised demographic information form. As was explained to participants, the purpose of the demographic information form was to aid in the description of the sample and the analysis of its limitations.

3.3.ii. Data recording and protection

Data was recorded on digital audio device. Participant files and the digital device were kept in locked cabinet, and computer files were encrypted.

3.3.iii. Interview Part 1 (IP1)

The participants were invited to talk about their experiences of motherhood, and encouraged to expand on any aspects which had felt significant but had taken, or were taking, time to understand. This took about an hour and was followed by a refreshment break. During the break, I made rough notes regarding my experiences of listening. These notes included any initial interpretations I was forming about their experiences of not-understanding, which I could then check out with the participants in Part 2. They also included notable features of narrative tone, form or content,

including any silences or disruptions. It was important to check out the participants' experiences of these phenomena in order to ensure that their perspectives were included. See Appendix 7 for the full interview protocol.

3.3.iv. Interview Part 2 (IP2)

For Part 2 of the interview, the participants were asked to describe their experience of talking to me in IP1. I also asked them for a comparative description of any previous experiences they may have had of articulating the experiences they described in IP1. I used my notes from IP1 to prompt for richer description, bringing my own experiences of listening explicitly into the research and inviting participants to comment on them.

3.3.v. Debrief

Following the completion of IP2, I thanked each participant for their contribution and took them through the debriefing document (see Appendix 6) which was then left with them for reference. The participants were also offered the opportunity to read the completed thesis.

3.4. Data Analysis

3.4.i. Analysis Stage 1: Transcription

The transcription process was completed by the researcher. Firstly, the words of Interview Parts One and Two were transcribed from the audio recording using Nvivo software and an electronic foot pedal. All utterances were included, including repetitions and listener utterances. This rough transcript was exported to a word document. My decisions about what features to include in the transcript were based on the need to be able to back up claims about the tone or pace of the interaction, and to discuss relational aspects of the dialogue.

Interview Part 1 (IP1) was transcribed in full, documenting pauses, listener utterances and overlaps, without being abridged or tidied, as suggested by Hiles and Cermak (2009). Gail Jefferson's model was used for this purpose (as described by Atkinson and Heritage, 1984; Potter and Wetherall, 1987). Interview Part 2 (IP2) was

transcribed using a simple lexical version, recording words only, reflecting the different role played by this part of the interview. Pauses were not timed, as this level of precision was unnecessary for my analysis. The entire transcript was then anonymised, with all names and places changed. I made notes on my own responses as they occurred to me throughout the transcription process. See Appendix 9 for an example of a transcribed interview, and Appendix 8 for a copy of the transcription key.

3.4.ii. Identifying Examples of Not-Understanding

The process of identifying examples of not-understanding began in collaboration with each participant during the interview, and remained open throughout the analysis, in the sense that the whole process was an attempt to better articulate and interrogate the construct 'not-understanding'. However, in order to complete my analysis I had to decide which, if any, aspects of each participant's experience warranted in-depth analysis.

I looked for evidence that the experience was meaningful to the participant in some way, yet difficult to make sense of, either in the past or at the time of the interview. I considered aspects of the participant's experience which seemed not to be contained by her narrative, either through exclusion or because there were signs that the participant was overwhelmed. I also considered alternative ways of conceptualising the experiences in question.

3.4.iii. Analysis Stage 2: Interpretative Perspective Taking

Stage 2 of the analysis constituted repeated careful listening to the audio tapes with the transcript to hand. Note taking started off in a relatively unstructured way, noting down what came to mind through engagement with the data, without being too concerned about which aspect of the analysis is being addressed.

Rigour was introduced through the completion of an Analysis Template (Appendix 10, developed during the pilot) for each participant. This ensured that the following

interpretative perspectives, adapted from Langdridge (2007) and Reisman (2008), were each addressed:

1. Content
2. Tonal
3. Functional
4. Thematic
5. Reflexive

Within each interpretative perspective, I considered the role of the following sub-stories:

ENU: The story of the experience which was significant but not understood.

RENU: The story of the participant's response to the experience not-understood.

AENU: The story of the participants' experience of articulating the ENU.

INT: The story of how the dynamics developed between myself and the participant developed over the course of the interview.

These sub-stories were identified at the pilot stage as a way of further breaking down the data. Each sub-story generated a different analytical response to each perspective. For example, the tone in which participants described the experience they had not understood was often different to the tone in which they described how they had responded to this experience over time. The prompts in the Analysis Template were generated through consideration of the juncture between each interpretative perspective and each sub-story.

Gradually I allowed the Analysis Template headings and questions to direct the way I attended to the data, by bearing in mind a particular sub set of questions per reading, although still freely recording any insights which arose. I continued until the template had been completed. This approach had the benefit of systematically ensuring that all relevant aspects of the analysis were given attention, whilst allowing space for the data to direct the inquiry.

3.4.iv. Interpretative Perspectives

The model of interpretative perspectives (reflexive, content, tonal, thematic and functional) was adapted from Langdridge's CNA (Langdridge, 2007) and Willig's (2008) overview of narrative analysis methods. Having an epistemologically phenomenological basis, the analysis strives for transparency and groundedness in the participant's perspective at all times.

Reflexive Perspective

The reflexive perspective comprised a series of reflexive readings in order to accommodate and critique the researcher's role in the narrative production. This involved making notes on what it was like to listen to the participant, encompassing metaphorical imagery and reflective descriptions of the researcher's own emotional, physical, cognitive and behavioural experiences during the interview, as well as attention to interventions made by the researcher during the interview, and impressions of the participant. After Langdridge (2007), a "Critique of the illusions of the subject" (Langdridge, 2007:134) was then applied to the reflective reading, in order to critically interrogate the researcher's perspective using the hermeneutics of suspicion. These aspects are included in the discussion chapter. The Reflexivity Chapter offers a number of examples of how reflexivity was incorporated into the analysis process.

The remaining interpretative perspectives are grouped according to four main sets of questions, after Willig's (2008) summary of the interpretative perspectives suggested by Langdridge (2007) and Hiles and Cermak (2009):

Content Perspective

The Content and Tonal perspectives were used to establish what, if any, experiences, had not been understood by each participant, and to analyse what not-understanding had been like for them over time. Analysis of the difference between tone and content, and of other narrative features, revealed a more nuanced picture than would have been possible through analysis of the words alone. For this reason, the content and tone perspectives were amalgamated in the Analysis Template.

The content perspective interrogated the type of story that was being told. I started by summarising the narrative structure of the ENU and other sub-stories. I asked myself what kind of story was this? Did it have a beginning, a middle and an end? Was there a sense of resolution? I summarised the key events and turning points, and asked myself what was at stake for the participant.

Tonal Perspective

Analysis of the relationship between content and tone (i.e. between what was being said and the way it was delivered) was critical to my interpretation of the ENU and other sub-stories. The tonal perspective included attention to tonal changes, including silences, and rhetorical functions throughout each story. An interpretation of the different ways the participant had of being-towards their experiences of not-understanding, as well as a sense of how the narrative might be functioning in relation to these ways, gradually emerged from this.

Thematic Perspective

The thematic perspective identified the themes emerging in the narrative, and interrogated their inter-relationships to one-another. This included identification and analysis of common features of descriptions, images or metaphors used by participants. I also included identification of existential themes.

Functional Perspective

The first aim of the functional analysis was to explore how the narratives functioned psychologically in relation to experiences of not-understanding. This was done by analysing the relationships between identity positions, bringing out the different voices and listeners, and the nature of the interplay between them as performed by each participant. The second aim of the functional analysis was to ask how the narratives functioned psychologically in the broader socio-political context. This was addressed by interrogating the power relations at work, for example along dimensions of class and gender.

Note on Identity Positioning

The concept of identity positioning used here draws on concepts from narrative research of 'positioning' and 'voice', as summarised by Wells (2011). Positioning theory is based on the work of Harre and Van Langenhove (1999), and provides a way of talking about relationships between self and various forms of other, including other ideologies. Various positioning methods available to narrators are described:

[V]oice implies dialogue, a conversation with the "other" or with the "self" in the form of inner speech". In the latter case, dialogues may be with institutions as well as with the self (Wells, 2011:96).

The concept of 'voice' is derived from the work of Bakhtin (1981), and posits that a character's voice is "multi-vocal, polyphonous and replete with sub voices" (Wiley, 2018:4). Bell's (1990) proposition that silences also constitute voice is also relevant to this study.

For the purposes of this study, these concepts are folded into the term 'identity position', so that both the relational and the plurivocal aspects of the voice or position are addressed. Because this study is aimed primarily at examining the psychological (as opposed to sociological or discursive) functions of narrative, the focus was on identifying the distinct ways of being towards experiences of not-understanding, which were constructed through the narratives. It was not assumed that identity positions represented the participants' true or essential self or selves, but, rather, that they expressed aspects of the participant's experience, and that analysis of them brought me closer to understanding that experience. While a narrator performs a particular identity position, she speaks from the point of view of this aspect of her experience, and it allows her to explore it, and explore the tensions between it and other positions. Identity positions may be fully inhabited and presented as aspects of the real self, or they may be implied or referred to only as imagined (feared or idealised) selves, or they may be representative of how the narrator imagines that they are viewed by others.

3.4.iii. Analysis Stage 3: Critical Synthesis

Langdridge (2007) recommends that the different interpretative perspectives are synthesised, by summarising the main narrative themes. This function was addressed by inserting a summary at the end of the Analysis Template (Appendix 10), reflecting the important narrative themes, along with references to tone and rhetorical function, and giving an overall sense of the participant's lived experience(s) of not-understanding, with interpretative connections made between the experiences and the narrative performance from a psychological perspective. Alternative conclusions were also considered. Decision-making was recorded in my reflexive journal.

3.4.iv. Analysis Stage 4: Case Integration

In order to develop the individual analyses into a series of findings, I completed a thematic analysis from each interpretative perspective. This involved consideration of the kinds of stories being told, the relationships between tone and content, a comparison of identity positions and power relations, and a working up of individual participants' themes into cross-participant meta-themes. I compared and contrasted participants' stories, looking for similarities, patterns and meta-themes, as well as differences, contradictions and alternative interpretations. Table 2, showing how individual's themes were grouped into meta-themes, is included as Appendix 11.

3.4.v. Comment on Adaptations to the Methodology

I found Willig's (2008) summary of the interpretative perspectives to be particularly more helpful as a framework than wholesale adoption of either Hiles and Cermak's (2009) stages of "'Holistic-content' ... 'holistic-form' ... 'categorical-content' ... 'categorical-form' [and] 'critical analysis'" (Hiles and Cermak, 2009:62), or CNA's interpretative stages 2-5 (Langdridge, 2007). My approach is grounded in the themes and concerns identified in these approaches; however some aspects were prioritised, such as psychologically-oriented concerns. Others which were less important were absorbed into other stages. For example, Stage 5 of CNA, "Destabilizing the narrative" (Langdridge, 2007:139) constitutes a political critique of

the data. This is less of a priority in my study, therefore it was incorporated as part of the functional and reflexive stages rather than constituting a stage by itself. I adopted a more explicit focus on existential themes, reflecting the explicitly existential epistemological grounding of my study.

Following the pilot, I expanded the recruitment process, and made changes to the data preparation and analysis stages. I had originally planned to use Hiles and Cermak's (2007, 2008) method of segmenting the data into moves, with the *sjuzet* underlined to distinguish it from the *fabula*. However, I realised that the task did not make sense where the 'event' was psychological, for example, when the participant was providing a phenomenological description of how they had processed the event. I concluded that this step was not helping me to fulfil my aim of separating what was said from how it was said, and I needed to adapt my approach. I also developed the Analysis Template, as described above, which gave me a clear, thorough structure for my analysis. So long as they are justified by the research aims and data, such adaptations of existing methodologies are a hallmark of narrative research, which is renowned for its flexibility and responsiveness to a wide range of data and purposes (Langdrige, 2007; Reissman, 2008).

Section 4. Ethical and Legal Issues

4.1. Overview

The ethical stance taken in relation to this research project, is that the researcher was responsible for thinking through and managing in advance as many of the ethical issues as possible, with the understanding that such preparation did not remove the need to be continually alert for unforeseen issues (Willig, 2012). The researcher undertook to confront any issues arising in the course of the project in a responsible and ethical manner, consulting appropriate sources of guidance such as research supervisors, the British Psychological Society and the research institution, and taking ownership of and making transparent the basis on which decisions were made. Ethical decisions in relation to this research were underpinned by a commitment to the British Psychological Society's 'Code of Ethics and Conduct'

(2009). Although all areas of the code are potentially relevant, particular ethical issues arose from the principals of Respect, Responsibility and Integrity.

Four key requirements emerged from these principals. Firstly, there was a requirement to minimise or eliminate any risk of harm which might arise for research participants as a result of their involvement in the project. To this end, the location of the interview was subject to a risk assessment. Consideration was given to the emotional support available to all participants, especially with reference to the possibility of engagement with sensitive material. Secondly, there was a requirement to ensure that the research did not compromise the wellbeing of others, particularly the participants' babies. Thirdly, there was a requirement that confidentiality be maintained. Finally, there was a requirement that participants were given all the information required to make an informed decision to consent to take part in the research project before doing so.

In order to fulfil these requirements, the following six areas were identified for special ethical consideration: Considerations relating to engagement with sensitive material; confidentiality; child welfare; informed consent; considerations relating to the ethics of interpretation; and finally, legal issues. I will first outline the steps taken to mitigate these issues in advance of data collection, before briefly describing how these issues manifested in the research process, and the steps taken in response.

4.2. Engagement with Sensitive Material

The possibility of sensitive material arising in the context of this study was considered to be significant on the basis that first-time motherhood is a period of great change and upheaval for many women. There was a possibility that participants may have been experiencing or have experienced perinatal mental health problems, despite the screening out of women with current diagnoses or prescriptions of psychoactive medication. Finally, there was the possibility that the experience of not-understanding may have been associated with anxiety, either relating to aspects of the specific not-understood situation (ontic), or, as discussed in the literature review, in relation to a confrontation with existential tensions (ontological anxiety).

Hyden (2008) emphasises that the researcher needs to be aware of the possible contexts in which the data will be used, and ensure that the participant is informed about these contexts beforehand. Hyden also suggests that researchers consider how the power dynamic between participant and researcher might be affected if what is revealed may expose the participant to socio-cultural judgements. In this study, I asked women about experiences not-understanding. Prior to the study, I considered the possibility that participants might reject such experiences as incompatible with maternal competence or expect that others would do so, and consequently that they may have felt that their discussion of such experiences undermined their identity as a mother. As a researcher I was acutely aware of the need to conduct interviews in such a way as to minimise the communication of value judgements around experiences of not-understanding. My own belief was that there is no reason why such experiences should be incompatible with competent parenting.

The following safeguards were put in place with a view to minimising the risk of harm due to engagement with sensitive material:

- I engaged with the research process reflexively at every stage to try to anticipate and manage issues which arise in relation to sensitive material.
- Participants with recent hospitalisations were screened out.
- The possibility of sensitive material arising was discussed with the participant as part of the consent process.
- A clear and comprehensive confidentiality policy was designed to make it possible for participants to be confident in the boundaries of their disclosure.
- The interview environment was comfortable and confidential to minimise unnecessary distress.
- Participants were offered regular breaks and encouraged to employ any other self-care strategies which they felt would help them to feel safe.
- Part 2 of the interview gave participants the opportunity to reflect on their experiences of talking, including anything which was distressing.
- Participants were signposted to appropriate counselling services (including free services) which they can choose to access if they feel that further support is necessary.

A number of participants became upset at points during the interview when sensitive material arose. When given the opportunity in part 2 of the interview to reflect on their experiences of talking, all gave positive accounts of their accounts, and the steps detailed above appeared to function effectively in helping them to feel safe enough to do this. There was one interviewee whose presentation suggested that she was experiencing trauma. In response to this, we mutually agreed on the boundaries of what was to be discussed during the interview, in order to reduce the risk of triggering traumatic memories without immediate recourse to a therapeutic safe space in which to process them. The part of the debrief which signposted participants to follow-up counselling services was particularly important in this instance.

Although some participants' experiences of not-understanding turned out to be closely bound up with their perceptions of their maternal competence, this turned out to be a factor which enriched the data. This is considered further in the discussion chapter.

4.3. Child Welfare

A number of steps which were taken to help mothers address the practical needs of their babies, including the provision of childcare facilities in proximity to the interview room, the availability of adults trusted by the mother to take care of the baby for the duration of the interview, and the screening out of babies under six months old who are among the most highly dependent on their mothers. The interview process did not throw up any situation in which a child's welfare was perceived to be under threat. However, when interviewing participants in their homes with their babies, this ethical principle was kept in mind, for example, prompting me to encourage participants to pause the interview when they felt that their babies required attention.

4.4. Confidentiality

In order to protect confidentiality, the following measures were taken:

- No personal data was processed or stored without the written consent of participants.
- All contact and demographic data relating to participants was kept on encrypted files stored on memory keys in locked cupboards. It will be stored up to the point where the project is completed and then destroyed.
- Interviews were recorded on a portable digital device, which was kept in a locked cupboard when not being used for interviews.
- Interview recordings and transcripts were stored on encrypted digital files for the duration of analysis, and then destroyed.
- No-one other than the researcher required access to participant contact details, interview recordings or transcription data during the research process. However, provision for this eventuality was made in the consent agreement with participants.
- Personal details were changed in the reporting of research findings in order to protect the anonymity of participants.

The above precautions were sufficient to prevent issues of confidentiality from arising during the research process.

4.5. Informed Consent

In order to ensure that consent was informed, participants were provided with a participant information sheet (Appendix 2), at least twenty-four hours before they agreed to take part. Prior to the conduct of interviews, participants signed a consent agreement (Appendix 3) which details the extent and nature of their involvement, and the responsibilities of the researcher. The participant information sheet contained details about the requirements of participation, the support which would be made available to them as participants, conditions under which their personal information would be stored and used, the likely dissemination of the research findings, their right to withdraw consent, and the BPS code of ethics and complaints procedure. They were also offered the opportunity to discuss any concerns with the researcher in advance of giving consent, or at any point subsequently in the research process.

The debrief information included reminders of ongoing support which was available, including referral to counselling services if appropriate. Issues of consent were sufficiently managed via the steps detailed above.

4.6. Ethics of Interpretation

The methodology used in this study brought with it a range of ethical considerations in relation to the interpretation of participants' experiences by the researcher. Willig (2012) argues that awareness of the issues around interpretation and of the context in which one is interpreting are crucial to responsible interpretative research. She suggests three key strategies to minimise some of the risks of interpretation, such as "(1) keeping the research question in mind and being modest about what the research can reveal, (2) ensuring that the participant's voices are not lost, and (3) remaining open to alternative interpretations" (Willig, 2012:56). This implies that values of honesty, curiosity, openness and integrity form the bedrock of ethical research practice. Ethics and validity are closely associated in qualitative research, and the reader is referred to section on validity below, as the guidelines which promote validity in this study will also support its ethical integrity.

During the analytical process, I kept in mind the idea that my participants were among the potential audience for my thesis, ensuring that ethical issues related to interpretation and sensitive material remained present in my mind. An interesting situation did arise during the analytical process, when I was confronted with a potential interpretation which, I felt, might have been perceived as judgemental or unwelcome to some participants if included in the thesis. My instinct was to reject such an interpretation (and it would have been possible to make an argument to do so). However, I also found it necessary to reflect on my desire to protect or defend participants' feelings, asking myself if I was minimising something important by rejecting interpretations on this basis. In the end I tried, and I hope succeeded, in reframing the interpretation in a way that was sensitive to both participants' feelings, and to the commitment to intellectual honesty which is crucial to the production of a relevant piece of research.

4.7. Legal Issues

Legal obligations relevant to this study are described in the Data Protection Act 1998. The Data Protection Act 1998 relates to the processing and storage of 'personal data', a clearly defined category of information which includes the sub-category 'sensitive personal data' (Crown, 2012). This research involved the processing and storage of personal information, such as contact details, and sensitive personal data, such as information relating to mental and physical health. The confidentiality measures detailed above will enable the researcher to meet the obligations of the Data Protection Act 1998 in relation to this.

4.8. Measures of Validity

The issue of validity in qualitative research constitutes a series of debates which to an extent reflects the diversity of epistemological positions and methodologies (Langdrige, 2007). However, Yardley (2000) has specified four broad categories of validity which are appropriate for hermeneutic research projects such as this. The researcher must demonstrate sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance. Experiential narrative approaches regard a researcher's ability to convincingly ground their analysis in the data as the basis for validating the subjective claims of the researcher:

"Persuasiveness is strengthened when the investigator's theoretical claims are supported with evidence from informants' accounts, negative cases are included, and alternative interpretations considered." (Reissman, 2008:191).

The following steps were taken to meet the criterion of validity:

- Steps were taken to mitigate demand characteristics.
- Explicit records were kept detailing how interpretations are arrived at.
- Interpretations were explicitly grounded in transcript.
- The researcher kept a reflective journal for the duration of the research process.
- Reflexivity was incorporated into data collection, analysis and discussion processes.

- Participants' perspectives on the experience of telling were incorporated into the study.
- The discussion considers alternative interpretations.

Methodology Chapter Summary

This study can be described as an experiential narrative analysis. It draws heavily on Langdrige's (2007) Critical Narrative Analysis, with a number of adaptations which are consistent with the particular aims and challenges associated with the research question.

The epistemological principles underpinning the study include those associated with interpretative phenomenology and narrative psychology. The methodology chosen is consistent with a view of the relationship between experience and language which maintains that these are different, yet mutually dependent and mutually influential phenomena.

The analytical steps, featuring a series of interpretative perspectives, have been made sufficiently explicit, that future studies could replicate the method. The current study was situated in a well-defined set of ethical and legal principals. This allowed for the anticipation and mitigation of a host of potential issues, and provided guidance for the resolution of issues which did arise.

Chapter 4: Findings

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Introduction to Findings/ Case Integration

The main findings concerned the intentional and functional nature of participants’ experiences of not-understanding, whereby the framing of the not-understood situation in terms of the question ‘*What do I do with this experience?*’ was reformulated as ‘*What do I do with this experience in order to..?*’ Five distinct ways of not-understanding were identified, each relating to one or more of the meta-themes of ‘Vulnerability’, ‘Maternal Decision-Making’, and ‘Connection/Disconnection’. These are visually represented in Figure 1 below to for the reader’s reference.

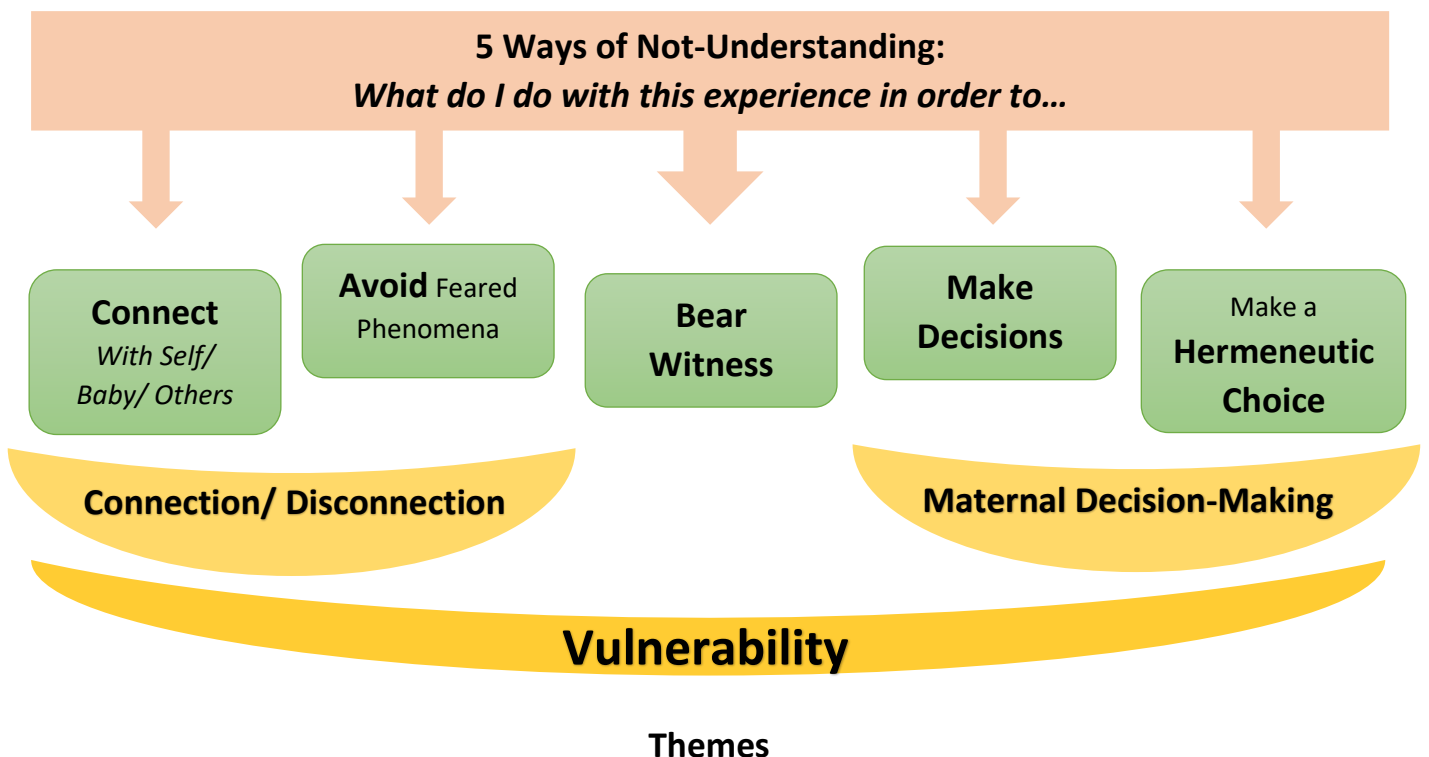


Fig. 1: Findings Overview: 5 Ways of Not-understanding with Themes

The Case Integration draws together data and analysis from each interview, and takes a broader perspective regarding what has been learned about experiences of not-understanding, and the role of narrative in these experiences. The analysis draws on content, tonal, thematic, functional and reflexive perspectives, but is structured according to the following groups of insights: In Section 1, I will offer a brief summary of the experiences of not-understanding which emerged in the interviews, sketching out what was at stake for each participant. Section 2 will then attempt to answer the question of what not-understanding was like for participants, drawing more deeply on the text and bringing out the main theme of vulnerability.

In Section 3 I will consider five different forms of not-understanding that can be said to have emerged, including through the analysis of the Maternal Decision-Making and Connection/Disconnection themes. In Section 4 I will then analyse the different ways participants had of engaging with these experiences, including an interrogation of the role of narrative in experiences of not-understanding. I will also consider the outcomes of participants' engagement with their experiences here. If participants moved beyond not-understanding, for example, what did this moving beyond mean to them?

It should also be noted that reflexivity has a separate chapter devoted to it, although some reflexive comments are included here. This is because reflexivity underpins the entire research process, from the development of the question and methodology, to the findings and validation assessment.

Section 1. Introduction to Experiences of Not-Understanding

1.1. Identifying experiences of not-understanding

In the introduction, it was stated that the term 'not-understanding' referred not merely to the absence of understanding, but the absence of understanding about something *which seems to matter*. During the interviews and analysis, then, I looked for evidence of an experience that was important to each participant, yet that had stood out to them as not having been fully grasped or otherwise resolved, either at the time of the interview or for a period of time following the experience.

Perhaps unsurprisingly, given the openness of the interview question ‘What has motherhood been like for you?’, the range of not-understood experiences was diverse, albeit with some clustering of topics, such as feeding, recovery from childbirth, and critiques of the role of professionals in determining the best course of action for themselves and their babies. Some strong psychological themes, such as vulnerability, decision-making and connection/disconnection also emerged, which are explored below.

The identification of the not-understood experience was initially a direct collaboration with participants, based on their responses to the question of whether there had been anything particularly difficult to make sense of about their experience of becoming a mother (see Appendix 7 for the interview protocol). During the interviews and in the analysis, I also used my own attunement to phenomena in the room to guide my decisions about which aspects of the narrative were more pertinent to the not-understood, and to try to identify precisely what it was about each experience that had been difficult to understand. Incongruous laughter, a sense that a narrative had become stuck between two opposing positions, images I would have as the participants’ spoke, my sense of how close they were to tears, and what those tears might signify, are some examples of ways I was alerted to the potential presence of something sensitive, significant and/or unresolved. As far as possible, I checked out tentatively made interpretations with the participants themselves during the second part of the interview.

1.2. Summary of Participants’ Experiences of Not-Understanding

i. Briony (PB)

Briony’s experience of not-understanding concerned the earlier-than-planned ending of her breastfeeding relationship with her baby after he was admitted to hospital for weight loss at just ten days old. She struggled to understand why breastfeeding had failed, and what failure implied for herself and her son:

“I think what's been difficult for me in my mind in coming to terms with it has been this.. knowing all the recommendations around breastfeeding, knowing I haven't done that for my child. But every time I go over what happened, I

know that I did what was best for my child. I do know it intellectually.
Accepting that fully is, is a different thing and it is a process” (PBP1:21)

The failure of breastfeeding relationship was a shock to Briony on a number of levels: The shock of seeing her baby’s health decline and her fear for his survival; the shock that something which was supposed to be ‘natural’ was not working, and the shock that “the buck stops with me” (PBP1:101), of the loneliness, weight and groundlessness of her responsibility and choice, underscored partly by the shock of discovering that the professional advice on which she had expected to rely was not necessarily helpful in her situation, and may even have misdirected her.

After a process which involved reflectively revisiting her left-over feelings of guilt and uncertainty about the wisdom of her decisions, and a re-evaluation of breastfeeding research, she was able to move to a position of greater acceptance that she did her best in the circumstances, and that perhaps this was good enough.

ii. Chrissy (PC)

“The shock when you’re just left with this new baby, I found really difficult.” (PCP1:2)

This interview is at core the story of how difficult and shocking the experience of becoming a mother was for Chrissy, especially in the context of a physically gruelling pregnancy and post-birth complications, and of how she came to trust herself and feel more confident in her decision-making. Bearing witness to the hardship seemed to be at least as important a function of the interview, as telling the story of the restoration of her self confidence in the face of them. She confirms this in IP2: “I think that maybe there's been a bit of recognition for myself from today that it's maybe been a bit harder than I maybe give myself credit for I think, possibly.” (PCP2:20)

What was not fully understood, and was being actively grappled with during the interview, is the fact of how hard it actually was for Chrissy: the intensity of the hardship she endured, of her acute experience of vulnerability and suffering, was itself shocking. The narrative is at various times a description, an expression, a bearing witness to, and an attempt to justify and explain these difficulties. These are

set in the context of (and sometimes in conflict with) her love for her baby and desire to protect her baby from the negative aspects of her experience of becoming a mother, as well as the subsequent restoration of her confidence and ability to enjoy motherhood through a process of “Trusting myself and my own kind of measure on my baby” (PCP1:18).

iii. Dinah (PD)

Dinah did not understand the “tangled emotional mess”(PDP1:76) thrown up in the period immediately after her baby was born. She says “I found those first couple of weeks extremely hard. I’ve been thinking a lot about why that was” (PDP1:2). The telling of her story seemed to be an attempt to forge a more coherent and containing narrative out of the vague, troubling or conflicting narrative possibilities available, and the overall narrative has a twisting, illusive feel to it.

Three inter-related not-understood aspects emerged. Firstly, she was shocked and dismayed at how physically incapacitated she had been rendered by the birth. Secondly, Dinah did not understand why her mother could not provide the emotional support she had craved, and struggled to make sense of the implications of this for her and her mother’s relationship. Thirdly, Dinah struggled to orient herself to the changed family dynamics, in the light of both new motherhood and the death of her grandmother three years previously. The participant’s grandmother was the person she might have looked to for the emotional support which her mother had failed to provide. The rawness of her loss was stirred and embodied by the ongoing, unmet status of this felt need for maternal connection.

iv. Ellen (PE)

P54: Maybe I've not made sense of it yet. I don't know that I have –

R55: Made sense of..?

P56: Being judged about sleep.

(PEP1:54-56)

Ellen is struggling to make sense of her own vulnerability in the face of others’ judgement (both actual and predicted) of parental decisions such as how to put her baby to sleep, when to end breastfeeding and when to wean onto solid food. She

finds that there are always a number of different perspectives on what is the right thing to do, based variously on her own prior expectations, the information from her baby, and advice from health professionals and friends.

“I think that's the thing with a newborn, because you're terrified of doing the wrong thing all the time aren't you, you just want to do whatever is best for your baby, and you think that the experts know, the advice.” (PEP1:24)

This leaves her open to criticism whatever she does. Amongst the worst criticisms she can hear is the (implied) accusation that she is a neglectful or lazy mother. A close knit maternal friendship group is built up in the narrative as a bulwark of protection against external negative judgements. Although it clearly does function quite effectively, and Ellen is generally confident in the parenting decisions she has made, it is not impenetrable, and she occasionally finds herself feeling anxious in response to criticism (both actual and predicted), rehearsing the arguments in her head to check and recheck that she is happy with her decisions.

She retakes some control by being selective about who to talk and listen to in regarding particular issues, choosing people who she feels will not judge her, and who will help to validate the perspective she has developed from listening to her own gut reaction and her baby. Her vulnerability is the thing that is being negotiated in the narrative, as she oscillates both between arguments, and between different versions of how vulnerable versus protected she is from the pain of being attacked.

v. Frida (PF)

“I've found, it, quite difficult I think with, like I say this not knowing, like not knowing, not who your friends are, that sounds like really evil doesn't it? But like, not knowing if you are as good friends with them as you think you are, or if they're just like, you're just part of the group so we'll tolerate you.”

(PFP1:24)

Frida's ENU concerned her experience of a mother and baby support group. She had joined in anticipation of mitigating any social isolation which she might encounter as a new mother, and had expected to find 'mum friends' for life. However, instead of

feeling supported and bonding with the other members, she had felt increasingly peripheral and ignored, unsure of her value to the group and anxious about the possibility of unknowingly breaching group rules, the specifics of which seemed obscure to her and certainly not in her control:

“I come away [from group meet-ups] with a bit of a churney feeling in my stomach, and I'm like "Did that go well? Like, do they hate me? Should I have said that? Should I have said this differently?" (PFP1:38)

Frida wanted to understand what this all meant for her sense of herself as a social person and as a mother. It was therefore her social and maternal identity which was at stake and gave the narrative its significance. In particular, there seemed to be fears about the most negative possibilities for interpretation which were implied but not fully articulated.

The vulnerability of feeling alone was at the heart of why the experience was so painful for her. At first during the interview, she was somewhat dismissive of her own feelings, using humour to minimise them and attempting to rationalise the problem away. As the interview progressed she connected more with her vulnerability and formed a plan to cut ties with the group, affirming that she needed to “...Spend time with people who, love her like I do, and, love me as well.” (PFP2:104)

vi. Grace (PG)

Despite the complexity and drama of Grace's narrative about her journey to motherhood, this was the only interview without a clear sense of meaning being grappled with in real time, and at first I questioned whether it contained an example of an experience of not-understanding. The experience that she chose to focus on concerned a decision she and her partner had had to make just a few days into the placement with their adoptive baby. They were informed that a relative of the baby was considering making an application for custody, and that, as a blood relative, they would be likely to succeed if they went ahead. Grace and her partner were given the choice of continuing with the adoptive placement and running the risk that it would be ended, or pre-emptively returning the baby to foster care in order to make themselves available for future prospective placements. Grace thought it strange that she had felt happy in the midst of such a difficult decision:

“Erm, and I do feel, er, that upset a little bit talking about it, but it's, it's a really strange mix because, erm, it was, it was also probably one of the most [P laugh voice] positive experiences strangely, erm, that I'd had.”

(PGP1:58)

She speculated that this may have been because, despite taking time to come to a final decision with her partner, she had immediately felt a strong conviction that she did not want to give the baby back to state care, even if it meant ultimately losing her anyway, and potentially jeopardising her adoption employment leave for future placements:

“So my initial reaction was, I suppose I was pretty sure well no I can't do that because, you know that's more change for her, and she's, you know, an extremely vulnerable little baby that is just gonna get carted off to another foster carer.”

(PGP1:49)

On closer analysis, her surprise spoke to a broader narrative about her discovery of the strength and power of her love for this particular child, and her relief in being able to be guided by it.

vii. Hannah (PH)

Hannah did not understand why her baby would not feed sometimes when she felt certain he was hungry, either from the breast, or later throughout the weaning process. This not-understanding denoted for Hannah a break in the communicative connection between herself and her son, which she valued highly and otherwise felt to be strong.

“...[F]or the last year, we've had an amazing relationship and we can communicate in so many ways and we talk about so many things even though [baby]'s so small, and we have lots of conversations and (mm) and chats and I explain things to [baby], and teach [baby] things, and [baby] teaches me things. But this we, [...] I don't understand what, what's been going on for [baby], and I feel like if I'd known, I could have tried to fix it.” (PHP1:90)

It also denied her the possibility of fulfilling certain expectations about herself as a breastfeeding mother, and later, as a mother wanting the best possible standards of nutrition for her child. Her distress in relation to the feeding relationship was exacerbated by her expectations that things should, and would, run more smoothly:

“So I was just very kind of, [breastfeeding] is really important to me and I want to try and do it. Erm, so that was a little bit of a tough time, just because I think my, erm expectations of/ I just kind of had this image of it just kind of working and I just thought, 'I'm not going to have problems, it/ we'll just breastfeed and that's how it will be.' So, that was probably a good example probably of how erm, one of the themes for me has been a lack of control, and I found that really hard.”

(PHP1:4)

Her emotional responses ranged from being “really sad” (PHP1:92) at not understanding her baby, to helplessness and confusion in the face of his refusals “When he was clearly hungry”. She said:

“It probably spills over almost into anger sometimes Beth, I would say, coz I'm just like, I'm so frustrated, that I'm almost like, annoyed that, this isn't, you know, [baby] isn't eating what I'd like [baby] to eat,”

(PHP1:30)

Hannah felt guilty about feeling angry with her baby, and would attempt to diffuse her feelings through strategies such as attempting to change her perspective, or find a fun activity to do with her baby. She attempted to reassert control over the situation, for example through seeking breastfeeding support, or later trying different ways of encouraging her son to eat. However, these attempts “got into a bit of a battle sometimes” (PHP1:6) in which everyone was losing. Eventually, she let go of the idea that she should and could be able to control what he ate, although this was difficult because she still felt responsible. She learned to accept her son's preferences, and accept her not-understanding of it. She found a narrative which contained this sufficiently – instead of being incomprehensible, her son was “just really, really headstrong” (PHP1:2). She says: “you have to accept that they are their

own people, with their own personalities” (PHP1: 102). She may not have been able to understand his behaviour, but at least she could locate it within a more accepting and acceptable narrative.

viii. Irene (PI)

“I would say the last six months have been quite, like, yeah, traumatic really has been the word.”

(PIP1:2)

Irene described a succession of experiences ranging from the stressful to the traumatic, which had occurred prior to and during her pregnancy and following the birth of her son. These experiences seemed to tumble out one after the other, and were referred to collectively as ‘it’, something with a palpable presence in the room, yet not clearly articulated.

She did not understand how to engage with the collective mass of these experiences as a whole. Rather than risk unpicking the specifics of her live trauma in what would have been an inappropriate setting, we focussed on her engagement with the collective mass of traumatic and/or stressful experiences as a whole, which was characterised by an anxious sense that her defences against psychological danger were tenuous.

She referred to the events collectively as “A really difficult road” (PIP1:2) and “my list of crazies” (PIP1:16). She said that she was actively seeking therapy because she felt that “the thing that I’ve found hard is to kind of move on and to let it go” (PIP1:28) and was simply “trying to keep my head above water” (PIP1:34). The fear of what would happen if she metaphorically went under was made explicit: “If I was to get in touch with really how I feel I think I could have a bit of a breakdown.” (PIP1:38)

Being in a state of not-understanding, then, whilst problematic for Irene, was in a sense the price she was prepared to pay for the avoidance of psychological disintegration. She also wondered with a sense of guilt whether her investment in the narrative of having had a “crappy time” (PIP1:52) was propping up her self-esteem:

“So the narrative of everything that's happened to me before, I think stops me feeling like such a bad person in all of my inadequacies.” (PIP1:52)

However, rather than feel bolstered, this reinforced the general sense that the psychological pain that she feared was merely being kept at bay.

Section 2. What was not-understanding like for participants?

2.1. General Features Of Experiences Of Not-Understanding

Participants' experiences of not-understanding had a quality of in-between-ness, or a standing both in and apart from something, which emerged across different analytical perspectives applied. For example, space was embodied in the negotiated tension between identity positions, and expressed through images such as “no-man's land” (PBP1:127). Not-understanding was variously a space-apart from feared psychological pain, a space-before making an important decision, and space-for reflection after making one (see below for further elaboration of these different ways of not-understanding). The findings regarding connection/disconnection theme (see below) also speak both to not-understanding as a space apart from, or disconnect between, self and other, and to not-understanding as simultaneously entailing aspects of connection and disconnection (another sense in which it was a space-between). The space was often under pressure, for example, when participants had limited time to make decisions, or when Irene imagined the water threatening to engulf her. As a psychological space, not-understanding was at times a risky and uncomfortable place to be, but also offered the possibility of new perspectives.

Not-understanding was experienced variously as like being in “no-man's land” (PBP1:127), “shocking” (PCP1:2), “knocked [...] for six” (PDP1:2), “worried [...] about judgement” (PEP1:100), associated with “a churney feeling in my stomach” (PFP1:38), “strangely” positive (PGP1:58), “really sad” (PHP1:92)“, and “traumatic” (PIP1:2). For all participants, with the exception of Ellen, their experiences of not-understanding ‘at the time’ related to some form of crisis situation, and this shaped their experiences of not-understanding. The story which provided an exception to this rule speaks to the possibility that not-understanding may not necessarily be experienced in terms of disturbance or anxiety.

Briony's crisis concerned her son's failure to feed, and her confrontation of the decision of whether and when to switch from breastfeeding to formula. She described her situation of not-understanding as "no-man's land" (PBP1:127), in which she was pulled to and fro between conflicting arguments, without the confidence to choose between them, but nevertheless having to confront the necessity of choice. This image is suggestive of lostness and/ or a lack of safe ground.

Chrissy says, "It was a huge blur, those first few weeks." (PCP2:12), and "It just went on and on" (PCP1:159), suggesting that her experience of lived time may have been altered during the period where her not-understood situation was unfolding. Briony's reference to being "in the midst" (PBP1:73) and "in this no-man's land for a while" (PBP1:127) is also suggestive of an experience of suspended space or time.

Chrissy, Dinah and Frida experienced personal crises in the immediate aftermath of childbirth, in the sense that, however temporarily, they felt acutely vulnerable, anxious, and dependent on others for support. For Chrissy, the overarching feeling associated with the not-understood was shock (PCP1:2). She also gives a vivid account of the uncertainty and anxiety which were compounded by physical exhaustion in the run up to and aftermath of childbirth:

"Maybe at the time I wasn't enjoying it as well not just cause of the physical side but I didn't know how I was, like, how/what kind of a mum I was gonna be, if I was gonna be good at it and, I don't know, I found the whole thing quite scary, to be honest, and I constantly worried, like, if I was/ if she was OK[...]on top of feeling ill [...] I just worried the whole time." (PCP1:62)

There was a particularly raw moment during Chrissy's interview when she recalled begging her mother "Don't leave me please don't leave me" (PCP1:140), because she had dreaded being left over night, physically incapacitated by surgery, alone and responsible for the care of her new baby. This sense of abandonment contributed to the overall experience of being overwhelmed, and her sense of not-understanding arose from an inability or reluctance to really acknowledge or contain her hardship in her story about becoming a mother.

Dinah and Frida's crisis moments also involved a desperate reaching out to others for support, but in their case, the focus of their not-understanding was the way others had failed to respond to this plea. Frida said of her group experiences: "I come away with a bit of a churney feeling in my stomach" (PFP1:38). Dinah said that she felt "a little bit stuck now" (PDP1:40), and in the midst of a "tangled emotional mess" (PDP1:7 6). The uncertainty Dinah experienced in response to her mothers' behaviour, including the potential for distressing interpretations of what it implied about broader context of their relationship, was clearly anxiety provoking for her. There was a desperation about her reaching after a meaningful and containing narrative from a position of not-understanding, which was mirrored in her desperation to connect with her mother.

"I started crying, and, we've talked about it since, and she says that she didn't know I was crying, which, she may well not have done. Erm, but I thought, like she had her back to me at the time, she was holding [baby], erm, and I thought[...]that she was ignoring me, because she didn't want to embarrass me. You know, cause that's how she would be, she wouldn't want somebody to draw attention to the fact that she was crying. [...] I really wanted my mum to kind of, mother me at that point. And, you know, give me a hug....Erm, and...and, then this all (P's voice starts to break) kind of came out a bit badly." (PDP1:30)

Dinah and Frida's attention were repeatedly drawn into attempts to understand the situation from others' perspectives (in Frida's case, the group's, in Dinah's, her mother's), in the manner of a detective who is unable to directly communicate with the person under investigation, and must instead discover the workings of their mind by stealth. An overall impression was created of individuals alone and searching, trying in vain to second guess others' motivations, and left without clarity of understanding who they were in relation to these others.

Irene's sense of crisis arose from the culmination of traumatic experiences which were felt to be unprocessed and threatening. There was a sense that the conditions under which she could feel safe enough to engage with these experiences were not yet in place, but they nevertheless threatened to engulf her in the present. Her image of being submerged in water up to her chin conveyed that, for her, what was not-

understood was experienced as opaque, threatening, powerful, and only just being held at bay.

Grace provided the only example of a positive experience of not-understanding, albeit one which occurred in otherwise stressful circumstances. She introduced it to her story in a spirit of curiosity rather than anguish, in fact, her strong sense that she wished to care for her adoptive daughter represented a beacon of clarity against a backdrop of uncertainty. She did not understand why she should feel so positive in a situation where she was being told that the baby might be taken away, but did not give the impression of having spent significant resources reflecting on this question. Although, on subsequent analysis, I detected a broader not-understood concern about making sense of her individual journey of coming to love and commit to this particular child, this too lay somewhat in the background for Grace, and there was no evidence that she had spent time struggling with it.

Although it is not possible to draw any broad conclusions based on a single example, Grace's story, and its contrast to the other stories, raises the question of whether something experienced as significant but not understood necessarily causes disturbance for people, or whether the degree of disturbance is dependent on other factors, such as whether they perceived this not-understanding to be threatening. In each case but Grace's, not-understanding was experienced as problematic, because something valuable was at stake in the interpretation of it, and this may have influenced their preparedness to devote attentional resources to understanding it better, both at the time and in the period since.

2.2. Choosing To Engage With Not-Understanding

At the time of their ENU, Briony, Chrissy, Dinah, and Irene prioritised the demands of their babies and other practicalities of their situation rather than emotional processing of any wider meaning. Briony articulates her sense that something was significant but could not be immediately addressed, and demonstrates that engaging with an experience of not-understanding can require significant emotional resources which may or may not be available:

“I think it probably isn't [easy to articulate], when you're sleep deprived, when you're in the midst of that it probably isn't, but to some extent I think...I think I almost parked a lot of those feelings and a lot of those issues until a time when I could think through them a bit more. (OK) So, even though, obviously when we were having the feeding issues and so on I was, erm, ready to make decisions throughout that process, I think I was, trying not to get too involved emotionally with some of those issues. I was trying to solve the problem that was happening [...] I knew that at that time I couldn't, I didn't have the emotional and physical strength really to process it, because I was focussing all of that strength on, the day to day taking care of this baby. I think that, I sort of had to park it for a little while. And in some ways just, almost not think about it, not think about the significance of giving up breastfeeding. (Mmm). Erm, even though it made me, I was still upset at the time (Mm-hmm), er, I almost had to, I kind of had to leave it, and then process it a bit later on. [inaudible]-“
(PBP1:73, my emphasis)

For these participants, the conflicts felt sufficiently urgent that most of them had spent time trying to address or come to terms with them in the time subsequently.

