

AN EXPLORATORY STUDY OF THE EXPERIENCE OF MOTHERHOOD
AMONG MATERNALLY BEREAVED WOMEN

A DISSERTATION

SUBMITTED TO THE FACULTY

OF

THE GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY

OF

RUTGERS,

THE STATE UNIVERSITY OF NEW JERSEY

BY

LAURA J. LOKKER, PSY.M.

IN PARTIAL FULFILLMENT OF THE

REQUIREMENT FOR THE DEGREE

OF

DOCTOR OF PSYCHOLOGY

NEW BRUNSWICK, NEW JERSEY

OCTOBER 2010

APPROVED:

Karen Riggs Skean, Psy. D.

Monica Indart, Psy. D.

DEAN:

Stanley Messer, Ph. D.

Copyright 2010 by Laura J. Lokker

ABSTRACT

This study qualitatively explores the experience of motherhood among maternally bereaved women. Using a semi-structured interview guide developed by the researcher, ten women who suffered the death of their mothers in childhood or adolescence were interviewed in person about their maternal loss, their experience of being a mother to one or more children, and the relationship between these two key life events. Participants ranged in age from 31-67, and the ages at which they lost their mother ranged from 5-21. Data was first compiled into brief individual narratives in order to capture the phenomenology of loss and motherhood for each participant. The data was next analyzed using principles of grounded theory to determine common themes among participants. Eleven major and four minor themes were identified, which were then consolidated into four meta-themes: 1) The enduring legacy of maternal loss (lasting impact, early independence/parentification, feelings of insecurity/instability, feeling unsupported); 2) History repeating itself – fear of further loss; 3) Making meaning and staying connected; and 4) An opportunity for healing and growth (completing the narrative and repairing disruption, daughters and mothers coming “full circle”, anniversaries as triggers for grieving, standing in her mother’s shoes). Integration into current literature, and clinical and research recommendations are provided.

DEDICATION

This work is dedicated to my mother, Edith Ann Collins Berkowitz (1934 – 1975), my father, Bernard Berkowitz, and my brother and sister, Phil Berkowitz and Amy Berkowitz. Words cannot express the important place that each of you occupies in my heart.

ACKNOWLEDGEMENTS

There are several people I would like to acknowledge for their help with this project:

- To my dissertation committee, Karen and Monica, thank you for your support and guidance as I navigated this process – I truly appreciated your suggestions and kind words of encouragement. It made all the difference.
- To the courageous women who were the participants in this study, thank you for sharing your experiences with me. It was a privilege to listen to each one of you. Your stories are so important, and they will help others.
- To my family – my wonderful husband Brian, and my three amazing children Andrew, Nicholas and Katherine. I literally could not have done this without your patience, love and support. I cannot thank you enough!

TABLE OF CONTENTS

	PAGE
ABSTRACT.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENTS.....	iv
LIST OF TABLES.....	ix
CHAPTER	
I. INTRODUCTION.....	1
Statement of Purpose.....	2
Review of the Relevant Literature	3
II. METHODS AND MATERIALS	8
Type and Design of Study.....	8
Participants	10
Researcher Background.....	10
Materials.....	12
Telephone Screening Guide.....	12
Semi-Structured Interview Guide	12
Procedures	13
Recruitment.....	13
Telephone Interviewing and Interview Scheduling.....	14
Data Analysis	14
Ethical Considerations.....	15
III. RESULTS.....	18
Participant Narratives.....	18

“Jill”	18
“Donna”	20
“Nina”	22
“Judy”	24
“Jennifer”	25
“Kelly”	27
“Stephanie”	29
“Deborah”	31
“Tamara”	33
“Mandy”	35
Thematic Analysis.....	38
Major Themes.....	38
Theme 1: Motherhood Is Vitaly Important – It Is a Gift	38
Theme 2: Importance of Connecting to Deceased Grandmother	39
Theme 3: Fear of Leaving Children Motherless	41
Theme 4: Fear of Children Leaving / Perceiving Children as Vulnerable.....	42
Theme 5: Motherhood Provides the Chance to Give Children Something Better.....	44
Theme 6: Parentification / Premature Independence after Maternal Loss	45
Theme 7: Motherhood Changes the Adult Daughter’s View of Her Deceased Mother.....	46
Theme 8: Feeling on “Shaky Ground”	48
Theme 9: Mothering the Mother	49
Theme 10: The Idealized Lost Mother.....	50

Theme 11: Anniversaries as Triggers for Reinterpreting Maternal Loss.....	51
Minor Themes.....	52
Theme 12: The Mother/Daughter Connection Is Special.....	52
Theme 13: Feeling Deceased Mother’s Presence at Critical Moments.....	53
Theme 14: Mothering Without a Model	54
Theme 15: Feeling Envy Towards Children for Having Their Mother.....	55
Unique Yet Similar Stories: What Can We Learn?.....	56
IV. DISCUSSION	58
Interpretation of the Data	58
Meta-Theme I: The Enduring Legacy of Maternal Loss	58
I-A. Lasting Impact	59
I-B. Early Independence / Parentification.....	60
I-C. Feelings of Insecurity / Instability	62
I-D. Feeling Unsupported	63
Meta-Theme II: History Repeating Itself – Fear of Further Loss.....	65
Meta-Theme III: Making Meaning and Staying Connected	68
Meta-Theme IV: An Opportunity for Healing and Growth.....	69
IV-A. Completing the Narrative and Repairing Disruption.....	70
IV-B. Daughters and Coming “Full Circle”.....	71
IV-C. Anniversaries as Triggers for Grieving.....	72

IV-D. Standing in Her Mother’s Shoes.....	73
Clinical Implications of This Study	74
Comments on the Research Process.....	77
Limitations of This Study.....	78
Suggestions for Further Research	79
Conclusion	81
REFERENCES	83
APPENDICES	88
A. Telephone Screening Guide	88
B. Interview Guide.....	90
C. Sample Flier	96
D. Informed Consent Form	97

LIST OF TABLES

PAGE

Table 1 Summary of Participant Demographics86

CHAPTER I

INTRODUCTION

Becoming a mother represents a critical transition for most women, a time of numerous physical, social, and psychological changes (Smith, 1999). Beginning in pregnancy, women are faced with the developmental task of integrating the role of mother into their existing sense of self. Many women do this by reflecting on their own childhoods, especially their relationship with their mothers (Waltzer, 1995).

Psychoanalytic and attachment theory underscores the importance of the early relational experience between mother and child, and the legacy of this early relationship on the child's future relationships into adulthood (Ainsworth, 1969; Bowlby, 1958, 1969/1982; Stern, 1985; Winnicott, 1960). These early attachment experiences are activated as women construct relationships with their own children (Chodorow, 1978).

The death of a mother has been described as a life-altering passage for women (Edelman, 1995). While the early death of either parent has lifelong consequences for most children, the death of the mother for a daughter is unique, in that it robs her of her primary identification object (Pill & Zabin, 1997). Feminist psychoanalytic scholars Chodorow (1978) and Gilligan (1982) describe a process of mutual identification – mothers see their daughters in terms of likeness to themselves, while daughters define themselves as females in relation to similarities to their mothers. “When this primary

relationship is prematurely interrupted, the daughter's sense of herself is inevitably altered" (Pill & Zabin, 1997, p.180). Women experiencing early maternal loss have described feelings of isolation, confusion about self and place in the world, unworthiness, insecurity or fear, and guilt (Pill & Zabin, 1997). Edelman (1995, 2006), who surveyed 154 maternally bereaved women, found many reported feelings of lingering sadness, anxiety over future losses, and preoccupation with the maternal role.

Statement Of Purpose

The present study seeks to examine the relationship between two watershed life events – passage into motherhood, and early maternal loss. For all women, of course, becoming a parent brings many changes, challenges and rewards. Women who have lived through the death of their mothers before reaching adulthood have a unique set of experiences that may well bring additional challenges and rewards. Understanding how the experiences of early maternal loss and motherhood mutually influence one another is the overall goal of this research. Until recently, research had not explored this subject. There is now a limited but growing body of research into the specific topic of “motherless mothers” (Edelman, 1995, 2006; Franceschi, 2004; Maguire, 1999; Mireault, Thomas & Bearor, 2002; Zall, 1994).

This study qualitatively explores the lived experiences of adult women whose mother died during childhood or adolescence, and who are now mothers themselves. Through use of semi-structured interviews, participants were asked to share their thoughts and feelings of loss, as well as their thoughts and feelings about motherhood. This research process was designed to further define shared phenomena of mothers who

experience early maternal loss, with the goal of using this data to help psychologists and other professionals better serve their needs.

Review Of Relevant Literature

The current literature on the relationship between motherhood and early maternal loss is limited. However, in the last 10-15 years, there has been a growing body of research on this topic. Psychoanalytic theorists have long recognized the importance of the maternal/child bond (Winnicott, 1960). Early primate studies showed that rhesus monkeys reared apart from their mothers were inept at later caring for their own offspring (Seay, Alexander & Harlow, 1964). John Bowlby (1969/1982) found that traumatic loss of the mother as primary attachment figure could negatively impact the psychological development of the child, predisposing her to “anxious attachment.” He concluded that a pattern of maternal deprivation could have multigenerational consequences, with motherless mothers less able to provide a secure base for their children’s development, and thus more likely to pass along the legacy of insecure attachment (Bowlby, 1969/1982). Hess & Main (1999) subsequently found that parents with a history of unresolved early loss are more likely to exhibit frightening, frightened, disorganized, or dissociated behaviors when interacting with their infants.

Most early studies investigating the long-term impact of early maternal bereavement focused on links between loss and development of psychopathology. For example, Altschul & Beiser (1984), working with a clinical population, found that parenting problems were most serious in those who had lost a same-sex parent at an early

age. Other researchers have noted increased incidence of depression among adults experiencing early maternal loss (Tennant, 1988; Zahner & Murphy, 1989).

The psychological effects of maternal loss among “normal” women has also been examined. Zall (1994) conducted a study of 28 mothers who were maternally bereaved by age 13, comparing them to 23 mothers who had lived with both parents through adolescence. Both groups of mothers had at least one child under age ten, and were similar in age, economic, and educational status. The bereaved mothers did report some differences from the non-bereaved group. They were, on average, more worried about their own death, tended to be more overprotective, and showed greater drive toward perfection as parents. However, there were no significant differences between the groups on self-reported measures of parental functioning. This was true despite the fact that the bereaved mothers had reported higher symptoms of depression in adolescence than the non-bereaved mothers. In general, mothers in both groups tended to view parenthood positively, and to see themselves as competent parents. Zall, who was working with a non-clinical population, suggested that, for the maternally bereaved women, the process of parenting provided a reparative process for mourning to proceed.

Mireault, Thomas & Bearor (2002) asked women about both maternal identity and actual psychological symptoms in their firstborn children. They expected that the 30 motherless mothers would report weaker maternal identity and increased negative affect, and that firstborn children of maternally bereaved women would show increased psychological symptoms, when compared to their 26 matched controls (non-bereaved mothers). While motherless mothers in their study reported significantly lower maternal identity and increased negative affect than their non-bereaved counterparts, their firstborn

children did not exhibit more psychological symptoms than firstborns of the comparison women. Based on mothers' reporting on the Child Behavior Checklist (CBCL) (Achenbach, 1993), firstborns from both groups showed similar levels of internalizing and externalizing behaviors, and total behavioral symptoms.

Some researchers have begun to examine the experience of motherhood and maternal loss from a qualitative perspective. Hope Edelman's book *Motherless Daughters* (1995/2006) provides an extensive look at the experiences of women who lost their mothers as children or adolescents. Edelman, a writer/journalist who lost her mother to cancer at age 16, based her book on a combination of her own experience, survey data from over 150 women, and in-depth interviews with women and professionals.

Motherless Daughters included a chapter on the experience of becoming a mother. Edelman expanded this subtopic with the publication of *Motherless Mothers* (2006). *Motherless Mothers* is rich in narrative – from Edelman, who relates her own experience of becoming a mother to two young daughters, and from other mothers, who share their stories with her. She also gives results of an online survey of 1,322 motherless mothers and 73 control group (non-maternally bereaved) mothers. Edelman's books have greatly added to the literature on the relationship between early maternal loss and future mothering; her work has brought the topic into discussion among a wider audience. To date, however, there are still relatively few research studies directly addressing the topic, and even fewer doing so from a qualitative perspective.

Maguire (2000) surveyed 40 first-time mothers, 20 of whom had lost their mothers between ages 6 and 12. She found that women who had suffered maternal loss before adolescence had more depressive symptoms and greater levels of parenting stress

than women whose mothers were still alive. She also found a correlation between grief reaction at the time of the loss and such symptoms – women who expressed greater symptoms of grief had more symptoms of depression and experienced greater stress associated with parenting. Maguire's research suggested that maternal loss greatly influences a woman's transition to parenthood. However, it focused solely on loss occurring before adolescence, and her sample included only relatively young women (ages 23-29), all of who were first-time mothers. Additionally, her study obtained participant information through questionnaires and objective assessment instruments rather than detailed interview. As such, Maguire did not seek to capture the phenomenology of being a motherless mother.

Franceschi (2004) researched the relationship between maternal loss and mothering using qualitative methods of inquiry. For her dissertation, she interviewed six women who were transitioning to motherhood after experiencing the death of their own mothers during adolescence. Units of meaning were identified and then collected into common themes, with 12 major and 3 minor themes emerging. Some of the common themes she found were: a lack of information during pregnancy, fear of dying young, becoming a mother changed views of their own mother, unique relationship with their mother-in-laws, and having a baby girl restored the mother-daughter bond. Franceschi (2004) thus highlighted some important aspects of shared experience of mothers maternally bereaved during their adolescence. However, her findings were based on a small and fairly homogeneous sample of six Caucasian females, all of whom reported having lost their mothers between ages 16 and 20 years of age. It is not known if her findings generalize to the wider population of mothers experiencing mother loss.

The purpose of the present dissertation is to extend research about the life-passage of motherhood for women with a legacy of early maternal loss. Building on prior related research, I explored this topic through in-depth interviews with ten women. These women were a diverse group sharing two things in common – loss of their mothers during the time they were children or adolescents, and the experience of being a parent. It is the goal that the participants' stories will add richness and depth to what is known about this population of women, both as daughters and mothers.

CHAPTER II

METHODS AND MATERIALS

This study uses qualitative methods to explore the experience of maternal loss and its relationship to motherhood. This chapter begins with a brief description of the overall design of the study, and the rationale for choosing a qualitative approach. It next addresses the methodology based on the following: 1) *Participants* - criteria used for inclusion and exclusion in the study; 2) *Interviewer Background* - relevant background of the interviewer, and rationale for including this as part of methodology; 3) *Materials*- description of the telephone screening and interview guides developed and used as instruments; 4) *Procedures* - recruitment of participants and interview scheduling; 5) *Data Analysis* - discussion of the methods of and goals for analyzing the data collected; and 6) *Ethical Considerations* - informed consent, assessment of risks and benefits of research, and safeguards to well-being of participants.

Type and Design of Study

In psychological research, qualitative methods increasingly have been utilized where investigators seek to capture the phenomenology of complex human experience. The exploratory nature of qualitative research is especially well suited to investigation of phenomena that have not been widely studied empirically, as qualitative studies tend to

give a holistic overview and help generate specific questions for future research (Corbin & Strauss, 2005).

Cresswell (2007) states that qualitative research “begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem” (p. 37). Qualitative researchers use “the collection of data in a natural setting sensitive to the people and places under study”, and “data analysis that is inductive and establishes patterns or themes” (p.37). The qualitative study “includes the voices of participants, the reflexivity of the researcher, and a complex description and interpretation of the problem” (p. 37). McCracken (1988) states: the “quantitative goal is to isolate and define categories as precisely as possible before the study is undertaken” while the goal in qualitative work “is often to isolate and define categories during the process of the research. The qualitative investigator expects the nature and definition of analytic categories to change in the course of a project” (p.16). In other words, theory defines and guides quantitative research, while theory emerges from qualitative research.

What qualitative research does well is capture the complexity of a lived experience. “The quantitative researcher uses a lens that brings a narrow strip of the field of vision into very precise focus. The qualitative researcher uses a lens that permits a much less precise vision of a much broader strip” (p. 16). Since the goal of the present study is to gain a greater in-depth understanding of the lived experience of motherhood for maternally bereaved women, including the “voices of the participants”, the qualitative approach was selected as the most appropriate research method.

Participants

The researcher interviewed ten women about their experiences of motherhood after suffering the death of their own mothers during childhood or adolescence. To be eligible for inclusion in the study, participants had to be females at least 18 years of age who were currently mothers to one or more children of any age. Further, these women must have experienced the death of their own mother before they, as daughters, reached age 22.

Although it was not anticipated that this study would pose greater than minimal risk to participants, it was recognized that the topics of maternal loss and motherhood may be emotionally difficult for some participants. Therefore, women reporting that they were currently pregnant were excluded as a precaution to their health and the health of their fetus(es). Women aged 71 or over were also excluded to minimize the likelihood of participants with dementia or other age-related cognitive impairment. Moreover, the researcher hypothesized that women over age 70, as a group, might be likely to have many concerns unique to them apart from motherhood. Finally, women reporting loss of their mothers within two years of the study were excluded, regardless of whether the loss occurred before age 22. The two-year limitation was intended to reduce the risk of serious grief reactions arising due to the mother's recent death, as well as to safeguard that the study's results are based on long-term effects of maternal loss.

