

The paradox of family support for young mothers: An interpretive phenomenology analysis

Casey M. McGregor¹ | Joyce A. Arditti²

¹Department of Psychology, Counseling, and Family Science, Lipscomb University, Nashville, TN, USA

²Department of Human Development & Family Science, Virginia Tech, Blacksburg, VA, UK

Correspondence

Casey M. McGregor, Department of Psychology, Counseling, and Family Science, Lipscomb University, 1 University Park Drive, 265 Ezell, Nashville, TN 37215, USA.
Email: casey.mcgregor@lipscomb.edu

Abstract

Objective: We sought to illuminate the lived experiences of becoming a mother during adolescence within the context of multigenerational family caregiving.

Background: Adolescence is a developmental time frame during which identity formation is most salient and characterized by separation from parents (Erikson, 1968). Teenage childbearing, then, presents a unique scenario during which adolescent mothers and their families may need to renegotiate autonomy and caregiving roles.

Method: Qualitative methods, and interpretive phenomenological analysis, were utilized to explore the lived experiences of nine women who became mothers before the age of 19 years. Mothers were recruited from rural, Central Appalachian regions in the United States.

Results: We identified the essence of young mothers' lived experiences regarding their receipt of caregiving during the transition to parenthood as an adolescent. Mothers equated instrumental and emotional support from family with their own "lovability" and interpreted support as indicative of their evolving competence as mothers.

Conclusions: Young motherhood appeared to be a developmental paradox in that their adolescent identity conflicted with their maternal identity.

Implications: Young mothers would benefit from multi-level interventions. Instead, practitioners might consider supporting whole families of young mothers by providing the means to create a healthy, supportive environment for the mother and her offspring.

KEYWORDS

gatekeeping, intergenerational families, maternal identity, phenomenology, young mothers

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The transition to parenthood is an important turning point within the life course that profoundly reorganizes adult identities, behaviors, and relationships (e.g., Belsky, 1986). Despite the purported joys of parenthood, research has consistently revealed that becoming a parent in the United States is often experienced in conjunction with stress and other negative mental health indicators (e.g., Epifanio et al., 2015). The gravity of transitioning to parenthood may be even more significant for adolescents given the salience of their emerging identity development, their need for support, and vulnerability to stress and depression (Allen et al., 1994). Indeed, 61% of adolescent mothers suffered from postpartum depression in comparison to 38% of adult mothers (Yozwiak, 2010). Adolescent mothers may be more susceptible to postpartum depression and other negative mental health outcomes in part because they must attempt to integrate multiple roles while also negotiating tension between their desires for autonomy from their family of origin and their need for caregiving support (Birkeland et al., 2005). Indeed, adolescents typically lack experience and knowledge regarding child development (Bornstein et al., 2010); thus, they may especially require familial support as they learn to navigate parenthood with other life demands usually present during adolescence. Dependence on family for caregiving support, however, may present challenges for young mothers as they grapple with their multiple identities (i.e., adolescent and mother; e.g., SmithBattle, 1996).

AUTONOMY

Identity development during adolescence often encompasses individuating from parents as youth seek to be autonomous and decrease their attachment to immediate family members (Koepke & Denissen, 2012). These identity shifts are not solely intrapsychic, but interpersonal, and involve dynamic transactions between youth and their parents. The transition to parenthood, and young motherhood in particular, adds additional layers to identity development in adolescence. Becoming a mother theory (Mercer, 2004) highlights the process of attaining maternal experience and competencies, which ultimately contributes to the solidification of maternal identity, that is, the internalization of motherhood and attachment to the infant. Adolescents may be unprepared physically and emotionally to take up the maternal role (Panthumas & Kittipichai, 2019), which has implications for the development of maternal identity and broader conceptualizations of identity development centering on autonomy from parents (cf. Koepke & Dennisen, 2012). For example, teen motherhood complicates maternal role attainment and identity development because it typically requires adolescents to draw closer, rather than separate, from their parents due to the need for help with infant and childcare (Panthumas & Kittipichai, 2019). Such a scenario potentially contributes to complex dynamics regarding what it means to be autonomous and the individuation process from parents that may be integral to the care and upbringing of young mothers' offspring. Indeed, SmithBattle (1996) described complex family scenarios in which adolescents and their family grappled with new responsibilities and roles brought on by teenage pregnancy and subsequent childbirth. SmithBattle (1996) revealed two avenues that grandmothers seem to prescribe to when caring for adolescent mothers and their children: responsive or adversarial care. Responsive care was characterized by grandmothers who positively appraised young mothers' abilities to parent and supported them without taking over. On the contrary, adversarial care was used to describe grandmothers who undermined young mothers' parental responsibility (SmithBattle, 1996). The present research sought to extend beyond the examinations of types of care performed by grandmothers. Instead, an exploration of the experiences of young mothers as they relate to their maternal identity within the context of familial caregiving support was considered. The overarching research question guiding the study was the following: What is the nature of rural young mothers' lived experiences as it pertains to young childbearing and caregiving support within the family context?