2.3. Vulnerability as a Dominant Aspect of Not-Understanding

Vulnerability emerged as a main theme across all participants, and is also implicated the sub themes of powerlessness, criticism, anxiety, shock, and embodiment. This suggests that vulnerability may be a dominant experiential feature of experiences of not-understanding. The concept of vulnerability has been interpreted in a range of ways, but Anderson's (2014) definition most fully expresses the interpretation of vulnerability used for this analysis, with the caveat that, as is appropriate for discussion of an experiential category, it is the person's *perception* of their vulnerability that matters:

“A person is vulnerable to the extent to which she is not in a position to prevent occurrences that would undermine what she takes to be important to her. Vulnerability is thus a matter of effective control, understood as a function

of the relative balance of power between the person in question and the forces that can influence her. Vulnerability can be increased by those forces becoming more powerful or the effects more probable but also by the person becoming less able to counter these forces and effects” (Anderson, 2014:135)

Some of the most powerful images of experiences of not-understanding constructed by participants are particularly expressive of vulnerability. For example, Irene constructs a vivid water metaphor to express how threatened she feels by the succession of traumatic experiences, referred to as her “list of crazies” (PIP1:16):

P34: ...Erm, yeah like I feel a bit like, I'm, like I'm trying to keep my head above water, like I'm trying to keep my head in the present. Like, that's..the present's above my headline, but everything else is still there, and I'm trying to kind of-

R35: -Let's stay with that like image there. Are you, is it pulling/ dragging you or...what's that under the water bit doing?

P36: Like it's like lapping, you know when you- [Gestures hand to chin level]

R37: Threatening to overwhelm you?

P38: Yeah, overwhelm yeah. I think I/ that's something I think, I felt a lot, like if I was to really get in touch with really how I feel, I think I could have a bit of a breakdown, it's like.

(PIP1:34-38)

Vulnerability was experienced by participants in a variety of ways in relation to their experiences of not-understanding. Firstly, there was the sense of how vulnerable their babies were, their own embodied vulnerability following childbirth, their vulnerability to social judgement and rejection based on the decisions they made as mothers, and finally, their vulnerability to loss. Vulnerability to unwanted thoughts, feelings, or psychological states constitutes an additional thread running through all these elements. I will first describe how these aspects of vulnerability were bound up with participants' experiences of not-understanding, and also with themes of control, competence, and love. The perception of vulnerability heightened participants' senses of what was at stake as they faced experiences of not-understanding. Four

possible mechanisms relating vulnerability to not-understanding are then suggested below.

Vulnerability of babies

There is the new awareness of the vulnerability of their babies, which increases a sense of both risk and responsibility. Briony offers a concise description of how a heightened sense of the fragility of her newborn baby, her sense of responsibility and disorientation together conjure the experience of vulnerability:

“I think it's very important to acknowledge what you're feeling, and then, erm, accept it and then see how you can move on and, that's the same I think with having a child, it's just that I suppose the decisions feel more monumental, ah, initially because there is another life involved, and also because, they're so fragile, and the situation is so fraught I suppose at the beginning because, you feel very fragile you feel very little. Erm, it's so new to you, you can't really practice for it. And, erm, also it, it's, it's, it's a strange universe you've been drawn into having a baby, this whole, not sleeping, your body's all a bit wonky and, you're meant to then suddenly take care of this, of this baby as well.”
(PBP1:69)

Embodied Vulnerability

The above quote also alludes to the experience of embodied vulnerability after childbirth, a factor which, together with the attendant increased dependence on others, was also a contributing factor in the ENUs of Chrissy, Dinah, and Irene. The pain and physical limitations they were faced with post childbirth came as an unpleasant shock for these women. There is a sense of something uncontrollable, possibly even shameful, both in terms of the unwanted leakage of bodily fluids and their reduced capacity to undertake basic care of themselves and their babies. After a gruelling pregnancy dogged with physical problems and a caesarean birth which had not been her preferred option, Chrissy found herself struggling to come to terms with the ongoing physical implications:

“I had a caesarean as well so I couldn't do anything for six weeks (*Right OK*), or very much cause I got, erm, I had to go back into hospital, erm, when I had

my caesarean. Seven days later there was, like, something had happened during the operation like an internal infection, and one night I was, I thought it was, erm, like, kind of, thought her nappy had leaked, but it was me I'd gone, like, everywhere, and we had to go back to hospital, and it was quite scary, seven days into it. (*Mmm*) I didn't really know what was going on."

(PCP1:4)

For Chrissy, the fear, the exhaustion, the confusion about what was happening to her and how much control she ought to have over it, was so overwhelming that she was unable to really grasp the enormity of what she was dealing with until much later. She only knew that she felt miserable and vulnerable to abandonment, as she pleads with her mother and husband not to leave her alone for even short periods of time:

P136: And then we got home and, and then I, yeh, couldn't really move for ages. All I did was, for a week, was literally lie in bed and, I'm so grateful to my mum she (P laugh voice) literally fed me, passed my baby to me so that I could feed, and, and left.

[...] I used to cry when she would like/ she only did it for a week but every night I cried and said "Don't leave me please don't leave me."

(PCP1:136-140)

At this point Chrissy became tearful, as she connected with the memory of feeling so vulnerable and afraid. Although she felt that she had moved on from the difficult place described above, espousing her new found confidence and enjoyment of motherhood, it was the grasping of this difficulty that had remained not-understood.

Vulnerability to Social Judgement and Rejection

Another form of vulnerability which emerges from several interviews, is vulnerability to others' opinions at times when, due to lack of experience, participants are uncertain about choosing the best way forward. For example, Briony states that:

"I think, that, when you feel lost for answers, I think you try, or I try to clench on to anything that kind of, helps my way and certain opinions or views can

sway you much, much more, even if they're perhaps not, worth giving as much weight to as you as you do-" (PBP2:7)

For Briony, this is experienced as a form of vulnerability, as she explicitly states: "I'm the kind of person that's very vulnerable to advice and opinions" (PBP2:17).

Chrissy's ENU contains perhaps the starkest example of vulnerability to others' opinions, as she acquiesces passively to others' opinions and demands regarding her baby's birth and her postnatal aftercare, out of a combination of exhaustion and feeling unqualified to make good decisions for herself (see decision-making theme). She expresses what this was like for her in the following way: "...when I get into that situation in my mind, I just, it was just horrible, and, I felt really really really vulnerable. And, I didn't trust myself..." (PCP2:10).

As well as being vulnerable to being unduly swayed by others' opinions, several participants (Briony, Ellen, Frida, Hannah and Irene) described a vulnerability to criticism and/ or social rejection, in the sense of being more sensitive to, fearful of and/or upset by it than they would like. For example, Frida perceives herself as vulnerable to social criticisms in ways that she cannot control: "Maybe it was just me. Maybe I'm just not very good at making friends (P laughs)" (PFP1:36). There are attempts to minimise the significance of her hurt feelings, for example her laugh at the end of the quote above. However, this served to create the impression to me that she was in fact vulnerable in this area, and her response when talking about a social media message which was ignored, and later her tears in relation to this experience, gave the interpretation of vulnerability more weight.

The involvement of social judgement in the ENUs is discussed further under the Maternal Decision-Making (MDM) theme below, however, it also relates to a fear of doing the wrong thing, or failing to do the best thing, for their babies in a given situation. This fear is central to Briony's deliberations about the meaning of her decision to end breastfeeding:

P105: Yeah, so I think there's, a lot of guilt in that, there's a lot of, erm, self, I almost want to say self-flagellation I suppose. Erm, punishing yourself in way and saying, "Well, you know you didn't do the best thing for your baby." And

then I think, the real question is did I try hard enough? Was I, erm, you know I think maybe did I get lazy at some point? Did I?-

R106: -So you're, kind of both guilty of not stopping soon enough and not carrying on longer?

P107: Yeh. So, exactly, so...yeh. You feel like, could you have done more? And then, I mean, I think, I guess the hardest thing around the whole thing is if you start to question then, "Well, could something fundamentally have changed in our relationship if we had managed to establish the breastfeeding relationship/"

(PBP1:105-107)

Vulnerability to Unwanted Thoughts and Feelings

Stating their desire to do the best for their babies, and fear of failing, can serve to connect participants to social narratives of what good mothers do for their babies, but this should not obscure the possibility that it is also an (in my interpretation, deeply felt) expression of maternal love and commitment. Briony's willingness to sit with this unresolved question of whether she had done enough, to allow herself to be vulnerable to the painful thoughts and feelings it provokes, can itself be seen as an expression of her love for her baby. The next few lines of the interview demonstrate her sense of exposure and also the limitations she places on it:

R108: What are the losses (Yes), potentially? *[to herself or her son as a result of ending breastfeeding]*

P109: Besides, I suppose, nutritional aspect, is there a bonding aspect? Is there something else? Now, in some ways as a mum you almost can't let your mind go there because, you can't, well I can't imagine loving my child more than I love him. Erm, and, it's, it's a very difficult and painful thought to think perhaps a mum that breastfeeds her baby loves her baby more than I love my baby. I can't imagine that to be true. Erm, but-

R110: -But there is a sense that on an emotional level that fear being, almost a precipice that you just can't afford to fall off?

P111: Absolutely, oh absolutely yes.

(PBP1:108-111)

Exposure to unwanted thoughts and feelings therefore constitutes another level of vulnerability associated with experiences of not-understanding, in addition to the other kinds of vulnerability-inducing situations, such as poor physical health or exposure to social rejection, described above.

Vulnerability to Loss

Another consequence of the participants' attachment and commitment to their babies, was the participants' vulnerability to loss, particularly the loss of their babies. The significance of loss and death in the ENUs will be discussed in more depth below in relation to the theme of Connection/Disconnection, but Grace's interview will be considered here as an example of a complex relationship between the vulnerability of participants' babies, and their own exposure to the experience of loss.

Grace's interview stood out for me, partly because it lacked a sense of here and now vulnerability, despite some quite harrowing content. Her ENU concerned her happiness in the midst of finding herself in an extremely difficult situation. The social worker informed them that the baby they had been looking after since soon after her birth might be removed from them, because a relative of the baby had stepped forward to be considered for custody. Grace and her husband were given the choice of giving the baby back to the care of the state ("ending the placement" in adoption process jargon), or continuing with the possibility that it might be ended down the line. The interesting thing is that the emotional centre of her narrative, is not a confrontation with her vulnerability to the possible loss of this baby, but rather her sense of happiness:

"Well I think it was difficult to get my head round how happy I felt [P laughs] at the time, although I think, it makes sense on one level, erm, having the

possibility that you know, you might lose the child that you're caring for, you know you think, it's, you're going to be pretty unhappy. But, erm, I was really happy.”

(PGP1:86)

Her lack of present vulnerability was also indicated to me by her evenness of tone. The disjoint between this lack of vulnerability and the context of the dilemma of such magnitude struck me so much that I asked her about it in the interview, to which she responded:

“Oh no definitely did, erm, you know I had [baby] in my arms, the social worker was sitting there and, erm, talking to me about it telling me about it and, yeah I did start crying at the time. So you did do quite a bit of crying I think. Erm, and I do feel, er, that upset a little bit talking about it, but it's, it's a really strange mix because, erm, it was, it was also probably one of the most [P laugh voice] positive experiences strangely, erm, that I'd had..”

(PGP1:58)

She indicated that her happiness amidst the prospect of losing the baby was associated with a relief at discovering that she was already committed to the baby to such an extent that she could be guided by it. This presented a clear, if not easy, answer to the dilemma, in contrast to previous dilemmas thrown up by the adoption process. My interpretation (although it is not the only one possible) was that there was perhaps more to her not-understanding of her happiness. I wondered if there was a difficulty in fully grasping the strength and power of her experience of love and commitment towards this particular child. Because of the legalistic language of the adoption process (“I was given the choice of ending the placement”*), and its demand that she remain open to the possibility of losing custody of the baby to its biological relatives, it is possible that Grace had been denied the space, or perhaps, the permission, to fully articulate and make sense of her love.

This love both entails vulnerability and is protective against it. It gives her power of conviction but also raises the prospect of personal loss in a way that she minimises (“We weren't interested in ourselves in that, we were just putting her first.”

(PGP1:84)). So either one might interpret that there was vulnerability in articulating her own stake in the situation, and the power of her love, to the point where it was minimised in order to help her to manage a very difficult situation. Or one might say she did not feel vulnerable, only that the baby was vulnerable, and that suddenly she had some limited power to protect that baby from further disruption.

I wondered, in this context, and also in the light of her stated dislike for possessive descriptions of parental commitment (“I suppose I still feel like, she's not my child, that, that just like (OK), our erm, nobody's anyone's, she's not my possession, do you know what I mean?” (PHP1:97), if the experience which could not be articulated was that of belonging, and perhaps this was related to the vulnerability of potential loss. This will be discussed further in the Connection-Disconnection theme below.

Relationship between Vulnerability and Not-Understanding

In Anderson's (2013) definition, vulnerability and significance are linked because, in the experience of vulnerability, that which is significant cannot be protected. It is possible that vulnerability featured so much in this study of not-understanding because of the particular situation of new motherhood (for example, because of the overwhelming sense of responsibility combined with a lack of experience, vulnerability of the baby, physical vulnerability of pregnancy, childbirth and recovery, adjustment to changes, etc). Alternatively, it may be the case that uncertainty of meaning is inherently vulnerability-inducing, or that experiences in which we feel vulnerable put extra pressure on emotional processing mechanisms, giving rise to experiences of not-understanding. The evidence of this study is suggestive of a number of possible relationships between uncertainty of meaning and the experience or perception of vulnerability.

Firstly, uncertainty may have undermined participants' ability to decide how to protect what was valuable (especially their baby's wellbeing). This seems to have been the case for Briony when she struggled to make sense of her decision to offer her baby formula, partly because it was impossible to know whether her baby would ultimately be better or worse off as a result.

Secondly, a number of ENUs involved situations where the participants and/or their babies were already vulnerable in some way. For example, Dinah's experience of not-understanding concerned her display of vulnerability in front of her mother. The fact that her mother responded in a way which the participant could not understand, and which failed to acknowledge or address this vulnerability, led to her feeling even more vulnerable. It is plausible therefore, that existing vulnerabilities raise the stakes, and thereby the significance, of the experience not understood.

Thirdly, the very fact that meaning is ambiguous may in itself raise the perceived level of threat and/or the person's perceived ability to combat threat. This may have been the case for Hannah, because she had expected to have more control over her son's feeding behaviours, and not understanding them made her feel out of control. She says:

P14: Erm, I think, and I think going back to the crux of it, what's the issue, I just hate the fact that I don't know. You know, and obviously [baby] can't communicate, and [baby]'s probably finding it frustrating coz there's, maybe something more than just erm, [baby] not liking it, maybe there's a reason why [baby] doesn't want to eat. But I'm like "Just eat, just be like everyone else, just eat" It's just frustrating.

R15: That 'why can't you?', yeah, and not being able to-

P16: Not being able to control it, yeah

(PHP1:14-16)

Finally, uncertainty of meaning may itself be deemed significant because some or all of the interpretations on offer have the potential to increase vulnerability in different ways, for example by supporting identity positions which are experienced as shaming. This appears to have been the case with a number of the narratives (especially Briony, Ellen, Frida and Hannah), where identity positions coalescing around ideas of competence and good mothering on one hand were being weighed and negotiated against oppositional identity positions incorporating ideas about neglectful or incompetent mothering. The participants experienced themselves as vulnerable to the extent that their interpretation of events supported the more negative positions. Although the emotion of shame was not mentioned explicitly by participants, it is plausible that it may have been playing an important role. For

example, after she has taken the decision to end feeding, Briony is left with the possibility that she made the wrong choice, and that she is therefore an inadequate mother whose child would have been better off with someone else. This makes the unsettledness dangerous, inducing the experience of vulnerability.

Section 2 Summary

Experiences of not-understanding were associated with a range of feelings, from shock, trauma and overwhelmedness, to lostness, messiness and surprise. For some participants, being in the midst of an experience of their not-understood experience was associated with the distortion of lived time, for example feeling that it was blurred, or that there was less psychological space because there was so much going on. The experience of vulnerability was ubiquitously associated with experiences of not-understanding, however the evidence suggests that this relationship was rich and multi-faceted. For participants in this study, vulnerability was experiential rather than based on external assessment, and denoted exposure or sensitivity to forces, ideas or situations which had power over them. Vulnerability was associated with lack of control and/or agency, and the increased power of uncontrollable elements and/or their own powerlessness. Not understood experiences related to participants' sense of how vulnerable their babies were, their own embodied vulnerability following childbirth, their vulnerability to social judgement and rejection based on the decisions they made as mothers, and finally, their vulnerability to loss. These were bound up with themes of control, competence, and love. Participants generally felt less vulnerable in the present than at the time of the ENU. Vulnerability was both a marker of their readiness to speak, and also a measure of how urgent it was to resolve the not-understood experience.

Four possible mechanisms by which vulnerability and not-understanding may be contingent on each other are suggested. Firstly, the sense of not-understanding what to do in a given situation increased participants' sense that they and/or their baby were vulnerable. Secondly, the stakes were raised, and significance therefore increased, where participants experienced not-understanding in relation to a situation where self or baby were already perceived to be vulnerable. Thirdly, ambiguity of meaning may itself have increased participants' perception of vulnerability to the extent that it was appraised as threatening. Finally, when faced

with a choice of how to make sense of an experience, some interpretations may be viewed as more vulnerability-inducing, if, for example, to the extent that they threaten participants' identity or values.

Section 3. Differentiating not-understood experiences

Five distinct senses in which experiences were not-understood were identified. Firstly, I will describe how experiences of not-understanding functioned as a means of avoiding feared phenomena, and also how not-understanding emerged as a form of bearing witness. Not-understanding in the midst of decision-making, and not-understanding what is left over after an experience of decision-making, will then be discussed under the Maternal Decision-Making theme. Not-understanding as the search for connection with others will then be discussed in relation to the Connection/Disconnection theme.

3.1. Not-Understanding As A Means of Avoiding Feared Phenomena

The interpretation that experiences of not-understanding were functioning as a means of avoiding feared phenomena emerged through two aspects of the analysis: Analysis of that which seemed significant but unsaid in the interviews, and analysis of the Connection/Disconnection theme, which included the conclusion that some participants were actively, deliberately disconnecting themselves from aspects of their experiences. The broader theme of Connection/Disconnection is explored below, but the relevant aspects of this analysis are included here.

Sometimes responses to the question of what, if anything, was not being said, occurred to me during the interviews, or in the break between the first and second parts of the interview, and in these cases I was able to take my interpretations back to the participants to get their feedback. So, for example, in part one of Dinah's interview I found myself feeling angry on her behalf, though she did not name anger. I asked her tentatively in part 2 whether anger was part of her response. She then very candidly admitted that: "I haven't used that word to anyone yet but I am, I am feeling angry actually, when you say angry yes, that's, that's a feeling that's there" (PDP2:18). In this case, Dinah's not-understanding may have been related to a fear

of acknowledging what felt like a threatening emotion, in the context of her desire to protect her mother.

Irene's interview was perhaps the starkest example of what was not being said dominating the narrative. She stated: "I would say the last six months have been quite, like, yeah, traumatic really has been the word." (PIP1:2), and used the word 'traumatic' a further eight times to describe her experiences. I assessed that it would be potentially harmful for her if we proceeded to unpack traumatic memories in the context of a research interview. I therefore suggested that we focus on her engagement with the experiences as a whole. In this I colluded with her stated desire not to engage too deeply with what she had been through. Although this was both ethical and relevant to the research concern, it did serve to accentuate the sense of hidden danger in the narrative.

Irene's story involved a number of instances of disconnection, from her mother and husband in particular, in the wake of her transition to motherhood, underscored by her physical disconnection from home. Her general sense of insecurity was also heightened by a succession of difficult, mistrustful relationships, from abusive partners in the past to abusive contracted builders in the present. This was contrasted with the sense of connectedness to her son which she described, both through knowing him and his ways, and through her enjoyment of breastfeeding him. However, it was how to tackle the complexity and totality of multiple traumatic and stressful events which was the focus of her experience of not-understanding. She described a profound and deliberate disconnection from herself, when she says that:

"[T]hat's something I think, I felt a lot, like if I was to really get in touch with really how I feel, I think I could have a bit of a breakdown."

(PIP1:38).

Although Irene made a number of statements indicating that she intended to try to understand the impact of her experiences, this was clearly a risky endeavour. I asked her what was stopping her from allowing herself to engage with the traumatic experiences. She responded:

"I think it's the fear, like I think/ So when I was at high school and my sick phobia was really really bad, and I just felt so awful all the time, and I don't

ever want to be like that again. And, I think, like one of the things that really upset me when I had the forth miscarriage was that I, like worked so hard on myself, to get like physically and mentally back, like after the third one, and I just felt like "Oh", I remember when they told me that there wasn't a heartbeat on the baby, and I said, "I know what's to come now" and I think it's just, it's the fear of that psychological pain I think. I think as well if I didn't have like that narrative, I kind of feel like it sort of lets me off the hook a little bit. I don't know does that make sense? Like it kind of stops me sort of, like..I don't know like it's a kind of way of like sort of..explaining that I'm not a bad person, like-“
(PIP1: 44)

Not-understanding for Irene, then, is a way of maintaining a state of disconnection from her own experiences. This is her defence against psychological disintegration. Her questioning of her own motives serves to re-inforce the sense that something feared (i.e. an imagined guilty self who does not deserve to be 'let off the hook' for their behaviour) is being kept at bay. However, she suggests that she cannot maintain this disconnection indefinitely: “Like it's like lapping, you know when you- [Gestures hand to chin level]” (PIP1:36).

For Irene (and perhaps Dinah too), the act of keeping something at bay by not-understanding was embodied in the act of not naming it. What is not being said is vague, mysterious and yet substantial and explicitly talked around:

“Erm, like to me "it's just everything. (yeah). Erm, you know I don't know if I could put it into a word (no) or a sentence. It's just like, it feels to me like, everything that's happened and everything that is happening, like a bit like a, like you know those erm, paperweights where they're all like swirly inside? To me that's "it". Does that make sense?”
(PIP1:90)

This speaks to the conjuring function of narrative, whereby experiences can be given power, paradoxically both by naming and by not-naming them. Whereas articulation can render an experience more powerful and vivid by means of the richness of the imagery used, leaving something significant but not said, for these participants at

least, kept them in a state of anxiety, with the experience of not-understanding as a kind of ante-room to their chamber of feared experience.

3.2. Not-understanding As A Bearing Witness

Chrissy and Grace's narratives both functioned to bear witness. In Chrissy's case, the act of bearing witness to her hardship was part of what enabled her to move beyond her experience of not-understanding. In Graces' case, however, not-understanding itself functioned as a form of bearing witness to something mysterious. At the centre of Graces' story is a love which she values highly enough to open herself to the possibility of profound loss and pain. Her happiness at discovering that she can be guided by this love in a moment of deep distress, is not-understood in the sense that it is wondered at: "Erm, yeah maybe I was surprised by my level of feeling protective towards her, after such a sort period of time (mm) maybe" (PGP1:230). This is not a troubled wondering, however, in fact, not-understanding in this context takes on the air of a revered mystery.

"It was kind of good to look back on it all. And..coz I do feel the emotion there, but you know in a way, that's a positive thing, I really feel that kind of [p laugh]. Well maybe it's more moved really than distressed." (PGP2:2)

She does not move to puzzle it out, fix it or otherwise resolve it. Her response is, rather, to bear witness to it through her story, and through what she describes as the "heart opening experience" (PGP1:214) of caring for her daughter.

3.3. Not-Understanding In The Midst Of Decision-Making

Maternal decision-making, defined here as decisions concerned with the care and welfare of participant's babies, was selected as a meta-theme because making, living with, and/or being judged on such decisions frequently provided the common narrative structure of crisis-dilemma-(partial) resolution of many of the participants' ENU narratives. As well as featuring as a main theme, maternal decision-making was implicated in a broad range of sub themes, including control and competence, criticism, uncertainty, responsibility, agency, competing narratives, guilt, feeding, and engagement with health professionals. Competence and control in particular could

have been selected as meta-themes, but these concepts are equally usefully viewed as aspects of decision-making.

From the analysis of the theme of Maternal Decision-Making, two distinct senses of not-understanding emerged: Not-understanding in the midst of decision-making and not-understanding what is left over after a decision has been made. Not-understanding in the midst of maternal decision-making was characterised by enhanced potential for both significance and uncertainty. Several drivers of significance are discussed below, which rendered the experience of not-understanding highly charged in the context of Maternal Decision-Making. I will then consider the evidence that that which was left-over from decision-making also constituted a sort of not-understanding.

Drivers of significance: More Care and Responsibility, Less Certainty and Control

Maternal decisions were frequently the source of conflict, and the stakes involved were typically perceived as high, because the long and short term wellbeing of the babies was involved. The stakes were elevated by the new sense of responsibility which participants felt for the welfare of their child, combined with the vulnerability of the babies to all sorts of threats, as discussed above. Beliefs about the participants' own maternal identity (especially notions of competence) were also being negotiated. However, the increased responsibility was not necessarily matched by an increase in control over the situations at hand. Certainly, some participants stated that they had expected to have more control over the situations they were faced with. Having researched and made decisions in advance about how to feed their babies, for example, Briony, Ellen and Hannah had to adapt their approaches when their babies did not fall neatly in line with their decision to breastfeed. Hannah explained how her expectations of control fuelled her anxiety:

“I just kind of had this image of [breastfeeding] just kind of working and I just thought, 'I'm not going to have problems, it/ we'll just breastfeed and that's how it will be.' So, that was probably a good example probably of how erm, one of the themes for me has been a lack of control, and I found that really hard.” (PHP1:4)

Grace's ENU constituted a counter example to the idea that maternal decision-making was associated with a lack of expected control. Her ENU concerned a particularly high-stakes decision of whether to end the placement with her adoptive baby. Decision-making was a main theme, but not in the sense of doubting one's own judgement (at least this was unsaid if it was experienced). Despite the fact that she is not in control of whether the baby she has been caring for will end up staying with her, Grace maintained a sense that she was in control of the decision of whether to continue with the placement. This gave her, perhaps a sense of power if not control, perhaps a sense that she was clear about the role she was prepared to play in this child's life. Whether this translated into a sense of competence, however, is not clear as this was not explored.

Drivers of significance: Social Expectations And Good Mother Identities

Initially the loss of expected control seems to have provoked a crisis of identity for these participants, on top of the more urgent crisis of the need to keep their babies fed and well, as they lost the power to align themselves with dominant public narratives about what good mothers do for their babies. This was demonstrated when Briony painfully questioned whether her baby would have been better off with a different mother (PBP1:43). This should not be interpreted as an argument that participants' need for control in these examples was associated predominantly with a desire to *appear to be* a good mother, but foremost, a desire to *be* a good mother, especially meaning to protect their babies from harm. Public narratives about good mothering constituted a way of knowing, or understanding, whether or not they were doing this. This reliance turned out to be problematic, however. The gap between publicly sanctioned best practice and the decisions which actually seemed to be best for them and their babies, combined with the uncertainty around long term consequences, prompted several of them to challenge such narratives, and opened them up to potential criticism (a second link to vulnerability).

Ellen in particular struggled to make sense of both actual and potential criticism about decisions with which she otherwise felt confident. Her vulnerability to criticism and its effects on her constituted her ENU. She found herself feeling anxious in response to criticism (both actual and predicted), rehearsing the arguments in her head to check and recheck that she was happy with her decisions, and feeling

somewhat frustrated that such instances had the power to make her question herself. The approval and support of friends was relied on as a source of validation for her decisions (albeit a secondary source to her own gut instinct and feedback from her baby), but it also maintained her vulnerability to potential criticism, and fed her anxiety about incurring disapproval.

Amongst the worst criticisms she could hear was the accusation “that people think you're neglecting your child” (PEP1:30). This was discussed in relation to an incident where a friend questioned her method of putting her daughter down for a nap. The friend had remarked that she was surprised and impressed at her strictness, but was she not worried about the long term effects of letting her baby cry? This description of her method and its implications were strongly rejected by the participant and experienced as negatively judgemental. The ambivalence stirred up by the experience, between confidence in her judgement and feeling the need to defend it, were subsequently re-enacted in the interview, suggesting that the tension remained unresolved to some extent:

R37: I guess/I guess it's what/it's where it leaves you (yeah) and I'm wondering, as you're sitting here talking about it, what that's like to be actually navigating that right here and now [...]?

P38: Well, I'm still happy with my decision that I'm doing the right thing for her. I'm gonna continue to do the same thing and I'm not worried about long term effects on her because she is such a happy baby. It is just that she does get upset when she is over-tired and she is gonna get upset about things as she gets older [...]I'm not worried about the fact that she cries as she falls asleep when she's over-tired. I think that I'm worried/I'm worried about the judgement but I think hopefully I'm gonna just, sort of, say y'know, I know she's gonna fall asleep, I will go and check on her in a minute.

R39: So in terms/in kind of, if you like, replaying the argument (yeah) and exploring that, what/does that/what's that like? Does it change (I don't know actually) does it get you to/do you come round to a more confident place? Does it (erm) throw it up again a bit?

P40: It throws is up again a bit, probably. Probably makes me think, like, am I still/am I actually one hundred percent confident in it? But I know in my heart,

yes I am and I'm not going to change anything so maybe it's made me reflect on it and feel like...I definitely don't feel silly for being upset in the first place because I don't think it was/it wasn't fair to, to sort of make me feel judged... (PEP1:37-40)

Being attacked leaves her feeling defensive, frustrated and anxious, and she oscillates between different versions of how vulnerable versus protected she is from this pain.

As Ellen's example illustrates, maternal decision-making was frequently bound up with maternal identity. In particular, viewing oneself as competent and, to a greater or lesser extent, being viewed by others as competent, was revealed as an important value for many participants. Having to make important decisions in a climate of uncertainty, and crucially for Briony, Ellen and Hannah, without the control that they had expected to wield, and had been told that they should expect to wield, left them struggling to retain a sense of competence, and feeling the need to defend themselves against shaming charges such as that of neglectful mother.

Drivers of significance: "Wanting to do the best by my baby"*

The injunction, whether experienced as their own value, something externally imposed, or both, to always do the best thing by their babies drove the sense that the stakes were high:

"[W]hat being a mum really gives you a whole other level of, erm, I don't know I suppose some people call it maybe guilt? But also sort of judging yourself, double checking with everything whether you/ what you're doing whether it's right, or, erm, and I guess questioning it a lot, so I think, that's the other thing that's played a big part for me in being a mum is, questioning whether I'm doing the right thing whether I'm doing the best thing for my child, and I think you so desperately want to go right for them so, erm, I think that's played a big part in it as well."

(PBP1:2)

The proliferation of competing narratives about 'what is the best thing to do', combined with the impossibility of ever knowing for certain what the long term

outcomes of decisions would be, created a particularly uncertain landscape. Frida captured the essential uncertainty, unknowability of long term consequences, and potential high stakes (and potential for maternal guilt), involved even in smaller, everyday decisions:

“You don't do you [know what the right choice is]? As I say, you've no idea, even my mum now... she always says "Oh you know mother's guilt it never leaves you, and you always wonder, whether you've done the right thing" and, said the right thing and (P laugh voice) am I damaging my child by, letting them watch Peppa Pig for ten minutes while I make tea? It's like, you just don't know do you? That's the hard thing, not knowing? That's the hard thing.”

(PFP1:46)

Expert advice offered by health professionals constituted one particular source of narratives about best practice. There is a sub-theme running through Briony, Chrissy, Ellen and Hannah's interviews about the rejection of previously relied-upon sources of external expertise, and the embrace of a more baby-led, self-confident approach to decision-making as part of their transition. For Briony, Chrissy and Hannah in particular, this transition was precipitated by a feeling of having been disappointed or let down by expert advice.

3.4. Not-Understanding What's Left Over: The Hermeneutic Choice

Taking the practical decision about what to do in the initial crisis situation was only part of participants' stories of not-understanding. It was how to live with their decisions amidst such an uncertain and sometimes critical social environment which really required resolution. For Briony, Ellen, Frida and Hannah in particular, practical maternal decisions (for example of when to end breastfeeding/ whether to introduce television/ what foods to offer and when) triggered a second, more problematic decision, which I will call a '*hermeneutic choice*'. Participants were left with a sense of not-understanding arising not so much from the practicalities of the decisions, (which had, after all, been made, and made, they felt, in good faith) but from the plurality of potential interpretations of the meaning. The need to choose a version of the truth – about what happened, what the consequences were likely to be for their babies, and what that meant for (in this case) their identities as mothers, is the choice about which these participants struggled, and which was being negotiated

through their interview narratives. Even where participants stated that they were broadly confident that they had made the best decisions they could at the time, this 'hermeneutic choice' was more difficult to resolve, and had the potential to be associated with continuing anxiety. Briony and Ellen in particular described a process of having to negotiate the hermeneutic choice again and again, every time they were confronted with a reminder of the initial decision, and this perhaps speaks to the live, present quality of meaning being negotiated during the interviews.

Active Negotiation of Hermeneutic Choice in Interviews

Determining participants' identity positions proved to be an effective shortcut to discovering and articulating the individual nature of the conflicts of meaning in which they were caught up. One gets a sense, for example, of what is at stake for participants as they negotiate these conflicts, and the insights gained from this analysis also contributed to the identification of themes. For example, four identity positions were identified in Briony's story, which represented two sets of tensions. 'Successful Manager of Tensions' versus 'Anxious Manager of Tensions', and 'Loving Mother' versus 'Incompetent Mother'. 'Successful Manager of Tensions', was the dominant narrator identity position, and can be summed up as active, competent and reflective. Speaking from this position, Briony emphasised her capacity for reflective self-awareness, for balancing the emotional with the rational, and for being able to acknowledge and accept uncertainty, and a nuanced version of events:

“[...]ou have to accept that there's times when it's quite mundane and quite boring as well, and erm, quite difficult. But there are other times when it's just wonderful and fulfilling. So, yes, it's really mixed, you can go through all the emotions in one day really, as a mum.” (PBP1:2)

She asserts her own expertise, reflecting on her difficulties from a point of view of having resolved them, and believes that she has been able to derive useful insights which she would like to share with others. There is a sense of her being in charge, including being in charge of the meaning of her experience, as she explicitly chooses to “try to use my experience positively” (PBP1:27) by supporting other new mothers who may be experiencing similar problems, thereby creating a 'growth journey' style narrative. The listener is to be reassured that this person is competent, emotionally

intelligent and in control, but also able to tolerate and acknowledge the fact that she hasn't, and doesn't, always feel this way. In this position, she rejects her own tendencies towards perfectionism, instead striving for greater understanding of self and of others (PBP1:33).

The Successful Manager of Tensions was in tension with the 'Anxious Manager of Tensions'. This self was described in the past tense, when the participant was in the midst of the "no-man's land" (PBP1:127) of the ENU, and later, when confronted with reminders (for example, seeing other women breastfeed). In this position, Briony was preoccupied with questioning herself and the situation, and seemed more vulnerable, alone and responsible but without a clear sense of the way forward. From this position, the feared identity of 'Incompetent Mother' seemed to be more of a threat. But it was also driven by 'Loving Mother' motivation, in the sense that she wanted the best for her child.

In the 'Loving Mother' position, Briony emphasises how the importance of her child's wellbeing drives her thoughts, feelings and actions. She states that "I can't imagine loving my child more than I love him" (PBP1:109), and that "you so desperately want to go right for them" (PBP1:2) It was a more passive voice than the manager positions, in the sense that she positioned herself as beholden to the motivation of love for her child. Being a loving mother sometimes sounded like an unobtainable ideal, to the extent that it was associated with being perfect and always making the 'right' choices, yet not knowing what those right choices were:

"[t]hat's the other thing that's played a big part for me in being a mum is, questioning whether I'm doing the right thing whether I'm doing the best thing for my child." (PBP1:2)

At other times she was able to accept that that she was good enough, and to more fully embrace the identity of loving mother without the anxious self-questioning:

"That's, you know if he's smiling, he is putting on weight, he's healthy, then probably I'm doing OK. So, erm, and you have to kind of stop at that, because you'll never/ I don't think there is such a thing as being a perfect parent really." (PBP1:47)

Undermining the 'Loving Mother' position was the feared shadow of 'Incompetent mother'. From this position Briony questioned whether she was guilty of laziness or poor decision-making (PBP1:105). She asks, painfully, whether she might love her son more if she had continued to breastfeed, and wonders if he would be better off with a different mother. She does not fully identify with this position, but it is there as a dark and present (if progressively more distant) possibility. The implied listener from this position is a critical judgemental other who condemns her as a mother.

Based on this analysis, it is clear that Briony's experience of not-understanding concerns the question of her competence as a mother, including whether it can be determined in an ultimate sense, who should determine it, and how far competence can be guaranteed by love. This is her 'hermeneutic choice'. The identity positions embody the different perspectives available to her, and by setting up a narrative dialogue between them, the notion of competence is actively renegotiated to become something more realistically obtainable.

3.5. Not-Understanding And The Search For Connection With Others

The final sense in which not-understanding was manifest in the interviews was the sense in which not-understanding was bound up with a search for connection with others. This emerged from a more broad analysis of the theme of Connection/Disconnection, which is presented below.

Connection/Disconnection is an umbrella term for a number of relational issues which came up for participants, such as commitment, bonding, friendship, and isolation, as well as connection/disconnection with self. Connection/disconnection emerged as a theme, sometimes in relation to participants' babies (for example Briony, Grace and Hannah), their friendship groups (Ellen and Frida), their own mothers (Dinah and Irene), their partners (Irene), and/or their own experience (Briony, Chrissy, Frida, Hannah and Irene). The psychological implications of experiences of connection and disconnection were significant for participants, so much so, that they appeared to be driving participants' motivation to understand that which was not understood in various ways.

The development of strong social connections play a role in the ENU narratives of Briony, Ellen, Grace, Hannah and Irene. For example, Ellen's connection with her

close-knit group of mother friends, and to a lesser extent, her family, was presented as the protective bulwark against postnatal depression. Part of what was not understood by her, was the extent to which this sense of connection could mitigate her feelings of vulnerability to criticism and judgement. Frida and Dinah struggled to make sense of experiences of social disconnection. They both felt vulnerable when their attempts to gain support by connecting with others failed.

Several participants (Briony, Chrissy, Frida and Hannah) connected emotionally with their experiences of not-understanding during the interview, and this connection brought them closer to a sense of resolution. By contrast, Irene's not-understanding constituted a deliberate disconnection from her experience.

Love can be thought of as the ultimate form of connection, and the development of a loving bond with their babies was a sub theme in Briony, Grace and Hannah's stories in particular. Grace's ENU concerned her discovery of the strength of her connection, in the sense of commitment, to her child, in the face of an uncertain future. Briony worried that she and her son might have lost out on a bonding opportunity because of her decision to introduce formula. Hannah worried about the implications of not understanding her son's feeding behaviour. For both Briony and Hannah, resolving their sense of not-understanding in part involved learning to trust the relationship and connection that they did have with their babies.

In most cases (with some notable exceptions), participants wanted to feel connected, and experienced disconnection as anxiety provoking. Connection meant love, openness, belonging, commitment, and emotional engagement, as well as relatedness to a support network. It may have had particular meaning in the context of new motherhood because of the processes of attachment and bonding. Disconnection stood variously for loss of self/other, abandonment of self/other, isolation, and death.

Openness to Love Required Openness to Not-Understanding

For Briony, Hannah, Grace and Ellen, loving care of their babies required them to reach for understanding about their babies' needs, to maintain a sense of connection with them, and ultimately to decide on an interpretation of what was going on for them in order to decide how to act. But there was always an element of uncertainty, and the possibility of loss, with which this reaching for understanding brought them

into contact (For example PHP1:90-92). Participants sometimes found their babies' behaviour to be mysterious, not least because they couldn't speak. Their needs sometimes defied attempts to be understood or met, even when participants were spending the greater part of their time and energy time tuning in to them. At the same time, these participants had a conviction that they were better placed than anyone else to understand their babies. They therefore had to negotiate the territory between understanding and not-understanding, being unable to afford to stand too firmly in either camp, exemplified by Briony's image of "no-man's land" (PBP1:127).

For Grace, the relationship between connection, loss and uncertainty was accentuated in the context of adoption. We were both moved as she expressed the nature of her commitment in the following way:

"I suppose in thinking about that, that erm, well lots of people make those decisions that, they just want to have the experience regardless of the fact that it's going to be painful. (mmm). They, they want to have that connection despite the fact that it's going to be hard. And you know, [baby] might choose/ and you know when you're adopting, that you've got no guarantees, you just parent them to the best of your ability, and they might choose to then say, "Well you're not my parent", they might choose to then go and find their birth parent."

(PGP1:164)

To love, to be open to connection, was for these participants at least, also to be open to disconnection, and to the experience of not-understanding.

Not-understanding was the state in which participants were motivated to understand and overcome barriers to connection.

The experience of disconnection from others, and the desire to feel connected to them, motivated participants such as Dinah and Frida to try to understand barriers to this connection. In between disconnection and connection lay an experience of not-understanding, which for these participants was marked by a sense of groundlessness, lostness and isolation.

Dinah already felt isolated by physical pain and exhaustion a few days after her baby's birth, when she chose to show her mother how vulnerable she was feeling by

crying in front of her (something that was highly unusual in their relationship). She attempted to rationalise her mothers' lack of response; "I thought that she was not, that she was ignoring me, because she didn't want to embarrass me" (PDP1:30), but she nevertheless felt deeply hurt and confused.

Dinah could not understand why her mother could not offer emotional support, eventually admitting that she felt angry with her, because "It's not really, really good enough" (PDP2:18). The nature of her engagement with this not understanding was to endeavour to reach for an interpretation which would contain both a defence of her mother's behaviour, an acknowledgement of her cruelty (however unintentional) and the pain of Dinah's own response, while also retaining the potential for reparation of the lost connection between them. However, the lack of communication channels between herself and her mother left her grasping for clues, endlessly attempting to bridge the gap between them by trying to explain her mother's behaviour. Being caught up in this endeavour seemed conversely to emphasise the disconnect between them, exacerbating Dinah's sense of isolation:

"I think she feels a bit like I'm rejecting what she wanted to offer. Erm, so yeah there's a bit of, there was a bit of sore feeling with her on her part anyway, and I've got my little bit of sore feeling, and so, sort of, kind of muddling on now. [...] I don't think we can really have a chat. It's not/ she's not that kind of person that you can have a chat with. But we need to just kind of spend more time together I think it will just get repaired. Erm, but yeah, that's a real disappointment. When I say disappointment, that period, it's both in terms of how I was physically, and how that relationship with my mum has gone."
(PDP1:38)

Frida also began from a position of isolation, being geographically distant from friends with children. She joined a baby group with the expectation that she would find instant friendship based on shared experience, however, she found that "I've always felt a little bit disconnected from [the baby group]" (PFP1:18). Her failure to connect with the group disturbed her, and she too became preoccupied with trying to understand and explain the behaviour of others, in what might be termed a *why* mode of engagement with not-understanding:

“I come away from those like full group meetings just feeling like..like I'm on the edge of it, erm..and it's a strange feeling, of like, is it because, is it because like, am I sort of being punished because I was, amazing and they're jealous? Am I imagining it? Or is it because, as I said to you before like, with other people's kids pre children, I was always like "Ooh I don't really know what to do", and even though I've now got my own child, I'm still a bit like that with other peoples, so I don't know if I'm just not getting stuck in.”
(PFP1:26)

There was a powerful sense of groundlessness in her descriptions of what it was like not to understand: “it just has that feeling of like you don't quite know like what the dynamic is” (PFP1:18); and, “It's that kind of, uneasy feeling. Don't know what's...don't know where I stand in all this.” (PFP2:96). It is not quite clear whether it was the sense of rejection itself which was more disturbing, or the fact that she was at a loss to make sense of it.

Feeling not-understood by others was significant and painful, prompting a not-understanding in the why mode of engagement.

One interpretation of Frida's sorting through these possible versions of herself as seen through others' eyes, is that the experience of social disconnection included the sense that she was not herself understood, in the sense of being acknowledged and recognised. The problem solving state of why mode of engagement, for example 'why did this happen?', 'what did I do?', can be seen as an attempt to bridge this gap. If one feels not understood, perhaps there is a felt loss of the self. Asking for an explanation for others' behaviour then becomes a proxy for asking to be recognised and acknowledged.

When, during the course of the interview, she gives herself this recognition, a sense of connection returns. Not connection to the group, but something perhaps more sustainable and reliable: connection with her own values and her daughter. This is what enabled Frida to begin to move beyond her experience of being stuck in the 'why' mode of engagement with something not-understood during the interview:

P100: Erm...yeah, I feel like everything's a bit firmer, and I feel like talking, just today actually and realising, is that I almost need to put the [baby group]

to one side, and if I end up meeting up with them, fine, and, I'll just take it for what it is. But actually like, I know who my friends are. Like, my friend-

R101: -There's more ground there?

P102: Yeah.

R103: Have you consciously got to that place, or is that/ do you think you've sought other friendships?

P104: I think in a way it is, it is quite conscious, because you feel like, especially now I've got like, two months before I go back to work...The time's precious, and...I haven't got time to be wasting on scenarios or opportunities or whatever when, where I come away not feeling happy and comfortable. Like, I want to see the people who take, take joy in [baby] and don't come away, they don't go away going "Oh god, I can't believe she's sleeping through" or "Oh god, I can't believe she's crawling already" or whatever it might be, that I think they're thinking. Erm, I want to spend time with people who, love her like I do, and, love me as well. So yeah I'm spending, [P becoming tearful] like more time with my mum (mm) ...and yeah my actual, friends who I don't go, don't come away feeling a bit shitty with really. [to baby] Aren't we? Gonna see Grandma lots...[pause tearful, then attempts to recover to speak] But yeah I think it is a conscious thing..."

(PFP2:100-104)

Frida comes to understand, then, not why the group behaved the way they did, but what she must do to repair the connection with herself and the world. Understanding in this framework is connection, recognition, acknowledgment.

Not-understanding both generated and was generated by disconnection from participants' own experience.

Through their experiences of not-understanding, both Chrissy and Irene's stories touch on the sub-themes of trust, isolation and bonding, but it is their sense of disconnection from aspects of their own experience which is at the root of their experiences of not-understanding. Irene's story has been discussed above in Section 3.1, Not-Understanding As A Means of Avoiding Phenomena.

(Re) Connection with experience was a route to understanding.

Chrissy was socially isolated after the birth as she recovered from surgery and its complications. She had already become disconnected from her own decision-making process during her pregnancy (see above), and her response to her ENU is in part a process of reconnecting with her own values and ability to take decisions without recourse to others' opinions. The sphere of who can be trusted shrank considerably in the process, as she felt let down by health professionals and the system of care which contributed to her situation of physical vulnerability after the birth. However, the heart of what was not understood was actually her profound shock at just how hard the birth and immediate postnatal period was for her. By allowing herself to acknowledge and connect with her own experiences through the interview, she was able to better articulate what she had previously remained unarticulated and not-understood:

"I've never really put myself/ I've spoken about it, but probably, erm, kind of, at a level where I didn't go back and put myself in my shoes again, and really re-live what was happening at the time (mmm). I think that's probably why I will have got upset."

(PCP2:2)

Openness To Love Required Openness To Death and Loss

Participants drawn into a confrontation between love and death experienced not-understanding, possibly this was a function of the existential, unresolvable nature of this conflict. Death can be thought of as the ultimate form of disconnection, and the shadow of potential and actual baby loss was present in Briony, Hannah and Irene's stories. Briony and Hannah were also the participants who seemed to most fear a loss of emotional connection with their babies. Anxieties about babies' vulnerability, for example checking that they are still breathing, anxieties around bonding, and concerns about feeding, all had participants' acute awareness of their babies' existential fragility at heart. As well as being 'about' vulnerability, this was also about a confrontation with death and loss. The limits of responsibility and competent care, and of existence itself, were brought into focus, because the intense care and concern (love) that the participants had for their babies could not remove the possibility that they might be separated from their babies permanently.

