

# **”It doesn’t mean that I don’t love my child”: an interpretative phenomenological analysis of regretting parenthood**



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## **Abstract**

**Background:** Regretting parenthood, also referred to as parental regret in the current study, is a tabooed phenomenon which has only recently begun to be openly discussed and taken up by researchers. There are no clinical guidelines on how to help these parents whose experiences are misunderstood, and stigmatized.

**Aims:** This study has explored the lived experience of parental regret, including how three mothers make sense of and cope with their regret. It is essential that we understand how parental regret is experienced as such insights can be used to inform clinical practice.

**Method:** The aims have been achieved through a detailed description and interpretation of three mothers' experiences of parental regret using interpretative phenomenological analysis (IPA).

**Results:** The results show that parental regret is experienced as an ambivalent and dynamic emotion. It is made up by positive as well as negative experiences, thoughts, and feelings regarding parenthood. The regret emerges during difficult times of parenthood. The mothers e.g., experience a lack of agency and control in the parental role, and providing information and help in strengthening their parental reflective functioning (PRF) could potentially help them gain control and confidence in their parental role, and consequently reduce the occurrence of regret. The mothers use different coping strategies in dealing with their parental regret, and some coping strategies are more helpful than others. The coping strategy that involves doing something other than being a parent is found to be especially helpful, and at the same time, it would give the mothers the time alone that they desperately want and need.

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**\*Appendixes are attached separately.**

Appendix 1: Transcription, P1, Josephine

Appendix 2: Transcription, P2, Alice

Appendix 3: Transcription, P3, Elizabeth

Appendix 4: interview guide

## **Layout of master thesis**

This master thesis is made up by two parts: a research article (part a) and an annex (part b). The methodological components of the annex are presented first and is followed by the research article. The research article is followed and finished by the last part of the annex which is a discussion of the research article in terms of quality criteria, limitations, and its implications for clinical practice.

### **Annex (part b): part one out of two**

#### **Introduction**

This part of the master thesis seeks to elaborate the methodological aspects of the study, with a focus on transparency and reflections of the research process from start to finish. The theoretical framework and approach for the current study is interpretative phenomenological analysis (IPA). IPA is a methodology and not a method which means that it is a general approach to studying a research topic and it should play a role in the research process from start to finish (Pietkiewicz & Smith, 2012). This part of the master thesis thus takes IPA as point of departure as it is the theoretical framework for the current study.

#### **Why is this study of personal interest to me?**

I first heard about regretting parenthood seven years ago, back in 2015, and I had never considered its existence before. It was more by chance than actually seeking it out that I stumbled upon it. I was a live-in au pair in Australia at the time, and at the age of 20, I did not enjoy being a mother of three children. At least that was the role I felt I had stepped into as I spent more time with the children and on household chores than their parents did.

It resulted in a (undiagnosed) depression, and I felt like a zombie walking around on autopilot. I had become a version of myself which I had never seen before and hope to never see again. The always positive, bubbly Mathilde had turned into someone who could only see dark clouds in sunny weather. That was how I felt, but the people around me did not see that version. At least that was what they told me. I googled to find others who felt the same way, but instead I stumbled upon forums with parents who deeply regretted parenthood. I somehow felt that I could relate to them, the only (and big!) difference being that I did not have children myself. This difference gave me the option of leaving and I eventually did. The whole experience left me curious as to how parents who regret parenthood feel, think, and deal with it. They do not have the easy option of leaving the way I did, so what do they do?

## Method

### Change of research aim

Let us start from the very beginning with how this master thesis came about, because it has not been a straightforward path by any means. The aim of this study has changed completely from being one that set out to explore the effectiveness of a support group to explore the lived experience of parental regret and the coping strategies used in dealing with the regret. The aim shifted around 20 days in as I realized the limited time of four months would not be enough to adequately design, conduct, evaluate, and write up a report about the effectiveness of a focus group for parents experiencing parental regret.

It is probably not needed, but let me introduce Orna Donath's study to put things into perspective. Israeli sociologist Donath can be considered as the pioneer in the research of parental regret and her study took place between 2008-2013. During this time, she managed to interview 23 mothers who experienced parental regret, but it was no easy task to find mothers who were willing to participate, and some even cancelled on her the day before the interview (Donath, 2017). Finding participants who are willing to share their experiences about a topic which is stigmatized, and taboo is not easy (Donath, 2017).

A sudden change of plans meant that I had to start over. This e.g., involved finding a new study aim and an appropriate method or methodology to carry it out. I decided on interviewing participants who had initially shown interest in participating in a support group; I wanted to explore how they experienced and managed parental regret as this could be helpful in designing a support group in the future. This did not prove to be an easy task.

14 parents reached out and/or showed interest in participating in the support group. There are several reasons why all the parents did not end up participating in the current study: 1) some parents did not want to participate in the interviews, 2) some parents simply wanted to share their own experience, 3) the communication with the parents faded out due to a lack of response on their end, 4) they decided it was not for them, 5) personal matters came in the way (e.g., the sudden death of a loved one), and 6) it was revealed that the issue was not one of parental regret (e.g., one had reached out hoping to get help with other issues). The contact with the three mothers who participated in this study was also somewhat problematic, e.g., the interview with one of the mothers was scheduled three times due to no-show or cancelling with short notice.

While trying to recruit participants for an interview, I began designing an interview guide. I knew I wanted to explore their lived experiences of parental regret and get their thoughts on potentially participating in a focus group. This meant that I designed the interview guide based on the philosophical underpinnings of phenomenology, and hermeneutics as I wanted to understand the world of the participants. I had not decided on using IPA at this point and this may have had consequences for the interview guide. I might have made the questions in the interview guide less directed and more open as in line with an IPA interview (Smith, Flowers & Larkin, 2009). This could possibly have sparked more spontaneous utterances or experiences from the participants. During the interviews, I was aware of the importance of following up with open questions and probing about the mothers' experiences during the interviews. This also meant that the interviews were not simply a list of questions, but rather a one-sided conversation. In an attempt to make the participants comfortable during the interview, I showed that I was listening and interested in their experiences by acknowledging what they said (e.g., by saying 'okay', 'yes' or asking about their experiences in more detail) and by being empathic towards them and validating their experiences (highlighted in bold in the extract below), especially when it concerned sensitive aspects of their experiences:

[...] jeg havde bare så grimme tanker. Virkelig sådan: Tænk nu, hvis jeg gav slip på barnevognen ned af en BAKKE eller et eller andet altså... fordi det var **SÅ HÅRDT** [tager dyb vejrtrækning].

**Mig:** Hvad tænker du så om, at du har haft de tanker nu?

**Jose:** Forfærdeligt (...) Altså - og tænk på, hvis vi ikke havde hende – det er jo... det er vanvittigt, at man kunne have det sådan (...) Det var virkelig hårdt.

**Mig: Det lyder meget hårdt.**

**Jose:** Ja. Det var virkelig hårdt [får tårer i øjnene] (...) Og jeg følte også bare sådan, hvis jeg så sagde det til nogen, ville de tage hende? Altså – jamen jeg vil jo heller ikke ha' nogen skal ta' hende. Det er jo mit barn. Så det var bare... det var bare hårdt. (P3, 24:735).

### **Conducting interviews online**

The participants were given the option of an online or off-line interview (in their own home or in a meeting room in their area). Two participants opted for the online interview. These were conducted on Teams. This can potentially pose a risk as an uninvited (and not visible) person could be in the room (Saarijärvi & Bratt, 2021). The probability of this were, however, considered minimal and it would also be difficult to get in contact with the participants if we could not get in contact through Facebook or email which also contain a risk of the messages being seen by a third, uninvited person. Video interviews are considered to be the most familiar to a face-to-face interview and with only marginal differences to a face-to-face interview (Saarijärvi & Bratt, 2021). In this section, I will shed

light on what happened during the interviews and what differences it made to conduct two of them online rather than in person. One issues I encountered in both online interviews were that we at times could not hear each other properly and I/they had to ask about what was being said. We quickly moved on from these points. The second issue was one of mishearing what someone was saying. Both issues could, however, also be present in a face-to-face interview. In my experience, the face-to-face interview left more room for small-talk and as it was conducted in the participant's home, it also had the possibility of creating a safe and comfortable environment (Saarijärvi & Bratt, 2021). One major difference to the online and face-to-face interview, in the current study, was that the husband and child were present (although in the background) in the face-to-face interview. This meant that there were several interruptions during the interview (e.g., diaper change). This interrupted the flow of the interview, but at the same time, it made the interview more like a natural conversation as we physically moved around during the interview, and it was not only a one-sided conversation.

### **Transcription**

The three interviews were audio recorded and transcribed verbatim. The focus of the transcription was to transcribe in as much detail as possible to get the full meaning and atmosphere of the segments but leaving out non-words such as “mm” that was used to show interest in the interviewee and encouraging her to go on. All interview segments that are quoted in the article are also re-played to e.g., secure tone of voice, correct understanding, and interpretation during the analysis. Short pauses only lasting a couple of seconds are indicated by “...” following a statement/word. Pauses longer than 3 seconds have been indicated by “[...]”. When speaking, we often correct ourselves or go a different direction mid-sentence. This is marked by “-“ to indicates a change. Words with emphasis have been written in all capital letters. A star\* means that something in the transcription has been anonymized, e.g., ages, activities, or workplace. In the research article, all extracts are followed by how to find them in the transcripts, e.g., “(P1, 2:43)” where P1 stands for participant one, “2” refers to page number, and “32” refers to the line number.

### **Choosing a qualitative approach**

Regret is mostly investigated quantitatively and in laboratory settings and this have contributed greatly to the understanding of regret. However, these studies often separate the participants from their personal histories and disconnects the regret from its wider social contexts (Donath, 2017, p. xxiii). A qualitative study can contribute to an understanding of how regret is felt and experienced in real situations (Donath, 2017). As parental regret is taboo, considered unacceptable in society, and



under-researched (Donath, 2017), there is a lot we have yet to learn about it. We know that regret can have serious consequences for a person's health and well-being (Beike, Markman & Karadogan, 2009), and therefore it is essential that we understand how parental regret is experienced as such insights can be used to inform clinical practice (Biggerstaff & Thompson, 2008).

