Mothers' experiences of doctoral level training in clinical psychology in the UK: A thematic analysis.

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Submitted to the University of Hertfordshire in partial fulfilment of the requirements of the degree of Doctor of Clinical Psychology

July 2024

Word Count: 29, 753

Excluding title page, contents, abstract, tables, figures, footnotes, references and appendices

Abstract

Aims: Existing research highlights the challenges experienced by mothers in doctoral education. Training in clinical psychology is known to be competitive and demanding and may present specific challenges for mothers. This research aimed to explore the experiences of mothers enrolled in doctoral level education in clinical psychology, with a focus on barriers and challenges, potential benefits to training as a mother and changes mothers would like to see.

Method: Eighteen semi-structured interviews were conducted with mothers enrolled in doctoral level education in clinical psychology, within the UK. Interview data was analysed using Reflexive Thematic Analysis.

Results: Four themes were identified, three of which had subthemes. The themes highlighted that mothers experienced the course as a relentless, rigid, machine-like entity. Mothers felt the course was not designed with their needs in mind and found it challenging to attend to both their caring responsibilities and student responsibilities whilst navigating a rigid and inflexible programme. Mothers experienced the focus on self-care within training to be at odds with the uncaring nature of clinical psychology training and experienced self-care as largely inaccessible to them due to their caring responsibilities. They felt they were held responsible for gaining the support they required and valued connection and community with other mothers, which they experienced as lacking. Mothers spoke of the benefits of having children in relation to resisting the oppressive and relentless nature of training.

Discussion: Findings of the research are presented in relation to wider literature and the research questions. Clinical implications are considered with attention paid to each systemic level, ranging from the individual to wider macro level structures.

Acknowledgements

Firstly, I want to express my sincerest thanks to all the incredible student-mothers who took part in this research. Thank you for trusting me with your story and for taking the time out of your already very busy lives to take part. You have given me such inspiration.

To my research team – thank you Becky and Amanda for being exactly the support I needed. Becky – I am so grateful for your patience with my many questions, for the generosity you have given with your time and for helping me to develop my confidence in research. Amanda – thank you for your many words of encouragement that always came at exactly the right time and for always reminding me of the important things. I am so grateful for your insightful reflections and questions.

To my family – thank you for all your support, for always believing in and always cheering me on (and the food deliveries!).

Nick - what can I say? What a three years! This absolutely would not have been possible without you. You have kept me going, always believed in me and made huge sacrifices for me to do this and I am so grateful. Thank you for your never-ending support.

And finally - Lola and Coral – my two beautiful girls. You're all the inspiration I ever needed. You're woven into every word written here. Every late night worked, every rush to meet a deadline, every celebration of passing another milestone has been done with you, alongside sports days, end of year performances and birthdays. Thank you for teaching me more than anything I could ever learn on a doctorate, for reminding me of the important things in life, and for refusing to let me get sucked into 'thesis land'. I am so excited for the many adventures to come, no more waiting until the thesis is in!

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1. Introduction

1.1 Overview

This research aimed to explore how mothers experience doctoral level training in clinical psychology within the UK. Qualitative data, gathered from 18 semi-structured interviews completed by the Principal Researcher, was analysed utilizing reflexive thematic analysis (RTA) (Braun & Clarke, 2006). This chapter starts by outlining the epistemological stance taken and my relationship to the research, before situating the research in the context of existing relevant literature.

1.2 Epistemological stance

Understanding the epistemological position this research adopts allows the reader to understand more about how I sought to answer the research question. A critical realist epistemological stance sits between a realist and relativist position, and postulates that reality exists outside of interpretations and ideas about it, and that access to reality is mediated by language and culture (Braun & Clarke, 2022). Language is understood as being able to provide something, but not everything, about reality, as a way of constructing our social realities whilst also recognising that these are bound and moulded by the realities that we face (Sims Schouten et al., 2007). It therefore encourages researchers to look beyond the data and draw on other factors (Roberts, 2014).

Critical realism was felt to provide an ethical approach to the experience of mothers completing the doctorate in clinical psychology, recognising the context and materiality that

they are negotiating as a reality (Sims Schouten et al., 2007) and seeking to understand some of that reality through hearing the experiences of the participants who took part in this study.

Critical realists understand that phenomena within the world sit within three domains – the 'empirical domain' (things that are noticed and can be seen by the researcher and actually happened), the 'actual domain' (things that do exist but the researcher may not have seen happen) and unobserved phenomena that exist within the 'real domain' (things that can't be seen or noticed but influence or impact upon other things or events) (Bhaskhar, 1989, cited in Wiltshire & Ronkainen, 2021). Using a metaphor from Wiltshire & Ronkainen (2021) the three domains could be demonstrated by imagining a flower from the perspective of a birds-eye view. The petals would represent the 'empirical domain' as they are within view and noticed by the researcher or observer. The stem of the flower would predominantly be out of sight, however it is assumed to be present and possible to see from another angle, representing the 'actual domain'. The soil, completely out of sight, would only be understood by looking at the health, state, and qualities of the rest of the flower, representing the 'real domain'. Following this metaphor further, within this research, I understood the words and expressions used by the participants as examples or things that were within view and noticeable by me as the researcher. I was able to gather this information and analyse it and was able to remember the interview taking place. This represented the 'empirical domain', including the things that were within my view. The particular structures relevant to the course were factors I could assume were present, due to the nature of the research and the inclusion and exclusion criteria stating that all participants were currently enrolled on a course and were parents. These factors were viewed as elements within the 'actual domain'. The context in which mothers complete

doctoral level education and current social discourses around mothering were factors that were understood through the words and experiences shared in the interviews. These factors were not necessarily observable during the interviews, however I was able to understand more about them through hearing the experiences of the mothers I spoke to. I saw these as representing the 'real domain'. Thus, adopting a critical realist approach for this study meant that attention was directed to relevant macro level structures and policies in order to understand the context within which mother-trainees are positioned, such as societal discourses in relation to motherhood.

The aim of this research was to increase the accessibility of clinical psychology to mothers, which was felt to be in line with a feminist research focus on social justice and equality (Wigginton & Lafrance, 2019). Feminist research 'seeks to respect, understand and empower women' (Campbell & Wasco, 2000, p. 778) and aims to highlight 'women's voices as sources of knowledge' (Campbell & Wasco, 2000). This was felt to be in line with the goals of the research, as it felt important to me that the voices of the women involved in the research were heard (Parr, 2015). As such, in addition to a critical realist epistemological stance, ethical research practices and political concerns associated with feminism have also been drawn upon (Parr, 2015). In particular, feminist stand-point theory, which sets out to explain the needs and wants of oppressed groups (Harding, 2009) was drawn upon. As a result, attention was focused on recommendations and potential change for mothers and may have moved away from understanding the lived experience for mothers. In addition, drawing on a stand-point theory approach meant that perspectives from other communities about the experience of mothers enrolled in doctoral education were not gathered.

1.3 Insider research and my relationship to the research

Within the context of this study, I view myself as an insider-researcher (Dwyer & Buckle, 2009), completing doctoral education in clinical psychology as a mother, whilst simultaneously researching it. Although my experience has prompted an interest in the topic, it also has the potential to influence the relationship I have to the research and the analysis I undertake (Griffith, 1998). Here, I start by outlining my position, which is reflected on in further chapters in relation to how this may influence the methodology and analysis.

My relationship to the research topic is influenced by my identity (Braun & Clarke, 2019), which includes being married, a mother of two and a trainee clinical psychologist. I am mixed-race, cis-gendered and in my thirties. My children are both in school full-time and I have the financial privilege to access breakfast club and after school facilities, as well as a supportive husband and family who live locally. Choosing to start training was a big decision and involved longer working days and longer commutes - aspects I actively avoided prior to training and are commitments I hope to move away from once qualified. Throughout training I have experienced high levels of guilt and a sense of loss and uncertainty about whether this was the right choice. I believe it is important to view the results of this research within this context.

My interest in the accessibility of clinical psychology training started earlier in my career, initially through the lens of class and ethnicity. When I became a mother, my experience was that the doctorate felt even more inaccessible, and I often reflected that clinical psychology was 'not for people like me'. I have found this experience exhausting, confusing and relentless, whilst at the same time feeling proud of my academic achievements. I have

found a part of my identity I can't easily access elsewhere and gained a sense of achievement from being able to immerse myself in something I enjoy.

My views and perspectives shape the challenges I have personally experienced whilst on training, how I approach the research questions, the questions I ask in interviews, and the data I look for and generate in analysis. Rather than simply stating my position, consideration of my how own experiences may influence the research has been embedded throughout as well as included in the Appendix (see Appendix I, J, K , and P) to situate reflexivity as a core and on-going element of this research (Lafrance & Wigginton, 2019) rather than something read as an 'optional extra' (Braun & Clarke, 2022, p. 15), encouraging the reader to consider my position and context alongside the research process.

1.4 Situating the research in context

When approaching the research question, it is important to highlight the current understandings and history of some of the key concepts. Within this section I will outline current social discourses around good mothering, with reference to attachment theory, its background and current relevance. I will also provide an overview of the current research findings regarding mothers in employment and education. Next, I will give an overview of the doctorate in clinical psychology and its relevance for mothers undergoing training within the UK. Finally, I will consider Bronfenbrenner's Ecological Systems Model (1977) as a way of considering wider systemic influences relevant to a mother's experience of doctoral level education.

1.4.1 Key terms

In order to understand the experiences of mothers in doctoral education, it is first important to understand how these terms are defined within this thesis. In line with a critical realist epistemology, these terms are considered to demonstrate something that exists in reality, rather than a concept that is socially constructed.

- **Mother**

What is meant by the term mother has changed over the past century (Medina & Magnuson, 2009). Since the 19th century, mothering has been associated with the main identity role for women (Arendell, 2000).

Research has highlighted that definitions of motherhood are shaped by the historical and situational context (Hays, 1996) and are racialised and class-based (Gibbon, 2010). Feminist conceptualisations of motherhood have focused on the behaviour associated with nurturing and raising a child, rather than the act of gestation and giving birth and understand motherhood as located in a societal understanding based on gender norms (Arendell, 2000).

For the purposes of this study the term 'mother' was seen to include anyone who self identifies as a mother, utilising the definition of motherhood as 'the role of being the primary responsible caretaker for a dependent child' (Ridgeway & Correll, 2004,p. 684). This definition is inclusive of those who have not given birth to their child, but hold the primary responsibility for their care.

- **Trainee**

For the purposes of this thesis, the term 'trainee' refers to a trainee clinical psychologist. That is, someone completing doctoral level education in clinical psychology.

- **Doctorate in clinical psychology**

For the purposes of this thesis, doctorate in clinical psychology (DClinPsy) refers to a three-year, full-time, doctoral level course that is required to qualify as a clinical psychologist within the UK.

- **Student-mother**

The term student-mother within this study refers to someone who is enrolled in education and identifies as a mother, with no age limit placed on the age of their child/children. This term was chosen as it aligns with broader literature highlighting the role of mothers in all levels of education.

1.4.2 Attachment theory

Developed in the 1960s, Bowlby's attachment theory defines an attachment as an 'emotional bond' between an infant and their primary care giver, usually their mother. Bowlby drew on case studies and statistical methods (Cassidy et al., 2013) regarding children in orphanages, after being asked by the World Health Organisation to compile information on the causes and cures for infant pathological development (Birns, 1999). Bowlby's writings placed high importance on the attachment between a mother and infant and suggested that a rupture to the secure relationship between an infant and a mother could explain negative future development and suffering of war orphans (Birns, 1999).

Bowlby suggested that the emotional bond between a mother and infant develops into a sense of security and trust within the infant themselves (Birns, 1999) and concluded that infants develop an attachment with their caregivers to support survival (Cox, 2006).

Following Bowlby's research, Ainsworth et al., (1978/2014) went on to develop the 'Strange Situation Procedure' which classified attachments as either 'secure' or 'insecure', with subtypes of insecure being 'insecure-avoidant', 'insecure-ambivalent' or 'disorganised'. Within the attachment theory literature, a secure attachment is noted to be observed when an infant seeks out their primary care giver after a time of separation (Ainsworth et al., 1978/2014). Ainsworth also noted that infants categorised as securely attached were more likely to have caregivers who were emotionally sensitive and responsive (Cox, 2006).

Despite its widespread general acceptance, attachment theory has received criticism for suggesting attachments develop in this way universally (Keller, 2018), whilst being based on the childcare model of the 'Western, middle class', who 'represent only 5% of the world's population' (Keller, 2018, p. 11415). Contrary to the findings of Bowlby, other research looking into attachments formed in children in day settings indicated no differences between children in regular childcare and those not in childcare when separated from their mother (NICHD, 1999, as cited in Birns, 1999). Within this research, children from higher income families demonstrated higher levels of secure attachment. These findings, highlighting the role of macro level systems and the impact of wealth, draw attention to some of the criticisms of Bowlby's work. This includes the under-emphasis of many 'other-than-mother' factors that can influence child development (Birns, 1999, p. 12) for example temperament or poverty and discrimination (Birns, 1999). Attachment theory has been further criticized for placing the responsibility for the development of a secure attachment

on the mother, ignoring the influence of other family connections (Birns, 1999) and the post World War 2 paternalistic context within which the theory was developed has been highlighted (Orbach, 1999). Furthermore, Sroufe (1988, as cited in Cox, 2006) has highlighted the need to understand the context for mothers, noting that the ability to be emotionally sensitive and responsive is influenced by factors such as poverty, family factors, and work.

Bowlby's and Ainsworth's research led to a significant growth of further research in many areas and has influenced understandings of psychopathy (Christian et al., 2017) education settings (Sher-Censor et al., 2019), exposure to childcare (Caldera & Hart, 2004) and behaviour within the workplace (Scrima et al., 2015). As it has become more widespread, attachment theory has influenced current parenting practices, social discourses and what is seen as 'good mothering' (Faircloth, 2013). This is discussed further in the following section.

1.4.3 Current parenting trends/practices and what is seen as 'good mothering'.

Within routine clinical practice, approaches in line with 'good enough parenting', a concept first presented by Winnicott (1960), are often drawn on (Choate & Engstrom, 2014). This approach highlights the importance of 'good enough' maternal care in relation to infant development. Outside of clinical practice however, social discourses around parenting are influenced by both attachment theory (Faircloth, 2013) and intensive parenting practices (Hays, 1996). Research by Pedersen (2016) highlighted that although mothers engaged in a well-known UK website were able to reject concepts around the good-mother ideal and instead widen the concept to include the 'good-enough' mother (Pedersen, 2016), they continued to measure themselves against this ideal to a certain extent (Pedersen, 2016).

Indeed, intensive parenting is described as the 'dominant cultural belief' (Faircloth, 2013, page 26) in relation to parenting culture and, whilst based on the experiences of White, middle-class mothers, intensive parenting techniques are now the expectations on which all mothers are judged (Gibbon, 2010). As such, this section will focus on research related to current social discourses and parenting culture. A critique of research related to 'good enough' parenting approaches is not within the scope of this thesis.

Culture tells us about the expected behaviour of mothers and what it means to be a mother (Swanson & Johnston, 2003). As such, over the past century, the expectations placed on mothers have changed (Medina & Magnuson, 2009) and good mothering has moved to a 'child-centred' approach, which situates the primary caregiver as the mother, who is self-sacrificing and offers all her time, energy, and resources (Hays, 1996). Ideal mothers are seen as those who invest heavily in a large range of structured activity sessions outside of school or early years settings (Stirrup et al., 2015). Hays (1996), describes this ideology of 'intensive mothering' in which there are three domains: *(a) sacred children/sacred mothering, (b) the responsibility of individual mothers, and (c) intensive methods of child-rearing*. Lee et al. (2024) highlight how this is portrayed within current parenting culture, in which everyday actions of parents are seen to strongly influence outcomes for children, parents are encouraged to educate themselves on the complexity of parenting and parenting is understood to be the hardest and most important job to have.

Informed by attachment theory, popular parenting approaches such as 'attachment parenting' (Sears & Sears, 2001) can be seen as examples of intensive mothering approaches (Faircloth, 2013). 'Attachment parenting' emphasises the importance of 'being physically available' and 'responding with sensitivity' within its eight principles (Attachment

Parenting International, 2021). This style of parenting has been constructed as 'instinctual, scientifically supported' and the 'most beneficial parenting philosophy for children' in popular US newspaper articles (Moore & Abetz, 2016, p. 54).The same research highlighted that fewer articles focused on less intensive ways of carrying out attachment parenting that working parents may also be able to adopt. Research has highlighted that flexible employers and work-related stress can impact on parent-child attachment (Kassamali & Rattani, 2014).

More recently, the 'gentle parenting' approach (Ockwell-Smith, 2023), also based on principles of attachment theory, has increased in popularity (Walters, 2024). 'Gentle parenting' emphasises emotional connection and responsiveness as opposed to behaviour management. Walters (2024) notes the requirement for high parental involvement, which can be difficult for parents who work or are in education. As such, attachment theory has been highlighted as continuing to influence mainstream parenting social discourses. In research by Faircloth (2013), attachment theory was referred to by mothers when they made decisions related to long term breastfeeding and child-centred care approaches.

The 'intensive mothering' ideology is perpetuated in the media, supporting the ideology that women should not work outside the home (Swanson & Johnston, 2003) and continues to be held by mothers (Forbes et al., 2020) who navigate the pressure of these ideals whilst employed (Christopher, 2012).

Intensive mothering practices have been criticized for causing a 'step back' in gender equality (Hartmann, 2004). Furthermore, the pressure to engage in perfect parenting, which includes keeping up with expert advice has been highlighted as having negative impacts on parents (Cucchiara & Steinbugler, 2021).

Whatever their employment situation or choices, 'all mothers are held to the ideal of intensive mothering' (Moore & Abetz, 2016. p 50) and often hold the responsibility for emotional caring and general well-being (O'Brien, 2007). Well-educated mothers have been shown to disproportionately shoulder the responsibility for their children's extra-curricular activities (Lareau, 2003, as cited in Luthar & Ciciolla, 2015). Research highlights that mothers hold the majority of the 'mental load' required to anticipate potential dilemmas occurring within their household (Dean et al., 2022). The 'mental load' is a concept that is described as incorporating both cognitive and emotional labour. Cognitive labour involves planning, anticipation and thinking work (Daminger, 2019). When such tasks are related to the family, cognitive labour often involves an emotional aspect, which then adds to the labour and is reported to transform it into a mental load. The consequences of holding the 'mental load' has been highlighted as having widespread consequences, which fall disproportionally on women (Dean et al., 2022). The expectations of 'intensive mothering' requires a high level of time and money, and further adds to the mental load (Stirrup et al., 2015), which is reported to be invisible, boundaryless and enduring and therefore difficult to identify (Dean et al., 2022).

For mothers in employment, dominant discourses around intensive mothering can be particularly challenging to meet (Hays, 1996). The inevitable inability to be an ever-present mother has been linked to feelings of guilt and a sense of failure (Rúdólfsdóttir & Auðardóttir, 2024).The fear associated with failing to meet the standards of the ideal mother have been shown to lead mothers to work harder to achieve this (Choi et al., 2005).

As such, the demands on mothers in current society means that returning to work in any capacity after having children can require careful time planning and balancing. Despite there

being an increase in rates of women within the workplace, the same increase has not been seen within men in domestic and family work (Lewis, 2009) meaning many mothers are taking on employment as an additional role to caregiver (Koo & Nyunt, 2022). Attempts to manage this conflict may perhaps be reflected in the pattern of mothers with young dependent children working part time (Office for National Statistics, 2019), an option which may be open to only those with financial privilege (Medina & Magnuson, 2009).

1.4.4 Mothers who work

The working patterns of mothers have changed over the past 20 years in the UK. According to the Office for National Statistics (ONS), in the 20 years leading to 2019, mothers overtook the employment rate of women without dependent children (Office for National Statistics, 2019). In 2019, 75.1% of mothers with children were employed, compared with 92.6% of fathers with dependent children (Office for National Statistics, 2019). In 2021, 75.6% of mothers with a dependent child were in work and mothers were more likely to work in roles with flexible working arrangements than fathers (Office for National Statistics, 2021). As such, the experiences of mothers in work are increasingly relevant to consider. Factors that may contribute to the changing pattern include childcare provision and access, maternity pay and age of children (Newton et al., 2018).

Working patterns appear to change in line with the age of the youngest child. In 2019 in the UK, parents with a youngest child of between 3 to 4 years old were most likely to comprise of a father working full-time and a mother working part-time. Parents with a youngest child aged 16-18 were most likely to be comprised of both parents working full time. As such,

employment hours for mothers may change in line with the caring needs of their children. (Office for National Statistics, 2019).

Research has shown both that working has positive implications for the mental health and self-esteem of mothers (Rout et al., 1997) whilst also highlighting that mothers who work experience high levels of stress, burnout, and struggle with juggling multiple roles (Beresin et al., 2016; Dyrbye et al., 2011; Sullivan, 2015). For mothers who work within a health care setting, the nature of such roles can increase levels of everyday stress, and burnout is therefore a key concern (Beresin et al., 2016). Female health care providers have been shown to be more at risk of stress than their male peers (Dyrbye et al., 2011). Analysing UK based women's magazines, Sullivan (2015) found that employment is portrayed as 'fundamentally opposed' to the idealised notion of being a good mother, highlighting 'multiple roles' as the main factor contributing to stress for mothers who work (Sullivan, 2015). In 2019 in the UK, almost 3 out of 10 mothers reduced their working hours to support with children, compared to 1 out of 20 fathers (Office for National Statistics, 2019), suggesting that women are more likely to hold dual responsibility for both childcare and employment. Furthermore, around 3 in 10 mothers reported obstacles in meeting their childcare responsibilities within their working life (Office for National Statistics, 2019). Interestingly, this was reported by the same number of fathers. Highlighting the differences in these trends for mothers and fathers, balancing working and family responsibilities has been highlighted as a gender issue (Lewis & Campbell, 2007).

The media has been shown to portray a contradictory message about work-life balance for mothers, suggesting that working is inevitable and normative, yet at the same time problematic (Sullivan, 2015). In response to these challenges, the responsibility is placed on

women to manage. They are encouraged to use coping strategies, 'self-care', and cope with the impact of disempowerment well, rather than 'challenge the structures and organisations that disempower them' (Sullivan, 2015, p. 291).

Other research has drawn attention to the importance of beliefs held by mothers in relation to working (Maclean et al., 2021). Viewing employment as a 'normal' experience for parents has been shown to be linked to lower levels of guilt (Maclean et al., 2021) as has a strong peer network (Maclean et al., 2021) suggesting the importance of community. Further research has demonstrated that the views and attitudes of mothers who work towards intensive mothering ideals change over time, perhaps as a way of overcoming any cognitive dissonance surrounding their experience of working whilst parenting (Higgins, 1987, cited in Walls et al., 2016). Indeed, despite the difficulties encountered, women have found strategies to overcome the challenges. Shaped by their working environment and parenting values, Lui & Cheung, (2023), highlight how the working mothers involved in their research used strategies which were shaped by the working environment and parenting values. For some mothers, strategies included 'working less' and opting out of employment to focus on raising their children. For those engaged in working full-time, strategies included 'intensive mother by proxy' by employing others to support them when they were at work and redefining their conceptualisation of a 'good mother'. Lui & Cheung (2023) highlight that for any of these strategies to be realised, mothers who work rely on support available through the workplace and support available through family.

1.4.5 Mothers in education

Whilst the challenges may be similar, completing education as a parent may present unique dilemmas for mothers. More than half of undergraduate and postgraduate research students are female (Advance HE, 2022). In 2023, 87.9% of students enrolled on part-time courses were mature (Office for Students, 2023). Research by Alsop et al., (2008) suggests that mature students are more likely to have caring responsibilities. Mature students have lower rates of completing their course than younger students (Office for Students, 2023). Mothers may therefore face specific challenges in relation to their dual role in relation to beginning and continuing their education.

The social discourses around being a good student include making the most of all opportunities, getting good grades, taking education seriously and committing to finishing (Estes, 2011). The 'ideal student' is young, single and has no children (Estes, 2011) and the ideal parent is portrayed as financially stable, married (Estes, 2011) and engaged in practices in line with intensive parenting (Hays, 1996). Education often requires commitments outside of working hours and expects an increased level of time and emotional commitment, similar in some ways to those required in parenting (Estes, 2011). As such, expectations around being a 'good mother' and a 'good student' are contradictory and incompatible and can cause additional challenges for students with parenting responsibilities (Springer et al., 2009). Combining the roles of mother and student appears to diminish the values attributed to either when considered separately, as mothers who return to education are often seen as being 'irresponsible' (Archer & Leathwood, 2003, as cited in Estes, 2011).

Being a mother has been described as having 'profound implications for doctoral-level studies (Brown & Watson, 2010). Research suggests that women's academic careers suffer because they marry and have children (Brown & Watson, 2010).

Self-care within educational systems has been linked to capitalist notions of increasing productivity, rather than an act of care (Squire & Nicolazzo, 2019). Research has also highlighted the sense of guilt experienced by mothers in situations where they are not able to fulfil their role as a mother due to their role as a student (Brown & Watson, 2010). As a way of resolving this dilemma, parents have been shown to merge dissonant identities through viewing education and childcare as beneficial to their children and parenting as beneficial to their education (Estes, 2011). This allows them to create a 'good student-parent' identity (Estes, 2011).

1.4.6 The doctorate in clinical psychology

Clinical psychologists undergo intensive training in order to qualify, culminating in a three-year full-time doctoral level training programme.

In 2022, 85.7% of those accepted on a course identified as female (Clearing House, 2023), 62.5% of those accepted were aged between 25-29 and 14.3% were aged 30-34 (Clearing House, 2023). In 2021, the average age that women gave birth within the UK was 30.9 years of age (Office for National Statistics, 2021). As such, clinical psychology trainees are mostly female, and complete training at an age when they may be considering having or are having children.

Most trainees complete the course as employees of the National Health Service (NHS), receiving a salary at a Band 6 pay scale (NHS Employers, 2023) and are therefore both employees of the NHS whilst also holding the role of student. The doctorate in clinical psychology is currently offered through 31 universities across the UK. Following the Mental

Health Implementation Plan (2019), which highlights the need for a significant increase in mental health professionals in post by 2023/2024, National Health Service England (NHSE) commissioned an increase of more than 60% in funded places available in clinical psychology (NHS England, n.d). However, gaining a place on a doctorate in clinical psychology course remains notoriously competitive, with only 25% of applicants successfully gaining a place on training in 2022 (Clearing House, 2022).

Obtaining the relevant requirements to apply to the doctorate in clinical psychology can be challenging for all applicants, with most courses only accepting those with a 2.1 or higher. Applicants are generally expected to gain several years of 'relevant clinical-related' experience before applying to the course (Clearing House, 2023). The NHS has recognised that gaining the relevant work experience required to secure a place on training can be additionally challenging for those from lower socio-economic backgrounds (NHS England, n.d). The requirements for gaining a place on a course may also represent exclusionary practice to parents (Williamson, 2012). Financial responsibilities can make assistant psychology posts, which are generally paid at a Band 4 or 5 (NHS Employers 2023), less feasible. Honorary positions or time specified contracts also present challenges, as those with dependents are less likely to be able to take jobs offering unstable incomes. Furthermore, parents may have less available time to apply to relevant jobs before they are taken down (Williamson, 2012). Thus, parents are met with structural barriers before they have even applied to training (Williamson, 2012). This may be reflected in the low number of trainees who report having dependents. In 2021, only 6% of those accepted on a course were recorded as having a dependent (Clearing House, 2021). The 'Alternative Handbook' reports feedback from trainees from courses across the UK and, whilst contributing is not compulsory and therefore not representative of all trainees, 15% of respondents in the 2023

Alternative Handbook reported they had caring responsibilities. Of those, 44% were reported to be primary carers for a child under 18 years of age. Only 56% reported that their course had offered them reasonable adjustments, leaving a further 44% not reporting reasonable adjustments had been made (British Psychological Society, 2023).