Like Hannah, Briony, Frida, Grace and Irene found both pain and solace in the motivation to stay connected to their babies. It is worth looking at this connection in greater detail.

Briony struggled to understand the implications of her decision to end the breastfeeding relationship with her son. The prospect that he might become unwell, and even the possibility that he might die (the most profound form of disconnection), were raised when he began to lose weight. On top of this, she worried that the loss of the breastfeeding relationship would result in a poorer bond with her son, which would ultimately be to his detriment. These concerns caused her a great deal of anguish.

The narratives initially available to her about ending breastfeeding were unsatisfactory. They neither contained nor acknowledged the conflict at the heart of her experience, which was that the power of her love was constantly up against the uncontrollability of loss and death. For example, the interpretation that she had let him down and was an inadequate mother did not express the love and commitment which motivated her decision-making. Conversely, the narrative that ending breastfeeding was straightforwardly the best decision with no adverse consequences, failed to take into account the groundlessness of her decision-making situation, and the anguish it had brought her. She needed to find a narrative interpretation which contained the possibilities of loss and failure, but which also honoured her strong conviction that she is motivated by love.

It is possible that there was a conflict at the heart of her experience of not-understanding between love and death, which could not be engaged with in such a way as to resolve it because it was an existential conflict. However, by engaging with this not-understanding philosophically, and finding a more flexible and nuanced narrative, she was able to find a narrative which allowed her to live with it.

Accepting Not-Understanding In Order To Connect

Trying to solve experiences of not-understanding, characterised as the 'why' mode of engagement, left some participants stuck in it. Accepting their lack of understanding was, paradoxically, the path to greater understanding and a sense of resolution. For example, Hannah was motivated to engage with her experience of not-understanding by her desire to connect with her son. Her interview was a process of

peeling back layers of painful thoughts and feelings prompted by her not-understanding of his feeding behaviour:

“...[W]e've had an amazing relationship and we can communicate in so many ways [...]But this [...]we've not/ I don't understand what, what's been going on for [baby], and I feel like if I'd known, I could have tried to fix it.” (PHP1:90)

Hannah had assumed that breastfeeding her son would provide him with the best possible start, and it was something she wanted and expected to be able to do. However, despite overcoming initial problems and having periods of successful feeding, she found that her son frequently refused her offer of the breast, and later, refused much of the nutritious solid food she offered him. The refrain which was initially front and centre in this experience, was an exasperated ‘why?’:

“I guess it just goes back to not understanding why, why are you not hungry? Why would you not just eat whatever I'm putting in front of you? You know, not knowing the answer.” (PHP1:32)

This not-understanding why triggered a range of thoughts and feelings. She was anxious at finding herself still responsible and concerned for his nutrition, but without the control she expected to wield. She felt angry with him, which in turn prompted guilt.

Beyond the anger and guilt, Hannah found that “when I think about it too much, I feel really sad.” (PHP1:92). Hannah became tearful at the point where she connected to her sense of disappointment: “it goes back to me feeling like I haven't done the right thing or that I've let [baby] down in some way I think.” (PHP1: 50).

This is the not-understanding which appears to be at the heart of the experience. When she asks “why doesn't he eat?” or “why don't I understand why he doesn't eat?” (the ‘why’ mode of engaging with not-understanding), to some extent that is a diversion from the pain, an attempt to convert it into something over which she might have some control, if she can only find the answer. However, since her son cannot provide these answers, she finds herself stuck.

It is only when she allows herself to connect with the pain of the experience of not-understanding her son, that she is able to re-establish some peace of mind on the

issue. There might still be sadness, there might not be an answer to “why?”, but there is a sense of relief, and an opening up to new possibilities of interpretation. Once she has acknowledged this pain, for example, she starts to be more open to the ways in which she does feel connected to her son:

“So I guess in our conversation the only thing I've not talked about in terms of my experience of, erm, not understanding, is that, almost very quickly on a particular day that can be outweighed by having a lovely moment at bedtime where, you know [baby]'s been like chatting to me in [baby]'s own little way or, you know we've erm, when I pick [baby] up from nursery and I put [baby] in the sling and [baby] does that thing now where [baby] puts [baby]'s head back and looks at me on the way home. So just, so those little moments, almost, they're probably the bits that make you know everything's ok.” (PHP1: 114)

Not-understanding her son, feeling disconnected from him, is Hannah's source of pain. The mode of engagement with not-understanding in which she searches for answers to “why?” is an attempt to manage and vanquish this pain, but it is ultimately unsuccessful. It is the mode of engagement characterised by connection, that is, openness to and acceptance of, this pain, which is her route to greater understanding, openness towards, and acceptance of her son.

Connection/Disconnection Summary

The evidence supports the interpretation that an experience of not-understanding is one which forces people to inhabit simultaneously disconnected and connected ways of being. In the midst of not-understanding, participants were disconnected, cut adrift from narratives about themselves and the world on which they may have previously relied, or from people to whom they wished to feel close. An awareness of some form of disconnect or barrier to connection was necessary for the appraisal that something was not-understood, and this was generally anxiety provoking. At the same time, an attitude of openness, to new connections, new relations of meaning, and to the work of understanding itself, was required, in order to engage with this and to reach more solid ground.

The examples in which not-understanding was a means of avoidance (such as Irene's) counter this view somewhat. In this form of not-understanding, the potential for connectedness is shut down or held at a distance. However, it is possible that the

act of narration itself constitutes a form of openness. Avoided topics can be present in a narrative precisely because they are avoided, as the analysis of the unsaid in Dinah and Irene's cases demonstrated. Further, telling one's story to another person essentially opens it up to the possibility of connection, if only to the other person's interpretative judgement.

Section 3 Summary: Five Ways Of Not-Understanding

Experiences were not-understood in five distinct senses. Firstly, some participants barricaded themselves into a state of deliberate not-understanding, as a means of avoiding feared phenomena.

Secondly, not-understanding could denote an attitude of wonderment and/or a bearing witness to something mysterious, without recourse to attempts to solve the mystery.

Thirdly, some participants were confronted with important decisions, which had to be made despite a sense that they did not understand how best to proceed. Not-understanding in this sense was associated with heightened significance, driven by care and responsibility alongside unmet expectations of control, and the presence of ambiguity which threatened participants' access to narratives of competent parenting.

Fourthly, there was a sense in which something was left over from these decisions, or from other experiences, which was not-understood and had to be made sense of if participants were to achieve a coherent sense of the meaning of their experience. This is termed a 'hermeneutic choice'. Gaining confidence and ownership of decision-making, and acceptance of the limitations of their decision-making powers, were factors in bringing about a sense, for several participants, that they had been able to move beyond their experiences of not-understanding.

Finally, there was the sense in which not-understanding was a search for connection, including the desire to understand and be understood by others. This was considered as part of the connection/disconnection theme.

Section 4: Narrative and Non-Narrative Engagement with Not-Understanding

Participants demonstrated a range of modes of engagement with their ENUs, for example, avoidant, questioning, and accepting modes. Some of these were described directly by participants, others were discerned from analysis of their narrative engagement (see below).

4.1. Relationships Between Narration And Experiences Of Not-Understanding

In order to address the secondary research aim of discovering more about how narratives function in relation to experiences of not-understanding, it was necessary to address not just what was being said, but how it was being said, how the stories were constructed and to what end. This was done predominantly through analysis of tone and function. A number of psychological functions of the narratives were identified. Telling their stories afforded participants the opportunity to exert some control over the meaning of their experiences through the narrative choices they made. Conflicts were both embodied and negotiated, and in some cases, new possibilities for interpretation emerged.

Not-understood Experiences Disrupted Narratives- something was left unfinished, uncontained, left over.

Isolating participants' 'what happened at the time' stories from their subsequent response to it in the Content and Tonal Analysis highlighted the unfinished nature of many of these accounts. A traditional story arc involves a setting, followed by a complication leading to a climax, followed by resolution (Klarer, 2004:15). Many of the ENU narratives constituted failed attempts at this. Dinah had attempted to confront her difficulties in her relationship with her mother, but they were ongoing, and, she said, her story was unfinished. Instead of helping her to overcome the initial problems with the baby group as she had hoped, Frida's continued engagement with them had merely provided mounting evidence that, in her eyes, she did not have a grasp of what was happening. Chrissy confidently and firmly located her experience of not-understanding in a time period which ended when her baby was twelve weeks old. Nevertheless, she has an experience of recognising previously unacknowledged aspects of it during the interview, suggesting that some aspect of it had remained unresolved. Even where the making of a decision brought some resolution to the ENU story, for example, when Briony, Ellen and Hannah make the decision to end breastfeeding after confronting their difficulties, there was something left unresolved

for them which made the narratives feel incomplete, and required an extension of their story. This 'something' constituted another form of not-understanding, one which is more hermeneutic than practical in nature (see the Maternal Decision-Making theme for further discussion of this).

Grace's story once again serves as a counter-example to this. Her ENU is stated more as an accepted, if surprising, aspect of her experience of becoming a mother. The situation itself follows the traditional story arc, and the unresolvedness of the question of why she felt so happy seems less significant than the fact of her happiness and what this represented for her.

Not-Understanding Disrupted 'Present As Place Of Safety' Constructs

The present was constructed by a number of participants as place of safety. However, not-understanding intruded, and all involved a degree of active grappling with meaning (with the possible exception of Grace). Appraisals of the significance of something being not-understood, for example whether not-understanding was viewed as something threatening or to be welcomed, or whether participants expected to be able to understand, also appeared to be significant.

There was a concerted attempt on behalf of some participants to confine their experiences of not-understanding to the distance of the past. They began their stories from the point of view that any sense-making difficulties were behind them: this experience they had chosen to tell me about was something with which they had struggled, but which to a greater or lesser extent felt resolved for them in the present. In contrast, their present, narrating selves were positioned as speaking from a position of relative safety and stability.

For example, Dinah asserted that "everyone finds those first couple of weeks really hard don't they?" (PDP1:2). Hannah initially attempted to confine difficulties to a fixed time period in the past "the first three months" (PHP1:2), which then became extended when we discussed weaning difficulties. The difficult feelings and thoughts which arose from Frida's ENU were seen as intruding from their proper place which is in the past. She jokingly says, "It just feels like you're at school again, it just has that feeling of like you don't quite know like what the dynamic is" (PFP1:20). The present therefore functioned (initially at least) as a place of safety, and one of the

interesting features of some of the interviews is what happened when that expected safety was suddenly breached, when an aspect of their story moved them in ways they had not expected, or when conflicts which they had thought of as being resolved arose and became 'live' again.

Significance Of Appraisals of What It Meant To Not-Understand

Participants had different ways of making sense of the fact that something felt not-understood. All the participants re-performed aspects of the conflict or unfinished business they were describing during their interview. However, participants differed in terms of the intensity of their engagement with this live, active struggle to understand, the degree to which they experienced it as welcome, expected or intrusive, and their ability to reach a sense of resolution. There were moments across several interviews, when participants became aware that they were actively grappling or emotionally engaged with conflicts which they had initially described as belonging to the past, and participants' appraisals of the fact that something felt unresolved during the interview appeared to be significant.

Frida was surprised that she had become upset, and her interview was an example of an experience of not-understanding as that which was uncontained, intruding on the present. However, Frida ultimately found her experience of narrating useful, and placed this experience within a narrative of personal growth:

"It was a bit upsetting, talking about [to baby] yeah! [To R] upsetting talking about something that is difficult, has been quite a strange relationship I suppose, that I've never really kind of come to a conclusion about myself, I've always just kind of felt a bit, [to baby], felt a bit weird haven't we, we've felt a bit strange about it? [To R] Erm, but only upsetting in that, like make, like coming to those realisations, like leaving me I'm not distraught, it's quite nice in away. It's upsetting to talk about but once you've kind of worked through something you're like "Oh actually"-"
(PFP2:160)

Briony too found that what was stirred for her during the interview was suggestive of unprocessed (or less well processed) aspects of her experience, and felt that this was something she could gain from:

“I think it's interesting thinking about the one part of the interview which, which did upset me was this questioning whether I was good enough as a mum for my, for my son and I think, th-that's something perhaps which I'm more dealing with at the moment, and I guess that's how, maybe that's the cycle of how things go, you know you have certain issues that are waning and certain issues that are core, and I suppose that's, erm, but I think in general it's, it's good to talk and it's interesting as well”

(PBP2:2)

In contrast, Chrissy and Grace had expected emotions to be stirred up in the course of the telling, but for them this was not incongruous with their sense that the issues were already resolved. Chrissy says that:

“I don't think there's, there's more, erm, processing to do because I just think it was, when I get into that situation in my mind, I just, it was just horrible, and, I felt really really really vulnerable. And, I didn't trust myself (mm), and, then I just think "But now I do", and I feel (yeah) totally different. (Yeh, so there's a-) I think it was part of my learning, and I hope I don't have to go through that again when I have another child. (Right.) I really hope I don't.”

(PCP2:10)

Further Narrative Construction Was Required In Order to Contain The Not-Understood

During interviews, I encouraged participants to share how their understanding had evolved from ENU to present. The aim was to try to get a sense of what it was like to live with something that felt significant but unresolved over time, and also to better understand from participants' perspectives, what might have helped them to arrive at positions of greater understanding, if indeed such positions had been reached. At the analysis stage, I attempted to distinguish the story of each participants' experience of

not-understanding from the story of their response to this experience, and describe the relationship between the two, terming the latter RENU (response to experience of not-understanding) stories. The participants themselves made no such distinction, and yet the exercise was useful because it cast light on the nature of their process in relation to experiences of not-understanding.

RENU stories were required variously to contain, transcend, resolve and to some extent obscure their 'at the time' stories of the experiences that had not been understood. For example, Briony's ENU attempts to follow a traditional plot structure of setting, complication, climax and resolution, with the events surrounding her son's weight loss providing the central drama. However, because there are so many 'loose ends' of conflicting, troubling thoughts and feelings left over for her, the resolution is only partly successful. In order to resolve the story, she needs to be able to choose which interpretation of the wider meaning of her actions to believe. At least, she needs to believe it enough to enable her to tell the story persuasively to herself and others. The narrative of the RENU, where she investigates and draws conclusions about the significance of breastfeeding, as well as moving towards acceptance of her decisions and herself as good enough, is therefore required in order to contain, contextualise and make sense of the story.

The act of positioning their experiences of not-understanding in the past provided the foundation for some participants to draw on triumph over adversity (TOA) narrative tropes. Hannah says "I've overcome it now I think" (PHP1:10). Chrissy says:

"And after twelve weeks I felt like I really got into my stride with it all, and started thinking "I don't want to waste this by wo/ panicking all the time and worrying about her. She's fine, she's doing really well, may as well enjoy it." And then, I think for the last three, well it would be the last four months now, cause she's seven months, I've just really really enjoyed, kind of every minute with her." (PCP1:16)

For Chrissy, the conviction that she had put her not-understood experience behind her was her main concern, and this shaped her TOA narrative in which vulnerability had been transformed into confidence. However, it was the acknowledgment of the extent of her hardship which led to the resolution of the not-understood nature of it.

Irene also drew on TOA narrative tropes, such as the identity of survivor. She says: “I’m a lot, a lot, stronger than I, other people and myself give me credit for.” (PIP1:42) However, because the energy of her story was in her fear of what would happen if she engaged more deeply with her traumatic experiences, her story lacked the sense of triumph which would have made this the convincing dominant narrative. Instead, her survivor identity, though valuable and hard won, is painted as fragile, and this is illustrated by her image of water threatening to engulf her. The potential for triumph over her many adversities is there, and her narrative contains hope that she will be able to grasp what has happened more fully in future. But in the present of the interview, all this hangs in the balance.

Conflicts Were Embodied And Negotiated Through Narrative

In Section 3.4 above on the Hermeneutic Choice, it was demonstrated that analysis of identity positions constructed in participants’ narratives, such as ‘Loving Mother’ versus ‘Neglectful Mother’, highlighted the conflicts with which participants were actively grappling.

What I wish to emphasise here is that these conflicts were brought into being *through the act of narration*. Identity positions represented conflicting interpretations of an experience, and the oscillation between them created narrative tension. In this way, the ambiguity of, or the participant’s ambivalence towards, the meaning of a particular experience was embodied. As participants experimented with different interpretations of an experience, including those that felt more risky, this embodiment became an active negotiation.

For Briony, the conflicting versions of events that she is actively grappling with take the form of an internal debate. As she narrates these, she is also reflecting on them and they become more explicit to her:

“And when [feeding] doesn't work right, I mean there's all the guilt with it and, if you're not breastfeeding you're not doing the best thing for your baby, and all of that, and kind of having to come to terms with that. But then, seeing this contradiction of seeing him thrive and doing really well on, on the formula. It's almost like you're having parallel conversations in your mind I suppose.”
(PBP1:6)

Avoidant, Questioning and Accepting Modes of Narrative Engagement

The ways in which participants constructed their narratives were suggestive of avoidant, questioning and/or accepting modes of engagement with not-understanding. Avoidant modes of engagement, where what was not-understood was minimised or otherwise kept at a distance, were associated with tension and a sense of stuckness. 'Why?' (questioning) modes of engagement generated anxiety for participants for whom there were no certain answers to be had, although this mode was also productive insofar as participants were motivated to better educate themselves about the issues at hand, and this helped them to gain confidence in their decisions. Moving to a mode of engagement more accepting of not-understoodness, and of limitations yielded a sense of resolution.

By telling their stories, the participants give themselves space to play with meaning. They could control what they said and how they said it, and decide what to include and exclude. They could use narrative devices to distance themselves from pain or risk, while still including it in their story. It does not follow, however, that all such choices were made consciously and deliberately. Several participants expressed that they had not known, or only vaguely known, what they would talk about in advance, so in a sense, the narratives themselves emerged from a situation of not-understanding. Insofar as the act of narration was an improvised, unique version of something that may or may not have been previously articulated, there was always the potential for communicating more than was intended, and for making new connections.

Narratives allowed participants to explore different ways of being towards their experiences of not-understanding. Different interpretations of their experiences, in the form of identity positions, could be either avoided or embraced through the use of various narrative devices. Devices included drawing temporal boundaries to either create or minimise distance between present self and aspects of experience; use of humour to minimise or exaggerate; minimising, rationalising or qualifying aspects of experience versus presenting them confidently, and denial of aspects of experience through silence or ascribing them to others, versus taking full ownership of them.

In avoidant modes of narration, participants used various devices to separate their narrating selves from the experience of not-understanding. For example, some

participants remove themselves from their experiences of not-understanding by trying to persuade the listener that these experiences were not as significant as they might be, for example because they belong in the past, or because the narrator can rationalise the attendant feelings away. Chrissy established temporal distance between herself and the ENU by repeatedly emphasising that it had occurred in the past, in a specific period of time (the first twelve weeks postpartum). Frida used humour and the construction of a rational here and now position, to minimise her anxiety about not understanding why she felt disconnected from a group of mothers. However, I found these attempts to minimise unconvincing. For example, when she said “Maybe it was just me, maybe I'm not very good at making friends, (P laughs)” (PFP1:36). Her laugh struck me as incongruous and alerted me to the possibility that this was in fact a sensitive issue.

Dinah and Ellen both constructed conflicting pairs of identity positions in their stories, but as narrators they inhabited positions which helped them to rise above the tension, with varying degrees of success. For example, Ellen initially positioned herself as someone who can represent other mums' vulnerability to criticism:

“I think it's very easy to hurt a new mum, it's very easy, because they are so scared of doing something wrong. If anybody says the littlest thing - there's so many things you cannot say to a new mum, so many things that, like, have been said to my friends.”

(PEP1:42)

She initially speaks about other people's experiences of not being supported in their attempts to breastfeed. Only later, and with qualifications, does she describe her own direct experience of being criticised for breastfeeding in public:

P86:- I [...] hated every time I got my boobs out in public, that I was mentally preparing myself for a fight, erm, that I might have to have. Erm, coz I had it once in Starbucks when a couple came up to me and asked me to do it in the toilet, and I said "No I'm fine where I am thanks" and then they went and spoke to the people behind the till, who then said to them, "She's fine where she is." And then they left and just stood outside in the [shopping centre].

Erm, I was near the glass and they stood staring at me, as if to intimidate me.

And I was just like, and ever since then, I was getting, like, oh, I just can't, I just hate it.”

[...]

R87: So you did have some of this?

P88: Well, not from family though. Not from family (no), but only from them.

Like that was just, like, just the one time. And they did come and say, can you/ and that, that I found hard because I was on my own, whereas I know if I'd have been with anyone, anyone at all, I'd have been alright.

(PEP1: 86-88)

She then moves back towards a representative/rescuer position:

“And again, if I was ever with anyone, who was breastfeeding, I wouldn't even let them battle it themselves, I think I would just say, you know, I would know what to say. If it's not/ when you are sat there exposed, it's very hard to know what to say.”

(PEP1:88)

Her not-understood conflict concerns the question of how vulnerable she herself is to criticism. Positioning herself in a representative role can be seen as an attempt to address the causes of this vulnerability by appealing to others to cease making judgemental comments to new mothers. However, it also allows her to (temporarily at least) avoid direct contact with her experience of vulnerability by emphasising its relevance for people other than herself. Instead, she is the strong rescuer who has the insight to help vulnerable others. This tentative approach to disclosing her own direct experience of vulnerability to criticism suggested that she was somewhat anxious about engaging with it, and that she did feel vulnerable, despite the protection afforded by her support system.

At other times, participants adopted a more accommodating narrator mode, whereby they were able to take an 'and' rather than an 'or' approach to identity positions, making space for different aspects of their experience and accepting the conflicts between them. Briony's consideration of how she might engage with breastfeeding in the future illustrates this:

“-It's really interesting because, there's a couple of thoughts I have on that. I mean the first is that, it's, there's almost a contradiction in my mind now because a part, of being a parent is about accepting how things go. And that you aren't in control of a lot of things.[...] But there's a part of me that really wants to control for that future situation, so, so frequently now in my mind, I also go through "If I have another baby I'm going to do this, and I'm gonna do that, and I'll make sure that the lactation consultant is in place, and I'm going to have scales in my house so I know exactly how much the baby's taking in." And then I have other moments like, "I'm just going to feed this baby formula if I have a second baby, I'm not even going to go down this route because I don't wanna open this box again, and go through all this pain again, and this whole, all the questioning the whole process again [...] So, so there's a real, kind of, concern there about what might happen in the future.”

(PBP1:115)

Difficulty of Narration

In the development of my research question, I wondered how easily the not-understood was to articulate, given the link between narrative disruption and meaning disruption. For some participants, telling their story was experienced as risky. For some, this risk was about protecting others. For example, in Chrissy's case, she did not want her daughter “to think I'd had a bad experience of growing her”. Dinah wanted to protect her mother *, and there is a sense that her story was hiding from itself.

For some, the risk lay in engaging with the most painful parts of their story, although, I am grateful to say, all were prepared nevertheless to do so. For Briony, certain thoughts were painful and more difficult to talk about because they felt unprocessed:

“So, erm, breastfeeding I shouldn't find too difficult to articulate because I have spoken about it a lot and thought about it a lot. Erm, some of the other thoughts that we talked about around perhaps feelings of inadequacy as a parent (mm), erm, they're more difficult just because I haven't really had perhaps the opportunity to, erm talk about them or process them as much.”

(PBP2:4)

None of the participants appeared to experience, or reported experiencing, difficulty finding the words for their experiences. Clarity, at least in terms of chronology of events and articulation of the difficulties they posed, did not seem to indicate the presence or absence of something not-understood for these participants.

However, as is clear from the RENU analysis, there was ample evidence that not-understoodness interfered profoundly with participant's ability to resolve their stories satisfactorily, because interpretations of what had happened could not be definitively made.

Dinah articulates the difficulty of talking about something that is unresolved.

“Erm, the bits about the relationship with my mum, I've only spoken to, erm, some of my mum friends about a week ago, other than my husband. Erm, and that was quite hard to talk about, oh and that brief conversation I had with my friend and her mum. Yeah. That's still quite hard to talk about, cause I don't really know where it's going. I've not kind of, formed my like retrospective 'this is what happened and this is how we fixed it' story to it because it's still kind of in progress.”

(PDP2:2)

Further, a number of participants indicated that they would have found it less easy to articulate at the time of the ENU, pointing to the possibility that a relationship did exist between readiness to talk and the stage of processing of the experience not-understood. For example, Chrissy said:

“I think at the time I was quite panicked about it, and did think, "When am I ever gonna feel like, erm, I, erm stopping crying?" I think I did/ I-I didn't know really what was going on at the time. It was a huge blur, those first few weeks. (OK) So I definitely didn't articulate it.”

(PCP2:12)

Chrissy also mentions her baby's improved sleep (PCP1:209) as being a factor in her increased levels of confidence in herself and her decision-making. It may also have been a factor in her readiness to talk. It is also possible that not being ready to talk at an earlier point in participants' processing of their ENUs might have been due

to the presence of trauma, lack of safety or resources, or lack of people to share it with. This evidence, coupled with the likelihood that people volunteering to be interviewed were self-selective in terms of their readiness to talk, suggests that there may have been an aspect of the relationship between narration and not-understoodness which was hinted at, but not easily studied under this methodology.

4.2. Non-Narrative Modes of Engagement

Briony's RENU demonstrates the ways in which a number of ways of engaging with experiences of not-understanding could be deployed over time, including avoidance, engaging with research, speaking to others, and self-reflection. Briony (along with Chrissy and Irene) suggested that she had some control over when and how to engage. Initially she says: "I think I almost parked a lot of those feelings and a lot of those issues until a time when I could think through them a bit more" (PBP1:73)). This supports the view that engagement with not-understanding required psychological resources.

Later, when she has more time, Briony begins to conduct her own analysis of the breastfeeding research in order to gain a more informed perspective on her fears that her child will be disadvantaged. Her discovery that "The benefits are actually quite small" (PBP1:129) leads to a broader questioning of the credibility of parenting experts, and an embrace of the idea that parents have to live with uncertainty and a degree of lack of control in their decision-making, even despite the importance of those decisions: "Being accepting and realising that it isn't all in your hands, I suppose, that it isn't all, decisions and conscious/ erm, that you don't always have the choice around things." (PBP1:57).

Another task of this process seems to be to find a counter-narrative that she can live with, which counteracts the charge that she could, and should, have made better decisions:

"So, but the most significant part of the whole thing for me is not so much, did I do everything possible, but, this idea of doing the best that you can in the situation and taking it as far as you can (mm) and that I feel really confident about. So, erm, while, somebody could shake my belief with regards to thinking "Well I should have tried that, I should have tried this", I know at the

time that it wasn't an option for me. So erm, I think from that perspective, that's that's really helpful and it's something that, I do feel pretty, erm (mm) confident about and happy to come back to that idea, that notion.”

(PBP2:13)

This almost resolves it for her, but there is still apprehension about what might happen with a second child, either the prospect of repeating the experience, or of being successful and then resurrecting her guilt about whether she could have done anything differently with her first born. Briony says that breastfeeding will always be a sensitive subject, but she feels much more on top of it. Thoughts about inadequacy as a parent were still painful, however, and she recognised that they might arise in other contexts in future. But there was a sense that she felt that she had learned new ways of engaging with them which might help her.

Briony and her fellow participants engaged in a range of practices which helped them to better understand their experiences. Several reflected that they had required time, space and energy to do this, for example citing their babies' improved sleeping as precursors for being able to engage with left over thoughts and feelings. Briony, Ellen and Hannah took ownership of their decisions by actively seeking out and evaluating research evidence related to the issues in question, and by speaking to other mothers about their experiences, and making increasingly active choices about who to listen to. Frida also does this when she compares her experiences in the group to those with other friends. Participants also engaged reflectively with their decision-making processes in situations where they were reminded of the issues, reliving and re-convincing themselves that the decisions they had made had been for the best.

4.3. Outcomes Of Engagement With Not-Understanding

A range of outcomes of their processes of engagement with their experiences of not-understanding, from stuckness to transformation and transcendence, were described in and/or embodied through the narratives.

Embodied Stuckness

Dinah said that she felt “stuck” (PDP1:40), and this was the overall impression of her narrative, even as she described strenuous attempts to confront her difficulties. She had reflected carefully and compassionately at great length on her relationship with her mother, sought support from friends, and tried confronting her mother directly (a move which had unfortunately backfired). However, a sense of stuckness presided, and was embodied in the tone and narrative structure of her story. She spoke in a calm, low volume voice, striving, it seemed, for non-threatening even-handedness. Her attempts to minimise or normalise what were quite strong feelings only served to increase the tension, highlighting that feelings such as her anger might pose a threat to her family system, and her mother in particular, if she did not keep them in check and retain her role as the sensible adult. There was a very palpable sense in which Dinah did not want to conjure up too much powerful feeling towards her mother, as if she was in the room and might be hurt by what we were saying.

In the light of this, Dinah’s admittance late in the interview that she had experienced anger, and her challenging of her mother, felt particularly risky and significant:

“It’s not really, really good enough. You just have to get one with it. [...] my upbringing’s been fine but I’ve not had lots of emotional support growing up. But I can do it as an adult. I can do it for my friends and my husband. I can talk about how I feel. It might be a bit awkward but, I can do it. Erm, the sense to which I think, that none of those things are really an excuse. Really she should try a bit harder, is how I actually feel.”

(PDP2:18)

But the question remained about whether it was possible for Dinah’s point of view to really be heard, and it was this that remained unresolved despite her efforts. Her narrative contained lots of echoes between the stories and memories involving her mother and grandmother with her own experience. Although these were attempts to connect their stories, they in fact contributed to a sense of disconnection, as experiences turned out not to be as common as she had expected. Her story therefore acts as much as an empty echo chamber as a web connecting her to a shared family history, creating the impression that she is alone with only the sound of her own voice coming back to her.

Transformative Power Of Narration

In contrast to the enduring sense of stuckness which characterised Dinah's narrative, new insights emerged or existing ones crystallised in the narratives of several participants as a result of telling their stories. Frida said: "I know it's not therapy but it's been quite therapeutic, like talking through something that, I almost didn't know, that I felt." (PFP2: 154). Hannah asked for a copy of her interview transcript, explaining that:

"I think there's the chance that if I didn't look at it, I could walk out today, and I could, erm, I'm very much kind of action oriented, I like to feel like I've done something about it and tried to sort of do as much as I can to kind of, learn from, from what I've talked about. And I think, I've probably articulated things today, or you've erm, you've clarified brilliantly, my coaching terminology, so you've clarified some of the things I was saying. And I feel like that's really, erm, that's been really helpful. But I think if I don't re-read it or reflect on it I might lose some of the impact of some of those reflections, in terms of how I might do something differently in future."

(PHP2:2)

The invitation to engage more deeply and reflectively with their experiences in response to an attentive listener, which was afforded by the particular situation of the interview, is one likely factor which facilitated the emergence of such participant insights. It cannot, therefore, be assumed that narrative engagement *necessarily* has the potential to transform not-understood experiences, but rather, narration in this particular context may have encouraged participants to make new connections in relation to their experiences.

Acceptance Of Not-Understanding And Limitations

Several participants found a relief from the pressure to always do the best for their babies, in the idea that they were doing their best. In Briony's interview, the idea of what the best decision can mean in practice shifts subtly from an ultimate sense that there is a 'the best' to something that is acceptably 'her best'. For example, earlier on, she says:

“But every time I go over what happened, I know that I did what was best for my child. I do know it intellectually. Accepting that fully is, is a different thing and it is a process as well.” (PBP1:21)

However, by the end of the interview, this has shifted to a position more accepting of the limitations of her power to know what is best, in particular recognising the uncertainty and incompleteness of the picture available to her at the time of decision making:

“I think, that, you've thought through it, and you don't/ I think that there's kind of a couple of different levels of pain. There's a regret of, "Well I wish things had worked out differently", but then there's also the, I guess self-criticism and, "If I've done something [inaudible]" I think that second one is more difficult to live with, and if you feel like you've dealt with quite a lot of that and, you've gone through the process of saying "Well it was the best we could do at the time", then, erm, then, then actually that's one sentence which really helps me generally in life and then, with this particular issue is, if I have regrets about something or I'm going over something in my mind to think, "Well, I did the best that I could at the time" And just kind of, reassuring myself of that. (Mmm) Urm, cause you do, you'd always do the best that you can.” (PBP1:63)

There seems to be something helpful for Briony in accepting that there are important areas where she cannot be certain or have complete control. However, it clearly requires practice to believe this, because, paradoxically, this version of their limitations is itself uncertain, or not quite fully convincing. Understanding was in her case associated with the acceptance of herself as an imperfect, but good enough parent, an acceptance of not-understanding as part of her parenting experience. Feedback from her son becomes more central to her assessments of her decision-making:

“But more and more now I'm looking to my son for answers in a way. So, I look at how well he's doing and think, I'm doing fine. And also I think there's a philosophical part as well where you say "There is no objective measure of

this. You will never know what's the true answer to this." So, its kind of, a bit of a pointless self-torturing question to be honest, to some extent." (PBP1:45)

This sense in which understanding moves from something concrete and controlled, to an acceptance of that which one was not in control of, and an opening up to being guided by her child, is echoed in Hannah's narrative:

"Erm, so what's different is that I have to consciously start to acknowledge that, which I've known all along, that [baby]'s a person, [baby]'s an individual, [baby] has [baby]'s own preferences, [baby]'s actually, I'm not in control (P short laugh) again, that word. So, erm, I'm looking at that 'relax' word on the wall as well, coz I think that's probably a big thing, I've had to relax a lot more."

(PHP1:12)

Transcending Not-Understanding Through Connection With Values

Frida's RENU can be characterised as transcendent. She had explored her sense of herself in relation to friendships outside the group which was the focus of her struggle. Yet her reflections on the group still left her with a sense of stuckness, because she could not understand why her experience had fallen so short of expectations. After exploring her experience of being in the group, however, she was able to begin to construct a new narrative grounded more in her own view of others than their view of her, and thereby to begin to break the deadlock in her struggle for understanding:

"I think in a way it is, it is quite conscious, because you feel like, especially now I've got like, two months before I go back to work... The time's precious, and I haven't really got, I haven't got time to be wasting on scenarios or opportunities or whatever when, where I come away not feeling happy and comfortable. Like, I want to see the people who take, take joy in [baby] and don't come away, they don't go away going "Oh god, I can't believe she's sleeping through" or "Oh god, I can't believe she's crawling already" or whatever it might be, that I think they're thinking. Erm, I want to spend time with people who, love her like I do, and, love me as well. So yeah I'm

spending, [P becoming tearful) like more time with my mum (mm) ...and yeah my actual, friends who I don't go, don't come away feeling a bit shitty with really.”

(PFP2:104)

From Avoidance to Bearing Witness

Participants were not necessarily restricted to one way of not-understanding. For example, the tonal analysis of Chrissy's story revealed how her not understanding of her hardship began as an avoidance, but was transformed during the interview to a bearing witness. The aim of the tonal perspective was to gain nuanced insights into participants' experiences of not-understanding from examining the relationship between what was said and how it was said. Incongruity between tone and content potentially hinted at phenomena not explicitly discussed, or which were being somehow disguised in the narrative. For example, Chrissy laughed at points which I felt at the time to be incongruous with what she was saying, and my challenging of this led her to reflect on an important aspect of the not understood:

P38: Erm, it was, it was alright. I think that I didn't have very much time to think about a lot to be honest, 'cause if I wasn't (P Laughs), wasn't being sick I was at work, and if I wasn't at work it was because I was being sick, so I erm, I didn't-

R39: -You're laughing but it sounds really miserable that. (*Erm*) I mean , I mean, was it, or-?

P40-Yeh. It was (*Right*),...

(PCP1:38-40)

Her incongruous lightness of tone embodied her experience of not-understanding, because she had not allowed herself to connect with how miserable she found it. My challenging of this led initially to an assertion of the narrative to which she had been using up to this point:

P40: ...I don't know, it was miserable, but I don't really look back on it thinking "Oh it was a miserable time" 'cause I think I think of what the outcome was. (Yeh) That's how I think (Yeh) I look back on it." (PCP1:40)

But then she reflects further, and reveals a motivation for her self-denial. I was aware in the moment of a wariness about being judged, hence my attempt to reassure her.

P42: Yeh. (Yeh) I didn't enjoy it as I was going through it at all.

R43: Yeh. That's understandable.

P44: Yeh. But I think you feel bad sometimes saying that, cause (Does it?) you don't like, I don't wanna look back on it and I don't want to say out loud "Oh, I hated it at the time", 'cause then I think some people would be like "Oh but you got a good baby at the end of it, so"...
(PCP1: 42-44)

And then on further reflection, she comes to a deeper motive for denial of this aspect of her experience, which is concerned with protectiveness over her child: "Perhaps I wouldn't want anyone to think that I didn't enjoy my experience of, kind of growing her...maybe, I don't know-" (PCP1:52)

Chrissy seems to be saying that she has prevented herself from acknowledging or understanding her misery as a means of protecting her baby, and particularly, the story of what it was like 'growing her'. Stories about what motherhood is like evidently matter a great deal to Chrissy (and other participants who expressed similar sentiments), because they are part of her child's story as well as her own, and she feels a sense of responsibility to make this a good story somehow. Not-understanding is an outcome of this protectiveness over her baby and their shared narrative.

Once Chrissy was able to make her misery explicit, she stated that she was relieved, and ended the interview by asserting her acknowledgement of how difficult things had been for her: "I think that maybe there's been a bit of recognition for myself from

today that it's maybe been a bit harder than I maybe give myself credit for I think, possibly." (PCP2:20) In this respect, her not-understanding has become more a desire to bear witness to what she has experienced. Once the fact that she had had such a hard time was out in the open, Chrissy seemed to be able to find space to acknowledge this experience, while also acknowledging her sense that growing her baby was a precious experience. The two ideas no longer needed to be mutually exclusive.

Taking Ownership

Briony, Chrissy, Ellen and Hannah all come to accept and embrace a more reciprocal, less controlled, more accepting version of maternal competence, and this constitutes a main outcome of their engagement with their experiences of not-understanding. A casualty of this process was trust in outside experts to be able to tell them what the best thing for their babies is. Briony and Hannah in particular were keen to use their voices as research participants to argue for less dogmatism amongst health professionals around feeding issues, and more acceptance of the need for individual mothers to adapt their approach to their own babies and circumstances.

The rejection of external sources of expertise provoked a crisis of uncertainty, followed by a process of increasing ownership of maternal decisions for Briony, Chrissy, Ellen, Frida and Hannah. For example, Chrissy could not easily understand just how difficult the pregnancy and first three months postpartum had been for her, and she reflected that this period had been marked by a particularly passive maternal decision-making style:

P82: Yeh. [I became] Really really passive. I let other people make decisions for me that usually I would have made.

R83: And what was that about for you do you think?

P84: I think I/ that, I was/ I think it was my, my fear, my worrying... (*Right*) that I didn't just want to make any decisions (*So-*). And also probably couldn't be bothered because I was so tired. I think it was definitely a combination.

(PCP1:82-84)

Chrissy's decision to end breastfeeding was not the focus of her ENU, but rather part of her RENU, framed as a triumph over adversity. Although she said it had been a difficult decision, making it was presented as a marker of her growth in confidence in herself and her decision-making. She remained happy with her decision despite her awareness that it ran counter to official health advice. Her narrative was about maternal decision-making in the sense that she had moved beyond the initial sense of crisis, partly by reclaiming a sense of herself as confident and competent at making every day decisions independently of the people around her:

"From seven weeks I'd, erm, started to just go out by myself, I'd started to live, like, not like the old me, but I'd started to just do stuff without having to pick up the phone and be like "Oh do you think I should do this? Do you think I should do that?" And, erm I think it just, I just think my confidence grew week by week, and, the happier she was, the more sleep she was getting the more sleep I was getting, it just, it wasn't like one thing it was a combination."

PCP1:207

Increased ownership of decision-making, and the outcomes of decisions, was therefore associated with engagement with experiences of not-understanding over time, particularly when this engagement involved a reassessment of the ground on which decisions were being taken, and a rejection of previously relied upon sources of support.

Section 4 Summary

All the interviews featured some degree of active struggle with meaning (although, in Grace's case, this interpretation is more tentative). This struggle appeared to require significant psychological resources, and participants seemed to have some degree of control over whether and when to devote the time and energy required, as demonstrated by their choice to postpone active engagement with their ENUs while they had more pressing priorities.

ENU narratives were precipitated by a crisis situation, and these crises provided traditional plot structure of setting, complication, climax and resolution (Klarer, 2004).

However, in all but one case, the ENU narratives could achieve partial resolution at best, because there was something left over about the experience for participants. RENUs were required to resolve or transform ENU narratives which had felt unsatisfactory to participants in some way.

Participants' engagement with their experiences of not-understanding over time took on a variety of styles and practices, from taking time for reflective engagement, to evaluation of research evidence, to consultation with a wider group of others. For several participants, this process required them to take ownership of their decision and meaning-making practices more intensely than they had before. The outcomes ranged from acceptance of the limits of their power to control to understand certain phenomena, to the rejection of previously respected sources of expertise, to the fortification or assertion of their confidence in their own decisions.

Section 5. Findings Overview

Experiences of not-understanding had the character of space-between or apart-from, and were associated with a range of feelings, from shock, trauma and overwhelmedness, to lostness, messiness and surprise. Most, but not all, ENUs were precipitated by some form of crisis. For some participants, being in the midst of an experience of their not-understood experience was associated with the distortion of lived time, for example feeling that it was blurred, or that there was less psychological space because there was so much going on.

Vulnerability was the aspect of experience most strongly related to experiences of not-understanding, suggesting that the two may be related, certainly in the context of this particular cohort, and perhaps in a wider sense of what it means to not-understand. The perception of vulnerability heightened participants' senses of what was at stake as they faced experiences of not-understanding. The evidence of this study is suggestive of four possible relationships between not-understanding and the experience or perception of vulnerability. Uncertainty may have undermined participants' ability to decide how to protect what was valuable, or else that which was valued (especially their babies) was already deemed vulnerable in some way. Ambiguity of meaning may itself have been perceived as threatening, alternatively, some or all of the potential ways of interpreting a situation may have had the

potential to increase vulnerability, for example, by supporting identity positions which are experienced as shaming.

Five broad senses in which experiences were not-understood were identified, although participants were not necessarily restricted to one way of not-understanding. Firstly, there was the sense in which not-understanding was associated with not engaging, and functioned as means of avoiding feared phenomena. Not-understanding in these cases both generated and was generated by disconnection from participants' own experiences. Re-connecting with their experiences was a route to understanding for several participants. Secondly, there was a sense that being in a state of not-understanding was to bear witness to something mysterious.

Thirdly, there was the experience of not-understanding in the sense of confronting an important decision in a state of uncertainty. Maternal decision-making was characterised by enhanced potential for both significance and uncertainty. Several drivers of significance were identified. These were; increased care and responsibility combined with less certainty and control; social expectations and good mother identities; and wanting to do what is best.

Fourthly, experiences were not-understood in the sense that having taken the difficult maternal decisions, participants were left with a sense of something being left over, unresolved and not-understood. They faced a second decision, a 'hermeneutic choice', about which interpretation of the meaning of their decision to choose. Analysis of the identity work being done in the interviews shows how these decisions were actively negotiated through the narratives.

Finally, there was the sense in which not-understanding was a search for connection, including the desire to understand and be understood by others. This was considered as part of the connection/disconnection theme. In most cases (with some notable exceptions), participants wanted to feel connected, and experienced disconnection as anxiety provoking. Not-understanding was the state in which participants were motivated to understand and overcome barriers to connection. Feeling not-understood by others was significant and painful, and prompted a not-understanding in the why mode of engagement.

In the midst of not-understanding, participants were disconnected, cut adrift from narratives about themselves and the world on which they may have previously relied, or from people to whom they wished to feel close. An awareness of some form of disconnect or barrier to connection was necessary for the appraisal that something was not-understood, and this was generally anxiety provoking. At the same time, an attitude of openness to new connections, new relations of meaning, and to the work of understanding itself, was required, in order to engage with this and to reach more solid ground.

Openness to love required openness to death and not-understanding. Participants drawn into a confrontation between love and death experienced not-understanding, possibly this was a function of the existential, unresolvable nature of this conflict.

Trying to solve experiences of not-understanding, characterised as the 'why' mode of engagement, motivated participants to educate themselves about difficult issues, but also left some participants stuck in a state of not-understanding. Accepting their lack of understanding was, paradoxically, the path to greater understanding and a sense of resolution. The evidence supports the interpretation that an experience of not-understanding is one which forces people to inhabit simultaneously disconnected and connected ways of being.

Not-understood experiences disrupted narratives. Participants were not lost for words (although that may have been to some extent a function of the lapse of time between their ENUs and the present). However, there was a sense that something was left over or not sufficiently contained in the story of what had happened. The not-understood also intruded on some participants' construction of the present as a place of safety. Further narrative construction was required in order to contain the not-understood, for example in the form of triumph over adversity narratives.

The act of narration fulfilled a number of functions. Narration provided the opportunity for some control over meaning, and the opportunity to open up possibilities for interpretation. Conflicts were embodied and actively negotiated.

Participants demonstrated a range of modes of engagement with their ENUs, for example, avoidant, questioning, and accepting modes. Avoidant modes of engagement were associated with tension and a sense of stuckness. 'Why?' (questioning) modes of engagement generated anxiety and motivated participants to

engage more deeply. Accepting modes of engagement was associated with moving beyond not-understanding.

There is evidence that engagement with not-understanding required psychological resources, and that participants had some control about when and how to allocate said resources. When participants did choose to engage with not-understanding in the sense of something left unresolved, it was associated with having more time and space to do so. Forms of engagement included consulting research, speaking to others, and self-reflection.

Engagement with experiences of not-understanding had a range of outcomes. Some participants appeared to remain stuck, others were able to move beyond their experiences of not-understanding, for example by acceptance and acknowledgement of, or bearing witness to, not-understood aspects of experience, by connection to personal values, and by more fully taking ownership of decisions.

Chapter 5: Discussion

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Introduction to Discussion Chapter

Sometimes, an experience feels significant before we have made sense of it, and it may be intuitive to define this in terms of lack, gap or discrepancy (for example lack of understanding, of certainty, clarity, or settled meaning). However, the key insight of this study, that an experience of not-understanding can in fact be both intentional and valuable in its own right, has the potential to open up new possibilities, both for practitioners concerned with supporting people through such experiences, and for researchers concerned with developing theoretical frameworks around meaning-making and uncertainty.

I found five senses in which participants' experiences were not-understood, all of which had a functional aspect: Not-understanding as avoidance of feared phenomena; not-understanding as a bearing witness; not-understanding what to do in the midst of decision-making, the function of which seemed to be to engage with the sphere of one's responsibility, including that which could and could not be controlled; not-understanding how to interpret the implications of a decision after the event, a hermeneutic choice, which often functioned to protect preferred identity positions or defend against unwanted ones; and finally, not-understanding as an attempt to connect with others and/or aspects of participants' own experience. Further study of larger and/or alternative cohorts would be likely to yield an even richer appreciation of the variety of ways in which people engage with this phenomena.

The first three sections of the discussion will contextualise the findings from the three key perspectives of meaning-making, perinatal psychology and narrative psychology which were outlined in the literature review. This will be extended, where justified by the direction of the findings, to include consideration of some new or previously unconsidered literature. For example, section one will include consideration of literature related to the theme of Connection/Disconnection. Implications for Counselling Psychologists, maternal service providers and future research will be discussed in each section. In the fourth section I will critically evaluate the study,

considering alternative interpretations, power relations and methodological strengths and limitations, before making my concluding remarks.

Section 1. Psychological Perspectives on Not-Understanding

1.1. Not-Understanding and Meaning Models

In the literature review, I referred to the meaning making models of Proulx and Inzlicht (2012) and Parks (2010), which conceptualised meaning making in the following way: An experience is discrepant with a person's previous understanding of themselves and/or the world. This discrepancy produces negative affect, which Proulx and Inzlicht refer to as "disanxiousuncertlibrium" (Proulx and Inzlicht, 2012:322). The person is then driven to eliminate the negative affect, and engages in various palliative behaviours, to this end. These models rely heavily on experimental studies which assume causal connections between stimuli and behaviour, about which participants are often not consciously aware. They do not consider the possible relevance of people's appraisals of the meaning discrepancy itself. Vos' (2016) model is more phenomenologically grounded and does take account of people's need to assert ownership of their own meaning-making processes. Its starting point is the discongruence between global beliefs and reality, which is appropriate given its' focus on people in the situation of life-threatening illness.

