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A portfolio submitted for the degree of Doctorate in Counselling Psychology (DPsych)

City St George's, University of London

Department of Psychology

May 2026

To my mother,

The one who always believed in this dream.

I know you are proud.

Rest in peace, my angel

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List of Abbreviations

BACP – British Association for Counselling and Psychotherapy

BPS – British Psychological Society

CBT – Cognitive Behavioural Therapy

CFT – Compassioned Focused Therapy

CPR – Counselling and Psychotherapy Research Journal

ES – Experiential Statement

GAD-7 – Generalised Anxiety Disorder-7

GETs – Group Experiential Themes

GP – General Practitioner

HCPC – The Health and Care Professions Council

IAPT – Improving Access to Psychological Therapies

IPA – Interpretative Phenomenological Analysis

LGBTQ+ - Lesbian, Gay, Bisexual, Transgender, Queer and more

NICE - National Institute for Health and Care Excellence

NHS – National Health ~~System~~ Service

PC – Person-Centred

PETs – Personal Experiential Themes

PHQ-9 – Patient Health Questionnaire-9

U.K. – United Kingdom

U.S – United States

Preface

This doctoral portfolio in Counselling Psychology consists of two components reflective of my academic, professional and personal development as a Trainee Counselling Psychologist. The first component is the research project, which aims to provide insight into the experience of therapists and first-time mothers navigating both roles simultaneously upon their return to work. The second part is the publishable article, which aims to shed light on some of the research findings that have potentially significant implications for therapeutic practice.

Part A: Doctoral Research

The first part of this portfolio presents the doctoral research, which seeks to explore the lived experience of therapists returning to work after becoming first-time mothers. The interest in the study originated from my personal experience as a therapist and a first-time mother alongside the identified gap in the literature. Despite the complexities and the high demands of both roles, there is limited research investigating this phenomenon. The importance of conducting this study increases in light of the fact that the therapeutic profession is female led, meaning that a significant number of practitioners will navigate both roles at some stage in their career journey. The study used a qualitative research design employing Interpretative Phenomenological Analysis (IPA) to capture the depth of participants' experience. IPA is concerned with meaning-making and therefore was deemed the most suitable method to gain insight into the subjective experience of the participants. A small sample of seven participants were recruited, using semi-structured interviews to collect data. An idiographic approach was applied, analysing individual cases before identifying common themes and divergences across cases. The analysis revealed three key themes: i) Holding It All: navigating the tensions ii) The interplay between motherhood and therapeutic work and iii) The light in the darkness. The findings suggest that striving to meet the responsibilities of both roles simultaneously creates inner tensions for the participants which they find difficult to

navigate. Furthermore, each role exerts a reciprocal influence on the other, which proves beneficial but also presents several challenges. Nevertheless, participants perceive the experience as meaningful and deeply fulfilling that helped them re-evaluate what truly matters. The results are evaluated in relation to the existing literature. The research findings have significant implications for therapeutic practice which are examined in the discussion. Limitations of the study and directions for future research are considered.

Part B: Publishable Article

The final section consists of a publishable article intended for submission to Counselling and Psychotherapy Research Journal (CPR). The CPR is a peer-reviewed academic journal published by the British Association for Counselling and Psychotherapy (BACP). The journal welcomes qualitative methods and is centred on counselling and psychotherapy. It seems to align well with the research and was selected because of its commitment to link research with practice in counselling and psychotherapy. The aim of the paper is to present key findings in hope of informing therapeutic practice. The wider study explored how the roles of a therapist and a first-time mother are held simultaneously. However, the publishable article focuses on the therapeutic role, highlighting the impact of holding both roles on therapists' well-being and therapeutic practice. An overview of the literature review is presented in the article. Procedural, methodological and ethical aspects are considered. Key findings are outlined only from the first two themes as they were deemed more appropriate for the scope of the article. The findings revealed that navigating both roles at the same time impacts participants' well-being, resulting in physical and mental exhaustion. Additionally, the interplay between both roles appears to negatively affect practitioners' ability to maintain professional boundaries post-motherhood. These are important points to be taken into consideration in terms of implications for therapeutic practice. In the article, the research findings are evaluated in light of the existing literature and the implications for therapeutic practice are discussed.

Personal Reflection

My ethos as a trainee counselling psychologist is rooted in a person-centred approach influenced by my previous studies in person-centred counselling. This approach is at the core of my professional identity and has shaped how I understand therapeutic relationships, psychological difficulties and growth. Although the course enabled me to enrich my professional identity and become an integrative practitioner, my ethos remains underpinned by a person-centred approach. The components of the portfolio are indicative of my academic and clinical journey during the doctoral programme, which significantly contributed to my personal and professional development. In relation to the research project, my personal experience of becoming a first-time mother and being a therapist strengthened my interest to advocate for women's well-being with the hope of raising awareness and improve the support they receive while operating in both capacities. The research significantly shaped my beliefs about what it might be like navigating first-time motherhood and therapeutic work.

At the beginning of the programme, I often questioned my worth as a therapist as well as my ability to meet the demands of the course. In terms of clinical practice, I often felt compelled to apply therapeutic interventions that proved effective. Furthermore, my application of therapeutic approaches was more rigid at the time. This created an inner conflict between my person-centred background and the development of my professional identity. This also mirrors my journey as an academic researcher. As a novice researcher, it has been challenging to develop the research skills, requiring a lot of support from my supervisor and personal work. However, as the doctoral programme progressed and I continued overcoming difficulties in the academic field and in the clinical practice, I experienced a significant growth in my confidence and professional identity. As a result, I began to trust my clinical judgement and started integrating various therapeutic approaches more flexibly depending on clients' needs. At the same time, I felt increasingly capable in my capacity as a researcher to conduct high-quality research.

PART A: RESEARCH STUDY

‘Exploring the experience of therapists navigating first-time motherhood and therapeutic work’

Supervised by Dr Nollaig Frost

Abstract

This study explores the experience of therapists returning to professional practice following first-time motherhood. In response to an identified gap in the existing literature concerning therapists navigating their maternal and professional roles, the following research question was formulated: What is the lived experience of therapists who have returned to work following first-time motherhood? Although the therapeutic profession is female dominated and the importance of therapists' reflexivity and self-care are requirements of the professional boards, there is very limited research specifically exploring therapists' experience of navigating the dual roles and their subjective understanding of them. The study aimed to begin addressing the gap in the hope of better supporting therapists who are first-time mothers. An exploratory qualitative design was adopted using Interpretative Phenomenological Analysis (IPA) with a small sample of seven participants to achieve an in-depth exploration of participants' lived experience.

The research findings revealed three group experiential themes (GETs): a) Holding It All: Navigating the Tensions, b) The Interplay Between the Two Roles, and c) The Light in the Darkness. Overall, the findings suggest that women experience an inner conflict stemming from the high demands of both roles and the emotional availability required, characterised by work-life imbalance, loss of agency and a profound state of exhaustion. Furthermore, the maternal and therapeutic role seem to actively shape each other. The results also indicate that despite the challenges of both roles, women find a renewed sense of purpose that prompts them to reconsider their priorities and to place greater value on connecting with other women who share similar experiences. The implications of the findings for the field of counselling psychology are discussed and recommendations for future research are considered.

CHAPTER ONE: INTRODUCTION

1.1 Overview

This study explored the lived experience of therapists managing the roles of being a first-time mother and a therapist after returning to work from maternity leave. Both roles share similarities in their caring nature and can be considered highly demanding. Therapists who are new mothers are required to attend to the needs of their children and clients while adjusting to significant life changes such as new motherhood and return to work as therapists. By focusing on the dual roles of therapists and first-time mothers, the research sought to address the identified gap in the literature concerning what it is like for women to navigate first-time motherhood and therapeutic work. This research is a phenomenological enquiry concerned with how participants make sense of their experience. The aim was to gain insight into the following research question: What is the lived experience of therapists who have returned to work after becoming first-time mothers? To achieve that, the focus was on the subjective experiences of a small group of individuals.

1.2 Rationale of the Study

Therapists who are first-time mothers seem to navigate multiple transitions at the same time, learning to be a new mother, returning to an emotionally demanding profession and balancing the obligations of the dual roles. Both the role of a therapist and a first-time mother seem to share similarities as they both involve meeting the needs of others and nurturing the development of another human being who might be vulnerable. The essential quality that stands out is the emotional capacity constantly required from women to meet the demands of both roles, which might be different for first-time mothers in other professions. Furthermore, being a new mother requires constant physical and emotional presence, which poses the question of how therapists might recharge following an intense day at work. This is vital to the integrity of the profession. Therefore, this topic needs more attention to look specifically at the experience of therapists who have become first-time mothers. The investigation of this

phenomenon is important as it has practical relevance to the field of counselling psychology. Gaining insight into the experience of therapists who are first-time mothers could benefit therapists receiving adequate support and maintain their competencies and well-being. More broadly, the research findings could help organisations in promoting optimal performance for employees.

1.3 Personal Interest

The personal interest in this research derived both from my personal and professional experience. Through my clinical work as a therapist, I have witnessed the multiple challenges clients encounter to navigate significant life transitions, which enabled me to better understand the processes involved during that time. I observed that significant role changes often involve negotiation, identity shifts and require significant adjustments both on a practical and psychological level. This deepened my curiosity about how it might be relevant not only for clients, but also for therapists who might not always be able to express their difficulty or have adequate support. The importance of reflexivity highlighted throughout the doctorate programme, alongside the self-awareness I gained with the help of therapy, personal development groups, reflective assignments and interactions with my peers and lectures, strengthened my interest in the topic. It made me more curious about therapists' experience and how they ensure competence and ethical practice during a time of uncertainty.

The life transition that I became particularly interested in was becoming a first-time mother following my lived experience of becoming a mother, which has been transformative for me. My personal journey led me to deepen my understanding about the complexity of the transition into the new role and seek further support to facilitate adaptation. This reinforced my desire to explore the topic of how therapists navigate their professional roles alongside being first-time mothers. To my knowledge, existing policies are not tailored specifically to the needs of therapists returning to work following first-time motherhood, which further motivated me to explore their experience with the hope that the research findings would provide insight

in that direction. I am aware that my dual identity as a therapist who is also a first-time mother shaped the assumptions, I make about holding both roles and inevitably influences the lens through which I view this topic. For that reason, I approach the phenomenon under investigation with critical awareness and remain transparent about my reflexivity throughout different stages of the research.