BACKGROUND AND SIGNIFICANCE

Although teen pregnancy rates have decreased over the last several decades, young childbearing remains an important issue within the United States, particularly within the Appalachian region where teen birth rates are especially high (Hale et al., 2022). The Appalachia region consists of 13 states and spans 206,000 square miles, from southern New York to northern Mississippi. This region in the United States has long been characterized by chronic poverty, widespread unemployment, high teen birth rates, and above average infant mortality (Hale et al., 2022). In fact, Hale et al. (2022) found that teen birth rates within Appalachian counties characterized by economic vulnerability were among the highest in the country compared to other Appalachian and non-Appalachian counties. Moreover, Central Appalachian counties, or those within West Virginia, sections of Virginia, Kentucky, Tennessee, and North Carolina, were exceptionally high although those counties also saw the steepest decline in teen birth rates between 2012 and 2018 (Hale et al., 2022).

Evidence of disproportionately high teen birth rates in Appalachia warrants special consideration regarding how families within Central Appalachian counties navigate teen parenthood within larger disadvantaged contexts. Beyond problematizing teen pregnancy among Appalachian youth, a strengths-based approach to the study of marginalized families (cf. Walsh, 2015) yields critical insight in terms of coping and resilience among young mothers and their kin within predominantly economically disadvantaged contexts. Indeed, families in Appalachia have been described as resilient, self-sufficient, and resourceful (Denham, 2016). One key way that these families respond to adversity is to rely heavily on family for support (Keefe, 1988). Young motherhood is a scenario that likely intensifies the need for instrumental and emotional support from family members. The present study considers how young mothers navigate their support needs within their families of origin along with their individuation from parents and development of maternal identity. Understanding these processes may reveal sources of resilience among young mothers and their families and highlight the interpersonal and varied nature of identity development.

THEORETICAL FRAMEWORK

An integrative theoretical framework informed by identity development within the context of microlevel family processes (Koepke & Denissen, 2012) and the kinscripts framework (Stack & Burton, 1993) grounded the present research. First, it is widely accepted that a hallmark of adolescence is identity formation where identity is defined as a sense of self constructed from internalized beliefs, relationships, and experiences (Erikson, 1968). If adolescence is a developmental time frame in which identity formation is most salient, then it is important to explore how experiencing a major role evolution during adolescence is experienced within the family context. Indeed, according to Erikson (1968), identity is constructed through interactions between a person's environment and their own intrapsychic characteristics. From this perspective, an adolescent's identity is, in part, shaped by microlevel relationships (Koepke & Denissen, 2012). When an adolescent becomes a parent, then, it can be assumed that the addition of their new maternal identity would be shaped too by interactions with her family. In fact, adolescent mothers' self-esteem, which is considered to be an indicator of identity achievement (Erikson, 1968), was found to directly correlate with parenting skills (Hurlbut et al., 1997), highlighting the significance of considering maternal identity development in the context of young motherhood.

The kinscripts framework (Stack & Burton, 1993) provides more structure for examining the ways in which role shifts, such as entering motherhood during adolescence, are experienced within the family system. Kinscripts provides a lens to examine *how* caregiving roles are negotiated and performed through the concepts of *kinwork* and *kinscription* and which might help

ground our understanding of identity formation when a young person becomes a mother. Kinwork refers to the tasks and assignments expected of family systems that is needed to be accomplished for the family to endure, such as child caregiving tasks (e.g., feeding, bathing, nurturing; Stack & Burton, 1993). Kinscription involves the process of assigning kinwork to members of the family, such as designating certain family members to take care of young children. In the scenario of young motherhood, kinscription is multigenerational and there may be ambiguity or discord with the assignments of kinwork. For example, young mothers and grandmothers may have different beliefs about who is responsible for making parenting decisions (e.g., which immunizations to receive) and how to perform essential parenting tasks (e.g., bathing). Adolescence may confer unequal power between grandmothers and young mothers to the extent the young mothers are still viewed as “children” and grandmothers deemed as “experts” with regard to parenting. Kinscription characterized by disagreements and power inequalities could be a developmental dilemma for young mothers as they attempt to individuate, develop adult competencies, and secure the help they need to perform parenting. Indeed, traditional markers of adulthood include some level of financial and familial independence along with entry into parenthood (Tagliabue et al., 2016), yet becoming a parent during adolescence does not necessarily equate with other economic and social markers of adulthood. Young motherhood often requires a great deal of family support, particularly in socially and economically disadvantaged contexts necessitating broader understandings of what it means to be an adult.

CURRENT STUDY

The current study explored kinscription within the context of young motherhood in multigenerational households in rural central Appalachia. We were particularly interested in crystalizing how young mothers negotiated and experienced the provision of caregiving support from their family and how such interactions seemed to shape their internalized sense of maternal identity. Indeed, adolescent mothers often remain in their home of origin, which may provide an environment of support as young mothers learn how to parent young children (SmithBattle, 1996). Further, Appalachian families are known for relying on multigenerational familial care to meet their needs (Keefe, 1988), which may present adaptive environments for young mothers and their children. A focus on the intergenerational family dynamics within Appalachian families is especially critical given the exceptionally high records of teen birth rates within this particular region of the United States.