### **Choosing interpretative phenomenological analysis**

The theoretical framework of this study is IPA which is a methodology that draws upon the principles of phenomenology, hermeneutics, and idiography (Kacprzak, 2017). IPA is a methodology and not a method which means that it works as a theoretical framework for the whole study from start to finish and is not only a method for part of the study e.g., conducting the analysis (Pietkiewicz & Smith, 2014). The focus of IPA studies is on subjective experience; how people perceive an experience or what any particular experience means to them. This is referred to as a focus on the *lifeworld* and is a central concept in phenomenology (Langdrigde, 2007). In IPA, an assumption is that individuals are 'self-interpreting beings' which means that they actively interpret their surroundings, e.g., events, objects, and the people in their lives (Pietkiewicz & Smith, 2014).

IPA was chosen for this study because I wanted to attain information on each mother's particular experience of parental regret. This is possible with IPA as IPA is idiographic which means that it focuses on the particular and unique details of each case. At the same time, IPA also has a thematic orientation which means that themes are identified across cases (Braun & Clarke, 2020).

I chose IPA over other phenomenological and similar approaches such as thematic analysis (TA) (Braun & Clarke, 2020), because I e.g., had a small homogenous sample, and because it was consistent with the epistemological position of my research aim. The research epistemology is an essential part of every study as it guides what one can say about the data and informs how one theorizes meaning (Braun & Clarke, 2006). Epistemology refers to how "we know what we know". It is the process that takes place when the researcher makes a knowledge claim (Kafle, 2011, p. 194). The way a research question is formulated reveals what the data can tell us. An IPA researcher assumes that the data can say something about an individual's involvement in and orientation towards the world and/or how they make sense of it (Smith, Flowers & Larkin, 2009). As the purpose of the current study is to explore three mothers' lived experiences of parental regret and how they cope, it is consistent with the research epistemology of IPA.

Often, IPA is unfortunately used as a method for doing thematic analysis (TA) on small samples and to produce very descriptive analyses which do not consider the wider social context in the participant's sense making (Braun & Clarke, 2020). In such cases, the study both fails to live up

to its potential as a TA or IPA study. Braun & Clarke (2020) present that Spiers and Riley conducted a study in 2019 where they combined IPA and TA. They found that IPA produced depth and TA produced breadth, and that a focus on latent meaning would have produced a TA analysis that looked more like IPA. Additionally, they found it difficult to switch between how they looked at the data in terms of reading and interpretation when they used IPA or TA (Braun & Clarke, 2020).

As both TA and IPA could have been used as phenomenological approaches in the current study, I followed Braun and Clarke's (2020) suggestions on whether to use IPA or TA (e.g., I had a small sample, and wanted to explore the mothers' personal experiences and sensemaking) and I therefore decided on using IPA. I found it helpful that there are guidelines on how to conduct an IPA study from start to finish (Smith, Flowers & Larkin, 2009) as IPA is a methodology and thus a theoretically informed framework for research (Braun & Clarke, 2020).

Braun and Clarke (2020) do not support the understanding that there is only one 'correct' method or methodology for a study. They argue that methodologies like IPA, grounded theory, poststructuralist DA, and (reflexive) TA may produce similar studies depending on how the analysis is conducted (Braun & Clarke, 2020). For this study, the differences in choosing either approach seem minor, and in the current study where a small sample was used, the two approaches may have produced similar findings.

### **What is interpretative phenomenological analysis?**

As already mentioned, IPA draws upon the theoretical underpinnings of phenomenology, hermeneutics, and idiography (Smith, Flowers & Larkin, 2009) and these will be elaborated in the following section.

Phenomenology is a philosophical approach to study experiences (Smith, Flowers & Larkin, 2009). It was developed by Edmund Husserl in the early 1900s and the goal is to "return to the things themselves" (Langdrige, 2007, p. 4). It involves bracketing out one's preunderstandings and let phenomena speak for themselves. The aim is to describe people's perceptions of the world and what it means to them. In other words, it is a focus on people's lived experiences (Pietkiewicz & Smith, 2014).

The hermeneutic movement, led by Heidegger, builds on phenomenology but suggests that a description of the lifeworld is not enough and requires interpretation (Langdrige, 2007). An IPA approach acknowledges that it is not possible to investigate an individual's lifeworld directly as there is no clear and unmediated window into the lifeworld of another person. The researcher needs

interpretation to explore how events and objects are experienced and given meaning (Eatough & Smith, 2006). Additionally, the IPA researcher views individuals as cognitive, linguistic, affective, and psychological beings and assumes a connection between people's talk, their thinking, and emotional state (Smith & Osborn, 2004). At the same time, the IPA researcher is aware that this connection is complicated, and that people struggle to express what they are thinking and feeling, and that they may have reasons to keep some information close to their chest. Therefore, the researcher makes interpretations of people's mental and emotional states based on what they say (Smith & Osborn, 2004).

This means that the researcher does not only describe, but also interprets a participant's understanding; she tries to make sense of the participant's sense-making. This is referred to as the double hermeneutic (Langdrigde, 2007). IPA is therefore both descriptive (describes how things appear) and interpretive (looks for hidden meaning) (Kacprzak, 2017). An understanding of a phenomenon is achieved when we interpret in a circular process where we move back and forth between the parts and the whole, also referred to as the hermeneutic circle (Debesay, Nåden & Slettebø, 2008). The hermeneutic circle was employed many times in the current study, e.g., when I moved through the four phases of the analytical process, or when considering a single word in relation to an utterance from a participant.

The researcher can take different stances during the interpretation process and IPA combines an empathic hermeneutics with a questioning hermeneutics. Consistent with the principles of phenomenology, in the former, the researcher tries to put herself in the shoes of the participant and understand what it is like to be her (Smith & Osborn, 2004). In contrast, the researcher can also take a critical stance. The researcher can ask questions about what the person is trying to achieve, whether something leaked out that the participant did not intend or if the researcher senses that something is going on that the participant is less aware of (Smith & Osborn, 2004).

IPA studies are idiographic which means taking a first-person perspective seriously (Eatough & Shaw, 2019). Each participant adds value to a study because "all human knowledge is inevitably idiographic – all that is *is experienced once*" (Eatough & Shaw, 2019, p. 50). This means that if you eat an apple and taste its sweetness, you will know that it is *your* experience and not someone else's and that your friend's experience of eating an apple will be different. It is from your experience, which is woven into your lifeworld, that we can make generalizing moves (Eatough & Shaw, 2019). In IPA, the researcher first focuses on each case individually before moving on to other cases and general knowledge claims (Langdrigde, 2007). The researcher can use the list of themes generated

from the first case when moving on to other cases or she can start the analysis of each case as though it was the first.

When conducting an IPA study, it is crucial to understand the principles upon which phenomenology is based (English, 2014). To stay on the ‘phenomenological track’, I have familiarized myself with phenomenology primarily by reading its underpinnings presented by Langdrige (2007), and Smith, Flowers and Larkin (2009), read about what makes a good IPA study (Kacprzak, 2017) and visited examples of IPA studies (e.g, Eautough & Shaw, 2006, 2008, 2019; Eatough & Smith, 2006; Hall, 2006).

## **Analyzing the data**

In the following section, the four analytical phases of IPA are presented along with their use in this study. The phases are conducted for each transcript but should not be viewed as fixed guidelines (Smith, Flowers & Larkin, 2009). The purpose of this section is to invite the reader into the analytic process so that he/she gains insight into how the themes emerged in the current study.

### **Phase one**

In the first phase, the researcher reads and re-reads the transcript. This is done to get familiarized with the material (Smith & Osborn, 2004). I have both conducted and transcribed the interviews myself and therefore had a fairly good idea about what was being said. In this first phase, comments are written in the left-hand margin about what particular sections are about. The comments can be summaries, associations or interpretations based on psychological knowledge. The primary goal is to make comments as close to the meaning as possible and less often make interpretations (Langdrige, 2007).

An interpretive process already began during the transcription process as I marked sections that stood out to me as important to the mothers and in relation to their experiences (e.g., changing relationships, positive emotions toward parenthood). As these contained several interpretations and theme suggestions, I decided to start from ‘scratch’ with no transcription comments and only revisited these after the initial coding process to see if they were captured and marked them if I still considered them to be important. In other words, I tried to bracket out my a priori thoughts and interpretations about the data that I had made when transcribing.

In the coding process, I decided to code my comments into the seven fractions of the lifeworld as presented by Ashworth (2003). These were my focus in this first phase, but the analysis is not limited to these fractions. I decided to focus on these categories as they could help me focus on the participant's lifeworld's and work phenomenologically. I used these fractions as a lens through which I entered the lifeworld of the participants. I decided to include the fractions and use them as a "tool" to keep a focus on the lifeworld and enrich the descriptions of the participants' experiences. The fractions pointed out in the analysis of this study are simply chosen because of their salience in the mothers' experiences. This does not mean that the other fractions are not present, and the fractions are not used to explore all utterances.

Ashworth (2003) has proposed seven fractions of the lifeworld which enables a detailed description of the lifeworld in a phenomenological manner. These seven fractions do not constitute the entire lifeworld. All life fractions will be present in an individual's experience, but some are going to be more salient than others. The seven fractions, that are interlinked, are: selfhood, sociality, embodiment, temporality, spatiality, project, and discourse (Ashworth, 2003). In the comments, I identified the fractions that were most salient at a first glance. This is an example of what it looked like:

<p><i>Temporality</i></p> <p><a href="#">It will be different when they kids are older. More sleep.</a></p> <p><a href="#">Others are lucky</a></p>	<p><b>mig:</b> Ja.</p> <p><b>Jose:</b> <i>Altså det her med, at man ikke får sovet, men det kommer man til, når de bliver større, og der er jo nogen børn, der bare sover igennem hele deres liv – altså så tænker jeg bare: hvor er de heldige [griner let – Jeg griner kort med] at have nogle børn som bare spiser ordentligt og sådan, fordi vores ældste er meget... kræsen og spiser ikke rigtig og sådan [baby græder. Faren kommer med noget mad til hende].</i></p> <p>[...]</p>
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In the example above, all fractions of the lifeworld are present, but the life fraction "temporality" stood out to me, because the participant, Josephine, refers to the temporal aspect of her experience. As the text moved around when I made comments, I made a link within word, so it is easy to click and find which passage the comment is related to. In the following, I will briefly describe the seven fractions and their implementation in this study.