1.4 Overview of Dissertation Structure

The next chapter provides critical evaluation of the existing literature while shedding light on the identified gap. In the following chapter, the methodology of the research is presented including the rationale for selecting the chosen method, theoretical underpinnings, reflexivity and ethical considerations. The subsequent chapter presents the research findings as they emerged through participants' narratives. The last chapter discusses the research results in relation to the existing literature, considers the limitations of the study and provides recommendations for future research. References and appendices are provided at the end.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The aim of this chapter is to provide a critical review of the existing literature on the experience of therapists navigating first-time motherhood alongside their return to work as a therapist. Following a detailed exploration of the relevant studies, a clear gap was identified in the literature about the subjective experience of first-time mothers returning to work as therapists. Studies conducted to date mainly reflect the experience of motherhood and therapists separately, shedding light on women's transition into motherhood and their return to work or providing insight into how therapists navigate other significant life events and work. However, limited research explores the interplay between the two roles, which solidifies the need for an in-depth exploration of this phenomenon.

2.2 Terminology

Prior to commencing the literature review, there is a need to clarify key terms that inform the research question: What is the lived experience of therapists who have returned to work after becoming first-time mothers? The term *therapist* in this study refers to all practitioners such as psychotherapists, counsellors, and clinical and counselling psychologists who work within an organisational setting or privately. I use these terms interchangeably throughout the research. Regarding the role of the therapist, in this research, it mainly reflects the clinical work with clients adopting any theoretical orientation. However, because of the complexity of the role and as emerged from participants' narratives, it also includes other professional obligations such as assessments, risk management, supervision, safeguarding, trainings, group therapy, administrative and other tasks that may be part of the role. The term *first-time mothers* refer to first-time mothers navigating early motherhood from birth to a maximum of two years postpartum. Additionally, the term *mothers* is used when referring to mothers in a broader sense such as when discussing the evolution of the maternal role over time. Lastly,

the phrase *return to work* describes first-time mothers' return to professional practice as therapists post maternity leave.

2.3 Relevance to Therapeutic Profession

A recent survey in the U.K. demonstrated that counselling psychology is a female-led profession with 75.4 % of the registered psychologists being female (Calia & Kanceljak, 2023). Additional evidence indicates that this female predominance extends to the wider therapeutic profession, with 73.5% of UK Council for Psychotherapy (UKCP) members identifying as women (UKCP, 2023). Therefore, this study has relevance to counselling psychology and the wider therapeutic community as it is likely that a significant number of professionals have or will manage roles both of a mother/first-time mother and a therapist at some point in their careers. Navigating a new role of being a first-time mother in addition to the intense responsibilities of being a therapist while transitioning back to work presents several challenges that can potentially affect practitioners and ultimately their therapeutic practice. The main challenge is that each role requires multitasking and constantly juggling numerous demands. The role of a therapist is often characterised by intense workload that extends beyond the clinical work with clients and involves other responsibilities such as preparation for the sessions, assessments, risk management, safeguarding, trainings, supervision, multidisciplinary meetings, administrative and other tasks (British Psychological Society [BPS], 2025). Therapists often need to manage the aforementioned obligations in addition to an already heavy caseload, particularly in the NHS and public sector. For example, the NHS England (2023) guidelines recommend for practitioners to manage between twenty and twenty-five cases at a time. Similarly, the maternal role involves multiple caregiving duties such as nurturing, cooking, feeding, protecting and housekeeping (Shrestha et al., 2019). On the other hand, becoming a first-time mother and returning to work are considered significant life transitions that demand adaptation (Babetinb, 2020). It has been found mothers face multiple challenges upon returning to work including breastfeeding and level of supervisory support (Johnson et al., 2025). However, the study

reflected nurses' experiences which might face different challenges from therapists, such as managing shift work.

Furthermore, both roles require a high degree of emotional availability to be able to hold the space for others' emotions which might contribute to mental exhaustion. For example, it has been shown that emotional overload and exhaustion are highly associated with burnout (Maslach, 2003). Therefore, the relentless balancing act of multiple responsibilities and emotional labour could impact practitioners' well-being, which in turn might compromise therapists' ability to maintain competence and provide quality service to their clients.

Developing an understanding of this experience could contribute to offering more effective support to new mothers throughout their transition back to therapeutic work. To the best of my knowledge, there are no established guidelines or tools to support managers and supervisors to identify the specific needs of therapists returning to work post-maternity leave following first-time motherhood. Raising awareness about this topic and better understanding the unique needs of this population may help enhance practice. For example, this knowledge could guide organisations and other professionals (therapists, supervisors and managers) to develop assessment tools and support plans tailored to the specific needs of therapists at this stage. This in turn is likely to enhance therapists' emotional resources and availability, and consequently the effectiveness of the therapeutic treatment they provide. Finally, the research findings could inform professional boards and the National Healthcare System (NHS). More specifically, I hope that this study could be a starting point for the existing policies to be reviewed and consider what individualised support might be beneficial for new mothers who are therapists.

2.4 Strategy for the Literature Review

A systematic approach was adopted to select articles that were most relevant to the research question. An extensive literature review was conducted using the PsycBooks, PsychArticles, and Google Scholar, APA Psycinfo, Scopus, Web of Science, Embase and Medline

databases focusing on a combination of key terms such as “motherhood”, “first-time mothers”, “therapists”, “counsellors”, “psychotherapists”, “maternal”, “return to work from maternity leave”, “mothers who are therapists” and other relevant key terms. The inclusion criteria consisted of papers that referred to transition into motherhood, concepts about maternal roles, first-time motherhood, therapeutic role, therapists navigating significant life events, and mothers returning to work, including mothers working in the healthcare field and those practising as therapists. Conversely, the papers that were excluded were not relevant to the experience of therapists, first-time mothers or first-time mothers returning to work. Other exclusion criteria included motherhood in pregnancy or beyond two years postpartum as well as newly qualified therapists or therapists in training. Initially, 192 articles were found that seemed relevant and were selected for screening. Only five articles were identified that directly addressed the research question; however, a significant number of studies (143) fulfilled the inclusion criteria and provided insight into different aspects of the research question. The search started with more recent studies up to five years but inevitably continued with older studies from 2000 because of the limited research relevant to the phenomenon under investigation. Due to my intention to capture the meaning and the lived experience of therapists becoming mothers, the studies identified and selected were predominantly qualitative (McLeod, 2014). Nevertheless, a significant number of quantitative studies that appeared to enhance the knowledge of the phenomenon were also included.

2.5 Outline and Rationale of the Literature Review

Initially, the focus of the review was therapists returning to work after becoming first-time mothers. However, the very little discussion in the current body of research about this topic made it impossible to evaluate the literature solely based on women’s experiences of being therapists and first-time mothers. As a result, the next stage of the literature review involved examining articles that shed light on different parts of the phenomenon under investigation. Subsequently, difficult decisions had to be made in terms of how to organise and present the findings. To better understand the identified gap, the literature review consists of three

broader areas that are highly interrelated. In the first two sections, the current literature is evaluated on the experience of women holding each role separately. To be more precise, the experience of motherhood is presented first. In this section, historical discourses as well as contemporary perspectives around women's role and motherhood are explored. Subsequently, the transition into first-time motherhood is reviewed. In the next section, the nature of the profession of a therapist is discussed while critically appraising therapists navigating significant life events during their careers. The last section of the literature to be evaluated reveals the experiences of first-time mothers returning to work post-maternity leave. This part can be considered the most relevant to the research question. It draws more attention to mothers' experiences in healthcare professions, including the several studies that exist about therapists who are mothers.

2.6 Exploring First-time Motherhood

2.6.1 Women's Roles and the Evolution of Feminist Perspectives

The topic of motherhood has been a subject of extensive discussion in the literature from different angles across the decades. To better understand motherhood, it is important to explore the evolution and the narratives around the role of the woman and how it might have influenced the experience of motherhood. Historically, the idea of motherhood has evolved through the feminist waves which is used as a point of reference in this section. The first wave of feminists (end of 19th century) can be considered a turning point that challenged the notion of motherhood and reframed it as an empowering experience for women. Prior to that point, women were under the "intensive motherhood ideology" (Hays, 1996, p. 97) which was characterised by patriarchal status quo, caregiving and self-sacrificing roles and exclusion from the public sphere. Wollstonecraft (1992) contributed significantly to the change in the perception of the role of the woman by focusing on equality and presenting an image of a woman that is educated and has an active role in the community. According to Wollstonecraft (1992), although the role of a woman extends beyond reproductive function, it appears to enrich the experience of motherhood.

The second feminism movement (1960–1990) focused on women's reproduction rights, workplace equity and financial autonomy (Baxandall & Gordon, 2002). The participation of women in the workplace has proved beneficial for some mothers while is not a choice for others (Baş, 2025). It appears that women often do not work solely out of a desire to be independent but also because of the financial compulsion to be able to contribute to their family (Wilson, 2006). As a result of the first two waves, holding multiple roles nowadays for women has emerged as the prevailing standard in modern society (Ismailova et al., 2019), often characterised by woman's increased financial earning capacity (Nowakowski, 2013). In today's world, women have moved beyond the traditional gender roles of only being the homemakers and the caregivers (Kabaikina & Sushchenko, 2017). There is an increasing number of women striving to be independent and have equal rights with men, and it is widely accepted that they have made significant progress in that direction (Banyard, 2010). For example, the current era sees women pursuing careers and thriving in highly demanding occupational sectors, progressing into higher level senior positions such as company directors (Fogarty et al., 2016). Women that are striving to pursue a career are often required to find a way to meet the profession's demands while fulfilling their caregiving role as first-time mothers (Apostu, 2017). Although there is a shift in men's contribution to looking after the baby, the caregiving obligations still weigh heavily on women and are often regarded to be women's responsibility (Esplen, 2009). In addition to that, women often maintain other roles including that of a partner, a friend, a daughter, a sister, an employee and can also hold an active role in the community (Baş, 2025). An additional layer of demands as part of being a woman in contemporary society is the expectation to look a certain way (Thompson, 2011). Therefore, the societal expectations to fulfil all the above roles put significant pressure on women to "do it all" and often meet the unrealistic demands of such roles.

Additionally, within the second wave, Chodorow's theory (2023) provided an important contribution by challenging the biological nature of motherhood while highlighting its social

and cultural dimensions. As argued by Chodorow (2023), the role of the mother being the main caregiver is socially and culturally constructed, which reinforces gender inequality. Similarly, de Beauvoir (1981) suggested that women do not inherently possess a maternal instinct, stating that “one is not born but becomes a woman” (p.93). These theories put into perspective the expectations of motherhood placed on women from society which they consequently internalise. For example, as outlined by Frost et al. (2015), although nowadays mothers seem to have more agency and freedom, there are also more expectations imposed on them not only by others but also by themselves.