Clinical psychology as a profession has been criticised for its inaccessibility to marginalised groups (Tong et al., 2019) and for upholding Whiteness (Wood & Patel, 2017), which is defined as "the systemic rules, norms and discourses that produce (and reproduce) the dominance of those socially racialised as White" (DiAngelo, 2018, as cited in Ahsan, 2020, p. 45). Despite efforts to widen accessibility, most places on courses are offered to White, single, heterosexual, and able-bodied trainees (Clearing House, 2022). For trainees from marginalised groups, experiences of training in clinical psychology have included racism, systemic discrimination, and loneliness (Prajapati et al., 2019). Research highlights the challenges of clinical psychology training for Black trainees including the experience of being both hyper-visible and invisible, as well as a lack of support available (Paulraj, 2016), leaving trainees to rely on support from outside the course. There appears to be no current research on the experiences of parents as a marginalised group experiencing training in clinical psychology.

Training itself includes high levels of stress (Jones & Thompson, 2017) as trainees are exposed to constant evaluation and ambiguity (Pica, 1998). Training involves long hours and requires trainees to switch between many roles including attending lectures, attending clinical placement, and conducting research and assignments which can further add to the stress experienced (Schwartz-Mette, 2009). For parents who are completing training, balancing the demands of this academically demanding course, whilst also managing

parenting responsibilities, in addition to organising practical arrangements such as childcare are likely to influence their experience (Mason et al., 2023).

1.4.7 The wider system

Bronfenbrenner's Ecological Systems model (1977) was initially developed in relation to child development and situates the child at the centre of many systems, which both directly and indirectly influence their development. The child, their family members, their school and friends sit within the microsystem. Outside of the microsystem sits the mesosystem, in which the relationship between the factors within the microsystem indirectly influence the development of the child. For example, the relationship between a child's parent and their teacher will indirectly influence the development of the child. The exosystem includes structures that, whilst not directly impacting the child, will influence those around the child, for example the media, extended family and, pertinent to this study - parental employment. Broader factors such as cultural norms and the political system sit within the macrosystem. Finally, the chronosystem includes shifts and transitions over time, such as moving, starting a new school, experience a global pandemic or parental divorce (Bronfenbrenner, 1977).

When relating this model to the current research project, we can consider the student-mother as sitting in the centre of the model, with their family members and educational environments sitting within the microsystem around the mother engaged in education. This might include the connections and support networks available through peers and significant course team members, access to childcare through providers or family members as well as emotional support from friends and family. Current societal discourses around good

mothering can be viewed as sitting within both the macro and exosystems. Indeed, even if a student-mother has adequate support within the microsystem, going against cultural norms such as intensive mothering practices are likely to shape how mothers feel about being in full-time education or employment, even if such practices are not in line with their preferred parenting style (Henderson et al., 2016, cited in Maclean et al., 2021). As such, Bronfenbrenner's Ecological Systems Model (1977) encourages us to consider the role of wider systems and move away from placing all responsibility on mothers to make changes themselves and manage the impact of disempowerment well. Instead, in line with feminist approaches, we are encouraged to challenge the structures and organisations that disempower them (Sullivan, 2015, p.291).

1.5 Conclusion

The research findings discussed above highlights the context within which mothers approach activities that take them away from tasks within the household. Employment poses additional stressors for mothers, including guilt (Maclean et al., 2021), stress (Dyrbye et al., 2021) and burnout (Beresin et al., 2016). For mothers who engage in education, there appears to be additional challenges, as social discourses around what it means to be a good mother and what it means to be a good student are seen to be incompatible (Springer et al., 2009). Mothers engaged in education at a doctoral level may come across unique dilemmas, due to the demands of meeting academic requirements in addition to the ideals of intensive parenting (Hays, 1996). As cited above, there is a growing body of literature highlighting the experiences of student-mothers in doctoral training. However, this may not be generalisable

to the experiences of mothers enrolled in clinical psychology training in particular, which has specific demands and funding options available. Research focused on experiences of trainees from marginalised groups has not focused on student-mothers. As such, a more detailed understanding of the experience of mothers enrolled in doctoral level education in clinical psychology is warranted.

Within the next chapter, I will attempt to further expand on literature highlighted within the introduction through the completion of a systematic review, which will highlight the current research in this area and gaps in the literature.

2. Systematic Literature Review

2.1 Overview

This section presents the methodology and findings of a systematic review of literature relating to the review question and aims. The initial plan was to understand more about how mothers experience doctoral level education in clinical psychology, however, initial searches revealed no existing papers. Thus, it was felt valuable to understand more about how mothers experience doctoral level education more broadly. A search on Prospero, however, revealed an existing systematic literature search already underway on the same topic. The scoping literature was therefore revisited, to consider what other areas of enquiry would be of value. Focusing on a narrower part of the experience for student-mothers was felt to be of value. As I reviewed the literature, I was struck by how the papers tended to focus on the challenges experienced by mothers in doctoral training, mirroring my own experiences of speaking to mothers on the DClinPsy programme. What was absent, and in my view much needed, was an understanding of the factors that supported mothers to successfully complete doctoral training. Given that an appreciation of this might have notable implications for the delivery of doctoral training, and support offered to student-mothers, I felt this would be an interesting and valuable area on which to focus this systematic review. Furthermore, a question focused on success was felt to resist systems of oppression and serve the interests of student-mothers, in line with feminist approaches (Lafrance & Wigginton, 2019). A systematic review was therefore completed to understand more about how mothers succeeded in doctoral level education, seeking to answer the following question:

What are the facilitators of success for mothers in doctoral level education?

Initial searches focusing on this topic revealed too few studies. Facilitators for success appeared to feature within studies looking more broadly at the experience of doctoral education for mothers. I therefore decided to search for studies looking at the experience of mothers in doctoral education, and from these studies look specifically for information about facilitators of success. UK based doctoral education revealed too few studies and studies completed globally were therefore considered, whilst recognising that context within each country may vary considerably and influence the experience for mothers. In line with a critical realist epistemology, grey literature was excluded from this systematic review and only peer-reviewed studies included. Due to the remit of the systematic literature review, to ensure a manageable number of studies were found, and in line with a critical realist epistemological stance, papers using qualitative self-study, autoethnography and poetic enquiry were also excluded. From a critical realist perspective, research highlights that such methodological approaches may produce a partial representations of the empirical world (Barron, 2013).

No limits were set in relation to date in order to gather as many relevant papers as possible.

2.2 Procedure

This chapter outlines the process taken to complete the systematic literature review, including the search strategy and process undertaken. A summary of the papers is then presented. The research is critically appraised, and the process of data synthesis is outlined.

2.2.1 Search strategy

Searches were completed in February and March 2024. Databases including literature relevant to education and health were chosen and included Scopus, PubMed, Education Research Complete, PsychArticles and ERIC. The decision was made to include several databases to reduce database bias (Suri, 2008). Google Scholar was also searched however no additional papers were found. Reference lists of the final papers were also reviewed. Keywords used in relevant literature were noted and preliminary searches were completed to develop the search terms, which were as follows:

Table 1

Search terms for systematic review

Concept 1: Terms relating to mothers		**Concept 2: Terms relating to doctoral level education or PhD**
Mother* OR {mom} OR Mum* OR {Mother-scholar} OR {Motherscholar} OR {mother scholar} OR student-mother OR {student mother} OR {doctoral student mother}	**AND**	{doctoral education} OR {doctoral studies} PhD OR {doctorate} OR {Mother-scholar} {Motherscholar} OR {mother scholar} student-mother OR {student mother} OR {doctoral student mother}

A number of terms such as 'doctoral student mother' and 'mother-scholar' were added to both concepts, as preliminary searches revealed that including these in as separate concepts did not capture relevant papers. Truncation was used (*) on key terms to ensure all relevant papers were generated. Search terms were combined with Boolean operators

(AND/OR). Limits were set in relation to language. The full inclusion and exclusion criteria are included below.

Table 2

Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
Focused on mothers' experience of doctoral education.	Focused on the experience of parents as a whole in doctoral education, unless mothers' experiences are analysed separately and can be extracted.
	Studies were excluded if the sample included women who were pregnant but hadn't given birth before completing their doctorate, or had a very broad inclusion criteria that could include step-parents, or looking after a child for some of their doctoral education.
	Studies were excluded if the focus was on how mothers experienced doctoral education during the COVID pandemic.
Focused on experience whilst in doctoral education or PhD.	Focuses on pre or post qualification experiences.
All doctoral and PhD options including part time and online.	Any other educational level or ranges of education such as 'post graduate studies' which included doctoral education in addition to other education.

	Studies were excluded If doctoral education or PhD was not explicitly stated.
Qualitative studies and mixed methods where qualitative included separate analysis and is extractable.	Quantitative studies.
Studies that include other populations where the experience of mothers is analysed separately and is extractable.	
Empirical research published in peer-reviewed journal articles.	Dissertations, book chapters, commentaries/opinion pieces, reviews of books, unpublished articles, grey literature, autoethnography, ethnography, part ethnography methodology, qualitative self-study, poetic inquiry, testimonios[1], biographies.
English language only.	

For the purpose of this review, a mother was defined as someone who had caring responsibilities for a child of any age. As the focus was on experiences of mothers in doctoral education, studies that explicitly stated that the sample included mothers and pregnant women, or non-mothers were excluded. Whilst studies have often grouped experiences of pregnant and parenting students together, through engaging in self-reflection, discussion with a peer and considering current literature (Wladkowski & Mirick, 2020) it was felt that the needs of pregnant doctoral students may be specific to their pregnancy and may not represent concerns of mother doctoral students. Consequently, it

[1] Testimonios are first person accounts, shared in either written or oral form, with a political focus. The objective is to bring attention to and highlight a point of view or wrong experienced and act as a call for attention. As such, testimonios are considered intentional and political (Reyes & Curry Rodríguez, 2012).

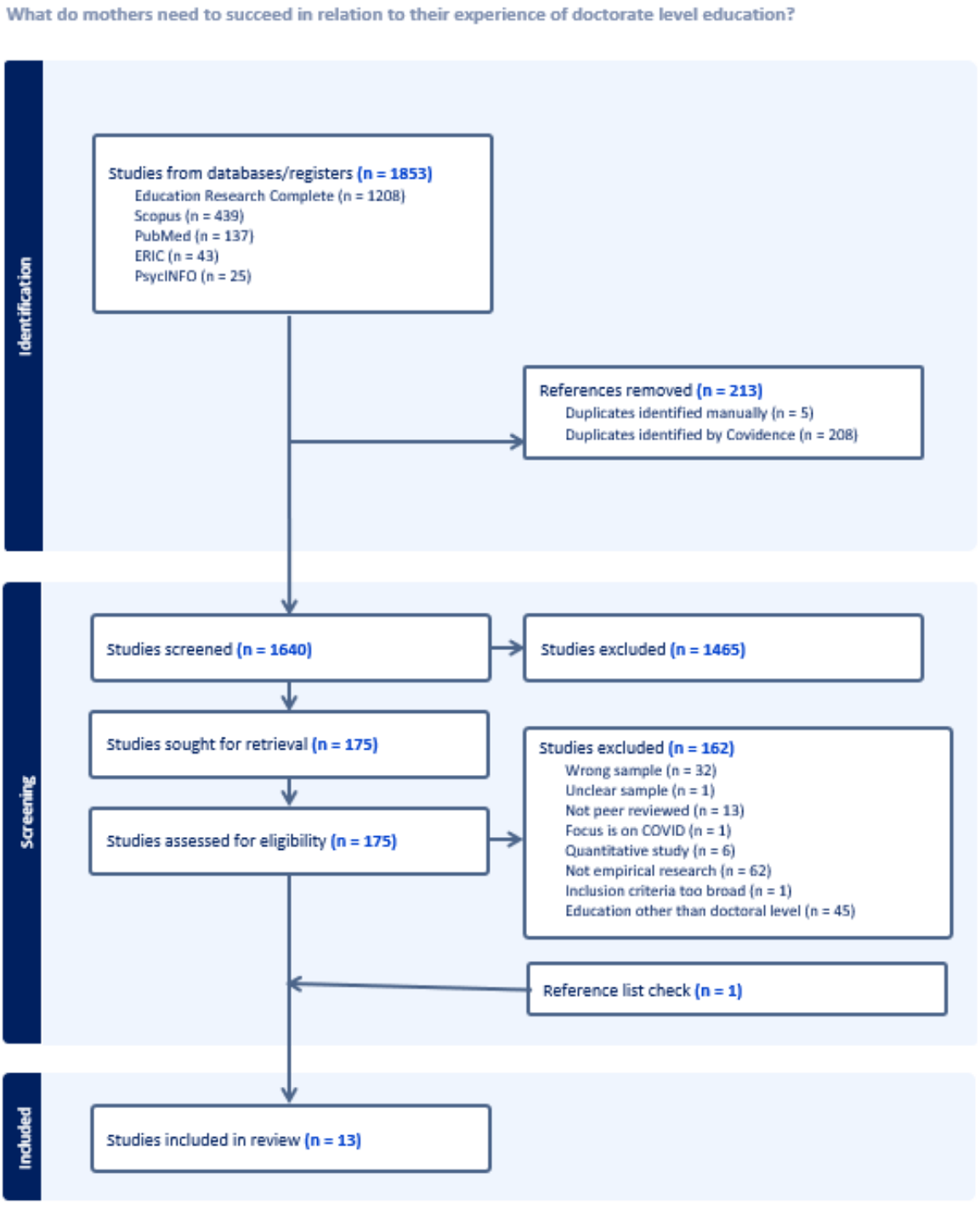
was felt they would be less relevant to the focus of this review. Studies that included participants who had caring responsibilities for part of the doctorate were excluded (e.g. (Mason et al., 2023). Studies that included participants with adult children were included, as it was felt aligned with the definition of mother used within this study and findings would be relevant to the focus of the review. Studies that included a sample of pregnant women who then gave birth whilst on the doctorate were included, as the full sample had experience of being a mother whilst undertaking doctoral studies. Studies that focused on the experience of mothers during the COVID-19 pandemic specifically were excluded, and it was felt to be less representative of the experience outside of a global pandemic.

2.2.2. Search Process

Figure 1 presents a flowchart of The Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) screening process and search results (Page et al., 2021). 1853 studies were initially returned using the search terms. 213 of these were duplicates. The title and abstract of the remaining 1640 studies were screened and 175 deemed appropriate for further consideration. 162 of those were removed in line with the exclusion criteria, as detailed in Figure 1 below. 12 studies remained and 1 further study was found by checking the reference lists of the final papers. This resulted in 13 studies that were included in this review.

Figure 1

Prisma 2020 Flow Diagram of Selection Process



2.2.3 Summary of papers

The sample includes 13 papers in total, all qualitative and focused on the experience of mothers in doctoral education worldwide. A summary of the aims and methodology are presented in Table 3. Key findings presented are in relation to the whole paper, to provide wider relevant context in relation to the review question.

Table 3

Summary of studies included in the systematic review

#	Author/s and year	Title	Sample	Design	Method of analysis	Summary of key findings	Strengths and weaknesses
1	Appling et al., 2018.	Adult developmental experiences of African American doctoral student-mothers: Illuminating generativity processes.	10 African American doctoral student-mothers enrolled in doctoral programs in the US. Participants were aged between 29-50 years old, were single and married, with children aged average 9 years old. Enrolled full time and part time.	Questionnaire to collect demographic information. 50–60-minute interview including 10 open-ended questions.	IPA	Participants described experiencing an increase in personal pride in relation to their identity as an African American mother. They described a commitment to motherhood and in being a mothering figure to others as their main priority throughout their studies. Participants also had a desire to complete their doctoral studies, whilst holding their motherhood role as priority, as it allowed them to be role models to other African American women. Participants spoke of using their internal resources and faith in God when managing challenges throughout their studies. Participants' experience of intersectionality led to increased challenges and a lack of understanding from others in relation to this, which left to feelings of loneliness, anxiety, guilt and isolation. Participants felt that the marginalisation they experienced based on their race led them to microaggressions, isolation and	**Strengths:** Good range of ages, number of children, age of children within sample. Questions asked are included and clear. **Limitations:** Focused on PWI university in America. Criterion sampling used from conference designed to support doctoral students which may have influenced sample (due to ability to attend conference and suggested support was required).

						lack of support and having to work harder than their White peers.	
2	Brown & Watson, 2010.	Understanding the experiences of female doctoral students.	UK based study. 8 female academics who have recently completed a doctorate, or are current PhD students, in post 1992 university from the south of England. Participants included both single and married women, with between 1-3 children. Ages ranged from 40 - 51 years old.	Semi-structured interviews.	Not specified.	This study found that being a mother had profound implications for doctoral studies. The findings highlighted participants felt pleasure associated with being a doctoral student, which was undertaken for either career-related reasons or life-enhancing reasons. Participants carefully considered the right time to start doctoral studies in relation to their other commitments and time available. Participants felt that gender made little difference to their experience of support from supervisors. Participants reported a negative impact from the stress experienced from juggling the demands of home and study. Almost all participants reported barriers to attending conferences and reported experiencing role conflict in relation to being pulled between the role of student, wife and mother.	**Strengths:** Reflections were included on positionality and impact on interviews, researchers completed and transcribed interviews, the sample is clearly outlined. **Limitations:** The sample included those who had 'recently completed the doctorate', although doesn't state how recent. This may have influenced how participants described their experiences. Cultural background of participants were not included or reflected on. The sample was specific to the South of England. No clear outline of methodological approach, ontological or epistemological perspective, thin descriptions of themes, no clear inclusion or exclusion criteria.
3	Cronshaw et al., 2022.	Online communities of practice and doctoral study: working women with children	UK based study. 35 part-time doctoral students, from 12 different institutions within the UK.	2–3-hour interviews	TA	Mothers reported feeling on the periphery due to having an identity not normative within doctoral students. They were unable to connect with others	**Strengths:** This study included a large sample, from 12 different institutions. The interviews were completed by the researchers themselves and the methodological approach stated.

		resisting perpetual peripherality.				due to other commitments and a lack of a flexible approach from their institution. An online community of practice provided a sense of belonging, an opportunity to develop trust and support and an opportunity to develop a sense of student identity.	**Limitations:** The cultural background of the participants is unclear, there is no information provided about the age of the participants, how many children they have of the ages of their children. There is no description of ontological and epistemological approach of how this influenced interpretation, positionality of researchers not included.
4	Cronshaw et al., 2023.	Outside looking in: Gendered roles and the wellbeing of working student-mothers studying for a part time PhD.	UK based study. 35 working mothers who were pursuing research degrees by part-time study.	35 in depth, semi-structured interviews.	TA	Findings revealed what participants found were the biggest factors in their challenges. These included role conflict – participants felt they were unable to reconcile role of mother and student. Marginalisation – not being able to be 'fully' mum or 'fully' student left them excluded from both communities. Lack of support – participants reported feeling lonely due to the lack of understanding from others and lack of support provided. These impacted the women's physical, psychological and social well-being.	**Strengths:** large sample size, clear outline of methodological approach. Clear implications and recommendations are outlined. **Limitations:** The inclusion and exclusion criteria is unclear. Cultural background of participants is not included.
5	Holm et al., 2015.	A phenomenological investigation of counselling doctoral students becoming mothers.	10 participants, based in the US, aged from 28 - 37 years old. All participants were heterosexual, married women, who identified as either European American (n=8) or African American (n=2).	Online survey collecting demographic information followed by a qualitative interview.	IPA	Participants reported three main themes in relation to their experience of becoming mothers in doctoral education. Participants reported protective factors which included mentors (who provided both logistical and emotional support), family support (which included care giving, emotional support, and household help) and work reductions.	**Strengths:** Limitations: Only included heterosexual, married women. **Limitations:** This study included women becoming mothers, and focused on the experience of women as they transition into motherhood. As such, findings may have been specific to this time period rather than motherhood generally.

						Participants spoke of experiencing an 'evolving identity' during which they tried to hold onto their student identity. They reported the influence of family values on their decision to start a family whilst a student. Participants spoke of the positives that their motherhood identity brought, and the skills they used from their student identity in parenting. In relation to hindrances, participants reported unexpected hurdles (in relation to both health and reactions from course staff) and timeline delays. Participants were noted to find solutions and be 'active agents for change' in relation to the hurdles they experienced.	
6	(Kent et al., 2020).	Mentoring doctoral student-mothers in counselor education: A phenomenological study.	US based study. Participants ranged in age from 29-37. Participants identified racially as European American (n = 9) and African American (n = 3). Ten became pregnant during their doctoral studies: six were first-time mothers, and two miscarried twice. Children's ages ranged from 10 months to 12 years,	Interviews completed online.	IPA	Participants reported viewing motherhood as a factor that enhanced their professional identity but required support to balance these roles. Participants were required to use their perseverance and resilience when managing challenges. They identified as non-traditional students, who worked hard but placed their children as priority. They were required to integrate multiple roles and identities, with sometimes incompatible timelines. They felt pulled	**Strengths:** clear outline of methodology. **Limitations:** It appears that the sample includes women who became mothers whilst on the doctorate however this isn't clear, this could influence the findings to be more related to the transition to motherhood/pregnancy related experiences. Sample were all from similar cultural background (European American) and had remained in doctoral studies. The findings of this study are lengthy and difficult to summarise.

			with most under the age of 3. In addition to being students, all participants were employed during their studies as school counsellors, in private practice, or in agency clinical work.			between their two roles and experienced guilt and feeling inadequate in both roles. Participants reported that effective mentors supported them to manage the challenges they experienced in their studies and helped them put in place healthy boundaries. Mentoring offered more than academic advising. Mentors who were also mother were preferred and was felt to be different to mentoring for non-parenting students. Mentors were described as 'master cheerleaders and challengers'. They were willing to be flexible and offered time outside of working hours, and allowed for vulnerability and transparency. Mentors provided academic and emotional support, reduced isolation and helped participants create realistic timelines.	
7	Koo & Nyunt, 2022.	Mom, Asian international student, doctoral student, and in-between: Exploring Asian international doctoral student-mothers' mental well-being.	US based study. 7 participants who were international students on an F-1 student visa. All enrolled in graduate degree at a US institution in any US state. Participants were raising between 1-3 children as a legal parent. Children's ages ranged from 2-11 years old. Country of origin	2 hour semi structured interview.	IPA	The findings of this study highlight challenges for participants in managing both academic and mothering responsibilities, in a context of conflicting cultural values and lack of family support. Participants described their experience of doctoral education as one of never having enough time, missing out on professional opportunities and personal connections, neglecting their own	**Strengths:** A clear methodological approach is provided. There is clear information about the sample, who have children of a range of ages. **Limitations:** The cultural differences between the countries the participants were from was not included. There is no discussion of culturally specific ethical considerations. It isn't clear what year of study the participants were enrolled in at the time of the study.

			included 3x South Korea, 2x China, 1x India, 1x Saudi Arabia.			health and fighting gender norms. This impacted on the participants well-being, and they experienced guilt, depression and mood swings. Conflicting cultural values, lack of familial support and time pressures, missing out of professional opportunities and personal connections, fighting traditional gender roles, role conflict and mental health issues.	
8	Lundquist et al., 2020.	Experiences of counselor education doctoral student-mothers with young children.	11 mothers completing counsellor education doctorate, with at least one child under the age of 5, based in the US. Aged between 31-41. Two participants were African American, one African American and Korean, one Middle Eastern, 6 caucasian. All were married.	Semi-structured interviews.	IPA	Participants reported a shift in identity as they started doctoral study. During this transition period, participants reported experiencing mixed emotions including guilt, pride. To manage their new responsibilities, participants relied in 'increased use of coping mechanisms' and were 'striving for balance'. Participants reported that the expectations placed on them from others, society and themselves in relation to 'superwoman syndrome' caused significant pressure. They reported their roles to be inseparable and a sense of pride at being able to 'lead by example'.	**Strengths:** Clear outline of methodology, epistemological approach, positionality of researchers and analysis. Inclusion and exclusion criteria stated, cultural background and marital status of ppts included. Researchers completed interviews and transcribed data. **Limitations:** All participants were in their first year only, and all had partners. Interviews may have been influenced by experience of researcher although this is outlined clearly.
9	Lynch, 2008.	Gender roles and the American academe: a case study of graduate student-mothers.	30 graduate student-mothers, enrolled in doctoral programs at five separate universities in the northeastern United States. Participants were	Interviews	Not stated.	The findings highlight how mothers experience their roles of student and mother are in conflict with the structures in which they perform them. Mothers attempt to manage this conflict through a number of	**Strengths:** The same included participants from a range of cultural backgrounds. The interview questions were outlined clearly. **Limitations:** The exact methodological approach isn't clear. Although the

			enrolled at prestigious university, within 90 miles from New York. All enrolled full time. Participants had between 1-4 children, average age 4 years old. 23 out of 30 are married. 7 are single mothers. 7 identified as Asian, 1 African, 4 African American, 3 Latina, 5 Indian, 10 Caucasian.			means. This is presented through the lens of structural environments, in which mothers look for financial solutions and childcare options. With respect to socio-cultural identities, participants utilised strategies such as 'maternal invisibility' or 'academic invisibility' in order to manage their dual identities within the dominant culture. Participants generally felt unsupported emotionally by their course team, although felt supported intellectually. They felt both supported and discouraged by peers. Structured support offered was reported to be very positive. Participants reported they relied on emotional support from family, partners and friends to overcome the challenges they experienced.	participants were doctoral students, the focus is on teaching roles which may be less relevant to doctoral students. The coding and analysis process is somewhat unclear. The interview schedule included 75 questions which may have caused participants to answer quickly.
10	Pierce & Herlihy, 2013.	The Experience of Wellness for Counselor Education Doctoral Students Who are Mothers in the Southeastern Region of the United States.	7 participants, all based in the US and identified as European American. All were enrolled as students in counsellor education programs in universities in Southeastern region of the United States of America. Participants ranged from 25-50 years old, children's ages ranged from infants to teenagers.	Individual semi-structured interviews, a focus group and participant essays or journals.	IPA	Findings suggested that participants views of themselves as mothers came from their own mothers. Participants reported having made many sacrifices in order to undertake doctoral level education, including time, finances and involvement with children. Personal rewards were reported to counterbalance the sacrifices and made the experience worthwhile, however the main sacrifice made was of their holistic wellness.	**Strengths:** clear outline of methodological approach, participants had children of a range of ages. **Limitations:** all participants were from one area in the Southeast of America, which may have influenced views around gender roles and influenced the findings. and all identified as European American.