*Discourse* refers to the terms that the participant uses when talking about – and living out - her experiences (Ashworth, 2003). During the transcription process I e.g., noticed how one participant (Josephine) used repetitive wording when talking about her situation, e.g., she used the adjective "tough" (hårdt) around 71 times during the approximately 60 min. interview. This stood out to me because she also described parenthood in a completely opposite light, e.g., parenthood as something good and

worthwhile. In this fraction of the lifeworld, I will focus on repetitions, metaphors, wording etc. Metaphors can be used to communicate and share experiences that are difficult to express directly (Kacprzak, 2017). Parental regret is taboo and therefore the participants in this study may find it difficult to express directly how they feel. An overt focus on discourse can therefore be especially important.

*Temporality* refers to that we are always living in time and that a person's sense of time may reveal something about the experience being described (Langdridge, 2007). It is about how a person's sense of time, duration, and biography are affected (Ashworth, 2003). Time plays a central role in regret as regret connects our past and our future in the present (Zeelenberg & Pieters, 2007). Regret is experienced when we compare two or more situations and find that a non-actual situation is preferable to our actual situation (Beike, Markman & Karadogan, 2009; Zeelenberg, Van Dijk, Manstead & Vanr de Pligt, 2000). A focus on temporality can be of importance when exploring the experience of regret as regret is a reflective emotion which involves different time aspects (Zeelenberg & Pieters, 2007). In the current study, temporality was e.g., used to explore if the mothers' feelings were concerned with the past, present, and/or future.

*Project* refers to how a person's situation relates to their ability to carry out the activities that they are committed to and which they find important in their life (Ashworth, 2003). In relation to parental regret, this is viewed as a central aspect of the lifeworld as regret involves something that is not desired about a situation (Zeelenberg & Pieters, 2007). In the current study, this fraction of the lifeworld is especially salient in Elizabeth's account. There are many things that she would like to do in her life (e.g., socializing with friends, and going on vacation) which are important to her, but she is limited in doing these things because she is a mother with young children (see p. 33 for example).

*Sociality* refers to how the situation affects their relations to others (Ashworth, 2003). This is especially apparent in this study as several relationships change due to their experience of parenthood. For Alice, parenthood has put her and her husband's relationship under pressure and caused many disagreements (see p. 34 for example).

*Selfhood* refers to what the situation means for their social identity, their sense of agency and their feeling of their own presence and voice in the situation (Ashworth, 2003, p. 48). Selfhood is not something individual, but rather something social or something that emerges between people

(Langdridge, 2007). This life fraction was, e.g., present in Josephine's life as she struggled to "detach" herself from her child (see p. 22 for example).

*Embodiment* refers to how a situation relates to feelings about their own body (Ashworth, 2003). In this study, the participants reveal their feelings and the impact these have on their bodies or how it feels in their body. This is, e.g., evident in Elizabeth's understanding about that the "body" forgets the hardest parts of parenthood (see p. 31 for example).

*Spatiality* refers to a person's sense of space and time (Langdridge, 2007) and how these are affected by their situation (Ashworth, 2003). This life fraction is not only related to the physicality of being in a space or place, but also what a space means in terms of, e.g., social norms (Ashworth, 2016).

### **Phase two**

In phase two, the researcher notes emerging themes in the right-hand margin. Initial comments from phase one are transformed into more meaningful statements that reflects a broader level of meaning in particular sections of the transcription. Themes are not fixed after this phase; they rather change in the next phase when they are considered together (Langdridge, 2007). Themes are labels that tries to capture the essential aspects of what is being represented through the text. A theme can be a single word, a phrase or psychological terminology (English, 2014).

### **Phase three**

In phase three, themes are listed separately on paper in their original chronological order. The researcher now tries to identify common links between the themes and organizes them in a more theoretical or analytical way. Some themes will go together, while others need to be broken up. Some themes will be more superordinate, subsuming other themes. When organizing the themes, the researcher will continuously return to the transcription to check the emerging analysis (Langdridge, 2007). In this phase, I decided to make a mind map with all the potential themes as it helped me visualize them better. With inspiration from English (2014), I frequently returned to the transcriptions to look for how often a theme occurred, how well the themes reflected the utterances of that particular participant, and how important the theme seemed to be in the transcription.

## **Phase four**

In the fourth and final phase, the researcher produces a table of themes in a coherent order. Themes are given appropriate names and each theme is linked to passages in the transcript. In this phase, some themes may be discarded if they do not fit well into the superordinate themes and/or because they do not add a great deal to the analysis. These four phases are done for each transcript and then a final table of themes is produced which captures all participant experiences (Langdrige, 2007). The researcher can choose to use or not the themes from the previous case(s) when moving on to the next case. The themes can be used to guide the analysis of the next case. If the researcher decides to use the themes from a previous case, she should be flexible and adapt themes when necessary (Langdrige, 2007).

Initially, I liked the idea of moving on to the next case without a list of a priori themes and as I am fairly new to IPA, this is also recommended by Smith and Osborn (2004). However, I did not end of doing this, in the third and fourth phase, because I found it difficult to bracket out the themes from the first case. I was therefore aware of adapting and not being rigid in my use of a priori themes when I worked on another transcript. I, however, completed the first two phases of each transcript by trying to bracket out the initial themes of the first case. This was not a difficult task as I was focusing on what was actually being said by the participant, and not on how well it fit into the other participants' experiences. The results of the analysis can be found in the next section which is the research article.

## **Research article: part a**

### **Introduction**

The idea that someone may regret becoming a parent is taboo and has only recently begun to be openly discussed. Many people cannot even grasp the idea of regretting becoming a parent (Donath, 2017) and to many, this phrase rings true: "you will only regret the children you do not have".

Regretting parenthood or parental regret is a new field of study and there is a lot we have yet to learn about it. The emotion "regret" is not easily described and there are some disagreements in the complexity of the emotion, although it is broadly agreed that regret is comparative, meaning that we regret something when we compare two or more situations and come to the conclusion that our present situation would have been better if we had decided differently in the past (Zeelenberg & Pieters, 2007;



Beike, Markman & Karadogan, 2009; Zeelenberg, Van Dijk, Manstead & Vanr de Pligt, 2000\*). Most studies on regret are quantitative (Donath, 2017) and only a few studies have adequately sampled everyday regret experiences outside of laboratory settings (Bjälkebring, Västfjäll, Svenson & Slovic, 2016).

Sociologist Orna Donath can be viewed as a forerunner in the research of parental regret as she brought it into the spotlight with her article in 2015: “*Regretting Motherhood: A Sociopolitical Analysis*”, and it has, e.g., sparked a heated debate on mainstream and social media in Germany (Hefernan & Stone, 2021). She conducted 23 in-depth interviews with mothers who regret parenthood and gave a great insight into their experiences (Donath, 2015, 2017). She suggests that one of the causes of parental regret is the strong, cultural pressure on women, under which they feel that they need to have children to be fully accepted by society (Piotrowski, 2021).

Donath’s (2015, 2017) study is based on a predetermined understanding and definition of parental regret, and she presents a set of criteria questions which point to a stable experience of regret. Zeelenberg & Pieters (2007) propose that regret is, however, an emotion that people are motivated to regulate in order to maximize outcomes in the short term and learn to maximize them in the long run (Zeelenberg & Pieters, 2007). This could indicate that parental regret may not be a stable emotion (as Donath suggests it is) as parents will likely regulate it to cope with it. Therefore, the current study seeks to explore, among other things, whether Donath’s understanding of parental regret apply to the mothers’ experience in this study.

A few researchers, mainly sociologists, have recently explored parental regret by analyzing blog posts or internet forums such as Mumsnet and Reddit. They have identified different factors which parental regret stem from. These were, e.g., experiencing oneself as a bad parent, difficult children, parenthood disdain, a childfree desire (Moore & Abetz, 2019) and/or giving up one’s previous self (Garncarek, 2020; Matley, 2020). Psychologist Piotrowski (2020) points to parental regret being a consequence of a low identification with the parental role and that not having a child would better fit one’s life.

To my knowledge, Piotrowski is the only researcher (if not considering the Gallup surveys) who has tried to identify the number of parents who regret parenthood. His study points to that one in eight Polish parents may regret parenthood, which comes out as several million parents (Piotrowski, 2021). If these numbers are just somewhat close to reality, we have a serious issue as regret is known to be a painful emotion that can have serious consequences for a person’s health and well-being (Beike, Markman & Karadogan, 2009). His study is, e.g., however, limited in the sense that it

does not consider the nuances or facets of the experience of parental regret, and he suggests that future studies should investigate the experience of parental regret more broadly (Piotrowski, 2021).

### **A theoretical framework of interpretative phenomenological analysis**

This study investigates parental regret within the qualitative theoretical framework of interpretative phenomenological analysis (IPA) because it enables a detailed exploration of how it is to live with parental regret from the outlook of the person who experiences it. As parental regret is a new field of study, there is not much psychological knowledge about what it is like to experience parental regret and how individuals, who experience it, make sense of and deal with it.

IPA is often used to explore topics of applied psychology or ‘psychology in the real world’ (e.g., health- clinical-, and counselling psychology) (Smith, Flowers & Larkin, 2009, p. 4). During the whole research process, the IPA researcher draws on the theoretical principles of phenomenology, hermeneutics and idiography (Smith, Flowers & Larkin, 2009). This means e.g., that IPA focuses on an individual’s lifeworld and the aim is to make sense of the individual’s sense making (also called the double hermeneutic). The researcher seeks to understand the individual, but also understand more than the individual does (Smith, Flowers & Larkin, 2009). In other words, and as Kierkegaard said, *“In order truly to help someone else, I must understand more than he—but certainly first and foremost understand what he understands”* (Søren Kierkegaard Forskningscenteret, n.d.).

The aim of this study is to explore the lived experience of parental regret and how three mothers make sense of and cope with their parental regret. My take on regret is broad and the purpose of this study is to let the mothers’ experiences speak for themselves in terms of what parental regret is and how it is experienced.

## **Method**

### **Selection of participants**

A Facebook post about participating in a support group for parents who regret parenthood were shared in different Danish Facebook groups after permission by the administrator (see appendix X\*). The participants had reached out by email or Facebook message on the premise of a possible participation in a free support group for parents who regret parenthood. Some of the contact was moved to text messages. The research design was restructured early as I realized it was too great for a master thesis.

The parents, who had reached out, were informed of this change, and were given the

opportunity to participate in an interview that would be used in designing a future support group. They were also informed that the interview would explore their experience of and navigating in parenthood. They were informed that they could participate in a future support group regardless of their decision to participate in an individual interview.