If something is not-understood, this suggests that a meaning discrepancy has occurred at some point, and the findings support the proposition that the concept 'meaning discrepancy' can be plausibly included in the concept 'not-understanding'. Experiences of not-understanding were fore-structured by participants' existing understandings, against which they showed up as shocking, surprising or otherwise anomalous. This was particularly evident where participants stated that prior expectations, for example about how easy it would be to breastfeed, had not been met. In this sense, they were not only compatible with the meaning making models of Parks (2010) and Proulx and Inzlicht (2012), but also with Heidegger's (1953/2010) concept of Dasein who experiences from a position of apriori understanding, and his idea that things show themselves only at moments of disruption.

However, the experiences of not-understanding studied here were rich and complex, and not reducible to the meaning-making theory narrative of discrepancy followed by disturbance, which is then the motivation for a palliative behaviour. For example, the variety of reactions expressed amongst participants who did experience negative affect, which range from sadness to lostness to shock, cannot be easily categorised together under a label such as 'disanxiousuncertlibrium'. Where negative affect was present, it was experienced in a particular context, related, for example, to appraisals of vulnerability, and not simply triggered in the same way regardless. Further, although aspects of the not-understood connected to broader issues, around self-identity and existential anxiety for example, there was no evidence that not-understanding was synonymous with the kind of experience described by Vos (2016), wherein "the meaning of everything has changed" (Vos, 2016:172), as one experiences a disconnect between reality and their global sense of the meaning of life. In contrast, the significance of that which was not-understood varied considerably, both between participants and over time.

Although most participants experienced not-understanding as discomforting, at least one of these participants (Grace), showed no such discomfort, and this counters the suggestion that any meaning discrepancy automatically gives rise to negative affect. Furthermore, Irene was motivated to continue to not-understand despite its discomforting effects on her, challenging the assumption of Proulx and Inzlict (2012) and Parks' (2010) models that the discomfort of meaning-discrepancy necessarily leads to engagement in palliative behaviours. Although the small scale of this study would not justify claims that its findings conclusively refute these assumptions of the meaning-making models, it *is* claimed that the findings sound a cautionary note, and that further research is needed to investigate and clarify positions on the issues raised.

This study provides clues regarding the factors which may influence how meaning discrepancy is experienced. For example, the findings suggest that people's appraisals of the vulnerability of themselves, or of the values/other people which are deemed to be at stake, may be an important factor mediating how meaning discrepancies are experienced, particularly in terms of how anxiety-provoking they are, and how urgently they need to be addressed. The relationship between

vulnerability and not-understanding in this study was mediated by a variety of factors, including beliefs about what it meant to feel uncertain about something important (appraisals of the significance of not-understanding), perceptions of threat to participants' babies and/or threat to their maternal identities.

A search of the literature did not produce any evidence that a possible relationship between vulnerability and not-understanding has been studied before, therefore there is much scope for development in this area. If being in a state of not-understanding is associated with vulnerability, then this has implications for Counselling Psychologists' assessment of clients who may be in the midst of an experience of not-understanding. They may find it useful to consider whether such a client perceives themselves as vulnerable, and if so, which aspect of not-understanding gives rise to this perception. For example, does a client perceive uncertainty itself as a threat to them, or perhaps some of the potential ways of making sense of a decision exposes them to a shaming or unwanted identity position? Such avenues of enquiry may then influence the setting of therapeutic goals and/or the assessment of risk.

Although this study did not attempt to find, and did not find, evidence of generalised lack of purpose such as that underpinning Vos' (2016) model, or psychological constructs such as 'search for meaning' (Steger, 2005) and 'purpose-in-life' (Heisel and Flett, 2014), the findings do suggest that, when something meaningful is uncertain, distress and vulnerability can come from a variety of sources. This may help to explain the finding of search for meaning studies, that people may be more vulnerable to psychological distress when they are actively searching for meaning.

There is an idea (if not always a basic assumption), found in the meaning making literature, that responses to meaning discrepancies happen automatically and subconsciously (Greenberg, 1995; Horowitz, 1986). This is driven by the reliance of the models on laboratory experiments in which participants are naïve regarding the aims of the studies (McGregor, 2006; Pyszczynski, Solomon, and Greenberg, 2003; McGregor, Zanna, Holmes, and Spencer, 2001, also reviewed by Proulx and Inzlicht, 2012). However, the finding that participants had some control over when and how to engage with their experiences of not-understanding challenges the assumption of

some meaning-making theorists, that responses to meaning-discrepancies are *necessarily* automatic, immediate and subconscious. Further research should probe the role of conscious decision-making in responses to uncertainty of meaning.

The finding that participants' appraisals of not-understanding were significant also presents a challenge to the assumption of subconscious, automatic responses found in meaning-making models. The empirical meaning making models do not attend to people's appraisals of the significance of meaning discrepancies (what it means to them that something doesn't make sense), but these findings support the view that this is a neglected area requiring further attention and study. For example, the findings suggest that people's appraisals of whether something should make sense to them (and the perceived implications of the fact that it does not), their beliefs about whether what they are struggling with is ultimately resolvable or not, and their views about their own sense making processes, may all affect the ways in which not-understanding is constituted for them, and their ability to tolerate uncertainty. Such beliefs also constitute another layer of meaning which is itself vulnerable to disruption and discrepancy in the midst of those experiences.

The phenomenological concept of intentionality (Husserl, 1931/2012) has the potential to unify and dialogue with the findings discussed so far. Spinelli (2005) offers the following summary of its key implications:

At its most basic level of understanding, intentionality is simply the referential or directed nature of consciousness. All consciousness, Husserl writes over and over, is consciousness of *some thing*...At a deeper, and more significant level, however, intentionality...takes account of the inter-relatedness and interdependence of what in a modern empiricist tradition has been called 'subject' and 'object' (Spinelli, 2005:16).

Experiences of not-understanding were intentional, both in the sense that they were about a not-understood *something*, and in the sense that they were directed towards particular functions. The functions to which experiences of not-understanding were directed were embedded in, and constituted by, the interpretative world of each participant and their apriori understandings, including broader socio-cultural

expectations. So, for example, one participants' expectations about their vulnerability to psychological pain, and their assessment of wider safety concerns, was associated with an experience of not-understanding aimed at avoiding such pain. Further, analysis of not-understanding shows an inter-relatedness and interdependence between understanding and uncertainty, and between connection and disconnection. This in-between-ness is echoed in some of the images participants used to describe not-understanding, such as “no-mans’ land” (PBP1:127).

Spinelli asserts (in concordance with the meaning making theorists) that “Any behaviour that at first appears to us as inexplicable, or meaningless, is disturbing to us; it is a basic aversive stimulus.” (Spinelli, 2005:9). However, the findings suggest that something more complex is going on than the need to replace meaninglessness with meaning (particularly in the case of not-understanding as a hermeneutic choice). It is not simply about replacing an absence with a presence (of meaning), but is also about choosing between the possibilities that have already suggested themselves, yet for whatever reason are unsatisfactory or not sufficiently persuasive. The landscape of what some theories might characterise as meaninglessness is in fact populated with lots of potential meanings which themselves carry values, connected with existing intentions, motivations and anxieties.

The disturbance associated with not-understanding (which may sometimes be about finding something inexplicable, or what meaning-making theories term disanxiousuncertlibrium), may have been difficult to isolate here precisely because it is already involved with these existing meanings. Existing meanings also include what it means that something is not-understood, and this too can help to shape the person’s response. The varied tones and flavours of language which were used to describe not-understanding, such as that something is shocking, inexplicable, mysterious, undiscovered or not yet decided upon, reveal this interpretative and intentional characteristic.

The finding that not-understanding was directed towards particular psychological functions therefore demonstrates that not-understanding can be important in its own right, not simply a default position defined by an absence of clarity or the presence of

negative affect, but having the character of intentional, positive action. Agosta (2010) suggests that:

[Heideggarian] understanding is characterized as a pressing forward into possibilities. Instrumentally, understanding is rather more like a Swiss Army knife for managing how to get things done in the practical world of instrumental relationships (Agosta, 2010:39).

It is suggested here that not-understanding, too, can be seen as a kind of instrument for getting things done, a between-space for generating possibilities from uncertainty. The different functions of not-understanding outlined here represent different frameworks for possible actions to take in the face of groundlessness and uncertainty. Even stuckness can be seen as a call for particular kinds of responses such as inaction, a railing against inaction, or an avoidance of engagement.

The findings of intentionality and context dependency resonate with Neimeyer, Klass and Dennis' (2014) description of meaning making in the context of grief as "a situated interpretive and communicative activity" (Neimeyer, Klass and Dennis, 2014:485). Neimeyer (2017) explains that:

"By "situated," we mean to emphasize that mourning is a function of a given social, historical and cultural context; by "interpretive," we draw attention to the meaning-making processes it entails; by "communicative," we stress the essential embeddedness of such processes in written, spoken, and nonverbally performed exchanges with others; and by "activity," we underscore that grieving and mourning are active verbs, not merely states to be endured." (Neimeyer, 2017)

The implication is that experiences of not-understanding can be seen as reflective of how human beings live meaning, in whatever context a disruption arises, and whether or not the disruption prompts a large scale re-valuation of life meaning and goals. Unlike research related to meaning-centred therapeutic approaches, the implications of this study are not primarily to do with helping people discover or construct a global sense of meaning or purpose in life. Rather, it is about showing

what can be involved phenomenologically when unresolved experiences have to be lived with, and showing that how one is towards the experience can be intentional beyond, before or additionally to finding meaning or purpose in life. Participants in fact displayed a strong sense of purpose in the sense of wanting to safeguard the wellbeing of their babies. However, this was a starting point, rather than an end point, for not-understanding, as it threw them into new or newly significant dilemmas.

Counselling Psychologists working with any client cohort may find it helpful to bear in mind that experiences of not-understanding may have a psychological function. This poses a challenge to theories and practices based on the assumption that the helper's role is simply to help identify and rectify faulty ways of thinking (although, paradoxically, I am suggesting that there are more or less helpful ways of thinking about not-understanding itself). By working phenomenologically with experiences of not-understanding, client and therapist might better understand how they are directed for a particular client in their particular context.

1.2. Not-Understanding and Connection/Disconnection

It is possible to locate the functions of participants' experiences of not-understanding in the context of broader theories about psychological motivations. For example, a number of participants' experiences of not-understanding were found to be concerned with a desire to connect to others. Feeling not understood by, or disconnected from, significant others, was both significant, painful and anxiety-provoking for participants. Not-understanding was the state in which they were motivated to overcome barriers to connection.

The desire for connection is not directly addressed by the existential theoretical framework mentioned above, nor is it attended to by the meaning-making models. From Heidegger's point of view, we cannot be disconnected from others at an ontological level, because we already exist in a world with others and we cannot change this (Heidegger, 1953/2010). Particular forms of relating to others, including ways of relating which avoid or are at a distance from them, are for him merely part of the variety of ways of responding to, or ontic manifestations of, this condition of being-in-the-world-with-others. As Cohn puts it, "Finding ourselves existentially in a

position of 'With-being', we face the question of how to respond to it" (Cohn, 2002:34).

This speaks to the co-dependence found in the study between the experiences of connection and disconnection in relation to not-understanding. The form of not-understanding which functioned to connect included and required both an experience of disconnection (that which was to be overcome), and an openness to the possibility of both connection and disconnection in the future. Disconnection, then, is not the experienced non-existence of others, but rather, is structured by the desire to be closer to someone who is already there somewhere. From this perspective, not-understanding in order to connect is the particular way of being towards the condition of being with others, which prioritises the intention to feel closer. Participants' willingness to engage with the difficulties of not-understanding denoted a commitment, a taking of action, and in that sense, an assertion of values. The next part of this discussion will consider why this might have been so important to them. Participants' motivation to connect specifically with their babies is discussed separately in Section 2 in the discussion of maternal transition and not-understanding.

The desire to connect with others, to feel a sense of belonging, and to avoid loneliness and/or isolation, have long been thought of as strong motivators for human behaviour. Maslow (1943) proposed that love and belonging is a basic universal human need, and there is some evidence that fulfilment of these needs is associated with subjective wellbeing across cultures (Tay and Denier, 2011). Attachment theory and other psychodynamic models place the infant's need for relationship as an organising principal of behaviour, albeit that, as Fonargy (2001) notes, "There are...many competing formulations as to the nature and origin of this need," (Fonargy, 2001:163). Evolutionary theories of psychology, on which attachment theory draws, also place social relationships at the centre of our survival system (Kenrick and Simpson, 2014), for example hypothesising that the need for a complex 'social brain' is the reason primates evolved a particularly large cranial capacity (Dunbar, 2002). Loneliness has recently become a focus of sociological and psychological research, and has been associated with a range of negative outcomes. For example, Hawkey and Cacioppo (2010) state that:

“Perceptions of social isolation, or loneliness, increase vigilance for threat and heighten feelings of vulnerability while also raising the desire to reconnect. Implicit hypervigilance for social threat alters psychological processes that influence physiological functioning, diminish sleep quality, and increase morbidity and mortality (Hawley and Cacioppo, 2010: 218).

Participants confronted isolation and/or loneliness on a number of levels. Some participants were physically isolated and felt lonely following childbirth, some felt lonely in the face of experiences of social disconnection, and most experienced a degree of isolation in the sense of having to take ownership of their choices, as the guidance of previously relied-on sources of authority turned out to be less reliable than expected. Loneliness can be thought of as a situation in which perceived disconnection from others is felt to be imposed and unwanted (unlike isolation, which can also be chosen and desirable). This may explain some of the participants’ anxiety at the ongoing unresolvedness of their situations, where their not-understood experience related to or included a sense of social disconnection. A need for belonging may have motivated participants to find understanding, and such a drive may also explain why interpretations in which they perceived themselves less competent at connection with others were particularly threatening.

The connection/disconnection theme was the umbrella for a range of sub-themes, such as isolation, social rejection, and bonding. It may be that participants were motivated, not just to connect with others, but to connect with them in particular ways. Jaspers posited that the will to authentic communication was the “ultimate source” (Jaspers, 1951:26) of philosophy, to which doubt, wonder and engagement with “ultimate situations” (Jaspers, 1951:26) are subject. When he says “The truth begins with two” (Jaspers, 1951:124), he suggests that the desire to commune with other humans openly about our common humanity is what brings us back to the ground of our own being.

Buber’s (1937/2010) theory of I-thou provides a framework for exploring this. He suggests that “All real living is meeting” (Buber, 1937/2010:17), and that people are seeking a form of openness in their relationships with others, which inevitably

alternates with, but is ultimately more enriching than, the form of relating which sees people in terms of their function. He describes these two types of relating as 'I-thou' and 'I-it' respectively (Buber, 1937/2010). For Buber, I-thou relating constitutes an openness to the others' presence, not delineating what or who or why they are, but recognising, accepting and affirming *that* they are present with us in a shared existence.

It is possible to draw several connections between Buber's idea and participants' experiences of not-understanding. For example, Frida's discomfort at social rejection by others can be seen simply in the light of a thwarted desire to belong. However, a more complex yearning for I-thou relating, in which she both understands and is understood by others, might also be discerned in her experience of not-understanding. I-thou relating may have shaped Grace's not-understanding as a bearing witness, with its characteristic of acceptance, and the theme of finding her own values in commitment to another. Hannah's sadness and anxiety at feeling disconnected from her son, and later her willingness to accept her inability not just to understand, but to control, his behaviour, could be seen as involving a move away from viewing him as someone to be objectively shaped by her parenting decisions (I-it) to someone whose being was to be accepted and enjoyed (I-thou). Buber's theory may also speak to the satisfaction and peace of mind that seems to have accompanied this change in emphasis for Hannah. It is therefore possible that participants' experiences of disconnection may have included the experienced absence, not simply of others, but of particular qualities of relating to them, such as the I-thou mode described by Buber. If, as Buber suggests, this mode of relating has the capacity to affirm us in our existence, then the absence or loss of it may plausibly be the cause of anxiety sufficient to motivate participants to negotiate the no-man's land of not-understanding.

This has implications for Counselling Psychologists, in terms of reminding them to be curious about their clients' experiences of disconnection and not-understanding, in terms of challenging them to think about the kinds of relationships which are sought when clients wish to connect, but also in terms of helping them to reflect on their own practice. Not-understanding may, for example, be experienced by Counselling Psychologists in relation to their clients, particularly during times when the

relationship feels disconnected. Being able to stand in their own experiences of not-understanding, and recognise and reflect on how such experiences are directed, could open up possibilities for more grounded practice. This idea has the potential to be useful because it challenges narratives of professionalism, in which the therapist is encouraged to expect themselves to always understand what is happening between themselves and their clients.

Summary of Psychological Perspectives on Not-Understanding

Five ways of not-understanding were identified by the study, each associated with particular psychological functions. The question posed by not-understanding related in each case to my original formulation of “what do I do with this experience?” However, it was intentional and specific to participants’ psychological contexts, such that in each case there was a “what do I do with this experience *in order to...*”, the purpose being to avoid feared phenomena, bear witness, make sense of decisions before or after making them, or connect with others. The ‘in order to’ had further ramifications, particularly for maternal identity and relationships with self and others.

It is argued that viewing experiences of not-understanding as intentional and valuable in their own right has the potential to open up possibilities for moving beyond not-understanding in clinical practice. Some meaning-making theories assume homogenous, predictable physiological and behavioural responses to what they term meaning discrepancies. Such sequences are often assumed by researchers to be automatic and outside people’s conscious control. These findings challenge those assumptions, as not-understandings were rich, complex, and experienced very differently in different contexts.

Rather than being characterised by absence of meaning or a simple disturbance, experiences of not-understanding arose in the context of a host of existing potential meanings, motivations and anxieties. These contexts shaped how meaning discrepancy was experienced. For example, people’s appraisals of their vulnerability or the vulnerability of that which they value, and their appraisals of what it meant to not-understand something important, had the potential to fuel anxiety in relation to

experiences of not-understanding. This is suggestive of an additional avenue for meaning-making researchers.

The psychological function of not-understanding in order to connect was investigated in more detail. Participants' willingness to put themselves at stake in the experience of not-understanding can be understood, in these cases, as being driven by a universal human need to connect. Further, they may have been motivated to seek particular qualities or modes of relating, such as the 'I-thou' form of relating described by Buber (1937/2010). Where experiences of not-understanding in order to connect may arise in therapeutic contexts, Counselling Psychologists are reminded to be curious about the qualities of relation being sought, and to consider re-evaluating discomforting experiences of disconnection in the light of their potential to connect people with their own values.

Participants' experiences of not-understanding had a quality of space, of in-between-ness, or a standing both in and apart from something. At times this space was pressurised and uncomfortable, however, as has been established, it was also valuable. The question for Counselling Psychologists and maternal service providers is therefore whether, and what, steps might be taken, to make not-understanding a more acknowledged, habitable and productive space to be. Further research could help to establish whether it is beneficial, as these findings suggest, to help people to better tolerate uncertainty, and engage with it in an accepting way, in order (again, paradoxically) to find ways of moving beyond it.

Further research could also assess the relative benefits of different sorts of functions of not-understanding in different contexts. For example, we might ask whether avoidance of feared phenomena be desirable in some circumstances, and if so, to what extent does it challenge therapeutic narratives which tend to see avoidance behaviours as primarily problematic?

Section 2. Not-Understanding and New Motherhood

The findings suggest that not-understanding may be a significant, but under-acknowledged experience associated with new motherhood, especially in relation to

decision-making. It is evident in the literature on the transition to new motherhood, that new mothers often feel overwhelmed or anxious (Abrams and Curran, 2009; Chen, Wang, Chung, Tseng, and Chou (2006), and that uncertainty is a common feature of the transition (Barclay, Everitt, Rogan, Schmied, and Wyllie, 1997). The cohort was selected precisely because existing evidence pointed to the likelihood that new motherhood might throw up experiences of not-understanding. The findings corroborate this view, in the sense that stories about not-understanding were elicited from this small sample. However, as participants self-selected based on their interest in telling these stories, it is not possible to draw any further conclusions either way on this point, which could only be answered by much larger scale work. However, a number of insights can be learned regarding possible relationships between experiences of not-understanding and new motherhood, and these are discussed below.

A number of maternal themes arose, which may constitute useful directions for further study on the potential role of not-understanding in the transition to motherhood. For example, not-understanding arose for several participants in the context of maternal decision-making, both in relation to being the midst of an uncertain decision, and the hermeneutic choice of what to make of decisions that had already been taken. Feeding issues, both around breastfeeding versus formula feeding and the transition to solid food, and responses to the advice of health professionals, were common sub-themes. A number of experiences of not-understanding were also foregrounded by concerns about vulnerability and disorientation in the aftermath of childbirth. It could be that these issues have greater potential for throwing up experiences of not understanding, or perhaps these issues throw up experiences of not-understanding when they coalesce into particularly stressful situations or dilemmas.

I will go on to explore some of these themes in relation to existential theory below, however, the first point here is that the likelihood of experiencing not-understanding may be greater around particular transition issues, and/or moments of crisis arising from these issues. This insight could provide a useful guide for focussing future studies. I will first discuss the possible relationships between vulnerability, maternal decision-making and not-understanding, including implications for anyone working

therapeutically with new mothers. Secondly, I will discuss the relevance of participants' experiences of connection and disconnection with their babies, asking how this sits with the literature of mother-infant relating. Thirdly, I will consider the implications for maternal service design of the finding (as discussed above) that not-understanding was functional and could be engaged with in such a way as to open up possibilities for moving forwards. Finally, it is possible that experiences of not-understanding are, at least partly, an outcome or function of particular socio-cultural conflicts to which the individual is subject. I will discuss the impact of the proliferation of competing maternal narratives on experiences of not-understanding in the study, in the light of existing theories about maternal transition.

2.1. Not-understanding and Maternal Transition Issues

i. Not-Understanding, Motherhood, and Vulnerability

When vulnerability and motherhood are linked in maternal transition literature, it is often in relation to the concept of psychosocial vulnerabilities, or risk factors, and the impact of these on the mental and physical health of mothers and their babies (Besser and Priel, 2003). In this study, vulnerability was understood rather as a subjectively experienced psychological situation consisting of perceived lack of power to protect that which is valuable. A reminder of Anderson's (2014) definition will aid the reader:

A person is vulnerable to the extent to which she is not in a position to prevent occurrences that would undermine what she takes to be important to her. Vulnerability is thus a matter of effective control, understood as a function of the relative balance of power between the person in question and the forces that can influence her. Vulnerability can be increased by those forces becoming more powerful or the effects more probable but also by the person becoming less able to counter these forces and effects (Anderson, 2014:135).

Although vulnerability is not an experiential theme across the range of maternal transition studies considered in the literature review, a number of qualitative studies have identified related themes which are consistent with the findings of this study.

For example, Darvil, Skirton and Farrand (2008) found that loss of control was a theme in their study of the psychological factors affecting the transition to first time motherhood, and cite as supporting evidence feelings of vulnerability reported from the early stages of pregnancy through to the post-partum period. Prinds et al (2014) state that “New mothers face a new vulnerability in the new relationship with the child” (Prinds, Hvidt, Mogensen and Buus, 2014:8) and link this with the need to create new meanings. Summarising the findings of a number of studies, Nelson (2003) reported that mothers commonly encountered various kinds of losses during the transition to motherhood, such as loss of self-esteem and loss of control, and these could conceivably correlate to perceptions of increased vulnerability which were found in the experiences of participants in this study.

A range of sources for participants’ appraisals of vulnerability were identified which contributed to participants’ experiences of not-understanding. These included the fragility of newborn babies, the physical risks around childbirth, and the multiple social, personal and economic changes taking place. From an existential perspective, this vulnerability can also be partly explained by what Arnold-Baker and Donaghy (2005) have highlighted as the increased potential for exposure to existential anxiety during the transition to motherhood, as the above risks threw them into a confrontation with the embodied nature of their existence. Several participants expressed shock in response to embodied aspects of their transition experiences, whether that be Briony’s shock at having had a relatively easy, natural birth, which was subsequently undermined by her difficulties with breastfeeding, Chrissy’s shock at the hardship she had endured throughout a gruelling pregnancy and post-birth complications, or Irene’s shock, as a person who had rarely experienced illness, at having to rein in her expectations about what she could do after the birth. These experiences fuelled their sense of vulnerability, and contributed to their experiences of not-understanding.

Not-understanding was an anxiety-provoking place for most participants. However, it cannot be described uniformly as either a flight from, or move towards, a more

honest confrontation with existential givens. In cases where participants found greater autonomy after wrestling with a hermeneutic choice, and where fuller, more honest connection with self/other was being sought, one can see something recognisably transcendent in the experience of NU. In this sense, the findings are unsupportive of De Beauvoir's (1949/1997) suggestion that motherhood is antithetical to transcendent, independent choice-making. On the contrary, Briony, Chrissy and Hannah's stories suggest that not-understanding in the context of new motherhood had opened up opportunities for the evolution of more autonomous, authentically owned decision-making styles. On the other hand, Irene's inability to be at home with herself was a flight from a reality which felt too threatening to face, a form of opposition to, rather than an embrace of, the existential condition which Heidegger seems to suggest with his concept of "not-being-at-home" (Heidegger, (1953/2010: 183).

For Heidegger (1953/2010), anxiety is the phenomenal expression of the uncanniness of the human condition, which being at home with ourselves represents a sort of flight from. Not-understanding for some participants may have represented a sort of contact (with existential boundaries) which was, paradoxically, characterised by a sense of disconnection (from safety or familiarity). The themes of vulnerability and disconnection which emerged from this study may, in part, reflect participants' sense that safety was more fragile, contingent and limited in ways that had not been as obvious before motherhood confronted them more directly with "ultimate situations" (Jaspers: 1951/2003:20).

The findings therefore support the contention that new motherhood throws up existential tensions, with responsibility, groundlessness, freedom, embodiment, being-with-others, death and time all prominent sub-themes relating to the main phenomenological themes of vulnerability, maternal decision-making, and connection/disconnection. However, it is not possible, or in my view desirable, to characterise experiences of not-understanding as inherently productive of authentic or inauthentic engagement with life's givens, nor to ascribe moral superiority over either of these ways of being as some existential theorists tend towards doing. In considering the existential impact of experiences of not-understanding in new motherhood, what is more relevant clinically is to show that existential concerns may

well be part of the context of a host of very practical, immediate choices which are part of the territory of new motherhood, and that these may be rendered more significant, more fragile, more disturbing, and/or more potentially meaningful, as a result.

Participants' engagement with death issues are an example of this. The analysis of Briony's experience of not-understanding led to the observation that openness to love, care and responsibility for another's life required openness to death and loss. Van Deurzen (2015) highlights the potential for new motherhood to throw up confrontation with the certainties of death. Briony's not-understanding can be viewed partly as an experiential testament to her attempts to make sense of the insuperable nature of the conflict between love and death.

It is possible that the association between not-understanding and vulnerability found here was reflective of a relationship between vulnerability and new-motherhood. It would be interesting to find out whether studies with alternative cohorts would find such a strong theme of vulnerability embedded in stories of not-understanding. In the meantime, a greater recognition that experiences of not-understanding, vulnerability and new motherhood may easily coalesce together may help to inform practitioners' appreciation of the complexity of maternal experience. The findings support the view that not-understanding itself can drive perceptions of vulnerability, for example when not-understanding their babies' behaviour challenged the expectation that they should be in control of it. It is therefore possible that helping new mothers to value their experiences of understanding differently may leave them feeling less vulnerable, at least in this respect.

Not-Understanding and Ownership of Maternal Decision-Making

This research identified several factors driving the perceived significance and urgency of participants' experiences of not-understanding in relation to maternal decision-making. These were: increased concern and responsibility combined with less certainty and control over the outcomes of decisions; the influence of social expectations and good mother identities; and wanting to do what was best for their babies. The first of these drivers of significance can be seen as a heightened confrontation with the existential situation of human freedom and responsibility as

described by Heidegger (1953/2010) and Sartre (1943/2003). From this perspective, we are thrown into a set of conditions over which we have little control. We are responsible for choosing a path forwards, despite the groundlessness of those choices, and uncertainty about the consequences. Most of us find this anxiety provoking. Arnold-Baker and Donaghy (2005) characterise parenthood as marked by “the inescapable evidence of thrownness, the impossibility of controlling one’s environment or what the future may bring.” (Arnold-Baker and Donaghy, 2005:35). Several participants expressed shock and anxiety at their increased sense of responsibility combined with the potential adverse consequences of making the ‘wrong’ choice in the unfamiliar territory of maternal decision-making. Chrissy expressed this when she said “I think that no-one can prepare/ everyone says, erm, how hard it's gonna be, but the shock when you're, just left with this new baby, erm, I found really difficult” (PCP1:2). Briony connected her sense of unfamiliarity explicitly with her new sense of responsibility:

It's a strange universe you've been drawn into having a baby, this whole, not sleeping, your body's all a bit wonky and, you're meant to then suddenly take care of this, of this baby as well.
(PBP1:69).

The “no-man’s land”* of not-understanding, especially in the face of maternal decision-making, can be seen as the space where participants grappled for a response to these demands. From an existential perspective, this makes it a particularly potent and valuable space, because it is the space where people can discover what it is they value, and take a stand amidst the anxiety and uncertainty of the situation. Briony, Chrissy, Ellen, Grace and Hannah demonstrated this by coming to own their maternal decisions more fully, and Frida discovered a more sustainable basis for self-worth, through their engagement with not-understanding.

The findings also remind us that the choices we make about the meaning of our decisions are not final. For example, Briony and Ellen’s experiences of not-understanding a hermeneutic choice compelled them to repeatedly remake the case for their chosen interpretations of the meaning of their decisions. The commonly

repeated Sartrean position that we are our choices here requires the further elaboration that we are also the sense we make of them.

Some participants' experiences of not-understanding were concerned with tensions between expectations and realities of mothering. On one hand, participants had adopted culturally available narratives about what good mothers do, and expected health professionals to be able to successfully counter any uncertainty they might feel due to their own lack of experience with advice about best practice. However, Briony, Chrissy, Ellen and Hannah all encountered situations which challenged these expectations. They all indicated that they felt let down by health professionals when advice was either deemed absent, poor, ambiguous or inappropriate to the particular situation they found themselves in. This disappointment was painful and threw participants into not-understanding in the midst of decision-making, in some cases accompanied by anger. Suddenly they were faced with all of the responsibility and imperative of choice, but with none of the reassurance or experience which might guide their decisions.

Not-understanding as hermeneutic choice then constituted a space in which to negotiate the tension between expectations and reality conferred by good mother scripts, partly (but not exclusively) in order to recover or rework good mother identities. In this respect, the findings are compatible with the findings of Miller (2007), Raith (2008), Abrams and Curran (2011) and others, that culturally sanctioned 'good mother' scripts influence how mothers think and talk about themselves, and that mothers often find ways to resist such scripts. The study also threw up examples where conflicts between cultural narratives were played out as intra-psychological conflicts. In response to weighing up different sources of evidence about breastfeeding, for example, Briony says "It's almost like you're having parallel conversations in your mind" (PBP1:6). The functional analysis of identity positions demonstrated how alternative cultural narratives were used to negotiate, confront and resolve experiences of not-understanding through the narration of their experiences.

Such experiences can be viewed on one level as examples of failures of support services. For example, it is possible that with better support, Briony's baby might

have been persuaded to breastfeed, or Ellen and Hannah's weaning experiences might have gone more smoothly. However, the experience of being let down by official advice can also be seen as a step towards more authentic and confident decision-making. From an existential perspective, authenticity is not a way of being that can be adopted wholesale and permanently, but rather, is something momentarily achieved when we grasp, or own, the possibilities and limitations before us as they are, as fully as possible. (Spinelli, 2005). The situations where participants felt let down by professionals required them to face the groundlessness of their choices more fully, and led to a more authentically 'owned' engagement with their own decision-making process, with Chrissy for example coming to "trust..myself and my own kind of measure on my baby" (PCP1:18). This is consistent with Miller's (2007) observation that:

Certainly experience, confidence, and the passage of time—which may involve returning to work and sharing child care—alter the ways women discursively position themselves as mothers. Now we see greater emphasis given to prioritizing their own ways of knowing (Miller, 2007:351).

Perhaps participants' sense of injustice and disappointment was also the outcome of a culture which encourages parents to trust in the comforting idea that everything will be alright if they simply follow the instructions of experts. Pressure to be certain about what is 'the right thing to do' in the case of maternal decisions related to babies' health and welfare therefore falls not only on new mothers, but on the shoulders of health professionals and other support workers, who may often wish not only to help identify what is in the child's best interests, but also to assuage the anxieties of vulnerable new mothers. Yet, if this faith in expertise is not tempered by an acknowledgement that things do not always go to plan, babies do not always behave in line with parenting objectives, and that sometimes the path forward may not necessarily be clear, then both mothers themselves and healthcare professionals are set up for a sense of failure and even crisis when difficulties do arise. Furthermore, even if mothers are cast, or cast themselves, as merely passive recipients of clinical judgements about best practice, they still have to choose whom to trust in a competitive landscape of conflicting expertise, reflecting Sartre's (1947/2007) observation that "to choose an adviser is nevertheless to commit

oneself by that choice" (Sartre, 1947/2007:33). It is argued that mothers and service providers need the right to be uncertain, to be given space where possible to acknowledge and explore the difficulties with which they are faced, without others necessarily interpreting their uncertainty as a sign of incompetence.

Many studies call for new mothers to be better prepared by services, and this is often interpreted as better advice, setting expectations for how mothers and their babies will, or should, behave. However, participants' experiences suggest that advice, when conflicting or not thoughtfully tailored to the individual mother-baby dyad in question, can throw women into states of confusion and anxiety. A number of experiences of not-understanding were directed towards resolving such confusion, either in the face of, or the aftermath of, important maternal decisions. The findings therefore support the tentative suggestion that current competitive narrative landscape about what constitutes good mothering may have a negative psychological impact on some women, for example heightening anxiety, vulnerability to shame and criticism, and assumptions that someone else must know best. However, it also supports the proposition that the competitive maternal narrative landscape may present opportunities to engage more authentically with maternal decisions, to the extent that mothers are confronted with the groundlessness of the choices they must make. Both propositions require further investigation.

Stadlen (2004) and Arnold-Baker (2014) have suggested that women need to be prepared to be surprised, and indeed, being prepared to be surprised might have mitigated some of the shock attached to some participants' transition to motherhood. But the findings support the view that a further sort of preparation might have been even more beneficial: that is that they might have been prepared to negotiate difficult decisions without the certainty which parenting books can give the impression of providing, and to navigate uncertainties in ways that challenged expectations about how much control they had as mother over the situations for which they felt responsible. They could have been better prepared to face all sorts of variations on what they might have thought of as a typical experience of caring for a baby. In this sense the research supports Arnold-Baker's view that "rather than worrying about what they don't know, new mothers need encouragement to recognise what they do know and what they have learnt" (Arnold-Baker, 2014:180), and Stadlen's (2004)

suggestion that “uncertainty is a good starting point for a mother. Through uncertainty she can begin to learn” (Stadlen, 2004:45). But I would argue that it goes further. In addition to being encouraged to recognise what they do know, the findings suggest mothers could also be encouraged to see not-understanding as a necessary part of the process of parenting, which will need to be confronted again and again. And perhaps to be taught ways of listening to their experiences of not-understanding, for example, by reflecting on the intentional, functional, nature of it.

2.2. Motherhood, Not-Understanding and Connection/Disconnection

For some participants, their not-understood experience concerned their desire to feel connected to their babies (and distress at experiences of disconnection from them). It is plausible to use psychological theories to explain this, for example, citing the long established principle from evolutionary psychology that humans, like other animals, are driven to ensure the survival of their offspring (Blaffer Hrdy, 2009). Briony, Ellen and Hannah’s stories of not-understanding in particular would not have made sense without maternal love as an organising principal. Their perceptions of threats to the wellbeing of their babies heightened their sense of vulnerability, which in turn shaped their experiences of not-understanding. There is some evidence that neurological changes in brains of new mothers heighten vigilance for threats to the infant and facilitate sensitive caregiving, enhancing their experiences of pleasure in response to their infants and capacity for empathic distress (Kim, 2016). However, Grace’s story of bonding with her adoptive baby demonstrates what mainstream developmental psychologists now accept, that the capacity for developing a strong and sensitive bond, (including associated neural changes in the caregiver- see Abraham et al. 2014), is by no means restricted to the relationship between a baby and its biological mother (Cowie, 1995).

To explain participants’ desire to connect with their babies, we can also reach for the discourses of attachment theory and intensive mothering, in which the establishment of a strong bond with a sensitive, emotionally available caregiver is crucial for the long term psychological wellbeing of the infant (Fonargy, 2001). And it is clear from participants’ stories that they themselves were active stakeholders in the narratives of good mothering created by these theories, because potential threats to their bond

with their babies were interpreted as highly anxiety-provoking, threatening good mother identity positions, and increasing the sense of vulnerability in the not-understood experience. An example of this is when Briony worried that absence of a breastfeeding relationship might have an adverse impact on their bond. There was a sense here that consequences of decisions were unquantifiable, potentially reaching far into their babies' futures, and yet for all this, uncertain and unpredictable.

And yet, while relevant, these psychological explanations do not quite do justice to participants' descriptions of their lived experience of wanting to connect with, to protect, to do their best for, their babies. Perhaps the deficit lies in the way that individual context and active choice-making is de-emphasised in drive theories, or in the way that neurobiological phenomena is often represented, without justification, as the underlying cause or reason for behaviour and experience, rather than as merely constituting the biological correlates of such phenomena. Perhaps something is lost when the phenomenological description of experiential phenomena is translated into explanation, because explanation can have the effect of distancing one from the sense that experience is all consuming, immediate and real to the person experiencing it. These participants communicated a sense that they were fully, intensely, and actively involved as caregivers, committing significant psychological resources to the work of not-understanding in order to connect with and make choices on behalf of their babies. This contrasted with certain narratives which had influenced their expectations of motherhood, such as Briony being told to expect that breastfeeding would be easy because she had had a natural, easy birth, or Hannah expecting that her organisational skills would have enabled her to anticipate and resolve her baby's eating problems before a situation of not-understanding had time to take hold. It is, therefore, the sense of live human struggle which is arguably missing in much of the literature on maternal attachment which has influenced mainstream cultural narratives of motherhood. However, the experiences of active, engaged struggle reported here is consistent with Nelson's (2003) identification of active engagement as a core process in her review of qualitative studies of the transition to motherhood. Perhaps the findings of such studies have been less successful at filtering through to mainstream discourses.

Van Deurzen (2015) suggests that, “In passion we give of ourselves without reserve and stretch ourselves beyond our previous boundaries, into the unknown.” (Van Deurzen, 2015:2521). This description seems closer to participants’ experiences of not-understanding in the context of maternal decisions, than do explanations in which maternal concern is framed as natural, determined by unconscious forces or otherwise taken for granted. Had the need for sustained, active, engaged struggle in which difficult choices might have to be made been more predominant in these participants’ expectations of motherhood, it is plausible that some of the distress and anxiety associated with their not-understood experiences could have been mitigated. The implication for Counselling Psychologists and maternal service providers is that the framing of struggle in relation to maternal care requires careful consideration, as frameworks which ignore or pathologise such struggle may serve to undermine the considerable effort mothers are making to care for their babies.

2.3. Engagement with Not-Understanding

Stadlen (2004) and Arnold-Baker (2014) have also suggested that the ability to engage with uncertainty constructively may be beneficial for both mother and baby. The question then arises of whether, and how, new mothers can be supported to engage with uncertainty in such a way as to benefit from the experience. These findings are suggestive of possibilities ripe for further study, since, for some participants, the way that they engaged with experiences of not-understanding opened up possibilities for moving beyond it. For example, the accepting mode of engagement allowed Hannah to reframe her relationship with her son so that he was no longer disconnected or unreachable. The questioning mode of engagement prompted Briony to re-evaluate the research around breastfeeding, and she was subsequently able come to a position with regards to her own decision which she felt more confident with. Through engagement with her own experience of not-understanding, Frida was able to reconnect with a sense of what she valued. Park (2010) and Proulx and Inzlict (2012) have attempted to categorise different routes to meaning making, and some of these categories fit comfortably with the findings. For example, Park’s “acceptance” making (Park, 2010:260) mode of meaning made is consistent with the acceptance mode of engagement with not-understanding found here. Briony’s re-evaluation of the breastfeeding research in the

light of her decision seems to correlate with Proulx and Inzlicht's "accommodation" (Proulx and Inzlicht, 2012:325) mode of meaning-making, whereby expectations are adjusted to incorporate new information.

However, these models do not seem adequate to describe the complexity of what was happening with each participant. Furthermore, engaging with not-understanding in the ways mentioned above did not seem to guarantee new insights or possibilities for all participants. Frida and Dinah, for example, remained stuck while they engaged with not-understanding in a questioning mode. It could be the case that that particular modes of engagement with experiences of not-understanding might reliably produce specific desirable outcomes, such as an increased sense of ownership over decision-making, or the generation of new insights and understandings, and that this is something which further study could elucidate, and ultimately help mothers to take advantage of. The accepting mode of engagement with not-understanding seemed to require something akin to John Keats' negative capability ("when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason." (Keats, 1817/1958:193-4)), and the tolerance of anxiety and uncertainty has been recognised as a life skill, particularly in the existential literature (Van Deurzen, 2015).

However, the findings point to a more complex picture. It is probable that situational factors influenced the style and efficacy of participants' engagement with their not-understood experiences, such as whether or not they had had a period of relative safety during which to reflect on a crisis which had passed, or, like Irene, still felt themselves to be in the midst of one. Another possible factor which may have influenced participants' ability to move beyond not-understanding, was their willingness and courage to engage with it at all. All the participants in this study demonstrated courage, albeit in different ways and to different ends. All, for example, demonstrated the courage to tell their stories, to open themselves up to the judgements and interpretations of a stranger. They had the courage to engage reflectively on difficult experiences. Some had to make and live with difficult decisions on behalf of their babies in the face of much risk and uncertainty, and the possibility of damning social judgement; this too took courage. Even when the purpose of engagement with not-understanding was to avoid, a mode which could be

described as inauthentic insofar as some aspect of experience was being denied, there was a purposeful assertion of something valuable in this avoidance. In Irene's case, for example, the purpose of avoiding the not-understood experience was the survival of her integrated sense of self. And Chrissy's reluctance to engage with her not-understood hardship turned out to have been driven by the desire to protect her daughter's narrative about what it had been like to nurture her. All participants demonstrated the courage to take a stand in the (often discomfiting) no-man's land of not-understanding, often in order to protect themselves, but often, also, their babies.

References to maternal courage were not commonly found in the review of transition literature, although Nelson (2003) does name engagement as a core process of transition. In existential literature, questions about how one engages with the challenges of existence are central concerns, and one finds ideas which have relevance to this interpretation of the findings. For example, Van Deurzen (2015) eulogises the role of passionate engagement with life in enabling us to make sense of its challenges:

“Through passion...we feel alive and able to brave whatever may come. To feel passionate about something is to feel eager to opt in to it and unite ourselves with it, making it our own in the fullest way possible. To feel passion is to love and be prepared to sacrifice ourselves for what we love.”
(Van Deurzen, 2015:2340)

For Tillich (2000), courage is an act of affirmation which he characterises as an openness to:

“...The experience of the power of being which is present even in the face of the most radical manifestation of non-being. If one says that in the experience vitality resists despair, one must add that vitality in man is proportional to intentionality.”
(Tillich, 2000:177).

In these examples, courage is seen as a way of responding to the conditions of uncertainty, freedom and death in such a way that affirms existence. Existential theory tends to prioritise the individual's existence. However, the mothers in this study had to affirm, not just their own existence and vitality, but that of their babies. Their preparedness to stand in the no-mans' land of not-understanding in order to protect their babies is not directly addressed in existential theory. Further study of maternal courage has the potential to challenge existential assumptions about the fluidity of the existentials that shape our being, when we temporarily take over responsibility for another's existence.

Van Deurzen (2002) suggests that, "An existential attitude always involves squarely facing up to what seems negative and difficult in order to discover the positive implications of it." (Van Deurzen, 2002:31), and it is the role of the Existential Counselling Psychologist to help clients to do this. Courage may be manifested in different ways and be more or less successful in countering anxiety. However, there is something potentially therapeutic about recognising it in another human being, because when one affirms their courage, one is also affirming their existence. It is suggested here that maternal courage needs greater recognition as an alternative starting point from which to re-value/evaluate their commitment and actions as mothers. It could also act as a counter-narrative to the cultural imperative that mothers and healthcare professionals should be judged predominantly by their ability to always know the answer to the question, 'what is the best thing to do here?'

Not-Understanding and New Motherhood Summary

The findings suggest that not-understanding may be a significant, but under-acknowledged experience associated with new motherhood, especially in relation to decision-making. It is suggested that relationships observed in this study, between maternal transition issues such as feeding and recovery from childbirth, and experiences of not-understanding, need to be further investigated. New mothers' perceptions of their own or their babies' vulnerability is suggested as a possible common mediating factor. New mothers may be vulnerable because they are experiencing not-understanding, or may have experiences of not-understanding,

which are exacerbated by vulnerability. Either way, clinicians would benefit from being aware of a possible relationship between not-understanding, transition issues and vulnerability when making assessments.

The no-man's land of not-understanding was characterised as a space where existential tensions were confronted, particularly, the confrontation of freedom, responsibility and groundlessness involved in maternal decision-making. It was noted that research has already established that such tensions are often heightened during the transition to motherhood, and further research would be required to investigate the nature of these relationships. Through engagement with their experiences of not-understanding, several participants came to own their decision-making more fully, and this was contextualised using the existential concept of authenticity.

Ownership of decision-making, it is argued, was an example of a positive outcome of engagement with not-understanding. Yet, a combination of the proliferation of competing narratives about maternal best practice, and participants' experiences of being let down by health professionals, could also be seen as aggravating factors in the situations which arose, and in participants' not-understanding of them. It is possible that more tailored, consistent support could have mitigated some of the anxiety and confusion which participants experienced around their maternal decisions. However, it is argued, improving support in this way is unlikely to remove the possibility, or even likelihood, that new mothers will encounter experiences of not-understanding which they must then try to negotiate.

Participants whose not-understanding was shaped by a desire to connect with their babies can be understood from evolutionary or attachment perspectives, as being driven by basic human need to ensure their babies' survival, and as being influenced by pervasive cultural beliefs about the importance of a sensitive maternal relationship in the long term psychological health of the baby. It is argued, however, that psychological explanations for this desire to connect fail to capture or engage with the sense of live, active, sense of human struggle and commitment which participants communicated in relation to the care of their babies. It is argued that framing maternal love and concern in more active terms might better prepare women

for the challenges of new motherhood, than do cultural narratives in which maternal care is framed as natural or something that should be taken for granted.

It is further argued that mothers would benefit from greater acknowledgement of, and preparation for, the possibility that experiences of not-understanding may arise. This study also pointed to some of the ways in which new mothers might be helped to manage experiences of not-understanding in ways which allowed them to move beyond not-understanding. The study found that questioning, acceptance, and avoidance were among the ways in which participants engaged with their experiences of not-understanding, and that these could have both positive and negative implications. It is argued that maternal courage is an undervalued, under-researched, and under-nurtured phenomenon, which in this case, helped participants to tolerate the anxiety and uncertainty of not-understanding in order to achieve aims such as connectedness.