Method

A phenomenological qualitative approach was utilized that centered on yielding insight regarding the deeper meaning or “essence” of lived experience (Burch, 2002) of young mothers. *Lived experience* refers to the personal knowledge of participants based on their firsthand involvement. It embodies participants’ own accounts of how they experienced the phenomenon of interest and the meanings they associated with it, rather than through the representations of others (van Manen, 2016). In this case, lived experience was captured through young adult mothers’ accounts of how they experienced family support relative to their transition to motherhood during adolescence and the care of their offspring.

Interview development

A semistructured interview protocol informed by the kinscripts framework was created to answer questions related to young mothers’ caregiving support experiences within the family

context. Questions were open-ended and mothers had opportunities to elaborate on issues they deemed important. The opening interview question was “Tell me a little bit about your child.” Subsequent questions involved the quality of mothers’ relationships and any changes they experienced during pregnancy and childbirth, and mothers’ perceptions about how their family of origin viewed their pregnancy. The majority of the interview was devoted to understanding mothers’ experiences related to family support after the birth of their child. Examples of support questions included “Who helped you care for baby the most?”; “What would this person do for you and baby?”; and “How was it decided who would help care for your baby?” All interviews were audio recorded and transcribed verbatim and pseudonyms were given to protect participant identities. Mothers were interviewed one time each either in the participants’ home ($n = 5$), in a friend’s home ($n = 1$), in a public place like a community park ($n = 2$), or in a private room within a university campus building ($n = 1$).

Sampling and recruitment

Purposeful sampling strategies (Patton, 2002) were utilized in the present study. To capture meanings associated with adolescent motherhood and family support experiences, young adult women who gave birth to at least one child before the age of 19 years and who lived in a multigenerational household postpartum were eligible to participate in the study. Recruitment efforts were focused within rural areas in the Central Appalachian region of Virginia and West Virginia. Recruitment included electronic study flyer distribution among local social service agencies (e.g., Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]), early childcare centers, and local groups on social media. Participants were offered a \$20.00 gift card to Walmart for their participation. This study was approved by the authors’ institutional internal review board.

Participants

Participants for the present study included nine mothers between the ages of 19 and 28 years ($M = 23.33$ years). Mothers reported that they were between the ages of 15 and 18 years when their first child was born ($M = 16.6$ years). Two mothers also had a second child when they were between the ages of 18 and 19. Children were between the ages of 5 months and 12 years ($M = 6.27$ years) at the time of the study. The educational status of the mothers was as follows: some high school (two mothers; 22%), high school diploma or GED (three mothers; 33%), some college (three mothers; 33%), and college graduate (one mother; 11%). Of the nine mothers in the study, three reported being single (33%), three reported being married (33%), two were cohabitating with their partners (22%), and one mother (11%) was separated. Based on the 2018 federal guidelines for poverty, 78% of the mothers and their families fell at or below the poverty line. Eight of the young mothers reported their race as White and one mother reported her race as biracial.

Data analysis

Interpretive phenomenology analysis (IPA; Smith, 1996) was employed to analyze mothers’ accounts of their lived experiences during their transition to motherhood as adolescents. There are two aims of IPA, the first of which is to understand the participants’ experience and describe what it is like (Larkin et al., 2006). The second aim of IPA is to critically analyze the participants’ lived experience and connect it to broader social, cultural, and theoretical contexts

(Larkin et al., 2006). True to IPA, the interview transcripts were deconstructed, followed by a close examination of repeating themes or codes (i.e., thematic analysis), and then the overarching story (i.e., lived experiences) were reconstructed around the major themes (Starks & Trinidad, 2007). Finally, we critically examined participants' experiences and applied our interpretations to the broader literature in family sciences and theory. To ensure rigor throughout the analysis process, we followed the five steps to phenomenology data analysis outlined by Groenewald (2004), which include bracketing, deriving units of meaning from the data, clustering units of meaning into overarching themes, summarizing all interviews in order to validate themes, and compositing themes common to all or most all participants. Code and meaning saturation (Hennink et al., 2017) was established by engaging in coding of each interview transcript and documenting subsequent new codes. Both authors then discussed initial codes until consensus was reached, in which repeated themes were identified and condensed into a coding grid that was used to organize the data. Finally, all transcripts were reviewed and coded again to ensure the final coding grid accurately captured the participants' lived experience.

FINDINGS

The essence of young mothers' lived experience was a paradox between their desires to be autonomous parents while simultaneously receiving caregiving support from their closest family members, typically the mother of the participant (referred to as *grandmothers*). The tension between mothers' desires for autonomy and support were described as, in general, a positive or negative experience based on *how* young mothers received caregiving support from family. The young mothers in this study described two types of care provided by grandmothers or other parental figures that we conceptualized as dimensions of gatekeeping. In the family science literature, gatekeeping typically involves conscious or unconscious behaviors that facilitate or prohibit children's contact with other family members, often the other parent (Tasca, 2016). We use the term here to refer to grandmothers' behaviors aimed at encouraging or discouraging young mothers' parenting and decision-making. We elaborate on these findings by first describing the ways in which young mothers' created meaning around different types of support from family, and then illustrate the ways in which gatekeeping by grandmothers evoked a range of emotions as it pertained to how study participants interpreted their identity and competency as mothers. Finally, we highlight the ways in which young mothers' need for caregiving support appeared to be a paradox—that is, young motherhood seemed to conflict with the developmental tasks of adolescence in terms of developing autonomy and separating from the family of origin.