Subsequently, the third wave (1990–2010) challenged the idea of “universal womanhood” (Rampton, 2015, p.4). This feminist movement celebrates the diversity of womanhood and the intersection of identities and as a result, questions the patriarchal norms (Baş, 2025). Third wavers claim freedom in terms of equality and sexuality (Snyder, 2008). Various forms of motherhood become acceptable from that point such as single motherhood, LGBTQ+, adoption and surrogacy. Consequently, women become empowered to have the freedom of choice in relation to motherhood that can be on their own terms. Lastly, the most recent development is the emergence of the fourth wave (2010–present) with the use of the digital world to promote feminist campaigns that show sensitivity to inclusivity, intersectionality, cultural and social contexts (Chamberlain, 2017). It has been shown that social media platforms have become valuable places of support for mothers seeking reassurance from other mothers through shared experience (Van Cleaf, 2020). Another notable element of this wave is that the expectations associated with motherhood are strongly reflected in their representation in the media. For example, on the one hand the media still mirrors the old image of a “good mother” who needs to put their child’s needs first; on the other hand, it strongly encourages women to balance caregiving and work responsibilities (Mary et al., 2025).

Another important factor to consider is the cultural context in which motherhood is experienced. Birns and Hay (2013) referred to the “different faces” of motherhood,

highlighting how cultural values, norms, and expectations can significantly shape women's experiences and understandings of motherhood. For instance, motherhood within collectivist cultures is often characterised by interdependence, including prolonged physical closeness between mother and child, whereas individualist cultures tend to place greater emphasis on fostering independence (Greenfield & Cocking, 2014). These cultural differences can also influence expectations surrounding the maternal role. In East Asian cultural contexts, for example, considerable importance may be placed on children's development and achievement, while maternal self-sacrifice has traditionally been regarded as a moral ideal and culturally embedded expectation of motherhood (Chao & Tseng, 2002). In contrast, within Western cultural contexts, mothers may face expectations to successfully combine work with motherhood while simultaneously adhering to the ideology of "intensive mothering" (Hays, 1996). Such expectations may create conflict between women's professional and maternal roles.

2.6.2 Transition into Motherhood

Embarking on motherhood appears to be a complex and transformative experience. To describe the intensity of the transformation, Oakley (2018) defines the transitional phase to motherhood as a "crisis in the life of a woman, a point of no return" (p.12). It has also been characterised as the "psychological birth of a mother" (Babetin, 2020, p.1), signifying that the transition into motherhood is a turning point in women's life. The transformation is accompanied by a strong sense of loss (Ward & Mitchell, 2004) and entails losing parts of oneself before gradually integrating motherhood and shaping a new sense of self (Laney et al., 2015). The loss often involves a grieving process that requires the woman to let go of the version of herself she used to be before having a child. While women undergo this significant change in the sense of self, at the same time they are required to deal with the multiple responsibilities of the new role (Borges & Bastos, 2012). Consequently, the maternal obligations make it difficult for new mothers to have the opportunity to fully process that loss (Smollon, 2007). The new sense of self is reinforced by the public perception that frequently

defines women by their maternal role once they become mothers (Hwang et al., 2022). Arguments about identity change upon transition into motherhood have been also supported by Mercer (2004) and Arnold-Baker (2019) who highlighted the dynamic nature of the transformation. Mercer (2004) suggested that the identity keeps evolving as the mother overcomes new difficulties whereas Arnold-Baker (2019) argued that the identity is actively shaped by motherhood.

Numerous studies have emphasised the difficulty to adjust to first-time motherhood. For example, George (2005) used grounded theory to develop a substantive theory of *lack of preparedness.* The theory describes how first-time mothers return home feeling unprepared to care for themselves and their babies. This unpreparedness, occurring at a time of increased responsibility and vulnerability, leaves them overwhelmed and struggling to adapt to the new role demands. In this study, interviewed participants at their homes within four weeks of delivery. The chosen method allowed for the development of a theory. However, it might not have been able to capture the unique experience of navigating the unknown territory of motherhood. Additionally, four weeks post-delivery can be argued to be a short period of time for a mother to be expected to be able to manage the high demands of motherhood. McKellar et al. (2009) also proposed that parents do not feel ready to meet the demands of the new role. This study employed an action research methodology with the use of self-report questionnaires that informed the implementation of actions in the postnatal unit to better support parents. Although it seems to be a very useful contribution that has practical implications, some of the implemented actions, such as development of a booklet, provided general information and might have overlooked the unique needs of each parent. Additionally, the focus of the study was both on first-time mothers and fathers which provides an interesting perspective; however, it might not consider the additional challenges mothers might encounter upon their transition to motherhood.

A further study has demonstrated that the unpreparedness and the lack of agency are associated with the early days of motherhood and frequently result in internal tensions

(Javadifar et al., 2016). The researcher of this study adopted a constant comparison method using semi-structured interviews with women who were between zero and one year postpartum. A meaningful contribution of the study is the finding that as the new identity develops, women's ability to regain balance improves. However, the number of interviews conducted by the researcher varied from one to three on a case-by-case basis, which raises the issue of potential bias. Further evidence has shown that women experience feelings of ambivalence and confusion stemming from the unpreparedness for the intensive demands of mothering (Miller, 2011). On the other hand, there is evidence that the difficulties to adjust to the new role discussed above can also be an opportunity for personal growth, described by Athan (2011) as "postpartum flourishing" (p.30). According to Athan (2011), the high levels of satisfaction and the positive emotions associated with motherhood can facilitate better adaptation to it. An additional sign of post motherhood growth appears to be the increased ability for empathy which seems to extend beyond the mother-child relationship (Plank et al., 2021). Further evidence shows that the enhanced empathy concerns the affective rather than cognitive or accuracy. Hodges et. al. (2010) explored empathy among first-time mothers, and women who were not mothers. They found that the shared experience of motherhood was associated with greater understanding and empathic concern, with the new mothers demonstrating the highest levels, followed by pregnant women, and then women who were not mothers. On the other side, the findings showed that empathic accuracy was not significantly affected.

The current body of research offers valuable insight into the physical, physiological and psychological changes women navigate in the early stages of motherhood. One of the main challenges identified involves women's hormonal changes that impact significantly on their mental health, with approximately 11% of women suffering from postpartum depression (Parfitt & Ayers, 2014). It has been found that depressive symptoms are associated with unplanned pregnancy, increased stress levels and negative perceptions of returning to work (Sayil et al., 2007). The radical hormonal changes women undergo not only increase the risk

of depressive symptoms (Osman & Bahri, 2019) but also frequently cause physical and mental exhaustion (Brianda et al., 2020), affecting their energy levels and emotional state (Schwartz and Villa, 2025). One study demonstrated that first-time motherhood is associated with physical health challenges such as healing from birth in addition to other difficulties related to baby care and relationship with the partner (das Neves Carvalho et al., 2017). In this study, the researchers recruited eleven first-time mothers employing a focus group method. The method offered the space for multiple perspectives to emerge; however, the participants might have provided socially acceptable accounts, with some participants potentially taking a more active role than others. Other challenges women face during the postpartum phase revealed by a systematic review include physical health problems such as exhaustion, headaches, pain, urinary incontinence and sleep difficulties (Meyling et al., 2023). There is also evidence suggesting that post-partum physical changes are associated with women's insecurities about their physical appearance (Fox & Neiterman, 2015).

Other studies focused solely on the psychological dimensions of first-time motherhood. For example, Lee et al. (2019) explored the experience of loneliness in first-time mothers. The findings indicated that women suffer from loneliness in early motherhood related to a sense of isolation, self-comparisons and relational challenges at this stage. The study used Interpretative Phenomenological Analysis to understand the experience of loneliness in new mothers and provided deep accounts of what this experience might be like. However, because of the focus of the study particularly on the experience of loneliness, other psychological aspects of the experience of first-time motherhood remain unexplored. Another study indicated that maternal distress is a shared experience among first-time mothers (Keefe et al., 2018), often linked to the mother's resistance to accept the physical changes (Hodgkinson et al., 2014) along with their difficulty to adjust, recover and connect (Copeland & Harbough, 2019). Further research has shown that the physical changes accompanying the transition to motherhood can intensify mothers' feelings of guilt and shame, which may further perpetuate psychological distress. The study involved interviews with 20 women in the

U.K. at 16 weeks postpartum, with the data analysed using Thematic Analysis (Jackson et. al., 2024). The participants from the studies presented above were either low-income mothers from suburban areas or from developed countries; therefore, further study is required to represent the wider population.

Additional research has shown that women have difficulty attending their own needs and as a result experience a profound state of exhaustion while navigating first-time motherhood because of the never-ending demands of the role. For example, Barkin & Wisner (2013) conducted three focus groups with thirty-one participants to explore self-care in first-time motherhood. The findings revealed that women tend to sacrifice their own needs due to lack of time or resources even though they recognise the importance of prioritising their well-being to be able to meet the demands of motherhood. The necessity of self-care is a significant point that emerged from the discussions of the groups that will be helpful to explore in future research in more depth through one-to-one interviews. The early motherhood in this study covers a broad time frame as new mothers were interviewed at different stages from hospitalisation, postpartum period and at one year postpartum. Similar findings emerged from a recent study conducted by Bettinson & Devonport (2025), who interviewed twelve women with babies under twelve months old using Reflexive Thematic Analysis. The results of this study indicated that mothers place the child's needs first at the expense of personal self-care and have difficulty finding time for self-care. The new insight of this study is that self-care is often accompanied by feelings of guilt. The two studies outlined above explored early motherhood less than or at one year postpartum. It can be argued that there is need for future research to focus more on the period between twelve and twenty months postpartum which seems to be overlooked. This is important because during that phase women still navigate new motherhood while starting to reconnect with other parts of their selves and lives primarily associated with return to work.

The existing literature highlights the self-care practices that promote mothers' well-being such as being proactive, taking a break from caregiving obligations and being open to

receiving help (Currie, 2016). Furthermore, it has been shown that good-quality sleep and engagement in pleasurable activities are key elements of maintaining well-being in early motherhood (Quirino et al., 2016). Other researchers such as Tracchegianni & Carone (2025) explored the experience of parental burnout adopting a quantitative approach. In this study, participants were first-time parents with a child aged between 0-12 months. A 23-item Parental Burnout Assessment was used to assess the levels of burnout. In relation to mothers' experiences, the findings indicate that mothers experience higher levels of burnout compared to fathers, with impaired self-functioning contributing significantly to burnout. On the other side, a strong parenting alliance was associated with lower levels of burnout. This study offered insight into the correlation of parental burnout with other factors such as personality functioning and parenting alliance. It can be argued that there is a need for further qualitative research to move beyond the predefined hypothesis and remain open to the emerging themes related to this topic.