It is argued that, if courageous navigation of uncertainties in the midst of maternal decision-making was more widely acknowledged as an important maternal skill, then some of the anxiety and guilt which the mothers in this study felt about their decisions might have been mitigated. Future research could look further at how maternity services can support women's decision-making process, for example, by giving clear information and being open about areas of doubt, by preparing women for the uncertainties they may face and normalising this, or by providing space for people to discuss and reflect on their decision-making processes. Finally, when service providers are deciding what mothers need – what they need to know, what they need to do, what they need to refrain from doing - perhaps it may help to bear in mind that it takes courage to confront the responsibilities, choices and uncertainties of new motherhood, and to direct their attention to facilitating such courage. Further research could also identify the ways in which differential ways of engaging with experiences of not-understanding have different benefits and drawbacks.

Section 3. Not-Understanding and Narrative

We will now address the secondary aim of this study, which was to discover more about the role of narrative in experiences of not-understanding. I will consider the

findings that narratives were disrupted by experiences of not-understanding, and that narration was a form of engagement with not-understanding with a range of performed possible outcomes. Implications for Counselling Psychologists, particularly those who pay attention to narrative as part of their practice, are discussed.

The assumption of narrative psychologists such as Bruner (1990) and Ricoeur (1983/1984), is that narration constitutes a way for human beings to bring order and meaning to chaotic experience. Not-understanding can be thought of as the space, the no-man's land, where this alchemy is yet to be achieved, or in the process of being achieved. The idea that narrative disruption is a structural characteristic of not-understanding is intuitive. There was evidence of several types of narrative disruption in relation to participants' experiences of not-understanding. Narratives were disrupted in the sense that they were unfinished, in the sense that there were attempts to contain that which felt uncontained, and also, in the sense that conflicts initially located in the past found their way into participants' present deliberations. Not-understanding as a hermeneutic choice was particularly associated with the disruption of participants' ability to resolve narratives about what had happened, and the implications for their identity of different possible interpretations. In these cases, the act of narration forced either commitment to one possibility, or expression and negotiation of the conflict. However, there are several important caveats and clarifications to be made to the suggestion that not-understanding may be associated with narrative disruption and the attempt to restore coherence.

Firstly, it is important to add the caveat that, without further study and/or comparison to narratives of different kinds of experiences, it is not possible to say whether the particular forms of narrative disruption observed relate in unique ways to experiences of not-understanding. Furthermore, it has to be recognised that the methodology relied on improvised verbal narrative exchanges and not on written responses to pre-supplied questions, and that this will have had an impact on coherence. Despite these limitations, however, a number of conclusions can be drawn. Firstly, although participants in this study did strive towards a coherent version of events, these findings suggest that not-understanding was not simply a space where coherence was being striven for. Rather, experiences of not-

understanding were directed by other psychological motivations, perhaps in addition to, but sometimes in conflict with, the impetus of coherence. For example, in the avoidance of feared phenomena and bearing witness ways of not-understanding, the act of narration seemed in an important sense to be a means of rejecting coherence, whilst simultaneously (and paradoxically) striving for a narrative which could contain the sense that something was not coherent. Irene's image of a paperweight containing a swirling mass is an example of this.

Narration can also be seen in the context of participants' motivation to understand and be understood by others through, and in spite of, their experiences of not-understanding. According to Bakhtin (1981) (who was influenced by Buber's idea of I-thou relating), the act of narration can also be seen as a calling out to another's presence in an attempt to meet and connect with them.

As well as supporting the view that coherence is not the only potential psychological impetus for the act of narration, the findings also highlight that stories were always open to adaptation, even when meaning felt settled. They therefore support the suggestion of Hammond, Teucher and Hamoline (2014) that:

Such correlations [for example between narrative coherence and healing, or narrative incoherence and despair] are heavily simplified in psychological discourses, and lose sight of the complex, paradoxical, and diverse ways that people make sense of and cope with experiences of suffering (Hammond et al., 2014:143).

I was surprised by the finding that participants did not struggle to articulate their experiences of not-understanding. A number of participants reflected that they may not have found it so easy to articulate themselves whilst in the midst of their experiences of not-understanding, particularly in relation to having to make important decisions. A range of factors may have contributed to participants' ability to articulate their experiences of not-understanding. Certainly all participants positioned their narratives, initially at least, as stories about events that were in the past, and it is possible that that time lapse conferred a readiness to talk. For example, they and their babies may have begun to sleep better in the intervening period, giving them

space and energy for reflection, or participants' perception that the crisis had passed and that they could talk from a position of relative safety may have impacted on their fluency. The interview with the most 'live' sense of crisis, Irene, did not lack fluency or the power to articulate what had happened. Rather, there was a strong prohibitive line drawn around emotional connection to the experience, exemplified by Irene's statement that "if I was to really get in touch with really how I feel, I think I could have a bit of a breakdown" (PIP1:38), so in that sense the participant was unable to articulate it fully.

It is therefore possible that the finding that not-understanding was not difficult to articulate may have been a function of a methodology reliant on people feeling ready to talk about their experiences, and that an alternative methodology which could capture people's attempts to articulate their not-understood experience as it is unfolding might be better suited to answer the question of how and whether articulation is related to experiences of not-understanding. The findings of this study offer potential points of departure for such an endeavour. For example, participant requests could be targeted at mothers known by virtue of their attempts to access support to be at or near the point of decision-making regarding breastfeeding.

Riessman (2008) suggests that:

We are forever composing impressions of ourselves, projecting a definition of who we are, and making claims about ourselves and the world that we test out and negotiate with others (Riessman, 2008: 106).

The findings bear out the multi-faceted, performative characteristics of narration, and through attending to these (for example in the analysis of identity positions), it was possible to identify underlying dilemmas fairly quickly. Not-understanding was performed in the sense that conflicts between different identities and interpretations of events were actively negotiated. Viewing narration performatively highlighted that experiences of not-understanding were complex and infused with drama, rather than being characterised by the abstract grasping after meaning against the backdrop of its absence. Narration also provided opportunities for creative meaning generation and, in some cases, resolution of not-understanding. Even when narration was used

to avoid engagement, this can be seen paradoxically as another way of being-towards the phenomena of not-understanding, insofar as there was 'something' not-understood which was being responded to.

It is suggested above that the wider narrative landscape in which participants' stories were told had psychological implications for participants, both in terms of the possibilities of interpretation made available, and in terms of the proliferation of competing narratives. However, they were not simply positioned passively in relation to broader discourses, but rather, participants utilised existing cultural narratives to assert their psychological positions in relation to their not-understood experiences, and to persuade their audience (including themselves, me, and the imagined reader of this thesis) of the validity of these positions. For example, Irene employed the survivor trope to describe her position in relation to her not-understood trauma, perhaps as a way of asserting her continued existence in the face of it, perhaps in an attempt to retrieve a narrative of triumph, which was less anxiety-provoking than the swirling uncertainties of meaning which threatened to overwhelm her.

In performative theories, any narration is seen as a performance, because the speaker is always showing something to someone. However, in this study different levels of emotional engagement seemed to denote different qualities of performance, and had implications for the identification and interpretation of experiences of not-understanding. An example is the finding that not-understood conflicts initially located by participants in the past found their way, sometimes intrusively, into the present. In these examples, narration started out as a reporting of already-settled meaning, but *became* a more enlivened, dramatic performance when conflicts were returned to and re-inhabited. This re-performance was interpreted as an indicator that a story retained some aspect of that which had not been understood, since there was clearly something remaining to be worked through. This transformation from reporting to re-performing was associated with participants' becoming increasingly emotionally engaged as they told their stories.

The interpretation that emotionally engaged re-performance of conflict was an indication of the not-understood was an important one, albeit one that is held tentatively, since there could be other reasons why this or that conflict was revived

and re-performed. If memories which include not-understood aspects are more likely to prompt a particular quality of narrative performance, could they be being processed differently? Although memories of experiences of not-understanding are not conflated here with traumatic memories (there was no intrusion in the sense of being unable to distinguish past from present, for example), the trauma literature suggests that memories can be processed and stored differently if people are overwhelmed by their experiences (Ehlers and Clark, 2000). Further, recent cognitive neuroscientific research indicates that people attend to ambiguous stimuli in different ways (Pessoa, 2010). The prospect that not-understood experiences might be processed in particular, or even unique, ways, represents an interesting possibility for future research.

There are a number of implications for counselling psychologists. Firstly, clinicians should be careful about assuming, as some therapeutic approaches might suggest, that the achievement of a coherent narrative which explains client's difficulties should be the immediate, or only focus of the therapeutic endeavour. Nor should 'successful' narratives be treated as stable configurations that, once achieved, need not be revisited. Rather, the findings imply that there may be value in an appreciation that time spent in the no-man's land of not-understanding can be helpful, if client and therapist can tolerate the anxiety of doing so. Working phenomenologically with experiences of not-understanding could, for example, reveal motivations other than that towards coherence and control, and could help clients to connect with a sense of ownership of the dilemmas they face. Paying attention to the narrative implications of what is not said may also be a way of revealing the nature of what is not understood.

Not-understood experiences may represent points at which people's narratives are particularly fluid, and this may present the opportunity for re-authoring in the context of narrative therapy (Meier, 2012). However, these findings support a further idea that 'reauthoring' is not an activity that takes place against a settled narrative, but rather, in the context of a person who is actively always re-authoring through narration, for particular psychological ends. The suggestion that people could be helped to understand their not-understanding differently may also be seen as a potential opportunity for re-authoring.

Narration and Not-Understanding: Summary

The secondary aim of this study was to find out more about the relationship between not-understanding and narrative. Narrative psychologists claim that narratives are predominantly motivated by human beings' desires to make coherent sense of life, and that narrative disruption is a threat to such coherence. The study found evidence of a number of kinds of disruption in relation to narratives of not-understanding. However, the motivation behind narration appeared to be more complex, driven by a number of psychological motivations, usually including the imperative towards coherence, but sometimes conflicting with it.

The narrative landscape had psychological implications for participants. Both in terms of the possibilities of interpretation made available, and in terms of the proliferation of competing narratives. It is also argued that participants utilised existing narratives for psychological ends.

Narration provided opportunity for creative engagement and, in some cases, resolution of not-understanding. Through narration, conflicting interpretations of events were actively performed and negotiated. The live, emotionally charged nature of participants' narrative conflicts was interpreted as a sign of something not-understood. This finding, together with the observation that the past disrupted the present in a number of participants' stories, prompted the question of whether there was something characteristic about the way that such experiences were processed and/or retrieved. These questions were contextualised with recent findings from cognitive neuroscience studies, and avenues for further research were suggested.

Section 4. Critical Analysis of Present Study

4.1. Application of Imaginative Hermeneutic of Suspicion (including alternative interpretations)

Part of the functional analysis involved performing a critique of how narratives functioned psychologically in the broader socio-political context. This was done by the relevant application of what Langdrige calls an "imaginative hermeneutics of

suspicion” (Langdridge, 2007: 136). As is consistent with the specific aims of this study, this analysis focused on two hermeneutics which may have had a particular bearing on participants’ experiences of not-understanding or the interpretation of them. The first of these will be referred to as a Critical Psychological Hermeneutic, which is a means of interrogating how culturally available narratives of psychological processes have shaped participants’ understanding of their experiences and my analysis of them. The second will be referred to as a Matri-centric Hermeneutic, which is a means of interrogating how culturally available narratives of what mothering is or should be have shaped both participants’ understanding of their experiences, and my interpretation of them.

4.2. Critical Psychology Hermeneutic

i. Ideological Position on Uncertainty

I have argued that mothers and service providers would benefit from greater acknowledgement that maternal decisions are often associated with a great deal of uncertainty, and that this needs to be negotiated. However, it is acknowledged that an alternative interpretation is that the 'right answers' to the question of 'what is the best thing to do here?' do, and did, exist, and that much of the not-understanding experienced by participants in this study was due to a failure of education. If one takes the ideological position that breastfeeding is always the best choice, and is always achievable with the right support, for example, then this leads logically to a different interpretation of Briony’s story, in which she was denied the ‘right’ support that would definitely have enabled her to continue to breastfeed. From this perspective, her hermeneutic choice to de-emphasise the importance of breastfeeding would be characterised as a sort of fudge, a denial of reality forced by the inadequate systems in which she was operating. I would argue strongly that the evidence for such certainties is not present in the data, nor do I have the clinical expertise or the mandate to make claims about what would, in fact, have been best for participants’ babies in this or that situation. My mandate was only to explore uncertainty and not-understanding as the participants themselves perceived and experienced it. However, it is acknowledged that a different researcher with a different ideological position might take something entirely different from the same findings.

ii. Drawing on Psychological Concepts and Good Participant Narratives

Available cultural narratives about what might constitute psychologically adaptive or desirable attitudes may have influenced the way that participants represented themselves and the psychological processes with which they were engaging to me, a psychological researcher. All participants will have formed ideas about what might have been expected of them as research participants. These ideas were not necessarily all made explicit, but I interpreted their general willingness to be open and honest, and to articulate themselves as fully as possible, as evidence that there was a certain degree of shared understanding about what was being asked of them. Several expressed anxiety about wanting to be 'good' participants, for example seeking reassurance that what they were bringing would be helpful to me. Further, all of the participants demonstrated that they were comfortable to some degree with concepts and language drawn from the disciplines of psychology and psychotherapy. For example, Briony, Chrissy, Frida, Grace, Hannah and Irene used the concept of emotional processing when discussing their engagement with their ENUs. Participants' assessments of my preference as a psychological researcher for triumph over adversity narratives, or, conversely, of narratives which included complexity and paradox, may too have influenced their narrative choices, and it is likely that I communicated something of my own value system through the choices I made as interviewer.

4.3. Matri-centric Hermeneutic

i. Drawing on Good Mother Narratives

Whilst being appropriate for a small scale study such as this, the limited sample size and targeting of recruitment advertising to a particular geographical area resulted in a homogenous sample of white, educated women living in comfortably middle class districts of Cheshire, UK. It is probable that this group of women were influenced by similar cultural narratives about what constituted good or competent mothering, for example, the association between competence and compliance with official advice. It is also possible that their experiences as professional, educated women influenced their expectations about being able to control that which they were responsible for. Such expectations may in turn have shaped anxieties about the significance of being

in a state of not-understanding. It is possible that interviews with other populations may have, for example, revealed different relationships between control, competence and not-understanding.

The homogeneity of the sample means that, as well as their personal experiences, these women (and myself, as a researcher from a similar background) could draw on expectations of somewhat privileged access to socially desirable narratives conferred by race, ethnicity and social class status. To the extent that such privilege appeared invisible to myself and the participants, it can be assumed to have been in place. This is demonstrated by the fact that I was generally more aware of my lesser class status, conveyed, I assumed, by my accent and based on my background from a less privileged area, and how this influenced my anxieties during the interviews, than I was of the privilege conferred by our shared whiteness. This privilege may, for example, have influenced participants' expectations that they should be able to achieve good mother status, and their anxieties when their experiences of not-understanding threatened this access in some way.

ii. Addressing Power Imbalances through Participation

The public forum of the research interview was also used to challenge dominant good mother narratives, in particular challenging the idea that they should always follow the advice of health professionals. Taking part in the research gave participants a platform for speaking publically about motherhood, and in several cases, the narratives were employed partly to address perceived power imbalances and injustices which, participants felt, had contributed to their experiences of not-understanding. Ellen's representative identity position, as discussed above, is an example of this. Hannah, Briony, and Chrissy were all critical of health professionals (see Maternal Decision-Making Theme). Hannah felt that the inflexibility of official advice around feeding failed to prepare her for negotiating the problems she faced, and she is explicit about her desire to speak up via the research:

I think there's a lot of guidance out there that suggests things are going to be quite typical, and I think from talking to people a lot of things are quite atypical, and I guess I just feel like, if the guidance had been more, 'if your child doesn't react like this, that's probably equally as normal as if they sit

there and eat spoonful's of food', that's what I mean so I didn't know whether, would any third party see your PhD?

(PHP1:22)

4.4. Discussion of Limitations and Strengths

i. Limitations

The most obvious limitation of this study is the small sample size, which precludes all but the most tentative generalisation based on the findings. The sample size is appropriate for the qualitative nature of the project, because it is focussed on eliciting richness and depth of experience, partly in order to inform and inspire larger studies. However, the resulting homogeneity in terms of race, class and geographic location also means that any discussion about the implications of the findings needs to be caveated with the acknowledgement that any particular themes, issues or aspects of not-understanding which may be impacted by these dimensions of difference are likely to be less visible in the analysis. Future research should therefore include exploration of alternative cohorts' experiences of not understanding.

A number of exclusions were applied to the cohort for both practical and ethical purposes, but each exclusion placed a limitation on the range of voices which were available to be heard through the study. For example, fathers were excluded in order to retain some homogeneity of issues. No implied comment is intended by this regarding the importance of the role fathers play in the lives of their babies, or the challenges, similar or otherwise, which may be faced by men in the transition to fatherhood. However, it is acknowledged that, in choosing to study mothers exclusively, this study adds to a body of research, and a set of discourses, which generally neglect the needs and voices of fathers.

In order to limit the risks to participants who may have been particularly vulnerable, mothers with active psychiatric diagnoses or who did not have support in the care of their babies were also excluded. It would be very useful and relevant to counselling psychology practice to better understand how these groups of women experience not-understanding, and further study might helpfully address this if carried out by

better resourced research bodies who might be able to mitigate the risks to participants.

Another methodological limitation, which was imposed due to ethical and practical considerations, was the gathering of data at a point in time sometimes several months after the point at which participants' experiences of not-understanding had begun to unfold. Had I been able to gather data longitudinally, starting from a point in time where participants were more likely to be in the midst of their not-understood experience, then I might have been better able to reflect on how the not-understood was lived with over time. The finding that participants did not struggle to articulate their experiences is an example of an insight that is weakened by this limitation, as discussed in Section 3 above. However, in addition to the significant practical difficulties of completing a longitudinal study in the context of a doctoral thesis, the decision to interview mothers whose babies were at least six months old was justified from an ethical perspective. It was felt that mothers during the early days and months postpartum would be likely to be more vulnerable to the opening up of unexpectedly painful material during an interview, which they might not subsequently have the time or resources to process.

ii. Strengths

The study was successful from both an operational perspective and in terms of the practical insights it generated. The design of the study was successful in engaging the participants whilst safeguarding their wellbeing and that of their babies. The analysis process I developed was systematic and successful in stimulating insights about experiences of not-understanding and their relationship to narrative. The data collection method proved an efficient way of formulating what specifically was not-understood about participants' experiences, how and why participants attempted to engage with these experiences, and the psychological functions of the narrative.

At the proposal stage, I identified the possibility of limiting demand characteristics, whereby participants might have felt pressured to present maternal narratives of confidence which minimised any challenges they had faced. I attempted to mitigate this by taking care to communicate a non-judgemental stance regarding difficult

maternal experiences, both in the participant information and in my interactions with participants. To my participants' credit, they were all willing to be open enough to offer nuanced accounts of their experiences, including many aspects of motherhood which they had found challenging. Having said this, it was clear from the analysis of different narrative positions that cultural ideas about what constituted good mothering were deeply influencing participants' stories. However, rather than this being a limitation, the nature of the methodology made analysis of such tensions part and parcel of the richness of the phenomena under investigation, and not something which had to be managed out or worked around.

The choice of methodology allowed me to interrogate the data from a number of different angles, affording the resulting analysis a richness and depth which would not have been possible with content-focussed methods such as IPA. I was able not only to interrogate what was said, but how it was said, enabling me to address the question of the relationship between narrative and not-understanding.

Analysing the data from multiple perspectives presented a challenge at the synthesis stage, but this was by no means insurmountable, and I was often able to further validate findings by virtue of having observed them from multiple perspectives. For example, the functional analysis of identity positions showed that Briony's conflict concerned the question of her competence, and this was borne out and enriched by the thematic analysis.

In the tradition of narrative analysis, and working within the framework of established practice set out by Langdrige (2007) and others, the details of the analytical process were worked out in response to the specific demands of the research question, through engagement with the pilot study. The innovation of identity positioning analysis as a result of this process afforded me a dynamic way of reading the data which yielded insights quickly and concisely.

Perhaps the greatest strength of this study is that I was able to open up a little researched area, offering multiple possibilities for future research and enabling assumptions of existing models to be challenged. The findings have clear practical applications for Counselling Psychologists first and foremost, but they are also able

to dialogue with maternal care providers and engage with wider debates about both meaning making and new motherhood.

Section 5. Conclusions

Experiences of not-understanding are defined as experiences which feel significant, but have not, or not yet, been made sense of, and the primary aim of this study was to find out what this is like for people. The findings have prompted a creative dialogue with meaning-making theories, motherhood transition theories, and existential theory. The most important achievement of this study is to show that experiences of not-understanding can be intentional, valuable, and rooted in existing understandings. This is a challenge to those narratives of what it means not to understand something important which define it purely in terms of disturbance, lack, or failure. Such narratives were present in participants' stories and/or psychological theories about meaning-making. Five ways of not-understanding were identified, and the case is made for greater acknowledgement, appreciation and exploration of the potential value of experiences of not-understanding.

Lived experience is complex and unique to individuals, and in each case is unlikely to conform entirely and exclusively to one form of categorisation or another. The aim of setting up and investigating the experiential category 'not-understanding' is not to forever pin down experience in an ultimate or universal sense, but rather to provide a lens through which aspects of experience which have not been studied before can be brought out and thought about, thereby opening up new possibilities for interpretation and insights. Not-understanding was shown to be a useful category of experience in the sense that it achieved this aim.

The findings challenge existing meaning-making models on a number of fronts. They suggest that experiences of meaning discrepancy may not be universally disturbing, but rather, are mediated by the particular contexts in which not-understanding arises, peoples assessments of vulnerability, and other psychological motivations, such as the desire to connect with others. The findings also point to the need for future research to clarify the role of conscious decision-making. Husserl's (1931/2012) concept of intentionality is useful in reframing not-understanding as something

intentional and constituted by inter-dependence between understanding and not-understanding. In this respect, the findings echo what some phenomenologically focussed meaning-in-life theorists have emphasised, although participants in this study cannot be said to have 'lacked' meaning or purpose in life.

Not-understanding is characterised as an in-between space, where existential conflicts between choice and responsibility can be confronted or avoided, where people grapple with the chaos of experience in order to create order and purpose, where meanings are negotiated amidst diverse and competitive narrative landscapes, where people attempt to forge connection from disconnection, from where mystery is observed and preserved, and/or where feared phenomena are kept at bay. It is not clear how far the heightening of existential tensions, such as between freedom, responsibility and groundlessness, or between being-with-others and isolation, or between love and death, was a function of the particular situation of new-motherhood. However, the concept of maternal courage was used to emphasise that being prepared to stand in the 'no man's land' of not-understanding, for whatever psychological purpose, could be valued as an affirmation of existence. The argument is made for greater acknowledgement of such courage in clinical practice.

The horizon of potential understandings against which experiences of not-understanding showed up, and which were employed to negotiate potential interpretations of not-understanding, were reflective of the wider cultural narratives that were available to participants. Through engagement with their experiences of not-understanding, participants found new ways to connect with their own experiences and values, and with others, and new ways to challenge existing narratives about the meaning of their actions. For some participants, their engagement led to an increased sense of ownership over decision-making. However, the suggestion that not-understanding can afford opportunities is not to deny its potential to be experienced as highly disturbing, or the potential risk of competing narratives leading to stuckness, avoidance, or the embrace of destructive interpretations. Such risks may be heightened in the context of a competitive narrative landscape such as that pertaining to new motherhood in the place and time studied here.

The research suggests that not-understanding can be associated with vulnerability for a variety of reasons, and Counselling Psychologists might wish to bear this in mind when thinking about the context, urgency and significance of a not-understood experience, including the prioritisation of therapy goals. It also seems likely that the relationship between not-understanding and vulnerability was mediated by the particular demands of new motherhood, and this requires further study.

The analysis of not-understanding in order to connect suggested a range of possible motivations for this sort of intention, including the desire to belong, the desire to avoid existential isolation, and the desire to protect their babies. Buber's (1937/2010) concept of I-thou relating was also suggested as a framework for understanding these sorts of experiences in terms of the desire for particular qualities of relating which mutually affirm existence, and connections were made between this desire and the significance of the relationship between mothers and babies.

The secondary aim of the research was to discover more about the relationship between experiences of not-understanding and narrative. It was found that the impetus towards coherence and order, which is assumed by narrative psychologists to be the main motivation for narration, was not the only factor driving participants' narratives of not-understanding. Indeed, it was found to be sometimes in conflict, for example, with the desire to avoid feared phenomena. The act of narration was also bound up with the desire to connect with others.

Participants' narratives of not-understanding were disrupted in various ways, for example, being unfinished, or intruded upon by conflicts initially located in the past. It was also found that conflicts of meaning were actively being performed and negotiated through narration, for example through the setting up of opposing identity positions. Narrated conflicts acquired the sense of active engagement when there was evidence of increased emotional involvement. When seen in context with cognitive neuroscientific data, these findings prompted the question of whether memories associated with some kinds of not-understood experiences may be processed differently. These would be interesting avenues for future research.

Implications for Clinicians and Researchers

Experiences of not-understanding, whilst not associated (in this study) with a general lack of meaning or purpose, can nevertheless be a troubling, vulnerability-inducing experience involving the negotiation of new and existing meanings, which may be relevant in clinical contexts far beyond new motherhood. Understanding how to better help people do this in clinical settings so as to maximise the potential benefits (such as greater acceptance or the development of affirming identity positions) would be a valuable place to begin focussing further study.

These findings foreshadow a number of possible avenues for exploration. For example, one can hypothesize that if some of the participants in this study had been encouraged to re-appraise not-understanding itself as potentially valuable, then this might have counter-balanced the influence of dominant cultural narratives which told them that they should be certain and in control, or else they were failing and incompetent. New mothers might also benefit from the creation of non-judgemental spaces in which to reflect on their own maternal decision-making processes outside of the paradigm of advice seeking. However, the new mother who has the time or resources to sit in therapy reflecting on her experiences must be rare. Irene was a case in point: Interested in pursuing therapy following our interview, she enquired as to whether I knew of any therapists willing to see her with her baby, as she had very limited childcare options. A major challenge for practitioners wanting to help mothers reflectively process their experiences must be to find ways to make services accessible and practical, at least attempting to balance the needs of their babies with the requirement for psychological space.

It is argued that clinicians and clients would benefit from greater acknowledgement and phenomenological exploration of experiences of not-understanding in clinical practice. The research opens up possible interpretations for Counselling Psychologists about what it might mean for clients (and therapists) to be in states of not-understanding. Existing narratives which define not-understanding in terms of lack, absence or failure may encourage both clinicians and clients to rush to try to fix uncertainty with certainty, to make assumptions which automatically pathologise not-understanding, or to otherwise intervene. Instead, it may be useful for clinicians to

take the time to explore experiences of not-understanding phenomenologically, and consider the variety of psychological functions which might be being served. Is this experience, for example, directed towards avoidance of feared phenomena, a need to bear witness to something mysterious, the need to come to a decision, meeting the challenge of living with a decision, connecting with others, or something else? Clinicians might also consider how this person is engaging with the fact that they don't understand, and what is important to them about moving forward. The research gives clues as to the various ways in which people move beyond not-understanding, including clarification of 'why' questions, and/or acceptance of not-understanding.

The current relative invisibility of Counselling Psychologists in debates within the British Psychological Society about peri-natal service design is mutually disadvantageous, because it denies professionals from other disciplines, and ultimately, mothers, the benefit of our unique perspective, and vice versa. As has been demonstrated, bringing a phenomenological perspective to issues can open up new possibilities for clinical practice and directions for future research.

Contribution to Counselling Psychology

In the Handbook of Counselling Psychology (2010), Counselling Psychologists are presented as managers of tensions; tensions between the disciplines of counselling and psychology, between the values and priorities of different therapeutic models, but predominantly, "between being in-relation and technical expertise" (Woolfe and Strawbridge, 2010:19). They assert that the unique contribution of Counselling Psychology is to emphasise *being* over *doing*, in a culture in which practitioners are under increasing pressure to measure the value of their work in terms of outcomes and cost effectiveness.

An important way in which Counselling Psychologists can negotiate the tensions between their philosophical emphasis on being in relation and the need for technical expertise, is by carrying out research in such a way as to make connections, and recognise conflicts, between, for example, medical, empirical, and humanistic perspectives on human issues. By bringing together different approaches to human problems, new perspectives can emerge. By recognising and bringing out the

conflicts which inevitably arise when phenomena are viewed through different epistemological lenses, constructive debate which benefits all disciplines involved can be facilitated. In this study, I have attempted to dialogue with an epistemologically diverse range of discourses. The methodology chosen here delivers a perspective grounded in the phenomena of lived experience, but also dialogues with empirically-oriented discourses on meaning making, and narrative psychology, as well as perinatal research. Trying to work up a coherent and practical understanding of 'not-understanding' in the midst of such disparate linguistic contexts was challenging, but it is a crucial part of the identification of this study as a piece of Counselling Psychology research.

Another tension which has been negotiated here, and which is also explored by Woolfe and Strawbridge (2010) in their discussion of the challenges facing Counselling Psychology, is that between research and practice. In my reflexive chapter, I used the metaphor of flying a kite to describe my role as Counselling Psychologist researcher. My job is to let the theoretical discussions take flight, but keep a firm grasp of the string to ensure that they are connected to the ground of lived experience. Any theorising needs to have practical value, particularly, but not limited to, the context of therapy. Referring to the gap between neat, technically coherent research findings and the more complex and nuanced realities of clinical decision-making, Woolfe and Strawbridge (2010) speak of, "the 'indeterminate zones of practice' characterised by uncertainty, uniqueness and value conflict, [where] the canons of technical rationality do not apply" (Woolfe and Strawbridge, 2010:6). By exploring uncertainty of meaning phenomenologically, this research offers a new perspective on an aspect of client work not easily dealt with by empirical models, and sheds light on an aspect of human experience with which practitioners and clients alike may struggle.

Chapter 6: Reflexivity

Reflexivity Contents

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Introduction

This section is intended to demonstrate some of the ways in which reflexivity was incorporated into the research process, including every stage of the analysis. In the first section I give an overview of how I brought my concerns as a new mother to the research process. In the second section I describe a particular example of how I responded to data which challenged my preconceived ideas. In the third section I discuss insights gained from the experience of being interviewed about my own experiences as a new mother, within the same postpartum timeframe as my participants. Finally, I describe one of my own experiences of not-understanding, related to being the mother of ill children, and demonstrate how new insights can be inspired by the findings and analysis of this study.

1. Bringing my Concerns as a New Mother to the Research Process

Around the time that I was working on the ethics application for this research project, I became pregnant with my first baby. By the time I had completed all of the interviews I had had a second baby, with two accompanying periods of maternity leave. In this section, I will describe some of the ways in which my experiences as a new mother influenced the research process. Most of this is based on my journal work. I also recorded myself being interviewed by a peer about my experiences of becoming a mother, when my first baby was six months old (within the same postpartum timeframe as my participants).

Transitioning to motherhood whilst interviewing and writing about other people's experiences of their transitions to motherhood was a fascinating experience. I

strongly believe that the findings are enriched because of the perspective this brought to me, and because of my passion and sensitivity to the concerns of this particular group of women. During my periods away from researching I was immersed in the business of mothering young children, and this was hugely relevant and informative to the work. When I came back after each maternity leave, I felt just as engaged with the issues as before, but with a better understanding of them, because the context of the transition against which my participants experienced not-understanding was now more familiar to me. I had a working knowledge of things like pregnancy symptoms, birth complications and feeding approaches, which would have likely left more room for gaps and misunderstandings in the analysis, had I not been able to bring it to bear. I believe that the participants were able to trust me more easily knowing that I was also a mother, and I certainly shared some of their concerns, although their experiences were very different to my own and to eachothers'.

My experiences as a mother prompted new ideas and ways of engaging with the literature and analysis. I now viewed others' theories about what mothering is or should be, and statements about the existential conditions of life, through the prism of my immediate, lived experience. Was this or that theory of actual practical value? Because I didn't have time for the 'noise' of abstract, superfluous or judgemental perspectives which simply labelled mothers, or failed to acknowledge the embodied, mundane, yet deeply serious concerns, which, I felt, constituted the actual territory of motherhood for me.

My lived experiences now seemed so alienated from theoretical constructs which claimed, as existential philosophy does, to be universal. What did Heidegger, Sartre and the rest know about morning sickness or any other of the manifold daily manifestations of pregnancy? Or about what it is like to literally open yourself to birth your baby? I had felt the existential conditions of my life shift when my first baby was born. My existence was now fundamentally for her, not as a sacrifice or gesture, but just as a point of fact. Of course, this was just my personal experience and is by no means universal, but nor did it seem to fit very easily with the existing theories, and I now questioned *their* claims to universality, and this framed my critical approach to the literature.

I was, and remain, passionate about letting mothers' voices be heard, and this was hugely beneficial in motivating me to ensure that my participants' voices were given space and respect throughout the analysis process. Given the phenomenological methodology adopted, this passion enhanced the validity and integrity of research. I wrote in my journal that "I want to pull on the kite strings and ground some of this academic indulgence". This became my metaphor for my role as a Counselling Psychologist researcher. My job was to facilitate the free movement of ideas in the ether, but to make sure that they stayed relevant and connected to the ground of lived experience.

Although the study did not aim to be, and did not become, a critique of participants' parenting styles or mother-infant interactions, my own values did shape the kinds of interpretations I made. When the theme of Connection/Disconnection arose in my research, my own experiences of feeling disconnected from my children influenced my analysis. I did not make the assumption that participants' experiences of disconnection with their children necessarily represented a loss or failure of their relationships, or that disconnection was necessarily a negative thing to be minimised. Rather, I looked for ways to value participants' experiences of disconnection, and this helped me to find new perspectives on their experiences of not-understanding.

Being so close to the kind of experience I was researching also brought challenges. My working knowledge of motherhood was specific to my own situation and those of my 'mum friends', and may have led me to make incorrect assumptions about some aspects of the practical context of participants' stories. There was always the danger of identifying with my cohort to the extent that my perspective as a researcher would be compromised. For example, as discussed under the 'Ethics of Interpretation' section of the Methodology chapter, I was occasionally tempted to abandon analytical routes which threatened to lead me to pathologise participants' experiences, and had to find ways to balance this with the principal of intellectual honesty.

2. Response to Challenging Data

I noticed in my journal how different it felt when the findings corroborated my own concerns, values and beliefs (excited, protective, validated), versus when they didn't

(confused, curious, excited but slightly threatened). One example of a story which really challenged some of my working assumptions (and thereby gave rise to another experience of not-understanding) was Grace. Despite the complexity and drama of her story, she did not seem troubled by her not-understanding. I recorded my initial response in my journal:

“I experienced a stark gap between the complexity of what she described and the way she described it. It’s not that she pretended that everything had been easy, but this is the first interview where I did not feel a sense of conflict. She spoke with one calm, clear, focussed voice. Although there was a lot in her description about grappling with big decisions, the thing she chose to focus on was the emergence of clarity. It was a rather beautiful, movingly told bonding story. I was very impressed with her. I need to watch out for this in my analysis. Am I looking to be impressed, inspired? It both inspires hope that there is a way to accept even the most difficult things, but it also inspires a negative comparison, as I see myself stewing in my anxiety and doubt. Is it really possible to live through such aching complexity and have the waters so calm? Are not-understood experiences therefore necessarily valuable in the light of this?”

Reflexive Journal, Jan 2017

I was careful to incorporate the aspects of Grace’s story which did not fit my overall emerging narrative into the analysis, and I spent a long time going back over her interview to try to decide whether or not there was really something not-understood, and if so, what the nature and purpose of the not-understood might be. Grace’s story was therefore crucial in helping me to reflect on what I really meant by an experience of not-understanding, and how it might function differently in different contexts. I might feel the need to own and value my experiences of ‘stewing in anxiety and doubt’, but it was not necessarily so for everyone, and other, important functions could be discerned once this bias was acknowledged. This led to the development of the ‘bearing witness’ way of not-understanding, and allowed me to challenge of some of the tenets of existing meaning-making theories and my own analysis.

3. Insights from Reflexive Interview

The experience of being interviewed using my own research protocol influenced my approach to the research in two main ways. Firstly, I noticed that I felt a pressure to 'sum up' my experience of motherhood in a single cohesive narrative, and that this seemed quite impossible to do. I aimed to counterbalance this pressure for my participants by reassuring them explicitly that I did not view their stories as complete or definitive versions of what motherhood had been like for them, but rather, that each interview would represent a sample of the concerns and memories which were most salient for them on the day of the interview. The participants did seem generally reassured by this, and it was a truthful statement to have made to them. On the other hand, had I not made this intervention, it is possible that I might have observed more difficulty in narration, and that this in itself may have led to useful directions for the interviews.

Secondly, my reflections on why things had been difficult to talk about for me influenced the way in which I responded to certain aspects of participants' stories. I wrote in my journal that:

There are so many competing narratives, or ways of talking about motherhood, and the experience is more than the sum of these parts. It is more than wonderful, or tiring, or confusing, or intense, or hard. And measuring time in terms of nappies, sleep, or developmental phases may be relevant, but it cannot express the meaning of what is transpiring. In addition, there is the responsibility, which I certainly feel, of having to choose narrative threads with the awareness that the way that I talk about my daughter, and my experiences as a parent shapes the context of her world, and ultimately will influence how she experiences herself in it. For me this contributes to a permanent sense of guilt, because every decision I make, and my own attunement to the world, how I talk about her and allow her to be talked about, has unmeasurable potential power to affect her wellbeing.

Reflexive Journal, 26/09/14

A number of my participants later expressed similar anxieties about their felt responsibility to create a narrative of motherhood which was somehow protective or supportive of their babies. Looking back at the interviews, my sensitivity to this issue

probably influenced my capacity to notice and tease such experiences out. This was valid as it was prompted first and foremost by what was already there in participants' stories, but it needs to be acknowledged that another researcher might have teased out a slightly different set of concerns based on their own sensitivities.

My experiences supported a tentative expectation that talking about the not-understood might be difficult. When this did not transpire, I found this particularly curious, and this partly influenced the direction of my analysis. Recognising that there were certain kinds of statements about my experience of motherhood which I found problematic also led me to think more deeply about the kinds of narrative interpretations which might feel more difficult for my participants, for example if they were associated with failure or shame. This avenue of enquiry turned out to be very productive at the analysis stage, and I feel that I was careful to back up my interpretations with evidence from the interview.

4. Personal Experience of Not-Understanding: Being the mother of ill children

During the research period both my children have developed chronic, unpredictable chest conditions, which can escalate suddenly and dangerously from mild illnesses. This has given me repeated, vivid opportunities to engage with my own ways of not-understanding and its relationship to narrative. This particular experience of not-understanding concerns the difficulty of projecting into the future in the midst of highly unpredictable conditions, coupled with the anxiety and vulnerability associated with the fear of losing a child. On one hand, I have a visceral sense of my children's vulnerability, and my own powerlessness in the face of illness and death. On the other hand, I am keenly aware of my responsibility as the person who is constantly vigilant for changes in symptoms; who makes the judgement calls about when and how to respond when things deteriorate; who holds the narrative of what is happening to them and how they are coping from one hour, or month, or year, to the next; who helps them to manage their emotions through the hospital waiting rooms and endless rounds of observations and medication; who advocates for them and navigates the NHS system on their behalf. My other commitments, including research, have to be made tentatively and discarded at the drop of a hat for days and weeks at a time, so it is hard there, too, to create a continuous narrative. The

only continuity is the expectation of disruption, and yet that, too, is pessimistic, because we are lucky enough to have the hope that things will improve.

Although all of us live with the potential for sudden, unexpected change, still we feel generally confident enough to build our self-narratives on broad predictions: things can get better, or are deteriorating, or we plan to do this or that. When my children are ill, it feels impossible to ground myself in a stable narrative about even the immediate future. The past is also shaky ground, for example being told “A succession of doctors have told you X, but now we think Y”. It would be nice to exist in a continuous state of zen-like acceptance of whatever comes, but I find this extremely difficult, perhaps because such an attitude seems at odds with the need to be primed and ready to respond.

I respond to my anxiety by keeping a tight mental grip on the medical protocols and rationales, to try to ensure that I am neither over nor under-reacting. So ardently have I attended to the approach and language of the doctors that I give off the impression, I am repeatedly told, of being very sensible and on top of things. This benefits my children, but I know that ultimately our sphere of control (mine and the doctors’) is limited, and our attempts to stake out the territory can feel rather flimsy. I wrote the following journal entry sitting quietly next to my sleeping daughter in hospital one night:

Listening to her breathing, assessing, waiting for the next round of observations, listening. I know from experience that it is pointless trying to predict the next few hours. Anxiety and uncertainty are like a swarm of bees: Thoughts, scenarios, reassurances buzz around in front of my face. Menacing, frantic, can’t get perspective. Holding on to a narrative for dear life: maybe she’s over the worst of it now. Building up preparedness and vigilance like a heavy defence wall. This could be the start of another escalation. Where will this one end? She hasn’t been right all day. Wanting my vigilance and concern to be validated. Wanting the hammer power of more drugs to get this under control/ stamp it out. See off the invisible enemy if only for today. Wanting to move forward. The unpredictability of the immediate and medium term future is exhausting. Of course it is like this for everyone in theory, but not in practice. Exhausting because I have to hold myself open to multiple

different possibilities, from the mundane to the terrifying. Exhausting because I am trying to avoid being shocked or having rug pulled from under me.

Reflexive Journal, 18/11/18.

As an exercise in validity, I went through the process of comparing my experience to my research insights to see if it helped me to make sense of the data, and, conversely, applying my research insights to my own experience, to see if they helped me to make sense of it. Several insights emerged from this.

Firstly, the phenomenological exploration of my experience of not-understanding how to make sense of such an unpredictable situation reminded me of my research finding that not-understanding appeared to be resource-heavy. Could this be to do, at least in some cases, with having to simultaneously 'hold' conflicting narratives, I wondered? Or perhaps to do with the work of conscious engagement with so many different possibilities? I wondered whether the need to 'hold' so much narrative about babies' wellbeing (whether or not they are unwell), might have consequences for mothers' processing capacity. A number of them had said that they were just getting on with it at the time of the not-understood experience, and only later had time and space to reflect on them.

As was the case for a number of my participants, I saw that my response to not-understanding (and inability to adopt an attitude of acceptance) was very much tied up with how vulnerable I feel to the possibility of losing a child. It is hard to be accepting when one feels so profoundly threatened, so the unknown becomes a problem which requires a response: the unknown becomes the not-understood.

I asked myself, what was my way of not-understanding? What functions did my not-understanding serve in this situation? This was helpful in giving me a different perspective. My not-understanding manifests as an anxious stuckness, where I repeatedly pull myself back from different narrative understandings about what is likely to happen. It is an attempt to avoid falling into the trap of despair or panic on one hand, and on the other, to avoid reliance on overly optimistic predictions which

could end up compromising my ability to care for my children, and leave me more exposed to unpleasant shocks.

So the function of my not-understanding how to make sense of the unpredictability of my children's illness is actually to maintain a heightened level of anxiety. The purpose of this anxiety is that I remain prepped to function sufficiently well to fulfil my responsibilities and afford my child the best protection that I can. From this perspective, I find it easier to have respect for my efforts, and compassion for my inability to achieve zen-like calm. At the same time, I can appreciate the cost of maintaining a state of heightened anxiety over extended periods of time, which makes my approach problematic. Understanding myself through this analysis of not-understanding gives me more of a sense that I might be able to make more of a conscious choice about how to respond.

The fact that I have found useful meeting points between my personal experience and the research findings is, of course, insufficient grounds on which to claim that those findings are valid. However, it does support my claims of validity insofar as it points to some of the possible ways in which the findings could be applied in a therapeutic setting. For example, thinking about the function of not-understanding helped me, and may help Counselling Psychologists and clients, to have a different perspective on an experience of not-understanding, which might then open up new possibilities for responding.

My methodological approach is one which acknowledges that the researcher's interpretation of the data is inevitably biased. This does not invalidate the work, as long as such biases are acknowledged and alternatives are considered. The analysis of my experiences of not-understanding above have helped me to better articulate and respond to my own interpretative bias. For example, I see people fighting through the stories they tell to make something of their existence, engaged in very human struggles between love and death, or hope and despair, or control and chaos. I think this is what it means to have the courage to be human, and such courage should be more acknowledged and celebrated. It is clear from the above reflexive work that this reflects some of my personal struggles and values. This clearly influenced my analysis of the findings, which drew on ideas about courage to find different ways of valuing participants' approaches to not-understanding. Other

routes of interpretation were certainly possible: I could, for example, have placed greater emphasis on the failings of services and social structures to support these women. I hope, however, that my approach will prove refreshing and useful to the field of Counselling Psychology and beyond.

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Appendices

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Appendix 1: Call for Participants

Calling New Mothers

What has motherhood been like for YOU so far?

Would you be prepared to be interviewed about your experiences?

You are invited to take part in a doctoral research study which aims to explore how mothers make sense of their experiences.

My name is Beth Simmons, and I am a psychological researcher interested in how new mothers make sense of their experiences.

I invite you to participate in my research study by telling me about your experiences, both good and bad, in a confidential setting.

You would be helping to promote greater understanding of new motherhood as it is experienced by women themselves.

If you are interested in being interviewed, and your first baby is between 4-11 months old, please contact me for more information.

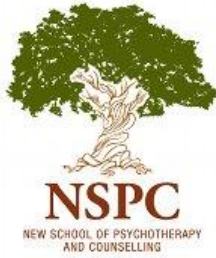
I am a member of the British Psychological Society, and my research is supervised by Middlesex University and the New School of Counselling and Psychotherapy.

Email: eg381@live.mdx.ac.uk

Tel (voicemail): 07432 629 804

Thank you for your time.

Appendix 2: Participant Information Sheet



Information about a research project:

“A narrative analysis of new mothers’ experiences of ‘not understanding’” being carried out by

Elizabeth Simmons as a requirement for a Doctorate in Counselling Psychology and Psychotherapy by Professional Studies from NSPC and Middlesex University



NSPC Ltd
61-63 Fortune Green Rd,
London NW6 1DR

Middlesex University
The Burroughs
London NW4 4BT

Participant Information Sheet

Dated:

You are being invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully, and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take your time to decide whether or not you wish to take part.

1. What is the purpose of the research?

This study is being carried out as part of my studies at NSPC Ltd and Middlesex University. The aim of this study is to find out about how people respond when events, situations or experiences are difficult to understand. It is thought that new motherhood may be likely to throw up such experiences, however this is not automatically assumed. It is hoped that any new understandings generated by the study will be applicable to a range of fields, including psychology, psychotherapy and maternal care. The aim is to understand any experiences which you share from your point of view.

2. What will happen to me if I take part?

I will ask you over the telephone for some information about yourself and your circumstances, and give you an opportunity to ask any questions you may have. I will then arrange to interview you to ask you to talk in more depth about any experiences you may have had which are relevant to the research question. The interview will be in two parts and will take up to 1 ½ hours in total. However, this can take place over a longer period of up to 3 hours if breaks are required. For example, you may wish to take time out to feed your baby. The interview can be arranged over two sessions if this is more convenient for you. I will later use a qualitative research method called narrative

experiential methodology to understand more about the experiences described by yourself and other participants.

You will be required to arrange childcare for your baby for the duration of the interview. If you prefer, you can ask your baby's carer to remain in the vicinity of the interview room, so that your baby can be brought back to you as or when required, for example for feeding. You are encouraged to choose the option which you feel will help you to participate in the research with comfort and ease. You can choose to be interviewed at Precious Health, a holistic therapy centre, or in your own home. Precious Health is located in the centre of Hale and is equipped with comfortable, confidential interview rooms. An appendix to this information sheet entitled 'Choices for Participants' will provide you with further information to help you choose whether to have your interview at Precious Health or your own home.

3. What will you do with the information that I provide?

The interview will be recorded on an audio recording device, and I will make notes during the interview. I will then write up the study and submit it as part of the doctoral programme. It is intended that the research will eventually be published. Publications may include the researcher's website, and academic and professional journals.

Data will be stored according to the Data Protection Act and the Freedom of Information Act. I will transfer the digital files to an encrypted USB stick for storage, deleting the files from the recorder. All of the information that you provide me will be identified only with a project code and stored either on the encrypted USB stick, or in a locked filing cabinet. I will keep the key that links your details with the project code transcriptions, researcher notes and all other personal and contact data in a locked filing cabinet.