Meanings associated with support from family

The experiences of the nine mothers in the present study varied, yet they all expressed central themes that we interpreted as the essence of being a young mother in the context of receiving family caregiving support in the larger context of rural Appalachia. One such theme that emerged was the deeper significance mothers connected with caregiving support from family. Caregiving support, or the provision of help as new mothers adjusted to their new parenting responsibilities, seemed to be equated with love. Mothers who had family members eager to support them in their new role interpreted such acts as a demonstration of acceptance and emotional closeness. For instance, Ivy, who became pregnant at the age of 16, described how she came to the realization that her parents loved her based on their

bonding with her child and how determined they were to support her throughout her young pregnancy and parenting:

Ivy: I think they [relationships with parents] became stronger cause I realized how much support I did have and how loved I really was and seeing my mom and stepdad with my son was really nice. All the love they gave him and stuff. I think it made us closer than it did tear us apart ... They took care of me, when I couldn't afford to buy things for him [baby] they bought it, and you know a lot of parents are like, "okay you're pregnant, bye!" and they kick you out but mine kept me in, helped me take care of my son, help me get my GED, bought me a car, like they did everything to help me get to where I needed to go to make a life for me and him.

Considering Ivy's reflection about how her parents responded to her early pregnancy, it may be inferred that love, in this context, is defined as feelings of emotional closeness. These feelings seemed to stem from a sense of acceptance from the family of origin of one's child and young parenting scenario, the experience of family bonding, and the provision of instrumental, emotional, and financial support. In contrast, young mothers who were refused acceptance and support that upheld their autonomy and affirmed their worth may have felt hurt and unloved. For example, Amber, a mother of three young children and pregnant with a fourth child, had her first child at the age of 17. Amber recalled her distress around not having caregiving support from her mother:

Amber: I mean, she [Amber's mother] didn't do what I needed her to do, she didn't care ... but other than that, that support or whatever, she wasn't—it just made it complicated. It hurt me too, you know like I said, they throw a baby in your lap and I don't know what I'm doin! She was supposed to help me and like instead of helping me, she is takin it [baby] from me ... Like everyone wants their mom and wants them there, and the support from her, but I never had the support necessarily. It wasn't like she wanted to help me. Like she would just want to take the baby from me, is what it was.

Family difficulties such as poverty and drug addiction that widely occur in Appalachian contexts (Moody et al., 2017) are especially important in the consideration of how and why some young mothers, like Amber, report an absence of care and support from their kin. For example, during her interview, Amber described how her mother struggled with alcohol addiction and was limited in her abilities to parent Amber and her siblings. Amber reported spending much of her childhood in foster care because her mother was unable to give her adequate care. In addition, Amber reported that her mother stole many items Amber acquired for her child during her baby shower. When the interviewer asked Amber why she thought her mother may have stolen those items, such as the baby's crib, Amber said it was so she could return the items to Walmart and get cash. Indeed, issues such as substance addiction, poverty, and family instability were evident in young mothers' narratives regarding the quality of support and care they received from their kin.

The meaning of grandmothers' gatekeeping

Although caregiving support, or lack thereof, seemed to be interpreted as love by young mothers, further meanings were attributed regarding the process through which family support was conferred to them. We broadly delineated this process as *gatekeeping* and examined the meaning-making young mothers constructed around gatekeeping scenarios, largely as it

pertained to their interactions with their offspring's grandmothers. Deeper meanings regarding their status as adults, their competence as mothers, and their emotional relationships with their children and other family members were discussed around these gatekeeping experiences.

Gatekeeping consisted of either encouraging (gate-opening) or discouraging (gate-closing) behaviors meant to facilitate or limit a parent's involvement in childcare tasks (Schoppe-Sullivan et al., 2008). Gate-opening behaviors appeared to be the most helpful for new mothers, who described these types of behaviors as facilitative to their developing role as new moms. Mothers who described this type of support also seemed to believe that they were loved and accepted by their family, which conferred feelings of confidence in association with their abilities to parent. Contrary to gate-opening, gate-closing behaviors by family were described by young mothers as undermining their transition to motherhood, which was characterized by turmoil and grief.

"Wouldn't let me do nothin'!": Grandmothers' gate-closing as a source of distress.

Young mothers in the present study described gate-closing behaviors, performed by grandmothers, as limiting or discouraging their efforts to parent their children. Descriptions of gate-closing behaviors ranged from limiting young mothers' access to material objects (e.g., diapers), to taking the babies from the house without permission. Mothers who described gate-closing behaviors by family members depicted family scenarios characterized by violence, anguish, or powerlessness, and they often described turmoil in embracing their maternal identity.

Amber's experiences were particularly challenging as she became pregnant as an adolescent. Prior to her pregnancy, Amber experienced physical abuse by her mother and she was in and out of foster care. When Amber was 14 years old, her mother began to subtly encourage her to become pregnant. Given this encouragement, Amber anticipated that her mother would support her as a new, young parent and she thought of her transition to motherhood as a means to mend their rocky relationship. To Amber's dismay, her mother failed to meet these expectations and instead she engaged in gate-closing behaviors.

