

The Concept of Coping in the Context of Early Motherhood

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Abstract

Coping with a new child can represent a period of great stress and change for a mother, however has important consequences for perceptions of well-being. This qualitative, exploratory study explores the meaning of coping for mothers of young children who identify as well. Five mothers (mean age = 34.2 years) working full-time at home with an average of 2 children (mean age = 21.5 months or 1 ¾ years), took part in a series of two in-depth, qualitative interviews. The data were content-analyzed for themes. When attempting to define what coping meant to mothers of young children, the qualitative findings revealed two main themes (a) feeling in control, and (b) degrees of coping: higher and lower levels of coping. The findings supported the notion of coping being a health promoting concept in that it is equivalent to feeling in greater control. It would be worthwhile for the study to be replicated incorporating a range of methodologies and to research implications for healthcare. It might be worthwhile in future to possibly incorporate or integrate quantitative methods or validate coping inventories against subjective perceptions of coping.

Keywords: Coping; Health promotion; Mothers; Wellbeing; Qualitative

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Introduction

The period of early motherhood can represent a period of great stress, change and personal demands within a woman's life [1,2]. The meaning of coping during this time is an important area to explore because feeling in control of one's environment has important consequences for health, well-being, and feelings of confidence and adequacy in the motherhood role [3]. Past research has demonstrated that anxious mothers are less satisfied with quality of life and their motherhood role. Having an intensive approach to mothering or believing that parenting is challenging may be related to greater depression and stress [4]. Coping is the effort required to deal with difficult experiences [5], and often involves the things people do or think in order to master a challenging situation [6]. For this study coping is defined as feeling in control of one's situation, a perception of handling stressors effectively or adequately. From a wellness perspective, effective coping depends on an individual's personal evaluation of the situation. However, there is limited research available challenging the predominant medicalized view of coping for mothers [7]. Well or healthy mothers constitute the majority of the population, however, the focus of past research has been on 'not-coping', marginalized groups, or unhealthy approaches [8]. Skepticism has been raised about the value of forced-choice measures or inventories for the objective or subjective examination of coping [9]. These quantitative tools cannot record a person's own thoughts or perspectives about their everyday coping or coping strategies [10]. The 'reality' of inventories, as defined by the researcher may in fact, be meaningless to the

research participants [11]. Successful coping does not have to be 'objectively' measured. Effective coping outcomes only require a belief or subjective feeling by the individual that one is in control and feeling well. Further, the situational examples used in standardized coping measurement tools may not be applicable to a mother's lifestyle or setting [12]. In-depth interviewing may provide a more complete understanding of the coping process. Therefore, the main purpose of this study was to explore the meaning of coping as perceived by a group of mothers using a qualitative approach.

Methods

Qualitative exploratory design

The study utilized a qualitative exploratory design approach as that is appropriate for exploring the social processes that present within human interactions. Qualitative research was employed in this study in order to understand the meaning of the mothers' coping experiences (health phenomena related to lifestyle) in the social context of their home, family and local community. It is important to note that the purpose of qualitative research is not directed towards producing generalizations of findings from large samples to populations using statistical verification, but rather highlighting opportunities for obtaining rich, individual responses.

Sampling and data

As the purpose was to explore the meaning of coping according to mothers of young children, sampling occurred on the basis of gathering data about concepts, incidents and the strategies used by

mothers, not directed by numbers of 'persons' *per se* [13]. To access the data, the study used a purposeful sampling technique whereby mothers were invited to participate in the study, allowing access to information-rich cases to illuminate the phenomena under investigation. Sampling took place until 'saturation' occurred, that is, no new concepts arose from previously collected data. Ethics approval was gained from the institutional Human Research Ethics Committee before any contact with potential participants was made. Mothers expressing an interest in the research project were provided with an Information Letter outlining the interview procedures involved. This confirmed maintenance of confidentiality and mothers could withdraw from an interview or the whole study at any time, without giving a reason. All participating mothers signed an Informed Consent Form prior to taking part in the interviews. All names and identifying information were changed to protect confidentiality of participants. In-depth, focused interviews were used as the means of gaining understanding of the informant's lived experience of coping. Five mothers average age 34 years with 2 children average 1 and 3/4 years of age took part in a series of 2 in-depth interviews. After the interview data were transcribed, a content analysis was employed to discover the major categories or themes to emerge characterizing the strategies mothers used to cope. The data were analyzed line by line which involved reading, labelling concepts, validating and searching for emerging patterns in the data. Relationships between concepts were identified using an axial coding method [14], with the emergence of the following two higher-level categories or themes, feeling in control and experiencing degrees of coping.