Other difficulties reported in current research relate to the social aspects of becoming a mother. The societal and cultural expectations of idealised motherhood seem to have added another level of pressure on women, who are expected to be naturally caring (Stoppard, 2000). Motherhood is signified as a universally positive event and therefore women often attempt to prove that they enjoy their role and manage well even if that might not reflect the reality (Miller, 2007). The strain placed on mothers also stems from family and friends' expectations that they will meet the demands of the new role (Rodriguez et al., 2020). Interestingly, recent qualitative research has described that first-time mothers' understanding of being a "good mother" involves always prioritising their child's needs (Adams & Almonte, 2022). It has been shown that the inability to meet the unrealistic expectations of the role manifest in psychological difficulties such as heightened anxiety, sense of inadequacy and withdrawal (Anderson et al., 2018) and exert a negative influence on women's well-being (Del Valle, 2024). The myth of idealised motherhood often takes the

form of maternal guilt as women fail to meet the unrealistic expectations of motherhood (Constantinou et al., 2021).

For example, one study revealed that feelings of guilt can significantly affect a mother's well-being and be a cause of psychological distress and low self-esteem (Henderson et al., 2016). A quantitative method was employed in this study to test the hypothesis that maternal guilt is associated with higher levels of anxiety and lower levels of self-efficacy. Online surveys were distributed to a sample of 283 participants. The findings revealed a significant relationship between the two variables, which provides valuable insight into the relationship of maternal guilt and psychological difficulties. Nevertheless, the quantitative methodology and the method of collecting data limited the possibility to explore the meaning participants make of their experience of maternal guilt. Further evidence demonstrates that women often place extremely high expectations on themselves and tend to prioritise their babies' needs over their own in their attempt to meet the expectation of being the perfect mother (Delgado-Pérez et al., 2021). In this study, qualitative methodology was employed using multiple data-collection methods (interviews, discussion groups, online forums) which might have contributed to eliciting rich data. Nonetheless, the use of multiple methods raises the concern of how the researcher overcame the challenge of organising and interpreting the large volume of data. Moreover, the researcher proposed that mothers need to stop striving for perfectionism, which is a valuable point; however, there are no further suggestions on how this could be achieved. Another study explored the ambivalent feelings women experience upon their transition to motherhood. Semi-structured online interviews were conducted with first-time mothers. The data was analysed using the IPA method. According to participants accounts, the ambivalence is magnified by the unrealistic expectations around motherhood, negatively impacting their well-being and sense of self. However, self-compassion and shared understanding with other mothers facilitated the integration of these conflicting emotions, contributing to mothers' resilience (Raneberg & MacCallum, 2024).

Furthermore, studies have shown that women's experience is influenced by their perspective about motherhood in combination with various external and internal resources that are available to them. The main protective factor in terms of external support appears to be a well-established group of supportive relationships which offers reassurance to new mothers and seems to be crucial for their sense of self-efficacy in their new role (Leahy-Warren, 2005; Saeieh et al., 2017). The quality of the support positively affects the transition to motherhood (Hennekam et al., 2019; Leahy-Warren et al., 2012). In particular, the support to manage breastfeeding (Haga et. al., 2012) in addition to the support of the partner, and the sense of togetherness described as "parenting alliance" cultivates a strong sense of self-efficacy in motherhood and promotes women's overall well-being (Tracchegiani & Carone, 2025). Another study revealed that engaging in conversations with the midwives about womens' positive experiences of becoming mothers contributes to their deeper sense of hapiness (Brogger et. al., 2026). However, some studies revealed that women often receive inadequate support during early motherhood, which has implications for their mental health. For example, evidence suggests that the experience of insufficient support can exacerbate anxiety symptoms (Chavis, 2016) and contribute to postpartum depression (Leathy-Warren et al., 2012). On the other hand, some of women's internal resources such as their positive mindset about motherhood (Ben-Ari et al., 2009) as well as their personality traits (Brenning et al., 2019) facilitate better adaptation to the new role and support women's mental health (Marshall & Thompson, 2014).

2.6.3 Conclusion

In conclusion, the evolution of the role of the woman through the four waves of feminism reshaped the idea of motherhood by challenging the status quo and transforming it into an empowered role. In relation to the transition into first-time motherhood, the existing literature seems to focus more on the postpartum phase when women undergo multiple changes and adjust to motherhood, considering the physical, psychological and social dimensions of the transition. However, there appears to be a gap in understanding in depth the lived experience

of women in the later stages of early motherhood; the stage where first-time mothers have settled into motherhood while they still navigate the high demands of the role, a gap that this research aims to investigate. Furthermore, even though the above studies acknowledge the impact of motherhood on overall identity, they do not shed light on the professional layer of women's identity which, as outlined above, nowadays represents an important part of a woman's identity. The purpose of this study is to gain deeper understanding of how new mothers navigate their professional identities as therapists in addition to being first-time mothers. Lastly, it is observable that most of the above studies focused on different aspects of motherhood whereas the intention of this research is to remain open and curious about "what it might be like" (Smith, 2009, p. 32) for the participants to have this experience.

2.7 Being a Therapist

2.7.1 The Role and Responsibilities of the Therapist

Being a therapist is different from many other professions and can be considered a highly demanding role for various reasons. To begin with, therapists' emotional availability is a key element of the profession, as their emotional responses have a profound impact on the therapeutic process (Abargil et al., 2025). Therefore, therapists need to ensure that they have attended to their own needs, so they have the emotional capacity to be present and support their clients' needs. An additional challenge placed on the therapist is their "use of self" as a tool to facilitate another individual's growth during the therapeutic encounter (Baldwin, 1987). Therapists need to be intentional about their use of self and aware of how it might influence the therapeutic process (Taghipour et al., 2025). For example, the therapist's relationship with themselves determines the depth of the therapeutic alliance that is established and inevitably the therapeutic outcome (Barkham et al., 2017; Mearns & Thorne, 2007). Maintaining self-awareness and authenticity are considered essential components of the therapist's responsibility towards themselves and their clients (Pieterse et al., 2013; Rogers, 1959; Rose, 2011).

A therapist's work frequently interferes with their personal life because of the nature of the profession that makes it difficult for them to disconnect, often leading to blurred boundaries between professional and personal life (Ronnestad & Skorholt, 2003). The quality of a therapist's personal life is highly interrelated with the quality of the therapeutic relationship (Nissen-Lie et al., 2013), which is an important indicator of a positive therapeutic change (Botella et al., 2008). For example, it has been shown that fulfilment in personal life is associated with enhanced therapeutic qualities such as empathic presence and relational engagement (Orlinsky et al., 2020). On the other hand, as clients' experiences and suffering unfold during the therapeutic process, they might touch on and trigger a therapist's personal experience (Kottler, 2022). For example, one finding demonstrates that it can be extremely difficult for therapists to have critical life events in common with clients such as the loss of a child, which may contribute to a therapist's overidentification with the client (Godfrey-Dhundja, 2020). For that reason, professional boards highlight the importance of reflective practice and require therapists' commitment to ongoing personal and professional development (BPS, 2017; HCPC, 2023) which promotes their competence and ethical practice (BACP, 2020). As a result, personal therapy is compulsory or highly recommended in many psychotherapy training courses as a way of enhancing personal and professional development (Rake & Paley, 2009). The quality of supervision and supervisory relationship are also important factors to consider, as evidence suggests that female therapists might experience supervision either as a safe or an unsafe space to explore gender related issues (Walker et. al., 2007). Additional methods that promote therapists' personal and professional growth include ongoing training (McLeod & McLeod, 2014) and clinical supervision (Ronnestad et al., 2025).

The need to work with oneself becomes particularly important when therapists go through significant life events and transitions that can potentially impact their ability to be effective practitioners. The therapist's internal experience seems to exert a significant influence on the therapeutic process as well as the therapist's ability to implement the

therapeutic interventions effectively (Gelso & Perez-Rojaz, 2017). Therefore, it is a therapist's responsibility to maintain awareness of how their life experiences might influence the self and their relationship with others (Cross & Papadopoulos, 2003). As Rogers (1961) suggested, "what is most personal is most universal" (p. 26), reinforcing therapists need to explore their personal world first to be able to better support their clients. However, personal development is not only a matter of dealing with one's personal issues but also requires the therapist to commit to "self-maintenance" by developing tools such as mindfulness to help them regulate the distress they might experience during the sessions (Benda & Zvelc, 2025) as well as to attend to their personal needs outside therapy including engaging in relaxation and revitalising activities (Sanders et al., 2009).

The literature also suggests that therapists are more likely to experience burnout or psychological distress stemming from the complexity of the professional role (Dattilio, 2015). Other contributing factors that impact negatively on therapists' ability to do their job effectively include demanding life circumstances involving obligations and pre-occupation with other's needs (Nissen-Lie et al., 2021). Given the highly demanding role of the therapist, it is important to consider therapists' wellness and how they deal with their own personal struggles while simultaneously navigating their professional lives. The literature highlights the crucial role of the therapist's well-being (Sleater & Scheiner, 2020) and their commitment to maintain "fitness to practice" which is another requirement of the professional boards (BPS, 2017). Research indicates that therapists' engagement in self-care practices can enhance their sense of professional competence (Gomes & Dias Meto, 2026). Another important aspect of therapists' self-care and burnout prevention is maintaining professional boundaries (Stringer, 2025). However, despite the importance of a therapist's self-care (BACP, 2018), practitioners tend to neglect their own well-being (Dattilio, 2015) until it reaches the point of significant distress (Baker & Gabriel, 2021). On the other hand, it appears that engaging in therapeutic work can also be deeply fulfilling and enhance a therapist's overall well-being, given they receive the necessary support through personal therapy and their support network

(Linley & Joseph, 2007). An additional challenge women appear to encounter upon returning to work as therapists is gender-based discrimination, which may undermine perceptions of their professional competence (Benedict-Mongomery, 2016). Benedict-Montgomery (2016) highlighted that, in her experience, these challenges involved both practical considerations, such as the need to request regular breaks, and increased emotional vulnerability in therapeutic work with clients following motherhood.

Heppner (2003) disclosed that because of the challenges of his job as a therapist, “sometimes that is what makes it so rewarding” (Abstract). The satisfaction therapists experience derives from the sense of purpose to make a difference in other people’s lives (Hill et al., 2017) as well as the genuine desire to help others (Cruciani et al., 2024). The aspects that therapists seem to particularly enjoy about their work involve having the opportunity to be part of a client’s journey and be able to build deep relational connections with them (Råbu et al., 2016).