Amber: Right after I had her, my mom ... she like ... I don't know how to say it ... she acted like Anna was her baby. Like I'd be sleeping in my room at night and she'd come in and take her [baby] out of my room while I was asleep. Like crazy, crazy stuff! Like she would tell me what I could and couldn't do with her. Like there was this one time, cause I breastfed all my babies for the most part, and I was sittin on the couch feedin her and one of the neighbors came over and wanted to see the baby, and uh I told my mom "not right now" she starts grabbing her and took her outside! ... The only thing that I thought was way over the top was whenever I was havin a baby shower, she made me register at all these different places so like [inaudible] she went through and picked out everything and wouldn't let me do nothin. So I'm kinda like, "this is my baby! Like, let me do my thing! ... That was awful ...

These types of gate-closing behaviors, which were echoed by other mothers in the study, were described in conjunction with feelings of depression and powerlessness within their role as mothers.

Amber: I mean I was depressed, I thought I wasn't a good parent uh, I would cry because I was just like, "I don't even feel like that's my kid" ... I mean ... I thought you had a baby and then you just feel like you're just ... and it wasn't, I know a lot of people are like "I have post-partum depression." It was not that at all. I mean I've always had depression but I was great! I was great. It was just the fact that I like literally couldn't do anything with my own child and that sucks ... and I know a lot of people which have boundary issues and you know, she made it, made it really hard. Cause like, you know, here I am beating myself up and feeling awful

and feeling helpless. There's literally nothin I can do because I can't set boundaries. Even if I did, they're going to get broken anyways. So just being helpless and depressed and feelin like the worst person in the whole world.

Gabby became pregnant through rape at the age of 14. Like Amber, Gabby also described how her mother and maternal grandmother disregarded Gabby as having parental authority over her young son by taking him without Gabby's consent.

Gabby: They never asked anything until I moved out! And that was only cause they had to ask! My mom used to just come and take him out of my room for no reason, do whatever with him, bring him off somewhere. I wouldn't even know ... They would always try to jump in, always helpin, givin advice. That's the part I didn't like. I didn't really have a say. It was always, "oh he's fine!"

To Amber and Gabby, grandmothers' gate-closing connected with their feelings of powerlessness and grief. They described how they struggled to feel confident within their maternal role because they were not given authority over their children. Other young mothers described a similar sense of powerlessness within their maternal roles seemingly because of grandmothers' gate-closing behaviors. For instance, Danielle described how her parents were angry with her for choosing to stay with the dad of Danielle's infant daughter, so they refused to let her access necessities for her baby. These experiences seemed to be especially distressful to Danielle, who described her transition to motherhood as "really rough." However, at the time of the interview, Danielle was in the unique position of being able to look back upon her early transition to motherhood when she lived with her mother from her then current position of living with extended kin whom she described as extremely supportive of her and her child. Danielle's ability to reflect on the differences between the support she received from her mother and the support she was receiving from extended kin at the time of the interview provided a clear distinction among gate-closing and gate-opening behaviors and how they weighed on young mothers.

Danielle: Like they've [extended family] for the most part I make my own decisions but like they help me. If I'm like, like I didn't know, to start feeding Delilah baby food, like or um what kind to get. And she [cousin] helped me, like she researched, like she researches stuff for her [child] ... helps her out and helps me be the mother of Delilah ... Yeah like, she [grandmother] wasn't like open to options of do this or do this. Or if I said something it wasn't like "you need," like I don't know. Like if I wanted to try something she was like "no you don't do it that way, you need to do it this way this time, not this way!" Like a certain, everything. And she's [cousin] more open to like if I have an idea, well let's try the idea and see if it works.

"Showing me the ropes": Gate opening as a means to encourage.

Danielle crystalized the difference between gate-closing and gate-opening behaviors from older family members who seemed to have a powerful role in regard to how young mothers were able to perform their responsibilities as parents. To Danielle, Amber, and Gabby, gate-closing behaviors deeply influenced how they felt as new mothers and they all described how they desperately wanted to have power in their roles while still receiving support through the provision of parenting advice from grandmothers. Other mothers in the study seemed to, in general, describe this type of support that was craved by young mothers who experienced gate-closing. For example, Ivy lived with her mother and stepfather when she became a mother at the age of 16. She, like other mothers, discussed how her mother would help bathe, feed, and

supervise her young son in order to give Ivy a break from parenting tasks. Even more, Ivy's mother taught her how to perform childcare tasks in order to help Ivy be a better mother.

Ivy: Um when I first brought my son home, I didn't really like know what to do. Honestly, I didn't—I like knew that he needed to eat, he needed his diaper changed, you know the basics. But I didn't know like how to swaddle him, I never knew how to swaddle a baby, she taught me how to do that. Um, like the bottles, she taught me how to do all that stuff ... Yeah, um just certain tricks like what you can do for like teething, fussiness, and gas. I didn't know any of that and my mom was like, "this is what you need, this is how you do it" she pretty much showed me the ropes, I guess you could say ... She just, more or less, tried to help me find my own way of parenting.