I will contact you on a mobile phone purchased for the sole purpose of communicating with research participants. Your name will be anonymised in the contact menu, and the phone will be stored in a locked cabinet when not being used.

The information will be kept at least until 6 months after I graduate, and will be treated as confidential. If my research is published, I will make sure that neither your name nor other identifying details are used. It is intended that no-one other than the researcher will have access to this data, but should a third party, such as a transcription service, be used, they will first sign a form agreeing to protect your confidentiality.

4. What are the possible disadvantages of taking part?

The interview may bring up sensitive material for you. You will be encouraged by the researcher to take breaks or use any other self-care strategies which you find helpful during and after the interview. You are also free to end the interview at any time. You will be given information about support services following the interview, so that you have the option to discuss your experiences further in a confidential environment, should you wish to do so.

A risk assessment will be carried out for the interview location to identify, and minimise or eliminate, any health and safety risks. I will also make every reasonable effort to protect your confidentiality. This will involve taking the precautions detailed above to minimise the risk that your personal data is not lost, stolen or identifiable in the published research. The risk assessment process will also identify any risk of confidential discussions being overheard during the interview, and will ensure that steps are taken to minimise such risk.

Participant Information Sheet, continued

I will not normally discuss or share confidential details about you with anyone outside of the research process (as described above). However, in the unlikely event that you disclose information about a serious risk of harm to yourself or others, such as information relating to child protection, the researcher may be required by law to share this information with third parties. Your explicit permission for any such action will be sought where possible.

5. What are the possible benefits of taking part?

Being interviewed about your experiences of not-understanding may have no direct benefit to you. However, some people may find it helpful to talk about their experiences in a confidential setting. It is hoped that the research itself will have a wider benefit to society in terms of the insights generated for psychology, psychotherapy and maternity care. Some people may feel that it is beneficial to them to know that they are contributing to such research.

6. Consent

You will be given a copy of this information sheet for your personal records, and if you agree to take part, you will be asked to sign the attached consent form before the study begins.

Participation in this research is entirely voluntary. You do not have to take part if you do not want to. If you decide to take part you may withdraw at any time without giving a reason.

7. Who is organising and funding the research?

This research project is being organised and funded by myself. I am fully insured to carry out this research.

8. Who has reviewed the study?

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC research ethics sub-committee have approved this study.

Participant Information Sheet, continued

9. Expenses

Travel expenses for each participant travelling to Precious Health will be reimbursed by me up to the value of £5 per visit. If you are bringing a carer for your baby, their travel expenses will be reimbursed in the same way, and they will be reimbursed an additional £5 for refreshments.

Thank you for reading this information sheet. If you have any further questions, you can contact me at:

New School of Counselling and Psychotherapy Ltd, 61-63 Fortune Green Rd, London NW6 1DR Email: eg381@live.mdx.ac.uk

Tel: 07432 629 804

If you any concerns about the conduct of the study, you may contact my supervisor:

Naomi Stadlen

New School of Counselling and Psychotherapy Ltd, 61-63 Fortune Green Rd, London NW6 1DR Tel: (via institution) 0044 0845 557 7752

Or

The Principal

New School of Counselling and Psychotherapy Ltd, 61-63 Fortune Green Rd, London NW6 1DR

Email: Admin@nspc.org.uk

Tel: 0044 0845 557 7752



Information about a research project:

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Elizabeth Simmons as a requirement for a Doctorate in Counselling Psychology and Psychotherapy by Professional Studies from NSPC and Middlesex University



NSPC Ltd
61-63 Fortune Green Rd,
London NW6 1DR

Middlesex University
The Burroughs
London NW4 4BT

Choices for Participants

Appendix to Participant Information Sheet

Your interview will take up to two hours, including a half hour break when refreshments will be provided. However, you can choose to stagger the interview over up to three hours if you prefer to include more breaks. The interview can be arranged over two sessions if necessary. Please note that the researcher will not be able to participate directly in any childcare activities (such as holding, supervising or feeding your baby) whilst you are participating in the study. However, the researcher will support you by encouraging you to take breaks to attend to your baby whenever you feel the need to do so.

1. Choosing where you would prefer to be interviewed

You can choose to be interviewed at Precious Health in Hale, Altrincham, or in your own home if you feel more comfortable there. If you choose to be interviewed at Precious Health, you are advised of local amenities below where a carer can take your baby whilst you are being interviewed.

Precious Health is a holistic therapy centre equipped with comfortable interview rooms where confidentiality can be protected. Tea and coffee making facilities are provided. Travel expenses for each participant travelling to Precious Health will be reimbursed (see Participant Information Sheet, Section 9).

If you prefer to be interviewed at home, you will be asked to work with the researcher to ensure that the interview is not overheard by others, so that your confidentiality is protected. You will also be asked to work with the researcher to minimise the likelihood that you will be distracted during the interview (except to attend to your baby).

Risk assessments

The researcher is required to conduct a risk assessment of the premises where the research is to be carried out. You can obtain a copy of the risk assessment of Precious Health from the researcher. If you choose to be interviewed in your home, you will be asked a small number of questions about your home by the researcher. This will enable them to complete a risk assessment.

Do you require further information in order to make your decision?

The researcher will be happy to answer any questions you have. Please use the contact details below:

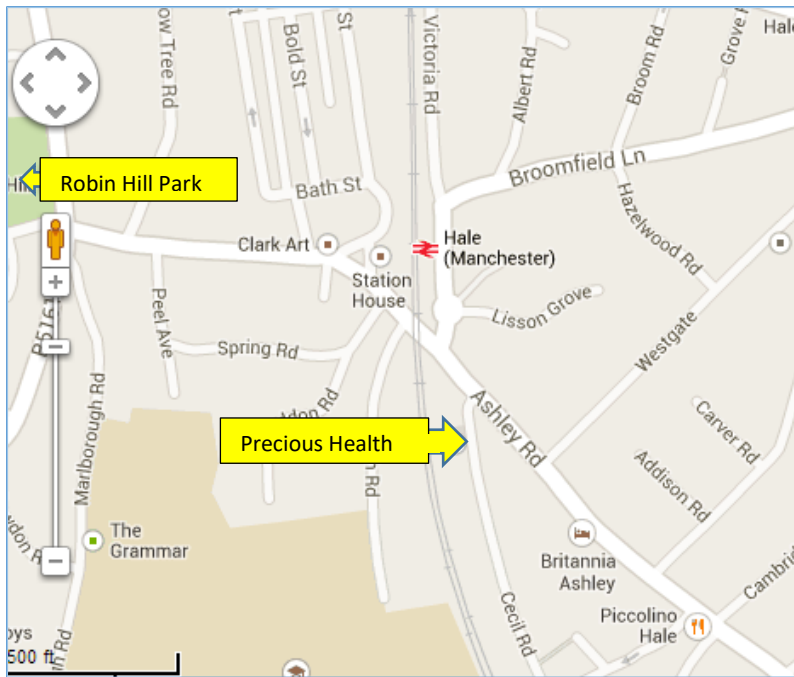
Elizabeth Simmons, NSPC Ltd, 61-63 Fortune Green Rd, London NW6 1DR

Email: eg381@live.mdx.ac.uk

Tel: 07527 855 377

Precious Health Location Information

Precious Health, Progress House, 17 Cecil Rd, Hale, Altrincham, WA15 9NZ



Google map image.

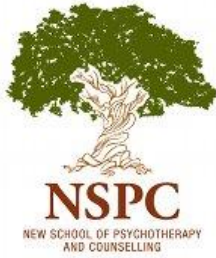
Precious Health is situated in Progress House, five minutes' walk from Hale Railway Station in the centre of Hale, Altrincham. Progress House has a small number of free car parking spaces available on a first come, first served basis. If these are full, the Co-op car park next door costs 70p for three hours.

Precious Health is situated on the first floor, on the left as you reach the top of the stairs. Interviews will be conducted in one of the private therapy rooms. There are baby changing, toilet and tea and coffee making facilities. Unfortunately there is no lift access. Buggies can be stored in the waiting room, also on the first floor. You can visit their website for more information:

www.yourprecioushealth.com

Hale centre has a number of cafes and boutique shops, particularly along Ashley Rd. Altrincham centre is fifteen minutes' walk away, or five minutes' drive, or one stop on the train. Altrincham has a wide choice of places to eat, drink or shop, particularly on George St and the surrounding area. The nearest public park is Robin Hill, situated five-ten minutes' walk away at the junction of Ashley Rd and Stamford Rd (see map).

Appendix 3: Participant Consent Form



Information about a research project:

“A narrative analysis of new mothers’ experiences of ‘not understanding’” being carried out by

Elizabeth Simmons as a requirement for a Doctorate in Counselling Psychology and Psychotherapy by Professional Studies from NSPC and Middlesex University



NSPC Ltd

61-63 Fortune Green Rd,

London NW6 1DR

Middlesex University

The Burroughs

London NW4 4BT

Written Informed Consent

Title of study: **‘A narrative analysis of new mothers’ experiences of ‘not-understanding’**

Academic Year: **2015/16**

Researcher: **Elizabeth Simmons**

Supervisor: **Naomi Stadlen**

I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.

I have been given contact details for the researcher in the information sheet.

I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.

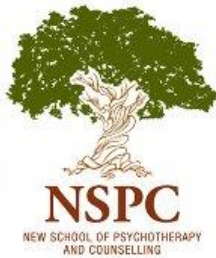
I further understand that the data I provide may be used for analysis and subsequent publication, and provide my consent that this might occur.

Print name _____

Sign Name _____

Date: _____

To the participants: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Social Sciences Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: _____



Information about a research project:

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Elizabeth Simmons as a requirement for a Doctorate in Counselling Psychology and Psychotherapy by Professional Studies from NSPC and Middlesex University



NSPC Ltd
258 Belsize Road
London NW6 4BT

Middlesex University
The Burroughs
London NW4 4BT

Participant Declaration of Interview Arrangement Choices

Please indicate your choice by **deleting** the options below which **do not** apply to you:

1. I intend to have my baby with me during the interview/ I intend to arrange for a trusted person to care for my baby while I have the interview.
2. I would like to be interviewed at Precious Health/ my home.

Print name _____

Sign Name _____

Date: _____

Address if being interviewed at home:

Please provide emergency contact details

Name of emergency contact: _____

Relationship of emergency contact to you: _____

Telephone number of emergency contact: _____

Participant Number (Researcher use only):

Appendix 4: Risk Assessments (for Precious Health and Ppt Homes)

ED7a: RISK ASSESSMENT FOR PARTICIPANTS' HOMES

Part 1: Risk Assessment Questionnaire

To be completed by the researcher over the telephone with participants prior to interview date.

Participant number: _____

Planned Date of interview: _____

Address where interview is planned to take place:

Room in your home where interview is planned to take place: _____

Please identify what level of the building this room is on:

Identified Risks and Precautions

Health and Safety

1. In case of fire, will there be at least one exit which can be kept free of trip hazards? -

2. Do you know of any building or maintenance work which will be taking place at your property (inside or outside) on the day of the interview? Y / N

- a. If yes, please give details including likely sources of disruption (if any):

3. The researcher is allergic to cigarette smoke, dust (including wet plaster) and some household pets. Do you foresee any issues arising from this? -

4. Are you aware of any other factors or circumstances which might impact on the health and safety of anyone present during the interview process? Y / N

a. If yes, please give details:

Health and Safety Action Points/ Precautions:

1. Participant agrees to inform the researcher at the first opportunity if they become aware of any changes in the above information (e.g. new planned building works).

2. In order to reduce the risk of infection and distress, participant and researcher agree to reschedule the interview in the event that either party, or the participants' baby, become ill.

3. Participant and researcher agree to inform their emergency contacts of their whereabouts on the day of the interview, including the time and expected duration.

4.

5.

6.

7.

8.

Risk of Confidentiality Breach

It is important that your confidentiality is protected throughout the research process. Having another person present or within earshot during the interview, even if you trust them, may compromise the research conditions.

1. Will there be anyone present in your home during the interview apart from yourself, the researcher, and your baby? Y / N

a. If yes, please give details:

2. If yes, will it be possible to ensure that the interview is not overheard or disturbed by them (unless there is an emergency)? Y / N

Precautions/ Action points for Safeguarding Confidentiality:

1. Participant agrees to inform the researcher at the first opportunity if they become aware of any changes in the above information (e.g. presence of people other than those stated).
2. _____
3. _____
4. _____
5. _____

Suitability of Proposed Interview Room

1. In order to conduct the interview effectively, it is important that the following are available in the interview room:
 - a. 2 x chairs which can be placed 1-2metres apart.
 - b. Somewhere for a small audio recording device to be placed in between yourself and the researcher.
 - c. Minimal risk of noise disturbance from inside or outside the room which might compromise the recording quality.

Please state here if you feel it may not be possible to meet these conditions for any reason:

Precautions for Ensuring Suitability of the Interview Room:

1. Participant agrees to inform the researcher at the first opportunity if they become aware of any changes in the above information (e.g. new source of possible noise disturbance).
2. _____
3. _____

4. _____

Date Risk Assessment Questionnaire completed: _____

Assessor's name: _____

Assessor's signature: _____

Tick when copy has been sent to participant.

Part 2: Risk Assessment Checklist

For researcher to complete on arrival at participant's home and on every subsequent visit.

1. Are fire exits clear? Y / N
 - a. If no, please describe new risks observed:

2. Is there any evidence of building/ maintenance works taking place at the property? Y / N
 - a. If yes, were these previously discussed and risks adequately mitigated according to the risk assessment questionnaire above? Y / N
 - b. If no to Q.2a, please state nature of the work and any new risks observed:

3. Please assess other environmental health risks:
 - a. Is the interview room at a comfortable temperature for all parties? Y / N
 - b. Are there risks due to pets, dust or smoke? No risk / Yes, but risk mitigated / Yes, risks identified

4. Is anyone present or expected other than the researcher, participant and their baby? Y / N
 - a. If yes, is this person(s) accounted for on the assessment above? Y / N
 - b. Are all agreed precautions in place to protect confidentiality? Y / N

5. Is the interview room suitable for use? Y / N
 - a. If not, please state reason: _____

6. If additional precautions can be put in place to mitigate the new risks identified above, please list here:

7. Please state whether the environment is assessed as safe enough for the interview to go ahead:

- Yes, without any new precautions.
- Yes, with new precautions which have been actioned.
- No, it is currently unsuitable but can be postponed to allow time for the situation to be rectified. Postponement date: _____
- No, it is an unsuitable location for the interview for the following reason(s): _____

Assessor's name: _____

Assessor's signature: _____

Date completed: _____

ED7b: ASSESSMENT FOR INTERVIEWS CARRIED OUT AT PRECIOUS HEALTH

Part 1: Preliminary Risk Assessment (To be completed by the researcher in collaboration with Precious Health on visit to Precious Health.)

1. Please give details of an emergency contact for Precious Health:
 - a. Name: _____
 - b. Mobile number: _____
2. Give details of fire exits (position in relation to interview room):
 - a. Exit 1: _____
 - b. Exit 2 (if applicable): _____
3. What is the fire evacuation protocol for Precious Health?

4. Is the owner aware of any building, maintenance or decoration work planned to take place at the property (inside or outside, including public works) between Oct 2014 and Oct 2015? Y / N
 - a. If yes, please give details of the work including planned dates and any risk of disruption to health, safety or confidentiality requirements:

5. Are the rooms suitable for interviews?
 - a. 2 x chairs which can be placed 1-2 meters apart: Y / N
 - b. Space for an audio recorder to be placed between participants: Y / N
 - c. Is any risk of noise disturbance which might compromise the quality of the recording?
Y / N
 - i. If yes, please give details:

6. Is it possible for discussions inside the interview room to be overheard by anyone outside the rooms? Y / N
7. Is the interview room cleaned regularly? Y / N

8. Has the researcher been given adequate information to enable them to ensure that the room temperature is maintained at a comfortable level, given ordinary seasonal weather conditions?

Y / N

9. Is the owner aware of any other factors or circumstances which might impact on the health and safety of anyone present during the interview process? Y / N

a. If yes, please give details:

Please list precautions to be taken by owner or researcher to mitigate any risks identified above:

- The owner has been asked to inform the researcher at the first opportunity if they become aware of any changes in the above information.

Please state whether, at the time of this assessment, the environment is assessed as safe enough for the interview to go ahead:

Yes, providing that the precautions outlined above are put in place.

No, it is an unsuitable location for the interview for the following reason(s):

Assessor's name: _____

Assessor's signature: _____

Date completed: _____

Part 2: Interim Checklist (To be completed by the researcher once interview date is known, and on every subsequent occasion on which an interview is planned at Precious Health.)

Planned Interview Date: _____

1. Is the owner aware of any building, maintenance or decoration work planned to take place at the property (inside or outside) on the date of the interview? Y / N

- a. If yes, please give details of the work and any risk of disruption to health, safety or confidentiality requirements:

2. Is the owner aware of any new factors or circumstances which might impact on the health and safety of anyone present during the interview process? Y / N

- a. If yes, please give details:

Part 3: Interview Checklist (For completion by researcher on every interview occasion at Precious Health).

1. Please tick all boxes which apply:

- Fire evacuation procedures have been explained to the participant.
- Refreshment, toilet and baby changing facilities have been pointed out to the participant.
- Precautions to mitigate all previously identified risks are in place.
- No new risks have been identified.

2. If any of these boxes in Q.1 were not ticked, please identify present risks and any precautions which might mitigate them:

3. Please state whether the environment is assessed as safe enough for the interview to go ahead:

- Yes, without any new precautions.
- Yes, with new precautions which have been actioned.
- No, it is currently unsuitable but can be postponed to allow time for the situation to be rectified.

Postponement date: _____

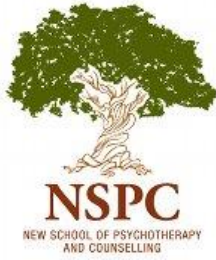
- No, it is an unsuitable location for the interview for the following reason(s):

Assessor's name: _____

Assessor's signature: _____

Date completed: _____

Appendix 5: Screening and Demographic Information Forms



Information about a research project:

“A narrative analysis of new mothers’ experiences of ‘not understanding’” being carried out by

Elizabeth Simmons as a requirement for a Doctorate in Counselling Psychology and Psychotherapy by Professional Studies from NSPC and Middlesex University

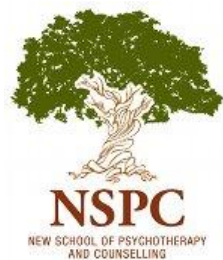


Participant Number (Researcher use only):

Screening Form

It is important that this study protects the wellbeing of all participants. Therefore I have decided to include only those women who meet certain criteria. Please tick each box below which applies to you.

- I gave birth to my first baby in the last 5-11 months. **This would be changed to: My first baby will be between 6-12 months old at the time of the proposed interview.**
- If adopted, they were adopted at birth.**
- I have not previously had children, including step-children, surrogate children or foster children.
- I have not been admitted to hospital for psychiatric care in the last 3 years.
- I do not have a current diagnosis of post-natal depression.
- I am not currently prescribed anti-depressant, anti-psychotic, or anti-anxiety medication.
- My first language is English.
- I have a partner or supportive friend or relation who shares in the care of my baby on a regular basis.
- I plan to be the main carer of my baby for at least the first 12 months of his/her life.



Information about a research project:

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Psychology and Psychotherapy by Professional Studies from NSPC and
Middlesex University

Participant number (researcher use only):

Demographic Information Form

The following information is being collected to help the researcher to be sensitive to social, cultural and circumstantial differences when they are conducting and analysing the research.

The information you provide on this form will be securely stored and eventually destroyed as described in your Participant Information Sheet. Please ask the researcher if you have any questions about this form.

Please tick all boxes which apply to you unless the question says otherwise. If you prefer not to answer any of the questions, please leave them blank.

About your baby and birth

How old will your baby be at the time of interview? _____

What kind of birth did you have? (Please tick all boxes which apply)

- Home
 - Hospital
-

-
- Birth centre
 - Other location
 - Birth without medical intervention (with or without pain relief)
 - Assisted birth (birth which required medical intervention other than pain relief, for example, forceps or episiotomy)
 - Caesarean birth

Did you require medical intervention to get pregnant? If yes please give brief details. _____

About you

How old are you? _____

How would you describe your ethnic group? _____

About your circumstances

Did you work in the 12 months prior to the birth of your baby (please indicate full/part time)?

Who else is regularly involved in the care of your baby?

Do you intend to work in the future? _____

What is your highest level of educational achievement? _____

Thank you for your participation.

Appendix 6: Debrief and Consent for Further Contact forms



Information about a research project: “**A narrative analysis of new mothers’ experiences of ‘not understanding’**” being carried out by Elizabeth Simmons as a requirement for a Doctorate in Counselling Psychology and Psychotherapy by Professional Studies from NSPC and Middlesex University.



NSPC Ltd
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London NW6 1DR

Middlesex University
The Burroughs
London NW4 4BT

Debrief Information Sheet for Participants

Thankyou for your participation in this research project.

1. The researcher recognises that sensitive issues may have arisen during the course of the interview. You are invited to discuss these with me now if you feel this would be helpful for you.
2. The following information about support services is provided for your reference. All these organisations accept self referrals.

Counselling and Psychotherapy Services:

- The **British Association for Counselling and Psychotherapy (BACP)** runs an online ‘find a therapist’ service which will help you to find accredited counsellors and psychotherapists working in your area. You will normally have to pay for therapy provided privately, although some therapists offer reduced rates for clients on lower incomes.
 - To access the ‘find a therapist’ service go to: www.itsgoodtotalk.org.uk/therapists
 - You can find more information about counselling and psychotherapy at the BACP website: www.bacp.co.uk
- To find out if you are eligible to access counselling or psychotherapy on the **NHS** speak to your GP. Bear in mind that services vary depending on where you live. You may also find the **NHS Choices** website helpful for further information about NHS services:
 - www.nhs.uk
- UK charity the **Birth Trauma Association** support people affected by birth trauma. As well as providing lots of information and resources, their website includes information about therapists who specialise in birth trauma:
 - <http://www.birthtraumaassociation.org.uk>

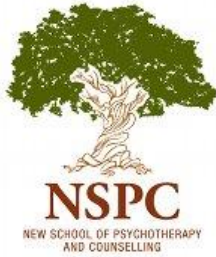
Other Information and Support Services:

- The UK charity **Samaritans** provide a free telephone listening support service for anyone experiencing distress:
 - 24hr National Helpline: 08457 90 90 90 (call charges apply).

- The UK charity **PANDAS Foundation** offer pre and postnatal depression advice and support including local groups:
 - www.pandasfoundation.org.uk
 - Helpline: 0843 28 98 401
 - UK charity the **National Childbirth Trust** (NCT) offers support and advice to parents:
 - www.nct.org.uk
 - NCT East Cheshire: Tel: 0844 243 6115; Email: whatson@eastcheshire-nct.org.uk
 - International charitable organisation **La Leche League** offer advice, resources and support services including local groups for breastfeeding mothers:
 - www.laleche.org.uk
3. If you have any further questions, comments, complaints or suggestions about this study or the way in which it has been conducted, the following options are available to you:
- **I will provide you with a feedback form** which you can fill in now. Please leave your email address on the attached contact form if you would prefer to complete this at a later date. This will usually be seen only by me.
 - **You can contact me in the following ways:**
 - In writing: NSPC Ltd, NSPC Ltd, 61-63 Fortune Green Rd, London NW6 1DR
 - By telephone; 07432 629 804
 - By email: eg381@live.mdx.ac.uk
 - **You can contact my Supervisor Naomi Stadlen in the following ways:**
 - In writing: NSPC Ltd, 258 Belsize Road, London NW6 4BT
 - By telephone (via Institution): 0044 0845 557 7752
4. If you would like to receive a summary of the completed research study once it has been approved by Middlesex University, please contact me.
5. If you were interviewed at the Precious Health Centre, you are reminded that the researcher has offered to contribute to your expenses and those of your child's carer. Please provide the researcher with travel/petrol/refreshment receipts.

You have made a valuable contribution to the study 'A narrative analysis of new mothers' experiences of 'not-understanding', helping to generate psychological insights about how people respond to difficult-to-understand experiences.

Thank you again for your time and for sharing your experiences with me.



Information about a research project:

“A narrative analysis of new mothers’ experiences of ‘not understanding’” being carried out by

Elizabeth Simmons as a requirement for a Doctorate in Counselling Psychology and Psychotherapy by Professional Studies from NSPC and Middlesex University



Participant Number (Researcher use only):

Participant Consent Form for Further Contact

Please read the following declaration before completing the form below.

Declaration:

Please email the feedback form to me. I will undertake to return this within one week of the interview. I understand that any personal data which I include on this form will be treated confidentially in the same way as other personal data collected during the study, as described in the Participant Information Sheet.

Email address:.....

Participant name:.....

Signed.....

Date:.....

Appendix 6: Interview Protocol

Questions in bold

Prompts in italics (to be used if necessary)

Interview Part 1: Exploration of experiences of not-understanding

1) What has becoming a mother been like for you so far?

a) Is being a mother how you thought it would be? In what ways is it different?

2) Is there anything that you've found particularly difficult to understand or make sense of, or that has taken time to make sense of?

a) Perhaps we can choose one of those to explore in more detail. Which would you like to choose?

b) Are you able to say anything more about that (e.g. thoughts, feelings, sensations, images)

Background

1) Can you tell me what your life was like before you had your baby?

a) What expectations did you have about becoming a mother?

Interview Part 2: Participant's Experiences of Narrating

1) Can you describe what it has been like to tell me about it today?

a. Were there any aspects which were difficult to talk about?

2) Have you spoken to others about your experiences as a mother?

a. What has it been like to talk about it?

3) What do you tell yourself about this experience?

a. Has the way you have thought about this changed over time?

b. How do you think this way of making sense of your experience affects you?

Appendix 8: Transcription Key

Event Type	Description	Symbol	Example
Overlap (Listening responses)	The main speaker's utterance is supported rather than interrupted with a short overlapping utterance from the listener, e.g. by 'mmm' 'yeah', 'right',	^ inserted in main speaker's text. Listener's utterance written in the second line below the main utterance on the transcript.	So I suppose it's possible that ^ I can't think about mmm-hmmm
Overlap (interruption)	The main speaker is interrupted and the narrative changes hands.	Interrupted utterance ended with - Continuation begins with – Part of utterance which interrupts is underlines.	And was that a sort of new thing <u>in your experience?</u> - -Well <u>yes</u> I suppose..
Long pause between speakers	A longer than normal pause between speakers.	(...)	So that was...difficult (...) Is that something that still gets to you?
No pause between speakers	Utterances follow on without discernible pause, but without one interrupting the other.	= at end of first utterance and beginning of next	It was necessary to do that?= =Exactly, so then I had to...
Speaker restarts sentence		/	So is it/why do you think you do that?
In-speech pauses	Increased number of periods indicates longer pause	,./././...	Erm...no because I didn't find out till, till later.
Laughing/Crying/ other tonal descriptors such as marked changes in volume		Text is interrupted with a description of the laugh or other tonal note. Note is bracketed by < and >, with the behaviour and person (P for participant and R for Researcher) indicated.	I think it was just < P Laughs> amazing that they tried! <P and R Laugh>
Omissions	Words omitted from the text, usually to protect anonymity	[]	I think so because [baby's name] was teething.
Transcription Issue	Utterances rendered inaudible	[inaudible]	I couldn't find the [inaudible] really, so there was no point.

Appendix 10: Complete Prepared Transcript (PC)

PCP1 TRANSCRIPT	
1	Right we are now recording the interview, so thanks for coming in. I'd just, firstly like to tell me about, erm, what it's been like for you to be a mum so far?
2	OK. I've really enjoyed it. And, erm, I found it really hard to begin with, erm, just because, I think it's the shock. I think that no-one can prepare/ everyone says, erm, how hard it's gonna be, but the shock when you're, just left with this new baby, erm, I found really difficult, and I think I took about twelve weeks to kind of, erm, get into the swing of it. I found/ I was breastfeeding I found that quite hard, and, erm, can be quite lonely I think at times, and er, once, once I kind of got into it it just took a lot longer I think, an, like, I loved [baby] as soon as she was born, and I really enjoyed being a mum, but the/ I think the practical side of it was quite difficult. And my partner went back to work a few days after, he didn't really get to spend that much time with us, and went back to work, but I have spent an awful lot of time with my mum. I w-
3	-So your mum was there? <i>(Yes)</i> And he went back to work?
4	Yes, cause I had a caesarean as well so I couldn't do anything for six weeks <i>(Right OK)</i> , or very much cause I got, erm, I had to go back into hospital, erm, when I had my caesarean. Seven days later there was, like, something had happened during the operation like an internal infection, and one night I was, I thought it was, erm, like, kind of, thought her nappy had leaked, but it was me I'd gone, like, everywhere, and we had to go back to hospital, and it was quite scary, seven days into it. <i>(Mmm)</i> I didn't really know what was going on.
5	And, and what happened to [baby] when you were in hospital?
6	She came with us.
	Did she?
	Yes, she came with. And, erm, she had to stay with me cause I was feeding her so=
7	=Yes <i>(Yes)</i> That must have been very difficult actually.
8	Yes, it was, that was quite hard. And then it kind of prolonged the erm recovery period really. Erm, so yeh <u>[inaudible]</u> -
9	- <u>[Inaudible]</u> about six weeks that you were-
10	- It was six weeks was the recovery time but, uh/ seven days into what was supposed to be those six weeks <i>(Yeh)</i> that happened, so then it kind of-
11	-so it was seven weeks <i>(Yeh)</i> really for you

12	-Yeh, at least seven weeks, yeh. (<i>Yeh</i>) I didn't drive until seven weeks after, which (<i>Right</i>) is a really long time when you think you're stuck by, like (<i>Yeh</i>), yourself, so...
13	S-so you were, in that time, what was it like for you?
14	Erm, it was/ I did have my mum, but she would, she wasn't obviously living with me. And [husband] would come in from work, and then, I think he struggled with/ he was shocked when we first had her, I think he was in shock as well as me. And you often I think don't think about the man, especially when it's you that's doing all the feeding and everything. He didn't know what to do with himself <P giggles, R joins in>, but I think that's probably quite no/ a lot of men probably don't <P laughs> know what to do with themselves, and em, he had to pick up, like, do all the washing and everything like that, so <volume tails off>
15	So you had that very intense initial period (<i>Yeh</i>). An, and then, you said, you said about twelve weeks [inaudible] started to change-
16	-Yes. And after twelve weeks I felt like I really got into my stride with it all, and started thinking "I don't want to waste this by wo/ panicking all the time and worrying about her. She's fine, she's doing really well, may as well enjoy it." And then, I think for the last three, well it would be the last four months now, cause she's seven months, I've just really really enjoyed, kind of every minute with her. And I intend to go back to work wh/ when she's twelve months (<i>Yeh</i>) so I feel like I've got kind of that ticking clock that I just want to enjoy it and I don't want to waste anything.
17	OK (<i>Yeh</i>), so it sounds like you really hit a/ kind of vein of really enjoying (<i>Yeh</i>) what you're doing and things have kind of fallen into place (<i>Yeh</i>). So, is there anything in there that you feel like, it's kind of taken you a while to understand, or that felt very significant, or, just the entire, <P&R short laugh>, could be just the entire thing of having a baby.
18	I think, erm, trusting, trusting myself and my own kind of measure on my baby. I think you get different, this is an assumption but really I think you get different mums, you get people who even as a first time mum think 'this is my baby I know what I'm doing'. And you get people that are, I think like me, I was very much like, "Oh this is my first baby, I don't know if this is right" And I'd ask loads of questions, whereas I think I've got a lot of conf/ one of the, like when I kind of turned a corner was, I know, I know probably what's best for her more than anyone else so stop asking people and kind of get on with it. It's like, probably the best thing that I've done-
19	So that, that was the process for you, going from (<i>Yeh</i>) not trusting yourself, relying on other people's opinions (<i>Yeh</i>) to actually saying, this is, this is, this is something that you can own. (<i>Yeh</i>) OK. So, shall we talk/ shall we talk about that process then (<i>Yeh</i>) in more detail? And erm, I want to go back to before, to before, you know, to before that was kind of done and dusted if you like (<i>Yeh</i>), cause it sounds like that's something that you feel has happened (<i>Yeh</i>) you know, to a great extent (<i>Yeh</i>). But I want to get the experience of it before it felt resolved (<i>Yeh</i>) as much as possible if (<i>Yeh</i>) that's alright (<i>Yeh</i>). So, erm, I mean where do you want to/ we could think about just what it was like for you before you had the baby first of all (<i>Yeh</i>) we can just kind of, 'cause then there's this big shock. What was your pregnancy like, erm-?
20	Erm <P laughing>to be honest it was horrible. (<i>Was it?</i>) Yes. I didn't enjoy, erm, my pr/ I enjoyed the idea that I was pregnant and I was really looking forward to, erm, [baby] arriving and being a mum, but erm I was

	sick until the day before I had her, and (<i>That's...unlucky!</i>) <both laugh> It was exhausting, I think I got bronchitis three times. I got really ill I think at seven weeks, like, when I'd just found out, and I think my immune system never really recovered. And if you get that poorly at the beginning it's, you just pick up everything on, like throughout, and erm, so I was pretty exhausted by the time it came to having her already. Erm, and I had loads of like, I've got/ I'm really lucky in terms of I've got a lot of emotional support ar/and my partner's really good, but she was/ she came a lot earlier than we had anticipated (<i>OK</i>), so I think-
21	-How early was she?
22	Oh no I mean as in us having her, sorry (<i>Oh I see what you mean yeah</i>). So she, erm, she was a surprise, but like a wanted (<i>Yeh</i>) surprise, so then a lot of the pregnancy was preparing for her but not really/ we weren't in a position where we were really really prepared ourselves at the beginning (<i>I see</i>) so it was, I think-
23	-You had that shock at the beginning as well [inaudible]?-
24	-Yeh, yeh and then had a shock again when she was born (<i>Right OK</i>) I think. (<i>OK</i>) <R laughs, P joins in> So, I've had a year of shocks! <both laughing>So yeah, pregnancy was quite hard I think, I was working until - when did I work until? I think I finished at the end of July and she was born on the [date], so I just had a couple of weeks, but I did a lot of driving in my job and it-
25	- Was it full time job that you had?
26	Yeah (<i>Yeah</i>).
27	So quite an intense job as well (<i>yes I'm a contract-</i>) to be doing while you were feeling sick
28	Yeh, I'm a contract manager, so I erm like, drive round the contra/ er, erm it's a UK wide contract, so I have to drive round all the different sites, and I, yeh, I did [inaudible]-
29	-That sound's tough actually
30	Yeh, it was quite hard (<i>Mmm</i>). And then (<i>Yeh</i>) she arrived, and then I was really poorly. And I think that the shock of having her, and, kind of, you know when you're just left with this baby and you're like "I don't know what I'm doing", erm, and then being ill, I think it's mentally draining, but I was physically drained as well because I was on, I think I was on antibiotics, I had three sets of antibiotics one after another to get rid of this infection, and-
31	-After the baby was born?
32	Yeh, after the baby was born, and I real/ I think that made me feel possibly worse than I would have felt. You kno/-
33	- If you hadn't had all of those things?-

34	-Yeh, if I hadn't had-
35	-New mothers are exhausted but you had this as well?
36	Yeh, yeh, that's what I mean. So I was mentally drained anyway, and physically drained as well, and, erm I wasn't sleeping because of the pain, so then you're like not sleeping anyway, and (<i>Yeh</i>), and double exhaustion.
37	Yeh, yeh so real, real/ lots of things piled up on you there. (<i>Yeh</i>) So what was/ you were coping with a lot of pain, you were coping with a full time job (<i>Yeh</i>), and you were coping with the prepar/ having to prepare for a new baby which is a lot of new (<i>Yeh</i>) things, new information. What were you/ you said before about, erm, you know, learning to trust yourself. What was it like at that point for you? You said, it was all in front of you but, your body's changing constantly, erm, what was/ how/ what was your relationship with yourself like at that point?
38	Erm, it was, it was alright. I think that I didn't have very much time to think about a lot to be honest, 'cause if I wasn't <P laughs >, wasn't being sick, I was at work, and if I wasn't at work it was because I was being sick, so I erm, I didn't-
39	-You're laughing but it sounds really miserable that. (<i>Erm</i>) I mean , I mean, was it, or-?
40	-Yeh. It was (<i>Right</i>), 'cause I didn't, erm/ I ate loads after I'd had [baby], and looking back on it, I think it's cause I didn't eat for like nine months. I literally didn't hold a meal down for the entire time I had her, and the entire time I was pregnant, and, yeh. I don't know, it was miserable, but I don't really look back on it thinking "Oh it was a miserable time" 'cause I think I think of what the outcome was. (<i>Yeh</i>) That's how I think (<i>Yeh</i>) I look back on it.
41	Yeh. So you/ it/ that/ so, so do you think you look back on it with a different perspective than you experienced it at the time?
42	Yeh. At the time I really wanted it/ I was probably wishing the weeks along, (<i>Yeh</i>) really. I didn't-
43	-You wanted it over with?
44	Yeh. (<i>Yeh</i>) I didn't enjoy it as I was going through it at all.
45	Yeh. That's understandable.
46	Yeh. But I think you feel bad sometimes saying that, cause (<i>Does it?</i>) you don't like, I don't wanna look back on it and I don't want to say out loud "Oh, I hated it at the time", 'cause then I think some people would be like "Oh but you got a good baby at the end of it, so"...
47	It doesn't sound like you're saying anything about your baby, (<i>Yeh</i>) really. It sounds like you're saying something about your experience of (<i>Yeh</i>) the physical demands of pregnancy. (<i>Erm, yeh</i>) But, do you want

	to, kind of, think about that a bit more, that it's hard to say (<i>Yeah</i>) certain things, as opposed to other things? What, what, kind of, what does it bring up if, if...
48	Er, I don't know really 'cause I haven't really thought about it. Erm, I think that...I don't/I don't like to/ I feel like I'm being, erm, I know it's nothing to do with her and she would never know but I feel like I don't want to say it about her, like it was her that was causing..
49	So it's like a protectiveness?
50	Yeah, I don't know it's <u>weird</u> but I never thought, yeah-
51	- <u>A protectiveness about the experience</u> and it's about protecting something about your experience of her that needs to be... <u>a certain way?</u> -
52	- <u>That I wouldn't be/ Yeh</u> , that perhaps I wouldn't want anyone to think that I didn't enjoy my experience of, kind of growing her...maybe, <u>I don't know</u> -
53	- <u>Yeh, yeh</u> . Was there a part of the experience of growing her that was very...precious to you it sounds like (Yeh, yeah, cause-), even with all the other things that were going on as well.
54	Yeah, I think that erm...er...I don't know really. I just, er, think, I wouldn't want to say it in like a negative way.
55	Negative things threaten something don't they? (Yeah) Threaten some kind of...erm, some kind of idea
56	Yeah...mmm.
57	What would be/what would/what would be/ can we kind of, look at what's the fear there? (Yeah) What would it be like if, you did hear/ let's imagine you heard someone else say negative things about the pregnancy?
58	Then, I don't know I think if someone was saying it then, to me, then, obviously I've had the experience of it I would know exactly how they feel.
59	So it's different when it's you?
60	Yeah <P Short laugh>Yeah, I don't know, I just, erm, it's not that people weren't aware that <P laughing > I was being extremely sick all the time, I didn't hide it...at all. Erm, but I think maybe just talking/ I don't know we look at things that have happened differently don't we than how we feel when we're going through it?
61	I think that's very/ that's exactly what I'm kind of looking at really, (<i>Yeah</i>) is that process from the experience to thinking "Oh that's something I've made sense of", so... (<i>Yeah</i>) I think that's, something I would agree with that. But that's interesting, how it changes and why it has to change.

62	Yeah. Maybe it was that I didn't/ Maybe at the time I wasn't enjoying it as well not just cause of the physical side but I didn't know how I was, like, how/what kind of a mum I was gonna be, if I was gonna be good at it and, I don't know, I found the whole thing quite scary, to be honest, and I constantly worried, like, if I was/ if she was OK, especially with being so sick, we had to go for a couple of other scans and stuff, so I think there's always, like, on top of feeling ill, I cons/ I just worried the whole time. And then I worried once she was born, and then I kind of hit that "I'm not gonna do this any more, I'm just gonna enjoy it."
63	So there's a choice almost for you. (<i>Mmm, yeah</i>), it was kind of a decision wasn't it? (<i>Yeah</i>) I'm not going to worry any more. And that seems to have worked <R laughs> pretty well for you (<i>Yeah</i> <P laughs> <i>definitely</i>). I mean, do you think that's something that you...I mean could/ I know this is something hypothetical, but do think you could, if you could go back and tell yourself not to worry, do you think that would help or do you think that worry was <u>somehow necessary at the time?</u>
64	<u>Yeah, I/ if</u> , no I think that if, if erm, well it would be different but when er/ so I suppose I get what you're saying, if I could go back cause it's the first time, (<i>Mmm</i>) cause it will certainly be different I think, when, cause we do plan on having another, not yet certainly not yet, erm, but...If I could tell myself in the way that I feel like I've done since she was born, it would have helped but I just don't know if, if I would have, kind of responded to, to it in the same way that I have done now. It's very different having your baby in front of you that you're totally responsible for, than when she's attached to you...do you know what I mean (<i>Yeah</i>). Does that make sense or?
65	Can we talk a bit more, bring it out a bit more? (<i>Erm, yeah so</i>) So it's it/ you wouldn't listen, you wouldn't have listened to yourself if <Both laugh>..
66	I think I wouldn't have been able to.
67	You wouldn't have been able to. (<i>Yeah</i>). You kind of just [inaudible]. So there was something that happened that enabled you to? (<i>Yeah</i>) Is that something about having your baby in front of you.
68	Yeah, definitely, erm-
69	-And that's a very practical thing, although it's/like you say it's quite different but, can you explain what you mean by that?
70	Erm, I, I think I mean, erm, that it's really difficult to, kind of make a dec/ with [baby] sat in front of me, and I look, like, I remember looking at her thinking, "Why don't you just enjoy it, enjoy her. She's, like, looking at you for you to do this, that or the other, your/ you're totally responsible for her. Just get on with it and enjoy it, you're gonna/ this time is going to have gone." Whereas, I couldn't say that to myself because, it was really different with her being inside me and with her being sick <P laughing> all the time, so, like I wouldn't have, I just, I don't think I would have listened to myself because there wasn't enough of a...erm...wasn't like I had her in front of me. And I, I think it's really different, I don't know if I'm just repeating myself trying to make it clearer, but, erm, when you are carrying the baby, and she's not here in front of you it was completely different [inaudible]-

71	-Is there something about the practical experience (<i>Yeah</i>) then, that you had to be convinced by your own experience, and that's what I think [inaudible]-
72	-I think so yeah, yeah, that, by doing/ so I wasn't confident at the beginning, and then practically as I kind of trusted myself everyday more and more, then, I think you're right it was more about the, the practical experience, practical side of it that.
73	So the uncertainty was pretty scary? (<i>Yeah</i>) You had no experience to put against the uncertainty, (<i>Yeh</i>) erm, and the kind of fears about, wh- you know- will she be OK. (<i>Yeah</i>). Erm, OK, so I think we've talked about/ shall we talk about what it was like, erm, the birth and when she was born?
74	Yeah, so, I had a caesarean, and, er-
75	-Did you know you were going to?
76	Yeh. I knew, erm, two weeks before because, erm, she was, er, it was just because her head was in my, erm ribs, and she hadn't moved for weeks. So it was purely, they couldn't turn her, erm, they couldn't physically turn her, so she could/ they didn't want to deliver her breach so, I had an elective caesarean. And, erm, we...
77	-Sorry what was that/ what was that decision like for you?
78	I didn't really want that because, erm, I wanted a natural, er, birth, and I wanted to, I didn't want a caesarean, but speaking to the doctor, and after they tried to turn her and said that there's no way that this baby's turning, and it would be more dangerous to try and deliver her. So, that was again, my fears (<i>Yeh</i>) made me kind of cope with that decision where I thought <u>it was kind of out of my hands-</u>
79	<u>Yeh. So there was something [inaudible]</u> but, y-you were quite comfortable (<i>Yeh</i>) with the thing you want to do yeh?
80	Yeh. Erm, I think I spent a lot of my pregnancy though saying "Yeh" to people, because I was coping with, like, feeling poorly, and coping with worrying about things that I just said "Yes". And my partner and my mum, erm, both commented on it at, at the time, because they <P laughs> you are/ this is like/ they were joking but it was probably, like quite a big thing that I just kept, they would ask me a question and I'd be like "Yeah, yeah, no worries...oh yeh. whatever, you decide you decide" I let everyone-
	-You became quite passive?
82	Yeh. Really really passive. I let other people make decisions for me that usually I would have made.
83	And what was that about for you do you think?
84	I think I/ that, I was/ I think it was my, my fear, my worrying... (<i>Right</i>) that I didn't just want to make any decisions (<i>So-</i>). And also probably couldn't be bothered because I was so tired. I think it was definitely a combination.

85	Right so you've got the exhaustion and also, just kind of "I don't know what to do with this responsibility so.." And they/ did you/ did you perceive other people to know better than you at that point?
86	Yeh.
87	Yeh, so, perceiving other people as experts and.. (Yeah)...So, is that/ what was that like for you then if you're not the sort of person who normally does that?
88	Erm, I'm not really really bolshy but I'm not, <u>I'm not really-</u>
89	- <u>But you're not like that</u> , that was a change (Yeh)_in how you were (Yeh it was) and people commented on it? (Yeh). And so, er, how was that for you to be like that? What did you-
90	-I just didn't mind at the time, like I really didn't mind. It wasn't like I was, erm, frustrated with it at all, I just...I just think I was doing anything for an easy life at that point. (Yeh, just like going-) And it's easier to say to someone "Oh what do you think that I should do?" rather than, think about it myself.
91	Right. And do you think when/ so you/ was the l/ did you go into labour at all?
92	No. I didn't go into labour. We erm, she was/ a week before my due date I went for my caesarean. But, looking back on it I actually think that she was three weeks early, so I think that they delivered her three weeks early. She didn't open her eyes for about, six days. She was tiny when she came out. Erm, so yeah we went to hospital and, on the day that it was planned. And, we stayed in, in, when you have a caesarean you go into the room and they don't/ it's not first come first served it's kind of done on [inaudible R] Yeh. And, I think, what, we went in there at what seven o'clock in the morning. She wasn't born until three in the afternoon so we'd been there ages. And, erm, with me being sick still, And erm, yeh. I watched it in the, erm, reflection of the (Oh the mirror?) the light, yeh. Erm, which I really wanted to do, because I really actually wanted to give birth to her, so I watched it-
93	-So it was like, erm, it was a proxy then?
94	Yeh. (Yeh.) [inaudible]-
95	-Well what was that like?
96	It was amazing. It was incredible. Erm, so yeah. And then erm, when you're in hospital, the visiting hours, there's not very many of them, although your partner can stay with you but, not over night. So, got to like, seven or eight o'clock and [husband] had to leave. And I was just left. <P laugh voice> And, that was scary. I think that's probably quite common. I was really scared.
97	So what was it like that first night then?
98	I didn't really sleep. I just worried that, cause, she's next to you in a bed, but you can't move (Yeah!) because-

99	-How did you get her in and out?
10 0	Erm well, you're supposed to ring the bell, but they don't/ they're not that well staffed, the, I didn't think the hospital was that well staffed. That was my, I think, negative experience of the birth, of being in hospital and, and the fact that if I hadn't been sent home so early, cause I only stayed for two nights, and then they send you home, and then I got poorly but they would have spotted it had I been in hospital, erm, and had they let me stay a bit longer. But no you had to do it all yourself, and, I got woken up at three o'clock in the morning to go for a shower, erm, because I now can't remember why, it's a bit of a blur. It's something to do/ so my operation was at three o'clock in the afternoon, so twelve hours later which was three am, you have to, I think it's to make sure that you can walk and stuff (<i>OK</i>). I got sent for a shower, erm, and then I just kind of just stayed awake, just like, watching her, [baby] until, and watching the clock until [husband] <P laughing voice> came back.
10 1	Mmmm. That sounds, really disorientating.
10 2	Yeah, it was, it was disorientating. I really didn't like the first few days.
10 3	So you were there for two days? Two nights?
10 4	Two nights, three days. But I just, for those two nights I literally just watched the clock, and just couldn't wait for,erm [husband] to come. (<i>Mmm, so</i>) Just so you're not on you're own.
10 5	And what were those decisions like that you had to make? Cause then you did have to make decisions on your own.
10 6	Yeh. Erm, well, I don't know, you know when you're just left to it you just have to get on with it, you have to believe your own decisions. So I was feed/breastfeeding, so I was feeding her, er, and, yeh I just, I got on with it, erm, and that was it really. She was fine. <P laughs>
10 7	You got <R joins in laughing with P> Yeah, you got on with it, you say. So, so was that a shift then from that more passive "what do you think" ? Is that when things had to change?
10 8	Yeah, but then, <P laugh voice> but then [husband] would come, and I ask him <u>questions straight-</u>
10 9	<u>So you kind of went straight</u> back to it?
11 0	Yeh, I kind of went back to it, yeah.