						Examples of both support and lack of support from educational institutions were reported and participants described struggling to balance these and a desire to perfect in each role.	
11	Thinnam, 2011.	Married Thai working mothers: Coping with initial part time doctoral study.	8 participants in total. 4 PhD Human Resources Development students and 4 EdD students, enrolled in part time courses. This is a Thailand based study. Participants were 36-54 years old. All married, lived with husbands who were employed. All had children living at home. Number of children ranged from 1-3. Age of children ranged from 7-30.	Two rounds of in-depth interviews.	IPA	Results from this study highlighted 4 theoretical constructs including 'lives with multiple role interactions', 'enrolment decision', 'study-work relation' and 'the tough life'. Participants reported having multiple roles including both work and family responsibilities. Results highlighted that employment can be seen as either an ally, an enemy or no relation to study, and that sub-relations could be identified between these factors. Participants reported that study needed more time than they had expected, captured by the theme 'the tough life'. This had negative implications on participants' physical and mental health. To manage this, participants either used the 'acceptance strategy', attempted to manage by taking 'direct action', used a 'help-seeking strategy' or a 'preventative strategy'. The study also categorised participants into 'good copers' (able to manage all demands of life), 'partial copers' (able to	**Strengths:** Clear theoretical approach, clear outline of sample. The researcher is Thai which provided sound cultural understanding and enabled the participants to complete their interview in Thai. Reflections on the position of the researcher are provided. **Limitations:** It is unclear whether being categorised as a 'good coper' has implications for completing doctoral education or future aspirations. Appears to have coded around the research questions.

						manage some demands of life) and 'weak copers' (able to manage a few of the demands).	
12	Trepal et al., 2014.	Great expectations: Doctoral student-mothers in counselor education.	10 participants based in the US, aged 30 – 44, with children aged between 1-20. 7 were married/committed, 2 divorced, 1 single. 8 identified as White, 1 Asian American, 1 Latina. From across the US.	Individual, open ended interviews.	IPA	This study presented the experiences of 10 doctoral student-mothers. They shared expectations of themselves in relation to their professional goals and guilt experienced resulting in spending time away from parenting. Both positive and limiting responses were received from department in relation to their parenting status. Participants reported perceiving a gendered environment in relation to gender roles and children as a barrier to education.	**Strengths:** Triangulation used, clear outline of methodology, sample characteristics outlined, researcher lens outlined, bracketing used. **Limitations:** Sample was predominantly White (80%). There is no discussion of ethical procedures considered or implemented throughout the research process.
13	Webber & Dismore, 2021.	Mothers and higher education: balancing time, study and space	10 participants based in the UK, enrolled on the Doctorate in Education. All participants had a long term partner of over 2 years, all over 25. Children's ages ranged from 1 -adult. Number of children ranged from 1-6.	Participant-led interview, initially asked participants to complete a mind map.	Thematic Analysis	Mothers reported using strategies to support them which included using economic capital, social capital, cultural capital and emotional capital. Opportunities to develop family capital were instrumental. Limited family capital resulted in stress for mothers and often led to having to work harder to negotiate time and space required to study.	**Strengths:** clear description of theoretical lens, involvement of participants in methodological approach through use of mind map to express feelings and experiences in an informal way. **Limitations:** Unclear inclusion and exclusion criteria, potentially as sample was from a previous study.

All papers included were reports of qualitative research, with year of publication ranging from 2008 to 2023. Sample size ranged from 8-30, including a total of 193 participants across the papers. Studies were completed within the UK (n=4), the USA (n=8) and Thailand (n=1). Although not always stated, the ethnicity or cultural background of participants that were stated included participants from South Korea (n=3), China (n=2), India (n=1) and Saudi Arabia (n=1). Different terms were used to identify the ethnicity of participants and included those identified as African American (n=20), European American (n=24), White (n=8), Caucasian (n=22), Asian American (n=1), Indian (n=5), African American and Korean (n=1), Middle Eastern (n=1), Asian American (n=1), Latina (n=4), Asian (n=7), Thai (n=8) and African (n=1). Papers from America were more likely to include ethnicity of participants. None of the UK based papers included this information.

The inclusion criteria varied across the studies in relation to how they defined 'mother'. Some papers specifically required participants to have legal responsibility for a child (e.g. (Koo & Nyunt, 2022), others included those who self-identified as a mother (e.g.Thinnam, 2011). Participants ages ranged from 25-54 years old. Age and number of children was not always reported in the papers. From those that were reported, participants had between 1-6 children, with children's ages ranging from 7 weeks old to adult.

Methodological approaches included Thematic Analysis (n=3) and a phenomenological approach (n=8). Two studies did not specify what method of analysis they were using (Brown & Watson, 2010;Lynch, 2008). All 13 studies used interviews as their data collection method, however one study (Pierce & Herlihy, 2013) additionally used a focus group and journal entries. Seven papers looked at the experience of doctoral education broadly (Appling et al., 2018; Brown & Watson, 2010a; Holm et al., 2015; Lundquist et al., 2020;

Lynch, 2008; Thinnam, 2011; Trepal et al., 2014; Webber & Dismore, 2021). Three studies specifically looked into mental well-being (Cronshaw et al., 2023; Koo & Nyunt, 2022; Pierce & Herlihy, 2013). One study focused on the use of an online community of practice for part time PhD students (Cronshaw et al., 2022). One paper looked at the specific experience of having a mentor as a doctoral student (Kent et al., 2020).

2.2.4 Assessing study quality

As the final papers utilised a range of methodological approaches it was important to select a method of evaluation that accounted for this (Tracy & Hinrichs, 2017). As such, Tracy's 'Big-Tent' Criteria (Tracy & Hinrichs, 2017) was used. The model suggests that high-quality qualitative research includes 1) worthy topic, 2) rich rigour, 3) sincerity, 4) credibility, 5) resonance, 6) significant contributions, 7) ethics and 8) meaningful coherence (Tracey & Hinrichs, 201). The 13 papers included in this review were assessed against these measures and a summary presented in Table 4.

Overall, the studies were rated highly in the category of 'worthy topic' and 'significant contribution', in which all studies were rated as 'sufficiently present'. Within the 'meaningful coherence' category, all papers were rated as either 'present' or 'sufficiently present'. Ratings were more varied across the studies in relation to 'sincerity', where levels of transparency in relation to researcher reflexivity and methodological approaches were less consistent across the studies. Within the 'ethics' category, three studies were rated as 'absent' or 'somewhat absent' and no papers were rated as 'sufficiently present'. At times, discussion of ethics appeared related only to specific parts of ethical research. Overall, no

papers were assessed to be of poor quality. All studies were felt to offer a meaningful contribution to the research base.

Table 4

Quality appraisal of review papers (Tracy & Hinrichs, 2017).

Key:

Score	Meaning
0	Absent
0.5	Somewhat absent
+	Present
++	Sufficiently present

Study	**Worthy topic**	**Rich Rigour**	**Sincerity**	**Credibility**	**Resonance**	**Significant contribution**	**Ethics**	**Meaningful coherence**
Pierce, L, A., & and Herlihy, B. (2013). The Experience of Wellness for Counselor Education Doctoral Students Who are Mothers in the Southeastern Region of the United States. Journal of International Women's Studies, 14(3), 108-120. Available at: https://vc.bridgew.edu/jiws/vol14/iss3/8	++ Relevant, timely, significant and interesting.	++ Clear theoretical constructs, analysis includes codes from each interviews to provide a holistic picture, data collection methods clearly	+ multiple validation procedures are outlined, however researcher values and biases are not outlined in the write up. Transparency about	++ Member reflections completed, thick description, triangulation evident.	++ Aesthetic, evocative representation, naturalistic generalizations, transferable findings.	++ Theoretically, heuristically and methodologically significant contribution.	+ Evidence of procedural ethics and exiting ethics	++ Achieves aims, uses appropriate methods, meaningfully interconnects literature and findings together.

		outlined, sample and context outlined.	methods clear.					
Appling, B., Haskins, N. H., & Daigle, J. (2018). Adult developmental experiences of African American doctoral student-mothers: Illuminating generativity processes. Adultspan Journal, 17(2), 58-70.	++ Relevant, timely, significant, interesting.	+ Appropriate theoretical constructs, although hasn't stated epistemological and ontological assumptions. Sample outlined. Context and recruitment process outlined. Data collection and analysis process is clear.	+ Self reflexivity is stated but no further details are given - no actual reflections are explained or linked to how this influenced analysis.	++ Mentions member reflections, triangulation and checking with research team. Quotes used to demonstrate themes, thick description and concrete detail.	++ Evocative representations, naturalistic generalisations, transferable findings.	++ Significant contribution conceptually and theoretically, looking specifically at experience of African American mothers in doctoral level education.	+ Ethical considerations mentioned only when explained that all forms related to the university internal review process. No discussion of relational, culturally specific or exiting ethical considerations.	++ Achieved aim. Method and procedure fit the goal. Meaningfully interconnects literature, research findings and interpretations.
Lorraine Brown & Pamela Watson (2010) Understanding the experiences of female doctoral students, Journal of Further and Higher Education, 34:3, 385-404	++ Relevant, timely, significant,	0.5 No clear outline of theoretical constructs or analysis processes.	0.5 Some clear outline of self-reflectivity in relation to gender	+ No information about member checking, crystallizatio	+ Evocative representation. Naturalistic generalizations.	++ Significant contribution - conceptually, theoretically, practically, morally.	+ Clear details given in relation to procedural ethics,	++ Achieves aim. Uses methods and procedure

	interesting.	No outline of ontological or epistemological framework or what informed interpretation of themes. Clear outline of sample and context.	but nothing further. Lack of information about the methodological approach followed e.g. type of coding.	n or triangulation. Concrete detail but fairly thin description of themes.	Transferable findings.		situational and relational ethics. No mention of culturally specific or exiting ethics.	s that fit the goals. Connects with some literature and links to research questions.
Cronshaw, S., Stokes, P., & McCulloch, A. (2023). Outside looking in: Gendered roles and the wellbeing of working student-mothers studying for a part-time PhD. Higher Education Quarterly.	++ Relevant, timely, significant and interesting.	++ Clear outline of theoretical constructs, overview of date and time in the field, sample and context clear, data collection and analysis processes outlined.	+ Evidence of researcher values being discussed with participants but not included within the write up, transparency about methodological approaches used.	0.5 - Thick description, concrete detail, no evidence of triangulation or member reflections.	++ Aesthetic, evocative representation, naturalistic generalizations, transferable findings.	++ Theoretically, methodologically and heuristically significant contribution.	+ Evidence of procedural ethics and exiting ethics.	++ Achieves aim, uses methods that fit stated goals, meaningfully interconnects literature with findings.

Cronshaw, S., Stokes, P., & McCulloch, A. (2022). Online communities of practice and doctoral study: working women with children resisting perpetual peripherality. Journal of Further and Higher Education, 46:7, 959-971, DOI: 10.1080/0309877X.2021.2023734	++ Relevant, timely, significant, interesting.	+ No description of theoretical constructs, location of sample and cultural background unclear, no inclusion and exclusion criteria outlined, data collection clear, analysis methodology stated.	+ No evidence of self-reflectivity in relation to subjective values, biases and inclinations of researchers. Transparency evident in relation to methods.	+No discussion of member reflections or crystallization, although brings in other voices from literature. Thick description.	++ Evocative representation, transferable findings, naturalistic generalizations.	++Significant contribution conceptually, theoretically, practically, morally around experiences of mothers on doctorates, challenges and needs.	+ Procedural ethical considerations clearly described. Evidence of relationship and situational ethics. Exiting ethics not described.	++ Achieves aim. Uses methods and procedures that fit the goals. Meaningfully connects with literature.
Holm, J. M., Prosek, E. A., & Godwin Weisberger, A. C. (2015). A phenomenological investigation of counseling doctoral students becoming mothers. Counselor Education and Supervision, 54(1), 2-16.	++ Relevant, timely, significant and interesting.	++ Clear theoretical constructs, clear sample and context, data collection and analysis processes outlined.	++ Clear outline of values and biases of researchers, transparency about methods and challenges.	++ Thick description, evidence of triangulation and member reflections outlined.	++ Aesthetic and evocative representation, naturalistic generalizations, transferable findings.	++ Conceptual and heuristically significant contribution.	0.5 No mention of procedural ethics, exiting ethics evident in use of pseudonyms.	++ Achieves goals, uses appropriate methods and procedures, meaningfully connects literature with findings.
Kent, V. (2018). Mentoring doctoral student-mothers in	++ Relevant	++ Clear theoretical	++ Clear self-	++ Thick description	++ Aesthetic, evocative	++ Practical, theoretical	+ Clear evidence of	+ It is unclear how

counselor education: A phenomenological study. The Professional Counselor, 10(4), 532-547.	, timely, significant and interesting.	constructions, some information about time in the field included however time and year not clear, sample and context outlined, data collection and analysis processes clearly outlined.	reflexivity and transparency in relation to values and biases of researchers, transparency relating to methods clear.	provided, triangulation and member reflections evidenced.	representation, naturalistic generalizations, transferable findings.	and heuristically significant contribution.	procedural and exiting ethics. No discussion of relational, culturally specific or situational ethics.	experiences of pregnancy relate to the findings and this is not coherent, however methods and procedures used appear related to goals, meaningful connection of literature with findings provided.
Koo, K. K., & Nyunt, G. (2022). Mom, Asian international student, doctoral student, and in-between: Exploring Asian international doctoral student-mothers' mental well-being. Journal of College Student Development, 63(4), 414-431.	++ Relevant, timely, significant and interesting.	++ Clear outline of theoretical constructs, date and time in field clear, sample and context provided, data collection and analysis explained.	+Transparency regarding methods, self reflexivity evident, values and biases - states position but not how this may influence data	+ No evidence of member reflections or triangulation. Thick description, concrete detail and showing rather than telling evident.	++ Evocative representation, transferable findings, naturalistic generalizations.	++ Theoretical, practical and heuristically significant contribution.	+ Outline of procedural and exiting ethics. No mention of culturally specific or relational ethics.	++ Achieves aims, uses appropriate methods, meaningfully interconnects literature and findings.

			interpretation.					
Lundquist, B., Rubel, D., & Ng, K. M. (2020). Experiences of counselor education doctoral student-mothers with young children. Counselor Education and Supervision, 59(4), 267-282.	++ Topic is relevant, significant and interesting.	++ Clear theoretical constructs, dat and time in field outlined, sample characteristics and context clear, data collection and analysis process clear.	++ Clear self-reflexivity about values, biases and inclinations, methods are transparent.	++ Thick description, triangulation not used however peer scrutiny and feedback was gathered on interpretations. Member reflections were completed.	++ Evocative representation, naturalistic generalizations, transferable findings.	++ Significant contribution conceptually, practically, morally, methodologically and heuristically.	0 No clear outline of procedural, situational, culturally specific, relational or exiting ethics.	++ Achieves what is aims to, uses methods and procedures that fit goals, meaningfully interconnects literature and findings.
Lynch, K. (2008) Gender roles and the American academe: a case study of graduate student-mothers, Gender and Education, 20:6, 585-605, DOI: 10.1080/09540250802213099	++ relevant, timely, significant and interesting.	+ No details on theoretical constructs, date and time in the field clear, sample and context clear, data collection clear but analysis not outlined.	0 No evidence of self-reflexivity, positionality or how this may influence analysis. Little evidence of transparency	+ Thick description, concrete detail, no mention or evidence of member reflections or triangulation.	++ Evocative representation, naturalistic generalizations, transferable findings.	++ Conceptually, practically, morally, methodologically and heuristically significant contribution.	+ Clear evidence of procedural and exiting ethics. No mention of culturally specific, situational or relational ethics.	+ Achieves aims, uses methods appropriate to goals, some evidence of meaningful connection of literature with findings.

Thinnam, T. (2011). Married Thai working mothers: Coping with initial part-time doctoral study. Human Resource Development Quarterly, 22(3), 297-322.	++ Relevant, timely, significant and interesting.	++ Clear theoretical constructs, dat and time in the field outlined, sample and context clear, data collection and analysis clear.	++ Clear information on self-reflexivity, biases or inclinations. Clear outline of methods.	+ Fairly thick description and concrete, showing rather than telling. No evidence of triangulation or member reflections.	0.5 Representation is not evocative and difficult to follow at times, limited naturalistic generalizations, transferable findings.	++ Significant contribution conceptually.	+ Procedural ethics outlined, relational and exiting ethics outlined. No evidence of situational or culturally specific ethics.	+ Achieves what is aims to, uses methods appropriate to goals, limitations in how it interconnects literature with findings.
Trepal, H., Stinchfield, T., & Haiyasoso, M. (2014). Great expectations: Doctoral student-mothers in counselor education. Adultspan Journal, 13(1), 30-45.	++ relevant, timely, significant and interesting.	++ Clear outline of theoretical constructs, sample, context, data collection and analysis process.	++ Evidence of self-reflexivity throughout. Transparency regarding methods.	++ Evidence of triangulation, bracketing, member reflections.	++ Evocative representation, naturalistic generalizations, transferable findings.	++ Conceptually, practically, morally, methodologically and heuristically significant contribution.	0 No discussion of ethics.	++ Achieves aims, uses appropriate procedures, meaningfully connects findings with literature.
Webber, L., & Dismore, H. (2021). Mothers and higher education: balancing time, study and space, Journal of Further and Higher Education, 45:6, 803-817, DOI: 10.1080/0309877X.2020.1820458	++ Relevant, timely, significant and interesting.	+ Clear set of theoretical constructs, date and time in field not clear, sample and context	0.5 No indication of self-reflexivity, biases or values of the researcher. Transparenc	0.5 No evidence of member reflections. States that thematic analysis was completed separately	++ Evocative representation with clear visual indicators. Naturalistic generalizations,	++ Significant contribution conceptually, methodologically and heuristically.	+ Procedural ethics outlined, situational ethics considered. No evidence of	++ Achieves what it aims to, uses appropriate methods, meaningfully interconnects literature with findings.

		outlined, data collected and analysis process clear	y about methods was provided.	but process of triangulation is unclear.	transferable findings.		relational or culturally specific ethics. Exiting ethics considered.	

2.2.5 Data synthesis

The above papers were considered in relation to the following review question:

- *What are facilitators for success for mothers in doctoral education worldwide?*

A thematic synthesis was chosen to synthesize and present the findings of the included papers, following the steps outlined by Thomas & Harden (2008). A thematic synthesis seeks to identify recurrent themes across the included papers and present a synthesis of findings in relation to these themes (Dixon-Woods et al., 2005). Utilising this approach to synthesis facilitates the production of new themes in a transparent way, whilst remaining close to the primary papers (Thomas & Harden, 2008).

To answer the review question, papers that looked at the experience of mothers in doctoral education more broadly were required. From these papers, data relating to 'facilitators for success' were included and coded. Preliminary attempts at coding revealed that further consideration of what was meant by 'facilitators for success' was required. Discussions with peers revealed differences in ideas about what success might mean for student-mothers. Reflections on my own perspective, as an insider-researcher, were utilised to develop the definition chosen for this review and outlined in the Appendix (see Appendix Q). Transparency is provided here to support the reader to critically consider how this definition may be generalisable to other contexts (Suri & Clarke, 2009). For the purposes of this review, 'facilitators for success' were defined as:

- support gained through academic institutions and other people,
- strategies employed by participants themselves (even if negatives were also reported).

Experiences that were not deemed as facilitators for success were:

- experience of barriers or challenges separate to any strategy for support,
- suggestions or recommendations made by participants that had not been attempted.

Barriers and challenges were not felt to represent facilitators for success, but a reflection of the experience of engaging in doctoral studies as a mother. However, data was coded in relation to repercussions experienced from strategies used. Suggestions made by participants in papers were viewed as potential future avenues that may support success, however as they had not been analysed in the research it was deemed that there was little evidence as to whether these suggestions would indeed support mothers in doctoral education.

Following the steps outlined in Thomas & Harden, (2008), the papers were initially read and re-read to aid familiarisation. Data were then coded to develop descriptive themes. Finally, efforts were made to move beyond the primary studies to develop analytic themes (Thomas & Harden, 2008). The aim was to find key concepts that related to the papers identified and translating them into one another (Thomas & Harden, 2008).

Data within the findings section of the final papers were included in the coding. The findings section was identified as a consistent way of reviewing the data, and a section that would include all findings of the study. Data that related to the above definitions of 'facilitators for success' were coded, using NVivo 14 (Lumivero, 2023). Both raw quotes and interpretations made by the authors were included in the coding. These were considered first order (raw quotes) and second order (interpretations) data in line with the definitions provided by Malpass et al., (2009). For the purpose of transparency, it was felt to be important to

include an overview of which papers reflected the analytic themes, to support the reader to be able to make informed decisions regarding how these findings can be generalised to other contexts (Suri, 2008). This is outlined in Table 6. Two themes were represented across all 12 papers. Seven papers (Cronshaw et al., 2022; Holm et al., 2015; Kent et al., 2020; Lynch, 2008; Pierce & Herlihy, 2013; Thinnam, 2011; Trepal et al., 2014) contained data included within all four themes.

Coding was completed inductively, to capture the meaning of each sentence (Thomas & Harden, 2008). It became evident that data related to facilitators for success was not evident throughout the findings and as such, it was not possible to complete 'line by line' coding, as suggested by Thomas & Harden (2008). To ensure all relevant data was coded, coding extracts were checked, and any further relevant extracts found were coded. When approaching coding, it appeared that one paper did not include information that felt relevant to the review question – Cronshaw et al., 2023. This paper was therefore not included in the coding process, although has remained in the final papers. Further critical consideration of this is included in the Critical Review.

Similarities and differences were considered, and the initial 102 codes were grouped into 11 descriptive themes. These were written into a summary and discussed with a member of the research team, to support rigour. Some minor changes were made, moving some codes from one theme to another to support cohesiveness. The final analytic themes were developed with the review question in mind and are presented below, followed by further information relating to each theme.

Table 5

Analytic themes resulting from systematic review

Success means being both mother and student but not letting the children down.
Mothers draw on their own resources to succeed.
Mothers value support and connection from other people.
Support required from academic institutions.

Table 6

Evidence of data relating to analytic themes from each paper

	Success means managing both roles.	**Mothers draw on own resources to succeed.**	**Mothers value connection with others.**	**Support required from academic institutions.**
Appling et al., 2018	Y	Y		
Brown & Watson, 2010	Y	Y		Y
Cronshaw et al., 2022	Y	Y	Y	Y
Holm et al., 2015	Y	Y	Y	Y
Kent et al., 2020	Y	Y	Y	Y
Koo & Nyunt, 2022	Y	Y		
Lundquist et al., 2020	Y	Y		
Lynch, 2008	Y	Y	Y	Y
Pierce & Herlihy, 2013	Y	Y	Y	Y
Thinnam, 2011	Y	Y	Y	Y
Trepal et al., 2014	Y	Y	Y	Y
Webber & Dismore, 2021	Y	Y		

2.3. Results of systematic literature review

Four themes were developed in relation to the findings of the final papers. These are outlined below with quotes from the papers to illustrate these themes.

- **Success means doing both well, and not letting the children down.**

When asking the question 'what facilitates success', it felt important to highlight what success meant for mothers across the papers. References to managing their academic demands around the needs of their children were referenced across the papers. Different strategies were utilised to achieve this. Strategies to balance their roles included working whenever opportunities arose (Holm et al., 2015; Koo & Nyunt, 2022; Lynch, 2008; Webber & Dismore, 2021), reducing other commitments such as hours in employment (Holm et al., 2015; Thinnam, 2011), downplaying the role of academia (Brown & Watson, 2010a; Lynch, 2008) or juggling competing demands (Brown & Watson, 2010; Lundquist et al., 2020). Through their attempts to ensure their childcare responsibilities were still met, it appeared that success for doctoral student-mothers involved being able to engage in both the role of student and mother, but not letting their children down.

"They discussed their desire to have their families and children as their first priority, so the balance they experienced was one of figuring out how to put their family first while fitting in the other responsibilities and expectations around their most important role of mother"

(Lundquist et al., 2020, p. 275).

"When I went into this program, I said that I am not going to miss anything in my personal life, even if it takes 4 or 5 years." (Kent et al., 2020, p. 538).

Mothers felt a societal expectation to be both a 'good mother' and 'good student' and reported a 'constant strive for balance' (Lundquist et al., 2020, p.275). For some mothers, the development of a new identity that held both mother and student was experienced (Lundquist et al., 2020). For others, mothers experienced role conflict, finding the requirements of a 'good student' were not conducive to culturally acceptable ways of being a 'good mother' (Lynch, 2008).

"I guess in our society you know the good wife is the happy smiling woman who is waiting there for husband to come home from work and the house is tidy and she's got dinner ready and if she's been able to manage to write on her thesis during the day well that's fabulous…. This huge PhD thing can't be seen as the biggest thing in your life; it's not allowed to be and you don't even allow it to be yourself. (Paula)". (Brown & Watson, 2010, p. 393*).*

When parenting responsibilities weren't appropriately maintained, mothers reported guilt:

"Participants had a strong sense of what their role as wife and mother should entail and suffered feelings of remorse if they were failing in their perceived duty". (Brown & Watson, 2010, p. 399).

Importantly, participants across the papers spoke of the cost of the strategies they used. It appeared that although the strategies they utilised were important for their success, they were not without sacrifice. This is highlighted in the Lundquist et al., (2020) paper:

"One thing was asking for help. Um, I've never really been one to ask for help. I've always just kind of been like, well, it was my choice to go to school, it was my choice to have kids, and it was my choice to do it all at the same time, so I shouldn't put it on anyone else. So, um, accepting help when it was offered to me and asking for help were really big". (p. 275).

Mothers appeared to have to accept the sacrifices or cost entailed with using the strategies they required to succeed in their studies.

- ***Mothers draw on their own resources to succeed***

All twelve of the included papers referenced mothers drawing on their own strengths, skills and resources in order to succeed. In addition to the strategies that mothers found to manage their dual role, they drew on strength from within and personal skills as well as resources they had available to them such as time, space and finances. Webber & Dismore, (2021) highlight how access to finances allowed for time and space for their participants.

"In this research economic capital was used to maximise space and time to study; specifically the space and size of the house, income from work and facilitating the 'freeing up' of time to study, such as cleaning". (Webber & Dismore, 2021, p. 807).

Throughout the studies, time, finances and space were regarded as resources that supported mothers through their studies, reflecting a level of privilege required to access this support. Student-mothers reflected this in their choice of when to undertake their studies, choosing to complete it when they felt they had more of these resources:

"My children got to a certain age and they were less needy of me and therefore I could think about what I was going to do long term for myself. (Holly)". (Brown & Watson, 2010, p. 393).

Participants reported being an example as a strong motivator for persevering with training.

"It is a really strong personal emotion about proving that I can do this, this was the girl from the working-class place where what most of the girls did was go and work in the chicken-processing factory." (Brown & Watson, 2010, p. 391).

Two papers referred to determination as a key strength that supported mothers through their education (Holm et al., 2015; Thinnam, 2011). When looking at the experience of married, Thai working mothers engaging in part time doctoral study, Thinnam, (2011) found that "good copers were determined students" (p. 315). Determination was described as an essential skill to continuing with their studies whilst managing challenges:

"I was really dedicated to my degree. [If] I didn't take it as seriously as it was to me, I probably wouldn't have stayed on task." (Holm et al., 2015, p. 9).

Appling et al., (2018), researched the experience of African American doctoral mothers and stated for many of their participants, perseverance was due to 'internal motivation' or 'internal perseverance' many of the strengths and skills were used in response to having to 'endure' challenges. For some this strength arose from experiencing sexism and racism:

"When I think of an African American woman, I think of strength . . . to deal with sexism and racism...".(Appling et al., 2018, p. 63).

At times, student-mothers were able to use the skills they developed through their parenting role to support them (Holm et al., 2015; Trepal et al., 2014).

"My balance is much better now. I see what's really important and prioritize from that." Participants described their new identity as a mother as a motivator to finish their programs. (Holm et al., 2015, p. 10).

Nine papers referred to the requirement of drawing on resources such as support from others in order to succeed (Cronshaw et al, 2022; Holm et al, 2015; Kent et al, 2020; Koo et al, 2022; Lindquist et al, 2020; Lynch, 2008; Thinnam, 2011; Trepal et al, 2014; Webber & Dismore, 2021,). This was most notably reported in relation to childcare support which provided mothers with the opportunity to engage in studies. Extended family and partners also provided important emotional support. This was described as essential to accessing doctoral level education.