Researcher Background

In the production of all research, the investigator is an integral part of the finished product. In qualitative research, the importance of the researcher's role is explicitly

recognized. Investigators working qualitatively “position themselves in the research to acknowledge how their interpretation flows from their own personal, cultural, and historical experiences” (Cresswell, 2007, p. 21). McCracken (1988) asserts that the qualitative investigator employs the “self as an instrument of inquiry” (p. 32), “using the broad range of his or her own experience, imagination, and intellect” to make sense of the complex interview data (pp. 18-19). At the same time, there is a danger that the investigator’s subjectivity may play too great a role. McCracken (1988) warns that researchers working in their own culture may take for granted various assumptions. He therefore recommends such researchers “manufacture distance” (p.23), to create critical awareness and avoid blind spots. According to McCracken, distance is manufactured by the researcher in various ways – such as conducting a thorough literature review, thinking in advance about one’s cultural assumptions, and construction of a detailed, open-ended interview questionnaire.

Within this framework, the researcher in the present study seeks to acknowledge herself as an essential part of the research process. I am a married, Caucasian female in my late 40’s with three children (male and female), ranging from 10-17 years of age. When I was 14 years old, I experienced the death of my mother due to cancer. Thus, as researcher, my background and life experiences in some ways parallel those of the women I interviewed. Naturally, this study has personal importance to me, and I believe my background affords me some understanding of the relevant issues facing these women. Following the suggestions of McCracken, I will attempt neither to minimize nor over-value my role in the research process. While my personal experiences cannot be

ignored, it is the goal of this study to allow the voices of the participants to speak for themselves.

Materials

Telephone Screening Guide

The researcher developed an instrument for use in screening individuals responding to participant recruitment (Appendix A). The purpose of the telephone screening was to determine eligibility of the potential participant based on their responses to inclusion and exclusion criteria. The Telephone Screening Guide introduced and briefly described the nature and purpose of the study, and informed potential participants about the estimated length of the interview and the compensation they would receive for their participation.

If, based on the screening criteria, an individual was deemed eligible and interested in participating in the study, she was invited to set an appointment for the in-depth interview. Individuals excluded from participation were informed that they did not meet study criteria, thanked for their time, and if interested, offered appropriate referrals for counseling.

Semi-Structured Interview Guide

A second instrument (Appendix B) was developed by the researcher to gather rich and detailed information from participants about their experiences of maternal loss, motherhood, and relationships between these two life events. It was not designed with the intention that it would be followed rigidly as a script, but rather as a roadmap for detailed inquiry, following the lead of the participant.

After a brief introduction, the Interview Guide is organized into seven sections: 1) *Demographic Information*, 2) *Family situation prior to mother's death*, 3) *Mother's death*, 4) *Pregnancy*, 5) *Motherhood*, 6) *Specific characteristics of children*, and 7) *Final questions*. The interview thus proceeded from general information-gathering, to questions about the participant's family of origin and experience of maternal loss, and finally the participant's own experience of motherhood. It concluded with several wrap-up questions and an opportunity for the participant to provide additional information not previously asked about in the interview.

The semi-structured interview guide was designed to elicit an overall picture of the participants' dual phenomenological experiences of mother loss and motherhood. The protocol provided a framework for detailed inquiry about a sensitive topic, while at the same time allowing participants to elaborate their experiences, thus enabling the interview to remain flexible and open to the uniqueness and complexity of each woman's story.

Procedures

Recruitment

Participants were solicited for this study via flyers posted at supermarkets, coffee shops, college bulletin boards, and similar public venues in northern and central New Jersey, and through internet postings on the following message boards: *Craigslist (Northern and Central NJ)*, and *Café Mom*. The flyer/posting briefly described the study, listed contact information for interested participants, and described compensation for participation in the study (see Appendix C). No recruitment postings (print or electronic)

occurred before first obtaining permission from the venues involved. Additional recruitment occurred through word-of-mouth referrals made by participants or other individuals hearing about the study.

Telephone Screening and Interview Scheduling

Interested individuals contacted the researcher via email or telephone. The researcher then called back all such individuals for a telephone screening, following the format of Appendix A. As mentioned, the purpose of the telephone screening was to introduce the researcher, determine participant eligibility, briefly describe the nature and purpose of the study, and inform potential participants about the approximate length of the interview and the compensation they would receive for participation. If, based on her responses, a woman was deemed eligible and interested in participating, the researcher then scheduled an appointment with her for the in-depth interview. Individuals excluded from participation were informed that they did not meet study criteria, thanked for their interest in the study, and offered referrals for low-fee counseling if desired.

Data Analysis

Prior to analysis, all of the interviews were transcribed verbatim. Identifying information was removed, and pseudonyms replaced the actual names of the participants in the transcripts and subsequent analysis. Initially, all responses were read to gain an overview of the phenomenon under study – the experience of motherhood for women with a legacy of maternal loss. Next, responses were broken down and classified into major themes, following the “open coding” technique used in grounded theory (Strauss &

Corbin, 1998). As these themes emerged, they were further categorized by property (the characteristics of a category) (Strauss & Corbin, 1998).

Elements of constructivist grounded theory were then followed, using flexible guidelines that focused on the multiple and complex realities of participants, as well as the role of the researcher's subjectivity to the analysis (Charmaz, 2006). The researcher was also guided by the traditions of narrative inquiry and phenomenology. Narrative research strives to tell participants' stories through the use of richly detailed data, while phenomenological research which seeks to describe the essence of a phenomenon through analysis of themes or "meaning units" (Cresswell, 2007).

A central principle guiding this study was "constant comparison", in which theory arising from the data is continuously modified and refined throughout the project (Cresswell, 2007; Strauss & Corbin, 1998). Cresswell (2007) describes this process as "the data analysis spiral", whereby "the researcher engages in the process of moving in analytic circles rather than using a fixed linear approach" (p. 150). Data management is the first loop in the process, followed by successive loops of reading, reflecting, annotating or "memoing", describing, classifying and interpreting. Through this inductive, spiraling process, the data is progressively "winnowed" and theory emerges from the research (Cresswell, 2007, pp. 150-155).

Ethical Considerations

Each participant in this study received an explanation of, and was also provided with a copy of, the informed consent form (Appendix D), describing the purpose of the study, her rights as a volunteer participant, the possible risks and benefits of the study,

and the measures taken to maintain confidentiality and the limits to confidentiality. The consent form also informed each participant that she was free to withdraw consent at any time, and that once the interview had begun, she would receive the agreed-upon compensation even if she chose to stop before completion. In fact, all participants in this study completed their interview, and thus none exercised this option. Regarding confidentiality, participants were told that efforts would be made to conceal their identities, including maintaining written records and audiotapes in a locked, secure location with numbers rather than participant names, the use of pseudonyms in the final report, and destruction of all identifying data at the conclusion of the study.

While no significant potential risks were anticipated, the researcher recognized that discussion of maternal loss and its consequences could be emotionally upsetting for some participants. For this reason, participants were informed that if they experienced any emotional discomfort, the interviewer could refer them for low-cost, confidential counseling. In addition, as a trained doctoral student in clinical psychology, the researcher monitored the interviews and any reactions of participants, adjusting pace and content of the interview as necessary to minimize emotional discomfort. Individuals were also informed of potential benefits to them of participating in the study, including personal satisfaction from sharing information about their lives, and knowledge that they are contributing to research that seeks to further understanding of parenting and maternal loss, thus improving standards of care for women and families. In fact, none of the study participants expressed serious emotional discomfort, although a number of them did become tearful while being interviewed.

At the end of the interview, each woman was thanked for her time, and asked about her feelings concerning her participation. No women indicated being particularly upset by the interviews or asked for a referral for counseling. To the contrary, each woman indicated that she appreciated the opportunity to talk about her experiences, and that the interview had been a rewarding event.

CHAPTER III

RESULTS

Participant Narratives

In the course of this study ten women were interviewed in depth about their experience of early loss of their own mothers, their more recent experience of being mothers to their own child or children, and the relationship between these events. Certain common themes emerged in many of these interviews, yet each woman's story was rich and compelling in its own right. In recognition of the importance of each case narrative, the ten stories are summarized in this section. The stories have been compiled from the transcribed interviews. To protect confidentiality, identifying information has been removed and each participant has been given a pseudonym in place of her real name. (For a summary of demographic information relating to each participant, see Table 1.)

"Jill"

Jill is a 48-year-old Caucasian, Jewish married woman, who works part-time as a journalist. She was twenty years old when her mother committed suicide after struggling with severe depression following the death of Jill's father two years earlier. Jill is the mother of two teenaged children, a son and a daughter.

The oldest of two children growing up (there is an eight-year gap between her and her younger brother), Jill recalled a sense of love and "orderliness" in her family. She

described her mother as “a forceful personality” who could be bossy and critical, and often emotionally overwhelmed. She viewed her father, a lawyer, as “more even” in temperament but the less engaged parent. Jill’s recalls her father having several heart attacks when she was a child, and sensed early on that these events may have left her mother feeling generally anxious, and fearful of becoming a widow. Jill recalled happier times with her mother when she was in high school, including memories of road trips she and her mother took together when visiting colleges. Jill related having a sense that her mother felt more relaxed during this period, and more able to enjoy her relationship with her daughter.

In the fall of Jill’s freshman year of college, her father suffered a fatal heart attack. Less than two months later Jill’s maternal grandmother also passed away. Immediately following these losses, Jill’s mother became depressed and emotionally erratic. In Jill’s words: “I’d never have expected her to fall apart because she was so bossy – the control freak.” Jill, as the oldest child, assumed the role of responsible “parent”, trying to care for her mother and keep the family running with no time to process her own emotions: “I was furious. I just remember feeling ‘what do you want me to do? I have no idea what to do with a crazy woman’.”

After her mother’s death Jill was named executor of her will and legal guardian of her younger brother. She recalls one of her first thoughts after learning that her mother had died was “oh God, I’m responsible for a 12-year-old.” Incredibly, despite being away at college and having to cope with her own feelings of loss, Jill found a way to keep her family together. She asked her friend’s parents, who had long been a source of support for her, to consider unofficially “adopting” both she and her brother into their family. Jill

explained: “I knew somehow what needed to be done. I didn’t want my brother to feel I was dumping him. I knew if I went to my friend’s parents, they’d parent me too...there’d be someone to parent me and I wouldn’t be abandoned either.” The friend’s parents agreed to the plan, and to this day continue in many ways to fill a parental role in Jill and her brother’s life.

Jill described her experience of being a mother as “very filling...emotionally full and fully engaged, and fun, some of the time. It’s a drain, but it’s rewarding.” In answering what worries she has as a mother for herself or her children, Jill replied that she’s “perpetually afraid that something’s going to happen to me or something’s going to happen to them.” Jill said that she did not grieve the loss of her mother for a long time -- until many years later when her son was having school problems and was diagnosed with a learning disability: “I was a mess, but it did allow me for the first time to be upset for my mother, and for myself. I wanted someone to have sympathy for me. And I didn’t want to be the one holding the bag. I felt bad that my mother was a villain and that there was no sympathy for her – certainly not from me and not from most other people either.... Being a mother who felt overwhelmed – ironically – allowed that to happen.”

“Donna”

Donna, a Caucasian woman in her early fifties, is a stay at home mother. Donna and her husband gave birth to their only child, a daughter who is now age 13, when Donna was 39 years old. Donna’s mother was killed in a rape/homicide when Donna was nine years old. Her father later remarried, but he died of cancer when Donna was twelve.

Donna does not have many detailed early memories of her mother or her family. She recalls that she and her younger brother went on cultural outings and trips to the beach with her parents, and that her mother did charity work. Donna reflected: “I have a lot of pictures of my mother, and she was very pretty and looks to me like she’d have been a very popular woman with a very beautiful smile. She looks happy in the pictures. I don’t know...I guess I romanticize her quite a bit, you know? She was nice... I really feel she was a loving mother – I’m sure of it because otherwise I wouldn’t be able to do even as good a job as a mother as I have.”

Donna’s mother was 33 years old when she died. The details of that time are unclear to Donna, but certain memories stand out. She recalls her father’s sudden deterioration in appearance, and that he became emotionally withdrawn after her mother’s death. Donna was given little information about how her mother had died; she believes she was told at the time that it had been an “accident”. It was not until many years later that she learned the violent circumstances of her mother’s death. For a short time, Donna and her brother lived with her father and maternal grandmother. She recalls feeling neglected by the adults around her, whom she sensed were too overwhelmed by grief to be available caregivers. About two years later her father remarried a woman Donna described as “a nasty person.” When her father soon became ill with colon cancer, she recalls her stepmother mistreating her and her father. Of her father’s death, Donna remembers more than with her mother but still cannot recall many details: “I just remember going to the drugstore and getting his prescriptions. He was at the hospital at the very end. I remember him getting sicker and sicker, and then he died.”

After her father's death, Donna and her brother went to live with a maternal uncle and his wife. Donna remained with them until leaving for college. She recalls having to move from the city to a remote suburb to live with her relatives – a transition which was difficult for her. Donna coped by immersing herself in school and her friends, which she considered a “refuge”, especially in high school when she was able to gain more independence: “I didn't need parents as much as a teen. In my own mind I didn't, at least. I was pretty responsible, so they [my aunt and uncle] left me alone. I always got good grades, even if I did some bad things. Sounds appalling, but...when your mother dies when you're nine I had to take care of myself anyway, pretty much.”

Donna explained that she and her husband waited many years before deciding to have children. Although she had always loved babies she “couldn't see myself as a mother” and worried motherhood “would be too big of an undertaking.” She changed her mind because of “a strong emotional urge.” In Donna's words: “I finally just decided I wanted it, and my husband wanted kids. Something clicked.” Donna described her experience as a mother as “the best thing in the world”, yet also “really, really hard” now that her daughter is a rebellious teenager. Donna senses her daughter moving away from her, and understands this is developmentally appropriate. Notwithstanding, Donna often experiences this phase of increased individuation as a loss.

“Nina”

Nina is a 50-year-old Caucasian married mother of two children, a daughter (15) and a son (11). Previously working as a corporate lawyer, she is now a stay-at-home mother. While raised Catholic, Nina identified herself as non-religious although “spiritual” in her

beliefs. Her parents divorced when Nina was about seven or eight years of age; thereafter, Nina's mother raised the family alone. When Nina was a senior in college, her mother died as a result of a massive heart attack. She was 54 years old.

Nina grew up in a small coal-mining village, the second youngest in a family of five children. Her father, an airline pilot, left the family after having an affair. The family was never well off financially, and Nina's strongest memories are of her mother working "day and night" to make ends meet after the divorce. "Honestly", Nina explained, "my mother worked like a dog. In my mind I have a direct line between [my father] leaving, her working all the time to support us, and her dying. That's how I see it...and I haven't changed that view."

Describing her mother as the most influential person in her life, Nina said that after her death Nina felt "completely alone in the universe – like I was free-floating." She explained that after that loss she "reinvented" herself into someone who was "tougher" and "nastier", eventually becoming a successful lawyer yet "still feeling empty, because the one person I wanted to tell was gone."

In talking about her experience of motherhood, Nina described many challenges, especially with her teenage daughter who recently has struggled with social and academic problems. She also confided that she is unhappy in her marriage and is considering a divorce from her husband. Nina misses her mother and wishes she were alive to know her grandchildren. Despite this, Nina thinks about herself and her family with much optimism. She said that she would want her mother "to know that I've accomplished all that I have in my life because of her. And that's what I want to pass onto my kids."

“Judy”

At age 67, Judy was the oldest participant interviewed for this study. A Caucasian mother of two grown children, a son (40) and an adopted daughter (29), she is a retired school counselor with a master’s degree in social work. Judy was 15 years old when her mother died of heart problems related to having rheumatic fever in childhood. Judy grew up as an only child. She recalls her mother’s health being fragile for much of her childhood. There were periods when her mother was bedridden, and on a few occasions Judy recalls her mother being in the hospital for “rests.” During these times Judy was looked after by her father. Judy described having a very close and loving relationship with her father, whom she saw as the more involved parent.

Judy said that as a child she had a sense that her mother might die young, however this was never discussed because “it was a time when no one talked about such things.” Indeed, she described her family as “very closed off” and she was “discouraged from talking to other people” about her mother’s illness or death.

Judy characterized her overall experience of motherhood as highly rewarding but often emotionally difficult. Especially in the early years of pregnancy, several miscarriages, and raising her children alone in the suburbs while her husband worked long hours, she recalls thinking: “What’s the matter with me. Why is my life so difficult and everyone else is sailing along?” After the birth of her first child and again after adopting her daughter from China, Judy suffered from episodes of depression until she sought psychiatric treatment. Now, with the benefit of hindsight, Judy realizes that as a mother she “did the best I could” and, in fact, “did rather well in the end.” Judy expressed as an adolescent feeling that she was “on shaky ground” due to her experience of losing

her mother. She relates this to her experience of motherhood in that she believes she “appreciate[s] [her] family in some ways that other people don’t because it was hard won.”