Unlike young mothers who experienced grandmother gate-closing, Ivy described how she received support but was still given the opportunity to find her own way to parenting her son. This—that is, the provision of support while still granting the young mother power—seemed to be especially important to the mothers in the present study. Catelyn, Bailey, and Hannah elaborated further on the importance of having support from family while still being allowed to establish their role as mothers.

Catelyn: My mom helped me a lot, a lot. Um when he was first born, where I wasn't workin and I wasn't livin with his dad, he was able to get Medicaid so my mom helped me do that and um, I typically took him to the doctor's by myself. My mom was real good about leading me in the right direction of what I needed to do so that was a lot of help. Even to this day, I can call my mom and be like, "mom I need some help" or "what do you think I should do?" So she's still real good about things like that.

Hannah described how she also felt like she had a strong support system within her parents but that her role as a mother was still affirmed by her family who gave her power over parenting decisions.

Hannah: I feel like what my wishes were and what my wants were regarding her has always been honored, I mean yes, I always take in their input and value their opinion because they have more experience than me. I'm not just going to say well it's my kid I don't care what you think because I think every little bit of input could be helpful. So I don't feel like it's never been a situation where they've said "no you need to do this this way," I feel like they've kind of let me attempt to do things on my own and if I fail or need their help and don't know what to do, they'll know I'll come and say, "I'm lost, I need your help." Um, I feel like they've been really good at attempting to let me make my own parenting mistakes and learn from them and say okay we tried to tell you this was the better way to do it but now you know our advice was kind of important [*chuckling*]!

These mothers described the ways in which their families, and often their own mothers, provided financial, emotional, material, and instrumental support in ways that also supported their sense of self regarding their position as mothers. However, beyond gate-opening behaviors that centered on the provision of teaching young mothers critical parenting skills, grandmothers also provided the opportunity for some young mothers to embrace their pregnancies, which may have laid the foundation for their sense of efficacy within their maternal role. For example,

Hannah discussed how fearful she was to tell her mother and father about her pregnancy at the age of 16 but that her own mother allowed her to finally be excited to have a child.

Hannah: I feel like her excitement kind of rubbed off on me, especially with my initial worry and fear and things like that. I feel like she was the one that made me feel like it was okay to be happy about it. Because a lot of people sit there and make you think you're supposed to feel ashamed, you know? You're you know, you're still a child that's having a child, you're supposed to be ashamed of being in the situation that you're in. But she made me feel like it was alright to be happy about it and I was grateful for that because I feel like nobody wanted me to be happy about it. So I feel like that was a good thing that she was able to bring to the situation.

Gabby, who also experienced gate-closing behaviors, described when she told her family (maternal grandparents) about her pregnancy at 14. Similar to Hannah's experience, Gabby described feeling empowered by her family's acceptance of her pregnancy.

Gabby: So we talked and then my granny she asked me do I plan on keeping it [pregnancy] ... And when I told her yes, she said okay. Then she was planning what we were going to buy and all that stuff. And my grandfather, when he asked me, I told him I was scared and happy and excited. Everything all in one, all the feelings you get, plus extra scared. He was supportive....

Interviewer: Um so I noticed that you said both of your grandparents, their first questions for you were giving you power, letting you decide. So, it seems like that made you feel pretty good?

Gabby: Yeah I was surprised ... Well, me and my grandparents where they talked to me, it made me feel more in control and like I'm kinda having an idea of what I was doing.

Emily, who generally did not report any support from her family, described how she was nervous to tell her family about her pregnancy. She described how her family was initially excited about the idea of having a new baby but the excitement quickly wore off.

Emily: Well like they were excited, like my family we were all excited cause we were having a baby! But through my pregnancy, they got less excited. Like the "new" I guess wore off and they didn't care. Like oh well you're having a kid, whatever. Um like they wouldn't help me get anything for the baby, like nothing. And like, the step-sister, they bought her everything like she was like amazing, whatever. But pretty much after she found out she was pregnant, they were not happy about me being pregnant anymore.

Emily's own feelings about her pregnancy seemed to be based on her family's changing feelings throughout her pregnancy, which demonstrates the ways young mothers in the present study may have depended on their families for emotional support.

Emily: Um, I mean I was nervous. I was excited and then I was mad. Cause I was mad at myself, cause why would I let myself get in that predicament at such a young age? Like I wanted to go to college and make a life for myself. And I got stuck with a kid with a person who doesn't care, with a family who doesn't care, so it was hard. And I knew it was gonna be hard. [Emily started to cry].

Emily's account highlights that family members' general support or rejection of young mothers' pregnancies seemed to influence mothers' feelings around their own pregnancies. Indeed, these interpretations were further validated by how grandmother gatekeeping shaped opportunities for the development of maternal competence and identity for study participants.

Adolescent parenthood as a paradox

In general, study participants described the meanings they associated with grandmothers' gatekeeping behaviors. Beneath experiences of gatekeeping, however, young mothers described a paradox between their desires for caregiving support and desires to be autonomous despite the types of gatekeeping they experienced as new mothers. That is, both mothers who generally had positive experiences related to caregiving support (i.e., gate-opening) and those who had negative experiences (typically described as gate-closing) portrayed a tension between their need for support and their strong desires to be able to support themselves and their children on their own. This paradox is summed up by the seemingly contradictory roles of *adolescent* and *mother*.