11 1	Yeh, yeh. But that's where you had/ there was no-one to ask? (<i>Yeh</i>) What about the/ you said the staff were not particularly attentive (<i>Yeh because it-</i>) Were they OK with you/ when you did/ did you ask them/ were you trying/ were you trying to have that relationship <u>with the staff or-</u>
11 2	- <u>Yeah I did ask/</u> I did ask quite a lot of questions actually but they/ they're very much "If you feel like you want to do it then do that" And then I'd feel like that's them saying "Yes", so..
11 3	OK, so you, you [<i>inaudible</i>]-
11 4	<u>Yeh I, I know that,</u> as a person, I often, ask a question, or say "This is what I'm thinking". And I just need to hear "Yes".
11 5	You just need that validation?
11 6	Yeh. And, I think I do that, not just as a mother, I think I do that in my life, in general.
11 7	Yes. So there was something about, you going back to certain ways that have helped you in the past?
11 8	Yes.
11 9	Erm, and especially in a situation where you feel like, y/you know you don't know very much you [<i>inaudible</i>]
12 0	Yep, not completely in control of it yeh.
12 1	Yeh, and not being in control of your own physical, just being able to get in and out of bed I would have thought would be really challenging at that point?
12 2	Yeh. It's weird because they say you shouldn't walk and then they don't have enough staff on to help you get out of bed to get your baby. (<i>Yeh, that does seem..</i>) It's quite contradictory.
12 3	Yeh, OK so, I've just look/got an eye on the time now so I just want to get, I'm just aware that we've got kind of a lot more/ there's a lot more till you get to the point where things start to slip into place (<i>Yeh</i>) and stuff. So, erm, so you've started to kind of, be in/ in that position that, you know you've got to make the decisions, but it's temporary. And there are people around who are supposed to help but aren't doing. (<i>Yeh</i>) Erm, do you

	think that had an impact on your own/ you know that actual lack of help, if you like. Do you think that had an impact?
12 4	Yeh I think that erm-
12 5	-Starting to trust your experience is what I mean.
12 6	-Yeh, you can-
12 7	-I'm not saying it was a good, <R laugh voice> good thing , but-
12 8	- I think that it just made me ask more to the people that I trusted, to be honest.
12 9	Yeh, so, it actually heightened your anxiety at that point do you think?
13 0	Yeh. (OK) Definitely.
13 1	So, the next stage is what?
13 2	Erm, so, the next stage would probably be going home from hospital, which, I think, was scary for both of us. Cause you're then just/ even though I know I didn't find it particularly helpful in hospital, you're in the place where you/ it's supposed to be (<i>Mm</i>), like, they're the experts aren't they? And like, leaving, I, I do remember just crying leaving hospital, because, you know, every little bump in the road/ physically, every little bump in the road was so painful, and, mentally as well, I was like <laughing mock drama voice> "I don't wanna leave I don't wanna be left to just do everything, erm just the two of us." And, [husband] felt the same, but he was trying to...kind of, take me with h/ he was like "No we'll be fine".
13 3	He was trying to be the reassuring one?
13 4	Yeah. Yeah but his <u>face didn't</u> (<i>R inaudible</i>) <P laughing> say [inaudible]
13 5	(joining in laughing) He didn't hide it very well? (<i>No</i>) He was pretty scared probably?

13 6	Yeh, yeh, (<i>Yeh</i>), so, erm, yeh. And then we got home and, and then I, yeh, couldn't really move for ages. All I did was, for a week, was literally lie in bed and, I'm so grateful to my mum she < laugh voice> literally fed me, passed my baby to me so that I could feed, and, and left. And then she'd come back and do it all again the following day. Erm, and as I say [husband] had to go back to work.
13 7	So you needed mothering (<i>Yeh</i>) at that point?
13 8	Yeh, definitely.
13 9	And what was/and did that change the way you felt then, anxiety wise and all those questions and fears?
14 0	Yeh. I used to cry when she would like/ she only did it for a week but every night I cried and said "Don't leave me please don't leave me."
14 1	Yeah. It does sound...that sounds like it was quite an overwhelming time.
14 2	Yeh, yeh.....(...) <P starts to cry> <P whispers> I'm sorry. <P continues audibly crying until line 149>
14 3	That's OK. Plenty of tissues there..
14 4	(...)
14 5	Ah <P sighs> I just think now, there is nothing like that now (<i>Mmm</i>). I can't believe how hard it was I think.,
14 6	Is it strange going back to that, (<i>Yeh</i>) sort of taking yourself back?
14 7	(...)
14 8	It sounds like, erm, that was, almost embodying your fears "Don't leave me" that (<i>Yeh</i>) real fear of being abandoned? (<i>Yeh</i>) Especially when you were in such a vulnerable situation, confidence wise but also physically.
14 9	Yeh. I think that's why it was so hard. (<i>Mmm</i>) Yeah... <P sounding less tearful> So erm, I think that, once I started on the medication and stuff, and it took a good few weeks to/every night, when I was saying to my mum "Don't leave me" it was because I was scared of/ cause [husband] would then get in from work, but he

	was working so hard - he's got a physical job he's a joiner- that he needs/ he can't then go and get up on a roof the next day without having slept because it's so dangerous (<i>Right</i>). And, so he would need to sleep, and then, <u>I was being</u> -
15 0	So you were being left alone in some respects?
15 1	Yeh, being up all night. One of my worries with erm [baby] was, like, as a paranoid new mum, I would literally not want/ they talk so much in hospital about erm, you know erm sudden infant death syndome, and I got, I kind of got it in my head that she was not/ gonna go to sleep and never wake up, so that's why I'd really (<i>R inaudible</i>) sleep for, erm -
15 2	- So you were actually vigilant? You were you were staying awake to make sure she (<i>Yeh</i>) didn't stop breathing (<i>Yeh</i>), so that you could wake her up if she did?
15 3	So then I felt like I couldn't go to sleep until my mum got in/ my mum came <u>the next day</u> -
15 4	- <u>You were in pain too?</u> (<i>Yeh</i>) Was that still keeping you awake?
15 5	Yeh, really keeping, really kept me awake.
15 6	Yeh, so that, you, in some way you know that kind of can't go on?
15 7	Yeh. I think I did like four nights or something once I came out of hospital. So I didn't sleep in hospital, and I'm sure it was four nights where I just didn't sleep. But I was feeding her as well so, you need your energy and, and I did just, kind of erm, crashed, one day, and slept and slept and slept.
15 8	And that's about the time you were getting ill as well wasn't it?
15 9	Yeh. And then I had to go back to hospital. So then it all started all over again. (<i>Mmm.</i>) It just went on and on. And then I think once, like, just fast forward, so that was kind of a pattern (<i>Yeh</i>) of, kind of my behaviour I guess, being really really worried, erm, not sleeping, and then I'd crash. (<i>Yeh</i>). And I think I did that for a good few weeks. And then once I got a little bit more and more confident -
16 0	- Sorry, can I just say, what was it like then when you crashed, for that vigilant self who needs to stay awake? <u>Did you feel-</u>
16 1	- <u>Oh I felt a lot</u> <P laughs> I felt a lot better! Cause you're physically-

16 2	So you didn't beat yourself up for it?
16 3	Didn't no, no, felt an awful lot better. But then, with that new found energy [<u>inaudible</u>]-
16 4	- <u>Energy</u> [<u>inaudible</u>] use to stay up again?
16 5	Yeh, yeh (<i>Yeh</i>) That's kind of what I did (<i>Yeh</i>). Erm, just for, just for me. It wasn't really, like, I knew she was alright but I felt like she wouldn't be if I wasn't there but (<i>Mmm-hmm</i>)...I dunno. Erm, so yeh, that went on for quite a while.
16 6	They make some funny noises as well don't they <R starts laughing> when they're asleep?
16 7	Yeah! <P joins in laughing> the little snorts and stuff!
16 8	Yes, so, you're in that cycle (<i>Yeh</i>). And, so how do we get from there, and all the pain, and going back into hospital, so at the moment your relationship with yourself is, you're kind of gaining some confidence some times, but it's dependent on you staying awake all the time (<i>Yeh</i>), which is, kind of, you know, unsustainable...You're still kind of looking for reassurance from other people (<i>Yeh</i>). But, you've got really good care some of the time, and you're on your own at other times (<i>Yeh</i>). Are you still at this point seeking professional opinions on things?
16 9	No, I, well, f/the/ well, I had a doctor, I had quite a few home visits. (<i>Right</i>) Erm, purely because of what happened with the, er, with my scar and stuff. Erm, but that was for me, like they wouldn't really talk about [baby] (<i>Right</i>) at all, it was all, to, to check on me really. I wasn't really asking any professional, any other professional opinions. Erm,-
17 0	-What changed then? Cause you said you were trying to in the hospital. (<i>Er</i>) Did you just stop trusting them (<i>Yeh</i>) or, did they go away or?-
17 1	-Well they/ the midwives stopped coming out after, I think they came on day five and day ten. Day two when you get home, day five and day ten, something like that. And, erm it/what happened with my scar was, er one of the midwives on day five they come to take your stitches out. And erm, she couldn't, she couldn't get it out, erm, where the infection had embedded and was/ but we didn't know that at the time (<i>Right, OK</i>). And she kind of messed around with it. So after that I, I didn't really trust them at all. Because, I thought I can't believe she didn't spot that there was something wrong. And she's pulling at a stitch that has an infection attached to it but it's [<u>inaudible</u>]. And I was crying my eyes out and she was going "Oh, people don't normally cry when I do this." (<i>OK, so</i>) So I just, like, lost,
17 2	You lost trust with that? (<i>Totally, yeh</i>). So that's when you stopped, (<i>Yeh</i>) asking. Was there a void then for you, I mean did it/ were you out kind of doctor googling things or-

17 3	- Erm, I didn't really google very much but I just/ no, I didn't/ I think I just continued to ask my mum and [husband] really.
17 4	So you just, narrowed the circle?
17 5	Yes, yeh. (<i>Yep</i>) Yeh.
17 6	And so you're, you're in that cycle, erm, there's kind of a bit more confidence. Is that/ you said something before about it growing every day. (<i>Yeh</i>) Is that something you had a sense of at the time do you think? Or is that something you kind of look back and see?
17 7	Erm, no I think I knew that it was happening, er, because I would, er/ If I wasn't with my mum or [husband], I'd phone, and be like "Mmm this has just happened. Do you think I should-?" And I, and I know that I was aware that I was doing it at the time. So, sometime's I'd be like "No I don't need to do that."
17 8	So that actually started to become (<i>Yeh</i>) less necessary.
17 9	Yeah. Erm, and that just grew, and grew.
18 0	Mmm. And was it, the fact that you were starting to/ something about your relationship with your daughter as well, like trusting that she'll sleep (<i>Yeh</i>) and wake up again for example? (<i>Yeh</i>). Erm, is that something you had to see to believe?
18 1	Yeh. Definitely. Definitely, I wouldn't be told I had/ I had to do, like, see that myself.
18 2	Yeh. And what about your relationship with her you said that before, a lot of the negative things is, like, the physical side and the, you know, the impact on your body and things like that. But what, what about your relationship with your daughter what was that like during this period?
18 3	Erm, it wasn't/ there was no negatives with that really, erm, because she was just there all the time/ even though, even though physically I couldn't do very much, because of what was going on in terms of, the help that I was getting. Like I had my mum, or I would wake [husband] up in the night, to get him to pass her to me. (<i>Mmm</i>). Erm, you know, she'd be in her crib and stuff. And, erm, so, she was just there, all the time. Just, hungry. < P laughs, R joins in >
18 4	And that relationship with the breastfeeding sounds like, it, it kind of went quite well and -

18 5	- It went really well, at first, and she started to not, er, put on weight/ it went really well throughout, but, I think at about eight weeks, she started to not put on enough weight and I wasn't producing enough but then it came back, and then, I stopped, I think I stopped feeding her at about thirteen weeks/ fourteen weeks, which kind of ties in with when I got, at twelve weeks (<i>Yeh</i>) , a bit more confident with myself.
18 6	Can we talk a bit more about that whole, that period then? <u>So there's something-</u>
18 7	- <u>Yeh, I don't thin-</u> I, I definitely thought about it before. And I don't know if, like, I enjoyed breastfeeding, but, I don't know if, with me needing, kind of, my seeking of, not approval, but (<i>Validation?</i>), once she went on to formula, and you get into a real steady, at this time she'll have this bottle, at that time she'll have that bottle, and you know she'd had what she's supposed to have, when you're breastfeeding, if you go through something like, oh she's not putting weight on any more, you don't know how much they're taking. Erm, and even though she then started gaining again, I think maybe I never got the confidence back of, I'm giving her enough. So once she went on to formula, you know/ you can see it (<i>Yeh, it's measurable</i>), so you know that they're having what she's supposed <u>to be having-</u>
18 8	- <u>So it's that</u> reassurance that, so that knocked you, a little bit? (<i>Yeh</i>) When she started to lose weight. (<i>Yeh</i>) I that quite a concern at the time? (<i>Yeh</i>) And how long was that period that she did-
18 9	She only did it for two weeks and then she started gaining again.
19 0	It's quite a long time two weeks though isn't it when you're thinking about (<i>It is when you're, yeh</i>) yeh. (<i>Yeh</i>). Ok, so, you think that that, was there a relationship between that/ so was it a/ so wh/ when did you decide to stop, was it?
19 1	When, well I started introducing a bottle when she started getting hungry again. So she, at about eight weeks she started dropping (<i>Yeh</i>), and it took two weeks, and then she went/ cause you go to/ I go to a weigh in, or I can go to a weigh in every week if I want, I don't do that anymore, but at the time we were going weekly, and erm, at eight weeks she started dropping, and then by week ten, she'd started going up again, and then, about week twelve, I was beginning to be/ I remember it being twelve weeks when I felt like I was really enjoying it and stuff, and then it was a couple of weeks after that when we star/when I started mixing formula with breastfeeding. And then I think I thought "Oh this is, this is just much better, she's really settled after, she's getting what she wants. And (<i>She was satisfied?</i>) I think she was more satisfied. And I'd been so adamant that I wanted to breastfeed, and I thought "Oh I'm a bit selfish really, she's much happier after a bottle than she is after me. So -
19 2	So y-y-you were, you were then taking, the/you know I can see you kind of learning to trust your experience, in that, your experience is different than (<i>Yeh</i>) what you thought was gonna happen. (<i>Yeh, yeh</i>) And you're allowing that to, you know to kind of motivate your decisions.
19 3	Yeh. Well I thought "Well I can carry on doing what I want to do or, I can do what is clearly working for her, so"-

19 4	- So that was/ so when/ so you s/ it sounds like you went to kind of formula (<i>Yeh</i>) before you decided to stop altogether?
19 5	Yeh. Yeh, to kind of, to do combination <u>feeding</u> -
19 6	- <u>What</u> was the idea behind that initially then?
19 7	Erm, to, well to kind of see how she took it for a start, because, er, I'd heard, I had heard a lot of people, once they breastfed, their babies didn't want a bott/ I had a friend basically that was breastfeeding, and her baby would not take a bottle at all, so, from the start I wanted to make sure she would take a bottle, and-
19 8	-So you wanted that, you always wanted that as part of the, kind of, balance of things? Is that-
19 9	- Well I/ no, I was trying/ because she didn't seem/ she was constantly fee/ She was putting weight on but it was getting to the point of being like an hour and a half in between feeds (<i>Uh-huh</i>) so I needed to/ and I'd just got this new found confidence where I was, you know feeling like I could get up, I could get out, I could do this that and the other, and getting into a bit of a routine again. And, to feed every hour and a half wasn't, and she took about forty minutes for a feed, it just-
20 0	-It just became impractical?
20 1	Yeh, yeh, basically. (<i>Right OK</i>). So I was doing a combination of feedings, and -
20 2	-In order to be a bit more practical? (<i>Yeh</i>) Yeh, OK, and then it just worked a lot better than you kind of thought [<u>inaudible</u>]-
20 3	- <u>A lot</u> , a lot better than I kind of thought, erm, a lot better than, you know the experiencing it, I thought was going to be negative and I thought/ I did like, I did get really emotional when I kind of made the decision of, but I just flipped it and said "No it's much better for her, she's [<u>inaudible</u>]-
20 4	- <u>So that</u> was the the thing that enabled you, enabled you to do it even though it was difficult (<i>Yeh</i>) for you? (<i>Yeh definitely</i>) So that was, just around, what/ when were you going through that?
20 5	About fourteen weeks, it was <u>a couple of weeks after</u> -
20 6	- <u>A couple of weeks after</u> (<i>Yeh</i>) Right, so you want to build on this conf/ It's almost like that gave you the, to kind of go into that decision, (I think so) That's a big decision for a lot of people, whatever they make (<i>Yeh</i>), like, when to do it. (<i>Yeh</i>) Erm, OK so what we/ I'm gonna finish quite soon so we can get a break in before the next bit (<i>Yeh</i>), and you can get out before hal past eleven. Erm, but I just wanna just quickly go back to the sort of twelve week thing. What, what happened to get to that point? Was there a thing at twelve weeks,

	cause you say you know it was twelve weeks, (<i>Yeh</i>) you remember it (<i>Yeh</i>). Do you have any idea of what had kind of brought that about, or?
20 7	Er, no I think it was just purely, erm, I didn't, like I couldn't drive for seven weeks (<i>Yeh</i>) until she was seven weeks old, so from seven weeks I'd, erm, started to just go out by myself, I'd started to live, like, not like the old me, but I'd started to just do stuff without having to pick up the phone and be like "Oh do you think I should do this? Do you think I should do that?" And, erm I think it just, I just think my confidence grew week by week, and, the happier she was, the more sleep she was getting the more sleep I was getting, it just, it wasn't like one thing it was a combination of,
20 8	-So she was sleeping at this point was she?
20 9	Yeh, yeh, she'd started sleeping, erm really well from about seven weeks (right OK) So, and then just continued to do that (yeh, till now?) Yeh, she still sleeps really well.
21 0	So yeah so that's really helping with your physical energy levels
21 1	Yeh, which helps mentally, hugely.
21 2	OK, so that's the kind of/ the sa/ the combination of things, but what's what's that realisation? You said "I remember twelve weeks" what, <u>what do you remember about it?</u> -
21 3	- <u>Well we erm/</u> I just remember, erm when/ we went out. My birthday's in * and my sister threw me a, er, erm like a, I didn't have a baby shower before she was born because I didn't want to celebrate, erm, her until she was here and I knew she was OK. I was really, I just/ my sister really wanted to throw me like a celebration baby shower thing and I wouldn't let her. So, we combined my birthday with a "she's here!" type thing, erm in *, and that was, like at the end of [month], and, it will have been around that time. And it was a really lovely time when I just felt really relaxed and I just had loads of family and friends around, and I just thought "I'm, I'm doing alright here" like and, you know when people say "Oh well she's so happy", and "You're doing a really good job" <u>and I thought "Yeah I am actually"</u> -
21 4	- <u>So you got that validation</u> but it, it rang true? (<i>Yeh</i>). Er, and, erm so what was your/ at what point did you stop/ you said it was gradual that you stopped needing, that you stopped needing to ask. So at this point you've got a different relationship with yourself though haven't you?
21 5	Yeh, yeh erm, I don't remem/I think that happened/ I don't ask any more and, I certainly stopped asking [<u>inaudible</u>]-
21 6	-And you think, and you said to yourself "stop worrying cause you know what you're doing" kind of thing? (yeh, yeh). Do you remember a point where you said that to yourself, or is it just a kind of, general-

21 7	- I think it was a general, like, a general thing.
21 8	Thanks very much for that. I think we've got a really good, kind of, idea of what that transition was like.
21 9	Yeh, do you think that you've- yeh?
22 0	Yeh! (both laugh) Thanks very much.
22 1	I don't know if I, if that's <u>what you wanted-</u>
22 2	- <u>I'd like to talk for</u> longer actually, erm but, no, no it is, it's not about "right I want this", it's kind of trying to see what's relevant out of your experience, and I think there definitely is, really interesting there (yeh). that process you've described. Erm, shall we take a break now?
22 3	Mmm-hmm.
	PCP2 TRANSCRIPT
1	So this is the second part of the interview. I just want to think back about what we talked about in the (mm-hmm) last part of the interview, and what it was like to talk about your experiences, and also how that maybe compares to how you might have talked about your experiences in the past, this particular experience that we're discussing. So, was it easy to, to articulate?
2	Erm, it, it was quite easy to articulate, erm and, I did know that I would get upset about it at some point, erm, because of how hard it was to go through at the time. (Clears throat) But I've never really put myself/ I've spoken about it, but probably, erm, kind of, at a level where I didn't go back and put myself in my shoes again, and really re-live what was happening at the time (mmm). I think that's probably why I will have got upset.
3	So that's/and that's the first time you've allowed yourself to do that?
4	Yes.
5	How was it?
6	Erm, it was OK, but I think (laugh voice) if I talk about it too/I, I would just continue to cry I think-
7	-[inaudible] more there? (Yeah) Mmm, you went through an awful lot didn't you?

8	Yeah. But I don't look on it and think/ It's weird, I think if I talk about it I, erm, I get upset, but if I think about it really quickly I think, oh that happened and now it's fine, or-
9	-There's almost like the difference between connecting with the experience and the emotions that brings up, and the kind of, the way of making sense of it (yeh) from a distance, and that distance is a bit safer (Yeh) or a bit less emotional (Yeh). Erm, what do you think then the tears/ you said "I knew I'd get upset because it was so awful at the time", what do you make of those, cause erm, there's different ways of interpreting, sort of the fact that somebody's crying (mmm). Erm, so what was it/ does that indicate something about that situation other than, it was, you know, bad at the time, do you think there's more processing to do, or is it just, whenever you go back to it you're likely to feel like that?
10	I think whenever I go back to/ I don't think there's, there's more, erm, processing to do because I just think it was, when I get into that situation in my mind, I just, it was just horrible, and, I felt really really really vulnerable. And, I didn't trust myself (mm), and, then I just think "But now I do", and I feel (yeah) totally different. (Yeh, so there's a-) I think it was part of my learning, and I hope I don't have to go through that again when I have another child. (Right.) I really hope I don't.
11	Yeh, OK so that's/ It-it-it's contained now? (Yeh, yeh.) Yeh, OK. Erm, when you/ even then when you/ I mean it is/ It might sound obvious cause it is difficult to talk when you're feeling upset (mmm), but, do you think that at the time it was as easy for you to articulate what, what was going on for you? I mean you said you didn't have a lot of time to think about it anyway but, it, you know, now you've got a kind of, if you like a story about it (yeh), I'm not suggesting it's not true or anything but, you've got a way of, saying "This is what happened, and then this happened and then this happened." Do you think at the time, it was as easy to discuss?
12	No. I think at the time I was quite panicked about it, and did think, "When am I ever gonna feel like, erm, I, erm stopping crying?" I think I did/ I-I didn't know really what was going on at the time. It was a huge blur, those first few weeks. (OK) So I definitely didn't articulate it.
13	So at the time it was not, it was not kind of, not something you could put words to? (No) Over time it is something you could put words to, even if you're getting upset when you're connecting with the experience? (Yeh). Erm, what do you think has helped that process to happen?
14	I think time (time?) for a start yeh, and, erm, m-me having the time to/ I don't look back on it and, erm go through it all in the way that we have done today. But looking back on, oh god I would wake up in the morning and not know what to do with myself and now, I know exactly what I'm doing with myself, and that, gr/ you know that change, it was kind of like a growth, type, a growth of confidence (mmm) and, just, change, so, yeah.
15	So time, growing in confidence, getting a structure (yeh), in your life, erm, learning to trust yourself is what you said before as well (yeh) so I can see a few different things in that process, OK. And what was it like, erm, what was it like in general today to talk, not just in terms of when you got upset. Was it/ did anything surprise you or, was it as you, kind of thought it might be, I mean you say you knew you were going to cry (both laugh).

16	(Laughing) Yeh, I knew I was gonna get upset. Erm, it was, er, I didn't really know if there was gonna be, erm, anything that, kind of would stand out for you really, as in (R inaudible) and experience that you would, yeh, I wasn't sure, erm, but, er yeh it was fine discussing it. But I think it has made me think, (laughing) it was pretty awful, and I look back, I'm laughing now (mm), and I think, I think maybe on the surface I have a much different view of what has actually happened in the past year/ year and a half than, than maybe has. Maybe I've not been that true to myself until, you know, about three or four months ago, where everything's been fine, and maybe up until that point I've had a bit of a different view of it.
17	Do you mean that you have permission to think/to acknowledge some things now, from yourself (yeah) that you didn't before?
18	Yeh I think that erm, I think it's maybe cause I've never really gone back in/ you know people say "Oh how was your pregnancy?", I, I would just say "It was alright. I was really poorly throughout", but I wouldn't be, like, "It was terrible. I couldn't, like, keep a meal down" type thing, I think-
19	-Mmmm don't explain, go into it, really connect with it, you kind of give a [gesture, dismissive] (yeh) "It's over there, it's done" (Yeh) kind of answer. Yeh, and what do you think, it...-
20	- I don't think I would particularly change that talking to people (no), but I think that maybe there's been a bit of recognition for myself from today that it's maybe been a bit harder than I maybe give myself credit for I think, possibly.
21	Mmm-hmm. Yeah I mean it is, when people say that you don't necessarily want to go into everything (no) do you (no), erm, especially if it was quite difficult. And you/ right at the beginning you said something about/ you talked about "Oh I don't wanna, kind of, sound like, sound like"- the word 'betrayal' I suppose is coming up for me, almost like a betrayal of her (yeah) if you talked about that side of your experience. (Yeah) Does that still feel the same way now?
22	Maybe no not as much...[inaudible] a bit, to be honest.
23	OK, so it's something that's more OK to say (yeh) now than it might have been an (yeh) hour ago even? (Yeh). OK, interesting. I think, we're going to have to leave it there for today (OK) but thank you, that's been really helpful.

Appendix 10: Completed Analysis Template (PC)

Template questions are written in green, analysis notes in black.

First, make free notes in the process of interviewing, transcribing and analysing each interview (a sample is provided at the end of this document). From these notes, and returning to the audio and transcripts as necessary, create a narrative and tabled summary of each analysis according to the following template:

1. CONTENT & TONAL PERSPECTIVES

Summarise each sub story (ENU, RENU, AENU, INT), bearing in mind the following general questions:

- 1.1. What is the narrative structure? What is at stake? What is left unsaid? Is there any counter evidence which does not support my interpretations?
- 1.2. Pay attention to the role of tone in the interpretation of the story (how the story is told). Describe the general tone struck by the participant, and note important changes and deviations. Include consideration of humour, silences, tears, overlaps, dissonance and emphasis. How does tone affect my interpretation of the narrative's meaning?
- 1.3. What is the relationship between tone and content? E.g. is there lightness of tone where the content is emotionally charged or vice versa? Are tone and content complementary or dissonant? What are the psychological implications of this both for the interpretation of how they experienced the ENU, and the intersubjective space between ppt and researcher?

ENU Analysis

ENU: What was not understood? Was it an event or series of events with beginning/middle and end? Was it a philosophical question? Was it a series of interconnected experiences? What was it like not to understand?

ENU Summary

Shocked, difficult: Ppt gives an initial summary of new parenthood. As well as enjoying being a mum, she found it shocking, lonely and difficult at first. "The shock when you're just left with this new baby, I found really difficult...I took about twelve weeks to kind of, erm, get into the swing of it." (PCP1:2)

Post surgery/story: Ppt recounts her post surgery complications which meant she had to go back to hospital a week after giving birth. She discusses how difficult and isolating this was for her. Key words: Isolation/hard. "It was quite scary" (PCP1:4).

From not knowing what I'm doing to trusting myself: Ppt describes her initial feelings of incompetence and inexperience in relation to her new role. She reflects that her way of engaging with this was typical of her and some but not all mothers:

"I think, erm, trusting, trusting myself and my own kind of measure on my baby. I think you get different, this is an assumption but really I think you get different mums, you get people who even as a first time mum think 'this is my baby I know what I'm doing'. And you get people that are, I think like me, I was very much like, "Oh this is my first baby, I don't know if this is right" And I'd ask loads of questions, whereas I think I've got a lot of conf/ one of the, like when I kind of turned a corner was, I know, I know probably what's best for her more

than anyone else so stop asking people and kind of get on with it. It's like, probably the best thing that I've done" (PCP1:18).

Horrible, sick, exhausted: Ppt describes illness in pregnancy, the shock of being pregnant, and the difficulty of working whilst pregnant and ill. Exhausted, sick, getting pregnant earlier than anticipated (shock), working through sickness, illness and exhaustion postpartum. "Double exhaustion" (PCP1:3). "I think that made me feel possibly worse than I would have felt" (PCP1:32).

Experiences of growing her: Reflects that she feels bad about saying negative things regarding the pregnancy. Reasons for this are reflected on. Something not understood. Realisation and exploration of discrepancy between how experienced was lived versus how it is remembered and narrated to others.

I don't know, it was miserable, but I don't really look back on it thinking "Oh it was a miserable time" 'cause I think of what the outcome was." "I don't want to say out loud "Oh I hated it at the time", "I wouldn't want anyone to think I didn't enjoy my experience of...growing her. (PCP1:52)

"Maybe at the time I wasn't enjoying it as well not just cause of the physical side...I found the whole thing quite scary to be honest (PCP1:40).

Ppt reflects that her anxiety and struggle during pregnancy and early on may have been a product of the uncertainty and fear which could only be countered through first-hand experience. "When you are carrying the baby, and she's not here in front of you it was completely different [inaudible]" (PCP1:70)

Saying yes: Ppt reflects with ambivalence on her decision to have a caesarean and her general passive attitude (which was out of character) during pregnancy. Exploration of stated tendency towards passivity during and after pregnancy - acquiescing to others' suggestions and wanting others to make decisions for her because she was so exhausted and/or overwhelmed by uncertainty/lack of confidence in her own decisions. Perceived others as knowing better than her. "I think it was my fear, my worrying that I just didn't want to make any decisions. And also probably I couldn't be bothered because I was so tired. I think it was definitely a combination." (PCP1:84). "I just didn't mind at the time, like I really didn't mind" (PCP1:90).

Being scared and disappointed: Ppt describes being left to get on with things in hospital post birth/surgery, and then being sent home. There is a sense that she was doubly let down by professionals as they were inattentive in hospital but sent her home before she was ready. She had to make decisions by herself but her anxiety was exacerbated by the lack of support, and she responded by seeking more reassurance from trusted people. She describes intense anxiety of abandonment. Describes her fears about leaving hospital and husband's attempts to reassure her. "I don't wanna leave I don't wanna be left to just do everything, erm just the two of us" (PCP1:132).

Please don't leave me: Home from hospital, ppt describes her feeling that she did not know what she was doing and was alone, dependent on others who were only available part of the time - response of being upset when mum/husband couldn't stay/begging them to stay. Describes support from her mum and feelings of abandonment when she left. Becomes emotional around this. "I used to cry when she would like/ she only did it for a week but every night I cried and said "Don't leave me please don't leave me." (PCP1:140) Being helpless and vulnerable post surgery. "I when I was saying to my mum "Don't leave me" it was because I was scared" (PCP1:149).

Vigilance and paranoia: Describes sleepless nights driven by pain and fear that baby would die in sleep if not watched – Response of wanting to be vigilant while baby slept. Describes staying awake and vigilant for 4 nights due to fear of SIDS. Then she crashed and felt better. Husband unable to help at night so she was alone at that point. Also justification of husband being unable to help at night. "As a paranoid new mum...I kind of got it in my head that she was not/ gonna go to sleep and never wake up" (PCP1: 151)

Losing faith in professionals: Midwife who pulled at her infected stitches breached trust (PCP1: 171-172). This was why she ended up back in hospital, and contributed to her moving away from asking for reassurance and relying on others' advice. Key words: trust "I wasn't really asking any professional, any other professional opinions." (PCP1:169)

Losing and gaining confidence: Baby started to lose weight at 8 weeks and took a couple of weeks to reverse this. After this ppt decided to combination feed. Formula was so successful that she weaned completely by 14 wks. "I never got the confidence back of, 'I'm giving her enough'" (PCP1:187).

ENU Notes

This interview is at core the story of how difficult and shocking the experience of becoming a mother was for the participant, and how she came to trust herself and feel more confident. Bearing witness to the hardship seemed to be at least as important a function of the interview, as telling the story of the restoration of her self confidence in the face of them. She confirms this in IP2: "I think that maybe there's been a bit of recognition for myself from today that it's maybe been a bit harder than I maybe give myself credit for I think, possibly." (PCP2:20)

What was not fully understood, and was being actively grappled with during the interview, is the fact of how hard it actually was for her: the intensity of the hardship she endured, of her acute experience of vulnerability and suffering, was itself shocking. The shock itself is repeatedly referred to. It is not described, rather it is embodied in the interview narrative, as she reels from the awareness conjured up through the description of her difficulties. For example, during the interview itself the hardship is actively being wondered at and processed ("I can't believe how hard it was I think", PCP1:145). She is also reluctant in places to acknowledge the full extent of her difficulties (e.g. laughing incongruently, or when she expresses her reluctance to acknowledge her difficulties during pregnancy). This may have indicated that the awareness of hardship had not previously been fully entered into, and therefore that her shock was something that was present for her rather than simply a past experience she was describing.

The hardships began with a difficult pregnancy culminating in a caesarean birth for medical reasons, which was not what she had ideally wanted. After the birth she had found herself physically and mentally drained, and severely incapacitated for weeks after the surgery. The surgery then gave rise to complications which necessitated a further hospital stay one week after the birth, and which further prolonged her recovery. The aspect of this experience which had the most emotional impact for her during the interview was the experience of being left alone while feeling very vulnerable: "...every night I cried and said [to my mother] "Don't leave me please don't leave me" (PCP1:140). This was the only point during the interview during which the participant started to cry. We were both moved at this point, as it seemed to put a finger on the vulnerability she felt. She later said that her tears did not signify to her a need to further process the experience, rather that that she had expected to get upset at the memory of such a difficult time.

Narrative structure

The substance of the narrative is a chronologically situated account of the difficulties she faced, from her illness during pregnancy to coping with the physical complications of the birth and grappling with her new responsibilities. She describes feeling afraid, out of control, unprepared, lacking in confidence, lonely, anxious, sick and exhausted in the midst of these. The narrative is at various times a description, an expression, a bearing witness to, and an attempt to justify and explain these difficulties. These are set in the context of (and sometimes in conflict with) her love for her baby and desire to protect her baby from the negative aspects of her experience of becoming a mother, as well as the subsequent restoration of her confidence and ability to enjoy motherhood through a process of “Trusting myself and my own kind of measure on my baby” (PCP1:18).

When put in the context of the development of confidence and trust in herself, the ppt’s hardships constitute the complicating aspect of a traditionally structured narrative of restoration: this constitutes the RENU. However, when isolated from its restorative conclusion, the hardship aspect of this narrative, which constitutes the ENU, does not itself follow a traditional narrative structure (i.e. setting, conflict, resolution). There isn’t a clear cut story of an episode of shock which was difficult to grasp. Rather, it is constituted by a succession of (individually traditionally structured) sub-narratives, or episodes, within this overall hardship narrative. So, we hear a succession of accounts of different aspects of her difficulty. The episodes relate to each other chronologically, but do not resolve without the RENU. Rather, each episode serves to underscore and flesh out the original statement of how difficult she found it. It is a witness statement to the shock as much as a resolved story. A summary sentence of the ENU might be: ‘I was and am still shocked by how difficult this was, and here are the particular situations which contributed to that experience of difficulty.’

The general tone of the interview was warm, honest, and measured. The participant’s style was not generally emphatic, but she did use changes in tone and repetition to emphasise how difficult the experience was for her, whilst also emphasising how much she enjoyed and loved her baby.

I found it really hard to begin with, erm, just because, I think it's the shock. I think that no-one can prepare/everyone says, erm, how hard it's gonna be, but the shock when you're, just left with this new baby, erm, I found really difficult, and I think I took about twelve weeks to kind of, erm, get into the swing of it. I foun/ I was breastfeeding I found that quite hard, and, erm, can be quite lonely I think at times, and er, once, once I kind of got into it it just took a lot longer I think, an, like, I loved [baby] as soon as she was born, and I really enjoyed being a mum, but the/I think the practical side of it was quite difficult. (PCP1:2)

These two aspects of her experience were felt by her to be in tension with each other, as we explored in the following passage, where her tone changed to one of surprise at something she had not previously reflected on:

P44	Yeh. <i>(Yeh)</i> I didn't enjoy it as I was going through it at all
R45	Yeh. That's understandable.
P46	Yeh. But I think you feel bad sometimes saying that, cause <i>(Does it?)</i> you don't like, I don't wanna look back on it and I don't want to say out loud "Oh, I hated it at the time", 'cause then I think some people would be like "Oh but you got a good baby at the end of it, so"...
R47	It doesn't sound like you're saying anything about your baby, <i>(Yeh)</i> really. It sounds like you're saying something about your experience of <i>(Yeh)</i> the physical demands of pregnancy. <i>(Erm, yeh)</i> But, do you want to, kind of, think about that a bit more, that it's hard to say <i>(Yeah)</i> certain things, as opposed to other things? What, what, kind of, what does it bring up if, if...
P48	Er, I don't know really 'cause I haven't really thought about it. Erm, I think that...I don't/I don't like to/ I feel like I'm being, erm, I know it's nothing to do with her and she would never know but I feel like I don't want to say it about her, like it was her that was causing..
R49	So it's like a protectiveness?
P50	Yeah, I don't know it's <u>weird</u> but I never thought, <u>yeah-</u>
R51	- <u>A protectiveness about the experience</u> and it's about protecting something about your experience of her that needs to be... <u>a certain way?</u> -
P52	- <u>That I wouldn't be/ Yeh</u> , that perhaps I wouldn't want anyone to think that I didn't enjoy my experience of, kind of growing her...maybe, <u>I don't know</u> -
R53	- <u>Yeh, yeh</u> . Was there a part of the experience of growing her that was very...precious to you it sounds like <i>(Yeh, yeah, cause-)</i> , even with all the other things that were going on as well.
P54	Yeah, I think that erm...er...I don't know really. I just, er, think, I wouldn't want to say it in like a negative way.

Her desire to protect her baby was being enacted through her desire to maintain a positive story about becoming a mother, and this had clearly been an obstacle to acknowledging the full impact of the experience. In IP2, she reflects that she feels less anxiety about this hardship than at the beginning of the interview, so there was clearly something transformative about the experience of telling.

Self-deprecating humour was used to lighten the overall tone, but at times I experienced it as incongruous with the heavy nature of what was being expressed, particularly in relation to her

references to her sickness during pregnancy. In response to my question about what her pregnancy was like, she laughs while saying, “Erm <P laughing> to be honest it was horrible.” (PCP1:20) What actually seems to have been a very unpleasant, prolonged period of antenatal sickness (“I was sick until the day before I had her”, PCP1:20) is painted repeatedly as a self-deprecating funny anecdote “...Cause if I wasn’t <P laughs> being sick I was at work, and if I wasn’t at work I was being sick” (PCP1:38). Later in Part 2, when reflecting on the experience of telling her story, the participant shows how her engagement with the experience during the interview prompted a new awareness of the gap between what had become a settled anecdote and the emotional impact of recalling the incident more fully.

R16	But I think it has made me think, (laughing) it was pretty awful, and I look back, I'm laughing now (mm), and I think, I think maybe on the surface I have a much different view of what has actually happened in the past year/ year and a half than, than maybe has. Maybe I've not been that true to myself until, you know, about three or four months ago, where everything's been fine, and maybe up until that point I've had a bit of a different view of it.
P17	Do you mean that you have permission to think/to acknowledge some things now, from yourself (yeah) that you didn't before?
R18	Yeh I think that erm, I think it's maybe cause I've never really gone back in/ you know people say "Oh how was your pregnancy?", I, I would just say "It was alright. I was really poorly throughout", but I wouldn't be, like, "It was terrible. I couldn't, like, keep a meal down" type thing”

The nature of the relationship between shock and anxiety in her experience is not made explicit, but clearly there is one, as she talks repeatedly about how scary she found various aspects of this experience, and describes herself in P2 as “quite panicked” (PCP2:12). The participant describes a series of episodes which illustrated particular anxieties and her responses. Whether this amounts to a narrative of shock is open to interpretation. These anxieties might be interpreted as responses to the shock, or manifestations of it, or both. Alternatively, they may be seen as separate, but complicating factors which affected the ppt’s ability to digest the shock.

What is at stake?

The participant’s ownership of her experience of hardship is at stake. She seems to be using the interview as an opportunity to bear witness to her difficulties, as well as her ability to overcome them. Allowing herself to acknowledge how hard things have been is experienced as risky. For example, during the interview the participant is surprised to reflect that her memories of hardship pose a vague yet palpable threat to her baby: she says “I wouldn’t want anyone to think I didn’t enjoy my experience of...growing her” (PCP1:52). There is also a sense in which the interview is an attempt to process/contain/confront the fact of the hardship. This is not ‘at stake’ in the traditional narrative sense of being confronted and resolved through the story, but it is the central significance of the ENU. It is what it seems most important for the listener to grasp.

One can speculate as to why it might have been difficult to confront. Perhaps it was simply hard to believe, or perhaps the ppt had not previously had the time and space to acknowledge her experiences because she was living through them? Perhaps acknowledging her hardship potentially threatened some aspect of her identity? There are clues in the narrative but no definitive answers.

Had she expected to find things so difficult? What might it say about her that she did? In parts of the narrative she appears to be taking steps to justify her experience of hardship, for example, because

she was ill, and exhausted from the pregnancy, it was harder than it otherwise might have been. She also locates the reasoning in terms of her own personality (PCP1:18). It would have been helpful to have probed what she understood her hardship to mean as she was experiencing it. What is clear is that, at the time, she had very little space or energy to reflect on what it was like for her, as she was so caught up in it. Therefore, one can speculate that any meanings were ill-defined at that stage. The RENU may shed further light on this issue, since this is the tool through which her sense of confidence, and of not being in the midst of hardship, is restored.

What is at stake during the individual episodes of hardship?

In the individual stories of hardship she recounts, the health and wellbeing of the participant's baby, and that of herself, are at stake. The wellbeing of the baby is a key concern driving her anxieties regarding sleep, feeding, and birth decisions. She describes fear for her baby's, rather than her own wellbeing, although threats to her own wellbeing are clearly implied. It is not clear whether or to what extent these are seen as separate concerns by the participant, and this would have been an interesting issue to probe. The baby's survival is dependent on the mother, but what significance did the participant's own wellbeing have for her during this time? This may have been relevant to the participant's reluctance to acknowledge her hardship in order to preserve the idea that growing her baby was a good experience.

The participant's experiences of hardship seem to threaten something fundamental to her integrity of self. At points she describes how she felt abandoned and vulnerable. It is as if she felt lost, or on the verge of being lost. She seems to have perceived herself to be unable to cope at these times.

What is left unsaid?

The sense of shock which she refers to is only briefly described. I was left with a sense of this being uncontained by the narrative.

The ppt was somewhat reluctant to discuss her relationship with her daughter in depth, perhaps out of protectiveness. I was left wondering about whether something was being protected that was in itself difficult to describe or understand. I know that I would find it difficult to articulate my feelings about my daughter directly, without recourse to clichés.

The participant also did not express direct concern for her own wellbeing, but rather her anxieties focussed on that of her baby. See above for reflection on whether this was something unsaid, or not experienced as such.

The participant does not say explicitly what her expectations of difficulty were, nor does she say how she felt about having such a difficult pregnancy, for example. However, there is an implication that her difficulty was something that required an explanation, even possibly a justification.

RENU Analysis

RENU: How did the ppt respond to the ENU? What was it like for them? What sort of process is described? How did their perception change over time?

RENU Summary

Setting/Shock: "Just the shock when you're left with this new baby, I found really difficult" (PCP1:2). Participant sets the scene with an emphasis on how shocking various aspects of the pregnancy, birth and postpartum period were.

Setting/Passively making decisions out of fear or necessity: The participant describes how passively she engaged in decision-making, due to exhaustion and inexperience. "Yeh. Really really passive. I let other people make decisions for me that usually I would have made" (PCP1:82). This was uncharacteristic and therefore, denoted a loss of confidence from what had gone before. The transformation from passive to active decision-making marks the ascendancy of her confidence as a mum.

Initial Responses: The participant describes her fear of abandonment, hypervigilance around her baby, and repeated attempts to seek reassurance from those around her. "Yeh, being up all night. One of my worries with erm [baby] was, like, as a paranoid new mum, I would literally not want/ they talk so much in hospital about erm, you know erm sudden infant death syndrome, and I got, I kind of got it in my head that she was not/ gonna go to sleep and never wake up, so that's why I'd really (*R inaudible*) sleep for, erm –" (PCP1:151).

Change/ Losing faith in professionals: She is disappointed at the lack of support she receives in hospital after her Caesarean. Later, when a nurse fails to spot that her post-surgery pain is an indication of infection, this seems to be the culmination of a gradual process of coming to challenge the judgement of the health professionals on whom she had previously relied so heavily. There is anger, but this anger also seems to put her more in touch with the value of her own judgement.

P 171: And, erm it/what happened with my scar was, er one of the midwives on day five they come to take your stitches out. And erm, she couldn't, she couldn't get it out, erm, where the infection had embedded and was/ but we didn't know that at the time (*Right, OK*). And she kind of messed around with it. So after that I, I didn't really trust them at all. Because, I thought I can't believe she didn't spot that there was something wrong. And she's pulling at a stitch that has an infection attached to it but it's [*inaudible*]. And I was crying my eyes out and she was going "Oh, people don't normally cry when I do this." (*OK, so*) So I just, like, lost,

R172: You lost trust with that? (*Totally, yeh*).

Change/ Growing in confidence every day: Going from need to phone mum/husband for reassurance to not needing to. She was aware that she stopped feeling the need to call mum/husband with questions for reassurance. "I know that I was aware that I was doing it at the time. So, sometimes I'd be like "No I don't need to do that" (PCP1:171), On learning to trust that her daughter would sleep without dying: "I wouldn't be told I had/ I had to do, like, see that myself." (PCP1: 181). Emphasis on the value of experience in helping her to gain confidence.

Change:/ Making decisions independently/ Self coaching through difficulties: Decision to wean onto formula. Listening to own and baby's needs over and above preconceived ideas and expert advice. "I can carry on doing what I want to do I can do what's clearly working for her." Weaning worked better for mum- found intensity of feeding impractical. "I did get really emotional when I kind of made the decision of, but I just flipped it and said "No it's much better for her." (PCP1:203) She now makes the relationship with her daughter the guiding principal of her decision-making.