"Most days I think he is the only one who accepts me as both a mom and a student. What would I do without that support?" (Lynch, 2008, p. 602).

- ***Mothers value connection with others***

Seven papers referenced opportunities to connect with others as a facilitator for success

(Cronshaw et al., 2022; Holm et al., 2015; Kent et al., 2020; Lynch, 2008; Pierce & Herlihy, 2013; Thinnam, 2011; Trepal et al., 2014). Across the papers, mothers frequently stated that opportunities to connect with others reduced feelings of isolation and allowed them to gather information.

"I am not alone. Most days, that's enough". (Appling et al., 2018, p. 601).

"Participants gravitated toward other mothers who understood their plight and built mentorships based on the common ground of motherhood intersecting with student life." (Kent et al., 2020, p. 541).

Five studies highlighted the value of information (Cronshaw et al., 2022; Holm et al., 2015; Kent et al., 2020; Pierce & Herlihy, 2013; Trepal et al., 2014), which participants were able to access through formal and peer mentors.

- ***Support required from academic institutions.***

Eight papers highlighted the requirement of support from their academic institution (Brown & Watson, 2010; Cronshaw et al., 2022; Holm et al., 2015; Kent et al., 2020; Lynch, 2008; Pierce & Herlihy, 2013; Thinnam, 2011; Trepal et al., 2014). Participants spoke of their experience being made more positive by flexible staff and mentors and looked out for this as an indicator of a more suitable environment for them to complete their studies.

"The person who was kind of taking me around that day and giving me tours and telling me about it, I was able to ask her, "what is like trying to balance family and the doctoral

studies?" "Have you had any doctoral students get pregnant while they were in the program?" and she really assured me that it was a very supportive place to be a parent or to become a parent and it turns out she was right. (Stella)" (Trepal et al., 2014, p. 37).

It was important to doctoral student-mothers for their role of mother to be seen by others:

"…she certainly asked about my kids every time I saw them and every time I saw her and all that and it, it was a part of who I was as a student. I was someone who had children and all that. And then to other committee members, I was a student. So really, she kind of embraced the whole package. (June)". (Kent et al., 2020, p. 543).

Participants felt that staff members who had children were more likely to understand the impact their caring responsibilities may have on their educational responsibilities.

The research highlighted the importance of having a role model to draw on in their own experiences of studying alongside parenting. Pierce & Herlihy (2013) reported that their participants looked to their own mothers as examples for how to juggle motherhood and academic responsibilities:

*"...when I'm feeling guilty, I think, well now wait, my mother was a very busy mother. And I don't feel like we suffered in any way. And that helps me...that kind of justifies things a little bit, that I'm not necessarily being a bad mother and neglecting my kids, And that maybe it's okay. And, I think, had I not had that, I'd be struggling a lot more with how much of my time is being taken up. (*Pierce & Herlihy, 2013, p. 114).

However, role models were also gained through mentors – both professional and peer:

> "My mentor has this beautiful, wonderfully doting family. . . . Successful children, a supportive husband, and a career—that's the type of woman I want to be." (Kent et al., 2020, p. 540).

This was most noticeably expressed by participants in the Kent et al (2018) paper, which focused on the experience of mentoring, however 'mentors' were also referred to in other papers. Holm et al., (2015), describe how 'participants used the title of mentor consistently across interviews when referencing a dissertation chair or major professor' (page 8). Mentors were viewed as valuable as they were able to offer flexibility in their support and encouraged them to set appropriate boundaries:

> *"She kind of saw early on that I was running out of time, and I wasn't going to have enough time to finish [my dissertation proposal], and she really encouraged me to work it out in a way that was going to be best for me, where I wasn't going to feel rushed."* (Holm et al., 2015, p. 8).

The importance of this being facilitated for them was highlighted:

> *"Two women in the study report that their institutions offer a structured support group specifically for student parents. Both of these women belong to such groups and feel it has made a positive difference in their ability to combine higher education and motherhood."* (Appling et al., 2018, p. 601).

In one paper (Cronshaw et al., 2022), participants highlighted that opportunities to engage with their education and related community online supported them to feel part of the institution and reduced feelings of isolation. Although this was not highlighted in the other papers, this may be of importance as none of the other courses were described as having an online element to their course. In particular, Koo & Nyunt, (2022) report that immigration laws limit choices international students might make in relation to engaging with online courses.

2.4 Critical review

This systematic review presents a thematic synthesis of the findings from 12 papers to understand how mothers in doctoral level education succeed. The review included research completed in America, the United Kingdom and Thailand. The research also investigated the experiences of international, part-time and online doctoral and PhD students who were mothers. As such, one strength of this review is that it brings together experiences from a range of contexts and ways of navigating doctoral level education. However, including a broad range of studies may have resulted in a synthesis that is less relevant to any one group of student-mothers in doctoral education.

Most studies included within the review were conducted in the US (n=8). This may have been influenced by the inclusion of only English language studies. Funding options available to doctoral students differ considerably between America and the UK. Funding available for international students also differs to those studying in their home country. Across the studies, participants highlighted the need for resources including finances, whilst

recognising this was not available to everyone. For those enrolled on the doctorate in clinical psychology within the UK, training is mostly funded at a Band 6, full-time wage (NHS Employers, 2023). As such, the results of this review may be more relevant to those studying in the US, or situations or locations where funding is less available.

The decision was made to exclude ethnography and autoethnography papers, which resulted in the exclusion of many papers from marginalised communities. This research included indigenous ways of sharing experiences and completing research (for example the use of *testimonios* (Torres, 2021). It is important that the results of this systematic review are considered as a reflection of the communities included in the research, which were predominantly White, and may not represent the experience of mothers in doctoral education from marginalised communities or intersectional experiences (Crenshaw, 1989). Including these papers may have influenced the results (Suri, 2008). Synthesising findings from such papers may be appropriate for a future review.

Whilst some papers clearly outlined their inclusion and exclusion criteria, many did not. As such, it was not possible to determine whether all participants across the papers had completed their doctoral journey as parents or had become parents at some stage whilst on the doctorate. Although including participants who were pregnant during the study was an exclusion criterion within the review, there were participants included within the final papers who were pregnant for at least part of their doctoral education. Although all went on to become mothers whilst still enrolled in doctoral level education, their journey may have influenced their experiences of success.

The systematic review process could have been improved by more closely matching the search strategy to the question, however as another systematic review was found to be

already underway, the decision was made to avoid replicating findings and focus on a narrower topic. Attempting to answer a review question within papers focusing on a broader topic required a clear definition of 'facilitators for success', reflexivity and consideration of researcher subjectivity (Suri, 2008). Consideration was made as to my own relationship with success as a mother completing a doctorate, as this will have influenced the type of information included in this review, the data I chose to code and the interpretation of descriptive codes into analytic codes (Suri, 2008). My conceptualisation of 'success' is informed by my insider-researcher position, the reasons I chose to embark on doctoral level education and the prioritisation I make of my mother role over my academic responsibilities, which may differ from others. Successful completion of my training involves meeting both my academic responsibilities and being present for my children. As such, success only in relation to academic achievements would not be representative of how I conceptualised success as a student-mother. Discussion with a peer and my husband supported me to further develop how this perspective may have influenced the review and what to outline within the write up to support the reader to consider the results of the review within my insider-researcher context. A clear outline of the definition of 'facilitators of success' was provided to support with transparency. Furthermore, a reflective extract is included in Appendix Q and extracts from my reflective diary are included in Appendix J. Widening out the definition to include suggestions and recommendations from student-mothers within the literature may have been a valuable way of understanding more about success within this population.

It was notable that many of the papers predominantly presented challenges that were experienced by mothers in education. Facilitators for success were much less evident and completely missing from one paper (Cronshaw et al., 2023). This highlights the potential

dominant narrative around mothers in doctoral level education as one of challenges and barriers, further acknowledged by Ward & Wolf-Wendel (2012). A strength of this review is in choosing to focus on an area less highlighted within the literature, as this may be valuable for potential student-mothers and course providers in relation to support offered.

The results of this systematic review highlighted the theme 'mothers draw on their own resources' as well as 'support required from academic institutions', which potentially reflects two oppositional experiences of facilitators to success. One way of making sense of this is in the recognition that when drawing on their own resources and strengths, participants experienced a cost. Participants may find less cost when support is set up and available to them through the academic institution, creating an environment in which they are not forced to rely on inner determination or find strategies that require sacrifice and enable them to succeed.

2.5 Conclusion

The results of this systematic review highlight that overall, student-mothers work hard to manage their dual role, devising strategies to fit their studies around the needs of their children. It appeared that for mothers, success meant meeting the academic demands whilst still meeting the needs of their children and strategies revolved around ensuring they did not let their children down.

The review highlighted that mothers engaged in doctoral studies utilise their own strengths and resources to succeed. Participants required access to finances, childcare and support from others to succeed. Without having access to these, mothers may find doctoral level education inaccessible.

Participants found support set up by their academic institution helped to facilitate their success. This included mentoring, empathic and understanding staff members and being in a family friendly culture that valued motherhood. Participants also valued being seen as a mother and a student, linking to their efforts to manage their dual role.

Finally, the review highlighted the importance of connection for student-mothers, who found a sense of community with those who shared their experiences. This was found through professional and peer mentors and by engaging with studies and peers online, increasing the accessibility of connection for doctoral student-mothers.

2.6 Rationale for current study

Through a systemic literature review, papers looking at the experience of doctoral education for student-mothers were considered in relation to the question 'what facilitates success for doctoral students who are mothers?'. This revealed a trend towards research carried out in America. With different funding structures in place and different training routes available, the findings and recommendations from such studies are not generalisable to the UK. Previous UK based research has focused on the experience of returning to the doctorate in clinical psychology from maternity leave (Selema, 2022), or focused on courses other than the DClinPsy (e.g. Catalano & Radin, 2021; Gibson et al., 2017). To my knowledge, there is no current research focusing on the experience for mothers enrolled in clinical psychology training within the UK, which may pose unique experiences for student-mothers due to the difference in funding available and high levels of stress (Pica, 1998; Jones & Thompson, 2017). Learning about the experience of mothers engaged in clinical

psychology training may offer course providers information that can be used to increase accessibility into this profession for mothers, who are likely to bring a diverse range of life experiences with them. Highlighting the experience may additionally provide prospective future trainees who are mothers with a helpful insight and support their decision making in terms of applying for the course. As there is currently no known research in this area, prospective applicants have little access to valuable information to aid them.

2.6.1 Aims for current research and research questions

Following the review of existing literature and rationale provided above, the broad aims of this research are to gain an in-depth understanding of how mothers experience doctoral level training in clinical psychology, to support accessibility into clinical psychology for mothers and to highlight the experience to prospective trainees. The associated research question and sub questions are as follows.

Research question:

- How do mothers experience doctoral level training in clinical psychology in the UK?

Sub questions:

- What challenges do mothers experience during training?
- What benefits are there to undergoing training whilst being a mother?
- In relation to their experiences, what changes would mothers like to see to?

3. Methodology

3.1 Overview

This chapter details the qualitative methodology utilized within this study, including the epistemological stance and positionality in relation to the methodological approach. It provides a rationale for reflective thematic analysis, outlines how participants were recruited and explains the procedure undertaken.

3.2 Design

This study utilized a qualitative approach to explore the experience of completing a doctorate in clinical psychology as a mother. Data was gathered via semi-structured interviews, which focused on participants' experience of training, barriers they faced and how they overcame these and benefits to training as a mother. A total of 18 student-mothers were interviewed. All participants had started training as a mother and were enrolled on UK based courses. Data was analyzed using RTA (Braun & Clarke, 2006). The design was chosen to support the aims of the research, which included highlighting the experience of mothers and making recommendations on how to increase the accessibility of doctoral level training in clinical psychology to this population.

3.2.1 Rationale for Qualitative Design

A qualitative design was chosen for this study as it allows participants to describe their experiences and the meaning that these experiences hold for them (DiCicco-Bloom & Crabtree, 2006).Qualitative research is interested in process and looks to understand meaning (Braun & Clarke, 2013). In line with 'fully qualitative' research, my aim was to develop an analytic orientation to the data and understand the experience of mothers completing the doctorate, as they describe it. Although quantitative methodology may have allowed for a comparison between trainees who are and are not mothers, it was felt that with little research in the field, a deeper exploration of the experience would be more valuable.

3.2.2 Consideration of methodological approaches

Several qualitative approaches were considered in relation to the research question and aims for the research. The considerations made are highlighted in Table 7.

Table 7

Consideration of different methodological approaches

Qualitative methodology	Outline of approach	Reasons for not choosing approach
Grounded theory (Glaser & Strauss, 1967).	Grounded theory aims to build a theory from the data gathered, with an emphasis on understanding the social processes (Braun & Clarke, 2013).	- In line with the aims for the research, it was felt that in-depth exploration of student-mothers' experiences would be more valuable than developing a theory. - As such, the research question was not felt to be aligned with the aims of grounded theory.

Interpretive Phenomenological Analysis (IPA) (Smith, 2019).	IPA aims to gain a rich, in- depth exploration of the lived experience of participants and focuses on how people make sense of their experiences (Braun & Clarke, 2013). The approach is focused on meaning-making (Smith, 2019).	- Using IPA would highlight the specific experiences of fewer participants. This may make it more difficult to highlight changes that could be beneficial for a larger population of mother-trainees.
Narrative analysis (Reissman, 1993)	The story told by participants is investigated to understand how participants understand their experiences and what these tell us about psychological and social realities (Crossley, 2007).	- Narrative analysis would consider broader societal and cultural discourses and is a suitable methodology for the question, however, this approach is not in line with a critical realist epistemological stance.
Discourse analysis (Coyle, 2006)	Analysis is focused on patterns within language used, which is understood to construct reality (Coyle, 2007).	- The research question was not felt to be aligned with the aims of discourse analysis, which would focus on the use of language. - Discourse analysis is not in line with a critical realist epistemological stance, as it takes a social constructionist approach (Coyle, 2007).

Reflective thematic analysis (RTA) (Braun and Clarke, 2006) was chosen as the method most in line with the research aims, epistemological stance and question. The theoretical flexibility allowed the research to be informed by feminist approaches (Braun & Clarke, 2006). Details of how this methodological approach was utilised within the current study are presented below, after outlining the epistemological position and positionality in relation to the methodological approach.

3.2.3. Epistemology in relation to methodological approach

RTA is considered to be epistemologically flexible, (Braun & Clarke, 2006) and within this study, was informed by a critical realist epistemological stance. As highlighted in the introduction chapter (see section 1), critical realists postulate that reality exists outside of interpretations and ideas about it, and that access to reality is mediated by language and culture (Braun & Clarke, 2022). Therefore, descriptions of experiences were seen as a reflection of the participants', recognising the context and materiality that they were negotiating (Parr, 2015).

Taking a critical realist epistemological stance meant that attention was directed to relevant macro level structures and policies during coding and analysis (Sims Schouten et al., 2007). This allowed me to not only highlight the experiences of mothers in doctoral education in clinical psychology, but also to consider the context that shapes and informs this experience, directing attention to those that hold power to enable change, which is in line with feminist research (Cohen et al., 2022). Feminist methodological approaches, which are focused on understanding how oppression affects women (Campbell & Wasco, 2000) were also drawn upon. Feminist standpoint theory was considered in relation to the development of themes. Although this did not provide analytical steps that differed from RTA, feminist standpoint theory was utilised as a 'critical and reflexive frame' from which to consider the data gathered through this study (Cohen et al., 2022).Through the analysis, I held in mind how the themes presented had the ability to affect social change (Campbell & Wasco, 2000), and the ability to increase consciousness about power and oppression were key objectives in

coming to a final decision about how the data was interpreted (Braun & Clarke, 2022). Within the discussion chapter, attention was directed at wider systems (Bronfenbrenner, 1977), highlighting the need for wider systemic change, which is in line with the aims of feminist research (Cohen et al., 2022). Furthermore, when planning for the dissemination of the research, rather than focusing solely on publishing within a relevant journal, plans were made to present findings at a conference in which training providers would be in attendance, in an attempt to influence stakeholders (Lee & Rodgers, 2009).

3.2.4 Insider research in relation to methodology

In an attempt to balance inequalities between participant and researcher (Campbell & Wasco, 2000), participants were informed of my role as a mother and an insider researcher (Dwyer & Buckle, 2009). This may have offered some advantages in relation to interviewing participants, who may not have felt they had to justify themselves to me and felt more relaxed and able to express challenges they experienced. Given that previous research highlights the social pressures placed on mothers to engage in intensive mothering (Hays, 1996) and the social discourses around mothers who work (Okimoto & Heilman, 2012), our shared experience may have reduced participants' potential felt sense of shame (Rúdólfsdóttir & Auðardóttir, 2024). Going through the experience of being a student-mother at the same time as researching it potentially provided very recent and current experiences to draw upon and may have supported with the analysis. Alternatively, participants may have not felt the need to fully explain experiences they assumed I understood, leaving me with an inaccurate understanding of their experience. Despite

sharing the experience of being student-mothers, we may have differed in many other areas of identity and in many ways had very different experiences of doctoral education. I may have unconsciously steered the conversation towards areas I also felt passionate about, hoping to show mothers in a positive light, validating challenges we shared and brushing over those I hadn't experienced. Indeed, I approached this research expecting mothers to have experienced barriers and challenges. I noticed myself feel guilty at times during interviews as I was prompted to consider the sacrifices my own children have made as I complete training, and emotionally moved when I shared experiences with the participants who I spoke to. Rather than attempt to set these aside, when I noticed these emotions, I recorded them and went back to them during the analysis process.

Approaching research as an insider-researcher brought on questions in relation to rigour and prompted me to look for more evidence of themes in fear I was representing only my own experience. Reflective extracts in relation to this are included in Appendix K.

I recognised that as an insider-researcher, I am unable to remove myself from the experiences I share with the participants of this research, acknowledging that my role as researcher is situated historically and that I bring my own wishes and desires into the research process (Wilkinson, 1988).

3.2.5 Reflexivity

Within RTA, a researcher's subjectivity is viewed as a resource rather than a problem to be managed (Gough & Madill, 2012). Within feminist research, the researcher's emotions are viewed as a tool that offers insight into the work and encourages these to be shared

(Campbell & Wasco, 2000). As such, reflexivity has been incorporated and shared throughout the research journey, in order to support the reader to situate the research within the context of my experiences and assumptions, and to support with understanding why I have interpreted the data in the way I have. Various methods of reflexivity were utilised throughout the research process and are summarised below.

- **Reflective journal**

Throughout the research process a reflective journal was kept. I recorded responses to interviews, thoughts, questions and developing ideas. Entries were made when reading relevant literature, when considering what topics I was drawn to and why. I recorded any initial responses to interviews after they had taken place and notes regarding how I was feeling on the day of the interview. This was particularly helpful when there were differences or similarities between my experience of DClinPsy training and those shared by participants. I recorded initial responses to transcribing the audio and immersing myself in the data, initial ideas around coding and themes I felt I was noticing. This included what I noticed in individual interviews, as well as what was standing out to me as I considered the data set as a whole.

- **Interview questions**

Prior to completing interviews, I took some time to reflect on my own experience of the DClinPsy as a mother. I had initially discussed the idea of completing a bracketing interview (Tufford & Newman, 2012) with the research team, however as I learnt more about RTA and considered my epistemological approach, I acknowledged this was not in line with the methodology. I did, however, feel it was important to reflect on my own experience of training and therefore chose to answer the interview questions myself. Rather than

attempting to put these aside, I aimed to highlight these both to myself and the reader. I also reflected on the process of completing the interview. My answers are included in the Appendix (see Appendix I).

- **Coding and analysis**

Prior to starting the coding process, I shared a short interview transcript with my research team and we coded these separately. The aim of this was to highlight my own style of coding and what experiences tended to stand out to me. Our individual codes were then discussed, focusing on similarities and differences in coding styles, coding names chosen and why these might have been present. Further reflection on this is presented later in the chapter.

3.3. Reflexive Thematic Analysis

RTA places the researchers' role in the production of knowledge at the heart of its approach (Braun & Clarke, 2019). It conceptualises analysis as an active process in which the researcher is fully involved and requires reflective engagement with the data (Braun & Clarke, 2019), allows for a rich, in-depth description of the full data set and highlights experiences across participants. Providing themes across the data set was thought to be valuable as it had the potential to highlight the experience as described by several student-mothers. As such, clear recommendations, and strategies to improve accessibility for student-mothers enrolled on the doctorate in clinical psychology could be generated.

A summary of the stages of RTA (Braun & Clarke, 2006) that were undertaken is outlined below. Within RTA, there may be repeated 'bending back on yourself' (Braun & Clarke, 2019, p. 594) as you reflect on the process of analysis. In line with this, stages presented below did not occur in a completely linear fashion.

Table 8

Stages of thematic analysis ((Braun & Clarke, 2006)

Stage of analysis	Description of stage
Phase 1 Familiarise yourself with the data and transcription of verbal data.	Transcription of verbal data was completed by the Principal Researcher to support with immersion in the data. The Principal Researcher repeatedly read the transcript and listened to the audio recording, searching for meaning and patterns. Notes and initial ideas for coding were made. Similarities and differences were noted between interviews.
Phase 2 Generating initial codes.	The Principal Researcher produced initial codes and worked through the entire data set in systematic way. This was done twice in a different order. The research team individually coded a small section of transcript to compare codes in a reflective manner. Areas or interest that appeared related to codes or patterns were identified. Codes were grouped into consolidated codes.
Phase 3 Searching for themes.	Codes were sorted into clusters or candidate themes, and then into larger themes. Various different iterations of the codes were considered. Some codes were not used.
Phase 4 Reviewing themes.	Themes were refined and reworked. The entire data set was re-read in relation to the themes to ensure they captured the data.
Phase 5	Names were chosen to identify the 'essence' of what each theme was about.

Defining and naming themes.	
Phase 6 Producing the report.	Final analysis completed and the report was written up.

3.3.1 Procedure

Data was analysed by the Principal Researcher. This was approached initially by transcribing each interview, listening to the audio several times and immersing myself in the data. During this time, preliminary ideas relating to codes and themes were noted. Prior to starting coding, the research team met to discuss their individual coding of a small section of anonymised transcript. The aim of this discussion was to explore similarities and differences in ways of coding and to aid transparency, rather than for the purposes of consensus-coding (Braun & Clarke, 2019). Reflections on this are include below. The transcripts were then coded. Coding was completed by adding comments into the transcript.

The data was coded at both a latent and semantic level. It was important to capture the meaning of the description provided by the participant. I looked for underlying meaning communicated through words, rather than taking words used at face value, however when specific requests were made in relation to the interview and research question 'what changes would you like to see?', segments were coded at a semantic level, to remain close to the description of the participant. Coding segments often had more than one code. A pre-defined coding template was not utilised within this study, as it was not in line with RTA, within which the researcher is viewed as a resource and a key instrument in interpretating

and analysing the data. In this way, my interpretation of the data was included within the coding stage.

During the final part of the interview, participants were asked how they had experienced the interview. At times this was not recorded. It felt unethical to include this section of data for some but not all participants. As such, the final question was not coded.

Two rounds of coding were completed, in different orders, to ensure the more recent codes were reflected in the interviews initially coded. To ensure I was capturing a range of experiences, a visual prompt was used during the coding process to remind me to look out for exceptions and experiences that differed from my own. To enhance reflexivity and produce a more nuanced reading of the data (Braun & Clarke, 2019) the research team met to discuss specific sections of data that I was finding difficult to code. Codes were then grouped and sorted into themes.

Coding resulted in a very large number of different coding labels which was initially difficult to group into meaningful themes or clusters. Therefore, similar codes were consolidated (Fryer, 2022) and checked with the dataset to ensure 'interpretive validity' (Maxwell, 1992, as cited in Fryer, 2022). This may have resulted in some of the nuances being lost. Themes were then worked from the consolidated codes, checked against the quotes the codes applied to, and then checked across the whole dataset. As such, analysis involved going back and forth between codes, consolidated code labels and the quotes they referred to. Analysis involved using both an excel sheet and manually moving codes that were printed into different groups.

Themes were identified *primarily* inductively, with the themes rooted in the data rather than identifying pre-set themes derived from relevant literature. However, during the

process of coding it became clear that it was impossible to remain completely inductive as there were times when coding felt related to relevant research that I had already read. In line with a critical realist epistemology and prompted by discussions with the supervisory team, attention was paid to the causal mechanisms and experiences within the themes (Fryer, 2022).

Feminist approaches were drawn on in the later stages of theme development, after coding had been completed, when conscious attention was paid to influences of power (Campbell & Wasco, 2000).

Participants were contacted and sent a summary of the final themes and given the opportunity to provide feedback. It was made clear to participants that due to the epistemological and methodological approach, they may not feel that their entire experience is represented across the themes. It was also explained that, due to the methodological approach, their reflections may not result in changes to the themes, however that their responses would be considered and reflected upon. No changes were felt to be necessary after feedback was received from participants.

3.3.2 Reflections on the coding process

Prior to starting coding, the research team met to discuss the individual coding of a small section of anonymised transcript. The aim of this discussion was to explore similarities and differences in ways of coding and to aid transparency, rather than for the purposes of consensus-coding (Braun & Clarke, 2019; Tuval-Mashiach, 2017). During this meeting I was struck by the similarities between the coding labels used by all members of the research team, the choice of coding labels and in the sense of what was being communicated. I

noticed that I had coded more semantically than the other members of the research team and reflected on whether this was related to an effort to avoid bringing my own experience into the interpretation. I reflected on the experience of being an insider-researcher and the sense of uncertainty I was experiencing in relation to whether I what I was seeing was the experiences of participants or my own. Despite using RTA and assuming the position that my experience was part of the interpretation, I still felt a pull to move away from this and present something 'objectively real'. After the meeting, I felt more confident to code more latently. I wondered whether, if we had coded differently, I would have felt as confident to do so. Regardless, I was encouraged to accept my own experience as part of the interpretation of the data, whilst being mindful of how this may inevitably influence my analysis.

3.4 Involvement of consultants

Two recently qualified clinical psychologists who completed training as mothers were invited and agreed to be involved as consultants to this project. I specifically looked for consultants with experience of being a student-mother as a way of giving 'voice' to student-mothers. The consultants were known to the research supervisor and directly approached by email to ascertain if they would be interested in taking part.

One student-mother at the end of their course was also approached and agreed to take part. A total of three consultants were involved at different stages of the research process, outlined in Table 9.

Table 9

Involvement of consultants

Area	Involvement
Developing the aims and research question	Consultants attended a meeting to consider their main hopes and wishes for research in this area, what experiences they felt may contribute to the experience for mothers.
Looking over the design of the poster	Feedback provided via email regarding the poster – no changes were made.
Contributing to the design of the interview guide	Consultants attended a meeting in which the draft interview guide was run through, and the wording of questions was considered, changes were made in relation to focusing on what supported participants through barriers.
Support with recruitment	The initial recruitment email and poster was sent on from consultants to the 'Life in the Labyrinth' distribution list.
Dissemination of the findings	Initial plans were made to disseminate the results via a podcast however this is no longer being recorded and not viable. Alternative options for dissemination were considered and outlined in the Methodology section.

Involvement of consultants was managed ethically by ensuring that consultants were given a clear idea of how they could take part in the research and the length of time involved. It was important to hold in mind the time pressures and commitments already present for the consultants. Consent was sought to share the names of those who had agreed to take part with the other consultants and how consultants would like to be named in the final write

up. The option of a pseudonym was offered. Each consultant was offered a £10 'love to shop' voucher per hour meeting as a small way of saying thank you for their time and knowledge.