Results and Discussion

The interview responses revealed that the two main themes to emerge defining what the concept of coping meant to the mothers were:

1. Feeling in control, and
2. Degrees of coping whereby coping may be experienced at higher or lower levels.

Coping is about feeling in control

Coping was described as being on a feeling of auto-pilot. One mother described this scenario as when it "Feels like everything is cruising along". In general terms, the mothers were hardly aware of when they were effectively coping in their day-to-day roles, for example one mother said, "You don't even think about it at all". They were more aware of the situations and times when they could detect feelings of not coping, with two typical responses being, "I often think of it, I know when I'm coping badly", and another mother stating, "I might get to the end of the day and feel really bad". So, mothers tended to not be as conscious of or aware of periods when they were coping but noticed the contrast experienced during stressful times: "You don't even think about it at all. You don't like, you don't often get up and think, 'Well, I'm coping today', unless something happens, the feeling that you're not, rather than you are". To feel as though one was coping and so

in control, was related to a feeling of 'getting things done'. For example, one mother explained that coping meant feeling on top of the housework: "Being reasonably happy and all the important things around the house are done and looked after, really". It was qualified to me that this included avoiding, however being a slave to tasks to the point where a mother may experience a sense of drudgery: "You don't just want it to be a drudgery, to look at it like that...and you want to input love and fun and those sorts of things as well". A sense of realism emerged whereby mothers consistently noted how it can be difficult to achieve a 100% sense of control, such as this response, "So there's never total control, I think".

There can be different levels of coping

Coping could be achieved at various levels of success. Mothers described lower levels of coping when: "You can survive and just get by", "Just hanging on, you feel dreadful, stressed, and powerless in a lot of ways", and "Just getting by". Higher level is of course, much more desirable and health-enhancing. When a mother experienced higher levels of coping, she typically provided contrasting descriptions, such as: "You can really feel on top of things and really confident in what you're doing", or "Up to feeling happy and fulfilled and accomplishing what I want to", and "Beyond coping is where you can do something for yourself as well". This mother acknowledged the difference as being important: "Yeah, I think there's different levels of coping. Like you can survive, and just get by, or you can feel really on top of things and really confident in what you're doing, and I would say when we were going through their waking we were just surviving, um, but it was stressful, and neither of us felt good, and, but now that it's more under control".

Coping is a health promoting concept

The findings supported the notion of coping being health promoting as it relates to feeling in greater control of one's environment and choices [3]. Framing the concept of coping in this way could be classified as aligning with a 'Positive Psychology' perspective, which examines the characteristics of people who remain happy and successful despite significant life challenges [15]. Perhaps the reason the focus of the bulk of past research has been on 'not coping', is that for the respondents, even they were much more aware of negative feelings associated during these periods. However, coping isn't just a low or high-level experience. It is a subjective concept and personal perceptions should not elicit shame or guilt, just perhaps help-seeking behaviors if a mother is finding things way too difficult [16,17]. 'Lower level' coping is distinguishable from higher level in that it's considered to be when you're just 'scraping through'. 'Higher level' coping is viewed as being associated with confidence and meeting own needs as well. Coping well can also be considered an 'invisible' concept, as even when a mother copes and meets all responsibilities for nurturing and housework tasks, it might not be noticed.

Conclusion

The early period of motherhood represents challenge, lifestyle change and potential stressors. It is important for a mother to feel as though she coping effectively. Until recently, there has been a paucity of research into understanding positive coping experiences from the mother's own perspective. Coping may be experienced by well mothers as indeed a positive concept. Notwithstanding clinical diagnoses for postnatal depression, it is recommended medical professionals keep an open mind on the definitional concept of coping in early motherhood as being one associated with individual health. It is most important to listen to and consider a mother's own subjective experiences reporting her own perspectives of coping with early motherhood. Mothers view coping as a very practical, lifestyle issue and one which equates with feeling greater confidence and sense of wellbeing. For mothers with young children, coping is about feeling in control of one's environment and own lifestyle. According to herself, a mother can be coping at different times at varying levels of success or perceived quality, but that's still 'OK' and part of the natural ups and downs of their role. Coping is a healthy phenomenon indicating a certain degree of hardiness or an internal, robust feeling of having adequate personal coping skills available to deal with day to day stressors. While this study has provided enlightenment on the meaning of the positive coping experience according to mothers, future research could shed further light on experiences of mothers from various socio-cultural backgrounds such as non-English speaking background, single or younger participants. Longitudinal studies may examine or confirm if the motherhood role is changing, investigate the perceived ideal levels of parenting involvement and the benefit of the practical contributions of others. From a wellness perspective, effective coping depends on an individual's personal evaluation of the situation. Further research is required challenging current prevailing negative, illness-based definitions of coping with a positive, subjective wellness model.

Conflict of Interest

The author declares no conflict of interest.

Ethical Approval

The study was approved by the appropriate institutional human research ethics committee based on The Australian/National Statement on Ethical Conduct in Human Research (2007, updated 2018) and all procedures involving the human participants were in accordance with the ethical standards as laid down in the 1964

Declaration of Helsinki and its later amendments or comparable ethical standards.

Informed Consent

Informed consent was obtained from all participants included in the study.

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