To elaborate, Ivy, Hannah, and Bailey described the ways in which their mothers' gate-opening provided an environment characterized by healthy boundaries and support. Though they explicitly discussed how much they appreciated caregiving support from family, these mothers also recalled their desires to be independent. They described feeling guilty or "bad" for their need to rely so heavily on their family for support.

Ivy: I don't know if it was more guilt or ... I don't know what the proper word would be, but I was disappointed in myself that they had to provide all these things for me and I did feel, I did feel bad that I had to take all of their help as well cause I didn't really have any other option but to take their help. I felt bad that it all landed on them. Hannah elaborated on the paradox of being an adolescent and a parent further:

Hannah: Because usually when people get married, they want to get their own family dynamic ... stability on their own. They don't want to have to depend on somebody else, it makes you feel like you're not good enough ... like you can't do this on your own. You're not worth enough to have this child if you can't take care of it. So why do you need your child kind of ordeal? I feel like it makes it a whole lot more of an emotion for people who are younger parents because they have that struggle of "I want to be able to do this but I can't because I can only do this. But I want to do this, but I can't because I'm still" ... so it's a constant issue of feeling bad because they have to consistently ask for that help from them.

The tension around the desire to be autonomous mothers while still wanting help with parenting was not limited to the mothers who experienced a supportive family.

Amber: I mean, I was just frustrated because I couldn't do anything for myself. Like I was so dependent ... I hated that but then I've always hated not being able to do what I want and how I want. And I don't mean that in like a, a rebellious child way. I know what works for me and what I need and what I want. When people try to force something else on me that, I mean it doesn't even matter what it is ... and then being a child, and being a child carrying a child, there's so much that you have to become! Responsibility ... but you're limited yourself because you're still being told what to do and being held back or held down by the fact of being a minor. That was always really hard for me.

For many young mothers in the study, feelings of guilt and frustration characterized the tension between their desire for autonomy and their need for support from grandmothers.

DISCUSSION

The purpose of the present study was to explore the lived experience of young mothers in rural Appalachia in the context of transitioning to motherhood and receiving caregiving support from family. Three core revelations were made through in-depth interviews with young mothers who had at least one child before the age of 19: (a) support from family was interpreted as being loved, (b) young mothers created meanings around grandmothers' gatekeeping behaviors that were centered on their roles as mothers, and (c) young motherhood is a developmental paradox.

The first major theme from the present study was the meanings associated with family support: feelings of love. Young mothers' recollections of family reactions to their pregnancies and their willingness or refusal to support them through their transition to parenthood was saturated with feelings of closeness or distress. To the mothers in the present study, receiving emotional and instrumental parenting support from families was a demonstration of love. Based on young mothers' narratives, love seemed to be a reflection of internal meaning making whereas support and care were outward acts that family members either offered or withheld. Moreover, young mothers seemed to define *love* as being accepted without condition. On the contrary, family refusal to support young mothers in a way that was affirming of their autonomy was perceived to mean that they were unlovable and unworthy of respect. Young mothers conceptualized support from grandmothers as gatekeeping behaviors, which were associated with deeper meanings that were ascribed to young mothers' sense of maternal identities.

Gatekeeping and maternal role development

The findings presented by the mothers in this study suggest that grandmother gatekeeping is a mechanism through which kinscription, or the way tasks (e.g., caregiving) are assigned to members of the family (Stack & Burton, 1993) is enacted. Traditionally, maternal gatekeeping has been defined as efforts to encourage or restrict a father's involvement through gate-opening or gate-closing behaviors (Wang & Schoppe-Sullivan, 2021). *Gate-opening* is conceptualized as the beliefs and behaviors that encourage parental involvement in childcare tasks, whereas *gate-closing* is used to describe the beliefs and behaviors that restrict parental involvement (Trinder, 2008). Whereas traditional definitions of gatekeeping tend to focus on maternal beliefs and behaviors meant to facilitate or hinder fathers' involvement, the mothers in this study presented the ways in which gatekeeping was performed by grandmothers. As such, we extend conceptualizations of gatekeeping by presenting a nuanced depiction of how gatekeeping may be performed by any individual within the family who holds power over more vulnerable family members. Indeed, the essence of gatekeeping is the power that one holds and uses in relation to facilitating or restricting access to children, therefore gatekeeping behaviors are not necessarily limited to mothers. In this study, for instance, the mothers were vulnerable members of the family system while grandmothers held the most power. As depicted by the mothers who participated in this study, grandmothers were the gatekeepers of young children.

Research from previous decades involving young mothers seemed to parallel our findings in relation to grandmother gatekeeping. In particular, SmithBattle (1996) presented types of care, similar to the larger concept of gatekeeping (e.g., Wang & Schoppe-Sullivan, 2021), performed by grandmothers in the scenario of young motherhood. Our findings go beyond typologies of care, however, by highlighting the ways in which experiences of such care scenarios were related to mothers' access to their baby as well as how they felt about themselves as mothers. Indeed, the

facilitation or restriction of young mothers' parenting abilities had larger consequences for the participants in the present study and which truly captures the essence of their experiences. In particular, young mothers seemed to attribute gatekeeping to feelings associated with their maternal role. Grandmothers' gate-closing was described in conjunction with mothers' distress around feeling like they could not fulfill parenting responsibilities and thus their maternal identity was threatened. On the contrary, mothers who experienced grandmothers' gate-opening described feelings associated with confidence. Collectively, young mothers assigned meanings to their sense of abilities to be mothers in conjunction with positive support (or lack thereof) from grandmothers.