“Jennifer”

Jennifer is a married 35-year-old Caucasian mother of two girls (ages 2 ½ and 7 months) who worked in fashion retail before becoming pregnant and deciding to stay home fulltime. Her husband works in corporate finance. Describing her background as Protestant Christian, Jennifer stated that religious faith and spirituality are “quite important” in her life. Jennifer’s mother suffered a recurrence of a brain tumor, and died at age 38 when Jennifer was 12 years old. Jennifer was 16 when her father remarried.

Jennifer described her early home life as “really happy” with “a lot of joking around” and parents that were “very hands on.” The family was close-knit, and Jennifer had close relationships with both sets of grandparents, especially her father’s parents who lived nearby and attended the same church. She was the eldest of two children – her brother is two years younger. Despite the good memories, Jennifer recalls the shock she experienced when she arrived home one day in sixth grade and saw her grandparents’ car in the driveway of her house on a school day. “I thought right away ‘what’s going on?’ And as soon as I walked into the house I instantly thought, ‘I think my mom is sick again.’ I just knew that must be it.”

At first “feeling more angry than sad”, Jennifer coped with her mother’s changing appearance as she became ill over the next year or so until her death. Jennifer expressed

that the family coped with her mother's illness and passing primarily through their faith. "[W]e talked a lot about God not giving us more than we can handle, and that He has a plan for each of us even if we cannot see what it is." Jennifer also remembered her family encouraging expression of grief; her father "let us see how he was feeling" and her Polish grandmother talked about how it is "okay to be sad." Despite her family's many strengths, Jennifer described feeling angry about "being different" from her friends with mothers, as well as having a "rocky" initial adjustment to her father's remarriage ("I remember crying to my dad 'how can you do this to us?' "). Her father married a woman with two daughters around Jennifer's age, and the family's move to a new town meant Jennifer had to change high schools. Jennifer eventually developed a good relationship with her stepmother and stepsisters. In fact, when Jennifer gave birth it was her stepmother who came to help out and support her after the delivery.

For Jennifer, becoming a mother caused a dramatic realignment of her priorities. Before children she "was very focused on getting promotions and racing to get things done", while now "my entire life revolves around my kids...they are the center of my universe." Jennifer also confided that she sometimes has fears about dying young like her mother. She recalled feeling before she got pregnant "like I needed to get all of these things done because if I wanted to have a child... I didn't know how much time on earth I had left." Even now, Jennifer believes she is more likely than most mothers to worry about her own mortality and to feel "overprotective" when it comes to her children.

Recently, Jennifer has begun to think more about the relationship between her early maternal loss and her feelings about motherhood:

Being a mother is a huge responsibility...I find myself saying this prayer, "Please God, don't let anything happen to

me...don't let them go through what I went through." But I think the benefits are there too. I really enjoy all their little hugs and kisses and laughs. I'm really grateful for that. I think having children, you can't help but become more in touch with your emotions. It puts things in perspective. It's just a very raw experience to become a mother.

"Kelly"

Kelly, a Caucasian 46-year-old bartender and clerical worker of Irish and German descent, suffered the loss of both of her parents in early childhood – her mother at age five, and her father at age seven. Both parents died from heart attacks. Incredibly, Kelly's only sibling – an older half-brother – also died from heart complications when Kelly was ten years old. Kelly is the mother of two adult daughters, ages 27 and 28, and was expecting her first grandchild shortly after the time of her interview.

Not surprisingly given her age at the time of the loss, Kelly has only a few vague memories of her mother. Her understanding of who her mother was is based on these memories combined with stories told to her by relatives, and a few photographs she has in her possession. Despite not knowing much of her mother, Kelly stated having “a tremendous sense of loyalty to her.” She remembers as a child having a “beautiful canopy bed” from the furniture store where her mother worked and that “[e]verything was soft and nice” before her mother died. Kelly expressed that her parents' influence must have been “very strong.” In her words: “There's something there that I can't acknowledge that I think holds me together. So they had to have been strong to have that influence.”

Kelly lived with her father after her mother's passing until his death two years later, at which point she went to live with her mother's sister and husband, who had no children of their own. Kelly described growing up with her aunt and uncle as a painful,

lonely experience. She recalled her aunt as an unhappy alcoholic whose love felt conditional (“If you’re good – if you answer the questions correctly I love you...if you don’t answer correctly I don’t love you.”). A bright spot in her life were a few friends and their mothers, where Kelly “learned...what family was – how you do things for each other and take care of family.” In general, Kelly said that for years after her parents’ deaths she felt “lost” and “very different from other people.” As a consequence, Kelly expressed that she “just always did what I had to do, and try not to ask people for help. I – I was often the first one to help someone else, but I’d never ask anyone else for anything in return.”

Kelly became pregnant with her first daughter at age 17. By this time she’d moved out of her aunt and uncle’s house to live with another aunt. Kelly married the father and gave birth at age 18, but the couple divorced a few years later after the birth of their second daughter. Kelly initiated the divorce because of her husband’s physical abuse and infidelity. Kelly did not remarry and raised her children as a single parent. Despite her young age and difficult circumstances, Kelly “wanted to be a mom” and “wanted to be a good one.” Despite the split, Kelly remained close with her in-laws and made sure they remained in her daughters’ lives. She acknowledged that her kids have “made their share of mistakes” but that she’ll “always welcome them with open arms.”

Of her children, Kelly said that while she nurtured them “they also nurtured me.” In her words, “To have a child of your own makes you so much more in touch with how strong that connection to family really is.” At the same time, Kelly said that while raising her daughters she managed to “switch off” much of the pain connected to her losses, and only recently has she begun to feel more in touch with her feelings: “I kept my pain

separate because I wanted to be strong for them. Now I can look at things more.... You have to let yourself feel the good and the bad. You have to turn the switch on and let it in. The good and the bad.”

“Stephanie”

At age 32, Stephanie is already the very experienced mother of seven children. Her family consists of her husband of two years, two sons from her first marriage (7 and 8), boy and girl twins with her current husband (18 mos), and two stepsons (15 and 8) and a stepdaughter (12) from her husband’s first marriage. Stephanie identified herself as Caucasian who is an “agnostic Christian.” She and her family live in the same rural community where she grew up. Stephanie was 14 years old when she lost her mother in a fatal car accident on Christmas morning.

The middle child between an older and younger brother, Stephanie described her early family life as “pretty good” despite a strained marriage between her parents that ended in divorce about a year before her mother’s death. She recalled her mother as someone who was “a great lady” who “could always see the humor in things”, yet acknowledged that her mother struggled with emotional problems that sometimes interfered with proper supervision of her children. Describing herself as a rebellious teenager, Stephanie recalled that she and her mother fought frequently in the months before her death. Despite these difficulties, Stephanie saw signs of hope for their relationship. In particular, she recalls a good conversation they had on Christmas Eve. The following morning her mother left early to drive a relative to work and did not

return. Hours later Stephanie received the news that her mother had been killed in a head-on collision with a car operated by a drunk driver.

Stephanie and her brothers moved in with their grandmother after their mother's death. Stephanie shared that her grandmother, while a loving figure, "didn't really know what to do...so she pretty much said, 'you're raised – you're on your own'." From this point on, Stephanie basically lived her life as an independent adult. Her father has been in and out of her life, but did not assume a parental role with Stephanie after his ex-wife's death. In describing the most difficult aspect of losing her mother, Stephanie said that is was that she "didn't get to say goodbye." The impact of that loss has been dramatic. In her words, "It was the biggest shock of my life."

Stephanie was 20 years old when she entered her first marriage. Although she had always liked children, she never thought of having them until "all of a sudden...I told my husband I thought I was ready." Perhaps it is not coincidental that Stephanie's change of heart happened around Christmastime. She had her first child, a son, at age 23, and her second child, also a boy, 17 months later. Several years after a divorce, Stephanie married her second husband, enlarging their family with his three children from his first marriage. More recently the couple added a set of twins, a boy and a girl. Stephanie's stepchildren live with them part-time when they are not with their mother. Stephanie shares custody of her two older sons with her ex-husband, and the twins live with them full-time. Despite the busy and complicated life she leads as a mother to a large blended family, Stephanie emphasized the importance she places on her children: "I mean, you should cherish every day you have with your kids because you never know if there's not going to be a tomorrow." This viewpoint also influences her strong involvement in the lives of her

stepchildren, whose mother has not always been a consistent, reliable caretaker. As Stephanie explains, “Because of my experience I could never let a kid go uncared for. I’d never let that happen to another kid the way it happened to me and my brothers. It just isn’t in me.”

“Deborah”

Deborah is a 62-year-old Caucasian Jewish mother of two grown daughters (34 and 28), who is married to a doctor and works part-time as an office assistant in his practice. She is also a grandmother – she was expecting the arrival of her second grandchild soon after the interview. Deborah’s mother died of ovarian cancer when she was nine years old. Her father died of a heart attack when she was 17 years old. Deborah is also a cancer survivor, having twice been diagnosed with and treated for breast cancer.

By her account, Deborah grew up as the only child in a financially privileged home. The family had many servants – housekeepers and governesses who provided much of Deborah’s early care. Her mother and father had an active social life that did not include children. Deborah remembered eating almost all of her meals with staff, seldom in the company of her parents. Consequently, Deborah did not have a close relationship with her mother. In her words, “When my mother died, it was more like an aunt or grandmother died. I just wasn’t that close to her.” Ironically, Deborah recalled how her mother became more available in the last months before her death. When she became sick and was home more, she began painting pictures (“a lot of flowers”). Deborah expressed that “it was nice having her around.”

After her mother died, Deborah’s father became more involved in her life. He took over some of parenting responsibilities previously assigned to staff, and he spent

more time with her. Then, in seventh grade, her father married a widow with three older boys. Deborah stated she was initially “thrilled” he was getting remarried, and “excited to get a real mother who would do things with me.” She recalled her stepmother in fact being involved (“She went on my school trips; she showed me how to use my first Tampax”).

Unfortunately, the marriage ended after three years. In Deborah’s eyes, the three older stepsons, who disliked her father and Deborah, drove the couple apart. Her stepmother asked for the divorce. Deborah and her father were forced to leave the home and move into a hotel. Deborah had no ongoing contact with her stepmother. She and her father continued to live in the hotel for the next two years. She recalled her father in this period as “a playboy” who stayed out all night, leaving her alone much of the time. The only constant in her life was their housekeeper, who had worked for the family since before the death of Deborah’s mother. Deborah’s father suffered a fatal heart attack weeks before the end of her senior year of high school. His will provided for Deborah to live with an aunt and uncle in the same city. Deborah described these relatives as “miserable” people who were abusive to her and to their own children. Deborah left for college the following September. Within a few years she’d met her husband and was married shortly after graduating college.

Deborah described her relationship with her two daughters as “very different” from her own childhood. “I had to be totally involved with everything....I didn’t want to go out and leave them very much.” She incorporates her own brushes with mortality – the two breast cancer diagnoses – into her story of family. The first time she was diagnosed, Deborah’s daughter was the same age Deborah was when her mother had died of cancer.

The second diagnosis was a few years later, and resulted in Deborah having a double mastectomy. At this point her younger daughter was 14. “She literally took care of me”, Deborah said, adding with pride that her daughter is now a nurse practitioner on a lung cancer unit. Deborah reflected on how her cancer scares put her more in touch with worries of loss related to her children: “Missing all of those milestones with me – I absolutely know what that would be like.” Deborah describes her having her family as “a chance to create something better” than what she had with her own mother. “I think my kids are my best friends. I honestly do. I’m very close to them even now. We talk every day”, Deborah said.

“Tamara”

At 31 years of age, Tamara was the youngest participant, as well as the only woman identifying as African American. Tamara is married, and the mother of two children – a daughter (age 9) and a son (age 7). She is a graduate student in clinical psychology. Her husband, who works in retail planning deliveries, is biracial -- African American and Irish. When Tamara was 15 years old, her mother, a single parent, died of complications from multiple sclerosis, a chronic disorder she had throughout most of Tamara’s childhood.

Tamara grew up in a large city, the daughter of parents born and raised in the Caribbean nation of Guyana. Tamara never knew her father, only meeting him a handful of times as a very young child. (She would discover as an adult that her father was married to someone other than her mother and had a separate family. He died several years ago.) Tamara has one sibling, a sister who is eight years older.

When she was five years old, Tamara's mother was diagnosed with multiple sclerosis. Over the next ten years, her mother's condition became progressively worse. At first her mother experienced numbness and tingling in her arms and legs, requiring brief hospital stays. Eventually her symptoms worsened to impede her breathing. The hospitalizations became more frequent and longer. For the last year and a half of her life, Tamara's mother never left the hospital. In the final months before she died, her mother was in the Intensive Care Unit (ICU). Tamara visited her mother in the hospital every day after school.

Her nuclear family was close-knit but isolated. In the beginning of her illness, Tamara's mother left the girls in the care of relatives while in the hospital. However, as Tamara and her sister grew older, their mother "felt it was just best for us to take care of ourselves, with my sister in charge." While her mother was consulted on large decisions, her sister "would just handle the day to day things." Tamara stated this arrangement was hard for both siblings: "I didn't like her much", especially when "she was cast into this sort of mother-figure role that she wasn't good at and didn't probably even want to take on." Tamara described her mother as "a calm force" who remained strong and optimistic throughout her illness. At the same time, her mother was "a very secretive person" who felt a good deal of shame about being sick. Her mother had few family supports, and did not permit Tamara to tell people outside of the family that she was sick. In school, teachers had no idea her mother was sick in the hospital. Indeed, Tamara had only one friend she confided in about her mother, and even with her she remained "guarded." Tamara stated: "Even now I think I carry that with me – that feeling 'don't tell – keep it

to yourself.' I have to tell myself 'no, there's nothing wrong with telling people your mother was sick. I can share this'."

In the final months as her mother's condition in the ICU deteriorated, Tamara began preparing herself for her mother's passing. In her words: "She was going through so much...it felt like she was just maintaining herself for us.... She was suffering but she'd never tell us that.... I said to myself 'let her have some peace'."

Tamara believes that her decision to have children early was influenced by her mother's illness and death. In her words: "I was young when I had my daughter, but I remember thinking maybe that was kind of good because I'd have more time with her if something happened to me." For Tamara, having her own family has given her a "a new beginning." To illustrate her point, she explained how when she and her husband attend a parent-teacher conference for their children "it feels good to give them both a mother and a father who are well, and can contribute in a more active way in their lives."

"Mandy"

Mandy is a 36-year-old Caucasian mother of a five-year-old son and a three year-old daughter. Mandy and her husband are both college graduates; she currently stays at home while he works as a computer systems specialist for a large company. Born and raised in the rural south, Mandy described her ethnic background as Protestant Christian. Her husband is Italian American. Mandy was 16 years old when her mother died of breast cancer.

The older of two children (her brother is 2 years younger), Mandy said that her family was "close" and "loving" growing up. She described her mother as "shy", but also

someone Mandy was “scared of disappointing.” Mandy said her father, a truck driver, was “easily angered with a short fuse”, but that she had a close relationship with him as a child. Religion was an important part of her childhood. She attended church regularly and stated that her parents’ faith was very strong. Despite her positive early memories, Mandy recalled her parents sometimes fighting, often about her. In her words: “my mom would take up for me because my dad and I did butt heads.”

Mandy was ten when her mother was first diagnosed with breast cancer and after that, she says “our lives were always living with the cancer. It wasn’t normal, so to speak.” Mandy recalled her mother’s lumpectomy and 2-hour travels to the largest nearby city for chemo and radiation treatments. The cancer went into remission for a few years, but returned about eighteen months before she died. By this time Mandy was a teenager. She remembers shopping with her mother for her prom dress – her mother had a wig on after losing all of her hair to chemotherapy and was in a wheelchair. As her mother got sicker Mandy took on more of the domestic responsibilities, such as the cleaning and laundry for the family. Finally, her mother sat down and told her children she was tired and didn’t want any more chemo treatments. She died a week later at home with the family. As her mother was nearing death, Mandy “ran out of the house screaming....[a]nd by the time I came back to the house she had died.” Mandy’s memories of the funeral speak poignantly to her loss: “I remember when they closed the casket – the feeling of the liner of the casket as I held on. And my grandfather had to come and put his arms around me and tell me it was time to let her go. I didn’t want to leave.”

Mandy described the years after her mother's death as very difficult: "When she died it was as if everything fell apart a little bit." She "stepped into her role as mother to my brother.... I took over all the chores, I wrote the checks and paid all the bills. I guess my dad just let me do that because he was used to my mother doing it. They gave me a mother's day gift that first Mother's Day after she died because I was filling that role." Mandy's father began dating just a few months after the funeral, and this too was difficult for Mandy ("I think men can't be by themselves. I love him. He's a wonderful man, but he just couldn't be by himself....His values went out of the window after my mom.") Her father has since remarried twice.