Three mothers ended up participated in this study (see table 1). The small sample size is both due to the limiting circumstances surrounding this study (e.g., time constraints, tabooed topic), but also because the purpose of the study is not to generalize; instead, the purpose is to understand the lived experience of parental regret and give suggestions on how the findings is of importance in a clinical setting, e.g., identifying themes/topics for a support group. It was found that the three mothers were a somewhat homogenous group which was used in the decision to use interpretative phenomenological analysis (IPA).

Table 1: *Description of participants*

<b>Name</b>	<b>Age</b>	<b>Children</b>	<b>Civil status</b>	<b>Parenthood</b>
(P1) Josephine	25-35	2 (under the age of 5)	Married	Unplanned
(P2) Alice	25-35	1 (under the age of 5)	Married	Planned
(P3) Elizabeth	25-35	2 (under the age of 5)	Married	Planned

### **Data collection**

The semi-structured interviews with Josephine and Alice lasted approx. 60 minutes, and the interview with Elizabeth lasted approx. 30 minutes. They were recorded on a digital dictaphone and transcribed verbatim. Josephine was interviewed in her own home and the interviews with Alice and Elizabeth were conducted over Teams (they had the option of their own home, a meeting room near them, or Teams). The interviews were semi-structured, thus allowing to follow the focus of the participants (Langdrige, 2007). The interview questions were designed with inspiration from other studies on coping where the interview guide was (e.g., Fisher, Crosson, Ashdown & Hobbs, 2017; Walshe, Roberts, Appleton, Calman, Large, Lloyd-Williams & Grande, 2017) and the criteria questions used by Donath (2015) were included. The aim of these questions was to identify parental regret. See interview guide (appendix 4) for the criteria questions. The interview questions were a mix of open and closed questions, and with open-ended probes or follow up questions, which would enable rich and detailed descriptions and secure a focus on how the parents made sense of and coped with parental regret.

## **Data Analysis**

Interpretative phenomenological analysis (IPA) was used because it enables a detailed and rich exploration of a phenomenon from the experience of the individual (Smith, Flowers & Larkin, 2009), in this case parental regret.

IPA usually follows four analytic phases. The first phase is to read and re-read the transcript and write comments or short summaries of the content in particular sections of the transcript (Langdrige, 2007). Second, the researcher transforms these comments into emerging themes and writes them in the right-hand margin. In the third phase, the researcher typically lists the themes on a separate piece of paper and organizes these in superordinate or subordinate themes (Langdrige, 2007). I also decided to plot the themes into small ‘bobbles’ in PowerPoint as a help to better visualize and organize the themes. Lastly, the researcher produces a table of themes in a coherent order. Some themes may be dropped in this phase if they do not fit well or add a great deal to the analysis. Then this process is repeated for each transcript and at the end, a table of themes for all the participants is created. I used the themes from the first case to guide the analysis for the subsequent cases.

As mentioned in the introduction, the IPA researcher draws on the philosophical principles of phenomenology, hermeneutics and idiography. In short, this means that the analysis focuses on exploring how a particular individual experiences and makes sense of a phenomenon (Smith, Flowers & Larkin, 2009). The IPA researcher tries to enter the lifeworld of the participant rather than investigate it (Eatough & Smith, 2017), and tries to bracket out his or her own preunderstandings and make sense of the participant’s sensemaking, also called the double hermeneutic (Smith, Flowers & Larkin, 2009). This can be a difficult task, and to stay on a ‘phenomenological track’ when working on the analysis, I continuously moved back and forth between the analysis and the literature on phenomenology. I included some of the lifeworld fractions as presented by Ashworth (2003) and used them as a lens through which I entered the lifeworld of the participants.

## **Results**

This section presents the two superordinate themes that emerged during the analysis. Each superordinate theme consists of 2-5 subthemes. The superordinate themes are 1) parental regret, and 2) navigating in a job you cannot quit. See figure 1 for an overview of themes.

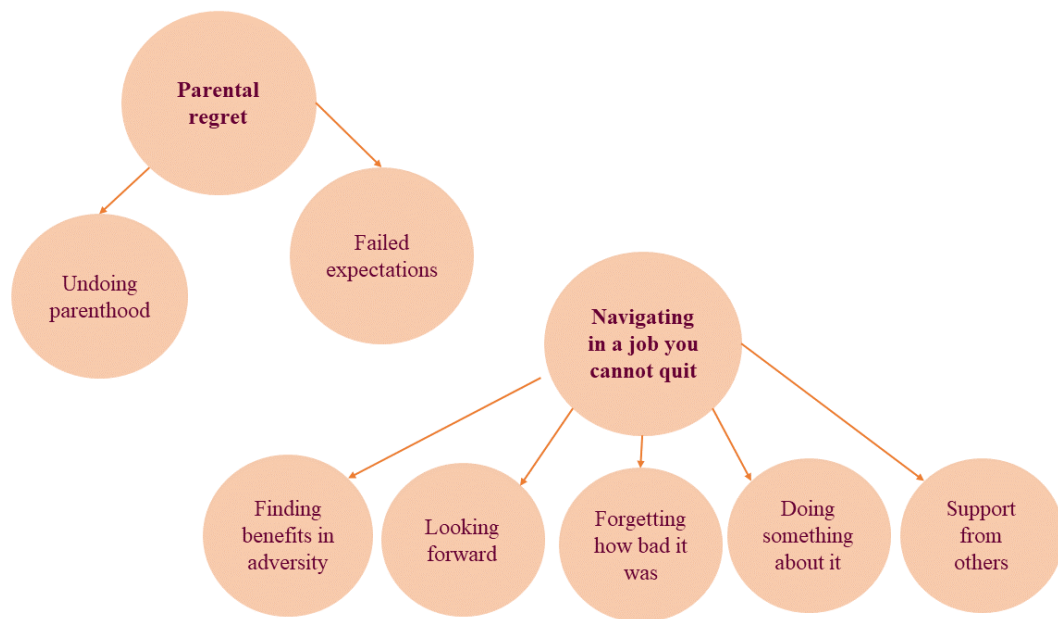


Figure 1. Overview of themes

## Parental regret

The theme ‘parental regret’ portrays the mothers’ wish to turn back time and undo parenthood as well as their expectations to parenthood which were not met.

## Undoing parenthood

This theme uncovers the mothers’ experiences about wanting to undo parenthood. Based on Donath’s (2017) criteria of parental regret, the mothers were asked: “If you could go back, with the knowledge and experience you have now, would you still become a mother?” (p. xx). Although this is a closed question, it did not result in yes/no answers. Instead, the parents reflected on this question and even though we had moved on to other topics, the answer to this question emerged several times during the interviews, thus revealing “undoing parenthood” as a theme deeply rooted in the mothers’ experiences. The theme surfaced when the parents talked about the difficulties and hardships of parenthood and all three mothers were aware that the feelings of not wanting motherhood emerged or became especially salient to them when they found parenthood to be especially challenging.

In the following extract, Josephine contemplates on whether she would undo parenthood:

[...] altså hvis jeg kunne vælge, altså, jeg ville ikke tage det tilbage nu, men der er bare perioder, hvor jeg tænker: ”Åh, hvor ville jeg bare gerne kunne tage tilbage og så bare

være mig. Især når man har haft et barn i to år, altså de ammer jo meget. Nogle gange er jeg også bare sådan: ”lad mig være. Må jeg lige bare være mig selv”. Der er selvfølgelig – når det har været hårdest med søvn og overskud, så ja... ja, ville jeg ønske jeg bare kunne gå tilbage og bare være mig (P1, 9:255)

In the above extract we can see how Josephine makes sense of wanting to go back to the time before she became a mother. Let us first consider the lifeworld fraction *temporality* as it is especially salient in this account. Temporality refers to the temporal flow of an event, and how the event is related to our biography, past, present, and future (Ashworth, 2003). Josephine does not want to go back to pre-parenthood at the time of the interview but explains that there have been times in the past where she has wanted to go back. She refers to these past times in the present tense, thus implying that these times are not history and are likely to happen again in the future.

Let us now consider this part of the above extract where Josephine briefly mentions breastfeeding:

Åh, hvor ville jeg bare gerne kunne tage tilbage og så bare være mig. Især når man har haft et barn i to år, altså de ammer jo meget (P1: 9:256).

Let us first consider the lifeworld fractions *discourse* and *selfhood* which are especially salient here and can aid an understanding and interpretation of the breastfeeding activity. Discourse relates to the terms and language in which the episode is lived through, and the second fraction, selfhood, relates to a person’s sense of agency, presence, and voice in the situation (Ashworth, 2003).

Josephine links the desire to go back in time to the activity of breastfeeding her child. Normally, when one talks about breastfeeding, they refer to it as if the mother is the one who breastfeeds the child. Instead, Josephine’s sense making is that it is her daughter who breastfeeds. This means that Josephine does not have agency in the breastfeeding activity; instead, the roles are switched. This interpretation is supported when Josephine continues: “*lad mig være. Må jeg lige bare være mig selv*”. She says this as if talking directly to her child; a child who is not capable of leaving her mother alone, but a child who, in Josephine’s sense making, has agency. In the above section, Josephine only mentions the role of breastfeeding briefly, but we get a fuller picture of why it plays a role when she mentions it later in the interview:

hun ammede meget og jeg fik amme-aversioner – altså hvor man virkelig fik grim-grimme tanker, mens de ammede, hvor man bare... Altså nogle gange havde jeg lyst til bare at skære mit bryst af og give det til hende og så sige farvel, nu sidder du bare lige DER og så kan jeg bare lige sidde uden at ha’ dig her på min – på mit ben – også med

mit bryst i munden-agtig... Det var virkelig hårdt, fordi hun kunne snildt amme mindst 15 gange om dagen. Og så om natten – lige så meget (P1, 21:658).

The above passage reveals Josephine's wish to take agency of the breastfeeding activity; she is desperate to be without her daughter. In order to get away from or separate herself from her daughter, she has to cut off her breast which her daughter is attached to. If taken out of context, talking about cutting one's breast off could be understood metaphorically, but to Josephine this is her lived reality. Having thoughts about cutting one's breast off can seem like an extreme reaction, but Josephine's reaction is not unusual if we consider that she had a postpartum depression at the time. Josephine clearly struggles to act in the situation and feels trapped. Despite not having "ugly thoughts" anymore, as Josephine calls them, she still thinks about going back in time so she can be alone and be a separate self: "*hvor ville jeg bare gerne kunne tage tilbage og så bare være mig*". The fact that she links this situation to a previous situation could indicate that she still does not feel that she has agency.