The nursing literature provides a foundation for understanding how the provision of positive parenting support may promote women as they transition to motherhood, which may ground the findings in the present study. Providing new mothers with key positive parenting skills and the ability to make informed parenting decisions has been related to maternal identity attainment (for a review, see Koniak-Griffin, 1993). Maternal identity attainment, which is now referred to as "becoming a mother," is a theory that conceptualizes motherhood as a dynamic and ever-evolving process (Mercer, 2004). One key facet that was associated with mothers' abilities to successfully and positively identify as mothers was confidence in their own parenting abilities. However, the mothers in the present study described the ways in which gatekeeping either inhibited (gate-closing) or facilitated (gate-opening) confidence in themselves as new, young mothers.

Adolescent motherhood as a developmental paradox

The mothers in the present study revealed their desires to have instrumental and emotional support from grandmothers as they navigated early motherhood, yet they also described their desires to be self-reliant. To these mothers, relying on family for caregiving support was a necessity given their lack of knowledge required to care for infants. However, they simultaneously questioned their abilities to be effective mothers because they did not inherently know how to perform essential caregiving tasks. In addition, young mothers seemed to equate motherhood with adulthood. That is, their new status of *mother* conflicted with their status of *teenager*.

Kinscripts (Stack & Burton, 1993) and Mercer's (2004) theory on becoming a mother provides a theoretical foundation for understanding the developmental paradox presented by the young mothers in this study. From a kinscripts perspective, grandmothers may perceive young mothers' transition to motherhood as "off time." Thus, grandmothers' expectations for young mothers around kinwork, or the specific responsibilities assigned to individual members of the family, might continue to reflect roles associated with adolescence. Young mothers, on the other hand, appeared to perceive their new maternal roles as a means of negating boundaries associated with adolescence. In essence, young mothers believed they were free to make parenting decisions without the input of their own parents. Still, young mothers identified their need for caregiving support from grandmothers, which appeared to cause some distress. From Mercer's (2004) theoretical perspective on becoming a mother, it may be that the dueling identities held by young mothers present an additional obstacle for young mothers as they attempt to affirm their maternal identity.

IMPLICATIONS

Young mothers constructed meaning in relation to their maternal roles and their experiences with grandmother gatekeeping behaviors. First and foremost, support from family was interpreted as mothers' perceptions on their own "lovability." That is, to receive emotional and instrumental support from families seemed to affirm to young mothers that they were unconditionally loved. On the contrary, mothers who did not receive support from families described feeling abandoned. More specifically, gate-opening behaviors seemed to connect with young

mothers' feelings of confidence whereas gate-closing behaviors provoked feelings of distress. Practitioners and community agents who work with young mothers and their families should consider the implications of grandmothers' gatekeeping behaviors and specifically focus on helping grandmothers, or other key parental figures, work through their potential negative feelings associated with early pregnancy and scaffold them to meaningfully support young mothers. Indeed, a positive and clear sense of maternal identity can buffer risk and promote better parenting and developmental outcomes in children, which may be especially important in the context of adolescent parenthood (e.g., Coleman & Karraker, 2003; Williams et al., 1987). It may be especially critical for clinicians to consider power differences to address ambiguity in intergenerational relationships (Luescher & Pillemer, 1998) as it pertains to caregiving roles and implications for well-being.

Some young mothers in the present study also revealed the ways in which key community agents greatly supported them through their pregnancies and early parenting. In particular, the state of Virginia provides a program aimed at improving the outcomes of adolescent parents and their babies. Called Resource Mothers, social agents provide care to young mothers that ranges from emotional to instrumental support. The young mothers in the present study who were provided with a resource mother through social services overwhelmingly described how much they appreciated the care they received. They described that they felt empowered and supported in their maternal role through their resource mothers who seemed to be gate-openers; that is, they provided the support necessary for young mothers to confidently navigate caring for their infants while simultaneously balancing other responsibilities. The Resource Mother program in Virginia may provide a model for which other state or locales construct support services aimed at improving the lives of young parents and their children.

Finally, special attention must be given to the specific context in which the present study was conducted: Central Appalachia. Although it was beyond the scope of this study to critically consider the ways in which grandmothers were emotionally and financially able to engage in healthy support of young mothers, it appeared that obstacles faced by many Appalachian families, such as addiction and poverty (Moody et al., 2017), were prominent in the experiences of the mothers within this study. For example, several young mothers discussed the ways in which their own parents (usually their mothers) were absent, either physically or emotionally, during their childhood and throughout their transition to parenthood during adolescence due to addiction, incarceration, and the need to work multiple jobs to make ends meet. As such, practitioners and scholars concerned with intergenerational family systems within the Appalachian context should more carefully consider how systems of oppression and adversity intersect with the family's ability to engage in care work.

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