Mandy expressed how the loss of her mother shaped her sense of self: "Before I had children I was a motherless daughter. If you met me that was the first thing I'd tell you – the first thing that would come out of my mouth. It was my whole identity – the kid without a mother." She underwent a change with the birth of her children: "I think I've turned a corner.... My kids became central to my identity." After the birth of her first child, Mandy suffered complications and became quite ill. She describes this experience as giving her a different perspective: "I thought for the first time, not about my own loss, but what it must have meant to my mother to have to leave us. It was like I was in her shoes – I'd never needed to do that before. As a mother now, I realize that my mother must have been despondent over no being able to do for her children."

Mandy enjoys life with her husband and children, yet she retains a vague sense that her loss sets her apart from other mothers: "Normal people don't think all the time about what if something should happen to their loved ones. To some degree maybe I miss

out on life because I'm always worrying and planning, but it's my personality. I am who I am."

Thematic Analysis

The women interviewed for this study spoke in depth about their experiences of losing their mothers early in their lives, their impressions of their own roles as mothers, and the relationship between these two important life events. In the course of this research a number of themes emerged as common to participants. Themes which were present in at least 5 of the 10 women interviewed have been classified as "major themes", while those common to at least 3 of the 10 have been termed "minor themes." A total of 11 major themes and 4 minor themes were identified.

Major Themes

Theme 1: Motherhood Is Vitally Important – It Is a Gift

All ten of the participants expressed a belief that being a mother has been vitally important to them, and particularly as women who prematurely lost their own mothers. This idea of the central importance of motherhood was articulated in various ways, but the following excerpts convey a common theme:

It feels very filling. It just adds a lot of richness; it just makes for a full life. Emotionally full – and fully engaged and fun, some of the time. It's a drain, but it's rewarding. (*Jill*)

For me, [becoming a mother] took a lot of courage – I know that sounds ridiculous, but it was a lot of getting over the reluctance and doing it.... and just carrying on the family. And the love you have for child is just so intense and so unbelievable. The best thing in the world! It was so empowering to be able to have my own family. I don't take it for granted. I just felt fantastic about it. (*Donna*)

I think I appreciate my family in some ways that other people don't because it was hard won, I've been grateful every moment for every day for the life I have. The stability I've had here – it's so different from what I had growing up. *(Judy)*

I feel like [motherhood is] the most important job I could ever have. It was almost like for me I had no other choice but to become immersed in motherhood.... I think having children you can't help but become more in touch with your emotions. It puts things into perspective. It's just a very raw experience to become a mother. *(Jennifer)*

I nurtured [my children], but they also nurtured me. They gave me so much. Because you bring a child into the world and they're helpless, so you have to do whatever you can to take care of it. You have to go on. They kept me going when I was weak. *(Kelly)*

[When my daughter was born it] felt like a family – a mommy, daddy, and kid. I'd never had that.... So this felt quite different for me to be having a family unit of mother, father and child. It felt more, I guess, complete. It felt exciting to have a new beginning. *(Tamara)*

Before I had children I was a motherless daughter. If you met me that was they first thing I'd tell you – the first thing that would come out of my mouth. It was my whole identity – the kid without a mother. [After I had my children it] definitely did change. My kids became central to my identity. *(Mandy)*

Theme 2: Importance of Connecting to the Deceased Grandmother

Nine of the ten participants mentioned the importance of maintaining a connection between their children and their own deceased mothers. Many women expressed a belief that telling stories, performing certain rituals, and looking at pictures were ways of keeping their memories of their mother alive in the family.

[When my daughter learned her grandmother had died].... we all had to take a trip to my mother's grave.... And my adoptive mom sat with my daughter at the grave, and said: "Your grandmother would have been so happy to have known you and see you grow up." I thought she handled it beautifully. *(Jill)*

I tell [my kids] things like, “oh grandma would like this or that”, or “Oh, I wish you’d have known your grandmother”, or “grandma would have been so proud of you.” *(Nina)*

I told [my daughters] stories [about their grandparents]. They had hamsters when they were little, and when the hamsters died we took them to be buried in the cemetery where my parents are so that they could be buried with Grandma and Grandpa and their uncle Greg. We do things like that to keep a connection so they could understand that there was someone who loved them. To give them a sense of peace. It makes them feel safe. *(Kelly)*

My oldest son’s been talking a lot recently about my mom, and the things she used to do. Like how my mom used to watch TV without really paying attention, which used to drive me insane as a kid. And I find I do that too, and it drives my kids crazy. I tell them I get that from my mom. I tell them funny stories about her like that. They like to know about her. It’s pretty cool. It’s a way to incorporate her into their lives. *(Stephanie)*

...I tell them a lot about my mother.... I think I felt a bit bad that they’d think, “That can happen – a mom can die when her kids are still young?” So I let them know that was a special situation...and it’s unlikely that would happen to them. Still, I want them to know this was my experience – that it did happen to me. And also I want to let them know what I did gain from my mother.... Like I tell them when we’re reading books “oh, my mother always liked to read”.... or I tell them things my mother told me when I was in difficult situations growing up, and I’ll say, “she told me this and it helped”, or “well, my mother used to tell me this and it didn’t help.” So I talk to them about her in those ways, trying to make her real to them in some way. *(Tamara)*

I have a lot of pictures around of her, and I’ve made that scrapbook of her, and we look through that together. My son once said to me, pointing to that very rocking chair that I took out of my parents’ home, “Grandma Cora sits at night in that rocking chair while I sleep.” My daughter has started to really like flowers, and she recently ...asked, “Mama, did Grandma Cora like to grow roses?” And I told her “oh yes, your grandma loved to grow roses.” Which she did. I grow them too – the ones my mom grew. I feel like if my mother presents herself to my kids that way, I’m fine with that. *(Mandy)*

Theme 3: Fear of Leaving Children Motherless

Eight of ten participants expressed concern that they might repeat the history of traumatic loss by dying young and leaving their children motherless. Mothers often stated this fear of their mortality as exaggerated or unrealistic – they understood they were unlikely to die young. They nonetheless worried about leaving their children prematurely, and the effect this would have on their kids.

When asked what worries as a mother she had for herself or her children, Jill answered: “I think the ones you’d expect. I’m perpetually afraid that something’s going to happen to me or something’s going to happen to them.” Other participants expressed similar worries, sometimes indirectly: “I was a stay at home mom. I think having lost my mom, I wanted to spend as much time with her as I could.” (*Donna*). Other times the fear of early mortality was expressed more directly:

I mean it was never a question that I always wanted children. But once it came time ... I really was afraid that I might die early and didn’t want to leave my kids, you know? ... Everyone sort of thinks about who’ll take care of our kids if something happens to them, but it was a really big deal for me.... And I guess this possibility of something happening to me has always seemed like more of a real thing that could happen, because of what happened with my mother.
(*Jennifer*)

And I was always afraid that I’d die young like my mother. I think that was part of the reason I wanted to have kids young because I didn’t want to leave them. I was so afraid. So, so afraid. (*Kelly*)

[Leaving your children is] something that is not pleasant to talk about, but it has to be talked about. Just growing up without a mom – that is something I don’t want my kids to go through. That’s why I’m in my step-kids’ lives as much as I am, because their mother just up and left them. (*Stephanie*)

I was young when I had my daughter, but I remember thinking maybe that was kind of good because I'd have more time with her if something happened to me. *(Tamara)*

I still keep journals for both of my kids to this day. I try to at least write in them like once a month. I think because it's a memory keeper, and in the back of my mind I was thinking: "I'm going to leave them." The fear that I'd die early and leave them was stronger then that it is now, but it's still there to a lesser extent. *(Mandy)*

Perhaps Deborah, who lost her mother to ovarian cancer at age nine, gave the most poignant account. When Deborah's daughter was ten (roughly the age she'd been when her mother died) Deborah was diagnosed with breast cancer. Four years later, after having received treatment, Deborah was diagnosed for a second time with breast cancer. The second cancer diagnosis triggered strong feelings of panic and fear about abandoning her daughters:

So right then I decided... that I was having a double mastectomy. I was getting it over with.... I think I knew it was possible I wouldn't get to see my kids grow up. I knew what that meant, more than many other people did.... I think it makes you feel like, you know, how's my daughter going to feel? It's not just the big things, it's the little things. Not being there when my daughter would be pregnant, not being there at her graduation, not being there for the first grandchild, for their weddings. Missing all of those milestones with me. I absolutely know what that would be like. *(Deborah)*

Theme 4: Fear of Children Leaving / Perceiving Children as Vulnerable

Eight of ten women interviewed spoke of about fearing that something bad would happen to their children, or having a perception that their kids were very vulnerable to being taken from them. In many ways this fear is the inverse of the fear of mother's leaving children: in both cases there is anxiety over premature separation of mothers and children. In Jill's words, there's the fear "that something's going to happen to me or

something's going to happen to them." This theme of exaggerated worry of losing children was expressed in various ways:

I worried a lot when my kids got sick. I'd always think the worst – worried that even minor illness might mean I was going to lose them. *(Judy)*

I'm very protective when it comes to my kids. I'm much more of an anxious mom than I thought I'd ever be. Because in general I think I tend to be more laid-back, and I'm definitely not laid-back when it comes to my children. I think I'm overprotective with them. *(Jennifer)*

I've always been worried that something bad would happen to my kids, and I often think that I wouldn't be that bad if I hadn't lost my mom. I'm away from my older two kids when they're with their father, for a week at a time. I worry a lot when they're away from me. I worry something will happen to them at school, out in the world, whatever. Not that I go around spastically freaking out but I – I just have always wondered if I'm more that way than other mothers because of what happened with my mom. *(Stephanie)*

Actually, I think the fear now is more than they'll leave me – that something will happen to them. Whenever my husband takes them somewhere I have trouble functioning. I just think something will happen to them.... Normal people don't think all the time about what if something should happen to their loved ones. *(Mandy)*

Two women expressed the fear of losing their children symbolically – not through death, but by their growing up and becoming independent. Donna spoke emotionally about the difficulties she is experiencing now that her daughter has become a rebellious teenager who rejects her:

How am I the mother now, and then I feel like I'm the one being left again? You know they need to get their wings, but it's hard. *(Donna)*

Tamara expressed similar concerns. Although her children are still years away from adolescence, she anticipates a time when her children may not need her as much:

Just in my head I think about what it will be like when these kids are older and I'm more to the side for them. I think what will that be like, to not have my role of "mommy" so front and center? ... What about when I'm forty and my kids are mostly grown, and I'm not having that function of parent they rely on solely? How will I adapt to that? I don't know.... I think I definitely will [feel it as a loss]. What will happen when my kids aren't there? I've gotten a lot from them, just as much as they've gotten from me. I kind of worry about that. *(Tamara)*

Theme 5: Motherhood Provides the Chance to Give Children Something Better

Eight of ten participants expressed how becoming a mother has enabled them to provide experiences for their children that, because of their mother's death, they either never had for themselves or had but prematurely lost. Based on the words of the women interviewed, this theme encompasses both giving their kids a better experience and, by doing so, also providing something better for themselves:

... I hope [my daughter] wants to hang out with me. I hope we can do things together. Stupid stuff like going out to dinner, and having a great time and hearing about her life.... I hope I have the chance to, I guess, nurture her as an adult. *(Jill)*

I hope [my daughter will] want to talk to me and let me help support her in what she wants to do. I just want to feel like she'll let us love her. Just be there for her. You know, I didn't have anyone...I didn't have anyone to help me. I didn't know about things – that if you have parents, they can help you with these things. I want to do that for her. *(Donna)*

I never had that closure with my family. I wanted my girls to have that understanding that I never had.... It's so important for people to be able to say goodbye rather than have this hole in their heart that can never be filled.... We had a cat that died, and my daughter buried her with a little piece of her baby blanket. And that was something she could do to make her feel a little better about saying goodbye. That it wasn't such a horrible thing. *(Kelly)*

I want to make sure with my daughter that she doesn't miss out on doing things with me the way I missed out on doing things with my mother.... She may never know how much it means to me – to her it might be just typical mother/daughter stuff – and I'll just let her think that even though it will mean something more than that to me, I think. *(Stephanie)*

For women like us it is a chance to create something better than what we had with our own mothers. *(Deborah)*

I think I live vicariously in a way through what I give to them, to my son and my daughter. So when [my husband] and I go to parent teacher conferences, it feels good to give them both a mother and a father who are well, and can contribute in a more active way to their lives. *(Tamara)*

Theme 6: Parentification / Premature Independence after Maternal Loss

Seven of the ten women interviewed spoke of how the experience of losing their mother forced them to become parentified – caring for siblings or other family members – or prematurely independent from adult nurturing or guidance. There was a sense that the early loss of their mothers propelled them towards adulthood:

[After my mother died] there was no picking myself up. I never fell apart. I just did everything. I knew somehow I'd do what needed to be done. I didn't want my brother to feel I was dumping him.... I was the grownup and I had work to do. I didn't feel sad at all. *(Jill)*

I didn't have parents telling me what to do the way other friends did. [My aunt and uncle] let me do whatever I wanted. I was pretty responsible, so they left me alone.... Sounds appalling, but when your mother dies when you're nine I had to take care of myself anyway, pretty much. *(Donna)*

I went back to college after the funeral. I remember driving back to my car and crying hysterically and feeling completely alone in the universe – like I was free-floating.... I just reinvented myself. *(Nina)*

I just always did what I had to do, and try not to ask people for help. ... I was always termed an "old soul". A lot of that goes back to my Aunt Ann who was ill. I took care of her. I don't think there are

many 16 or 17 year olds that know how to clean a colostomy bag or irrigate a wound. I just always had a lot on my plate. *(Kelly)*

I've been on my own since I was 14. It's just been me.... I often wonder how I got the way I am. We didn't have the rules that my kids have. The world taught me what I know. *(Stephanie)*

And the next day we got a call from [my mother's] doctor to come in. So I took the bus by myself to the hospital, and the nurses and doctors didn't want to come out and tell me what was going on. I remember feeling so frustrated. I mean I'd been dealing with [her illness] for 10 years. I felt like: "Don't talk to me like a child – don't sugarcoat it, just tell me." It was so frustrating. I understand now what they were doing trying to protect me. I was 15, but I didn't feel like a child. I felt very mature, even though I looked like I was 12. *(Tamara)*

When she died I stepped into her role as mother to my brother, taking over responsibility for his schooling. I took over all the chores. I wrote all the checks and paid all the bills. I guess my dad just let me do that because he was used to my mother doing it. They gave me a Mother's Day gift that first Mother's Day after she died because I was filling that role. *(Mandy)*

Theme 7: Motherhood Changes the Adult Daughter's View of Her Deceased Mother

Seven of ten participants expressed how becoming mothers themselves had changed the way they thought of or understood their deceased mothers, allowing them to more easily look at their mothers from the perspective of an adult rather than a child. In many cases motherhood allowed them to feel increased empathy for their mothers' challenges and vulnerabilities. Jill, for example, whose mother committed suicide, spoke eloquently about how the experience of dealing with her son's learning disabilities enabled her to connect with her mother's emotional struggle:

My son has called upon me to do things that were difficult for me. And through that I've had to work on more things in me that relate to my mother.... I remember when I was such a mess and I had lunch with [my adoptive mom], and I was just sobbing and crying...and I said "I suddenly feel so bad for my mother." And she

said: “That’s a good thing. You’re finally seeing her through adult eyes instead of kid eyes.” Which was kind of helpful actually, to see it that way. Being a mother who felt overwhelmed, ironically, allowed that to happen. *(Jill)*

Other women expressed similar thoughts:

[If my mother were alive today] I think she’d be sympathetic about the kinds of things as a mother that I’ve found difficult.... I think she’d probably relate to some of the struggles I’ve been through with my children. Poor woman, I think she felt very alone and isolated. In hindsight, I have more empathy for her having gone through it myself. *(Judy)*

I think I’m able to appreciate more what my mom was going through and why she did certain things, both good and bad. Why she talked about certain things, like her faith, with us as kids. I think about that a lot now that I’m a mother. *(Jennifer)*

Mandy explained how a life-threatening complication after the birth of her first child made her much more aware of the pain her mother must have experienced being terminal with cancer:

Up to that point I’d never thought about what my mother had to give up when she was dying. I mean she was lying there thinking about having to leave us – and when I – when I was lying in that hospital after my son was born and wondering whether my heart would be okay, I suddenly realized what that must have been for her. It’s hell! ... that’s when everything shifted for me. *(Mandy)*

A few women expressed how their experience of motherhood had made them more aware of their own mother’s parental shortcomings:

[I]t’s made me realize she could have been a better mom. Despite the circumstances in her own life, she could have done things differently.... She wasn’t a bad mom, but when I was younger she was just very lax in her supervision of us. *(Stephanie)*

I: How do you think being a mother has impacted your feelings about your own mother?