2.7.2 Significant Life Events and Implications for Therapeutic Practice

Various studies enhanced the understanding of the challenges therapists encounter in their personal life revealing how they might affect their professional lives. Adams (2013) explored the experience of therapists dealing with a range of significant life events, challenging the “myth of the untroubled therapist”. Forty therapists were interviewed across the U.K., Australia and Canada, representing various psychological orientations. The most relevant topic to the research question examined the impact of parenthood on clinical work. The findings indicate that sleep deprivation stemming from parenthood demands affects therapists' memory and ultimately their performance. In addition to that, handling children’s care can be anxiety provoking and distracting, especially on the occasion children become unwell. Furthermore, therapists disclosed how work affects their home life, expressing their difficulty to maintain work-life balance. Physical health challenges were also addressed in this study revealing how therapists navigate symptoms of physical pain while at work. Participants’ narratives differed as for some work was a necessity despite the suffering while

for others it proved to be a helpful distraction. Another interesting finding considers how therapists deal with their own mental illness, which for some therapists resulted in taking time off work while others could manage despite the personal difficulties.

It can be concluded that the above findings may be considered a useful starting point in terms of bringing to light therapists' personal experiences that they are likely to encounter through life. However, although the author considered various life events of therapists including parenthood, the experience of therapists being mothers and, particularly becoming first-time mothers, has been overlooked. This strengthens the need to challenge the myth of the untroubled therapist throughout women's transition back to work post-motherhood to better understand their needs and support them to navigate both roles as well as enhance self-awareness, reflexivity, and self-care. The researcher also disclosed that friends and colleagues contributed to the findings which poses the risk of bias in participants' responses. Additionally, some interviews were conducted in a café or a hotel at which the researcher was staying at the time which potentially affected the quality of the data because of distractions as well as the power imbalance because the interview was conducted in the researcher's personal space.

Further significant life events highlighted in the literature include loss, illness, divorce, burnout and moving to a new country. One area in which there is considerable agreement is that therapists' personal challenges are difficult to overcome; however, they appear to use these experiences to cultivate deeper connections with clients. A quantitative study explored the experience of twenty-seven divorced therapists with the use of self-report questionnaires (Ostroff, 2012). The findings indicate that post-divorce adaptation negatively affects therapeutic practice. However, this quantitative data does not provide an account of how this experience might affect a therapist's professional life. Conversely, this experience enhanced therapists' ability to empathise with their clients. Further research shed light on therapists' own mental illness (Elliot & Ragsdale, 2020). The researcher interviewed twelve therapists facing mental health difficulties. The results are consistent with the previous study in relation

to improved empathic capacity. Therapists who have shared similar experiences to their clients seem to better understand their suffering and are committed to contribute to their recovery journey.

Another important life experience explored in the literature is therapists' personal loss. A qualitative study explored therapists' experience of grief revealing that, similar to previous studies, it enhances a therapist's ability to empathise with clients while indicating an increased risk of the therapist's over-involvement in the therapeutic process, resulting in a therapist's inability to maintain professional boundaries (Kouriatis & Brown, 2014). Although the sample size of six therapists and the IPA methodology seemed appropriate for the purpose of this study, participants were from the researcher's professional background, which might have affected objectivity in their accounts because of their personal relationship with the researcher. Additionally, the researcher stated that participants were not encouraged to share overly distressing experiences, which poses the question of whether the experience of therapists' grief has been fully explored.

An additional personal challenge discussed in the literature concerns therapists' experience of burnout; a condition that is prevalent given the demanding nature of being a therapist. Therapist burnout appears to be a complex condition manifesting in physical symptoms, poor sleep patterns (Yang & Hayes, 2020) and mental health difficulties such as anxiety and low mood (Fong et al., 2016). Evidence suggests that the emotional exhaustion of the therapist results in physical fatigue, unwillingness and difficulty to engage in therapeutic work, as well as lack of emotional capacity (Vivolo et al., 2024). The above difficulties inevitably affect the therapists' ability to be present and offer support effectively, highlighted in the study with the phrase "being there but not being there" (p.4). One of the causal elements of burnout involves excessive work demands (Yang & Hayes, 2020) and therapists' difficulty to maintain professional boundaries (Simionato & Simpson, 2018). It has been found that burnout associated with the high demands of the profession, particularly factors such as high caseloads, trauma work, long-term therapy, and working within

institutional settings, can negatively impact the quality of services provided by practitioners (Laverdiere et. al., 2025). Duncan and Pond (2024) synthesised nine qualitative studies of 542 therapists and concluded that time off, leisure, exercise, perspective, support, boundaries, spirituality and professional growth contribute to burnout prevention while highlighting the organisations' role and responsibility for staff well-being. Overall, the above studies highlight the significant difficulties that many therapists are likely to deal with in their career uncovering its contributing factors, manifestation and prevention strategies. However, the studies appear to lack the experiential narratives of therapist burnout and how they have navigated it.

Another example illustrative of therapists' personal struggles relates to their transition and adjustment to practising in a foreign country. Research findings indicate that personal challenges of being a foreign therapist in a new country can be a cause of heightened anxiety for therapists, preventing them from being fully authentic in the therapeutic relationship and their interventions (Arshadi, 2018). Language was identified as the main barrier that affected therapists' self-esteem and the therapeutic relationship (Principi, 2022). The above findings seem to be insightful; however, they direct attention to cultural and language aspects and how they might impact individuals' identities as therapists, which is beyond the scope of the current study.

Lastly, there is evidence that therapists' transparency about their personal challenges in therapeutic practice might prove beneficial for clients. For example, Delehanty and Omin (2014) proposed that therapists' disclosure about their physical illness strengthens the therapeutic alliance even though it might evoke difficult emotions for both parties. Further research reveals that therapists' disclosure about their mental health condition also enables deeper connections with their clients (Kaufman, 2016). Another study utilised a grounded theory approach to explore therapists' experiences with illness, injury, and disability (Romero, 2018) and was conducted using open-ended interviews with thirteen participants. The findings support prior research that the therapists' disclosure is crucial throughout this

process, which is associated with clients' countertransference issues and positively impacts the therapeutic outcome. Romero (2018) has successfully covered the identified gaps in the literature in terms of how therapists handle their own illnesses to prevent harm to their clients. Nevertheless, the participants were recruited from a specific institution and therefore the findings might have been influenced by the institution's unique context, potentially limiting the range of experiences represented in the study. Moreover, the mix of interview methods used (in person, by phone and written) may have influenced participants' accounts and the quality of the research findings. It might be helpful for future research to use only in-person or by phone interviews for the participants to be able to articulate themselves more effectively.

2.7.3 Conclusion

To summarise, even though the above studies investigated therapists' perspectives on dealing with challenging life events, the key focus of the literature appears to be the impact on the therapeutic work and the therapists' ability to do their job effectively. It can be observed that some of the interview questions from the above studies were about therapists' disclosure or clients' reactions that ultimately directed participants' attention to the therapeutic relationship. To deepen understanding, future research should shed light on how personal life events are experienced by therapists and how they may influence the self they present in therapy. Additionally, it is important to note that the present literature investigated therapists' negative significant life events that are often considered as a crisis in one's life. It can be stated that becoming a mother is often interpreted as a positive life event that is expected to be celebrated (Douglas & Michaels, 2005); therefore, the challenges of therapists who are first-time mothers remain unexplored. However, the experience of becoming a mother can be both challenging and rewarding (Taubman-Ben-Ari, 2014) and for the reasons described above, it is important to explore this from the therapist's viewpoint.

2.8 Mothers Returning to Work

2.8.1 Introduction

Only five studies were identified in the current body of research reflecting the experience of therapists returning to work post-maternity leave, which confirms a clear gap in the literature. As a result of the limited research related to the topic under investigation, the findings that are presented first in this last section concern the experience of women returning to work in other professions post-maternity leave. The next section sheds light on the work-motherhood conflict women experiences while managing motherhood and professional demands. Following that, and to remain as close as possible to the research question, the studies related to mothers in healthcare professions are explored in more detail. Lastly, the last section draws attention to the experience of therapists and mothers holding both roles.

2.8.2 Return to Work Post-Maternity Leave

Returning to work after maternity leave is another transitional period in a woman's life which requires adaptation and is outlined as challenging to navigate by multiple authors (Johnson et al., 2025; Parcsi & Curtin, 2013; Shaw & Breckenridge, 2014). Research findings indicate that women experience heightened anxiety upon return-to-work post-motherhood (Kadale et al., 2018). One contributing factor is that most working mothers in the healthcare professions resume full-time employment upon their return from maternity leave (Konlan et al., 2023) and do not always have access to flexible work arrangements (Dod & Lansdown, 2025). In addition to that, new mothers worry about losing their professional skills during maternity leave (Allen et al., 2024) and the impact it might have on their career progression (Binaku-Hayrullahu, 2019) resulting in a lack of confidence, particularly for working mothers in the very early stages of their career (van Boxel et al., 2020). On the contrary, there is evidence that a supportive working environment has positive impact on the level of job satisfaction experienced by women upon return to work (Hackney et. al., 2025).

Another source of anxiety for new mothers is the separation anxiety from their babies (Cooklin et al., 2012), which makes them feel insecure about leaving their child in someone else's care (Johnson et al., 2025) with the mother-infant relationship (Ioannone, 2008) and a lower socioeconomic background (Cooklin et al., 2014) contributing significantly to that

anxiety. The anxiety also takes the form of maternal guilt that weighs heavily on women for being less present in their child's lives because of work demands (Collins, 2021). An additional source of strain is a mother's inability to continue breastfeeding upon returning to work, with findings indicating discontinuation of breastfeeding occurring particularly in the event of reduced duration of maternity leave (Kebede et al., 2025) and the lack of a supportive workplace culture (Desmond & Meaney, 2016). Additionally, as discussed in the previous section, the physical health problems such as fatigue, sleep difficulties, urinary and pelvic issues that women undergo in early motherhood often extend beyond the post-partum phase and therefore might be present upon the mother's return to work (Thompson et al., 2002). As a result, the exhaustion new mothers experience at work might affect their ability to fulfil the responsibilities of their job (Konlan et al., 2023).

2.8.3 The Work–Motherhood Conflict

The literature suggests that women experience tensions to balance professional and caregiving responsibilities (McCardel et al., 2022), frequently resulting in insecurities about their ability to manage both roles (Martins et al., 2019). The high cost of childcare (Arpino & Luppi, 2020) as well as the societal pressures to live up to the expectations of being a "good mother" give rise to the work–motherhood conflict (Meeussen & VanLaar, 2018). Evidence indicates an interplay between morbidity and the work–family tension. For example, the inability to maintain balance between professional and maternal roles can contribute to physical and mental health conditions (Grice et al., 2011). On the other hand, pre-existing physical and mental health problems seem to exacerbate the work–family conflict (Molina, 2021). Women tend to prioritise work, family and social life at the cost of their personal well-being (Tripathi et al., 2016). As a result, the lack of self-care for working mothers often leads to burnout that manifests in physical symptoms (Darbar & Sawane, 2019), emotional exhaustion and disengagement from work (Załuski & Makara-Studzińska, 2022).