3.5 Recruitment

3.5.1 Inclusion and exclusion criteria

The target group included current trainee clinical psychologists, who commenced their training as a mother. Previous research has focused on the experience of returning to completing the doctorate in clinical psychology following maternity leave (Selema, 2022). To highlight the experience of mothers as opposed to the transition into motherhood, only those who started the course as mothers were included. Due to the differences in levels of care required for younger children as opposed to adult dependents, only those with dependents under the age of 18 were included. It was anticipated that a conversation about barriers and challenges whilst on the doctorate may be challenging and uncomfortable, and for that reason, current experience of mental health difficulties was an exclusion criteria and participants were asked to self-identify if they felt this would be manageable or not in a pre-interview discussion. As courses vary considerably globally, only those enrolled in UK based courses were included. The decision was made to focus on the specific experience of mothers (rather than parents), as it was recognised that mothers are potentially met with specific barriers and experiences and are impacted and influenced by current societal discourses specifically around mothering (Estes, 2011). Furthermore, it was felt that those

holding the role of stepmother may experience specific challenges related to this role and were therefore excluded. Other parental figures may also experience different challenges. Consequently, including different parenting roles within this study may have resulted in more generalised themes that were less able to speak to the specific challenges to any one group of parents.

The full inclusion and exclusion criteria are included below.

Table 10

Inclusion and exclusion criteria for study

Inclusion	Exclusion
Currently a Trainee Clinical Psychologist and a mother.	Qualified Clinical Psychologist or any other qualified psychologist.
At least one dependent under the age of 18 at the time of starting the doctorate.	Had first child whilst already enrolled on the doctorate in clinical psychology.
Currently enrolled on a UK based doctorate in clinical psychology course.	Enrolled on a course outside of the UK.
	Started but did not complete the doctorate in clinical psychology.
	Currently experiencing mental health difficulties.
	Stepmothers who are trainee clinical psychologists.

3.5.2 Recruitment strategy

The study was advertised via the 'Life in the Labyrinth' community and the 'Parenting and Clinical Psychology' Facebook group. These are avenues that have proven to be successful

modes of advertising within previous research with similar participants (Selema, 2022). Emails were also sent to administration teams of all clinical psychology doctorate courses across the country. A poster was designed which was shared and approved by one of the research consultants (see Appendix C). In line with the BPS Code of Human Research Ethics (BPS Code of Human Research Ethics, 2014), a Consent Form and Information Sheet (see Appendix D & E) was sent to anyone expressing an interest in the study, outlining the purpose of the study, how participants can withdraw, what will be recorded and how to raise a complaint. Demographic Information was requested through a form which was saved on the University of Hertfordshire One Drive and shared with the participant through their email address. Demographic information was saved in a separate folder to the consent forms, both were password protected and stored on the University of Hertfordshire OneDrive.

Data saturation was not felt to be in line with RTA, as 'meaning sits at the intersection of the data' and the interpretation made by the researcher (Braun & Clarke, 2019). It would therefore not be possible to set a sample size which would reach data saturation in advance of the coding process (Braun & Clarke, 2019). Additionally, coding within RTA could produce several different coding labels (Braun & Clarke, 2019). Therefore, a sample of 12-18 was chosen pragmatically (Braun & Clarke, 2021b) as it was felt that this would allow for a range of different experiences to be shared and has been used in previous studies in similar areas (Selema, 2022) which suggested that this sample size was realistic and appropriate.

3.5.3 Participant demographics

All 18 participants were enrolled on a doctorate in clinical psychology within the UK at the time of their interview. The courses participants were enrolled at were located across the UK rather than clustering within a specific location and were therefore felt to be suitably reflective of training within the UK. Number of children and age of children refers to children under the age of 18, in line with the inclusion criteria. To protect the identification of participants, specific details have not been provided for each individual, instead they have been grouped into categories which are outlined in Table 11 below.

Table 11

Participant demographics

Gender	Female - 18 Male - 0 Non-binary – 0
Age	All participants were in their 30s and 40s.
Number of children under 18	1 child – 11 2 or more children – 7
Ages of children	2 and under – 6 3 – 5 years old – 7 6-11 years old – 7 12 – 17 – 5
Ethnicity	Any White background – 14 Any Asian background – 2 Any Mixed background – 2
Marital status	Married or cohabiting – 16 Separated – 2

3.5.4 Interview modality

A semi-structured interview was chosen. Using semi-structured interviews allowed the interviewer to be focused but still have the ability to discuss areas that were meaningful for the participant (Adeoye-Olatunde & Olenik, 2021). As this is an area of relatively new research, it felt important to offer participants a loose guide from which it was possible to focus on areas important to them, rather than a rigid set of questions pre-generated that may not capture the key issues relevant for the participant (Kallio et al., 2016). Semi-structured interviews provided the opportunity to vary the order of questions and length of time spent on each section, depending on what felt most important to the participant (Robson & McCartan, 2011). This allowed for a more conversational style which supported the aim of providing a comfortable, respectful and friendly atmosphere for the interview, in line with the caring ethic aimed for in feminist research approaches (Campbell & Wasco, 2000).

Interviews took place online via Zoom. Face to face interviews were considered but felt to offer less flexibility to participants in relation to time and location. Ultimately, virtual interviews were chosen to allow participants flexibility in relation to when they participated. This was felt to be particularly important as the participants were likely to have little spare time. Evening and weekend time slots were offered, again to increase opportunities for participation. Being interviewed online might have increased flexibility but there are potential drawbacks to this such as the potential increase in distractions (Deakin & Wakefield, 2014). Moreover, while some participants might have felt more comfortable in

their own environment, it is possible that meeting remotely could have reduced opportunities for rapport building (Deakin & Wakefield, 2014).

Utilizing focus groups as a means of data collection was also considered, which would have offered participants the opportunity to hear experiences of other student-mothers. Participants may have gained a sense of shared experiences through discussion with other student-mothers, which may have been empowering for participants (Wilkinson, 1998). Focus groups may have offered more voice to the participants, allowing them to take the discussion in a way that felt more meaningful for the group and these discussions may have generated a range of views about a topic (Wilkinson, 1998). However, focus groups may have also led to comparison, higher experiences of guilt in relation to working and societal expectations (Estes, 2011) and less opportunity to hear about individual experiences. Ultimately, focus groups were not chosen to allow more flexibility for individual participants to take part at a time that suited them, rather than having to attend specific times and dates.

3.6 Ethical considerations

Ethical approval for this study was acquired through the University of Hertfordshire application process (protocol number LMS/PGT/UH/05415). The BPS Code of Human Research Ethics (2021) outlines the areas to be considered when completing research with human participants. The key areas relating to ethical issues within this study and the considerations made are outlined below.

3.6.1 Informed consent

- Those expressing an interest in taking part in the study were sent an Information Sheet (see Appendix D) along with a Consent Form (see Appendix E).
- The Information Sheet detailed potential risks and benefits from participating in the study and information regarding confidentiality, allowing prospective participants to provide consent from an informed perspective.
- Prospective participants were offered the opportunity to meet with the Principal Investigator to discuss any questions or concerns they had regarding the study prior to participating.
- Participants were asked if they would like to receive a summary of the results.

3.6.2 Confidentiality

- All interviews were attended solely by the Principal Researcher and the participant.
- Prior to recording, participants were asked if they had any questions before starting. The participant was verbally informed when the recording was started.
- Transcripts were completed anonymously by the Principal Researcher.
- Demographic information was collected and saved via UH OneDrive, under a participant number and password protected. Consent forms and demographic information were saved in separate folders within the UH OneDrive. A spreadsheet recording participants names and participant numbers was created and saved within the UH OneDrive,

separately from the consent forms and demographic information. This was also password protected.

- All quotes were kept anonymous, and pseudonyms were used in the final write up. All consent forms, demographic information and the spreadsheet will be deleted by the Principal Researcher, after the Principal Researcher has completed their Viva.
- Recordings were stored securely within the UH OneDrive and password protected. Recordings were deleted from Zoom after coding had been completed.

3.6.3 Data management

- Data was stored in a password protected, secure location. Recordings will be deleted after the Principal Researcher has completed their Viva.
- Demographic information was stored securely on the UH OneDrive.
- Any data sent to other members of the research team was kept anonymous and sent using password protection, complying with GDPR.

3.6.4 Risk of psychological harm

- The Participant Information Sheet provided participants with information pertaining to the aims of the study, as well as an overview of the broad question topics, (see Appendix D) prior to taking part. This allowed potential participants to decide whether they would like to discuss the topics included and what level of distress this may cause them.
- The potential for distress and harm was outlined in the Information Sheet.

- A pilot interview was conducted with a peer who was also a student-mother. The order of the questions was amended to ensure the aims of the questions were communicated to participants. No concerns regarding sensitivity or potential distress were raised.
- Participants were informed they could decline to answer any questions, ask for the recording to be stopped or take a pause if required. As a trainee clinical psychologist, the Principal Investigator used their therapeutic skills to constantly judge the atmosphere, support participants, and amend the questions asked where necessary.
- Participants were informed that children should be out of ear shot. This was included in the Information Sheet provided to participants (see Appendix D). A verbal reminder was also given before the interview started.
- A written Debrief Form (see Appendix G) was sent via email after the interview was completed, including contact numbers for organisations offering support. Information about these organisations were also covered verbally at the end of the interview.

3.6.5 Additional ethical considerations

In addition to the above procedural ethical considerations, thought was given to situational, relational, and exiting ethics (Tracy & Hinrichs, 2017). Efforts were made to engage participants in conversations that felt respectful and appreciated rather than just as a means of collecting data. Attention was paid to ensure quotes included in the write up were not identifiable or likely to encourage unjust repercussions for the participants (Tracy & Hinrichs, 2017). This was especially important as the number of student-mothers enrolled in clinical psychology training is relatively low and members of any cohort are likely to be aware of those who would be eligible to take part in this research project. Themes were

presented sensitively, as I was conscious of the judgement made of mothers throughout society, especially when they are choosing to progress their career. Self-reflectivity was embedded throughout this research and considered an ethical obligation.

3.7 Data Collection

3.7.1 Resources

All interviews took place online, via my own personal laptop. During the interviews, the participants attended from their home address, and I attended from my home address, within a confidential and quiet space. Arrangements were made so that there were no disturbances or interruptions during the interview, and I used headphones and a microphone to ensure the interview was not audible to others. The interview was recorded using the Zoom recording function and transcribed by myself. Throughout the interview process, a reflective diary was completed and thoughts and reflections after each interview were noted which supported the analysis process (see Appendix J & P) and used to enhance reflection within the Discussion chapter.

3.7.2 Interview Guide

An interview guide was developed based on previous research and through discussion with consultants. Key areas were chosen, and potential prompts were included in order to guide the conversation without sticking rigidly to specific pre-set questions. This was sent to the

Principal and Secondary Supervisors who responded with comments and the Interview Schedule was further refined. Whilst devising the interview schedule, I was aware of the questions that felt relevant to my own experience and attempted to word questions without leading participants. For example, I intentionally asked *if* participants had experienced challenges and *had* there been any benefits to being a student-mother. I felt motivated to include a question related to the benefits of training as a mother, as, highlighted within the systematic literature review (see section 2), this was a question less often asked in the existing research. I reflected on the impact of only hearing about challenges to training as a mother and aimed to explore whether there was a different discourse around the value of student-mothers. I felt this linked with the research aims of increasing accessibility and would support a richer understanding of the experience. This was also in line with critical feminist research, as I attempted to move away from dominant discourses around guilt and responsibility and keep questions more open (Wigginton & Lafrance, 2019).The guide was then discussed with one of the consultants to the research, during which we focused on wording of questions. The guide was further refined based on their experience. Following this, a pilot interview was completed with a student-mother enrolled in doctoral education in clinical psychology to ensure the questions made sense in real-time. Following this, it was decided to re-order some of the questions, to support with the flow of the conversation and enhance clarity of the questions. In relation to critical feminist research, it was important that the questions asked within the interview were in the interest of student-mothers (Wigginton & Lafrance, 2019). Ensuring the interview guide was developed with involvement from consultants and piloted with a student-mother peer supported this process.

Prior to completing interviews, I reflected on what my own answers would be to the questions (see Appendix I). I noticed I found it took me a little longer to generate some answers around the benefits to training with children. I noticed that these questions made me stop and reflect and I found it enjoyable to reconnect with some of the positives, acknowledging that many of the conversations I had experiences were focused on the challenges.

3.7.3 Interview Procedure

All interviews took place online via Zoom and lasted 60-90 minutes. At the start of each interview, I introduced myself and gave a brief introduction to the research topic. Initially, I had not planned to explicitly state my position as a student-mother. I felt this was implicitly communicated through my poster and the use of the wording 'other mothers', as well as the choice of my topic. Perhaps naively, I believed this was taken for granted information and did not state this in the first interview. However, after this interview, I sensed that explicitly stating my position clearly would provide reassurance to the participants and as such, in all following interviews my position as a mother was known. Consideration was made as to how this may influence the data and following discussion with the research supervisor, the decision was made to include the interview as it was not felt to differ qualitatively.

Participants were reminded of key areas included within the Participant Information Sheet, including that the conversation may be uncomfortable and asked whether they were still happy to proceed. They were asked whether they had any mental health difficulties that

they felt would make the conversation difficult for them. They were advised that should they need to stop the recording, have a break, skip a question, or move around they could let me know and we would make adjustments as needed. They were reminded of the importance of being in a confidential space out of the earshot of children. Participants were asked if they had any questions, which were discussed before recording started. Verbal consent to record the interview was gained before starting the recording. Participants were informed verbally when the recording was going to commence.

The interview guide was used to prompt participants to reflect on different areas of the experience, including their journey to training, challenges and if anything had helped to overcome these in addition to benefits to training as a parent. A word document was used as a guide to support me as we moved through the different questions. At the end of the interview participants were asked how they had found taking part in the interview. They were sent a Debrief Sheet by email, including contact details of organisations that could be contacted for support if required.

4. Results

4.1 Overview

This chapter presents the results from a thematic analysis of 18 interviews. Four themes were developed through RTA (Braun & Clarke, 2006) namely: '*Relentless juggernaut', 'Square peg, round hole', 'Self-care, no care'* and '*Children help to resist the course'*. Three of the themes also have subthemes. The themes are described below with anonymised quotes to reflect the essence of each theme. Pseudonyms have been used to protect the identity of participants.

Figure 2

Themes and subthemes relating to how mothers experience doctoral level education in clinical psychology.

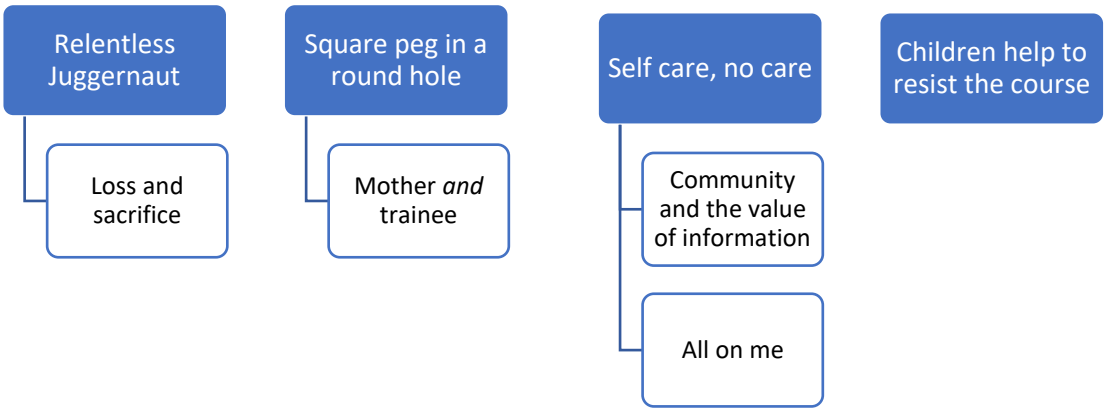


Figure 3

Representation of themes across interviews

Theme	Subtheme	Number of interviews this is represented in
Relentless juggernaut		18
	Loss, sacrifice, guilt and sadness	18
Square peg, round hole		18
	Mother *and* trainee	18
Self care, no care		18
	Community and the value of information	18
	All on me	16
Children help to resist the course		18

4.2 Theme 1: Relentless Juggernaut

Figure 4

Theme 1: Relentless Juggernaut

Participants spoke about the course as a forceful, oppressive, machine-like entity that would stop for no-one, showed little compassion, and demanded to be placed as a number one priority by everyone enrolled on the course. Participants experienced the course as something they were expected to mould around, rather than the course moulding around

the needs of trainees. The power held by the course was reflected throughout this theme in relation to the momentum, force, and rigidity, expressed in the following quotes and the impact of this for mothers highlighted by Eliza:

"Like, this is like, the course is like a juggernaut that keeps rolling down the road and you're trying to stay on it, you know, with your kids, you know, kind of hanging on to you". (Eliza).

"And I feel like once you're on it, you're on this like, merry go round that you don't quite feel that you can step off of". (Kiera).

Mothers reported that the experience of being engaged with such a demanding course was of it being relentless, ever-present and exhausting:

"So it's just like, non-stop like it does not end. I mean, there might be a break from academic teaching. But there's no break from placement, there's no break from the other assignment that's constantly there in the background". (Annabella).

Ella and Leah highlight the power held by the course was at times maintained by the course staff:

"..there's almost this idea that train training is your life, and I think that's been a narrative

for training for so many years that you give everything to the course. And I think that's what they're used to with their cohorts is that, you know, you dedicate everything to this course and that, that's the most important thing. I think they're not used to having people that actually, perhaps the course isn't the most important thing and the course, sometimes has to take a bit of a backseat. And that's okay." (Ella).

"But and there was a big narrative about life has to stop when you're on this, doctorate. You can't do anything. And definitely, I think the course team fed into that" (Leah).

The inflexibility and rigidity of the course made things more challenging for most participants:

"There is, I feel, not a lot of flexibility. And it's meaning that those parents are fighting really hard, and having to just do things that just make life more difficult". (Sophia).

Across eleven interviews, participants described feeling that engaging in the DClinPsy was different to the experience of working as a mother in other jobs. This was seen as a more demanding experience. Ella describes this, when talking about examples of more flexible and more rule-driven approaches from support staff:

"Because I think I would have, I would have still had these challenges of like having poorly children, in any job. That's just what comes with being a parent. But I think it's the response that, that sort of really affects that" (Ella).

Most participants described placement settings as having a more compassionate and flexible approach to the academic side of training, which improved their experience. The rigidity and inflexibility of the course was seen as directly linked to the inaccessibility of full-time doctoral level training in clinical psychology for mothers:

"And I think if they really want to make training accessible, then that means changing the structure of courses and having flexibility. And how long it might take to do training". (May).

"But I think you naturally rule out a whole group of people who think – that can't do something full time right now, for whatever reason, quite often women, quite often for parenting reasons…" (Freya).

Catherine highlights the feeling of discomfort in relation to the power that was felt to be held by the course:

"And it's that uncomfortable feeling having to just be like I need to do this for my family who is first…erm.. but just having to like, yeah, have this this power above me that will actually decide whether I can or can't do that" (Catherine).

Understanding more about how this experience may be different for trainees who aren't mothers would be a useful avenue for further research, however, was not within the scope of this study.

4.2.1 Loss, sacrifice, guilt and sadness

The relentlessness and rigidity of the 'juggernaut' resulted in loss, sacrifice, guilt and sadness for the participants and their families. Participants spoke emotively throughout the interviews of having sacrificed to undertake training. In relation to motherhood, this was most notably expressed in relation to time, and of being mentally present when physically present with their children. There was a sense of something being lost that could not be re-gained, a permanence that participants shared left them feeling extremely sad. The anticipation of further loss and the presence of potential loss appeared to be held in mind for participants in relation to how they navigated the course – it was present when anticipating information about future placements and in relation to prospects available to them after qualifying.

"And although I'm missing this bit now, hopefully in the long term it's gonna pay off. And I can be present for things when they're older….. whatever it is that you know they've got going on. That I can be there for that then" (Fatima).

Time was spoken of as a precious commodity and participants desired to spend as much of

it with their children as possible, however loss was experienced in more ways than loss of time. Linked to the 'relentless juggernaut', the course was described as an all-encompassing, ever-present entity that pulled them away mentally from their children, making it difficult to engage and be present even when participants were able to spend time with their children.

"I feel like there's a massive part of me that never would have wanted the first years of my child's life to look like this, in terms of how much I feel like I'm sometimes in this space with my child where I can't fully fully focus and like, be in the here and now with them. Because I've got service users on my mind, or I've got the next academic submission that's on my mind, or I've got placement documents on my mind, and I know that that is impacting my ability to be fully present as a mum". (Kiera).

"Like I feel like I don't I, I've just had to abandon my, I've got to just abandon my family for 3 years to some to some degree that is what it feels like on some days, a lot of days". (Freya).

Expressions of loss were associated with a sense of guilt and sadness:

"Like that brings up a lot of guilt for me, and so I struggled to feel like, yeah, good mum at times as well" (May).

Feelings of guilt also appeared related to the experience of participants feeling responsible for choosing to undertake training:

"Oh, gosh! Like this is, what have I done?" (Eliza).

"I think there was a big sense of guilt as well. Just thinking of, I want it so bad, but I'm also a mom. Like that sense of guilt that I want this, I've worked for it, I've earned it! But I'm leaving my kids behind". (Hazel).

Loss was also felt within the role of trainee. This was most often reported as missing out on the social aspect of the trainee experience, due to prioritising time with their children, conscious of limiting further sacrifice:

"I miss a lot of like the social events and things, because I'd rather be home and have the time with my son, and I'd rather be able to kind of put him to bed" (Zara).

"They all stay out really late, even if I go out, there's still gonna be a limit to when I can come back, because there are things that I'm needed for at home. So I think it's the main thing that I really kind of, miss is the social aspect". (Annabella).

"Cause often I'll just go in, and I'll just be like head down like with my coffee sort of thing, whereas it would be nice to connect. So I feel like I've maybe missed out a bit there on those

social, social peer things. Because I haven't been able to go out drinking, or, you know, go go for dinner and stay up late, or, cause I've wanted to get back for for bedtime" (Fatima).

Loss and sacrifice were not only experienced by the mothers, but felt to be experienced by the entire family unit who were described as essential in supporting participants through their training:

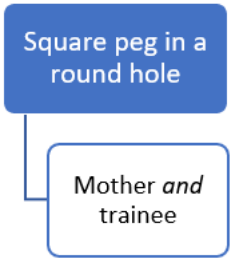
"the impact on my husband, because he would need to sort of do a lot more. You know there would be a more responsibility on responsibility on him, and you know he wouldn't be able to necessarily, if he wanted to do something to further his career like study, or something like that, you know, he wouldn't be able to do it at the same time he'd have to wait" (Olivia).

"If you have a parent who has a partner on the course that can help. But sometimes I don't really think people think about the impact on your family members, what others have to do to help support you to do this course?" (Catherine).

4.3 Theme 2: Square peg, round hole

Figure 5

Theme 2: Square peg, round hole



The theme 'square peg, round hole' refers to the sense participants described of being enrolled on a course that was not designed with their needs in mind. The course was designed for trainees with no caring responsibilities and participants did not feel it was set up for them, and wanted the course to recognise that not everyone fits the mould of the trainee the course is designed for. Many of the structures in places required adjustments to be accessible to parents, making it more difficult for them and requiring effort on the part of the mother-trainee to request adjustments. There were many examples of how the set-up of the course made things more difficult for mothers.

"I just feel like I'm a square peg in a round hole." (Freya).

"And then it kind of makes it feel like that norm is very much for people who have very straightforward lives, that like, and it's not just parents like other people have had other like complications during the course, but it feels like there's no flexibility then to like transparency with like, how you will get through the course". (May).

The course was felt to not welcome diversity:

"Because if we're thinking about the groups of people that have typically represented clinical psychology trainees. Typically, and obviously not always. Typically, they're all the things I mentioned before, they don't have any responsibilities maybe, they don't have any difference or disabilities, and it's arguably easier for them to access the course". (Sophia).

"I don't know what happens if their hands are tied, or whatever it is, but they're like, now, welcome to the course, please leave your diversity at the door. Cause we're not factoring that in now. From now on you've just got to act like you're 25, single, you can hand your life over. We don't wanna know about it.." (Freya).

Fatima highlights the impact of having to navigate engaging in training when it isn't designed around the needs of parents:

"like having a sick day for your child. Or lectures running on until 5pm randomly, and saying, I need to leave at half past 4 for, because of childcare, and then getting the backlash of leaving 30 min early. It's those kind of moments that stick in your mind, and they're the things that make it really difficult". (Fatima)

Being enrolled on a course that wasn't designed for them resulted in participants feeling different to the rest of their cohort, not only due to having caring responsibilities but because they felt they were at a different life stage to most other trainees, for whom the course felt more designed for. This resulted in participants feeling very isolated.

"And it shapes it in a way that is quite different, I think, from someone whose younger or and or has no caring responsibilities". (Paige).

"Yeah, I mean, definitely, it's very, very isolating for parents. And I've raised this with my personal tutor, with kind of people within the cohort that I speak to.. it is so isolating, because you're on completely different levels with them....You're at a different stage" (Annabella).

Opportunity for flexibility and part time options were mentioned numerous times:

"..like yesterday I was able just to leave at 3:00, travel home, and then work a little bit later at home which meant that I was here, because my child had to come home early. So the kind of flexibility around that". (Zara).

"So for some it might require working from home, some might need adjusted time, start times, and end times. I don't know. I don't know what else is out there, but just something that helps that person to have an equal footing in this game that we're all playing". (Sophia).

"And I think from that perspective in general, like the doctorate isn't particularly friendly to to parents, and I'm sure there's other groups as well like if you've got long term health conditions, but like not having the option to do it part time is definitely a barrier" (Fatima).

4.3.1 Mother and trainee

Participants spoke of the experience of navigating training whilst holding their dual role of both trainee *and* mother, within the context of a highly demanding course that wasn't designed with their needs in mind. Participants utilised strategies to ensure both were met and kept in balance, which often involved constant juggling, moving from one role into another and ensuring equal time was offered to both positions. Participants tried hard to ensure the needs of their children were always the priority, which links to the subtheme 'loss, sacrifice, guilt and sadness'. Although linked, this theme captures the effort and juggling required to hold both roles, that was felt to be important in and of itself and separate to the theme 'loss, sacrifice, guilt and sadness'.

"So I think sometimes you have to try and hold that as well that, the the separate but they're the same. Does that make sense? Like trying to be a mum, but I'm trying to be a clinical psychologist, I'm trying to hold both of those positions and values together. Sometimes I'm just tired. And it's tiring". (Hazel).

Holding both roles was sometimes achieved by attempting to create time for each role. However, most frequently, participants spoke of engaging in both roles simultaneously.

Participants struggled to switch off from either role at any time, and as such parenting responsibilities were frequently held in mind throughout lectures, and doctoral demands whilst at home with their children. This balancing and juggling of both roles meant mothers held a significant mental load:

"One of the things that I think is never really talked about is the cognitive load that we carry, and particularly about mums and that there's just never spoken about. And I might be sitting in a lecture, but I know I've got to phone the GP because they need a flu jab, or I know that I've got, ah did I cancel that that dentist's appointment? I'm not quite sure! Those are the things that I hold in my family anyway, and manage, regardless of whether I've got an assignment due that night". (Leah).