D: I sort of don’t understand that level of mothering. I don’t understand why she bothered to have me. Why, if you weren’t going to take care of your kids? *(Deborah)*

Theme 8: Feeling on “Shaky Ground”

Six of ten participants articulated strong feelings of vulnerability or inadequacy as a result of the early loss of their mothers. In some cases, these feelings of being on “shaky ground” carried over into their views of themselves as mothers:

I think for me, it was the trauma of losing my mother as opposed to the loss of that figure, which has had the biggest impact. Because it so shaped my personality. It made me fearful... [that] as a parent...bad things are going to happen.... I don't think I would have had that without having experienced that kind of trauma. It has left me with an undercurrent in my parenting of being on “shaky ground.” It's taken away a sense of security from me. *(Jill)*

My daughter could have had a more normal life – I could have been a better mother. Because I'm psychologically damaged, I know that. Sometimes I say I shouldn't have had her, and that's horrible because she's the best thing I ever did. *(Donna)*

There's been so many times – when I got into law school I remember calling every single person I knew and still feeling empty, because the one person I wanted to tell was gone.... The one person who got me there and who really cared wasn't there. That added to that free-floating feeling in myself.... And I think [if my mother were alive today] she would have told me not to put up with the life I've chosen, that I should get out if I was being treated badly by my husband ... Not to settle. I think I wouldn't have made the trade-offs I made. *(Nina)*

I always felt like [motherhood] looked easy for everyone else. I just always felt: “what's the matter with me? Why is my life so difficult and everyone else is sailing along?” *(Judy)*

This is the person who carries you inside their body for nine months and brings you into the world and then they're gone. And you feel – ripped off, you know? ... There's nothing like losing a parent.... You go on in spite of it but it never really goes away. *(Stephanie)*

Theme 9: Mothering the Mother

Becoming a mother means adopting a nurturing role, yet mothers sometimes need their own nurturing. Six women identified this as important to them – three mentioned missing their mother’s nurturing, especially during pregnancy and postpartum; three women talked about how another woman was able to provide this sort of nurturing for them in place of their deceased mothers. In some instances the participants wanted help or advice with their babies, while in other cases they were seeking emotional connection or support. Often it was a combination of these factors that was desired:

[My adoptive mom and dad] were my support. The most vivid thing I guess was that I went over with the baby and slept in their apartment once a week. They were there for me. They were nurturing me. It was one of the best times I can remember. *(Jill)*

...when I went shopping for maternity clothes and baby equipment, I would see everyone with their mothers. Everywhere.... that was painful. I was thinking how lucky they are, and I’m unlucky...and that I really needed her. I felt such a void. And [I] felt they’d get the help after the baby was born. I felt alone. *(Donna)*

I tried to breastfeed my daughter and it wasn’t working out. My milk wasn’t coming in, and I think it was because of stress. And I felt really bad about that. Then my [ex-boyfriend’s] mother came up [to stay with me] and just yelled at me “would you just feed that baby formula already? She’s crying because she’s hungry.” And that was such a relief, because I didn’t know anything about children besides what I’d read in books. *(Nina)*

My stepmother came and stayed [after the birth of each of my children]. She really mothered me. She made sure I was drinking enough when I was breastfeeding, that I was getting enough rest. So she mothered me so I could mother my baby. *(Jennifer)*

My in-laws [gave me baby advice]. They were good with that. Like when I fed my daughter carrots and she pooped orange! I freaked out, and they told me it was fine. Little things like that.... My in-laws were a good support for me and my girls.

I mean I have my bad mother days, and that's when I really miss her. I want to call my mom and ask her "how did you get through this when I'd act up? How did you survive this?" I think we all feel like bad mothers a good chunk of the time. Your mom knows when you've absolutely had it and need her there for you... But when you lose your mother no one takes care of you again... And who takes care of me? Not a damned soul! Sometimes I'm accepting of that, and sometimes it's too much for me. (Mandy)

Theme 10: The Idealized Lost Mother

Five participants expressed very idealized conceptions of their deceased mother. For some women, such as Donna and Kelly who lost their mothers early in childhood, idealization appeared to be used as a way of filling in what they could not remember:

I guess I romanticize her quite a bit, you know? She was nice. I don't remember her ever yelling at me or reprimanding me.... I really feel she was a loving mother – I'm sure of it because otherwise I wouldn't be able to do even as good a job as a mother as I have. (Donna)

... She must have been a soft touch. I had this beautiful canopy bed from where she worked, Huffman Koos, and I had that. Everything was very soft and nice. (Kelly)

For other women, the image of the idealized mother existed alongside many years of actual memories of their mother. The words of Nina, Stephanie and Mandy, all of whom lost their mothers later in adolescence, are illustrative:

Oh my God, she was very strong – so strong. Funny. Kind, Hard worker – she just did what she had to do. She was very loving. Everyone loved my mother in our hometown.... But she was a great woman, my mother. Everything I did, all that I got, I got because of her. (Nina)

When you're a teenager and you lose your mom, you need to keep every good memory of her alive. That was sacred. I needed to think of her as perfect for a long time. (Stephanie)

You don't have to tell your mother what to do, and she would have been able to help out with things without my feeling like I was imposing, the way I did with my mother-in-law. *(Mandy)*

Theme 11: Anniversaries as Triggers for Re-Interpreting Maternal Loss

Five participants discussed how certain anniversaries or milestones were important for them in understanding their loss and its connection to their present life.

Two anniversaries, in particular, were mentioned: 1) when a woman reached the age or season of her mother's death, and 2) when the motherless mother's child reached the age that she was when her mother died. Jennifer, whose mother died from a brain tumor, recalled how she felt upon passing the age that her mother was when she got her first diagnosis:

Once I'd passed that age and was still going I thought, "Okay I'm still breathing", and I realized my fear [of dying young] had been sort of an irrational thing. Just from my family and doctors I learned that what happened to her was a rare thing medically. Most people don't have to live with what my mother did – that horrible brain tumor. *(Jennifer)*

Kelly was 46 when interviewed, and her mother had died at age 45. When asked if passing that anniversary had any significance for her, Kelly replied that it did:

Yes, I've thought about that. I – I didn't think I'd make it to 45 a lot of times. Not because of anything going on, but because she didn't. When I made it past that milestone, it was almost a sense of relief. Like I made it. *(Kelly)*

Stephanie's mother was killed in a car accident on Christmas Day. She believed the timing of her decision to start her own family might not have been coincidental:

Well I always liked kids but I never really thought about having them until all of a sudden – it was Christmastime actually – and I told my husband I thought I was ready.... And I think there was the emotional connection to my mother's death and Christmas. *(Stephanie)*

Deborah recalled how the timing of her first breast cancer diagnosis elicited feelings related to the loss of her mother:

So do you want to talk about how I got breast cancer when I was the same age as my mother? Well that not true, really. My daughter was the same age I was when my mother died. Close enough though.... The first time [I was diagnosed] I was 43 years old with a ten year-old. So that was pretty scary considering there I was at nine when my mother died... *(Deborah)*

Mandy reflected on how before she reached her mother's age at her death, she worried a lot about dying young and leaving her children. Since passing that age, however, her fears have shifted:

Actually, I think the fear now is more that they'll leave me – that something will happen to them.... I'm 36 now, and my mom was 35 when she passed. *(Mandy)*

Minor Themes

Theme 12: The Mother/Daughter Connection is Special

Four of the ten women interviewed acknowledged that having daughters was “special” for them in certain respects. For these women, it appeared that the mother/daughter bond intensified the identification they'd experienced with their own lost mother:

J: You know, I had this fantasy that my daughter would grow up and she and I would meet for lunch. I guess I just always thought that's what mothers and daughters do, and wouldn't that be wonderful? We'd do these mother/daughter things together. I remember wanting a girl when I was pregnant, and then I did have a girl. Subsequently I read that women who've lost their mothers often do want to have daughters as a way of making up for that relationship that was prematurely lost – that wasn't completed.

I: Do you think that may have been true for you?

J: Maybe so. (*Judy*)

I love my boys so much, but having a daughter is just special.
(*Stephanie*)

I wouldn't have minded having a boy, but I think it was important to me to have a girl. (*Deborah*)

It feels different in the sense that I see more of myself in my daughter, and I worry about her keeping things in. But in terms of the connection, I think my connection to each of my children is equally strong although it's different. I think I dote on my son more. I have to tell my husband to discipline him because he charms me. With my daughter I'm not as charmed because I see more of myself in her. (*Tamara*)

Theme 13: Feeling Deceased Mother's Presence at Critical Moments

Four women talked about feeling their deceased mother's presence at important times in their adult lives. They articulated having a dream, a supernatural experience, or just a feeling that their mother was present and somehow guiding them through challenges with their family. Nina recalled such an experience during her first pregnancy:

I felt like my mother was somehow with me during that period. You know, I've always connected my mother to the number 11. Wherever I'd go when I was pregnant I'd see "11"s – on the subway, in the car, at work. And I somehow knew this was my mother's way of saying she was with me.... I felt like the number 11 was guiding me in some way. I watched a psychic once who said that "11"s are powerful in the spirit world. I still feel that – I don't know if it's really true or not, but for me to think of it this way is really helpful. To feel that it's her way of reaching out to me. (*Nina*)

In describing how she raised two children as a young, single mother, Kelly spoke of feeling her mother's guidance in the tough times:

Something kept me going. That's where maybe you get into spirituality, because you know, was God there or was Mommy there watching over me? I just kept going because I had to do what I had to do.... I've had dreams.... I see lots of people who have passed on in my dreams. I don't know, but I wonder if those people in my

dreams are letting me know that my mother is okay? ... I think it's just my way of having a connection to my past, and to my mother. That connection is important to me, so even if the dreams are a little scary, in a way they're comforting.

Tamara recalled an especially vivid dream of her mother while she was pregnant with her first child:

In this dream... I was lying in bed with my mother, and she was saying how happy she was that I'd met [my husband] and was so happy I was pregnant. And I remember being very upset and saying to her: "Why did you come back? It's just going to make me more upset when I wake up and realize you're gone." And my mother in the dream said: "I know, I just wanted to see you again.".... And when I woke up I was crying, and [my husband] was next to me instead of my mother.... But I think that dream... it felt like some sort of blessing to me from my mother. (*Tamara*)

Mandy also felt her mother's presence in a time of family struggle, although it occurred as she was dealing with the death and funeral arrangements for Mandy's maternal grandfather. While this account does not directly relate to motherhood, it captures the same idea in a slightly different context:

...every now and then I'll catch a glimpse of her. After my grandpa died and I had a lot on my shoulders, in my dream we were walking past [my mother], and she put her arm around me in this very comforting way. She put her arm around me and we just kept walking... She hugged me, and maybe that was her way of thanking me for taking care of him for her? (*Mandy*)

Theme 14: Mothering Without a Model

Four participants discussed how their mother's absence made transitioning to the role of parent more difficult due to a lack of modeling about what motherhood looks like.

Donna, who lost her mother at age nine, expressed this perceived void in her life:

So I don't have that as a frame of reference. I didn't have the guidance from my mother, so it's difficult for me sometimes,

because a lot of other women say “my mother did such and such with me.” Of course, I don’t have that. They may not do it the same way their mothers did for them, but they have that to refer to. I don’t. I talk about that with my friends. I feel like my husband and I are flying by the seat of our pants more than other parents are.
(*Donna*)

Stephanie expressed that her lack of a mothering model has meant that she’s had to find her way as a parent by use of structure:

I had to structure myself in order to get through life, and that’s what I do with my kids because I don’t know any other way.

Tamara expressed that she and her husband (who was raised without his mother) sometimes feel the absence of a maternal figure to rely on for wisdom and reassurance:

We kind of do it on our own. It’s just that you think sometimes to yourself when you have a question about what to do “a mother would know – my mother would know what to do about that.” She was always great at giving me advice when she was alive. (*Tamara*)

Theme 15: Feeling Envy Towards Children for Having Their Mother

During their interviews, three women described times when they’ve reminded their children that they are fortunate to have not endured the loss of their mother. While none of the participants directly acknowledged feeling envious of their children for having a childhood without maternal loss, these passages suggest that such feelings do come into play for at least some motherless mothers:

Recently, when [my teenage daughter] won’t do anything and won’t listen, I find myself saying, “When I was twelve I had to do everything”...I know that’s wrong. But I do that.... You want to say, “You’re lucky to have us”, but I try not to do that. It’s not really fair to her, I know. (*Donna*)

I ask my stepson when he gets that attitude with me, “How would you feel if you had no one to take care of you, and if you had to take care of yourself and your siblings?” It makes him think. I want him

to know how fortunate he is when he gets that little attitude that teenagers get. *(Stephanie)*

Sometimes I want to shake them and say, “Be glad you have a mother!” I did say that to my son recently because he was being so nasty – he said to me in this snarky voice, “I wish I didn’t have a mother”, and I turned to him and said, “Watch what you say, because I didn’t have one and I can remember the times saying that to my mom.” *(Mandy)*

Unique Yet Similar Stories: What Can We Learn?

The ten women participating in this study each told their story of loss and motherhood. In one sense, no two stories were alike because each woman’s experience of having lost her mother and of being a mother is uniquely her own. In some cases, a mother’s death happened in the daughter’s early childhood, and thus the story details are blurry. Other women who lost their mothers as adolescents tell a story filled with detailed memories, and a keen sense of how their lives changed on the day their mothers died. For some women, loss of their mother followed years of illness culminating in death. Other women endured the shock of sudden death due to accident, homicide or suicide. A number of women coped with the early loss of not just their mother, but their father as well. The participants’ stories of their own mothering experiences were just as varied. At the time of interview some women were just learning to parent young children, others were busy navigating the separation/individuation process of teenagers, and a few had finished raising their kids and were looking back on their parenting experiences. There were also differences in the number and gender of their children.

Despite the many differences, however, similarities were striking. The participants shared in common many experiences and beliefs about themselves, both as bereaved daughters and as present-day mothers, and about the world around them. The

next chapter discusses these commonalities, seeking to understand how and why they impact motherless mothers, and suggesting ways this understanding can be used to assist these women through treatment and additional research.

CHAPTER IV

DISCUSSION

Each woman's story of the intertwined experiences of maternal loss and motherhood is in some ways unique. On the other hand, the common themes emerging among the participants suggest there are some aspects of these experiences that are important for clinical consideration and further study. This chapter seeks to interpret the data through development of four general "meta-themes", relate findings to current literature, and discuss the importance of the findings for clinical work and future research. The chapter concludes with comments on the research process, including limitations of this study.

Interpreting the Data

Meta-Theme I: The Enduring Legacy of Maternal Loss

Several of the themes emerging from this study convey the significant and long-lasting impact which early maternal loss has had for each woman. Far from a static event that passes and recedes in importance, the participants expressed that mother loss continues to affect various aspects of their life, including the way they have approached and experienced being a mother.

I- A. Lasting Impact

Harris (1995) has asserted that many people who have suffered the early death of a parent see it as the day in which their world was eternally changed. The women in the present study similarly expressed that losing their mothers as children or teens has had a lasting impact on how they understand themselves, their children, and the world around them. All ten women interviewed said that their mother's death was a key event in their lives that shaped their views of motherhood in many ways. This was true regardless of the number of years between that loss and their becoming mothers. Further, the impact of maternal loss appeared to be significant for women with grown children looking back on their mothering experiences (*Kelly, Judy, Deborah*), those just beginning their journey into motherhood (*Jennifer, Mandy, Tamara*), and those in the midst of raising older children and teenagers (*Jill, Donna, Nina, Stephanie*).

The lasting impact of early maternal death fits with current theory on the nature of loss and mourning. Freud (1957) thought that true mourning involved a gradual psychic detachment from the loved and lost object, with an ultimate goal of reattachment to another object. In other words, it was believed that a task of the bereaved was to withdraw emotional energy from the deceased and reinvest it in another relationship. More recently, researchers discovered that people generally do not deattach from the dead, but find ways to develop continuing bonds with the deceased (Klass, Silverman, & Nickman, 1996; Silverman, 2000; Worden, 1996). Further, mourning is now recognized as a fluid, cyclical process rather than the more rigid stage-driven reaction originally conceived by theorists such as Kubler-Ross (1969). These more contemporary views of mourning harmonize with the ideas expressed by the women in the present study. Loss of

their mothers seemed to be a continuing task, to be incorporated and worked through during various phases of life, including motherhood. Edelman (1995/2006) expressed the continuous and fluid nature of mourning this way:

When a daughter loses a mother, the intervals between grief responses lengthen over time, but her longing never disappears.... This isn't pathological. It's normal. It's why you find yourself, at twenty-four, or thirty-five or forty-three, unwrapping a present or walking down an aisle or crossing a busy street, doubled over and missing your mother because she died when you were seventeen. (p. 28)

I- B. Early Independence / Parentification

Major changes in a family system, such as death of the mother, can profoundly influence roles and expectations for all other members in that system (McGoldrick, 1989). Harris (1995) referred to the death of a parent as marking the end of childhood. There was a shared sense among the majority of the women interviewed for the present study that their mother's passing prematurely launched them into adulthood. Franceschi (2004) made a similar finding -- all six participants in her study identified early independence and/or parentification as a legacy of their early loss.