The loss of agency or rather, a loss of control is also experienced by Alice and Elizabeth. Elizabeth says:

[...] en baby kan jo ikke fortælle hvad den gerne vil, vel – det er jo hele tiden sådan noget gætværk, og det er også noget af det, jeg synes der er svært, at man ikke rigtig har nogen form for kontrol over det altså – det der med at være i kontroltab hele tiden – det er helt vildt svært [...] (P3, 6:165).

In the above passage, Elizabeth explains that a baby cannot tell you what it wants and therefore it becomes a guessing game. In this sense, it is blurred who has agency in the situation; the baby cannot express its needs and lacks agency, and the mother, Elizabeth, cannot understand the baby, and experiences a constant loss of control. When not in control, she might not feel that she has agency, even though she is the caretaker. Both Elizabeth and Alice point to and questions their inability to care for their baby or figure out what is wrong when their baby cries:

[...] hvorfor kan jeg ikke finde ud af at passe på ham ordentligt eller hvorfor kan jeg ikke finde ud af, hvad der er galt siden han græder (P3, 2:56).

Josephine is not the only mother who feels trapped with her baby. Alice and Elizabeth have similar experiences of their child being "attached" to them. This has major consequences for Elizabeth's emotional state:

[...] han har grædt meget voldsomt, synes jeg, så det er det jeg reageret på og at mit humør ligesom følger hans. Så hvis han – så skal der heller ikke særlig meget til, før jeg selv vælter (P3, 2:44).

Let us consider the discourse in the above passage. The term ”vælter” gives associations to something falling down or something that gives out for a heavy weight. To Elizabeth, it will not take a lot before she falls, indicating that the heavy weight or pressure of parenthood is too big for her to carry.

All three mothers struggle in the parental role and Josephine also struggles with how parenthood has changed her in a negative way:

Og nogen gange tænker man jo også at – altså jeg ville - hvis man kunne, så havde jeg nok spolet tilbage og valgt ikke og gøre det, fordi det har bare ødelagt mig rigtig meget (P1, 24:756).

Let us consider three lifeworld fractions which seem especially salient and interrelated here: *embodiment*, *temporality*, and *discourse*. Embodiment concerns how a situation is, e.g., related to a person’s feelings about their own body and emotions (Ashworth, 2003). Let us look into Josephine’s embodied experience by looking at how she lives through and understands her situation in terms of past, present, and future (im)possibilities.

Josephine’s embodied sense making is that “it broke her so much”. As she is saying this in the past tense, we can assume that she is not “breaking” anymore. However, Josephine feels broken and the fact that she would turn back time and undo parenthood if she could, reveals that she either cannot be “fixed”, go back to the state she was in before parenthood, or that she has given up hope to become “unbroken”. Josephine has reached a point of no return. This suggests that even if Josephine had the option of leaving her children behind and start a child-free life, it would not be possible to leave the negative emotional consequences of parenthood behind.

To Alice, it is important to make a distinction between wanting to undo parenthood and loving her child:

Bare fordi jeg har haft nogle tanker om, at det måske ikke lige var det fedeste i verden – amen ’hvis jeg det var jeg vidste, hvad jeg havde gået igennem det sidste år, havde jeg så valgt det?’ er ikke ensbetydende med, at jeg ikke elsker mit barn. Og det er sådan – hvad skal man sige - den nuance jeg lidt – i hvert fald nogen mennesker på ingen måde kan se [...] (P2, 8:226).



The extract reveals that Alice is aware of the taboo and stigma surrounding parental regret, and that it, in her experience, is portrayed in a black and white thinking. To Alice, her regret is not only made up by a one-sided and simple understanding of what it means to regret parenthood. Instead, her regret is dynamic; it is a regret filled with both negative and positive experiences, thoughts, and emotions. The regret barely reaches the surface in the above passage, but Alice does reveal it earlier in the interview:

[...] når jeg har haft det værst, der har jeg tænkt: ”det her det var simpelthen mit livs største fejltagelse (P2, 6:161).

This passage both reveals that Alice takes responsibility for her regretted decision and how she makes sense of the decision as being the “greatest mistake of her life”. As with the other mothers, the parental regret shines through during her worst times of parenthood.

If we consider the temporal referents in the passage, Alice does not speak in the present tense and instead refers to the hardest times as existing in the past. This could imply that the regret may have dissolved, but if we move from considering the part to the whole, from a sentence to the entire interview, it is revealed that Alice is aware that I am interviewing her now that she is in a good period. This is, e.g., revealed when I ask her if she thinks the advantages to parenthood outweigh the disadvantages. To this, she answers:

Jeg tror det kommer meget an på, hvilken periode, du spørger mig (P2, 9:242).

The utterance reveals that Alice’s perception changes as times change. Her perceptions and feelings are not static entities. Instead, they are regulated or changed somehow, and we will look further into this in the other superordinate theme: Navigating in a job you cannot quit.

Elizabeth does not know if she considers herself a person who regrets parenthood because of the complexity of her experience:

**Mig:** Oplever du selv, at du har fortrudt at have fået børn?

**Elizabeth:** Jamen jeg ved ikke om jeg vil sige, at jeg har fortrudt, men jeg... altså hver gang – eller hver dag, så tænker jeg: ’hvorfor var det vi synes det var en god idé?’. Altså så har jeg set hvorfor det var en – børn... øhm, men hver dag kan jeg også godt se hvorfor, vi valgte at gøre det (P3, 11:331).

The utterance shows how Elizabeth makes sense of regret. She does not quite make sense of her experience as one of regret, because she can also rationalize why she decided to have children in the first place. This suggests that regret is a cognitive emotion which can be difficult to come to terms with due to its comparative and rationalization components. This interpretation is supported when Elizabeth makes sense of her experience as a paradox:

Hver dag så tænker jeg at øh, vi skulle nok ikke have haft – have børn eller fordi det der med – jeg tror også bare, at det er det der med, at man gerne vil have det, man ikke har (P3, 7:214).

### **Failed expectations**

In continuation of making sense of the mothers' accounts of not wanting to have children, the expectations that the three mothers had to parenthood pre-parenthood should be considered as these can be assumed to play a role in their parental regret. Common for all three mothers is that they had expectations to parenthood that were not met in one way or another. The temporal aspect or the flow of time reveals the difference between the mothers' expectations and their reality of parenthood. For Alice, it was about the feelings toward her child that she had hoped would be there. In the following extract, Alice explains how the "overwhelming feeling of love" did not kick in:

[...] Så jeg var ikke en af de der, man hører, der bliver dybt forelsket i sit barn, når man får det i armene... Det... Jeg ved ikke helt om jeg egentlig fik – jeg havde et meget stort behov for at sikre mig, at han var okay. Men den der overvældende følelse af kærlighed – den havde jeg ikke.

**Mig:** Havde du forventet, at den ville være der?

**Alice:** Jeg havde da i hvert fald håbet på det. Øh, fordi det er noget man får at vide, at sådan er det jo. Øhm... Der kan jeg måske godt nogle gange tænke, at jeg føler mig lidt snydt (P2, 2:39).

Alice had hoped she would fall deeply in love with her child and feels "cheated". To Alice, this is what a mother should feel, based on the norms, and she does not feel it. Alice's expectations to parenthood are grounded in others' experiences and how parenthood is generally portrayed in society. It could seem that this is also the case for Josephine as there are a lot of things, she did not know about parenthood prior to becoming a parent. Josephine feels that she was not told or informed about normal aspects of parenthood:

[...] da jeg fandt ud af, at jeg var gravid og sådan, da var der ikke nogen, der sagde til mig: der er bare nogen børn, der ikke sover og som græder HELE tiden, og det vidste jeg ikke (P1, 1:27).

Josephine's expectations about parenthood were not realistic due to her lack of knowledge about what parenthood was really like. To Josephine, there is no connection between her expectations and reality:

[...] Jeg havde bare forestillet mig en baby, der bare sov – man kunne gå ture i barnevognen og man kunne få hende passet og man kunne bare... være sig selv [...] (P1, 2:33).

Whereas Josephine is confronted with unrealistic expectations about parenthood, Elizabeth knew what to expect when she became a parent; she was aware that it would limit her ability to do the things she wanted to do. Despite this expectation, she found herself overwhelmed when those expectations became reality:

[...] der blev jeg meget overvældet og det der med, at man ikke bare lige kan gøre, hvad man vil mere... Selvom man jo godt ved, at det kan man ikke, men når man først står i det, så er det bare noget andet ligesom (P3: 1:11).

For Elizabeth, her expectation about parenthood does not resemble the lived experience of parenthood. The extract shows how her expectation was not more than an imagination about something in the future and how it is not made up by a real, lived experience. This suggests that even if we were to anticipate regret, we cannot fully do so because of a lack of lived experience; we are limited by our own imagination.

### **Navigating in a job you cannot quit**

This theme portrays how the three mothers navigate in their regret related experiences of parenthood. This theme is made up by five subthemes which are all coping strategies.

### **Finding benefits in adversity**

An interesting thing happens when the three mothers talk about the hardships of parenthood. It was a thing I noticed early on and in the early stages of the analysis. It stood out to me because it contradicts the perception of regret as a stable and non-regulated emotion. A lot of the time, when the mothers talk about the difficulties of parenthood, they also mention the positive aspects of parenthood and vice versa. This can be understood as a coping strategy. Let us first consider the temporal aspect in this passage where Alice starts talking in the past tense:

[...] når jeg har haft det værst, der har jeg tænkt: ”det her det var simpelthen mit livs største fejltagelse”. Når det er at man har været helt derude altså at... Jeg har ligget på flere forskellige gulve og bare grædt, fordi det simpelthen bare er blevet for meget... Ja... Der har jeg tænkt: det var simpelthen for dumt, fordi man kommer aldrig ud af den igen (P2, 6:161).

Initially one might conclude that these difficult times and the thought about it being stupid is a finished chapter. Alice refers to being “helt derude” as if she were in an emotional space far from where she is now, in a place, where she would lay on different floors and cry. After talking about the difficult times, Alice quickly jumps to talk about her son in a positive light:

Og så... når det ikke er så slemt, jamen så er han jo dejlig. Jeg er glad for ham, jeg elsker ham – det er der ikke nogen tvivl om, men... det er fandme heller ikke nemt (P2, 6:164).