Participants reflected a sense that neither role could be done well enough and that the work done to manage both roles was largely unacknowledged by the course:

"It's just like, sometimes I feel like they have no idea like how busy my life is, and how much I have to do every day, and how much pressure I'm under. And so sometimes it's not even like the big barriers it's just that it's kind of an invalidating like environment at times cause it just feels like people don't necessarily get it". (May).

Most participants did not always feel that their mother identity was seen, heard or valued. They were most likely to be viewed as trainee by the course. As such, most participants did

not feel fully recognised or acknowledged for who they are and the rich experiences they bring to training and were left feeling unseen and unrecognised:

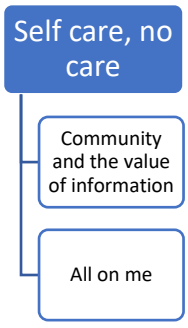
"And I guess that that is the difficult thing with with being a mother, that your your life does become consumed with your child, and they are your everything, and, like you live and breathe your child, don't you? And then to have to park all of that, and then come into a space where that you, that's, doesn't felt like it doesn't feel like that's embraced or even acknowledged, feels quite difficult sometimes". (Kiera).

"I find it quite patronizing and just, there's just an assumption that you haven't had certain experiences from lecturers". (Olivia).

4.4 Theme 3: Self-care, no care

Figure 6

Theme 3: Self-care, no care



Participants spoke, at times in a sarcastic and comedic way, about the emphasis placed on self-care through training. The course was described as providing little or no care and the responsibility of accessing the required support to navigate the course was placed on the individuals themselves. Participants did not feel they had the available resources to devote to this:

"And when I've suggested that to staff they're like why didn't you set that up? And it's a bit like yeah, but I'm quite. I've got quite a lot of my plate already, so you're asking me to do, to do more". (Roseanna).

Being asked to 'self-care' whilst on a course that wasn't felt to be providing adequate leave or to consider the needs of mothers in the design was experienced as patronising and not accessible to mothers on doctoral training, as demonstrated by the following quotes:

"Just it sometimes feels just a bit kind of like uninclusive to think about the ways in which, like trainees need to nurture themselves, when what's being suggested is just so impossible for people that might have responsibilities with kids at home, so, so that I suppose, although it's well intended it just doesn't land particularly effectively with parents". (Eliza).

"They think that it's right that I should take my annual leave, but then they give the counter message of you need self-care you need to make sure you take your leave so you get a rest. And I'm like, well, you're telling me I need to take it to look after a poorly child". (Mandy).

Many participants reflected the sense was that the course expected that you should not need adjustments and asking for support was done within this context:

"And you almost feel like you're like a burden when you do bring up those conversations around needing to make maybe leave early or asking to kind of work from home" (Kiera).

"I felt like I knew that I could do X, Y, Z to make my competing responsibilities more manageable. But I felt like I couldn't if you see what I mean. And that was really obvious in that time, and on a sort of smaller scale. I think that's been there throughout training" (Eliza).

Although not directly asked, at times this intersected with other areas of marginalised identity which influenced how support and self-care was accessed. One participant, in relation to asking for support for multiple areas of need highlighted:

"Sometimes I feel like a burden to be honest, I've asked them for these really outrageous. reasonable adjustments…" (Sophia).

Another participant used support available to them due to other needs to support them:

"Luckily for me, I've been able to relate that to disability needs….I've got that remit where if I do need to ask for an extension, I can". (Catherine).

4.4.1 Community and the value of information

Across all the interviews, participants spoke positively of crucial opportunities to connect with other trainees who were parents. Experiencing the course without a community of others who shared the experience of being a mother was described as lonely and isolating. Community appeared to help reduce feelings of being different to other trainees.

"But I think your experience very much feels a little bit isolated unless you've got like another mum that you can almost attach yourself to to so share share the experience of training, because I think it is just so different as a mom to to if you're not" (Ella).

"But yeah, it's it's definitely been different. I think maybe if you, is it, I think it's 8, 90% or something of the cohort have no children. So just being in the minority is, I think, a different experience" (Paige).

Community and connection helped create a sense of solidarity with others, reduced feelings of isolation and reduced the feeling of being different to others on their cohort. Meeting other mothers on training was often transformative for mothers, and, through lived experience, provided valuable information on how to navigate the course which participants felt was otherwise scarce. Information shared by others who had navigated the course as a mother taught them how to do this for themselves:

"It's my course mates, especially other parents, you know, cause we, we can just give each other a look, and it just, you know, have a laugh about it, and we all get it". (Olivia).

"..and I think she was a very, very, let's say important, you know, a factor and source of information for me, and sort of gave me that confidence that it's doable" (Heather).

"Because I think when you've got somebody that completely gets where you're coming from not only from a course perspective, but also a parent perspective that has been so helpful in terms of just managing some of that, because actually, it means I've got someone that I can just vent at or just, you know, if if we've both like coming into lectures and not had any sleep". (Ella)

Requests were made for more opportunities to connect with other mothers on training and it was acknowledged that any opportunities they had found had often been sought themselves.

"I guess it would have been helpful to know, to be able to speak to other parents who are already on the course and have the opportunity to kind of understand that it was possible. I had to do that kind of myself informally through friends who were already qualified". (Roseanna).

"..think linking parents up across across cohorts. Having either another trainee or a staff member almost there as a mentor for parents..someone who actually has understanding" (Zara).

In relation to community, participants also spoke of requiring support from other people in order to access the doctorate. They described support from other people as essential to them being able to access training, and frequently recognised they were privileged to have access to this. As such, training was spoken of as a family undertaking.

"So it's falling on a lot of support. And if I didn't have family support I wouldn't be able to see this course" (Mandy).

"So if I didn't have the network of support that I've got, I think that would be me out. I just don't think I could have done it". (Olivia).

4.4.2 All on me

This sub-theme reflects the felt sense that the responsibility to access support and navigate the course was placed with the individual mother. This required mothers to adopt the approach of being assertive and proactive. Participants reflected that this stance was necessary for them to navigate the course. If they were not organised and proactive, the expectations on them would not account for their caring responsibilities. The work involved in holding this responsibility was not required by other trainees without caring responsibilities. Paige highlights the impact of holding this responsibility in the following quote:

"While it seems possible, but it just costs a lot of energy to fight for it". (Paige).

"And just so I think there is an onus on you as a trainee to like communicate with them. You've got to be sort of having that good relationship with your personal clinical tutor, or you know your course director". (Fatima).

"It's meant that I've had to negotiate things with the course that other members of the….other trainees who don't have kids haven't had to negotiate whether that's taking on emergency leave when they're not well, or whether it's dealing with other needs that they've had, and timings and placements and stuff". (Ava).

Participants spoke of the impact of having to 'disclose' their caring responsibilities repeatedly throughout their training and the anticipation surrounding potential responses. It appeared that this at times felt like the admission of something negative, that admitting having caring responsibilities meant not being able to engage in the same way other trainees would be able to, as highlighted by Heather's quote:

"Yes, because it it creates a, it created a feeling in me. I feel like I feel like I am, because it's not asked or because it's not implied, I, I do feel like it's, oof I, I do feel like I, I go and say. this is me, but I have this thing. I carry this thing invisible thing behind my back. Just be aware of it, that it's can sometimes pull me down and interfere with what I'm supposed to do here and create all sorts of situations which obviously they will understand. But just be aware of

that. I don't know how else to put that". (Heather).

"And having to explain my circumstances every time, meeting with placement supervisors on pre -placement visits to say, actually, this is the case. I'm going to have to do drop off, I'm going to have to do pick up, and this is what this is going to look like, or I might have to take some careers leave" (Mandy).

At times participants described them having to 'earn' the ability to be considered for adjustments. This was earnt by constantly working hard or just having struggled 'enough':

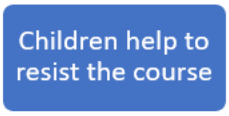
"But like I'm also very, very diligent, and I think I have an impression within the course, as someone who's kind of like very committed and works very hard. And I sometimes wonder if I wasn't perceived in that way, whether I would be looked upon so charitably with my kind of childcare stuff. It always feels like you've got to kind of like over exceed yourself in other ways to be taken kind of seriously when the other stuff, you know comes up, I guess". (Eliza).

"So, I think to some extent, sometimes you have to go the extra mile to make things work for you, like I also..erm..tried very hard to communicate really closely with placements..(the) allocation people about what my needs were, and would try to be really explicit about what they were.." (Ava).

4.5 Theme 4: Children help to resist the course.

Figure 7

Theme 4: Children help to resist the course



This theme refers to the experience of children and parenting making the experience both harder and providing a source of resistance. Mothers often described family time as something they needed, found enriching and looked forward to. They spoke of their children providing them with an ability to switch off from the course and resist it taking over whilst recognising their experience of doctoral education was harder because they were navigating it as mothers. Challenges experienced on training were framed in relation to the inflexibility and rigidity of the course and whilst it was recognised that completing training as a mother was more challenging than it would be without, participants also found their children helped to distract them and gave them a different perspective, which helped them resist the course taking over. This was seen in some ways as a special gift and a juxtaposition to the description of challenges and barriers that were described in relation to the relentlessness of the demands of the course:

"Everyone said, I don't know how you do it, like, I don't know how you could do it. It just sounds awful like, but I don't know like you know, who was pulling you away from your desk

at 5? Or you know, who made sure that you weren't working on a Saturday or late into the evening?" (Eliza).

"And you know, that's that is a nice side of kind of having that silliness and fun in my life like outside of training and outside of clinical work that probably actually just really helped me get through. Because you kind of got that like, however serious something is, is at work. You've kind of got that lightness of, you know, and fun with that you have with your children". (Leah).

"My son. I think my son, my son, has even like sustained me as well. Cause like there's always something bigger in the room than even if training doesn't go well". (Paige).

This was not reflected unanimously, as May remarks here:

"So like they do sustain me, but at the same time, like it's not really like I don't know. I've just heard it, people say things like, Oh, they put things in perspective, having children. So you don't like kind of like worry so much about how things are going on the course and all that kind of thing. But I don't know, it just doesn't feel like that to me, to be honest. I feels like it adds more pressure, all round". (May).

Although largely not felt to be recognised by the course, when asked directly in the interview, participants also spoke of the skills they had gained from being a parent, which helped them navigate the demands of the course.

"..it gives you a life experience that that is hugely beneficial on training when you're working across so many different and environments across different placements and presentations and modalities and stuff" (Ava).

"And I definitely have a lot more insight into some of the kind of challenges and difficulties people that we're supporting might have. And when we're kind of learning about theory and kind of like looking at things to do with attachment and child development, I've got a much more practical understanding of how that how that works in reality within families now" (Zara).

5. Discussion

5.1 Overview

This chapter outlines the main findings of the research in relation to the research questions, making interpretations based on current relevant literature. The implications of the findings are then outlined, followed by a critical appraisal of the research carried out. The chapter ends with an outline of implications of the research findings and concluding remarks.

5.2 Summary of Findings

This thesis aimed to explore the following research questions:

- How do mothers experience doctoral level training in clinical psychology in the UK?

With the following sub questions:

- What challenges do mothers experience during training?
- What benefits are there to undergoing training whilst being a mother?
- In relation to their experiences, what changes would mothers like to see to?

Four themes were generated by analysing the data of 18 interviews using Reflexive Thematic Analysis (Braun & Clarke, 2006). These themes are now reconsidered in light of the research questions and current literature.

5.3 Relevance of the findings to the literature

5.3.1 How do mothers experience doctoral level training in clinical psychology in the UK?

Overall, participants described the course as an oppressive, relentless, machine-like entity which showed little compassion. This had implications for the participants, who were unable to commit in the same way to the course as other trainees with no caring responsibilities and left them feeling lonely and isolated. This was captured by the theme *'relentless juggernaut'*.

Reviewing the papers included in the systematic literature review (see Chapter 2) revealed a paucity of descriptions relating to an experience of an 'oppressive, machine-like course'. However, one paper (Thinnam, 2011) describes the undertaking of doctoral education for working Thai mothers as 'a huge undertaking' (p. 311) and captures this experience within the theme 'the tough life'. Participants described needing more time for study than they initially expected. In addition to being mothers, the participants were all working and studying part-time, perhaps representing a somewhat similar experience of juggling the many layers of clinical psychology training (i.e. placement, research and lectures). As this wasn't evident in the wider literature, it may represent an experience specific to training in clinical psychology. Understanding whether this experience is different for trainees who aren't mothers may present a possible avenue for future research.

The experience of being lonely and isolated identified by participants of the current study is reflected in wider literature relating to the experience of marginalised groups within clinical

psychology training (Prajapati et al., 2019; Paulraj, 2016) as well as research focusing on doctoral education more broadly (Cronshaw et al., 2023) which has been shown to have implications for the physical, psychological and social well-being of student-mothers (Cronshaw et al., 2023). Given that participants reported a sense of loss in relation to the social aspects of training, highlighted with the theme 'loss, sacrifice, guilt and sadness', student-mothers may struggle to engage in activities with peers that foster a sense of belonging. Student-mothers enrolled in clinical psychology training may therefore require specific support. This is discussed later in this chapter.

5.3.2 What challenges do mothers experience during training?

- **Exclusionary practice**

Through the themes 'square peg, round hole', 'mother *and* trainee' and 'all on me', participants reported the feeling that they were enrolled on a course that was not designed with their needs in mind. They reported that holding the role of both mother and trainee required additional work, constant juggling, and being highly organised to ensure both their children's needs and academic demands were met. Neither the additional work this required, nor the value their role of motherhood brought was experienced as being recognised by course providers. The responsibility to ensure they had access to support was placed on the mothers themselves. This experience can be viewed through the lens of exclusionary practices.

Exclusion is defined as the act of "denying a person or group access to a place, a group, or a privilege" (Noel & Paiva, 2020, p. 63). This can be done "intentionally or unintentionally…based on race and ethnicity, gender, age, linguistics, or ability" (Noel & Paiva, 2020, p. 63). Research has highlighted ableist and exclusionary practice to be embedded in education (Ghosh & Coppola, 2024). Reflecting on their own involvement in teaching a Masters course in Design, Ghosh & Coppola (2024) identified that the requirement of face-to-face attendance could exclude non-traditional students, requiring them to find solutions "often at a cognitive, physical, emotional and/or financial cost, disadvantaging their participation before the class even begins" (Ghosh & Coppola, 2024, p.3). Challenges associated with experiencing the doctorate as not designed for them suggests mothers experience exclusionary practice within the doctorate in clinical psychology, making it more difficult for mothers to access, not only training itself, but the support required for them to navigate training. As such, this research supports the call for action for all courses to provide anti-ableist and anti-oppressive cultures (Lund, 2022).

- **Loss and sacrifice**

Participants in the current study spoke emotively of having experienced sacrifice and loss through undertaking training. This is echoed across many of papers looking into the experience of mothers in education (Buteau, 2007; Catalano & Radin, 2021). Time has been highlighted as crucial to the element of sacrifice in other studies (e.g. Koo & Nyunt, 2022). Research suggests that loss and grief are commonly experienced by all mothers (Bauer, 2003) with mothers reportedly experiencing a 'living grief' in response to not being able to meet expectations of intensive parenting and perfect motherhood perpetuated by

social media. Participants in the Pierce & Herlihy (2013) study reported high levels of sacrifice, including that of their own well-being, however it was reported that their personal rewards counterbalanced the sacrifice. For participants in the current study, this was not shared. Notably, participants in the Pierce & Herlihy (2013) study were enrolled in counselling education doctoral studies within the Southeastern region of America. Within the UK, one in five clinical psychologists do not work in the NHS, suggesting that most trainees remain in the NHS post-qualification (Palmer et al., 2020). Research highlights high stress levels experienced by qualified clinical psychologists within the NHS are high (Cushway & Tyler, 1994). Differing post qualification opportunities may be available for counselling doctoral students within America and may contribute to the context of the rewards they may achieve post qualification.

Participants also spoke of experiencing guilt in relation to this loss. Although slightly different, feelings of guilt at having spent time away from their children were also reflected in a study by Trepal et al., (2014) and Lundquist et al., (2020). Research highlights that for working mothers, guilt may be a normal experience (Guendouzi, 2006). Indeed, research by Maclean et al., (2021) highlighted an increase in guilt for mothers who felt they were deviating from the 'ideal mother' by working, which may have been experienced by participants of the current study who described they were enrolled in a demanding course they experienced as 'relentless'.

- **Dual role**

Captured by the theme 'mother *and* trainee', participants worked hard to ensure both the demands of their doctoral studies were met whilst prioritising the needs of their children. Taking on doctoral education was not described as something that was undertaken *instead* of motherhood, but *in addition* to motherhood. The experience of juggling roles is well documented in literature related to working mothers (Johnston & Swanson, 2007; Maclean et al., 2021) and student-mothers across education (Buteau, 2007; Cuming et al., 2023). In a study by Johnston & Swanson (2007), employed mothers similarly reported attempting to meet the demands of both worker and parent simultaneously, never feeling able to fully meet either and engaging in cognitive 'acrobatics' to meet intensive mothering ideals. Mothers working part-time reported less cognitive acrobatics. Similar results were highlighted across papers in the systematic literature review, which highlighted the societal pressure student-mothers felt in relation to being both a 'good student' and a 'good mother' (Lundquist et al., 2020). Participants within the current study also reflected that this was largely unacknowledged by course providers, perhaps reflecting what Estes (2011) describes as a cultural context that "has not caught up with the realities of their lives" (p. 199).

Participants in the current study spoke of the mental load they held which was present even when not physically with their children. This is in line with wider literature which highlights that mothers are more likely to hold the cognitive and emotional labour within families (Dean et al., 2022) and that this is intensified within the societal ideology of intensive mothering (Stirrup et al., 2015). D'Amore (2012) highlights that the notion of 'supermom'

places pressure on women to "shoulder immense burdens in order to work and raise a family" (p. 1227). The focus on intensive mothering (Hays, 1996) as a culturally accepted view of motherhood may mean that engaging with the *'relentless juggernaut'* of clinical psychology training is particularly difficult, as the demanding nature makes it difficult to adhere to the high standards of intensive parenting.

Furthermore, various forms of perfectionism have been found to be related to exhaustion, cynicism at work and parental distress at home for mothers with careers (Mitchelson & Burns, 1998). Research has shown that counselling and clinical doctoral trainees who show higher self-critical perfectionism reported higher rates of burnout and depression (Richardson et al., 2020). Although not highlighted within a specific theme in the current study, with high expectations placed on them across both motherhood and doctoral student, it is perhaps not surprising that participants in the current study worked hard to ensure they were meeting the requirements of both roles.

- **Self-care**

Participants spoke of feeling self-care was promoted but inaccessible to them whilst juggling the demands of the course and meeting their caring responsibilities. The ability to monitor fitness to practice and manage this appropriately are highlighted in point 5.4 within the course accreditation standards:

"Programmes should ensure that trainees develop strategies to handle the emotional and physical impact of their own practice and to seek appropriate support when necessary, with

good awareness of boundary issues. However, trainees should also have the capacity to monitor their own fitness to practice, recognise when this is compromised, and take steps to manage this risk as appropriate" (Standards for the Accreditation of Doctoral Programmes in Clinical Psychology, 2019, p. 40).

A systematic review into burnout amongst psychologists highlighted the relationship between workload and high perceived time pressure and burnout (McCormack et al., 2018). Research highlights the importance for graduate students in developing effective self-care habits as they navigate a demanding course and into their qualified life (Zahniser et al., 2017). However, the culture within clinical psychology training, focused on excelling and high expectations, has been highlighted as potential incompatible with effective self-care, due to the lack of time available (Zahniser et al., 2017). Bettney (2017) highlights that training in clinical psychology leaves little time for trainees to self-care, even without holding the additional responsibility of caring responsibilities. Several studies looking at the experience of mothers in higher education highlight the lack of time available to mothers (Catalano & Radin, 2021; Gibson et al., 2017). Time available for self-care may be further limited for doctoral student-mothers.

Research has highlighted that self-care is often presented to trainees as their responsibility rather than embedded within the course content (Christopher et al., 2006). This leaves the responsibility for appropriately accessing the support they require on the individual student-mother, who may have few resources available. Similar experiences were highlighted by participants across the papers included in the systematic literature review. Within the theme 'mothers draw on their own resources to succeed', participants used their own personal

skills and resources available to them to support them through doctoral level education (e.g. (Thinnam, 2011; Webber & Dismore, 2021). This highlights the role of privilege and the potential challenges for those without access to such resources.

Squire & Nicolazzo, 2019 highlight that acts of self-care in educational institutions are often seen as 'additional tasks one must take on' (page 4) and suggest that the 'self-care rhetoric' aims to soften the 'harsh reality' of capitalism, promoting output from students without having to care for the student themselves. Feminist critiques of self-care highlight the notion that under a neo-liberal focus on individual responsibility, poor health is only permissible if adequate effort has been taken to take better care of oneself (Welsh, 2020). The participants within the current study reflected similar feelings of self-care being an additional task they were expected to be responsible for and a sense that they were only able to ask for flexibility after demonstrating their diligence. With limited time available, this may put them at a disadvantage and increase risk of burnout and stress compared to their peers with access to resources to implement self-care.

The focus on self-care shared by participants was especially poignant within the context of not being able to access appropriate care through the course. This mirrors findings from research in the US, in which 17 out of 21 participants from a sample of newly parenting and pregnant doctoral students gave examples of a lack of support within their educational institution (Wladkowski & Mirick, 2020b). Research highlights the importance of 'professional support' for graduate students in relation to self-care (Zahniser et al., 2017). In order for self-care to be accessible to student-mothers, a culture change within course providers may be required, incorporating self-care instruction and modelling into the

programme itself and delivering a course that values support and care (Zahniser et al., 2017). Fothergill and Feltey (2003) highlight that due to the perceptions from colleagues, mothers in academia rarely ask for support that is available to them. Acceptance and Commitment Therapy (ACT) has been shown to be valuable for trainees (Pakenham & Stafford-Brown, 2012) as has the importance of supporting trainees who may struggle with self-critical perfectionism by increasing self-compassion (Richardson et al., 2020). As such, the results of this research support the call to find ways to promote health and well-being within the training programme itself as a priority (Pakenham & Stafford-Brown, 2012).

5.3.3 What benefits are there to undergoing training whilst being a mother?

Participants in the current study spoke of the skills they brought into training and reported that their children helped them to resist the oppressive like experience of the doctorate. Despite a focus on barriers and challenges experienced by mothers within the wider literature (see Chapter 2), a narrative also highlighted by Ward & Wolf-Wendel (2012) and termed a "narrative of constraint" (p. 28), children have been referred to as motivators to complete training (Lundquist et al., 2020; Webber & Dismore, 2021). Lundquist et al., (2020), refer to the mixed emotions of finding the experience of being a mother in doctoral education challenging but of the beauty and depth it provides. Other research echoes the sense that a parent role is often seen as valuable by those holding them in CAMHS settings (George, 2010). Importantly, the results of the current study suggest that the skills that motherhood provided them with were not acknowledged by the wider course. This is reflected in the 'mother *and* trainee' theme. As such, course providers are called to

recognise the unique and valuable perspective that student-mothers bring, in line with previous research highlighting the need for professions to acknowledge and value the unique perspective that disabled trainees and professionals bring to the field (Dunn et al., 2016).

5.3.4 In relation to their experiences, what changes would mothers like to see?

Overall, this was the most challenging question to answer and some of the potential reasons are highlighted here for consideration. Firstly, one of the questions within the interview schedule mapped quite closely onto this question. Following guidance from Braun & Clarke (2006), I attempted to avoid creating themes around answers to specific question and aimed to generate themes that were reflected across the interviews. As such, closer attention to this research question may have resulted in different themes. Secondly, given the focus on barriers and challenges observed in the wider literature and reflected in the systematic literature review, it is perhaps not surprising that questions in relation to positive change are more challenging to answer. Despite this, the results of the current study do suggest some changes that would be valuable for student-mothers and are outlined below.

- **Flexibility**

The main changes highlighted within the themes referred to part-time and flexible options, which were requested by participants and represented in 'relentless juggernaut', 'square peg, round hole' and the sub-theme 'mother *and* trainee'. This mirrors the findings of the

systematic review, in which flexibility was highlighted within the theme 'support required from academic institutions', in relation to facilitators for success. Part time and flexible options may support student-mothers to participate in their training whilst also meeting their responsibilities as a mother and limit loss and sacrifice. Flexible options included opportunities to engage online as well as face to face, different time frames for completing training and flexible options for engaging in lectures. Flexibility was seen more often within placement settings as opposed to educational settings. Placements were reflected as more in line with other employment, which participants felt provided a more compassionate environment. Requests for online options is reflected in wider literature (Buteau, 2007) and in line with anti-ableist pedagogy which would not only challenge barriers to belonging for student-mothers but also prevent exclusion and marginalisation from occurring in the first place (Nieminen & Pesonen, 2022).

- **Community**

Participants within the current study spoke of the power of community in helping them to navigate their journey through the doctorate, which was highlighted as a transformative experience for participants, reducing isolation and encouraging a sense of solidarity. Opportunities to connect with other student-mothers, reflect on their experience of training within this community, and share valuable information were highlighted as important for participants. In the experiences of the absence of accessible self-care, and at times, adequate support from the course itself, participants found community with others a form of healing and connection. Social integration has also been highlighted as important for pregnant and newly parenting doctoral parents (Wladkowski & Mirick, 2020) and trusted

relationships with others have been highlighted in wider literature as protective against burnout (Hammond et al., 2018).

Similar findings were also reflected within the theme 'mothers value connection with others' within the systematic literature review. In addition to reducing isolation, participants highlighted the importance of gaining a mentor or example from which they could learn. With relatively few other student-mothers enrolled in clinical psychology training, connection may also have provided an embodied example of how motherhood and academia can co-exist (Abetz, 2019).

Research has highlighted the power of community for marginalised communities (Bartlett et al., 2022), drawing attention to the role of social capitol. 'Bonding', 'bridging' and 'linking' are all forms of social capitol that can support an individual experiencing systemic discrimination and oppression, providing a 'lifeline to essential resources' including information. Bartlett et al., (2022) highlight that 'empowering individuals to engage in community can be a form of healing' (page 4). Participants within the current study also reflected the value of information in supporting them to navigate the course. Other research has highlighted that information seeking has been used as a tool to reduce uncertainty (Abetz, 2019). This may be particularly relevant within clinical psychology, as there are few role models or examples of other student-mothers who have successfully navigated training, and therefore potentially a scarcity of information available.

Reflected by the sub-theme 'all on me' participants also reflected having to set up opportunities themselves. As such, student-mothers may benefit from opportunities for

connection that is set up by course providers, to reduce the responsibility held by student-mothers to set up and access this support independently.

5.4 Suggestions for future research

Given the limits to the generalisability of the sample within this research, who were predominantly White and partnered, further research looking into experiences of student-mothers within clinical psychology who identity as from the global majority is warranted. Furthermore, although not reflected across all interviews, it felt important to highlight experiences of intersectionality captured within the theme of 'self-care, no care'. Feminist approaches to research encourage us to consider the many layers of power and how this might shift in relation to "overlapping systems of oppression" (Lafrance & Wigginton, 2019). Participants with multiple areas of marginalised identity may have different experiences of self-care or access to appropriate support and may have spoken more about these if they were asked more about this. Clinical psychology has been criticized for upholding Whiteness and experiences of racism have been highlighted (Patel, 2019; Prajapati et al., 2019). As such, understanding more about how these experiences may intersect with motherhood would highlight support requirements for mothers with other areas or marginalised identity.

Research looking at the experiences of fathers as they complete doctoral level training in clinical psychology would also be valuable and would draw attention to specific support requirements for this group. Furthermore, given that the current research highlighted support from others as essential, understanding more about the experience for single mothers is called for.