Many of the present study's participants spoke of feeling more independent than other girls their age. Sometimes this took the form of not having as much adult supervision of their activities (*Donna, Stephanie*); at other times it meant they were assigned parental tasks formerly handled by their mothers (*Jill, Mandy*). Often it created an extreme self-reliance that permeated that woman's identity and relationships. As one participant explained: "I just always did what I had to do, and try not to ask people for help." (*Kelly*) Edelman (2005) related the motherless daughter's early need for self-reliance to a possible reluctance on her part to seek help as a mother:

Motherless women are...highly practiced at the art of self-reliance. Many of us were given a good deal of control over our own lives at an early age, and by adulthood, we've become accustomed to molding situations...to meet our own emotional needs.... we're also hyperconscious of asking too much, especially from older women, worried about exceeding the boundaries of propriety or facing a polite refusal that often contains the unspoken addendum, *because you're not my daughter*. So we train ourselves not to ask. And, as a result, we grow into women with self-images that leave little room for neediness. I suspect this stoic self-reliance, so crucial to a motherless daughter's emotional survival, is a significant reason why motherless mothers report having so little outside assistance after their first children are born – not necessarily because no one exists who would help them, but because they don't ask. Even worse, they've lost faith that help asked for will be forthcoming. (p.108)

What are the implications for mothers who were thrust towards independence too soon due to maternal loss? The above passage points to one possibility – that these mothers risk isolating themselves from crucial help during the transition to parenthood, a time when most mothers could use some support. Are there other possible consequences of early self-reliance? Women who were forced to raise themselves or care for others prematurely due to their mother's death might react to their own children's dependency either by: 1) overcompensating with smothering behaviors, or 2) overemphasizing independence as a way of helping them survive potential loss of caregivers. While the participants in the present study did not directly speak to these issues, the fact that they spoke so much about their own needs for self-reliance suggests a possible link between this trait and their approaches to mothering.

Three of ten participants expressed not wanting their children to take for granted their good fortune in having their mother. All parents probably relate to their children in light of their own childhood experiences. However, a motherless mother is faced every day with the reminder that her child is living a different story than she did. At least for

now, her child has the mother than she lost. While this may be a source of joy and comfort to her, it may also cause occasional pangs of regret, sadness, and even jealousy. Thus, for some motherless mothers, the fact that they were forced to assume independence or responsibility at too early an age may promote a tendency for them to unintentionally burden their children with guilt related to their own parental loss. It should be emphasized that this was a theme common to just a minority of participants. Further research could help determine the extent to which this is a challenge common to many maternally bereaved mothers.

I- C. Feelings of Insecurity / Instability

More than half of the participants (6 of 10) talked about how their experience of losing their mother has left them with feelings of emptiness or insecurity – of living their lives on “shaky ground.” There appears to be a loss of faith in themselves, and in the world around them. Pill and Zabin (1997), who ran a support group for women with early maternal loss, found that all of their members shared feelings of confusion about themselves and their place in the world. Many women felt inadequate about their own abilities. Maxine Harris (1995) studied the impact of early loss of either parent on a child. She interviewed 66 men and women about their losses, concluding that early parental loss is an event that destroys a sense of safety and basic trust:

For a child, the death of a parent shatters assumptions even more basic than the order of how life should proceed. It shatters core beliefs about the world itself. A child believes in *a safe and secure world*, a world in which events are predictable and orderly, a world that can be understood. When death is sudden and unexpected, the world and everything in it seem less safe and more precarious. If a loved mother or father can disappear overnight, then who knows what other disasters lie ahead. (p. 21)

If Harris is correct that early loss of a parent shatters a child's core belief in a safe and secure world, it is easy to understand how this insecurity might carry over into the motherless mother's perspective about parenthood. This idea was expressed so well by several women in this study: one woman described an "undercurrent" in her parenting of "being on shaky ground" (*Jill*), another spoke of a "free-floating feeling" in herself because "the one person who...really cared wasn't there", and another woman talked about having a vague sense of inadequacy as a parent, thinking "what's the matter with me? Why is my life so difficult and everyone else is sailing along?" (*Judy*)

Of course, it is likely that all women at times doubt their competence as mothers, or feel insecure in some way. Nonetheless, it seems that these participants are articulating something important, and perhaps uniquely shared by maternally bereaved women: a sense of feeling less stable and secure than other mothers. These feelings may leave the motherless mother feeling isolated from her peers, and may make it more difficult for her to remain confident in the face of the inevitable challenges of raising children.

I- D. Feeling Unsupported

Many women expressed that their mother's death left them feeling less supported in their journey through motherhood. In some cases this was due to the absence of the practical advice (e.g., about their mother's pregnancies, how to handle a newborn) or the assistance (e.g., shopping for baby clothes, babysitting) they believed their mothers would have been able to give them. In other cases, the longing was for the emotional nurturing and support they believed their mother's presence would have provided. A few women (*Jill, Nina, Jennifer*) said they were fortunate to have found female substitutes who could provide the support they needed as mothers. Finally, several women (*Nina,*

Tamara, Mandy) spoke of feeling their mother's spiritual presence, often in dreams, and having the sense that their mother was showing them support. Common to all of these accounts was a shared sense that daughters with mothers (or mother substitutes) have an advantage as they take on the role of becoming mothers themselves.

Franceschi (2004) studied women transitioning to motherhood after the loss of their mothers in adolescence, and found a number of themes related to a perceived absence of maternal support. These included a lack of information during pregnancy, sadness when seeing a mother and adult daughter together, missing their mothers when they brought their baby home from the hospital, and a sense of frustration at not having their mother to help out with the baby. In her survey of mothers with early maternal loss, Edelman (2006) asked "Who helped you, other than your husband or spouse, after the birth of your first child?" Fifty-two percent of motherless mothers surveyed answered "no one", as compared to only 15 percent of the comparison group surveyed, whose mothers were still alive. More than half the women in the comparison group cited their mothers as the person who had helped them with newborn care.

There is strong evidence that an actual or perceived lack of support during the postpartum period is a risk factor for depression (O'Hara & Swain, 1996; Robertson, Grace, Wallington & Stewart, 2004). If maternally bereaved women are less likely than other women to ask for and receive help in the postpartum period, how might this impact their emotional functioning and, by extension, the early development of their children? It is known that depressive illness following childbirth can be detrimental to the mother, her marital relationship, and her children, if untreated. For her children, a mother's ongoing depression can contribute to later emotional, behavioral, cognitive, and interpersonal

problems. While most mothers do not develop postpartum depression, the estimated prevalence rate is around 13% (O'Hara & Swain, 1996). Moreover, after one postpartum major depressive episode the risk of recurrence has been estimated at 25% (Wisner, Parry & Piontek, 2002). If mothers who suffered early maternal loss feel unsupported when going through pregnancy, delivery, and postpartum, it is reasonable to conclude that as a group they are at increased risk for depression after the birth of their child. This is an important finding for clinicians and other professionals working with this population.

Meta-Theme II: History Repeating Itself— Fear of Further Loss

Harris (1995) writes: “A seventeenth-century maxim proclaims that ‘Death and the sun are not to be looked steadily.’ When a child looks steadily on the aura of death, his or her world is altered. For some, this encounter with death leads to a lifelong preoccupation with mortality and finality.” (p.191) Having experienced one dramatic and unlikely separation early in their lives, it would not be surprising if maternally bereaved women have a more intense fear of further loss. Results of this study appear to support this idea – nine out of ten participants expressed either: 1) fear of dying prematurely and abandoning their children, or 2) fear that something would happen resulting in loss of their children. Most participants (7 of 10) endorsed fearing both of these outcomes as mothers. Jill summed up these feelings eloquently: “I’m perpetually afraid that something’s going to happen to me or something’s going to happen to them.”

This finding – that early parental loss primes many adults for fear of further loss – has been borne out in prior research (Edelman, 1994, 2006; Franceschi, 2004; Harris, 1995; Zall, 1994). Zall (1994) found that maternally bereaved mothers often were

concerned about their own death, an anxiety not shared by the non-bereaved sample of mothers. Mireault, et al. (2002) obtained similar data in their study of maternal identity among motherless mothers and psychological symptoms of their firstborn children. Interestingly, in that study children of the maternally bereaved mothers were no more likely to have psychological symptoms than were children of non-bereaved mothers, yet 90% of the motherless women reported feeling different from other mothers. Specifically, 37% suspected that they thought more about the possibility of dying before their children were fully grown, and this resulted in the desire to create and cherish special relationships with their children. Worden (2009) has observed that loss can lead to an exaggerated fear of death, and believes that underlying this fear are often unconscious guilt and the thought “I deserve to die too”, usually stemming from an ambivalent relationship with the deceased.

Survivor guilt is probably only one factor influencing a motherless mother’s preoccupation with mortality. Having lived through the unthinkable – the death of her mother as a child – she often is unable and unwilling to deny the possibility of death or separation occurring again. Edelman (2005), writing from her own experience, expresses this well:

As it is, there’s not a shred of evidence that I’m going to die young. I eat well. I exercise. I get annual mammograms. In fact, I’m healthier at forty-one than I’ve ever been before. But who’s talking about medical probability here? Accidents happen. Freak diseases appear. In my version of the world, unexpected news has a way of parachuting straight down from a cloudless sky. The way I see it, you can never be too prepared. (p. 260)

Edelman’s research indicated that more than half of the motherless women surveyed said they worried “often” about dying young, compared to only 15 percent of

the women whose mothers were still alive. She also discusses the related worry –of something bad happening to one’s children – as “perceived vulnerability”, which she describes as “the deep, nagging certainty that something else is going to go wrong. Very wrong. And probably soon.” (p. 211)

Franceschi (2004) obtained similar findings. A universal theme that stood out from her research was the participants’ fear of dying young – that they would not get to see their children grow up, and would put their children through the same experience of loss that they endured. Interestingly, Franceschi did not find that most of her sample were as concerned about perceived vulnerability in their children. This could be due to her sample, which contained young women just making the transition to motherhood. It may be that fears of one’s own mortality are more prominent at this time, while anxiety about the vulnerability of one’s children plays a larger role in later years as children grow and become more independent.

In the present study, concerns about mortality and loss were present in each participant’s interview, albeit in different ways. Some women were matter of fact about the reality that life is uncertain and they could die young, even making choices to start their families early so as the “beat the clock.” Other women expressed their fear of loss more through exaggerated worry about their children getting sick or being hurt. A few women expressed their fear of separation by focusing on how difficult it is for them to accept their children’s inevitable growth and increased independence from them. In each case, the mother’s experience of her own early loss seemed to have shaped her schema of mortality. On the one hand, the fear of further loss may cast a shadow of anxiety over a mother, creating interference in her relationship with her children. At the same time, it

may be that the motherless mother's heightened awareness of mortality enables her to cherish and appreciate her children more deeply than other mothers. Perhaps these feelings are connected to the fact that each woman interviewed for this study emphasized how special and significant being a mother was to them (Theme 1)?

Meta-Theme III: Making Meaning and Staying Connected

Most study participants expressed the importance of maintaining a connection between their deceased mothers and their children. Whether through the telling of stories, performance of rituals, and looking at pictures, these women found ways of keeping their mother's memory alive in the family. Other women spoke openly of feeling their deceased mother's presence at certain important times – as if their mother was guiding them through challenges with their family. Edelman (2006) found that more than 75 percent of the motherless mothers she surveyed said they keep photographs of their mothers on display in their homes, and 79 percent said they've talked about their mothers with their kids. Whether through conscious effort or unconscious means, links were established between past and present, and between generations. It may be that the process of motherhood facilitates this connection, thereby providing a reconstruction of loss for the motherless mother.

It has been said that the death of a parent shatters a child's basic assumptions about herself and the world around her (Harris, 1995). Janoff-Bulman (1989) has described how traumatic events and losses can shatter a person's "assumptive world", the network of cognitive schemas that bear on the benevolence and meaningfulness of the world and the worthiness of the self. When children experience loss, they typically grieve

at various developmental stages and rework the meaning of the loss as they move into adulthood (Rando, 1993).

Existential psychotherapy recognizes the importance of making meaning. Victor Frankl (1962) posited that human beings are driven by a psychological need to create a sense of meaning in their lives, and that this drive can help enable them to transcend even the most traumatic experiences. Robert Neimeyer (2000, 2006), who writes extensively about loss and mourning, proposes that people engage in reconstruction of meaning in response to loss that includes three parts: sense making, benefit finding, and identity change. Klass, Silverman & Nickman (1996) assert that people stay connected with the deceased rather than emotionally withdrawing, as was originally proposed by Freud (1917/1957). Worden (1996) discusses the need to emotionally relocate the deceased from a place within, observing that reminiscing about the deceased is one way of doing this (p.99).

Taken together, the foregoing literature suggests that the motherless mother must find a way to make sense of her loss in the context of her adult reality, her identity as a daughter and mother, and relocate her mother from external lost object to an internal presence. If these psychological processes are in fact taking place, it is likely that a mother's ability to talk about and otherwise share a connection between her children and her own deceased mother is an important ingredient which facilitates her reconstruction of meaning associated with her loss.

Meta-Theme IV: An Opportunity for Healing and Growth

For the maternally bereaved woman with children, reminders of what was lost are numerous. Each time she faces a situation or feeling with her child, she may recall the

grief associated with the loss or absence of that experience as a child with her own mother. At the same time, the data suggests that motherhood provides unique opportunities for healing and growth for the maternally bereaved woman.

In the present study all ten participants expressed a sense that being a mother was very important and special to them, eight women said that motherhood afforded them a chance to provide experiences for their kids that they either never had or prematurely lost, and seven expressed that motherhood had in some ways changed the way they saw their own mothers. In addition, half of the participants discussed how encountering certain anniversaries or milestones as mothers helped them understand their loss and its connection to their present life. Finally, four women acknowledged that having daughters was special for them because it re-established the mother/daughter connection they'd lost as children through their mother's death. These findings seem to indicate that the experience of motherhood has enormous potential to provide maternally bereaved women an opportunity for working through their early loss and reconstructing the meaning of that loss in their lives.

IV- A. Completing the Narrative and Repairing Disruption

Edelman (2006) writes: "Before motherhood, a motherless daughter's story has a distinct before-and-after quality.... Motherhood, however, puts a conceptual frame around the loss. First, she had a mother, then she lost her, then she became a mother herself. The loss no longer breaks her story in two. Motherhood rounds it out." (p.7) This may capture part of the reason why maternally bereaved women seem to so value motherhood – it completes part of their story that was disrupted through their mother's death by reestablishing the child/parent bond. One participant described it in this way:

motherhood “feels very filling” (*Jill*). Other descriptions women gave of motherhood were “so empowering” (*Donna*), “hard won” (*Judy*), a “raw experience” that “puts things into perspective” (*Jennifer*), and something that made her feel “more complete” (*Tamara*).

A related point is that the motherless mothers often felt that they would be able to give their children something better than they had – to furnish or recapture what was lost by their own mother’s untimely death. Some participants talked of the satisfaction they experienced, or hoped to experience, by “hanging out” or “doing things” with their children. One woman expressed wanting to give their children a sense of closure and an understanding about loss that she never had (*Kelly*), while for another woman said that being a parent represented “a chance to create something better than what we had with our own mothers.” (*Deborah*) One participant expressed especially well how providing mothering to her children was a way of healing herself: “I think I live vicariously in a way through what I give to... my son and daughter... it feels good to give them both a mother and a father who are well and can contribute in a more active way in their lives.” (*Tamara*)

IV- B. Daughters and Coming “Full Circle”

Four of the ten participants in this study expressed the desire for a girl. Edelman (2006) found that 75 percent of the motherless mothers she interviewed face to face said they wanted their first baby to be a girl. Franceschi (2004) reported that several women she interviewed described the process of having a girl as a type of “circle.” One participant in her study put it this way (p.88): “It’s like I can’t have a relationship with

my own mother, so at least if I had a daughter I could have the same type of relationship with her, just in reverse.”

Findings of the present study leave open the question as to the importance of having a daughter for the motherless mother. The majority of participants did not state that it was important to them, but it was a stated preference for some. It might be safe to conclude that, at least for some maternally bereaved women, having a daughter provides opportunities for healing by restoring the mother/daughter connection or completing the “circle.”

IV- C. Anniversaries as Triggers for Grieving

In a world of triggers, anniversaries can be especially important for motherless mothers, and two in particular stand out: reaching and surpassing the age of her mother when she died, and having a child reach the age that she was when her mother died. These events can trigger STUG reactions, or subsequent temporary upsurges of grief, prompting renewed yearning for the lost mother (Edelman, 2006/1995; Rando, 1991). They can also provide new opportunities for working through the loss and making meaning. As one participant explained, “Once I’d passed that age and was still going...I realized my fear of dying young had been sort of an irrational thing.” (*Jennifer*) Another woman described passing her mother’s age as a “sense of relief. Like I made it.” (*Kelly*) Deborah, the woman diagnosed with breast cancer when her daughter was close to the age she’d been when her mother had died, grappled with her own mortality keenly aware of what her death would mean to her daughter. While acknowledging this anniversary as “scary”, she also expressed gratitude that she has lived to see her daughters grow up, and to experience the joys of being a grandmother.