When Alice jumps to talk about her son in a positive light, she slips into the present tense, revealing how she is feeling now, but also how she has felt in the past when times were not so bad. She then finishes in the present tense by saying that it is not easy, thus indicating that the difficult times are not a finished chapter. She goes back and forth between viewing parenthood in a negative and positive light. It shows how her feelings and thoughts are not static or stable entities. Instead, they are constantly changing. This supports the idea of regret as an emotion that people regulate and that it can be a complex feeling, not only consisting of negative but rather ambivalent feelings and experiences. This is not odd if we consider that there were (good) reasons to make the decision in the first place.

When Elizabeth is asked what she thinks about being a parent, she responds:

Puh, jamen øh, sådan generelt set synes jeg det er fantastisk – altså sådan, man får jo en masse ting med og der er – altså især fra den store jo. Han er jo et sådan – hvad får jeg lyst til at sige – et ægte menneske, som man har samtaler med og de der ting. Og at øh med Elliot det – altså... igen det der med, når han bliver ældre, så bliver det – så begynder man jo at få meget mere tilbage. Øhhh [dyb vejrtrækning]. Men jeg synes også det er virkelig, virkelig hårdt. Altså det er det hårdeste job, jeg har haft (P3, 4:108).

Elizabeth’s experiences of parenthood are filled with ambivalence. She both describes it as something amazing, but on the other hand as something which is “very, very hard”. She also views parenthood as the most difficult ‘job’ she has had. The reference to parenthood as a job can symbolize that parenthood is good and bad and everything in between and that there will be some tasks that you have to do whether you like it or not. Viewing parenthood as a job also indicates that Elizabeth always feels like she is working and do not get time off.

All the mothers go back and forth between making sense of parenthood in a positive and negative light, but out of the three, Josephine is the one who has the most extreme experiences. She has e.g., considered throwing her child out of the window (P1: 22:695) or letting go of the baby carriage down a hill (P1: 24:736) because parenthood was *too* hard. At the same time, Josephine portrays parenthood in a very positive light:

Der er tusind fordele [ved at være forælder]. Der er tusind andre. En million andre fordele. Og så når man skal tænke på ulemper – det er ikke så mange (P1, 20:615).

Altså man kan jo ikke sige, man lever et perfekt liv altså. Alle har jo deres op- og nedture og sådan noget og så... men ja, jeg synes, mit liv er perfekt lige nu (P1, 9:266).

It is imperative that we consider the temporal aspect of Josephine's experiences if we want to understand the two extremes. She does not have "ugly thoughts" anymore, and therefore her experience and sense making about parenthood have changed. At the time of the interview, Josephine still identifies as someone who regrets parenthood, but she has moved from a place of "ugly thoughts" to a place where parenthood brings her a lot of joy. This supports an idea of parental regret as a dynamic emotion consisting of ambivalent experiences.

### **Looking forward**

Another coping strategy which is evident in all three mothers' experiences is that they all look forward to when their children get older. It is especially evident in the following passage that 'looking forward' is an employed coping strategy when things are hard:

[...] men jeg prøver jo bare at tænke, når de bliver ældre, når de bliver ældre, når de bliver mere selvstændige og sådan, så kan man nok... så bliver det nok bedre... Jeg ved det ikke. Men jeg har hørt fra mange de bliver nemmere, når de bliver mere og mere selvstændige og sådan. (P1, 12:372).

The passage both reveals the coping strategy and the effectiveness of it. Josephine tries to look forward to when the children get older and more independent, but at the same time, she does not quite believe that it will get better; that things will change. She then goes on to rely on other people's experiences as a way of supporting the coping strategy of looking forward.

Similarly, Alice believes that things will not change until her child gets older and more independent:

Altså jeg tænker ikke, at det kan blive så meget anderledes som det er nu, øhm ikke før han bliver noget ældre – ikke før han kan passe sig selv, når det er at... ja, han kan sætte sig ind på værelset, når det er han kommer hjem og har det fint med bare at sidde og lege for sig selv, og så jeg kan få lov til måske lige at ordne et eller andet, jeg kan få lov til at sidde ned i fem minutter øhm... og tjekke nyheder eller et eller andet (P2, 14:404)

At first Alice says that she does not think that things will change, but then corrects herself and says that things can change when her son gets older and is happy to play by himself. It does not seem promising, however, as Alice only believes that it will give her five minutes alone. If we consider the discourse, Alice says “få lov til” as if she needs permission to sit down by herself for five minutes. But who should grant this permission? It could seem that she does not feel that she is in charge, but that her child is. As we saw earlier in Elisabeth’s and Josephine’s experiences, something happens with their sense of agency or perception of control. The mothers feel stripped of agency and chained to the needs of their child(ren).

What is hard for Elizabeth are all the things that she misses doing from her life pre-parenthood and that she cannot do anymore. She tells us about it here:

[...] Jeg tror også bare, at øh – altså jeg ved jo godt det kun er for en periode. Øh... Trods alt, men øh, det er også svært, altså når jeg sådan - så kan jeg blive sådan helt – hvad hedder sådan noget – altså egocentreret og bare tænke det er da også super nedern, at jeg ikke kan gøre det. Men jeg ved jo også, at det kommer tilbage igen på et tidspunkt [...] (P3: 8:235)

Elizabeth’s perception is that it is only for a limited period in her life that she cannot do the things she wants. She perceives herself as ego-centered when she feels this way, indicating that it is not okay for her to feel that way. It suggests that Elizabeth feels that she should put the needs of her children first and that her needs are secondary, if considered at all.

### **Forgetting how bad it was**

Two of the mothers, Elizabeth, and Alice, both address that they forget how bad things were. Josephine does not directly express that she forgets the difficult times of parenthood. That does not necessarily mean that it is not the case; she could either not be aware of it or not find it central to her lived experience. Josephine does, however, suppress her feelings and experiences which can be understood as a way of actively trying to forget. Let us first dive into a bigger section of the interview with Alice which concerns several aspects of Alice’s “forgetfulness”:

[...] Jeg tror måske bare lidt det er sådan, det er. Det er lidt svært og samtidig forestille sig, at det bliver anderledes på et tidspunkt. Jeg kan næsten heller ikke huske, hvordan det var inden [griner]. Så... (P2, 15:426).

Alice both struggles to recall the past and imagine the future. She is very much bound to the present.

The interview continues:

**Mig:** Hvordan har du det med det? At det er lidt svært at forestille sig det anderledes nu?

**Alice:** (...) Jeg tror det er den der jamen lidt – ved ikke hvad man kan kalde den - famøse ting med jamen altså for eksempel at man siger, at man glemmer hvor ondt det gør at føde for ellers ville man ikke have lyst til at gøre det en gang til. Og jo, hvis det er jeg sidder og tænker tilbage på de trælse perioder, jamen så har jeg heller ikke lyst til at gøre det en gang til, men man glemmer også lidt HVOR slemt det egentlig var. Øhm... I hvert fald nogen af tingene. For eksempel fødslen. Det var egentlig først sådan det efter, der var værst. Selve fødslen, jo-jo, den var hård, men der var jeg bare sådan lidt i en boble (P2, 15:429).

Alice makes sense of not being able to recall the past as a “normal” thing. She explains that if you were to remember it, you would not have a second child. In a similar way, Elizabeth also believes that “the body forgets” (P3, 6:161). Alice can recall some of the “trælse perioder”, but she is aware that she is not able to recall how bad they actually were. She is aware that she has forgotten something.

The interview continues:

**Mig:** Hvad tror du at det er der gør, at du glemmer det - hvor svært det har været?

**Alice:** Jeg tror, når det er, når der så er de gode perioder, hvor han er sjov at være sammen med og det kører og han hygger sig, han sover, han spiser, han er nem at aflevere, og altså de der ting.

**Mig:** Ja. Det giver rigtig god mening.

**Alice:** Så går det jo godt og så er det det, man ligesom er i. Frem for de dårlige perioder, hvor der er en... sådan ligesom bare helt opslugt af det (P2, 15:437).

Alice is very much a person who is living in the present. When things go well, she forgets the bad things and vice versa. Living in the present can both function as an effective and ineffective coping strategy. It is effective when things go well as she does not ruminate about the bad times, but it is ineffective when things go bad and she cannot look beyond it.

Josephine does not talk about forgetting, instead she tries actively to not think about it:

[...] Nogle gange, så er jeg bare: ”kan I ikke... GÅ og så bare lade mig være - altså?”  
(...) Men det er også bare, så prøver man bare at undgå det og lad være med at tænke på det, fordi man føler bare, det er meget forkert at ha’ det sån’ (P1, 11:346).

If we consider the discourse, Josephine talks about how she feels, but instead of using “I”, she uses “you”. This could be a way of distancing herself from what she is saying, or it could indicate that she has already distanced herself from it by trying to suppress her thoughts. She feels that it is wrong for her to have these feelings which supports the interpretation that she wants to distance herself from them. I ask her how she does this:

**Mig:** Hvad gør du sån’ for at prøve og undgå at tænke sådan så?

**Jose:** [utydelig tale] (...) Overtænker alt, så det – det er svært IKKE at tænke på det.

**Mig:** Okay.

**Jose:** Jeg har altid sådan en lille stemme sådan heromme i hovedet, der sådan – der siger det nogen gange: ”Ugh, hvor var det bare rart, hvis de [børnene] ikke bare ikke var heragtig (P1, 12:349).

The coping strategy, suppression, does not prove to be effective. Instead, when trying to suppress her thoughts, Josephine starts overthinking. She talks about how there is always a little voice in her head. Josephine views this little voice as an embodied part of her; it is in her head and sometimes it talks. It has a life of its own and Josephine cannot make it go away or control it. She also believes that there is nothing she can do about it: “Altså fordi jeg ved, der er ikke noget, jeg KAN gøre” (P1, 12:365).

### **Doing something about it**

This theme shows how two of the mothers, Alice and Elizabeth, take action when dealing with their negative feelings and experiences about parenthood.

Elizabeth misses all the things she cannot do now that she is a parent. Despite this, she finds a way of implementing things in her life that brings her joy. This, however, comes at a cost. At the time of the interview, she is away from her children and husband for a weekend for the first time:

For eksempel nu her i weekenden, der er jeg oppe hos mine forældre alene, hvor min mand har børnene. Øh... og det har jeg enormt dårlig samvittighed over og komme væk eller sådan få en pause, men øhm... Men altså min mand han siger jo bare at – altså det jo ligesom både at det er en nødvendighed at jeg kommer - får lidt pause (P3, 2:57).