Nevertheless, the tension between the two roles seems to decrease when women receive adequate support from family and at work (Dod & Lansdown, 2025; Gupta &

Srivastava, 2021). It seems to be important for women to feel reassured about the quality of childcare provided by the caregiver (Zaid et al., 2020). Other facilitating factors that help ease the work–home imbalance involve the length of maternity leave provided by an organisation (Guendelman et al., 2014), flexible work arrangements (Costantini et al., 2021), positive workplace environment (Allen et al., 2024) and effective supervisory support (Szabo-Cseszneki et al., 2025). The efficacy of the supervisory support is contingent upon the supervisor's positive personality qualities such as empathy in addition to good knowledge and training of relevant processes and policies (Carluccio et al., 2020).

2.8.4 Healthcare Professions

In the domain of the healthcare professions, most studies underscored the difficulties associated with the transition back to work after maternity leave. Redwood (2008) interviewed twenty-two midwives and nurses using a phenomenological approach. The researcher concluded that returning to work is a highly stressful experience for midwives and nurses as they attempt to balance childcare and professional demands. Interestingly, participants' narratives revealed a lack of support from colleagues and line managers upon their return to work. The study investigated participants' experience within the NHS setting reflecting the reality of the national system, which is undoubtedly a strength of this study. However, the interviews were conducted in phases during pregnancy and upon return to work. Therefore, the findings reflect not only the lived experience of returning to work but also the expectations constructed about transition back to work during pregnancy.

Similarly, Parcsi & Curtin's (2013) study emphasised the psychological strain occupational therapists experience upon return to work after becoming first-time mothers. The researchers adopted a phenomenological approach (IPA) using a sample of six participants. The results suggest that holding both roles comes with many sacrifices and negotiations both at home and at work, shedding light on a range of difficulties occupational therapists encounter such as anxiety, exhaustion, guilt, and lack of motivation. The findings add to the existing knowledge of how healthcare professionals try to achieve a work–family

balance. However, as these participants were Australian, it would be helpful to include other populations to determine if other OTs from various nationalities report similar experiences.

A quantitative study in the U.S. examined the experience of physician mothers returning to work (Juengst et al., 2019). A survey was used to evaluate the experience of 844 mothers shedding light on both positive and negative aspects of mothers' transition back to work. It was found that psychological support from co-workers was a valuable experience for mothers. On the other hand, the lack of facilities and time to facilitate breast pumping appeared to be one of the main challenges for women to overcome. It can be concluded that the large sample of participants did not allow an in-depth exploration of the inner experience of the participants. Moreover, given the wide range of women's ages (27–67), their experience might diverge based on the differences in maternity leave policies at the time which might have influenced the results. Lastly, it can be argued that the Delphi technique that was used was not appropriate to explore both positive and negative experiences as it is not suitable for widely differing opinions (Currie, 2016).

Further research examined the experience of nurses returning to work from maternity leave (Costantini et al., 2022). The researchers employed a qualitative design and interviewed twelve nurses using qualitative content analysis. The findings suggested that the main difficulty women faced was the separation from their babies; however, it was comforting to them to know that they were well looked after. One interesting finding of the study is that returning to work is a fulfilling experience for women despite the challenges of navigating both identities. To be more precise, the study revealed that both the maternal and professional roles seem to complement each other, contributing to a more balanced life. In contrast to previous research findings discussed above, this study highlighted both the positive and negative aspects of returning to work. However, it can be noted that the participants in this study returned to work after a leave of more than twelve months, in some cases after some years, which is not in accordance with the maternity policy leave in the U.K.

Therefore, the new mothers returning to work had more time to adjust to their new roles, which might have impacted their experience. Additionally, the participants were Italian, thus the findings cannot be generalised to the U.K. population. Lastly, the interviews were conducted in Italian and German, hence the meanings might not be accurately captured when translated into the English language. It can be concluded that the different professions within the healthcare field discussed above present differences. For example, recent studies demonstrated that the work–family conflict nurses experience at work post-motherhood is intensified by the long working hours and irregular shift patterns (Johnson et al., 2025; Konlan et al., 2023). These studies illustrated how the particularities of the nursing profession such as the need for nurses' physical presence for longer hours and adaptation to a difficult shift schedule might contribute to the tension between maternal and professional roles. As discussed previously, the role of the therapist requires less physical presence and more emotional availability; therefore, further research is required to shed light on the uniqueness of the therapeutic role and its interplay with being a first-time mother.

2.8.5 Mothers and Therapists

The studies outlined below are the most relevant to the phenomenon under investigation, offering insights into the experience of therapists who are first-time mothers navigating the dual roles at the same time. Robinson (2012) explored the interplay between being a therapist and a mother. The researcher interviewed nine psychoanalytic psychotherapists using semi-structured interviews and analysed the data using IPA. The findings suggest a reciprocal influence: being a mother changed how participants understood themselves and their work with patients while being a therapist also shaped their parental style. At the same time, participants described commonalities in both roles including a psychoanalytic way of relating both in personal and professional life. However, given that the participants were from psychoanalytic backgrounds, the findings might not be representative of therapists from other psychological orientations. Further research is required to include therapists from various theoretical backgrounds.

The reciprocal influence of being a mother and a therapist was also examined in a qualitative study by Shaw & Breckenridge (2014). Nine women who were therapists and mothers completed written semi-structured interviews. Thematic analysis was used to analyse the interviews. The researchers organised the findings in developmental sequence: therapist identity first, working therapeutically during pregnancy, then mothering while returning to work as therapists. They found that both roles shaped each other: being a therapist impacted on their maternal roles while motherhood influenced their therapeutic lens.

The findings also indicate that women continue to highly value the professional part of their identity. However, it comes with various challenges and sacrifices once they become mothers. The study also suggests that women need to overcome practical difficulties when dealing with unforeseen circumstances such as a child's sickness. On the positive side, motherhood seems to enhance the therapist's ability for empathy. This study is the closest identified to the phenomenon under investigation and provides significant findings about the experience of therapists who are mothers. However, there are several limitations that need to be considered. Even though the study holds a phenomenological stance, it can be argued that the method of data collection (written interviews) limited the richness of the exploration of the participants' experiences. Additionally, although the terms "pregnancy and becoming a mother" in the research question imply that the participants are new mothers, the stage of motherhood is not specified in the study, only the years in practice as therapists. Furthermore, one of the researchers took the role of the participant, which can be problematic in terms of the inevitable bias that the researcher might hold regarding the findings. Lastly, although a vulnerable population (pregnant women) was interviewed, ethical considerations are not explicitly discussed.

Further research (Goldmann, 2021) focused on the mutual impact of the therapist and mother identity, with particular attention to the culturally imposed "mother's blame". Semi-structured interviews were conducted with eight licenced women who had been in practice

for at least five years before becoming mothers. Participants' accounts revealed that holding both roles are both a 'blessing and a curse'. On one side, the therapeutic background proved beneficial in maternal role while the experience of motherhood increased therapeutic qualities such as empathy. On the other side, failing to meet the cultural expectations of a 'good mother' intensified women's guilt and self-criticism. This finding is valuable to better understand the societal impact on the experience on motherhood. However, the preoccupation of the grounded theory with social processes used in the study is indicative of its limited applicability to more phenomenological research questions (Willig, 2021). Additionally, replicability criteria are not fully met in this study as they did not provide sufficient information about the participants and the criteria for the inclusion of participants were not adequately justified. For example, participants' criteria only included licenced practitioners with at least five years of clinical practice, failing to specify which period of motherhood they explored. Suggestions for further research included exploring ways women are affected by both roles, which aligns with the current study's aim and the literature gap.

Another study examined the work–family balance among therapists who are mothers, providing further insight into the research question (Wiens et al., 2022). Eighty-nine Canadian therapists responded to online questions that were centred around the degree of their work fulfilment as well as work–home integration. The findings revealed that although mothers find it challenging to manage both work and family life, social support plays a key role in this process. Another significant insight of the study is that the role of a therapist appears to be deeply fulfilling. However, similar to the previous studies, the large sample of participants in this study decreases the possibility of capturing qualitative insights. Furthermore, the researcher specified that the maternity leave policy in Canada diverges considerably from other countries, suggesting the findings might be valuable for that specific population. Therefore, it can be argued that there is need for future research to shed light on the experience of therapists who are first-time mothers in line with the U.K maternity leave policy.

Sheridan and Bain (2020) explored the complexities of being both a psychodynamic psychotherapist and a mother. Nine participants who had qualified as psychotherapists before becoming mothers were interviewed, and the data were analysed using Narrative Analysis. The findings suggested that the two roles actively shaped and influenced one another. In particular, the relationship with the infant contributed to participants' ongoing negotiation of psychoanalytic theory, which was described as a process of "constantly evolving integration". Waldman (2003) also explored the impact of returning to clinical work following motherhood among psychodynamic psychotherapists, drawing on her personal clinical experience and three case studies. She concluded that the transition to motherhood can have a significant impact on therapists' clinical work. For example, becoming a mother may alter transference dynamics, as clients now relate to a therapist who is also a mother, while also influencing countertransference through the therapist's own intense emotions, such as guilt. Another important factor is the separation between therapist and client during maternity leave, which may potentially evoke or intensify clients' abandonment issues, shifting these concerns from the realm of fantasy to an actual experience of separation.

The impact of motherhood on the work of therapists has been further explored from the perspective of music therapists. Three participants were interviewed, and the data were analysed using Interpretative Phenomenological Analysis (IPA). The study offers a valuable psychodynamic perspective by shedding light on the parallels between mothering and therapeutic work. Dindoyal (2018) drew attention to containment as an integral part of both motherhood and therapeutic practice. In the same way that a mother provides a safe and containing space in which the infant's needs can be met and healthy development facilitated, the therapist provides a safe therapeutic environment and the conditions necessary to facilitate the client's growth. The researcher found that both roles are intertwined with each other having both a positive and a negative influence. For example, motherhood contributed to the enrichment of therapist's resources while led to blurred boundaries impacting on therapist's countertransference. The study helped gain deeper knowledge about the mutual

impact of both roles, however, a particular stage of motherhood is not specified and might not be reflective of the experience of first-time mothers returning to work.

The concluding insight draws on a recent study exploring the experience of mothers who are play therapists (Parker et al., 2024). The study illustrates the reciprocal influence of being a mother and a play therapist. More specifically, play therapists reported feeling better equipped in their roles as mothers while motherhood seemed to have enhanced their ability to empathise with parents. The study offers a meaningful contribution to the field revealing the dual roles of being a mother and a play therapist. Nevertheless, the findings do not significantly enhance the knowledge of the phenomenon under investigation as the role of the play therapist is very different from the role of a therapist, entailing work with children through play which resembles more the role of the mother. Furthermore, the participants were not first-time mothers navigating early motherhood. Lastly, the researchers in this study adopted an autoethnographic approach taking the role of the participants which raises questions about their influence on the research findings.