IV- D. Standing in Her Mother's Shoes

Another aspect of the power of motherhood for these women may be that it encourages the bereaved daughter to stand in the shoes of her mother, often changing the way the daughter thinks and feels about her mother in ways she could not have anticipated. This seems to occur in the course of going through difficult times with her own children. After experiencing first-hand what it is like to be home alone with small children all day and no adult companionship, one participant remarked on how much more empathy she had for her mother's similar experience. (*Judy*) Another felt much more aware of the pain her mother must have experienced being terminal with cancer after she herself experienced a life-threatening complication after her first child was born: "Up to that point I'd never thought about what my mother had to give up when she was dying... I suddenly realized what that must have been for her." (*Mandy*) Another woman reflected on how "being a mother who felt overwhelmed" by her son's learning disabilities allowed her to finally see her mother "through adult eyes instead of kid's eyes", as a woman who had felt so overwhelmed that she took her own life. (*Jill*) At times, the experience of motherhood may result in painful realizations, such as recognition that a previously idealized mother could have done a better job (*Stephanie*) (*Deborah*).

Zall (1994) found that while maternally bereaved women expressed more worries than other mothers, they found the experience of parenthood just as rewarding as non-bereaved mothers. He concluded that the bereaved woman "became 'unstuck' and moved forward in the mourning process with their children replacing the lost, longed for love object (mother)." (p. 228) It has been said that parenting a child immerses the motherless

daughter in a world of triggers, where everyday experiences call up fragments of memory (Edelman, 2006; Harris, 1995). In the process, the deceased mother becomes more real, less idealized, by the daughter. This idea is consistent with this study's findings, and well as the findings of Franceschi (2004), where all six of the participants stated that becoming a mother allowed them to understand their own mothers better.

Clinical Implications of This Study

The goal of this study was to contribute to what is known about the longer-term impact of early maternal loss, particularly as it relates to the adult woman's experience of motherhood. The findings suggest that women who have lost their mothers in childhood or adolescence uniquely share some common concerns and challenges as they face the task of becoming mothers themselves. The following recommendations are made in recognition of this fact, with the goal of helping physicians, mental health professionals, and other care providers better serve this population and their families.

1. When providing treatment or consultation to women who are anticipating motherhood or currently are parents to children, it is very important to ask about the woman's family of origin and, if there has been maternal loss, to obtain a detailed history of the family's functioning before the mother's death, the circumstances leading up to her death, and the functioning of the family in the aftermath of the loss, including any significant changes which occurred in the family system. For instance, having a thorough history would enable obstetricians to screen expectant mothers whose mothers died, possibly identifying risk factors for anxiety, depression, or difficulties transitioning to parenthood. In appropriate cases, obstetricians, childbirth educators and other

professionals working with pregnant women could refer women with maternal loss for therapy or counseling to assist them with the transition to motherhood and the working through of unresolved grief related to their early loss.

2. Clinicians serving this population should bear in mind that milestones of pregnancy, postpartum, and later family transitions such as adolescence and children leaving for college, may trigger STUG reactions, creating renewed feelings of loss and mourning for the motherless mother. Similarly, two common triggering anniversaries for these women are: when the mother reaches the age her mother was when she died, and the time when her child reaches the age she was at the time of her mother's death. It would be helpful for doctors, therapists and other clinicians to be sensitive to these anniversaries and other significant family changes or crises, which might cause the maternally bereaved mother coping difficulties.

3. An important dynamic in play for many maternally bereaved women appears to be feeling a lack of support due to their mother's absence during their pregnancies, postpartum, and in the childrearing years. Particularly in the early months or years when the motherless mother is making the transitional adjustment to being a parent, she may feel no one is there to help her with information, advice, practical and emotional support. Given related findings that women with early maternal loss often have developed a highly independent, self-reliant coping style and may therefore be reluctant to seek help, professionals may wish to actively encourage these women to seek out friends, sisters, mothers-in-law, etc. for the support they need. Therapists in particular should be aware of the motherless mother's potential to feel isolated or abandoned at key

times in her mothering, and to assist her to verbalize her feelings and work through her grief.

4. Findings from this and other research strongly establishes that many motherless mothers fear they will experience additional loss, and thus struggle with worries of dying young or having something happen to their children. This is of great importance to clinicians in understanding what may initially appear to be exaggerated fears on the part of these women. Pediatricians who interact with an apparently over-anxious mother may wish to consider whether the mother's history contains early maternal loss that may be influencing her interpretation of a situation with her child. Gynecologists and primary care physicians may similarly wish to be alert to maternal loss as a factor in women who are unusually fearful of their mortality

5. Although not strictly a clinical concern or problem, providers should be aware of the findings indicating that motherhood can be an experience promoting growth and resilience for women with early maternal loss. Most psychiatrists, psychologists, and other therapists encounter clients with a history of early loss, and many work with maternally bereaved women. As these women enter parenthood, or as they struggle with parenting issues relating to their children, it may be helpful to think of these challenges as opportunities for working through of the woman's early loss – of seeing her story of loss and connection/disconnection to her mother in a new way. In other words, it may well be that the experiences of motherhood facilitate a reconstruction of meaning for the motherless mother, thus moving the mourning process forward (Neimeyer, 2000).

Comments on the Research Process

This study was designed to be exploratory and qualitative. In qualitative research, the researcher is an important part of the research and is explicitly recognized as such. As the investigator, I positioned myself in the research, becoming “an instrument of inquiry.” (McCracken, 1988) While attempting to distance somewhat and remain a researcher rather than participant, my own subjectivity cannot be ignored. In this light, it is important to recognize my own experiences as clinical psychology student, a mother of three children, and a woman who experienced the death of her mother in early adolescence. In conducting my interviews, I disclosed at the beginning that part of the reason for my interest in this research topic was due to my own experience of early maternal loss and the fact that I was a mother. Most of the participants expressed that they felt more comfortable speaking to someone who had gone through experiences similar to their own. Some women were interested in learning more about my experience of loss. In such cases I elected to share some general information with them at the conclusion of the interview.

Overall, I found that interviewing the women for this study was very instructive and meaningful for me personally. At times the participants became emotional and/or tearful, yet each woman continued with the interview and none declined to give answers to my many questions. Without exception, every woman I interviewed volunteered at the conclusion that talking about their experiences had been interesting and emotionally satisfying for them.

Limitations of This Study

As with all research, this study had certain limitations that are important to keep in mind. As discussed above, this is a qualitative study where the researcher deliberately positions herself within the study, and therefore some experimenter bias may be present. While this can be seen as a limitation, it is also arguably a strength, as the researcher uses her skills, experience, background and knowledge to inform data collection and analysis.

Another limitation of this research is the relatively small size of the sample. While the ten participants varied in a number of respects, including age of maternal loss, cause of mother's death, current age and stage of parenting, and to some extent race, religion and ethnicity (see Table 1), no statistical conclusions can be drawn about generalizability of this sample to the overall population of maternally bereaved women with children. At best it raises common themes suggesting that certain issues may generalize to this population, and are worthy of further study.

Participants for this study were volunteers. Volunteers are considered to be a limitation due to the very nature that they consent to share their experience. It may be that such women differ in certain respects from other maternally bereaved mothers. They may be more emotionally open, more expressive, or simply more interested in the topic of maternal loss than bereaved mothers choosing not to be interviewed.

Another limitation of this study was that several of the participants had suffered the early loss of both parents, not just their mothers. Four of the ten women had fathers that died in childhood or adolescence; two additional women had mothers who were single parents, and so effectively had neither parent available after their mother's death. With hindsight, these factors could have affected the data, possibly intensifying some of

the grief reactions discussed by these participants. It is also possible that women with dual parental loss/absence were especially motivated to participate in this study for some reason, perhaps because of the intensified impact that their losses have had on them. On the other hand, the themes emerging from the stories of these women were not substantially different than those contained in the stories of the participants who had lost only one parent. This may mean that any differences between these subgroups are less important than the experiences, thoughts and feelings they had in common.

Finally, it should be noted that data was collected through self-report, meaning that it is based on participants' subjective recollection, perception and understanding of their experiences. Traumatic or difficult life events are often associated with inaccurate narratives (van der Kolk, 1996), and this study did not seek to verify if there has been an accurate reporting of all relevant facts. This research was focused on obtaining personal accounts of each participant's subjective, lived, experiences of losing their parent, and of being a parent. Factual accuracy was of less importance, since the goal was to capture the phenomenology of the experiences. Since the design of this study was qualitative, use of self-report data can therefore be seen as an essential component rather than a limitation.

Suggestions for Further Research

The results of this exploratory study illustrate that women who suffered early maternal loss, and who later become mothers, share some common thoughts, feelings and experiences. This was an open-ended hypothesis-generating study; further research is needed to gather more data about specific processes by which early mother loss impacts a woman's later experience of having her own children. Moreover, additional study could

help clarify unique vulnerabilities for this population of women, as well as possible ways that motherhood promotes productive resolution of issues related to early mother loss.

One possibility might be to study a larger sample of mothers with early maternal loss using quantitative measures. Edelman (2006) included quantitative data based on her online survey of 1,322 motherless mothers, and a control group mail survey of 73 mothers whose mothers were still living. Additional quantitative data would clarify the findings from that survey, helping researchers to assess the most significant strengths and vulnerabilities of motherless mothers.

Another approach might be a longitudinal study of maternally bereaved women, beginning at the time of their early pregnancy and following them through the many years of parenting. This study design could provide a better understanding of the evolutionary process for women with early maternal loss as they prepare for and transition to motherhood, through later years as parent to children and adolescents, and finally as their children move into adulthood. Longitudinal research could provide helpful information on how these women change and grow throughout their parenting process, and how their views about their early loss change over time as a result of their motherhood experience.

As mentioned, this study chose to include mothers whose mother died at any age up to 21 years, and it did not exclude either women who also lost their fathers before adulthood, or those mothers whose children were now adults. Future research might seek to interview a more targeted participant group, perhaps excluding women with early paternal bereavement, or limiting participation to just mothers of infants or adolescents, for example. It would also be helpful to research the role that parenthood plays on

mothers who all lost their mothers at a particular age range. For instance, it may be that women who lost their mothers as infants or young children have slightly different concerns when they become parents than do those women whose mother died when they were adolescents. If so, there may be different interventions indicated for different groups of motherless mothers dependent on the developmental stage at which the loss occurred.

Conclusion

This study was based on the contributions of ten women who shared their stories of loss and their perspectives on their journey into motherhood. While each story is unique in some ways, these women are united by a common experience that has shaped their view of themselves – as maternally bereaved daughters, and later as mothers to their own sons and daughters. The ten participants in this study are just a small sample of a much larger population of women who suffer the early loss of their mothers, and who eventually have or will go on to raise families of their own. One writer recently estimated that more than 1.1 million girls and women under the age of sixty in the United States lost mothers during childhood or adolescence (Edelman, 2006, introduction, p. xxvi).

The results of the present study suggest that, for the many woman who have suffered early mother loss, being a mother is both a challenge and an opportunity. These women are immersed in an experience – motherhood – that reminds them of the pain of their loss, and can make them fear further losses for themselves and their children. As a group, these mothers also appear to struggle with feelings of insecurity, isolation and lack of support as they go through the parenting experience. At the same time, this study also suggests that motherhood provides a special opportunity for the maternally bereaved

woman – to repair disrupted child/parent bonds, to work through and reconstruct their loss, and to gain greater understanding of their deceased mothers from the perspective of being mothers themselves. It is hoped that this study contributes to the body of research on this important topic, and ultimately to improvement of clinical care for these women and their families.

REFERENCES

- Ainsworth, M. (1969). Object relations, dependency, and attachment: A theoretical review of the infant-mother relationship. *Child Development, 40*, 969-1025.
- Altshul, S. & Beiser, H. (1984). The effect of early parent loss on future parenthood. In R.S. Cohen, B.T. Cohler, & S.H. Weissman (Eds.), *Parenthood: A psychodynamic perspective* (pp. 173-182). New York: Guilford Press.
- Black, K. (2004). *Mothering without a map: The search for the good mother within*. New York: Penguin Group.
- Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *Journal of Orthopsychiatry, 52*, 664-678.
- Charmaz, K. (2006). *Constructing grounded theory*. Thousand Oaks, CA: Sage Publications.
- Chodorow, N. (1978). *The reproduction of mothering: Psychoanalysis and the sociology of gender*. Berkeley, CA: Univ. of California Press.
- Corbin, J. & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedure for developing grounded theory (3rd ed.)*. Thousand Oaks, CA: Sage Publications.
- Cresswell, J.W. (2007). *Qualitative Inquiry & Research Design: Choosing among five approaches (2nd ed.)*. Thousand Oaks, CA: Sage Publications.
- Edelman, H. (2006). *Motherless daughters: The legacy of loss (2nd ed.)*. Cambridge, MA: Da Capo Press (1st ed. published 1995).
- Edelman, H. (2006). *Motherless mothers: How mother loss shapes the parents we become*. New York: Harper Collins.
- Erikson, E. (1980). *Identity and the life-cycle*. New York: Norton Press.
- Fraiberg, S., Adelson, E., & Shapiro, V. (1987). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. In L. Fraiberg, (Ed.), *Selected Writings of Selma Fraiberg*. Columbus: Ohio State University Press.
- Franceschi, K.A. (2004). The experience of the transition to motherhood in women who have suffered maternal loss in adolescence (Doctoral dissertation, California School of Professional Psychology, San Diego, 2004).

- Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud (Vol. 14, pp. 237-260)*. London: Hogarth. (Originally published 1917).
- Gilligan, C. (1982). Woman's place in the man's life cycle. *Harvard Educational Review*, 49, 431-436.
- Harris, M. (1995). *The loss that is forever: The lifelong impact of the early death of a mother or father*. New York: Penguin Group.
- Hess, E. & Main, M. (1999). Second-generation effects of unresolved trauma in normal treating parents: Dissociated, frightened, and threatening parental behavior. *Psychoanalytic Inquiry*, 19, 481-540.
- Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition*, 7, 113-136.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: The Free Press.
- Klass, D., Silverman, P., & Nickman, S. (Eds.) (1996). *Continuing bonds: New understandings of grief*. Washington, DC: Taylor & Francis.
- Kubler-Ross, E. (1969). *On death and dying*. New York: Macmillan.
- Maguire, N.B. (1999). The impact of childhood maternal loss on the transition to motherhood (Doctoral dissertation, California School of Professional Psychology, Alameda, 1999).
- McCracken, G. (1988). *The long interview*. Newbury Park, CA: Sage Publications.
- McGoldrick, M. (1988). Women and the family life cycle. In E.A. Carter & M. McGoldrick (Eds.). *The changing family life cycle: A framework for family therapy (2d ed.)*. New York: Gardner Press.
- Mireault, G.C., Thomas, T., & Bearor, K. (2002). Maternal identity among motherless mothers and psychological symptoms in their firstborn children. *Journal of Child and Family Studies*, 11, 287-297.
- Neimeyer, R. (2000). Searching for the searching of meaning: Grief therapy and the process of reconstruction. *Death Studies*, 24, 541-558.
- Neimeyer, R., & Gillies, J. (2006). Loss, grief, and the search for significance: Toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology*, 19, 31-65.

- O'Hara, M.W., Swain, A.M. (1996). Rates and risk of postpartum depression – a meta-analysis. *International Rev. Psychiatry*, 8, 37-54.
- Pill, C.J. & Zabin, J.L. (1997). Lifelong legacy of early maternal loss: A women's group. *Clinical Social Work Journal*, 25, 179-195.
- Rando, T.A. (1993). *Treatment of complicated mourning*. Champaign, IL: Research Press.
- Rando, T.A. (1991). *How to go on living when someone you love dies*. New York: Bantam.
- Robertson, E., Grace, S., Wallington, T., and Stewart, D.E. (2004). Antenatal risk factors for postpartum depression: A synthesis of recent literature. *General Hospital Psychiatry*, 26, 289-295.
- Schultz, L.E. (2007). The influence of maternal loss on young women's experience of identity development in emerging adulthood. *Death Studies*, 31, 17-43.
- Seay, B., Alexander, B.K., & Harlow, H.F. (1964). Maternal behavior of socially deprived rhesus monkeys. *Journal of Abnormal and Social Psychology*, 69, 345-354.
- Silverman, P.R. (2000). *Never too young to know: Death in children's lives*. New York: Oxford University Press.
- Smith, J.A. (1999). Identity development during the transition to motherhood: an interpretive phenomenological analysis. *Journal of Reproductive and Infant Psychology*, 17, 281-299.
- Stern, D.N. (1985). *The interpersonal world of the infant*. New York: Basic Books.
- Strauss, A. & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory (2nd ed.)*. Newbury Park, CA: Sage Publications.
- Tennant, C. (1988). Parental loss in childhood: Its effect in adult life. *Archives of General Psychiatry*, 45, 1045-1049.
- van der Kolk, B.A. (1996). Trauma and memory. In van der Kolk, B.A., McFarlane, A.C., & Weisaeth, L. (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body and society* (pp. 279-302). New York: Guilford Press.
- Waltzer, S. (1995). Transition into motherhood: Pregnant daughters' responses to their mothers. *Families in Society*, 76, 596-603.