The mentioning of her guilty conscience is followed by a “but” which makes her guilty conscience less legitimate and somewhat unnecessary. Her husband says that these breaks are a necessity, thus giving Elizabeth permission to have them.

Elizabeth also takes “breaks” during the weekdays as well:

[...] jeg går til en aktivitet hver uge\* for eksempel. Der er jeg væk et par timer og bare det – det betyder helt vildt meget. Vi prøver sådan at have indlagt små pauser i hverdage, hvor jeg sådan kommer ud og er lidt væk, og det fungerer egentlig rigtig fint. (P3, 4:123)

These breaks function as an effective coping strategy for Elizabeth. Alice do not take the same “breaks” as Elizabeth, but she prioritizes her time:

[...] vi prioriterer bare at lade op – i stedet for at bruge tiden på og ordne... Fordi ellers så, den der følelse af at så har man ikke haft en pause, og hvis han så vågner en time efter i stedet for to timer senere, øhm – jamen så – så har man ikke nået at slappe af, så det er vi bare nødt til at prioritere for at kunne være i det [...] (P2, 10:274).

Both Alice and her husband find parenthood challenging and they prioritize time to relax over household chores that should also be done. For Alice, this is a must in order to “være i det”, thus indicating that she does not find that she has a choice to act otherwise. It is, however, a choice as it is something that they prioritize. To Alice, this is a coping strategy that she cannot do without, and therefore she does not even consider an alternative.

Elizabeth takes action to do the things she misses, and for Alice prioritizing time to relax is a necessary coping strategy. Josephine cannot imagine these things happening before her children become adults. Josephine does not take action to change her situation, because she does not have the time:

**Jose:** Altså jeg har jo ikke tiden til at gå til en psykolog, altså jeg har jo... børn jeg skal passe og pleje og... og jeg har heller ikke kørekort, så jeg ville ikke kunne køre... Så skulle min mand køre mig, og det er også bare det at skulle jeg sige til ham: ”Du skal lige køre mig herhen.” (P1, 18:560).

When I ask Josephine if there is something that has been in the way for seeking help, she responds by listing several reasons. To Elizabeth, these reasons are her reality, but if we use a questioning hermeneutics, the reasons could seem like excuses. We could speculate that it is easier to do nothing than something because that something is not readily at hand. She does not know if that ‘something’ would even help her, so why even bother? Josephine seems to have lost hope and does not see any

other way than waiting until her children get older. It could also be that the help or a change is so far away, out of reach, both mentally and physically, that Josephine cannot even imagine it.

### **Support from others**

This theme covers two main aspects of support: it explores the support or lack of support within close relationships, and it explores the role of health professionals. All the mothers receive support from close relations, and it makes a big difference to them. They, however, admit that they do not tell the whole story; they tell others that parenthood is difficult, but they touch up the story. They have been in contact with health professionals at some point. Even though they have very different experiences with health professionals, they all have one experience in common; they were all forgotten or left behind.

Two of the mothers, Josephine and Elizabeth, experience great support from their husbands, and Josephine even says that she could not have done “parenthood” without him. She feels lucky to have her husband and parenthood has changed their relationship for the better (P1, 26:797). Alice does, however, feel completely different; having a child has pushed her husband further away and endangered their relationship:

[...] det der næsten har været det sværeste har været, hvad det har gjort ved parforholdet.  
Altså... der er mange ting, vi pludselig er uenige om, som vi ikke var uenige om [...]  
(P2, 6:167)

Where Josephine does not really have any friends, she can share her feelings about parenthood with, Elizabeth and Alice both have supportive friends with whom they can share their experiences with. What is of importance to them is that they have someone who is willing to listen and try to understand. Josephine feels wrong when sharing her feelings about parenthood with her friends as they do not acknowledge them (P1, 15:462). Support can, however, take many shapes, and to Josephine, it is the recognition from others that makes all the difference. Being recognized as a good parent by others makes Josephine’s feelings of regret vanish (P1, 7:213).

Josephine is the only one of the mothers who has not received professional help. Let us first take a look at her experience, where the health nurse came by for a normal check which revealed that Josephine had a high score on a postpartum depression scale:

**Jose:** Så den var LANGT over, men de sagde aldrig rigtig noget som at du skal begynde på de her eller du skal hen – jeg blev aldrig henvist til noget eller sådan, så jeg følte bare jeg skulle gøre det selv... så...

**Mig:** Ja.

**Jose:** men når man har depression, så er det at skulle tage kontakt til en psykolog – det er ikke LIGE hvad man sådan har overskud til [tager dyb indånding]. Så det var – det var hårdt [ånder ud] (P1, 23:718).

Josephine felt that she had to deal with it herself as she was never referred to other health professionals. For Josephine, having a depression meant that she could not reach out for help. She did not only feel a lack of energy due to depression, but she was also scared that her child would be taken away if she told anyone (P1, 24:742) and she felt that the health professionals hid her feelings (P1, 24:746).

Josephine's perception of what happened is that the health nurse hid her feelings, thus indicating that her feelings were not appropriate and that she should not feel this way. This could potentially feed into Josephine's fear that they would take her child away. At the same time, Josephine feels that her feelings, to some extent, are normal, and that she can get help in Denmark:

I Grønland ville de nok bare sådan [sige]: ”du kan – du tænker på at slå dit barn ihjel, det skal du ikke, dit barn skal ikke være hos dig”-agtig. Her er de meget sådan: ”Det er normalt; der er nogen, der har det sådan. Vi kan godt hjælpe dig”-agtig. Følte JEG i hvert fald [tager dyb vejrtrækning] (P1, 27:852).

Initially we might come to the conclusion that there are obvious discrepancies in how Josephine feels and thinks. At one point, she expresses that she is scared that her child will be taken away, but at the same time, she thinks that her thoughts and feelings are normal in Denmark and that she can get help. If we consider her background and her belief that her child would be taken away if she had been in Greenland, it does not sound implausible that she has not been able to put this fear aside, even though it relates to Greenland and not Denmark.

Elizabeth had a high score on a postpartum depression scale when she had her first and second child (P3, 1:21). I ask her if she knows why she was she did not get help the first time around and she responds:

**Elizabeth:** Nej, jamen jeg ved – jeg tror at det måske – jeg tror ikke, at jeg synes det var så slemt heller, altså men når jeg ser tilbage har det nok været det (P3, 2:34)

Elizabeth explains that she was not referred to a psychologist when she had her first child. When I ask her why not, she explains that she does not feel that it was as bad back then. However, when looking back, she says that it probably was as bad as it is the second time around. We can only speculate about what this means, but it could be that Elizabeth either would not admit to herself or

someone else how bad she felt back then. At the same time, she had a high score on a scale which should have caused the health professionals to react. We do not know why she has first been referred to a psychologist with her second child where she also had a high score on a postpartum depression scale. Unlike Elizabeth and Josephine, Alice was referred to a psychologist, but the referral disappeared (P2, 2:56).

Alice experienced critical complications surrounding the birth and was therefore referred to a psychologist. She had to make a call because the referral had disappeared. This meant that it took a couple of months before she came and had a session. Alice had, however, been to the doctor beforehand and in general, she felt a lot of support from those around her. One can say that Alice herself made sure to get help. We cannot pinpoint why she did this when the two other mothers did not. It could be that her experiences surrounding her birth were recognized by the health professionals, and that it would be considered normal to get help in a situation where the mother experiences complications surrounding the birth.

When the mothers are asked about what they expect to get out of potentially participating in a group with like-minded parents, they mention things such as not being alone with their feelings anymore, that it is okay to feel how they feel, and that it would enable a feeling of “being normal”. They explain that it would be “liberating” (P1; 569), “rewarding” (P3; 348), and “comforting” (P2: 482-484).

## **Discussion**

In this section I will build on some of the analytical observations already made by examining these through the extant literature on regret, emotion regulation and postpartum depression. This is followed by an evaluation of this study in terms of quality criteria, limitations, and implications for practice.

### **What is parental regret?**

Donath’s study (2015, 2017) on regretting parenthood provides an important context for this study. She first published her results in a research article in 2015 and later elaborated them in her book “Regretting Motherhood: A Study” (2017). Her work is based on a predetermined definition or inclusion criteria of what parental regret is (Donath, 2015, 2017). Although this study is an IPA study and therefore inductive, I included her criteria questions in my investigation of the lived experience of parental regret to explore if her definition of parental regret would apply. As mentioned in the introduction, Donath (2017) argues that her criteria questions point to “a stable experience of regret” and that they helped differentiate regret from ambivalence (p. xx). This contradicts the understanding

that regret is generally understood as an emotion which we, like other emotions, regulate (Zeelenberg & Pieters, 2007). In this first section, I will discuss the definition of parental regret as understood by Donath in relation to the findings in this study.

Donath (2017) draws a clear line between regret and ambivalence because it otherwise “obviates the possibility of listening to what women who lament becoming mothers have to say” (p. xix). She argues:

Whereas regret may involve ambivalent feelings about motherhood, ambivalence toward motherhood does not necessarily imply regret for it. There are mothers who experience ambivalent feelings but do not regret becoming mothers, and there are mothers who regret becoming mothers and are not ambivalent about motherhood (Donath, 2017, p. xviii).

In the introduction of her book, Donath states that the first criteria question needs to elicit a negative response: “*If you could go back, with the knowledge and experience you have now, would you still become a mother?*” (Donath, 2017, p. xx). In her article from 2015, she says that the mothers’ answers are negative to this question: “*Following their existing understanding and feelings, all of the participants answered in the negative, albeit in different ways*” (Donath, 2015, p. 353). In her analysis, however, she finds that some mothers answer the question positively, e.g., because they cannot envision doing otherwise (Donath, 2017, p. 88). Donath thus changes her inclusion criteria, as these mothers participate in her study, but she does not acknowledge or address it as a change of inclusion criteria.

In addition, Donath (2017) argues that the mothers in her study had a straightforward declaration of regretting motherhood: “We should not have done this” (p. 59). In my opinion, some of the mothers in her study do not reflect a stable and definite experience of regret. Let us consider an example where a mother, Erika, first says that she would never do it again, but at the same time says she would maybe have a child if she could redo it:

Can I say to you now, looking back, that it’s worth thirty years of suffering? **Absolutely, definitely, certainly** [gestures to accentuate vehement negation] - **no. No.** Would I do it again? **Never.** If I could make the choice today, then maybe I would have one girl or boy, doesn’t matter (Donath, 2017, p. 62 – in bold originally).