Research highlights the role of chronic stress on physical health outcomes (Mariotti, 2015). Given the level of juggling and the 'relentlessness' of clinical psychology training, understanding more about the impact of the stress of mothers in doctorate level education may be valuable.

Viewing children as a way of resisting the oppressive nature of doctoral training presented a potentially unique finding from the current research. Of the known current literature, only one paper (Lundquist et al., 2020) referred to the juxtaposition of children making the course experience more challenging but also richer. Further research exploring when and how children are viewed as challenges to doctoral level education, and when and how children are viewed as supporting parents to resist the pressure of doctoral level training, may support parents in navigating doctoral level education with children.

Despite adopting a definition of the term 'mother' that is inclusive of non-birth mothers, utilising the word 'mother' in the poster (see Appendix C) may have discouraged non birth-mothers from taking part. Experiences of non birth-mothers may have influenced the results and may be an appropriate avenue for future research.

Finally, given the focus on community and recognition that training would not be accessible without support from partners and family, the experience of children and partners of doctoral student-mothers would be a useful research avenue. This would develop our understanding of sacrifices and losses in relation to the family unit and develop our understanding of how best to limit sacrifices made by both mothers and their families.

5.5 Strengths and Limitations

5.5.1 Strengths

This research offers a significant contribution to a field in which relatively little is known and no existing research has been conducted. The use of reflexivity is well-documented and embedded throughout, supporting the reading of the results within the context of insider-research, which is seen as a strength of the study. The utilization of RTA is documented transparently, allowing themes across the data set to be highlighted (Braun & Clarke, 2006). The study draws on experiences of a large sample of student-mothers enrolled at the time of their interview, speaking about the experience at the time they are experiencing it. Further strengths are highlighted in the critical appraisal.

5.5.2 Limitations

There are limitations to the generalisability of the findings from this research to other doctoral courses. Clinical psychology doctoral trainees studying in the UK are paid full-time and have specific requirements through training, many of which are required to be completed simultaneously, which may not be generalisable to other courses. There are also limits to the generalisability of the sample included within this study who were predominantly White, partnered and birth-mothers, which may influence their experience. This may speak to aspects of privilege.

Although the interview schedule was piloted prior to interviews taking place, on completing analysis it became clear that some of the questions asked mapped closely onto the research questions. Most notably, participants were asked whether they drew on any skills from parenting in their doctoral life, and what changes they would like to see (see Appendix H for interview schedule). This resulted in challenges within the analysis process, as attempts to not generate themes around answers were made. Asking about these experiences in less direct ways may have supported with the analysis and resulted in themes that more directly answered these questions.

From a feminist approach to research there are many ways that the current study could have improved. Although oppression and resistance were highlighted in the results through analysis, including questions that related specifically to experiences of marginalisation within the interview schedule may have yielded a more powerful portrayal of participants experiences and created an environment in which such topics were safe to discuss. Collecting data through a focus group may have supported connection through the research itself, and supported participants to speak about their experiences (Campbell & Wasco, 2000).

RTA was felt to be an appropriate and suitable methodological approach in line with the aims of the research, however the identification of themes across interviews may have resulted in the loss of more individual or specific elements of the experience for student-mothers. This may be particularly relevant in considering experiences of intersectionality, where the use of an alternative approach such as IPA may have been valuable.

5.5.3 Critical Appraisal

Tracy's "Big Tent" (Tracy & Hinrichs, 2017) has been used to critically appraise the current research as it offers a multifaceted approach to evaluation and allows for the inclusion of studies using different methodological approaches. A full overview of the appraisal is included in Table 12. Overall, the research topic was considered worthy. It was felt that there was adequate attention to rigour and evidence of credibility. Consideration was made to ethics throughout. The research was felt to offer a meaningfully coherent and significant contribution to the field, linking the findings to wider literature. Concepts relating to sincerity and credibility are discussed further below, to highlight how these relate to the epistemological and methodological assumptions.

RTA regards the researcher as an active part of the interpretation of data (Braun & Clarke, 2022). The aim is not to reach consensus with others regarding the presence of themes, but the researcher is encouraged to make transparent their position, as this will shape the themes that are developed (Tuval-Mashiach, 2017). As such, member checking was felt to be inappropriate within this study. However, participants were asked if they wanted to be contacted regarding the themes towards the end of the study. The aim of this was to understand whether the themes were felt to be valuable and provide opportunities for reflection. questions, critique and feedback (Tracy & Hinrichs, 2017).

Triangulation is a concept in which different investigators share interpretations of data and efforts are made to come to an 'agreed truth' (Smith & McGannon, 2018) and was not felt to align with a critical realist epistemology. Meetings between the research team regarding interpretation of themes were focused on stimulating reflection as to why these themes

were generated by the principal researcher. An overview of the appraisal of the study is included in Table 12.

Table 12

Critical Appraisal of the study

Critical Appraisal of the study using Tracy's "Big-Tent" Criteria (Tracy & Hinrichs, 2017).		
	Description of criteria	**Appraisal of research**
Worth Topic	The topic of the research is relevant, timely, significant and compelling.	• There are no known studies looking specifically into the experience of mothers enrolled on the DClinPsy. This topic is therefore a relevant and significant contribution. • The recent increase in funding for trainee clinical psychologists means there are more opportunities for mothers to engage in training, making this study timely.
Rich Rigour	Theoretical constructs, date and time in the field, sample, context and data collection and analysis processes are used sufficiently, abundantly and appropriately.	• A clear description of the theoretical lens informing analysis is provided. • Appropriate analysis processes were used (RTA). • Themes were discussed with the supervisory team throughout, allowing for reflections to be considered in analysis. • Attempts were made to ensure participants were able to engage in relation to flexibility of times offered.
Sincerity	Transparency is provided in relation to methods and analysis processes. The researcher demonstrates self-reflexivity in relation to attitudes, biases and assumptions.	• The use of first person throughout ensures the voice of the researcher is heard throughout. • The positionality of researcher is provided, including attitudes, biases and how these may influence analysis, allowing the reader to view the findings within this context. • Reflections were made throughout the study and excerpts provided in the Appendix (see appendix J).
Credibility	The study provides evidence of thick description, crystallisation, triangulation, multivocality, member reflections.	• Discussion of themes with the supervisory team meant that the analysis was considered from different perspectives. • Quotes from a number of participants provided a thick description.

		• Exceptions to themes were provided and discussed further. • Member reflections were sought, however, due to time limits participants may not have felt able to give fully honest feedback.
Resonance	The ability of the research to allow the reader to make connections between the findings of the research and other areas.	• Exceptions to themes were highlighted and discussed in relation to the overall themes and results. • Participants' individual different circumstances and multiple areas of marginalised identity could have been considered more in the interviews and the analysis.
Significant Contribution	Study contributes to the existing literature.	• As there is currently no known research into the experiences of mothers enrolled in doctoral level education in clinical psychology, this study provides a significant contribution to the existing literature.
Ethical	Adherence to research guidelines, as well as completed the research in an ethical way in relation to situations that come up	• Adherence to ethical research guidelines was applied throughout, discussions were held with the supervisory team when ethical issues arose as appropriate. • Consideration was given to the representation of quotes to protect anonymity. • Consideration of how demographic information was reported to protect anonymity.
Meaningful Coherence	Overall consistent, soundness and rationality of the study.	• The findings of the study are linked meaningfully to existing literature. • The study uses appropriate theoretical constructs and an epistemological position that aligns with method of analysis.

5.6 Implications of the findings

The findings of this research raise some important implications for doctoral student-mothers, training providers, and the broader field of clinical psychology. In line with feminist stand-point theory, which highlights the 'role of research as an impetus for social change' (Wigginton & LaFrance, 2019, page 8), a number of recommendations have been made. Efforts have been made to ensure these are practical and specific, to support with their implementation. Recommendations have been influenced by the themes generated by this research. These are outlined below and, in line with feminist approaches (Cohen et al, 2022) attention is paid to wider systemic levels (Bronfenbrenner, 1977).

5.6.1 Individual and the microsystem: social relationships within learning environments.

Whilst there are some implications for doctoral students themselves, it is important to highlight the level of power held by training providers and the wider professional in relation to the implications of the findings of this research. Drawing on feminist research approaches, it was felt to be unethical to place responsibility on student-mothers. As such, the focus of the implications has been placed with training providers, the wider profession and at a governmental and policy level. Whilst holding this in mind, given the findings of the research and current literature (Bartlett et al, 2022), it appears important for student-mothers to engage in opportunities to network and build connection with other student-mothers wherever possible through their training journeys. As opposed to self-care, which may be more challenging to engage with, research highlights that community provides an

opportunity for healing (Barlett et al, 2022) and should therefore be prioritised by doctoral student-mothers.

Mirroring the findings from the systematic review, participants from the current study shared the importance of community and support from others in accessing and completing their doctoral education. Student-mothers spoke of the transformative experience of connecting with others and as such, efforts to support this are required within the learning environment itself. In order to facilitate this, the development of peer networks should be developed as a priority and advertised to prospective trainees before they start training, linking them up with a community in advance of the training journey. As course structures vary across the country, course specific networks may be preferable. Drawing on findings from Cronshaw et al., (2023) and Buteau (2009), providing online spaces for parents may go some way to support this. Given the requests for flexibility highlighted within the results of the current study, developing flexible ways of engaging in peer networks in relation to times and frequency may also be valuable.

Participants from previous research highlighted the importance of having mentors who recognised their identity as mother as well as that of trainee (Kent et al., 2020). The development of a mentoring programme should be prioritised and made available for all student-mothers, offering either a peer or professional mentor with lived experience of undertaking doctoral level studies as a parent. Given there are relatively low numbers of clinical psychologists who completed training with a child, qualified clinical psychologist who are parents may be a suitable alternative.

5.6.2 Mesosystem – work within course providers and course teams.

To support sustained change within the microsystem, changes are required within the mesosystem. One key area within the mesosystem is providing a learning environment that promotes the importance of 'anti-ableist pedagogies' both in face-to-face and on-line spaces (Nieminen & Pesonen, 2022, p. 5). This requires course providers to value the insider perspective on parenting that mothers hold as a positive quality, as research calls for in other areas of anti-ableist work (Dunn et al., 2016). Supervisors should not assume that trainees do not have caring responsibilities but offer opportunities before placements start for trainees to discuss any flexibility required in relation to caring responsibilities. This would remove the responsibility from being placed on the student-mother to persistently raise this and request adjustments. Lectures should be designed with the awareness that trainees may be parents, mindful of content that may distress or provoke judgment of parents. Skills and expertise held by student-mothers may be considered in relation to the development of course material on topics related to parenting.

Steering groups within course teams, with student-mother representatives attending, may offer opportunities for student-mothers to feedback on key areas of their experiences. This may also offer opportunities for evaluation of any strategies put in place to support student-mothers. Ensuring that student-mothers are involved in interview panels may support prospective trainees to feel that their role as a mother is valued and acknowledged.

Opportunities to practice, learn about and see examples of how self-care is managed with various responsibilities should be embedded within the course training programme. Where

possible, opportunities to engage in self-care during working hours may increase the accessibility of this to student-mothers. This may also act to challenge the '*relentless juggernaut'* experience by the student-mothers within this research.

The current research highlighted the experience that courses were not designed with the needs of mothers in mind. In relation to this, every effort should be made by training providers to ensure teaching blocks do not occur during national school holidays. Opportunities to engage in learning online could be offered if lectures are scheduled during school holidays and are unavoidable. Whenever possible, opportunities to take planned leave should be available during teaching periods that fall on school holidays. Furthermore, extensions could be made available to student-mothers in relation to caring responsibilities. Clear communication in relation to the process for applying for an extension and the inclusion of examples of when parenting responsibilities may be eligible for an extension could also go some way to consider the needs of parents in the design of training.

In order to ensure support is offered consistently, all supervisors and course tutors require up-to-date information on what policies are available to student-mothers and how they can access them. Experts by experiences should be consulted to ensure the views and needs of mothers are embedded throughout the training programme and not only by individual staff members who view this as a priority (Nieminen & Pesonen, 2022).

5.6.3 Exosystem, macro system and chronosystem - the broader context of clinical psychology.

Implications within the macro system could include disrupting the power held by the '*relentless juggernaut'* and challenging capitalist ideas about self-care. Flexible, online and part time routes into clinical psychology training should be developed as a priority. Creating part time and flexible options for competing training in clinical psychology and normalising untraditional ways of completing doctoral level education may be one way to reduce the sense of relentlessness experienced. Currently there is only one course in the UK that offers this (Clearing House, 2021). As those with caring responsibilities are unlikely to be able to move location in order to attend this course, this represents exclusionary practice. The development of part-time routes may require significant time and focused attention and given the recent increase in funding for training places (NHS Education England, n.d.) and the resulting increase in work load, this may not be achievable within existing course staffing structures. Support from wider organisations such as the BPS and HCPC and the employment of designated staff members within the course team may therefore be required to develop this. Clear communication of part time and flexible options and what these would involve should be offered to prospective trainees, and supervisors. The same support structures available to full-time trainees should be made available to part-time trainees. Appropriate technology may be required to support all trainees to access learning, whether in person or online and consideration of how to best use technology if not all trainees are engaged in person may be required (Cronshaw et al., 2022).

The development of a family-friendly culture within academic institutions nationally could include lactation rooms, places to store breast milk, baby changing facilities and child friendly areas within the university library. This may act to send a powerful message that parents with young children are welcome (Springer et al., 2009). Providing opportunities for

student-mothers to use study time in a way that fits around their family responsibilities may encourage flexible ways of engaging with education, disrupting norms around the 'ideal-student' (Springer et al., 2009).

Whilst recognition that support is required for minoritised groups to access training in clinical psychology, specific attention should be focused on the needs of student-mothers, who, as highlighted in the results of this research, face unique challenges and therefore need tailored support. Existing initiatives to widen access may be utilised. Examples such as the "Action Plan to Improve Equity of Access and Inclusion for Black, Asian and Minority Ethnic Entrants to Clinical Psychology Training" (NHS Education England, n. d) could provide a suitable framework to specifically support mothers into the profession, sending a powerful message that this population is valued. Course executives may broaden the range of experience required to gain a place on training, in recognition of the challenges that meeting the requirements present for parents (Williamson, 2012).

Research skills are within the key competencies for clinical psychology training and may therefore prove a useful area on which to focus. Following on from the current study, further research highlighting the experiences of student-mothers in relation to ideologies around mothering may challenge dominant discourses and offer examples of alternatives to intensive mothering (Hays, 1996). The findings of the current study highlighted that participants did not feel their role as mothers was valued or recognised. Participants also spoke of children helping to resist the course. As such, research looking further into the skills and value that student-mothers bring to doctoral level research, and the benefits that children may bring to student-mothers engaged in training may thicken strength-based

narratives (White and Morgan, 2006) within the community of student-mothers and beyond. Dissemination of results in creative ways, to reach mothers who are interested in pursuing a career in clinical psychology, may be valuable, providing them with information that was reflected as valuable by the participants within the current study.

Although course executives may be best placed to consider how training courses could offer more flexibility, the Health Care and Professionals Council (HCPC) and British Psychological Society (BPS) accreditation standards could reflect flexible options for gaining competencies through training. This would provide clinical psychology doctorate course executives the ability to support student-mothers through training in a less rigid manner. Course executives may also benefit from policy makers developing a 'best practice' guide, as highlighted by Alsop et al., (200), which can be implemented by all courses across the country.

At a governmental level and in line with recommendations made by Aslop et al, (2008) national level policy makers may focus attention on the interplay between gender and care. Participants of the current study highlighted the challenges of meeting both academic and caring responsibilities. Furthermore, as participants both in the current study and within the systematic review highlighted that they required access to support to succeed in doctoral level education, the development of policies providing financial support to access childcare, travel and parking would increase accessibility of clinical psychology training to more student-mothers without the privilege to access this resource.

The findings of this study support the findings of previous research that mothers require further support provided by educational institutions in order to disrupt exclusionary

practices and widen accessibility of clinical psychology training (e.g. Wladkowski & Mirick, 2020). Clear communication of the support available to student-mothers, how and when this is accessed and resources available to request support when needed is required. This should be advertised to prospective trainees before the offer of a place is accepted and regularly updated if changes occur. The development of a national website, as recommended by Aslop et al., (2008), including information specifically for student-mothers may also support this aim, with academic timetables published in advance, to provide those with caring responsibilities time to arrange appropriate care.

7. Conclusion

This thesis included a systematic review of existing literature on facilitators of success for student-mothers engaged in doctoral level education. The results revealed a trend towards studies completed in America, which highlighted that mothers view success as managing their studies without letting their children down, use their own resources to succeed, value connection with others, and need support from academic institutions. The current research explored the experience of student-mothers enrolled on the doctoral in clinical psychology in the UK, recognising that the demands of the course and culture of the profession may create specific challenges for mothers. After analysing data from 18 semi-structured interviews, the results revealed 4 themes, highlighting the experience of exclusionary practices within clinical psychology training. Training was experienced as an oppressive 'relentless juggernaut', mothers did not feel the course was designed with their needs in mind and they worked hard to ensure their roles as both 'mother' and 'trainee' were met, whilst this was seen to be largely unacknowledged by courses. Student-mothers felt they were expected to self-care within an environment that offered little care, whilst being held responsible for ensuring they accessed the support they needed. Clinical implications and recommendations have included specific and clear strategies for improving support for student-mothers engaged in training, addressing all levels of the wider system. These highlighted the need for connection and community with others, flexible training options, and anti-ableist pedagogy to be embedded throughout training, in order to offer the appropriate environment through which student-mothers may successfully complete training.

8. Final Reflections

Before I started training I was adamant that the DClinPsy just wasn't for people 'like me'. I anticipated training with apprehension, wondering if (and hoping that) I would be proved wrong. Unfortunately, my own experiences of training as well as hearing from many others, have led me to the conclusion that I was correct, clinical psychology training as it stands just isn't set up for people 'like me'. It is exhausting, rigid, has been detrimental to my mental health and doesn't easily bend to adjust to those of us who aren't the typical trainee. Completing insider-research whilst experiencing the same experience you are researching has been more challenging that I expected. Hearing so many other experiences has been a source of connection and community whilst also adding to feelings of frustration, anger and sadness. Through completing this research, I have attempted to drop a 'pebble in the water'(Morgan et al., 2019) and hope that the ripples from this pebble contribute to creating an environment that inclusively supports all the fantastic clinical psychologists to-be, training that really is for 'people like me'.

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10 APPENDICES

10.1 APPENDIX A – Ethical approval

University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO Jo-Anna Comerford

CC Dr Rebecca Adlington

FROM Dr Rosemary Godbold, Health, Science, Engineering and Technology ECDA Vice-Chair

DATE 09/08/2023

Protocol number: **LMS/PGT/UH/05415**

Title of study: How do mothers experience doctoral level education in clinical psychology in the UK? A thematic analysis.

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

no additional workers named

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 09/08/2023

To: 30/06/2024

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit form EC2.
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

10.2 APPENDIX B – Amendment to ethical approval

University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Jo-Anna Comerford
CC	Dr Rebecca Adlington
FROM	Dr Rosemary Godbold, Health, Science, Engineering and Technology ECDA Vice-Chair
DATE	09/02/2024

Protocol number: **aLMS/PGT/UH/05415(1)**

Title of study: How do mothers experience doctoral level education in clinical psychology in the UK? A thematic analysis

Your application to modify and extend the existing protocol as detailed below has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

No additional workers named

Modification:

Anonymised transcripts of interviews may be uploaded to data analysis software NVivo 14 to support with data analysis as detailed in the approved application.

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Original protocol: Any conditions relating to the original protocol approval remain and must be complied with.

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 09/02/2024

To: 30/06/2024

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit a further EC2 request.
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A or as detailed in the EC2 request. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

10.3 APPENDIX C - Recruitment poster

University of Hertfordshire UH

Ethical approval for this study has been obtained from the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority and the UH ethics protocol number is LMS/PGT/UH/05415.

Seeking participants for research exploring how mothers experience the DClinPsy

My name is Jo-Anna, I am a current Trainee Clinical Psychologist at the University of Hertfordshire. I'm completing a research project looking at how mothers experience doctoral training in clinical psychology.

What is involved in taking part in this study?

- 60-90 minute online interview – this can take place in the evenings if this suits you.
- The interview will be recorded and transcribed – however no identifying information will be included in the recording or the transcript.

You are able to take part in this study if:

- You are a current trainee enrolled on a doctorate in clinical psychology within the UK.
- You are a mother.
- You started training with at least 1 dependent, under the age of 18.

If you would like to take part:

If you are interested in taking part, please contact the Principal Researcher who will send you a detailed Information Sheet and Consent Form. There will also be a chance to talk through any questions or concerns if you have any.

Principal Researcher: Jo-Anna Comerford, Trainee Clinical Psychologist
jc21ade@herts.ac.uk

Supervisor: Dr Rebecca Adlington, University of Hertfordshire.

10.4 APPENDIX D - Participant information sheet

PARTICIPANT INFORMATION SHEET

Project Title

How do mothers experience doctorate training in Clinical Psychology? A Thematic Analysis.

Introduction

You have been invited to take part in a study looking into how mothers experience training in clinical psychology. This research is being conducted by Jo-Anna Comerford, a Trainee Clinical Psychologist, as part of their Doctorate in Clinical Psychology. The research is being supervised by Dr Rebecca Adlington. Before you decide whether you would like to take part or not, it is important you read through the relevant information below and understand what is involved in participating in this study. If you have any questions regarding any of the information below, you can contact the Principal Researcher by emailing jc21ade@herts.ac.uk.

What is the purpose of the study?

The purpose of this study is to understand how mothers experience doctoral training in clinical psychology. The hope is that this research will highlight barriers and benefits to training as a mother, in addition to changes that could be made to increase accessibility to mothers. This may also offer prospective trainees who are mothers an insight into the experience of training in clinical psychology.

Do I have to take part?

There is no requirement to take part in this study and the decision to take part is completely up to you. You can change your mind about taking part and ask to withdraw from the study up to 2 weeks after your interview takes place. This is because if you withdraw before this point, any data gathered from your interview will not yet have been included in the data analysis.

What will taking part involve?

If you decide to take part in this study, you will be asked to read and sign a consent form and provide some information about yourself and your context, including your age, ethnicity, relationship status, how many children you have and their age by completing a 'demographic information sheet'. The 'consent form' and 'demographic information sheet' have been sent to you with this information sheet.

You will then be invited to take part in a sixty-to-ninety-minute interview with the Principal Researcher, Jo-Anna Comerford. This will take place online, via MS Teams or Zoom. The interview will include questions relating to the following subject areas:

- Your journey onto the Doctorate in Clinical Psychology and your decision process,
- Any barriers and challenges you have experienced and how you have overcome these,
- The benefits to completing training whilst being a mother,
- What changes you would like to see take place.

The interview will be required to take place in a quiet, confidential space, out of ear shot of your children. There will be a range of different times available to take part in the interview, including evenings and weekends.

What are the possible disadvantages, risks or side effects of taking part?

Talking about your experience of training whilst being a mother may not be easy or enjoyable and may raise some difficult emotions. The interview can be stopped at any time if you don't wish to continue. You can choose not to answer specific questions during the interview without giving a reason. This will not affect the care or treatment you receive for the remainder of your interview, or any future contact with the research team.

What are the possible benefits of taking part?

Taking part in this study offers an opportunity for you to share your experience of training as a mother, and have your voice heard. There is also an opportunity for you to highlight particular areas that you think are important. The findings of this research will be disseminated to course providers with the aim of highlighting some of the specific challenges for mothers, as well as what mothers would like to see change. All participants will be offered a copy of a summary of the research findings.

How will my taking part in this study be kept confidential?

The Principal Researcher is the only person who will meet you for your interview. The interview will be recorded and transcribed. Any recorded material and transcripts will be stored on the UH One Drive and password protected. Transcripts will be completed anonymously. Anonymous transcripts will be accessed only by members of the research team and a study group through the University of Hertfordshire in order to support with accurate data analysis. The recordings may be sent to a transcription service, who will be asked to sign a confidentiality agreement.

Your completed 'demographic information sheet' will not include your name and will be completed via the UH One Drive. This will be accessed via password, only by the Principal Researcher. This will be deleted securely after the Principal Researcher has completed their Viva.

Your consent form will be completed via the UH One Drive and stored in a separate folder to your demographic information. This will also be deleted once the Principal Researcher has completed their Viva.

What will happen to the data collected within this study?

The anonymous transcripts and recordings will be deleted securely after the Principal Researcher has completed their Viva. Consent forms and demographic information sheets will be stored securely via the UH One Drive accessible by password by only the Principal Researcher. This will also be deleted securely after the Principal Researcher has completed their Viva.

Will the data be required for use in further studies?

No

Who has reviewed this study?

This study has been reviewed by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. Ethical approval for this study has been obtained from the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority and the UH ethics protocol number is LMS/PGT/UH/05415.

Factors that might put others at risk

Please note that if, during the study, if any circumstances become apparent that may put others at risk, the University may refer the matter to the appropriate authorities and, under such circumstances, you will be withdrawn from the study.

Who can I contact if I have any questions?

If you would like further information, please contact me by email at jc21ade@herts.ac.uk.

If you have any concerns or complaints about any aspect of this study, please contact my supervisor (Dr Rebecca Adlington at r.l.adlington@herts.ac.uk) and/or write to the University's Secretary Registrar at the following address:

Secretary and Registrar

University of Hertfordshire

College Lane

Hatfield

Herts

AL10 9AB

Thank you for reading this information and for considering taking part in this study.

10.5 APPENDIX E - Consent Form

CONSENT FORM

Please read the following statements before you agree to take part in this study.

I confirm that I have read and understood the participant information sheet and I understand what my participation in this study involves.

Yes No

1) **I understand that my participation is voluntary and that I am free to withdraw up to two weeks following my interview and can do so without giving a reason. If I withdraw from the study within 2 weeks of my interview, the data that I have submitted will be withdrawn at my request.**

Yes No

2) **I understand that the information that I submit, including information relating to my gender, age, relationship status and other demographic information, will be kept confidential and used only for the purpose of this study.**

Yes No

3) **I agree that research data gathered for the study may be published and if this occurs, precautions will be taken to protect my anonymity.**

Yes No

4) **I agree that whilst taking part in this study, it is my responsibility to ensure that any children in my home will not be able to hear the contents of the interview and that the location I am in is suitable for me to protect my own confidentiality.**

Yes No

6) I understand the potential risks associated with taking part in this study, as outlined in the Information Sheet.

Yes No

7) I understand the potential direct and indirect benefits associated with taking part in this study, as outlined in the Information Sheet.

Yes No

8) I understand that I will not benefit financially from taking part in this study or from any future related publications.

Yes No

9) Contact information has been provided should I wish to seek further information from the investigator at any time for purposes of clarification.

Yes No

10) I would like to know the outcome of the study and have the opportunity to discuss the themes that are generated and have access to a summary of the project. I have provided an email address I am happy to be contacted on with regards to this.

Yes No Email address: _____

11) I understand who I need to contact if I wish to make a complaint or raise a concern regarding this study.

Yes No

12) I agree to my interview being recorded and I understand that my interview will be transcribed anonymously and that recordings, transcripts, consent forms and demographic information sheets will be deleted once the Principal Research has completed their Viva.

Yes No

13) I agree to recordings of my interview being sent to a transcription service. I understand that this will be treated confidentially.