The final transformative decision: She made a conscious decision to worry less and enjoy it more: "I really got into my stride with it all, and started thinking, " And after twelve weeks I felt like I really got into my stride with it all, and started thinking "I don't want to waste this by wo/ panicking all the time and worrying about her. She's fine, she's doing really well, may as well enjoy it." (PCP1:16), "I've just really really enjoyed kind of every minute with her." (PCP1:2)

Reflecting on how far she has come: At post birth baby shower, she reflected that she was enjoying herself and doing well. "And w, erm I think it just, I just think my confidence grew week by week, and, the happier she was, the more sleep she was getting the more sleep I was getting, it just, it wasn't like one thing it was a combination of" (PCP1: 207). "You know when people say "Oh well she's so happy" and "You're doing a really good job", and I thought "Yeah I am actually"(PCP1:203).

RENU Notes

RENU summary: The participant's confidence in her ability to discharge her responsibilities is put at risk by the situations she faces in pregnancy and as a new mother. The ppt is driven to find a way of coping both with her old responsibilities (work) in a new situation (being pregnant and ill), and with the decisions she faces as a mother with regards to her baby. She gradually regains confidence, learning to trust herself and her baby.

This is the master narrative of the interview, following a restoration narrative structure. It is the story of how the participant came to trust her own judgement from a place of feeling shocked, overwhelmed, uncertain and inexperienced. It is how she came to understand how to be as a mum. This is the story she is keen to tell. The story of the participant's journey from a place of uncertainty, illness, fear and passivity to a place of 'trusting myself and my own kind of measure of my baby". This narrative focusses on the participant's response to the successive shocks and hardships of the perinatal period.

"I think whenever I go back to/ I don't think there's, there's more, erm, processing to do because I just think it was, when I get into that situation in my mind, I just, it was just horrible, and, I felt really really really vulnerable. And, I didn't trust myself (mm), and, then I just think "But now I do", and I feel (yeah) totally different. (Yeh, so there's a-) I think it was part of my learning, and I hope I don't have to go through that again when I have another child. (Right.) I really hope I don't." IP2:10

There are a number of places in the narrative where the participant actively reflects on aspects of her response (I'm the kind of person who wants validation/ Not wanting to talk about her negative experiences of pregnancy/ saying yes to others/ asking questions of others.) She also reflects on the process by which she grew in confidence and the factors which may have contributed to this. They include the necessity of making decisions alone; the realisation that she knew her baby best, and the decision to stop worrying and enjoy it; the experience of having her baby in front of her versus being pregnant; herself and the baby getting into a good sleep pattern.

One of the key themes or markers of change is the way in which she makes decisions, and how she feels regarding her decisions. She describes some of the key decisions she had to make along the way, and how her process of making them changed. The change can generally be characterised as a journey from passive or disengaged and fear-driven to active, engaged and conviction driven. For example, the decision to have a caesarean was driven by fear based on professionals' assessments of the dangers of a natural birth, even though she would have preferred the latter. This was in the context of a general decision-making style of saying yes to others or desiring to be guided by them, which was exacerbated by the exhaustion and feelings of lack of experience and expertise during pregnancy. In contrast, her decision at 12 weeks postpartum seems to have been pivotal in changing her experience of caring for her baby ("I remember looking at her thinking, "Why don't you just

enjoy it, enjoy her. She's, like, looking at you for you to do this, that or the other, your/ you're totally responsible for her. Just get on with it and enjoy it, you're gonna/ this time is going to have gone.” (PCP1: 70) This conviction, she reflects, was probably only possible in the context of her having been able to replace fears with the experience of having her baby in front of her (PCP1:70). The gradual reduction of her need to ask others to validate her opinions by asking them what they think about her decisions is for her a marker of her growing confidence of which she had an awareness at the time. The final decision which she discusses, which was the decision to wean her baby onto formula, is described in terms of the participant’s confidence in her own judgment of what was working for her baby, and what would work in the context of their new life together from a practical perspective, even as it contrasted with her previously formed opinions about what would be best, and her own desire to breastfeed.

At first she is in shock and struggling to cope with a very demanding pregnancy. Her response is to adopt a passive decision-making style, asking or allowing trusted others to guide her decisions. A number of factors contribute to her vulnerability and anxiety during the immediate postpartum period. She is in a great deal of pain from the birth and subsequent complications, and is exhausted from lack of sleep. Her physical condition makes it difficult, and even risky, for her to perform basic care tasks. She experiences a great deal of fear of being left on her own, but this is the scenario she is faced with at hospital, and at home during the night. She has to begin making decisions by herself, but feels very anxious about this and seeks reassurance whenever others are available. At the same time, her circle of trust narrows as she feels let down by certain health professionals.

This is a much more recognisable story than the ENU, because it is chronologically structured and is more explicitly discussed. The process is framed by the ppt but the chronologically-driven structure is heavily influenced by my questions. The timeframe is 0-12 weeks postpartum.

What is not made explicit are the expectations the ppt had about her ability to respond to the shock, to understand how to be as a mum. Many of her comments suggest that she felt that her response was complicated by illness. The question of how she might have expected herself to cope without this, and therefore of the role played by her illness and exhaustion, were left unsaid/unanswered.

AENU Analysis

AENU: What is the story of the participant’s experience of articulating their ENU?

AENU Summary

Articulating now versus then: The participant did not generally struggle to articulate her story, but her discussion of this is linked from the offset to what it meant that she had got upset (implying that perhaps this part had been a little more difficult to engage with):

“Erm, it, it was quite easy to articulate, erm and, I did know that I would get upset about it at some point, erm, because of how hard it was to go through at the time. (Clears throat) But I've never really put myself/ I've spoken about it, but probably, erm, kind of, at a level where I didn't go back and put myself in my shoes again, and really re-live what was happening at the time (mmm). I think that's probably why I will have got upset.” (PCP2:2)

She felt that she might have struggled to articulate her not-understood experiences as they were unfolding.

R11: Do you think at the time, it was as easy to discuss?

P12: No. I think at the time I was quite panicked about it, and did think, "When am I ever gonna feel like, erm, I, erm stopping crying?" I think I did/ I-I didn't know really what was going on at the time. It was a huge blur, those first few weeks. (OK) So I definitely didn't articulate it. (PCP2: 11-12)

Meaning of getting upset: In part 2, she acknowledged that talking had made her upset (in reference to becoming tearful when describing not wanting to be left alone). This for her did not imply that she had more processing to do, but that she had expected to get upset because of how hard it was. There is a kernel of ambivalence in her concern that she might face similar difficulties in the event of another pregnancy.

I think whenever I go back to/ I don't think there's, there's more, erm, processing to do because I just think it was, when I get into that situation in my mind, I just, it was just horrible, and, I felt really really really vulnerable. And, I didn't trust myself (mm), and, then I just think "But now I do", and I feel (yeah) totally different. (Yeh, so there's a-) I think it was part of my learning, and I hope I don't have to go through that again when I have another child. (Right.) I really hope I don't. (PCP2:10)

She then engages more reflectively with the link between becoming emotionally engaged and engaging with the meaning of what happened:

P16: (Laughing) Yeh, I knew I was gonna get upset. Erm, it was, er, I didn't really know if there was gonna be, erm, anything that, kind of would stand out for you really, as in (R inaudible) and experience that you would, yeh, I wasn't sure, erm, but, er yeh it was fine discussing it. But I think it has made me think, (laughing) it was pretty awful, and I look back, I'm laughing now (mm), and I think, I think maybe on the surface I have a much different view of what has actually happened in the past year/ year and a half than, than maybe has. Maybe I've not been that true to myself until, you know, about three or four months ago, where everything's been fine, and maybe up until that point I've had a bit of a different view of it. (PCP2:16)

Contrast with fallback narrative (where she doesn't get upset): The participant contrasts her experience of articulating the interview with her usual story, in which her suffering is minimised or glossed over, either for the sake of maintaining a casual conversation, or in order to avoid engaging with upsetting feelings.

"It's weird, I think if I talk about it I, erm, I get upset, but if I think about it really quickly I think, oh that happened and now it's fine, or-" (PCP2:8)

R17: Do you mean that you have permission to think/to acknowledge some things now, from yourself (yeah) that you didn't before?

P: Yeh I think that erm, I think it's maybe cause I've never really gone back in/ you know people say "Oh how was your pregnancy?", I, I would just say "It was alright. I was really poorly throughout", but I wouldn't be, like, "It was terrible. I couldn't, like, keep a meal down" type thing, I think- (PCP2:17-18)

Good participant: The above quote also hints that the participant was concerned about being a good participant. This may well have impacted on her experience of articulation. I moved to reassure her.

AENU Notes

At the time of the hardship, the ppt reflected that she would have found the experience difficult to talk about. In Part 2 she describes this period as a “huge blur” (PCP2:12), where she felt panicked and could not see an end to her difficulties. This contrasted both with her experience of talking to others on a casual basis, and talking in the interview. The ppt says that when describing this period to others, she would not normally connect with her experience as intimately, partly due to it being more likely to be a casual conversation. She also said that she would be more likely to dismiss the hardship and emphasise the positive outcome (a healthy baby) when describing her experience.

During the interview she expressed, and was surprised to reflect on, her own reluctance to acknowledge how difficult the pregnancy had been, out of a desire to protect her daughter. When we explored this further, it emerged that “I wouldn't want anyone to think that I didn't enjoy my experience of, kind of growing her” (PCP1:52). It was as if the hardship, and the misery it gave rise to, threatened the sense that carrying her child was a precious and valuable experience, and specifically her ability to convey this message to her daughter. Interestingly, the narrative performance of the interview effected a change in the way the participant felt about this particular issue. In part 2 she reflected that, not only had the interview experience brought her to a new acknowledgement of her hardship, but this acknowledgement also seemed less of a threat to her sense of how valuable and even enjoyable the experience of pregnancy and new motherhood had been.

The interview was the first time the participant had attempted to engage with her experiences in such a detailed way. She said she had anticipated that the process would be upsetting as a result of connecting with and ‘reliving’ her experiences of hardship. However, she also said that, for her, this did not imply that there was more processing to do. At the same time, she said that the interview had brought home to her the reality of the hardship she had experienced in a way that she had not previously been able to acknowledge to herself:

I think maybe on the surface I have a much different view of what has actually happened in the past year/ year and a half than, than maybe has. Maybe I've not been that true to myself until, you know, about three or four months ago, where everything's been fine, and maybe up until that point I've had a bit of a different view of it. (PCP2:16)

My interpretation was that processing had perhaps taken place, particularly around this acknowledgement of hardship, and our exploration of the way that the acknowledgement of her difficulties triggered a protective instinct in relation to her daughter. But we did not explore what participant meant by there not being ‘more processing’ to do, and it is possible that our views of the situation were in fact more compatible.

The participant identifies several factors that had enabled her to make the journey from being in the midst of the experience and unable to articulate it to being able to talk reflectively about it in the present, including having time, space and distance from the experience, and experiencing a growth in confidence. She employs a narrative of personal growth and learning to describe her process.

Discussion point: Meaning is frequently articulated from a safe distance. In contrast, the ‘no-man’s land’ (PB) of being-in-the-midst offers little scope for reflective meaning making. Experience is blurred, vague, uncontained (perhaps experienced as such at the time, or else not memorialised in the same ordered way? How does this relate to the formation of traumatic memories? There seem to be some parallels, for example the vagueness, and needing a safe distance from which to engage with the memories). Ways of being towards being-in-the-midst include feeling overwhelmed and/or tearful, and going into ‘doing’ mode, putting emotions to one side or ‘parking’ them. Are these

emotions and conflicts somehow stored for later? Where? Or are they contextual, lived only insofar as they are engaged with?

INT Analysis

INT: Is a working alliance established, and if so is it tested? How do R and P appear to be oriented towards each-other at different points in the interview? What tonal features stand out? Includes reflexive comments.

Narrative Construction: I had a very active role in the narrative construction of the interview, asking for clarification on a range of points, and reflecting my anxiety to really understand her story and get a sense of the overall process she had undergone. This impacted on the kind of narrative produced, for example making it more chronologically focussed than it might otherwise have been. In retrospect it would have been interesting to let the participant guide the direction more, although I did elicit a very rich and powerful account of her experiences.

Rapport: A working alliance was established quickly and easily. I had positive regard for this client and she had an engaging, easy style of narrating her story which I found easy to warm to. I also related to her sense of humour, although at times I challenged its incongruence (see below). These challenges did not threaten our rapport. She engaged honestly and openly with my questions and prompts. At the moment when she was most fragile, I felt that she felt safe enough to show me her vulnerability, and her reflections in part 2 confirmed that she had not found this too overwhelming. Our rapport was probably most tested at the point when I tried to explore the significance of her fears about motherhood, and she indicated that she felt she was just repeating herself. (PCP1:63-70) I responded by moving on.

Ppt as entertainer: Lots of laughter, some of it mutual, some I found incongruous and questioned:

P38: Erm, it was, it was alright. I think that I didn't have very much time to think about a lot to be honest, 'cause if I wasn't <P laughs >, wasn't being sick, I was at work, and if I wasn't at work it was because I was being sick, so I erm, I didn't-

R39: -You're laughing but it sounds really miserable that. (Erm) I mean , I mean, was it, or-?
(PCP1:38-39)

Narrative voice of the entertainer- laughing functions: lightens heavy material, particularly her own pain and vulnerability. Makes it safe to talk about, conversational. Something about the way she narrates – not shying away from anything, very honest, but also continually asserting/assuring me/herself that things were/are contained in the present. The present self is not supposed to be vulnerable.

Changes of tone: The tone was generally warm and lightened by her sense of humour, although there were a few moments when her laughter felt incongruous to me, and I challenged it. The two pivotal emotional moments were her description of being left on her own (“Please don’t leave me”, PCP1:40). Her exploration of her response of protectiveness over the narrative of ‘my experience of growing her’, is more curious in tone.

Responding to perceived requests for reassurance: Ppt seemed anxious about wanting to provide me with a good interview, and also wanting to represent/protect her daughter from negative narrative/ At times she implicitly asked for validation of her difficulties – like wanting them to be normalised, and I responded to this.

Wondering about the robustness of meanings made: The idea 'that this is best for baby' time and again enables her to move beyond uncertainty and fear regarding key decisions. I was left with a question about how far these decisions really were rendered simple. The strength of her conviction is repeatedly asserted, yet her descriptions of the dilemmas she faced speak to a more complex reality. When asked if the ENU was easy to discuss at the time when she was going through it, she responded:

"No. I think at the time I was quite panicked about it, and did think, "When am I ever gonna feel like, erm, I, erm stopping crying?" I think I did/ I-I didn't know really what was going on at the time. It was a huge blur, those first few weeks. (OK) So I definitely didn't articulate it." (PCP2:12)

Emergence of new insights during interview: Ppt came to a deeper acknowledgement of the hardship through engaging with it more fully than she had done in the past:

"I don't think I would particularly change that talking to people (no), but I think that maybe there's been a bit of recognition for myself from today that it's maybe been a bit harder than I maybe give myself credit for I think, possibly." (PCP2:20)

Participant also became more reflectively aware of her engagement with this experience through the interview;

But I think it has made me think, (laughing) it was pretty awful, and I look back, I'm laughing now (mm), and I think, I think maybe on the surface I have a much different view of what has actually happened in the past year/ year and a half than, than maybe has. Maybe I've not been that true to myself until, you know, about three or four months ago, where everything's been fine, and maybe up until that point I've had a bit of a different view of it. (PCP2:16)

She came to view the acceptance of her hardship as less threatening to her baby and the idea that she enjoyed growing her and being a mum:

R21: "And you/ right at the beginning you said something about/ you talked about "Oh I don't wanna, kind of, sound like, sound like"- the word 'betrayal' I suppose is coming up for me, almost like a betrayal of her (yeah) if you talked about that side of your experience. (Yeah) Does that still feel the same way now?"

P22: Maybe no not as much...[inaudible] a bit, to be honest." (PCP2:21-22)

2. FUNCTION PERSPECTIVE

Identify the different narrative identity positions and implied listeners, and interrogate the dynamics between them. To what extent do they complement or compete with each other? Are they active or passive in relation to the experience? Who or what is appealed to and on what basis?

Identity Positioning (Speakers and listeners)

Vulnerable self

- Suspended in state of shock and panic.
- Mainly a past identity described at a remove, but also echoed in her present surprise at the force of her experiences when she recalls them.

- Surprised and shocked by the extent of her own hardship as she describes it.
- Don't leave me. Passive.
- In pain/sick and exhausted, physically and mentally drained – making it more difficult to respond to the shock, justification for how difficult it was for her. “It made me feel possibly worse than I would have felt...double exhaustion” Wonder if there was something unsaid about how difficult/shocking it should ‘normally’ be. “You know best/what do you think?”
- Fearful/anxious: what do you think? Vigilant- must stay awake. Past. Both passive and active.
- Mum who is inexperienced and does not know what to do with her enormous responsibility.

Resilient Narrator

- Someone who is coping well with life
- Defiant in the face of this experience which threatened her sense of agency.
- Emphasis of triumph over adversity. Putting experience in the past.
- Use of humour – this experience is contained.
- Taking charge, enjoying it, getting into my stride, don't waste this. Past/present. Active.
- Relaxed and at ease with self and baby. Past/present. Both passive and active.
- Present is a place of safety and in control, where issues have been resolved
- Reflective and curious re own experience

Happy Mother

- Someone who enjoys being a mother
- Protectiveness over baby (I loved being a mum/ not wanting to remember pregnancy negatively/ wanting to do what's best for her).
- Someone who has learned to trust “my own measure of my baby”
- Past and present. Active.

Listener As Psychological Researcher ('Good Participant' position)

- There was a sense of her wanting to be a good participant. Possibly coming with assumption that I would require honesty and reflection, self-awareness. She certainly demonstrated these qualities, difficult to know if that was a response to her assumptions about what I would value. She did express a concern that she was giving me something useful.
- Implies a further identity position where she wants to be a good participant.

Listener as a fellow mother/Person who might judge ('Self conscious' position)

- The fact that she engaged with humour suggests that she held assumptions about our shared experience and culture.
- Ambiguous as to whether she expected judgement from me. On one hand, she seemed convincingly self-confident. On the other, there were implicit requests for reassurance – possibly a defence against possibility of being judged?
- Implies that she had some engaged sense of how she might be coming across as a whole, not just as the Resilient Narrator, but incorporating all the aspects of her experience that she was showing me.

Relations Between Identity Positions

Resilient Narrator is most closely identified with in the present, and is someone who has been through a difficult experience and come out the other side stronger. This is the position of safety from which the more threatening position of Vulnerable Self is explored. Vulnerable self is kept at a

(safe?) distance through its location in the past. The challenges she faced as a new mother, for example, facing up to her new responsibilities from a position of inexperience and exhaustion, and her shocked, suspended self, are all located in this Vulnerable identity position, rather than being explored as a conflict between positions. It is predominantly a passive position in which she is dependent on others, with the exception of her very active hypervigilance over her baby's wellbeing. The attitude of Resilient Narrator towards Vulnerable self appears to be shocked in itself, as in 'I'm still shocked at how difficult it was', and this is where the two positions overlap.

Resilient Narrator is to some extent the guardian of the Happy Mother position. Happy Mother represents the state of confidence which she has achieved through the process of engaging with her vulnerable self. This position is a celebration, and an affirmation, of all the pleasure and joy that her baby has brought her, despite all the difficulties. It is where she is and wants to remain. I felt that she would like this to be the end point of her story.

That Resilient Narrator and Happy Mother had felt to some extent threatened by Vulnerable Self, is hinted at in a number of ways, for example, by the participants' described reluctance to explore her hardship, in case it threatened her narrative of growing her baby. However, there seemed to be enough space and safety in the narrative for both of these positions without too much tension.

Deciding how to acknowledge Vulnerable Self without disturbing Happy Mother therefore encapsulates the job of Resilient Narrator.

As I listener, I was trusted with sensitive material, and asked to use it without judgement. The listener positions each imply a consciousness of how she was coming across overall, a sort of critical eye being cast over her narrative performance, including but not limited to the position of Resilient Narrator. The prospect of judgement may have come more from my status as a psychological researcher, or as a fellow mother. This could have been better explored. I suspected that part of her appeal for reassurance concerned an unresolved verdict on the normality and/or validity of her experiences. I was left with a question about how far she had really banished prior uncertainty regarding her decisions.

Comment on Social Context

Open up a perspective on the socio-cultural and political context of the interview by interrogating the differential power structures at work implicitly and explicitly between myself and the participant, and consider the impact of these conditions on the data. Comment on the impact of the social context, for example, race, class, educational status, maternal status.

The participant and I were similar in terms of socio-cultural background and ethnicity. Also I felt bound by our common experience as mothers – this affects how I felt about her experience, what I choose to question. See reflexive perspective.

The ppt used the interview to make comment on how people generally react to motherhood, situating her own experience within this. (e.g. I think some people feel they know what they're doing and others like me don't)

To some extent a story of challenging social structures of authority – health professionals.

Certain narratives perceived as threatening- e.g. to speak about her pregnancy negatively.

There is some sense that she has had to justify her experience of difficulty, by acknowledging the obstacles and problems she was up against. It is not clear how motherhood differed from her expectations. My own experience led me to accept that she had faced particular challenges 'on top

of the common challenges of motherhood, some of which were unusual, eg being sick throughout pregnancy.

There was a general strategy of lightening the heavier aspects of her narrative using humour. Perhaps to make it more socially acceptable, less dark and threatening, perhaps to avoid engaging with the darker aspects of her experience.

3. THEMATIC PERSPECTIVE

The aim of the thematic perspective is to build up a picture of the experiential category (or categories) of not-understanding, and the function of the narrative in this experience, through paying attention to common aspects of description such as metaphor and imagery.

Meta Theme	Existential Themes	Sub Themes	Notes
Shock	Uncertainty Responsibility Anxiety Possibilities and Limitations of self Embodiment	Pregnancy Not-knowing Trust in professionals	<p>I've had a year of shocks!</p> <p>Shock of finding herself pregnant before expected.</p> <p>Shock about how difficult she found it.</p> <p>Shock of being a new mum- the responsibility and sense of not knowing what to do.</p> <p>Shock of her husband on coming home.</p> <p>Shock at pain when midwife tried to remove stitches. Shock and anger that She did not use pain to pick up on presence of infection.</p>
Maternal decision-making	Choice, responsibility, Authenticity	Passivity Confidence Trust	<p>Saying yes - Moves from very passive decision-making style, when she feels at the mercy of her body and professionals, to trusting herself and her baby. "Is there anything that's taken you a while to understand?"..."Trusting myself and my own kind of measure on my baby."</p> <p>Describes decision to stop breastfeeding after baby had started to lose weight for a period. "I never got the confidence back of, I'm giving her enough." Combination of reasons for stopping emerge: Reassurance of measurability of formula, desire to combination feed for convenience fuelled by a friend's experiences, and impracticality of feeding on demand. Once formula was started, baby seemed more satisfied on it. "I'd been so adamant that I wanted to breastfeed, and I thought "Oh I'm a bit selfish really, she's much happier after a bottle than she is after me." Decision to being weaning came about a fortnight after twelve week feeling that things were going well. "I did get really emotional when I kind of made the decision of, but I just flipped it and said "No it's much better for her" (PCP1:203)</p> <p>R question about how much awareness P had that she was, as she had stated, growing in confidence daily. She was aware that she stopped feeling the need to call mum/husband with questions for reassurance. "I know that I was aware that I was doing it at the time. So, sometimes I'd be like "No I don't need to do that", On</p>

			<p>learning to trust that her daughter would sleep without dying: "I wouldn't be told I had/ I had to do, like, see that myself."</p> <p>Change in attitude at 12wpp: "I really got into my stride with it all, and started thinking, "I don't want to waste this by...panicking all the time and worrying about her." (PCP1:16)</p>
Vulnerability	<p>Isolation Death Being-with-others, Embodiment Responsibility Anxiety</p>	<p>Fear/experience of Abandonment Isolation</p> <p>Vulnerability to physical and mental hardship and limitations. Exhaustion and sickness.</p> <p>Vulnerability of her baby. Anxiety that she will not be ok.</p> <p>Placing trust in experts, gradually losing trust.</p> <p>Trust: Learning to trust self/own experience Learning to trust baby</p>	<p>Don't leave me</p> <p>Isolation in hospital – “ and then I got poorly but they would have spotted it had I been in hospital, erm, and had they let me stay a bit longer. But no you had to do it all yourself, and, I got woken up at three o'clock in the morning to go for a shower, erm, because I now can't remember why, it's a bit of a blur. “ (PCP1:100)</p> <p>Fear of being isolated at home left to look after baby. Not able to drive for weeks because of surgery.</p> <p>Unable to move much for weeks afterwards. Being re-admitted to hospital a week after birth with infection. Sense that the operation went wrong somehow, and that the midwife who checked her stitches should have seen what was happening. "Double exhaustion" (PCP1:36). Exhausted, sick, getting pregnant earlier than anticipated (shock), working through sickness, illness and exhaustion postpartum. "I think that made me feel worse than I possibly would have" (PCP1:32)</p> <p>Feeling that she had to stay awake all the time or else the baby would stop breathing.</p> <p>See midwife above. Also description of decision to have caesarean- feels somewhat ambivalent. Ppt takes responsibility for engaging with decision-making passively. “ I didn't really want that because, erm, I wanted a natural, er, birth, and I wanted to, I didn't want a caesarean, but speaking to the doctor, and after they tried to turn her and said that there's no way that this baby's turning, and it would be more dangerous to try and deliver her. So, that was again, my</p>

		<p>Leaning to distrust professionals</p>	<p>fears (<i>Yeh</i>) made me kind of cope with that decision where I thought <u>it was kind of out of my hands</u>." (PCP1:78) She does not sound completely convinced.</p> <p>Then she has experience of postnatal ward being understaffed, staff not able to help her in and out of bed despite her physical incapacity. This adds to her anxiety.</p> <p>Realisation and exploration of discrepancy between how experienced was lived versus how it is remembered and narrated to others. "I don't know, it was miserable, but I don't really look back on it thinking "Oh it was a miserable time" "cause I think of what the outcome was." "I don't want to say out loud "Oh I hated it at the time", "I wouldn't want anyone to think I didn't enjoy my experience of...growing her. (PCP1:52)) "Maybe at the time I wasn't enjoying it as well not just cause of the physical side...I found the whole thing quite scary to be honest."</p>
Time	<p>Time Isolation Control vs uncertainty Possibilities and limitations of self</p>	<p>Difficulty/stuck or vague sense of time</p> <p>Order</p>	<p>ENU characterised by stuckness, anxiety, vagueness, and interminable, isolated suffering. Time seems slow, undifferentiated and endless.</p> <p>"I think at the time I was quite panicked about it, and did think, "When am I ever gonna feel like, erm, I, erm stopping crying?" I think I did/ I-I didn't know really what was going on at the time. It was a huge blur, those first few weeks."(PCP2:12)</p> <p>7 weeks...a long time to be stuck/ [birth] it's a bit of a blur (PCP1:100)/ then I was back in hospital...it just went on and on (PCP1:159)/ " I just kind of just stayed awake, just like, watching her, [baby] until, and watching the clock until [husband] <P laughing voice> came back." (PCP1:100)</p> <p>Time as a narrative device used to put the experience in its place. Time and other forms of measurement are used to bring control, order, certainty to this experience. This includes a negotiation of whether her difficulties were justified and/or to be expected. Ppt strives to be very specific</p>

		Confidence/ rhythmic time	<p>about timeframes, particularly the turning point at twelve weeks (PCP1:2; 16; 191; 207) Breastfeeding – not sure that baby is getting enough after weight loss. Formula feeding – “So once she went on to formula, you know/ you can see it (<i>Yeh, it's measurable</i>), so you know that they're having what she's supposed <u>to be having-</u>” (PCP1:187)</p> <p>Time is one of the elements that she says helped her to find her confidence Descriptions of new found confidence characterised by rhythmic/movement metaphors: I got into the swing of it (PCP1:2)/ turned a corner (PCP1:18)/ got into my stride (PCP1:16).</p>
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Theme Notes

Shock

Not-understanding is primarily experienced as shock. Shock is mentioned repeatedly This word emphasises how unexpected so many aspects of her experience had been, from becoming pregnant more quickly than expected, to experiencing a particularly gruelling pregnancy, to life with the responsibility of caring for a newborn. But more is implied than surprise. The state of shock is like a sort of suspended understanding, and seems to have impacted on her experiences of lived time (see below). The use of this word demonstrates how much her experiences put her on the back foot, and the vulnerability which comes across to strongly throughout her description of this time is hinted at.

It is interesting to question how live the experience of shock was for the participant. She describes it as belonging to the past, and yet it reverberates powerfully in the narrative, and struck me as something with a solid presence in the room. This contributed to my interpretation that it was her shock that was indicative of the not-understood experience. It is interesting that, despite the repetition of the word shock, the concept is not explicitly unpacked, and I wondered if there was some trauma there.

Maternal Decision-Making

The participants’ engagement with maternal decisions is a key marker of change across the story, carrying the message that confidence was lost but has now been restored.

She describes how during her pregnancy and the initial postpartum period, she deferred decisions to others, for example about whether to opt for a caesarean birth, and initially did not feel confident enough to make decisions about the care of her baby without appeals for reassurance from trusted others. This passive decision-making style, she says, was uncharacteristic, and done out of a combination of exhaustion and the feeling that others knew better. I picked up on some ambivalence towards some of the decisions which had been made around this time, for example around the birth. I wondered if sense-making of these decisions was complicated by her passivity – did she feel as responsible for these decisions as the ones she took later, or perhaps, angry at others yet unable in retrospect to challenge them?

The transformation from a passive to and active, more authentically owned decision-making style appears to have a number of drivers. Firstly, her experience of being let down by professionals, in particular the nurse who missed her post-surgery infection. This, she said, narrowed the sphere who she felt able to ask for advice and reassurance. Perhaps it also forced her into a more active engagement with decisions, motivated by her anger at their mistakes to challenge the expertise of the professionals. Secondly, as she gains practical, first-hand experience of mothering, she gradually feels more trust and confidence in her own judgement. Listening to her baby seems to be key to this, and her baby's responses to the decisions she makes replaces expert advice as the guiding principal of her actions. For example, her decision to end breastfeeding is acknowledged as a complex one, but ultimately she feels that it was right because baby was happier with a bottle. Being able to reduce the complexity of decisions in this way seems to have been enormously helpful to her.

The final decision, to let go of anxiety and "just kind of trust myself and my own measure of my baby"* , concludes the transformation from a novice, exhausted and lacking faith in her own judgement, to a confident mum who is enjoying her time with her baby.

Vulnerability

The sense of the participant as vulnerable during the period of the not-understood experience comes across strongly across the whole story. She is vulnerable because of physical pain and exhaustion, inexperience, and reliance on health professionals who did not always make the best decisions. This vulnerability, and the associated feelings of powerlessness and anxiety, is what is shocking and so difficult to make sense of.

The most poignant, direct expression of vulnerability came at the point in the interview where the participant described her feelings of being left overnight, alone, exhausted, anxious and suffering post-surgical complications, to look after her baby. "I used to cry when she would like/ she only did it for a week but every night I cried and said "Don't leave me please don't leave me." (PCP1:13) At this point the participant became tearful. I also felt very moved. These words, this moment in her story, seemed to capture exactly the essence of the state of vulnerability which she had been in. Her passivity in the face of decision-making and need for reassurance, her physical exhaustion, her sense of herself as not able to cope, her feelings of powerlessness and fear of abandonment, are all there in the single phrase 'please don't leave me'.

Time

Chronology, and time more generally, plays more than an incidental role in the way this story is told, however. The meaning of the experience, and the participant's sense of control over that meaning, are negotiated through her engagement with lived time. Throughout the telling, the participant reaches for detailed clarity regarding timeframes, and, although she does not employ an image-rich descriptive style, the metaphors that are used are time-related. Time seems to have slowed down and even been suspended for her while she was in the midst of the ENU ("the whole thing as a blur", "it just went on and on", "I was just watching the clock"). In contrast, her descriptions of regaining her confidence are marked by dynamic, movement related imagery (I got into the swing of it/ turned a corner/ got into my stride"). Her attempts to be very specific about the time frames have the effect of attempts to contain it, and perhaps to fix it in the past. Yet there is a sense in which the experience breached expected time boundaries, as this passage shows:

P8	Yes, it was, that was quite hard. And then it kind of prolonged the erm recovery period really. Erm, so yeh [inaudible]-
R9	-[Inaudible] about six weeks that you were-

P10	- It was six weeks was the recovery time but, uh/ seven days into what was supposed to be those six weeks (<i>Yeh</i>) that happened, so then it kind of-
R11	-so it was seven weeks (<i>Yeh</i>) really for you
P12	-Yeh, at least seven weeks, yeh. (<i>Yeh</i>) I didn't drive until seven weeks after, which (<i>Right</i>) is a really long time when you think you're stuck by, like (<i>Yeh</i>), yourself, so...

Existential Themes (In addition to Time)

Isolation is a common sub theme. The participants' fear of being abandoned could be viewed as indicative of an awareness and fear of existential isolation, or it could be viewed as a proxy for **death anxiety**, as the participant seems to have felt infantilised by her experiences and may have experienced her alone-ness as existentially threatening. Her fears for her baby's wellbeing also point to an acute awareness of the fragility of life. This is linked to her new sense of **responsibility**, which collides with an acute awareness of her **limitations**, brought about by **embodied** exhaustion and inexperience. She **authentically** owns the fact that she did not feel confident enough to own her earlier decisions, and the recovery of this ownership of her **freedom** is constructed as a defining feature of her success in overcoming her difficulties. Shock and anxious vulnerability are the main features of the not-understood experience. However, I find that this manifests as **ontic anxiety**, rather than ontological anxiety, in other words, her anxiety constituted a flight from the acceptance of aspects of the human condition which she found too disturbing to digest.

4. REFLEXIVE PERSPECTIVE

What would I describe my response to this narrative? What stood out for me and why? What biases shaped my ability to listen, respond and analyse this story? How might I have influenced the storytelling?

Reflexivity is incorporated into each of the above perspectives. However, notes on the main reflexive themes are as follows:

Impact of my identification with and positive regard for the participant:

I found myself really empathising with this participant, warming to her, especially when she used humour to lighten things, because I do this too. There was something very dignified about her engagement – warm and honest, not trying to hide from her difficulties, but also not wanting to let them win – a defiance – which I admired. I identified with her, using my experiences of motherhood to shape my prompts, such as asking her what her first night with her baby was like. I followed her story enthusiastically, wanting to showing that I was tuned in to what she was saying. My attempts to reflect back and summarised occasionally spilled over into finishing her sentences. The data quality generally benefitted from our rapport, however, these unnecessary interventions did weaken the quality of the data in parts where the participants own words would have been more valuable.

My identification also had something to do with her having more of a regional accent like mine. Me feeling that she was down to earth was partly based on her presentation, partly my own biases and assumptions. There is also something I admired – despite being very open about her anxieties she sounded almost laid back in describing them.

...

Listening again after my second child- I really recognise the participants' description of her fears and vigilance around her baby's wellbeing in my own memories of worrying about my own children stopping breathing, and the fear that something catastrophic is being warded off only (and sometimes barely) through my continued vigilance. This highlights that there is a sub-theme of this research process, which is comparing myself to each participant in terms of how (well?) I have been able to handle the challenges (and in particular, the anxieties) of motherhood. My particular areas of difficulty – anxiety, particularly about their wellbeing, decisions about sleep and coping with the effects of prolonged sleep deprivation, anxieties about diet, are all areas where I engage comparatively with participants' narratives. In contrast, there are aspects of each participants' experiences that are unique to them, difficulties I have not shared. I have found breastfeeding relatively easy and straightforward, for example. I think this frees me up to think more clearly about participants' difficulties, feels easy to respect their difficulties, and like I am learning. Less involved. With the stuff I struggle with it is more difficult to separate my own experiences from theirs. In each case, I think I do accept their difficulties, either because I don't have experience of it, so I have no right to judge, or because it feels so completely understandable that they would struggle, because I feel I 'understand' where they are coming from. There are pitfalls to both perspectives. To balance this out I have to maybe take time to stand back from those particular aspects of each narrative and consider alternatives/what is unsaid.

Elements which particularly sparked my curiosity:

I experienced a very dramatic existential shift when my daughter was born. During pregnancy I experienced a gradual shift towards seeing myself as a guardian/nurturer of someone else's life as opposed to someone primarily responsible for my own life. At the moment of birth this gentle progression turned into a sudden, powerful jolt. I thought: "The only point of me now is to look after this child. My wellbeing is important insofar as (and initially, only insofar as) it allows me to care for my baby." I experienced this not as an opinion or even a belief, but simply a new existential reality. Although I have recovered some aspects of an autonomous identity, this shift has been a defining change in my journey to becoming a parent. How does this affect my reading of the interview? I am curious as to how the participant experienced her baby's dependence on her and the threats to her own wellbeing which she encountered as a result of the pregnancy and birth. What was the meaning of her own suffering in the changing context of her new responsibilities? Perhaps she viewed her suffering as separate from the baby's, or so intertwined that the two could not helpfully be separated. Perhaps her own illness and exhaustion were perceived primarily as threats to the baby, and/or part of a necessary sacrifice, or even in some respects as something she was doing to help her baby? Many perspectives are possible, and she may have held multiple, conflicting perspectives. Perhaps this is part of the experience of significance without understanding, and speaks to the question of how separation from the baby is experienced over time.

Times when I was moved:

The moment which most moved me during the interview was when the participant tearfully described being left alone with her baby, and pleading with her mother "Please don't leave me" (PCP1:40). I empathised with the acute pain of abandonment, and my response was to try to show her through my tone and body language, that I acknowledged this as a mutual, painful part of human experience. The fact that we were clearly both moved at this moment prompted my assumption that this said something important about the experience of not-understanding she was describing, and this assumption is reflected in the analysis above, particularly the vulnerability theme. For me this moment was an intense, succinct window into the aspect of lived experience which had been so difficult to grasp. It is possible that this assumption was misguided. Perhaps the

participants' tears reflected something less relevant to the story of her not-understanding, and a different researcher would have picked out other aspects of her story as more potent. But I find this alternative interpretation very difficult to believe, especially as the rest of the evidence suggests that her vulnerability and fear of abandonment were central features of her story.

Being moved to reassure and rescue:

I was anxious at times during the interview that the participant might feel judged or uncomfortable with what she had revealed. For example, I suggested that it was “understandable” (PCP1:45) that she had not enjoyed her pregnancy. I was responding to her exposure of a sensitive point: her fear that acknowledging her difficulties would be taken to mean that the experience of her pregnancy was not precious to her. I think I had a sense that some of the meanings made had a fragility to them and I didn't want to shake her new found conviction.

This is also an instance when I actively collaborated in her attempts to articulate her experience – telling her that:

It doesn't sound like you're saying anything about your baby, (*Yeh*) really. It sounds like you're saying something about your experience of (*Yeh*) the physical demands of pregnancy. (*Erm, yeh*) But, do you want to, kind of, think about that a bit more, that it's hard to say (*Yeah*) certain things, as opposed to other things? What, what, kind of, what does it bring up if, if... (PCP1:47)

The purpose of my separation of her experience of the demands of pregnancy and her relationship with her baby was to communicate to the participant that she was not being judged, and to enable the her to feel safe enough to acknowledge and explore the co-existence of these aspects of her experience. It may have been successful in this respect, however, at the same time, it is an example of me taking over the meaning making role. It is possible that this distinction did not sit comfortably with the participant, and was not one that she either would have made or needed me to make.

I slip into overtaking/rescuing – I think there was an anxiety about not being able to articulate her experience – particularly when she said ‘I don't know if I'm just repeating myself trying to make it clearer’, which I picked up on, and I was anxious not to leave her foundering in unarticulated experience – keen to maintain some connection of mutual understanding. I did not want to abandon her. I wanted to reassure her that her experience was understandable. At these times articulating her experience successfully was a mutually if indirectly agreed goal of the interview, and this happened at the expense of examining her experience of being inarticulate.

P44	Yeh. (<i>Yeh</i>) I didn't enjoy it as I was going through it at all
R45	Yeh. That's understandable.
P46	Yeh. But I think you feel bad sometimes saying that, cause (<i>Does it?</i>) you don't like, I don't wanna look back on it and I don't want to say out loud "Oh, I hated it at the time", 'cause then I think some people would be like "Oh but you got a good baby at the end of it, so"...
R47	It doesn't sound like you're saying anything about your baby, (<i>Yeh</i>) really. It sounds like you're saying something about your experience of (<i>Yeh</i>) the physical demands of pregnancy. (<i>Erm, yeh</i>) But, do you want to, kind of, think

about that a bit more, that it's hard to say (*Yeah*) certain things, as opposed to other things? What, what, kind of, what does it bring up if, if...

Points of departure/where I challenge the narrator's view:

There were times when I felt the need to challenge the narrator's account, for example, when I felt that certain instances of humour were incongruous attempts to minimise pain. I feel that my challenging of this was sensitive enough to encourage further exploration of the experience in question (PCP1:38-39).

Most important is the question of how far I believe that all this is really in the past, that the participant has nothing else to process? I find that I do believe in her new found confidence, but also, I sense a lingering fear that her experiences of being vulnerable might have the power, now or in the future, to derail her. This latter may not have been fully owned by the participant, and this ambiguity contributes to my sense that the vulnerability constituted the not-understood experience.

5. SUMMARY

The ppt's experience of not-understanding concerned her shock at just how difficult she had found the pregnancy and initial postpartum period. The not-understood experience in this case was associated with shock, vulnerability, and changes in lived time.

The narrative was part statement bearing witness to these difficulties, part rhetorical attempt to locate the meaning of these difficulties within a narrative about the restoration of lost confidence in relation to them. The restoration narrative is primarily a story of how her engagement with maternal decision-making changed over time. The sense of safety and containment offered by the restoration narrative, is possibly what enables her to feel safe enough to explore and acknowledge how difficult things actually were. Without this restoration narrative (summarised as, 'I had a hard time at first but I got my confidence back and now I'm really enjoying it'), one can speculate that the memories of her difficulties might have felt overwhelming, or perhaps like loss or failure. I strongly suspect that it is true for many of the participants, that their taking part was conditional on them feeling the present to be a relatively safe space from which to explore the (albeit quite recent) past, and having a narrative which, superficially at least, contained it, was a necessary prerequisite for them to take the risk of going 'back there' emotionally.

It was clear that in the RENU restoration narrative, the participant felt that she had achieved the assimilation of her difficulties into a positive narrative. However, it also became clear during the interview that the participants' desire for this resolved, positive maternal narrative had to some extent got in the way of her being able to acknowledge the extent and impact of the difficulties she had faced. In giving herself permission to explore and acknowledge this, she risked the integrity of the restoration narrative, but in fact talking about it had the opposite effect, and she felt less threatened by her experiences by the end of the interview

Her desire to protect her baby by creating a positive narrative of what it had been like to grow her, was one of the barriers which had previously prevented her from acknowledging how difficult things had been, although it may also have motivated the participant to want to better understand the experiences which challenged such a project. Through the interview, she comes to reject her

previous assumption that her difficulties, and the preciousness of this experience, must be mutually exclusive aspects of the narrative of growing her baby. Time and space also seem to have played a role in allowing her to reach a different perspective.

The transformation from vulnerable, passive novice to confident mum is told primarily through the theme of maternal decision-making. Experience, trusting her baby and rejection of expertise all play a role in her move to a more authentically owned, active and confident style.

Through the telling of her story, the participant came to a fuller understanding of what she had been through, and came to think differently about some aspects of her experiences. This contrasted to prior experiences of talking about it, when she had created narratives which allowed her to skim over the difficult aspects of her story.

Analysis of the identity positions in the story reveals that the narrator's central task is to reconcile a vulnerable past self with a current, happy self without threatening the latter.

Alternative Interpretations

It is possible to interpret the relationship between the not-understood experience and the restoration narrative in a number of ways, depending on how convincing one finds it. Was it a genuine triumph of confidence, or an anxious attempt to extract victory from the jaws of what had felt like defeat? Had the difficulties really been so comprehensively put behind her, or was there perhaps some avoidance of feelings related to traumatic experiences? Sitting in the room with PC, I believed that the sense she had come to make of things reflected a real change in her feelings of confidence and approach to maternal decision-making. I did not, however, assume this was the endpoint of her story, and felt that perhaps some of the not-understood aspects of her experience could be explored further had she chosen to do so.

Initial Free Notes

The justification – it was particularly difficult because of x – I find I do the same with belle and eczema/sleep. Need a reason why it's particularly difficult.

Containing the difficulty in 12 weeks – contained, past, - motivations? Not wasting time.

Trusting myself – identifies a developmental task. Difficulties framed as learning.

What was the shock like? What is the message of the shock? Lack of preparation.

Building a case for why it was particularly hard. Unspoken – that this requires justification. That it shouldn't normally be that hard.

That's understandable – interview – I felt moved to validate. Especially in relation to negative experience of pregnancy. Helping her to acknowledge that the experience of growing the baby was precious as well as miserable.

'I found it quite scary. I worried the whole time.' That seems like more personally exposing as a 'confession', as opposed to it was simply hard because of the particular circumstances.

Suggestion that delivery was too early, or certainly earlier than had been thought. She was tiny and didn't open her eyes.

I was connected to the birth – watched it. Pride. Achievement. Assertiveness – Something I wanted to do.

Irritation at the conflicting dictates of the professionals – but no you've got to do it all yourself/I was sent for a shower at 3am.

Being left to get on with it did not help to build confidence –something about it being when she is ready on her terms. Otherwise confidence is actually undermined.

Moved when she says 'don't leave me'. This felt fragile, exposed, vulnerable. Felt privileged to be shown this.

Decision to wean – it's me that assumes this was a significant thing. It feels resolved, that ppt is confident in her decision. Does say it was an emotional decision, but ambivalence is past. There is a confident voice coming through in the present. I believed her confidence. There is an airiness and space to her description of feeling relaxed at 12 weeks.

Appendix 11

Table 2: Meta Themes (Case Integration Stage)

Meta Theme	PPT	Related Sub Theme(s)
Vulnerability	B	Main themes: Vulnerability, Anxiety/shock Sub themes: Powerlessness/Baby illness, Anxiety/shock
	C	Main themes: Vulnerability, Anxiety/shock Sub themes: Pregnancy, Childbirth, Physical recovery
	D	Main theme: Vulnerability Sub theme: Powerlessness, Anxiety
	E	Main theme: Vulnerability Sub theme: Powerlessness, Anxiety
	F	Main theme: Vulnerability Sub theme: Social/maternal competence, Anxiety
	G	Main theme: Vulnerability, especially baby's Sub themes: Powerlessness in adoption process
	H	Main theme: Loss of control/powerlessness Sub theme: Vulnerability, Anxiety
	I	Main themes: Vulnerability, Trauma/Anxiety Sub themes: Powerlessness, Abuse, Fertility, Building work
Maternal Decision-Making	B	Main themes: Decision-making, Competence, Feeding, Choice/Responsibility Sub themes: Competing/thwarted narratives, Guilt
	C	Main themes: Decision-making Sub themes: Competence, Feeding
	D	Main theme: Competing/thwarted narratives Sub theme: Decision-making, Guilt
	E	Main themes: Competence/Control (feeling judged), Competing/thwarted narratives, Feeding, Decision-making Choice/Responsibility, Sub theme: Guilt
	F	Main theme: Competence (feeling judged) Sub themes: Decision-making/Social and maternal competence, Competing/thwarted narratives, Guilt
	G	Main themes: Decision-making/Commitment Sub themes: Choice/Responsibility, Competence/Control
	H	Main themes: Decision-making, Competence/Control, Guilt, Feeding Sub theme: Competing/thwarted narratives
	I	Not present

Connection/ Disconnection	B	Main themes: Connection/failure to connect Sub theme: Isolation/responsibility
	C	Sub theme: Isolation
	D	Main themes: , Connection/failure to connect, Isolation, Loss
	E	Main themes: Friendship, Maternal pride and joy
	F	Main themes: Connection/failure to connect, Friendship, Maternal pride and joy, Isolation
	G	Main theme: Loss Sub themes: , Connection/failure to connect
	H	Main themes: Connection/failure to connect
	I	Main themes: Disconnection/self, Loss Sub themes: Feeding, Connection/failure to connect, Isolation/geographic