2.8.6 Conclusion

Overall, this section explored women's transition back to work post-motherhood, taking a closer look at the experience of women in healthcare professions including therapists. It can be concluded that returning to work post-motherhood poses significant pressures on women to meet the demands of both roles, intensifying the work–family conflict. However, the available support from family and work alongside reliable childcare arrangements are considered significant facilitating factors.

2.9 Final Conclusions and Directions for Future Research

This chapter has reviewed the existing literature on the experience of therapists becoming first-time mothers. Regarding the counselling psychology field, personal and professional development are essential parts of the profession and requirements of the professional boards (BPS, 2017). Therefore, maintaining the skills and the competency of the professional

role is essential to continue practising as a therapist. This might place considerable pressure on women returning to work from a year-long maternity leave to reintegrate and enhance their therapeutic skills. On the other hand, becoming a first-time mother is a transitional phase in women's lives which requires women to undergo and adjust to a considerable number of changes (Hwang et al., 2022), a phase that does not necessarily conclude with the end of the maternity leave.

The current body of research presents mainly the challenges but also the rewarding parts of being a first-time mother highlighting the radical changes and the transformation women undergo. As far as the role of a therapist is concerned, the literature explores how therapists navigate personal experiences with the focus of its impact on therapeutic practice. Despite the centrality of the maternal role and the highly demanding roles of both the mother and the therapist, there has been relatively little discussion in the literature exploring this topic. The very limited research highlighting the duality of both roles reveals the reciprocal influence of both roles and the difficulty to maintain work-life balance. It follows that the experience of therapists who are first-time mothers remains underexplored.

Considering therapists' responsibility to be reflexive (HCPC, 2023) and look after themselves to enhance their well-being and provide quality service to clients, it would be helpful for future research to attempt to address the experience of therapists when they become new mothers. Furthermore, it can be concluded that some of the previous studies lack diversity as they used specific populations such as Canadians, Italians, Australians etc. It would be useful for future research to include participants from different ethnicities to represent the population in the U.K within the framework of the national maternity leave policy. According to GOV.UK (2026), Statutory Maternity Leave in the U.K is 52 weeks (26 weeks ordinary leave plus 26 weeks additional leave). The earliest it can start is 11 weeks before the expected week of birth, at least two weeks must be taken after birth, and the employee must give eight weeks' notice to change their return-to-work date. Additionally, the current body of research used quantitative research designs or qualitative methods such as

thematic analysis or grounded theory. It can be argued that an exploratory qualitative design using the Interpretative Phenomenological Analysis (IPA) method would be a well-suited approach to explore in more depth the therapist's lived experiences of navigating first-time motherhood and therapeutic work. Lastly, a significant number of studies used methods of data collection such as online surveys or written interviews which, while adding valuable knowledge, limited the depth of the exploration of the experience.

This study aims to address the identified gap in the literature on the experience of therapists from various theoretical orientations who have returned to work following first-time motherhood.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter presents the study methodology and aims to show the decisions made to address the research question: What is the lived experience of therapists who have returned to their professional roles after becoming first time mothers? It begins by outlining the key components of the research and provides the rationale for the chosen methodology. The alternative methods that were considered are critically evaluated. Subsequently, the theoretical foundation of the research is examined, including my ontological and epistemological position as well as an overview of the IPA approach. Moreover, an in-depth analysis of the procedural aspects (sampling, recruitment, data collection, analysis) is provided to ensure transparency and ethical research practice. The role of reflexivity and how it might have influenced the research findings is explored. Finally, evidence of ethical practice and the high quality of the research is demonstrated.

3.2 Research Design

An exploratory qualitative research design was adopted using IPA with the aim to provide an in-depth exploration of participants' lived experience. The study was conducted in accordance with established ethical guidelines, and the data was collected from a sample of seven participants using semi-structured interviews. The interviews were transcribed verbatim by me and the analysis was conducted using the IPA framework. This study is theoretically underpinned by a critical realism ontology and a social constructionism epistemology.

3.3 Rationale for Adopting a Qualitative Research Design and IPA

The aim of the study was to gain insight into the lived experience of therapists navigating first-time motherhood alongside their therapeutic work. The qualitative paradigm seemed the most suitable approach for this study given its emphasis on developing understandings and

exploring meanings (McLeod, 2015). Consequently, considering the complexity involved in both the role of a mother and a therapist, alongside the focus of the study on the personal narratives, the experience of the participants could be more effectively explored and understood through a qualitative research design. As discussed in the previous chapter, the research question was formulated based on an identified gap in the literature review. The following step involved an in-depth examination of the most appropriate method to answer the research question.

Various methods have been employed to explore the experience of first-time mothers in helping professions (Aston et al., 2018; Cronin, 2003; Redwood, 2008). However, very few specifically examined therapists' experiences and their subjective understanding of them. This study was intended to begin addressing the identified gap in the literature and enhancing knowledge of the phenomenon by exploring the subjective experience of therapists after becoming first-time mothers. Therefore, IPA was deemed the most suitable approach, as it endeavours to explore in depth the participants' lived experience and is particularly concerned with the way individuals make sense of it (Smith, 2004). Research findings also indicate that IPA is a highly effective method for gaining rich insight into participants' worlds from their own perspective (Tuffour, 2017), which was appropriate in this study.

3.4 Alternative Methods Considered

Alternative qualitative methods were examined, primarily those that are considered "closest cousins" with the chosen methodology, including Thematic Analysis and Grounded Theory. (Willig, 2012).

Thematic analysis looks to answer questions about patterns of meaning rather than exploring participants' personal meanings and therefore was deemed inappropriate to explore the experience of therapists returning to work post-motherhood. Thematic analysis might have been useful in some respects to help reveal themes about the experiences of

therapists who are also mothers, by following similar analytic process to IPA such as moving from descriptive to interpretative analysis; however, this approach would inevitably have compromised the depth of women's lived experiences and how they make sense of navigating the dual roles. Furthermore, the categorisation of patterns would mainly have shed light on the convergences of being therapists and first-time mothers and would potentially have overlooked the divergences. This did not fit with the purpose of the study, whose aim was to focus on the individual and their unique experience. Another reason thematic analysis was considered was the "theoretical flexibility" it provides to the researcher to choose the ontological and epistemological orientation (Willig, 2012, p.66) and therefore could have been applicable to answer the phenomenological research question of this study; however, I concluded that IPA was more suitable to explore the experience from a phenomenological perspective because of its roots in phenomenology. The last reason the method was considered was its emphasis on reflexivity (Frost, 2021) in "Reflexive Thematic Analysis", which was an important criterion for me given my personal relationship with the research topic. Nevertheless, reflexivity is also central in IPA which I preferred over Thematic Analysis without hesitation due to the overall advantages of the method outlined above.

The appropriateness of Grounded Theory was also explored as a systematic methodology that has been extensively used in qualitative studies. Grounded theory is primarily concerned with the construction of theory through developing "categories of meaning" from the data and identifying links between them (Willig, 2012, p.80). Although Grounded Theory also seeks to understand a phenomenon, it was deemed unsuitable for the purpose of this study as it is centred around social processes rather than individual experience and therefore limits the possibility of producing phenomenological knowledge (Willig, 2012). Similar to Thematic Analysis, Grounded Theory would not have allowed for an in-depth exploration of the experience of therapists managing the intersection of motherhood and the therapeutic role. It might have been a useful method if the research question had a modest shift in scope. For example, it would have been suitable if the research intended to

identify how women navigate first-time motherhood and therapeutic work, which can be recommended for future research. Consequently, IPA was considered the optimal method consistent with the research purpose to provide a phenomenological perspective into what it is like for participants to have this experience.

3.5 Theoretical Foundations

3.5.1 Ontological and Epistemological Standpoint

The assumptions we hold about human knowledge and realities in the human world inevitably influence the research process throughout all stages: research question, methodology and interpretation of results (Crotty, 1998). In this section, I unpack those philosophical assumptions, outline my ontological and epistemological positions and how they informed the chosen methodology. The influence of my Greek heritage enabled me to better conceptualise the meanings of the terms ontology and epistemology; reflecting on them in my native language helped me clarify the underlying assumptions they make about the world. The term ontology derives from the Greek words “on” and “logos” whereas the term epistemology derives from the words “episteme” and “logos” (Liddell et al., 1996). The word “on” refers to anything that has an entity, an existence, whereas the word “episteme” refers to knowledge and science. On the other hand, “logos” can have multiple meanings such as “word”, “principle” and “reason” attributed by different philosophers over the years. For example, Aristotle described logos as “reasoned discourse” (Braet, 1992) whereas Plato considered it the “soul of existence” (Nehamas, 1984). My understanding of the meaning of “logos” in ontology and epistemology is that it refers to a principle which in ontology gives “soul to the existence”, bringing light to what is out there and possesses objective reality, whereas in epistemology, the principal encompasses the acquisition of knowledge.

3.5.2 Ontology

I will begin by reflecting on my ontological stance. As discussed above, ontology is concerned with the nature of the world, asking the question, “What is there to know?”

(Ponterotto, 2005, p.130; Willig, 2012, p.13). I position myself within critical realism, a philosophical stance that originated from the philosopher Roy Bhaskar. Bhaskar (1975) supported the notion that reality exists independently of our perceptions. Bhaskar in his early work highlighted that reality is not always observable, challenging the knowledge produced in laboratories (Clarke, 2010). In a qualitative research context, critical realism aims to capture an experience that exists in the real world but can only be accessed and fully understood by entering a participant's world and seeking to comprehend what this experience means to them (Willig, 2012). Thus, the scientific knowledge that is produced is not considered the ultimate truth but is rather tentative and open to other possibilities (Ponterotto, 2005). This approach proves beneficial in orienting the researcher to produce "exploratory knowledge" and more effectively answer the "what" research questions (Archer et. al., 1999), which aligns with the aim of this study to understand what the experience of the participants was.

3.5.3 Epistemology

On the other hand, epistemology asks "How can we know?" (Willig, 2012, p.13). The relationship between the epistemological position and the selected methodology is key to meaningful research (Darlaston-Jones, 2007). This study aimed to gain deeper insight into participants' experiences of being therapists and first-time mothers and the meanings they attribute to them. The acquisition of this type of knowledge could only be accomplished through a qualitative exploration (Finlay, 2006). More specifically, IPA was deployed as the most appropriate method for this study to explore the question, "What is the world like for this participant?" (Willig, 2012, p.19). Therefore, the epistemological foundation of this research stands within social constructionism, which rejects the existence of an objective reality and acknowledges that individuals construct meanings (Gergen, 1999) and therefore the understanding of the world is constructed (Ponterotto, 2005). An individual's perspectives are shaped by their social interactions and language (Eatough & Smith, 2017), which influences how they experience reality (Berger & Luckman, 1966). Consequently, the experience can be considered a dynamic co-construction between the researcher and the participant (Frechette

et al., 2020). The linguistic choices the participant makes to articulate their experience defines the meaning they attach to that experience (Willig, 2012). Therefore, reality is subjective for each individual and reflective of how they experience the world. Social constructionism supports that the meanings attached to the internalised view of this reality can be uncovered by adopting a hermeneutic interpretation in the researcher-participant dialogue (Crotty 1998; Ponterotto, 2005), the lenses I adopted in this study to uncover the participants' lived experience.