Yes No

14) I agree to take part in the above study

Yes No

Signed (Participant)_____ Date _____

Print name _____

Signed (Principal Researcher)_____Date _____

Print name _____

10.6 APPENDIX F - Demographic Information Sheet

DEMOGRAPHIC DATA SHEET

Date and time of interview	
Age	
Number of children	
Ages of children	
Ethnicity (please indicate)	*Asian or Asian British* • Indian • Pakistani • Bangladeshi • Chinese • Any other Asian background *Black, Black British, Caribbean or African* • Caribbean • African • Any other Black, Black British, or Caribbean background *Mixed or multiple ethnic groups* • White and Black Caribbean • White and Black African • White and Asian • Any other Mixed or multiple ethnic background *White* • English, Welsh, Scottish, Northern Irish or British • Irish

	• Gypsy or Irish Traveller • Roma • Any other White background *Other ethnic group* • Arab • Any other ethnic group (please state how you self-identify) _____
Relationship status (please indicate)	Married Co-habiting Separated Single
Distance from course (travel time)	
Gender	Female Male Non-binary Prefer not to say Other – please state how you self-identify _____

10.7 APPENDIX G – Debrief Sheet

DEBRIEF SHEET

Thank you for taking part in this study and sharing your experience of training in clinical psychology as a mother. I hope that the things you have shared will highlight the experience of mothers on training to course providers, provide some information to prospective trainees who are currently mothers and potential increase accessibility of the doctorate in clinical psychology. If you no longer wish for your data to be included within the study, you are able to withdraw within the next 2 weeks. You can do this by emailing the Principal Researcher at jc21ade@herts.ac.uk.

If participating in the study has caused you any distress, the following organisations can be contacted for support:

Your GP

NHS 111 - This service is available 24 hours a day, 7 days a week.

Samaritans - A 24 hour a day, free and confidential helpline for anyone experiencing emotional distress. Freephone: 08457 90 90 90 Website: www.samaritans.org

10.8 APPENDIX H - Interview schedule

DRAFT SEMI-STRUCTURED INTERVIEW GUIDE

1. **Warming up questions**

- What interested you in this research?
- Do you have any other questions before we begin?

2. **Decisions about pursuing the Doctorate in Clinical Psychology**

- What is your current context and what was your situation leading up to starting training? (for example relocating, support available, financial decisions?).
- What factors played a role in your decision to start training? (Prompts might include considerations relating specifically to being a mother, was there anything that made this easier or harder?)
- What was your experience of the journey to starting training?

3. **Barriers and challenges**

- Have you experienced any barriers or challenges during your training? (Prompts might include within academic spaces, with peers, colleagues, supervisors etc).
- What (if anything) have you found helpful in managing these?
- Have these challenges changed/shaped your experience of training?
- What sustains you during challenges? How have you held onto the things that sustain you?

4. **Benefits**

- Have you drawn on any skills from parenting that have been useful in your training?
- Have there been any positives to training after becoming a parent?

5. **What changes would you like to see?**

- What (if any) changes do you think would make a positive difference to your experience of doctoral level training in clinical psychology as a mother?
    - Potential prompts may include practical changes within the university site campus or site, organizational changes in terms of how learning occurs, pre-application changes etc. Hours, location – placement specific.
- Is there anything you would like people (course teams, supervisors, cohort, lecturers, universities, the employing NHS Trust) to hold in mind when considering your experience of doctoral level training in clinical psychology?

6. **Is there something else you would like to say/add?**

- Are there any elements of training that they feel have not been touched on within this interview, that you feel are related to your experience of doctoral level training in clinical psychology?

7. **What has your experience been of taking part in this interview?**

10.9 APPENDIX I – My answers to the interview questions

Decisions about pursuing the Doctorate in Clinical Psychology

- What factors played a role in your decision to start training? (Prompts might include considerations relating specifically to being a mother, was there anything that made this easier or harder?)

I had always wanted to pursue a career in clinical psychology but never felt like it was for 'people like me' and being a parent featured heavily in this. It felt like the course was just not designed for parents or people who hadn't come from affluent backgrounds so I tried to find other careers but was never satisfied. When my children were born the itch went for a while, but then the idea came back and I knew if I didn't do it I would always have that urge. I used to look at the Herts website and dream about getting on the course but didn't apply until my youngest started primary school….I (now I think naively) thought they would be slightly less dependent on me and it would be easier to manage the demands of the course. I also had to think about what unis were going to be manageable and that meant I only applied to 3 instead of 4, knowing I really only had a chance at one uni.

- What was your experience of the journey to starting training?

It was long! But it feels like there were little hints along the way that it was going to happen, it just needed to be the right time. There was no way I'd sacrifice having a family for the career so I did that first and for that reason I've probably taken a less traditional route into the career.

Barriers and challenges

- Have you experienced any barriers or challenges during your training? (Prompts might include within academic spaces, with peers, colleagues, supervisors etc).

Lots of challenges – time management and always feeling guilty, never being able to do either role to the best of your ability, missing out on big moments with my children, I always feel a sense of loss in relation to them growing up, missing key years that they want to spend with me. I often think about when they're bigger and wonder if I did this training at the right time. I've found it can feel quite isolating with peers who have very different lives/pressures and it can feel difficult. There is very little talk about parenting on the course from the perspective of trainees on the course, everyone expects that we are the standard DClinPsy trainee which is frustrating. The way the placements and holidays are run – it doesn't make it easy at all. It's like no thought has gone into parenting responsibilities whatsoever. I feel like there could be much better ways of doing things. Placement settings haven't been considered – parents might not feel certain settings are appropriate for them depending on their children.

- What (if anything) have you found helpful in managing these?

Creating a community with other parents who understand, venting with them. Sometimes fighting it but sometimes just finding my own way to manage independently. Meticulous time management has been the only way to keep on top of everything but this inevitably falls down sometimes. Making sure I take the leave I need. I have found it helpful to be quite up

front with placement supervisors about responsibilities outside the course and mostly this has been helpful. Seeing it as a job has helped. Like, it's just a job, it can't overtake my whole life. Sticking to my hours where possible.

- Have these challenges changed/shaped your experience of training?

Hugely – I think doing this training as a parent is a completely different experience to training without children.

- What sustains you during challenges? How have you held onto the things that sustain you?

Doing things that make me feel like a good mum! I think about this time in my life as being pulled in two different directions constantly – one world is all academic and thinking and discussion and reflection, the other is laughter, love, family, late nights, hard work but that's the world I want my feet always planted in. I don't mind being pulled into the academic world if my feet are still planted with my family. It's very important to me. Sometimes it has felt like the course wants to fully consume me and if I take time away from it to be a mum I feel so much better. It reminds me why I'm doing this training – yes for myself but to be a role model for my girls, to show them that you can have a career and a family and the reality of what that means. To inspire them. Society tells us a lot about what we can't do, I want to show them what they CAN do.

Benefits

- Have you drawn on any skills from parenting that have been useful in your training?

Perspective – yes I have found the course very stressful at times, but I think having perspective about what is the most important thing in my life has helped me not to get too consumed with it all. I am very good at focusing and using time efficiently! This is a parenting skill for sure.

- Have there been any positives to training after becoming a parent?

I don't have to worry about my body clock or sacrifice the chance to have children. I was also able to offer more time and mental presence to my children when they were very young than if I had them whilst training. I also think being a parent has given me a lot of motivation and a fulfillment in my life which has sustained me during training. I think being a parent has really helped me when working with young people and families – I think it's just that experience that you have and it shows and people can tell.
I will finish when my eldest is 9 which feels like still young enough and before teen years when I really want to ensure I am working locally and more mentally present.

What changes would you like to see?

- What (if any) changes do you think would make a positive difference to your experience of doctoral level training in clinical psychology as a mother?
    - Potential prompts may include practical changes within the university site campus or site, organizational changes in terms of how learning occurs, pre-application changes etc. Hours, location – placement specific.

I would like to see parents considered in the way the course is organized – school holidays and A/L days need to be thought about more. I also think parents could be talked about more as assets on the course – I hear a lot about how difficult it must be, but not how valuable I am, the perspective we bring, the life experience we have. These are skills we bring to the profession.
I would like there to be more flexible options and that these are advertised from the beginning – if I had known there were other ways to complete training I would have applied earlier. I found out about flexible working half way through my first year. It feels like you have to have 'earnt' the right to apply, but we should be aware of what options there are right from the beginning. This would have made a huge difference to my stress levels.
I think supervisors should be aware if you're a parent before you start placement – this means they can consider things like school holidays/placement days over summer etc.
Parents need sufficient notice of new placements in order to make childcare arrangements and notice of all changes on the course really.

- Is there anything you would like people (course teams, supervisors, cohort, lecturers, universities, the employing NHS Trust) to hold in mind when considering your experience of doctoral level training in clinical psychology?

This is part of my life but not my whole life. I'm trying my best but I don't have resources available outside of the usual working hours. When I'm here I'm not there. When I'm there I'm not available for the course. There is a lot that goes on behind the scenes for me to attend lectures and placement.

Is there something else you would like to say/add?

- Are there any elements of training that they feel have not been touched on within this interview, that you feel are related to your experience of doctoral level training in clinical psychology?

N/A

What has your experience been of taking part in this interview?

It has been cathartic to write my own experiences down – perhaps this reflects the lack of opportunity to share these thoughts, that these aren't asked about. When we have discussed things with the course we hadn't always felt listened to. I wonder whether participants in my study will feel the same or whether it will stir up emotions for them?

It was really nice to consider what sustains me and some of the positives to training after having children, as I don't often think about that or hear about that. It so often feels like a loss to me, so it was nice to reconnect with some of the positives of choosing to do training now.

I noticed that I went back up to add things into sections – I can do that as I'm writing. I wonder what I would have felt like if I had remembered other bits after the interview that I hadn't said? Perhaps I need to ensure there is adequate time at the end for ppts to have time to consider if there are missing parts.

APPENDIX J - Sections from my reflective diary

31.8.23

There is something very powerful and validating about recruiting – it's like some sort of community all coming together. A community I feel I need – to support each other going through training, to encourage, to understand what it's like. It's made me question whether part of my reason for choosing this topic was just to reach and find a community. I already feel stronger seeing people want to take part. This makes me consider the emotional impact the interviews will have on me – perhaps emotional, perhaps cathartic?

December 2023

Feeling inspired after coding today and noticing similar experiences jump out – having to hide parts of self, the course having it's own set of rules, flexibility = accessibility. Why won't the course budge? Interestingly I've started giving 'the course' it's own personality, like it has wishes and motivations of it's own.

14.1.24

I am struck by the sense of loss I'm seeing when coding rigidity of the course and the sheer hard work carried out by mothers. I am inspired and heartbroken to hear their stories and how hard it is when it feels unnecessary.

Loss is jumping out a lot – aware I am working at the weekend, missing spending the weekend with the girls and already planning how to make it back to them. Am I seeing loss more than is there?

Also finding it easier to code latently now, struggled at first and coded small sections. Looking at larger sections and spending more time has helped.

10.10 APPENDIX K - Reflections on being an insider-researcher

It feels almost like not 'real' research if I find my own experiences in the data. I feel like I'm consciously looking for what surprises me – looking for exceptions when I'm coding. Potentially could be over-coding as I've noticed in the second round I've coded smaller previously missed sections, trying to ensure I'm not just picking out what is relevant to me. I'm looking out for things that aren't my experience, things that have made me feel a bit jealous/hurt/guilty so I don't stay away from what is too close to home, but I'm not sure how possible that is.

It is difficult to feel there is enough validity and rigour as an insider researcher. I feel a stronger need to justify what I'm seeing is what I'm seeing and not reduce it to just what I want to see. Once again though, it's like I have to prove something and I wonder if this is linked to wider themes of motherhood in academia?

10.11 APPENDIX L - Transcript excerpt with initial codes

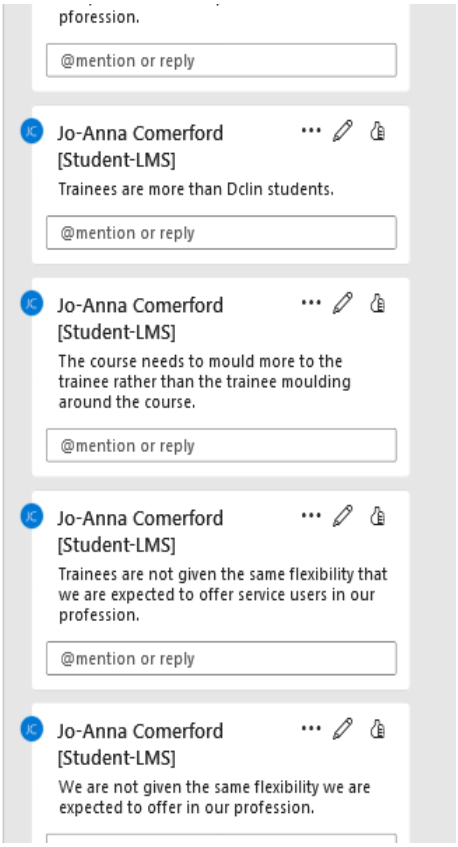
So I think it's yeah, so I think it's treating you like an adult, not student. It's meeting the individuals needs and tailoring training to that person, really in what they're able to do, and I'm not, I'm not saying that parents should get a free pass and shouldn't have to go to everything. Of course they should, because they need to qualify, they need to do the course. But one set of rules for everybody doesn't work ever! And it falls down when that happens really like you wouuldn't, you wouldn't use that approach with different clients that you saw. You'd tell you. Well, if you do, you're a really terrible clinical psychologist! But you, you tailor, your approach. Your communication and what you need to do, the level that you pitch things. You change everything for the the person and that just isn't done with us as a cohort. Yeah.

Interviewer: Yeah, are there any other, if you think about like the way I think as big or as specific as as you want. But are there any other changes that would have made a positive difference to your experience so far in terms of even the way it's set up? Your experience leading up to starting, placements, lectures, academic days? Is there anything else that you think would be useful to see change?

Ppt: Well, I personally feel that the doctorate isn't set up for older people or people with responsibilities, anyway Just from the get go. Because if you think about a young person who has no responsibilities, no commitments. They can move anywhere across the country to get onto a course. So it might be that there's a course that would accept a lower grade that they have. Or it might be, there's a course that doesn't use a particular and process to get on like you know those those tests that you have to do. And then you can apply to those ones and you can move. When you've got responsibilities, if you're slightly older and have a house, or you've got children or, it limits very dramatically what you can apply for, and you're gonna have less chance of getting on, in the first place, because you might not be going for university that actually suits you and suits your needs. So I think it's very limiting from the offset. I think it (?) those who are younger, and probably also those who are really rich cause they can just up and leave and go where they want! So yeah, so I think that's a barrier in the first place.

Interviewer: Is there any changes that you think linked to that? Would that would be useful for you and your your experience?

Ppt: I've no idea what the solution that would would be. I mean, I suppose, if every every uni had the same process that would be fairer, wouldn't it? That's not gonna happen. Yeah, it's it's hard cause it's the university who sets the standards and sets what they want, what they want,



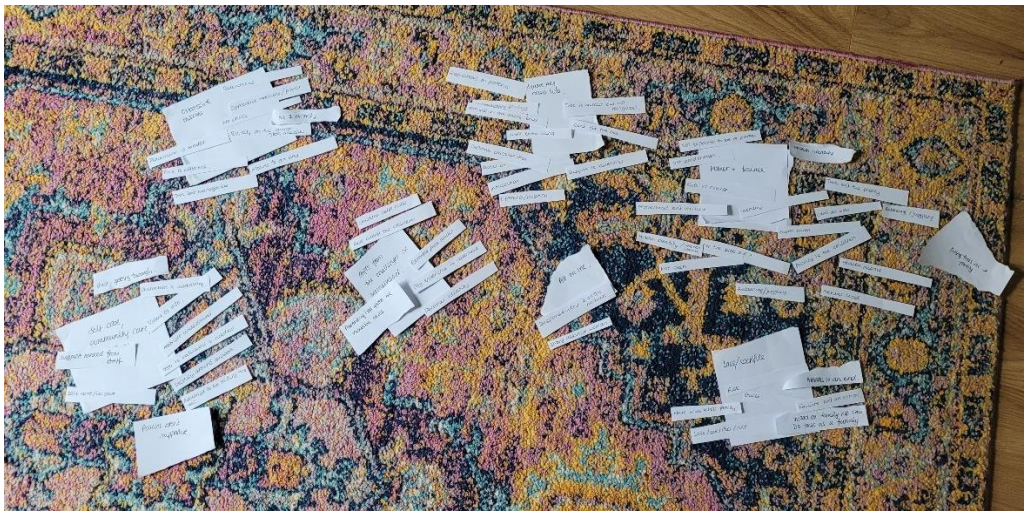
10.12 APPENDIX M - Early development of themes

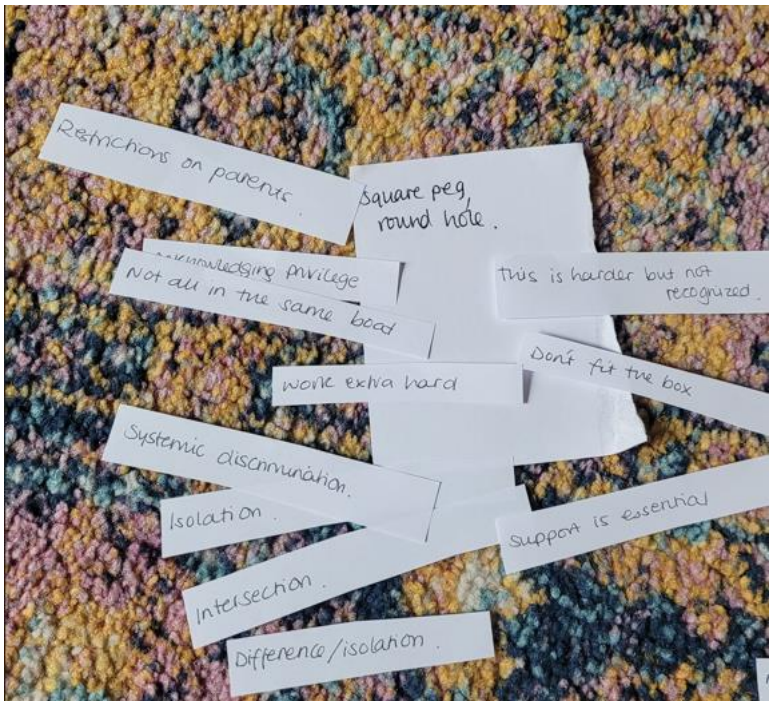
Codes were colour coded to represent different clusters:

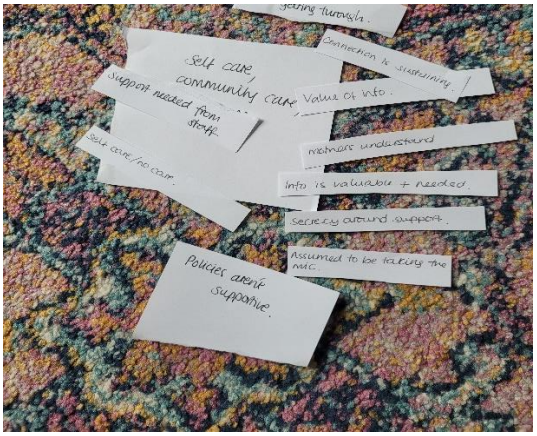
Looking for a reason as to why diversity isn't represented on the course as team are nice.
Diversity is not welcome here.
The course isn't designed with parents in mind, or any other elements of diversity.
You're expected to not be a parent on training.
Motherhood isn't welcome here.
The course rigidly stick to rules, despite then being unreasonable.
This course isn't accessible to parents and many others.
There is a need to be a strong assertive woman to resist/fight this.
The course wants you to make it your number 1 priority.
The course is set up for a specific type of person.
You are expected to not be a parent when you start training.
Training is different to qualified life and other jobs.
This is different to other jobs but that is unreasonable.
The lived experience parents bring is valuable.
What mother trainees bring isn't valued.
The journey mother trainees have had to take to training isn't appreciated.
Sense that experience isn't valued and journey isn't valued.
The process of applying isn't set up in a way that recognises what parents bring.
There's something more about what parents bring to do with life experience/the journey before training that isn't reflected in the application process.

Slower would make it more accessible.
Intersection of learning needs and being a parent too.
Mindfulness training feels patronising.
Lectures are designed for people who don't have children.
This is different as a mother compared to fathers?
Wife's hold responsibility for caring for everyone?
Relentless
No time to pause.
The course isn't designed with parents in mind.
It feels like an insult to ask me to relax when it's not possible.
The lecture times are not designed with parents in mind.
The course is designed for non-parents.
You are expected to be a non-parent with no responsibilities on training.
Time is precious and I want to spend as much of it with my children as possible.
This bit made me cry.
Sense of loss of what is being sacrificed to complete the course.
Guilt from not being able to be the parent I want to be.
This is exactly how I feel.
Spending time with family is sustaining.
Time is precious, I want to spend as much as possible with my children.
The course isn't designed with parents in mind.
Sense of nothing going to change, no power to make it change - it's hopeless.
The course is rigid.
Motherhood is not valued on the course.
You need to be strong to withstand this.
Sense of just getting through it.
Wanted more than just getting through the course but it isn't possible as a parent.
Being a parent is a type of diversity.
The course isn't accessible.
Systemic discrimination.
The demands placed on women impact mental health.
Mothers are set up to fail and blamed whatever they do/
Sense of having to be loud and assertive to fight against/resist the power of the course.
Motherhood isn't valued on the course.

10.13 APPENDIX N – Evidence of how cluster codes were developed into themes.






Self care, community care
Support needed from staff.
Self care/no care.
Value of info.
Connection is sustaining.
mothers understand
Info is valuable + needed.
Secrecy around support.
Assumed to be taking the mic.
Policies aren't supportive.

10.14 APPENDIX O - Themes were grouped in a spreadsheet and discussed with supervisors

	Relentless, non-stop machine	Participants described the course as being rigid, immovable and stubborn, as if it had a personality of it's own. This personification perhaps reflects the power held by the course and a sense of oppression experienced by mother trainees. It was described as different to a normal job, with higher expectations and missing the support they would have access to in other NHS roles. The sense of rigidity was described mostly as coming from the academic side of the course.
	Not designed for me	Participants described the sense that they were enrolled on a course that was not designed with their needs in mind and they were having to mould around a course that wasn't designed for them. They were not expected to be parents, and this element of their identity was often hidden. There were many examples of how the set up of the course made things more difficult for mothers, and challenges were compounded by other marginalised aspects of identity. This was reflected in both the structure of the teaching, lectures and expectations of the course placed on trainees. Participants regularly reported feeling different to other members of the cohort and isolated, as if they were having a very different experience from those without childcare responsibilities. In relation to this, participants reflected that they were expected not to be a parent and that this created a sense of feeling different and isolating.
	We need collective care, not self care.	Participants spoke, often in a sarcastic and comedic way, about the emphasis placed on self care, within the context of being enrolled on a course that wasn't designed around their needs. They spoke of not having access to appropriate policies available in other roles, and not being able to take appropriate leave, and being taught about the importance of self-care within that context. In comparison, they spoke positively of opportunities to connect with other trainees who were parents, as a way of creating solidarity, whilst

		recognising this was often left to them to organise.
	Loss, sacrifice and constant risk assessment.	Participants spoke of a strong sense of having sacrificed to undertake training. This was on both the side of parenting and of the expeirence of being a trainee. Participants described a sense of loss in relation to the time they were able to spend with their children, the constant presence of the course which pulled them away from their children and the accompanied guilt and questions about whether it was worth it. Participants described a constant sense of sacrificing/weighing up what to sacrifice at any moment and understanding when the limits of what they were willing to sacrifice had been met. This links to 'all on me' as participants described a sense of feeling responsible for the sacrifices others had made, and responsible for it potentially not being the right decision.
Does this have a separate entity??	**Subtheme - Training around parenting vs parenting around training.**	A sub-theme was reflected by the participants' expression of having to balance the needs of their children with the needs/expectations of the course. There was a tension described between the course wanting them to put it as their number one prioirty and their assertion that their children came first. In relation to the immovable machine, mothers had to mould around the course, rather than the course accomodating their needs. This experience was often expressed as extremely challenging, and mothers reflected that they were always either engaged in mothering or being a tainee, which left little time for themselves.
	All on me	This theme reflects the sense that participants shared in feeling fully responsible for all aspects of their journey. Many referred to the intense level of planning and organisation required to ensure their children's needs were met and the mental load this required. They spoke of being responsible for having to seek out and request support required to manage the course. They also spoke of trying hard to protect their children and family from any negative impact from them pursuing training.

		Many participants spoke of having to be a 'strong assertive woman' in order to get their needs met and of the time and effort it took to ensure they learnt how to navigate the system and how this interacted with marginalised areas of identity.
Is this really a separate thing or just part of sacrifice/parenting around the course? Doesn't feel like it has it's on separate entity.	**My whole village is doing training with me..**	Many participants shared that the university saw them as an individual however for many participants, going through training was something they were undertaking as a family. Opportunities for the family were also stated as a strong motivator for completing the course - the opportunity to spend more time with their children and the financial opportunities qualified roles would bring. The impact on the family was considered by participants prior to starting. The whole family was described as being impacted by the rigidity of the course and there was a sense of the course impacting not just the individual but the whole family unit.
	Subtheme - Gifts from parenthood/parenthood protects me? Something about resisting the course consuming them?	This theme refers to the reference mothers made about how their children sustain them through the course, and how children created a way of resisting the course taking over. They described family time as something they needed, found enriching and looked forward to. They spoke of their children providing them with an ability to switch off from the course and resist in some way.

10.15 APPENDIX P - Selection of reflections after interviews

- I'm starting to see similar experiences/descriptions coming up again and again. Am I starting to look for this? Conscious that I don't want to be leading with my questions but also don't want the interview to feel very rigid. I find I stick to the interview schedule more rigidly when I'm trying not to look for answers I've heard before or am expecting. Trying to remain curious and treat each interview like a new conversation, but that is sometimes a challenge.
- I felt really nervous today and wondered if that made me ask less and how this might influence what was said. The participant may have contributed more or elaborated more? Or on the other hand, they may have elaborated just because I asked and not because they actually had more to say. I've noticed today my experiences have been quite different to what was shared and I almost felt guilty for that. This might have also contributed to the feeling of asking less?
- Today the interview felt more practical based. Quite straight to the point answers which left me wondering if I had asked enough. I struggled at times to get to what felt like the heart of the issue – am I assuming the heart of the issue has to be related to parenting? Am I looking for an emotional response as an indicator that I've asked the right questions? Am I privileging experiences that match my own? I will need to consider this in analysis.
- I am finding it really interesting and powerful to hear similar experiences to my own, and descriptions that I have thought myself. Again trying to be careful to ensure attention is paid to all experiences but also conscious I could end up over stating experiences I haven't had in an attempt to not privilege those I've shared.

10.16 APPENDIX Q - Reflections on what success means to me

When approaching coding for the systematic literature review I found it really difficult to identity what was a facilitator for success or not and in preliminary attempts noticed I was not being consistent. I needed to talk my ideas through with someone. Interestingly when I spoke to my husband, his initial ideas about success were focused on completion of the doctorate both quickly and to a high standard. At hearing this I realized quickly we didn't share the same definition – my definition focused on being able to do that whilst at the same time being present as a mother and not neglecting my responsibilities to them. Completing the course whilst not being able to be present for my children did not seem like success to me and I noticed a strong emotional response to this. Facilitators for success, that supported me only in academic demands, would not feel useful to me.

As such, I recognized that those reading this research may hold differing ideas around 'facilitators for success', in relation to their own experiences, values and roles held. I felt it was important to transparently include what I had defined as a facilitator for success.