One can question Erika’s regret as *definitive* and *stable* because she would consider having a child if she could redo it. Is it then a matter of regretting parenthood in the light of Donath’s understanding?

Probably not. Even though Donath (2017) points to regret as a stable emotion, she acknowledges that the mothers may regulate their emotion due to socially attributed meanings of regret:

This supposedly obligatory linkage between one's feeling regret and the socially attributed meanings of this feeling (indifference, hostility, hatred, neglect, or violence) might lead to an alteration in rhetoric and to a reregularization of the experience of regret in order to align oneself with cultural expectations and to avoid a violation of maternal feeling rules (Donath, 2015, p. 361).

Donath's (2015, 2017) understanding and findings of the definition of parental regret are questionable, and it puts the validity of her study into question. Did Donath *really* investigate parental regret based on her criteria assumptions of what parental regret is? Her criteria changed during her study and the mothers' accounts do not paint a picture of a parental regret which is stable and definitive.

These new "findings" are in line with the current study, where it is found that regret is not a stable emotion, but it rather takes shape of a parental regret which to a great extent is made up by ambivalent feelings toward parenthood. The findings in the current study suggest that parental regret is made up by positive and negative experiences, thoughts, and emotions. The analysis, e.g, shows how Josephine's experience of regret is ambivalent and dynamic as she has moved from one "extreme" to the next; from having thoughts about harming her daughter to enjoying motherhood. Despite a change for the better, she still identifies as a mother who *sometimes* regrets parenthood.

In addition, the findings suggest that parental regret is bound to and situated in a time and space where parenthood is experienced as difficult. All three mothers find that the experience of regret emerges during the hard times of parenthood. As Alice says: "[...] når jeg har haft det værst, der har jeg tænkt: "det her det var simpelthen mit livs største fejltagelse (P2, 6:161)". The findings point to that parental regret is inherently ambivalent and situated in the hardships of parenthood.

### **The role of postpartum depression in parental regret**

When first embarking on this study, I had the preunderstanding that mothers who experience postpartum depression (PPD) do not regret parenthood. Donath (2017) draws a very distinct line between PPD and parental regret and explains that parents who experience PPD still desire parenthood as opposed to parents who regret parenthood. She does not consider parents with PPD as someone who experiences parental regret (Donath, 2017). In opposition, the results of this study indicate that parental regret can be experienced despite PPD. This section does not seek to explore possible

differences between parental regret and PPD but will instead explore this study's prevalence of PPD in relation to the extant literature.

All mothers in this study had unfortunate experiences with healthcare professionals, and two of the mothers were not offered help despite a measured high score on a screening for PPD. A report by VIVE reveals that a Dutch and Canadian study found that only a few women receive help when they reach the cut-off score on e.g., *Edinburgh Postnatal Depression Scale* (EPDS) and that some of them experience unfulfilled needs for help. Some women experience difficulties in understanding their symptoms and find it difficult to explain how they feel (Pontoppidan, Smith-Nielsen & Nøhr, 2022).

One can then ask the question, why the mothers are screened for PPD when they are not offered help? No matter how one looks at it, this can be deemed as problematic. The mothers in this study may, however, have struggled or omitted to explain how they felt. For Josephine, this could be related to the fear that they would take her child away if they knew. Josephine's encounter with the health nurse has e.g., left her with a feeling that her feelings are wrong, and therefore she may not feel confident in disclosing her feelings. For Elizabeth it could be the case that she was not fully aware of the seriousness of the situation or in other words, how bad she felt.

These findings are supported by extant literature. According to professor and chief physician, Poul Videbech (2011), mothers with PPD may be so ashamed of not being able to cope with the duties of parenthood that they will try to hide how bad things are. It is also common for mothers with PPD to have thoughts about harming their child. At the same time, they are afraid of telling others because they are scared it is a sign that they are going crazy (Videbech, 2011). This suggests that health care professionals should be especially observant of and learn to better identify mothers who try to hide their symptoms. At the same time, they will need to create a safe space for the parents to disclose their feelings.

In the subtheme "undoing parenthood" it is found that all three mothers struggle to understand what their child(ren) needs and find it to be a "guessing game". If we consider the extant literature, this can be understood in relation to the mothers' ability to mentalize. The ability to envision mental states in the infant and in themselves as a parent and to link these mental states to the child's needs is referred to as parental reflective functioning (PRF) (Wendelboe, Smith-Nielsen, Stuart, Luyten, Vaever & Taubner, 2021). In other words, PRF helps parents understand their infant's behavior and needs. An

impairment in PRF typically leads to problems in “reading” their child adequately and consequently has a negative influence on the quality of parental caregiving behavior (Wendelboe et al., 2021).

Recently, the impact of PPD on PRF has become an area of investigation in parent and child mental health research. Current findings show a link between maternal postpartum depression and impaired reflective skills. This imposes a risk on the development of the mother-infant relationship. The findings are, however, mixed and call for more research (Wendelboe et al., 2021).

If we relate the recent findings on PRF to the findings in this study, we cannot account for a link between PPD and PRF, but the findings suggest that the mothers in this study may have impairments in PRF as they, to a great extent, experience difficulties in understanding their children’s needs. An intervention targeted at helping these, and other mothers with similar experiences, with PRF is dearly needed and in turn, it may improve the relationship between the mother and infant and reduce the feeling or occurrence of regret. It may help the mothers in this study to get their sense of agency back.

## **Annex (part b): part two out of two**

This last part of the master thesis contains clinical suggestions, a discussion of the research findings in terms of quality criteria and limitations to the study of regret.

### **Clinical suggestions: a support group**

When asked about what the mothers would like to get out of potentially participating in a support group, they do not focus on learning about “tools” or how to deal with their situation; instead, they focus on the emotional aspect or benefit from meeting others who feel the same way. They simply believe that meeting other like-minded parents would help them in dealing with their feelings about parental regret. A lot of research show that support plays a significant protective role in the maintenance of physical and mental health (Nichols & Jenkinson, 2006). However, studies investigating whether support groups have an impact on the participants’ well-being are inconclusive (Helgeson, Cohen & Schultz, 2000). As parental regret is extremely taboo, frowned upon and unacceptable in society (Donath, 2017), a support group may be beneficial as it allows the parents to air their feelings in a safe and nonjudgmental space that may not be accessible or possible elsewhere. The mothers in the current study say that they do share some of their hardships of parenthood with others, but they do not share everything. A support group would enable the parents to speak freely and without restrictions. At least, that would be one of its goals.



In addition, the support group could include more practical ways of dealing with regret. As all the mothers in this group express a desire to get alone-time and do things by themselves, the focus group could have a theme that addresses this and help them implement these aspects in their lives. As already mentioned, additional support in PRF could prove helpful as it could give the parents a feeling of agency in what they otherwise experience as a lack of control, limitations, and not being a good enough mother.

## **Discussion of the study and its findings**

This section seeks to discuss the quality criteria of this study in terms of validity, reliability, and generalizability as presented by Kvale and Brinkmann (2015). Additionally, three quality criteria which are considered important in the evaluation of an IPA study are also considered briefly (Kacprzak, 2017).

Typically, validity concerns whether the researcher is researching what he or she set out to research (Kvale & Brinkmann, 2015). For this study it is a question of whether I have explored the lived experience of parental regret of three mothers and how they make sense of and cope with their parental regret. The interviews with the mothers go beyond the study aim in terms of content, and I have therefore narrowed the analysis down to exploring two superordinate themes to ensure a focus on the study aim. During the four phases of analysis and in the writing of the analysis, it became clearer which aspects of the mothers' accounts would help answer the study aim.

In addition, and in an IPA study, a test of research validity refers to if the study tells the reader something important, interesting, or useful (Kacprzak, 2017). I argue that this study fills a gap in the research literature and provides an important insight into the nature of parental regret. It provides useful information about three mothers' experiences which can be used in clinical practice, e.g., in designing a support group.

Reliability refers to the consistency and the credibility of the findings and it is investigated to make sure that the results are not based on the interpretation of only one statement. Furthermore, reliability concerns whether the findings can be replicated by others and at a different point in time (Kvale & Brinkmann, 2015). To ensure that the interview answers were understood correctly, I followed up on the mothers' answers during the interviews and asked them further questions about their experiences to get a fuller picture. To ensure reliability in the themes chosen and, in the analysis, I have gone through the four analytic phases on each transcript. This helped me focus on the lived experience that

was of importance to each mother, and to demonstrate that this was the case, I made sure to include utterances from each mother in every superordinate theme and subtheme.

Generalizability in a qualitative study refers to if the results can apply to other people, contexts, and situations (Kvale & Brinkmann, 2015). The finding that parental regret is situated, regulated, and emerges when parenthood is experienced as difficult could possibly apply to other situations where regret is experienced. The findings support the understanding that regret is a regulated, dynamic, and ambivalent emotion (Zeelenberg & Pieters, 2007) and that regret is experienced when things related to the regret are salient.

In IPA, the *criterion of rigour, transparency and coherence, and impact and importance* are considered important quality criteria. These three concepts are closely linked to transparency (Kacprzak, 2017). I have tried to be transparent about how this study has been conducted, how I have made my analytic claims, and I have e.g., attached the transcriptions. The transparency can make it easier for the reader to evaluate this study in terms of validity, reliability, and generalizability.

## **Limitations**

### **Are we really talking about regret?**

There are disagreements within regret research when it comes to measuring and investigating regret. Disagreements arise even when researchers use the same definition of regret. The question is: when do we know if we are really talking about regret and not other related emotions such as disappointment, guilt, sadness, shame, or general negative affect (Zeelenberg & Pieters, 2007)? The purpose of this section is not to provide an answer, but rather illuminate this as a potential limitation to this study and to the study of regret in general. The aim of this study has been to explore regret and its implications of the lived experience of three mothers.

Most studies on regret are quantitative and are made up by psychological experiments under laboratory conditions with hypothetical situations (Donath, 2017). Investigating regret qualitatively is thus not a focus and it leaves out the phenomenological aspect of regret, namely how it is felt. Furthermore, only a scarce amount of research on the issue of regretting parenthood exists (see e.g., Heffernan & Stone, 2021; Piotrowski, 2021; Moore & Abetz, 2019; Donath, 2015, 2017).

Several of the parents who reached out to participate in the original study had doubts about whether they regretted parenthood or what that regret even looked like. Nonetheless, are the emotions that are elicited due to regret not also a part or aspect of regret? Can regret be separated from other emotions?

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