- Weiss, R.S. (1994). *Learning from strangers: The art and method of qualitative interview studies*. New York: The Free Press.
- Winnicott, D. (1960). The theory of the parent-child relationship. *Int. Journal of Psychoanalysis*, 44, 585-595.
- Wisner, K.L., Parry, B.L., & Piontek, C.M. (2002). Clinical practice. Postpartum depression. *New England Journal of Medicine*, 347, 194-199.
- Worden, J.W. (1996). *Children & grief: When a parent dies*. New York: Guilford Press.
- Worden, J.W. (2009). *Grief counseling and grief therapy: A handbook for the mental health practitioner (4th ed.)*. New York: Springer Publishing.
- Zahner, G.E., & Murphy, J.M. (1989). Loss in childhood: Anxiety in adulthood. *Comprehensive Psychiatry*, 30, 553-563.
- Zall, D.S. (1994). The long term effects of childhood bereavement: Impact on roles as mothers. *Omega*, 29, 219-230.

Table 1
Summary Of Participant Demographics

Name	Age	Race/ Ethnicity	Religion	Marital Status	Age at Mother's Death	Cause of M's Death	Early Father Loss? (age)	# of children by gender, age	Educa- tion	Occupation
Jill	47	Caucasian Jewish	Atheist	Married	21	Suicide	18	D (16) S (13)	College Grad	Journalist
Donna	53	Caucasian Jewish	Non- Practicing	Married	9	Homicide	12	D (13)	College Grad	Homemaker
Nina	50	Caucasian Italian/ Polish	Catholic (Non- Practicing)	Married	21	Heart failure	Divorced & absent by 7 or 8	D (15) S (11)	J.D.	Attorney (formerly), Homemaker (current)
Judy	67	Caucasian	Catholic (Non- Practicing)	Married	15	Heart failure following long-term illness	No	S (40) D (29)	M.S.W.	School Counselor (retired)
Jennifer	35	Caucasian	Christian Presbyterian	Married	12	Brain tumor	No	D (2) D (7 mos)	College Grad	Homemaker
Kelly	46	Caucasian Irish/ German	Lutheran	Divorced Single	5	Heart failure	7	D (28) D (27)	High School	Bartender/ Clerical
Stephanie	32	Caucasian Irish/Italian /Other	Christian	Divorced Remarried	14	Auto accident	No, but divorced at 13	S (7), (8), S & D (18 mos). Step S (15), (8), Step D (12)	Some College	Homemaker
Deborah	62	Caucasian Jewish	Non- Practicing	Married	9	Ovarian Cancer	18	D (34) D (28)	M.S.W.	Homemaker
Tamara	31	African American Guyanese	Christian (Non- Practicing)	Married	14	Multiple Sclerosis	Absent from birth	D (9) S (7)	Psy.D. Student	Graduate Student
Mandy	36	Caucasian	Christian	Married	16	Breast Cancer	No	S (5) D (3)	College Grad	Homemaker

APPENDIX A

TELEPHONE SCREENING GUIDE

Hello, my name is Laura Lokker from Rutgers University. I'm returning your call [email] about the dissertation research project. Do you have time now for a quick screening interview – it should take about 10 minutes?

Great. I'd like to first ask you a few questions to see if you match the criteria for participation in this study. Then I'll describe the research project to make sure you are interested. After that, assuming you are able and willing to participate, we'll schedule a convenient time when we can meet in person and complete an interview. At the end of that meeting you will receive a \$25 Target gift card. Does that sound all right with you? Good. Let's start with my asking a few very basic questions.

1. Please spell your first and last name for me?
2. In what state and town do you live?
3. Do you speak English fluently?
4. How many children do you have?
5. What are the ages of your children, starting with the oldest?
6. How old are you? [21-70]

Thank you. Now I will be asking a few questions of a more personal nature. Before we begin, though, I want to let you know that everything you tell me will be kept confidential, with just a few exceptions: 1) If you inform me that you are going to seriously hurt yourself or someone else, or 2) if you tell me about a child that is being physically or sexually abused. In those few instances, I'm legally required to inform the appropriate authorities. Otherwise, what you say to me will be kept confidential. Do you have any questions about that? All right, let's continue.

7. Your mother is deceased, is that correct?
8. How old were you when your mother died? [0-21]
9. Is your father deceased?
10. [If Yes to #9] how old were you when he died?
11. Are you currently pregnant?
12. Would you be available to do an interview that would last approximately 1 ½ - 2 hours?
13. Can you think of any reason why participating in this study might not be a good idea for you?

DESCRIPTION OF STUDY FOR POTENTIAL PARTICIPANTS ONLY:

Thanks very much. Let me now tell you a bit about my study. In fulfillment of my doctoral dissertation in clinical psychology at Rutgers, I'm exploring the experience of

motherhood for women who went through the death of their mother in adolescence or childhood. The purpose of this research is to learn more about the unique experience of these women, their perspectives and needs, in order to provide better psychological care and support to them as mothers.

I'd like to invite you to participate in this research project. Let me tell you what this would entail. Your total time commitment from this point on is between 1 ½ - 2 hours. This involves meeting with me and completing an interview where I'll ask you about your experiences as a mother and about the loss of your own mother. Our confidential interview will be audiotape recorded. In exchange for your time and help, you will receive a \$25 gift card to Target. Do you have any questions for me?

14. Do you think that this is a study in which you'd be interested in participating?
15. [If yes to #14] Do you have a few minutes now to schedule an appointment for the interview?
16. [If yes to #15] Great [schedule interview, get directions.] I will be sending you an email confirming the date, time and place we'll be meeting. May I have your email address for that? Thank you. And what's the best telephone number to reach you?
17. [If No to #15] Okay. When would be a good time for me to call back to schedule the interview with you?

Are there any final questions I can answer?

Thanks so much for your willingness to participate in this research, it is really appreciated. If you have any additional questions, please call me at (973) 980-6338. That's my cell phone number, and you can leave a message in my voicemail and I'll get back to you.

I look forward to talking with you on [state appointment date, time, place].

FOR EXCLUDED PARTICIPANTS ONLY:

Thank you. Unfortunately, you do not meet the criteria for this study. Would you be interested in any referrals for counseling at this time? [If yes, provide tel. no. for appropriate local Community Mental Health Center]. Thank you for taking the time to inquire about the study.

APPENDIX B

INTERVIEW GUIDE

Interviewer: I want to begin by thanking you again for agreeing to participate in this study, and for making the time to speak with me. I hope that the results will prove helpful to other mothers, and I also hope that you will find some benefit from talking about your own experience, and in sharing your perspective as a woman whose mother died before you were an adult. I'm interested in understanding your experience as much as possible, and in any ways in which it might be similar or different from that of other mothers.

Before we start, I'd like to explain that I have a personal interest in researching this topic. My mother died when I was 14 years old, and I am currently a mother to three children. My own experience has undoubtedly influenced my belief in the importance of learning more about the phenomenon of motherhood for women with early maternal loss.

I'm going to begin by asking for some basic background information, and then we'll move into talking about your experience of losing your mother and of being a mother yourself. If at any point in the interview you are uncertain about something, would like me to clarify a question, or if you'd like to stop and take a break, please let me know. Before we begin the interview, do you have any questions or concerns?

Demographic Information

1. What is your date of birth?
2. What city and state do you live in?
3. How many years of school have you completed?
4. In addition to being a parent, do you work full or part time? What kind of work do you do?
5. Are you single, partnered, married, separated or divorced?
6. Is your partner male or female?
7. What is your partner's date of birth?

8. What is your partner's highest degree of education?
9. If your partner works, what kind of work does he/she do?
10. What do you consider to be your racial, cultural, or ethnic identity?
11. What does your partner consider to be his/her racial, cultural, or ethnic identity?
12. Do you identify with a particular religion or spiritual orientation? If so, which one?
13. How important is this religion/spiritual orientation to you? Very important, somewhat important, or not very important?
14. Does your partner identify with a particular religion/spiritual orientation? If so, which one?
15. How important is this religion/spiritual orientation to him/her? Very important, somewhat important, or not very important?
16. How many children do you have, and what is each child's age and gender?
17. Do you have grandchildren?
18. How old were you when you gave birth to or adopted your first child?

Family situation prior to mother's death

Now I'd like to ask a bit about your family prior to your mother's death:

19. Can you give me some background about you and your family?
 - For instance, how many were in your family?
 - Did you have any brothers or sisters?
 - Where were you in the birth order?
20. Tell me a bit about your parents. What do you remember about them from that time?
21. Are there particular memories -- of your family or of your mother -- prior to your mother's death, which are important to you?
22. Can you tell me something about what kind of person your mother was? What did you like or not like about her?
23. How would you best describe your mother's parenting style? (e.g., engaged, disengaged, intrusive, anxious, strict, lenient)

24. What would you say were your family's strengths and weaknesses before your mother died?

Questions about mother's death

Now I'd like to move more into asking about your mother's death. Is that all right?

25. Let me start by asking how old you were when your mother died?
26. Mother's age?
27. Sudden vs. Expected?
28. Can you tell me more about the circumstances? (e.g., cause of death, length of illness, accident, suicide, unknown)
29. How did your family react to the death of your mother? How was the loss handled within your family?
30. How do you think her death impacted your life at that time and later as you were growing up? (e.g., changes in routines, moving to a new place, financial, family roles/expectations, change in father, remarriage/stepsiblings)
31. Do you remember how you thought or felt about her death, or death in general, after she died?
32. What do you think was the most difficult thing about your mother's death?
33. Have your thoughts or feelings about her death changed over time? If so, how would you describe those changes?
34. Each person copes with loss in her own way. Can you help me understand *your* process of coming to terms or coping with the loss of your mother?

Questions about pregnancy

Now I'd like to move further into your adulthood and begin to talk about your transition to motherhood.

35. Prior to becoming pregnant, how would you describe your feelings about motherhood?
36. Tell me about the day you found out you were going to have a baby.
 - How did you find out about the pregnancy/adoption?
 - Was it planned or unexpected?
 - Who did you tell about your pregnancy/adoption?

- What were your immediate thoughts or feelings?
 - Did you have a preference for a son or for a daughter?
37. While you were pregnant, did you have any thoughts about your mother? If you did, what were those thoughts about?
38. Many women during pregnancy find themselves reflecting about their relationship with their own mothers. Do you think that your mother's absence affected this process for you?
39. Who was present with you at the birth of your child(ren)?
40. Did anyone help you after your child's arrival? If so, who helped, and how did they help out?
41. Which best describes your first birth or adoption experience – “very positive”, “somewhat positive”, or “more negative than positive”?
- Can you tell me more about this?

Questions about motherhood

All right, let's move ahead now and discuss your experience of being a mother.

42. What is it like for you being a mother?
43. Were/are there challenges you face(d) being a first-time mother without having your own mother present?
44. In what ways, if any, do you think your transition to motherhood would have been different if your mother were alive?
45. Tell me about the relationship between you and your child(ren).
- What kind of feelings come up when you think about this?
 - How would you describe yourself as a mother?
 - What would you say are the greatest rewards?
 - What are the biggest challenges?
 - What worries or fears do you have as a mother, for yourself or for your children?
46. Sometimes mothers tell me that they have mixed feelings about not having a mother around. Is this true for you? If it is, can you tell me about this?
47. How has becoming a mother impacted your feelings about your own mother?
48. As a mother, where do you go for help or advice when you need it?
49. Who do you talk to about being a mother and parenting your children?

50. What do you say to your child(ren) about your mother?
51. What do you think your mother would think (say, feel) about how you're parenting your kids?
52. Have your children ever asked about your mother, or commented upon her absence?
 - How have you chosen to respond to their comments or questions?
 - Are there things you would like them to know about their maternal grandmother?
 - Are there things about her that you'd rather your children not know?

Questions Related to Specific Characteristics of Children

Now I'd like to ask a few questions having to do with ages and gender of your children as it relates to you being a mother.

53. *[to mothers of sons only]* Do you think that your experience of being a mother would be different if you were raising a daughter?
 - How might it be different?
 - What role, if any, would your mother's death play in how you experienced parenting a daughter?
54. *[to mothers of daughters only]* Do you think your experience of being a mother would be different if you were raising a son instead of a daughter?
 - How might it be different?
 - What role, if any, would your mother's death play in how you experienced parenting a son?
55. *[to mothers of son(s) and daughter(s)]* Do you think your experience of being a mother to a son is different than being a mother to a daughter?
 - How is it different?
 - What role, if any, do you think your mother's death plays in the difference?
56. *[to mothers with older children]* Because your kids are older, you've had the experience of mothering your child(ren) through different developmental stages. For you as a mother, which of these stages has been/was/is the most difficult for you? (e.g., infancy, toddler/preschool, elementary school age, or adolescence).

- Why this stage?
- Do you think your mother's absence made a difference, and if so, why?

57. *[to mothers with more than one child]* Since you have more than one child, I'm wondering if your experience of motherhood has been similar for each one or if it's been different in certain ways? Can you tell me something about the similarities and differences?

Final Questions

We're nearing the end of the interview, and I want to thank you for answering my questions openly and honestly. I have just a few more before we wrap up.

58. It is often said that becoming a parent changes us in so many ways. Do you feel that your experience as a mother has changed the way you think or feel about your mother or the loss of her that you experienced?
59. Is there anything else about your experience of motherhood or mother loss that I haven't asked, and which might be important for me to know?

APPENDIX C- SAMPLE RECRUITMENT FLYER

ATTENTION MOMS...

Participate in an important new study on motherhood!

Do you fit the following description?

- You're a woman between ages 21-70,
- You're the mother to one or more children of any age, and
- You experienced the death of your mother during your childhood or adolescence (before age 22).

If so, I'm interested in talking to you.

Volunteers sought for a Rutgers University doctoral dissertation to learn more about the rewards and challenges of motherhood for women who experienced early maternal loss.

Confidentiality will be strictly maintained. You will be asked to complete a short questionnaire and an interview of 1 ½ -2 hours. All study participants will receive a \$25 Target stores gift card.

For more information, please call Laura Lokker, Psy.M. at (973) 980-6338 or ljlokker@gmail.com.

APPENDIX D

INFORMED CONSENT FOR STUDY PARTICIPANTS

I, _____, consent to be interviewed and audio-recorded in order to contribute to a research study on the experiences of motherhood for women who previously experienced the death of their own mother in childhood or adolescence. The purpose of this study is to increase knowledge about this particular subgroup of women and thereby enhance healthcare services and psychological assistance to them and to their families. This study will include a total of 10-20 participants.

I understand that I am agreeing to be interviewed in person for a total of approximately 90-120 minutes occurring over a maximum of 2 interview sessions. **I understand that my participation in this study is entirely voluntary and that I have the right to refuse to answer any question or to withdraw from the study at any time.**

I understand and am assured that all conversations between me and the interviewer are strictly confidential, except where reporting is legally required, or in instances of threat of serious harm to self or others. I further understand that, as a means of protecting confidentiality, all names and identifying information will be removed from the research data and from the research study's report of findings.

Consent to Audio Recording:

By my signature below, I give permission for my interview to be audio-recorded and transcribed for use in the study. I am aware that all audio-recordings of my interview will be treated as confidential, and will not be shared with any persons except in connection with this research study. I also understand that I may ask for the audio recording to be stopped at any time in the interview.

I understand that all audiotapes, digital audio files and interview transcripts will be stored in a locked file cabinet to ensure confidentiality, and that they will be destroyed at the end of the research study. Further, I am aware that transcripts and other documents made from my audio-recorded interview will have my name and other identifying information removed, in order to protect my confidentiality.

Signature (Participant)

Participant's initials _____

I am aware that the information gathered in this study will be used as fulfillment of a doctoral dissertation requirement. I appreciate that there may be benefits to me from my participation, including personal satisfaction from sharing information about my life, and satisfaction from contributing to research that seeks to further understanding about parenting and maternal loss, thus improving standards of care for women and families. I understand that a risk of participating in this study is that I could become upset or uncomfortable while thinking about or discussing the issues involved. I understand that if I do experience emotional discomfort, the interviewer, as a trained clinician, will assist me in dealing with my feelings and will make appropriate referrals for me to receive counseling, if necessary.

I understand that I will receive a \$25.00 Target gift card as compensation for my participating in this study. Once I begin the interview I have a right at any time to withdraw from this study, without loss of compensation.

I have been made aware that I may request a copy of the study's findings and if I do so, I will be mailed a summary of the results upon completion of the study. I understand that I may contact the interviewer listed below if I have any questions regarding my participation in this study:

Laura Lokker, Psy.M.
41 Elston Road
Montclair, NJ 07043
Email: llokker@eden.rutgers.edu

In addition, I have been informed that if I have any questions about rights as a research subject, I may contact the Sponsored Programs Administrator at Rutgers University:

Rutgers University Institutional Review Board for the Protection of Human Subjects
Office of Research and Sponsored Programs
3 Rutgers Plaza
New Brunswick, NJ 08901-8559
Tel: (732) 932-0150 ext. 2104
Email: humansubjects@orsp.rutgers.edu

I have read and understand the contents of this consent form, and will keep a copy of this form for my files.

Signature (Participant)

Date

Signature (Researcher)

Date