3.5.4 Interpretative Phenomenological Analysis (IPA)

3.5.4.1 IPA

IPA is a qualitative research approach proposed by Jonathan Smith in the mid-nineties as a method to help researchers explore the experience of individuals and how they make sense of it (Smith, 1996). An "experience" is something that usually holds personal significance for the individual and unfolds as they become aware of it (Smith & Nizza, 2022). To better understand the lived experience and the meaning making process, Smith & Nizza (2022) introduced the IPA approach with the question, "What is that like for the individual?" (p.1). They also suggested further questions to guide the researcher to think about different aspects of the individual's experience such as thoughts, feelings and physical sensations associated with that experience. IPA is an experiential approach (Reicher, 2000) aiming to capture the depth and the nuance of the individual's lived experience as fully as possible (Smith & Nizza, 2022), with the personal meaning being at the core of the framework (Willig, 2012).

3.5.4.2 Phenomenology

The principal theoretical viewpoint underpinning the IPA approach is phenomenology (Smith et al., 2009). IPA intends to generate phenomenological knowledge that is concerned with the subjectivity (Fade, 2004) and the meaning making of the experience (Willig, 2012). Phenomenology has its roots in philosophy and was formulated by the philosopher Edmund

Husserl in the early 1920s who suggested that the lived experience of individuals is central to understanding the world, with phenomenology aiming to reveal the “essences” of those experiences (Pivcevic, 1970). The process of revealing implies that the true meaning might lie beneath the surface and needs to be uncovered (Moren, 2000). This study aims to produce phenomenological knowledge and reveal the “essences” of being a therapist and a first-time mother. According to Husserl (1997), to embrace a phenomenological approach and bring those meanings to light, one needs to “bracket” their own assumptions and pre-suppositions about the world. However, our engagement with the world ultimately shapes our understanding of it, as outlined by Heidegger (Husserl & Heidegger, 1927). The Heideggerian approach is widely adopted in IPA studies (Cassidy et al., 2011), recognising that it is unrealistic to expect researchers to fully “bracket” their experiences and understandings, as they will ultimately impact the research (Larkin et al., 2006). Considering my personal connection to the research topic (a therapist who is a first-time mother) and the aim of the study, I adopted Heidegger’s approach to inform each phase of the research process in my attempt to maintain “critical self-awareness” of the potential influence of my personal experience and potential bias on the study (Finlay, 2009).

3.5.4.3 Hermeneutics

Another key idea of the IPA method is hermeneutics, which is concerned with the interpretation of meaning, a process that reflects the researcher’s interpretative endeavour to understand the participant’s experience (Smith & Osborn, 2003). The aim of the study was not only to capture the aspects of the experience that were evident in participants’ accounts but more importantly to convey the underlying meanings woven through their narratives. To achieve this, the data was interpreted through a “double hermeneutic” lens with me “trying to make sense of the participant’s experience who were attempting to interpret their experience” (Smith et al., 2009, p. 3). These analytic lenses – described as Smith’s endeavour to turn the “role of therapist into phenomenological researcher” (Van Manen, 2017, pp. 775-779) – were well known to me from therapeutic practice as I stepped into the role of the researcher.

Another dimension of the interpretative process in the IPA approach is the "hermeneutic circle" which involves making sense of the part in relation to the whole while analysing the whole with regards to the part (Grondin, 2015). This can be achieved in IPA research by moving between participants' individual statements and shared narratives. McLeod (2023) recently highlighted the reciprocal influence between "prior knowledge and new information" in the hermeneutic circle. For example, the researcher might approach the data through their lens and pre-existing knowledge. The data, in turn, will lead to the development of new understandings which then influence prior knowledge. The meaning making process within the IPA framework can be considered highly demanding, requiring the researcher to be fully attuned also to participants' socio-cultural context and language (Todorova, 2011). To bring the concept of phenomenology and hermeneutics together, the aim of the analysis is to "describe as well as to understand" (Willig & Rogers, 2017, p.18) and let the data stand on its own while revealing the underlying meanings (Pietkiewicz & Smith, 2014). Thus, the interpretation is intertwined with the description of the phenomenon. It is a process that requires moving from the descriptions of the participants' accounts to get to the heart of their unique experiences.

3.5.4.4 Idiography

The final principle of IPA centres on idiography, which is concerned with the particular and an in-depth exploration of individuals' experiences (Smith et al., 2009). The idiographic commitment lies in the rigorous analysis of the individual case before moving to the next case and eventually to the cross-case analysis (Pietkiewicz & Smith, 2014). Consequently, the focus of the study was on the unique experience of each participant and a deep understanding of that experience through rigorous engagement with the individual accounts. The analysis was an attempt to reveal the uniqueness of the participant's experience along with the shared narrative of that experience (Smith & Osborn, 2003).

3.5.4.5 Axiology

Lastly, it should be highlighted that the chosen methodology reflects my axiology and values. Having professional experience in practising person-centred therapy, I am committed to understanding clients' experiences from their "frame of reference" (Rogers, 1957a) while accompanying them throughout their journey of self-exploration. This approach also underpins my stance as a researcher. Willig's (2012) suggestion that a humanistic phenomenological stance functions as the common ground for IPA and the person-centred approach highly resonated with me. It can be argued that person-centred principles prove beneficial within qualitative research (Mearns & McLeod, 1984). Participants were recruited because of their expertise in the phenomenon under investigation (Reid et al., 2005). In the same way I consider the client an expert in his or her own life in the therapy room from a person-centred perspective, similarly, as a researcher I trust participants being experts in their own experience and see my role as a facilitator in the process of exploration of that experience. It can be concluded that it felt natural to adopt a phenomenological approach for my research which cannot only best answer the research question but also fully aligns with me as an individual, therapist and researcher. However, despite its valuable contribution to qualitative research, IPA has its limitations, which will be outlined in the discussion chapter.

3.6 Procedural Aspects

3.6.1 Sampling

To achieve an in-depth exploration of participants' lived experience (Willig, 2012), a small sample of participants is commonly used in qualitative research. The suggested sample size for IPA studies is between one and eight participants (Smith et al., 2021). I recruited seven participants for this study to obtain a greater understanding of therapists' experiences following first-time motherhood, applying the principle "less is more" as outlined by Hefferon & Gil-Rodriguez (2011). I selected a purposive homogeneous sample; that is, participants had the experience of being therapists and first-time mothers in common as defined by the inclusion criteria (Frost, 2021) to ensure they had knowledge of the phenomenon under investigation (Mapp, 2008) and would be able to provide insight into the research question.

3.6.2 Participants and Inclusion/ Exclusion Criteria

To increase the homogeneity among the participants, the following inclusion criteria were formulated:

- Therapists who have been in practice for at least two years – including psychotherapists, counsellors, clinical and counselling psychologists from various theoretical orientations.
- First-time mothers with their babies being 20 months old or younger
- Have returned to therapeutic work from maternity leave.

The exclusion criteria were as follows:

- Newly qualified practitioners
- Women who were not first-time mothers.

The rationale for the exclusion criteria was that newly qualified practitioners might encounter additional challenges in the early stages of their profession and women who already have another child might be better equipped to navigate both roles – criteria that could have potentially influenced the research findings. However, the sample was diverse in other characteristics such as age, race, type of therapeutic work, personal circumstances etc. For example, as shown in Table 1, participants were from various cultural backgrounds and their therapeutic practices differed: of the seven participants who took part in the study, four were employed by the National Health Service (NHS) including an acute hospital setting and the Talking Therapies (IAPT) service, while three maintained a private practice either as their primary occupation or alongside their main job to be able to meet the financial demands of motherhood. Lastly, participants' personal circumstances varied, which was taken into consideration throughout the analytic process. For instance, one participant was a first-time mother to twins, another was a single mother, one experienced maternity discrimination upon returning to work and another had a physical health condition. Furthermore, some participants had family support while others did not.

Table 1 provides detailed information about the demographics and the background of the participants who took part in the study. The names presented in the table are pseudonyms that I randomly assigned to participants to preserve their anonymity.

Table 1 – Participants' Demographics and Background

Pseudonyms	Age of the child	Therapy Type	Setting	Years since qualification	Months post-return to work	Cultural background
Kayleigh	15 months	CBT therapist	NHS (Talking Therapies)	Two years	Three months	Arab British
Natalie	15 months	Counselling Psychologist	Acute Hospital Setting & Private Practice	Three and a half years	Three months	White American
Maya	16 months	Counselling Psychologist	Mental Health Organisation	Five years	Four months	Asian British
Chloe	14 months	Integrative Humanistic	Private Practice (work from home)	Eight years	Three months	Asian
Maria	14 months (mother of twins)	CBT therapist	NHS (talking therapies)	Five years	Four months	Latin American
Ellie	10 months	Counselling Psychologist	Private practice	Seven years	Three months	Black (country of origin not stated)
Noor	19 months	Family therapist	Family therapy in schools, hospitals & clinics	Five years	Six months	Black American

2.6.3 Recruitment

The primary recruitment strategy involved approaching Professional Boards and Mental Health Organisations. Initially, I contacted the British Psychological Society (BPS) and the British Association for Counselling and Psychotherapy (BACP) which are widely accessible to therapists. Following the necessary steps recommended by the professional boards, research flyers were advertised on their websites inviting potential participants to contact me (see Appendix A). Although the flyer was posted for a considerable amount of time, no interest was expressed. Further outreach was made to mental health organisations such as Anxiety U.K. and Mind. This recruitment effort was also unsuccessful as some of the organisations were not interested in the study whereas others had their own time-consuming protocols to be followed.

Other methods I used to recruit participants included sharing the flyer with colleagues from previous workplaces, placement settings, and fellow students who may know individuals meeting the criteria. This resulted in the recruitment of two participants. At this stage, to increase the likelihood of recruiting more participants, I advertised the flyer on social media platforms specifically targeting groups for therapists and first-time mothers. Given that this form of recruitment was not considered from the beginning, I submitted an ethics amendment to fully comply with the ethical requirements. There was significant interest expressed by potential participants through social media platforms but of the eligible participants I accepted the first five to maintain the small sample size.

A detailed information sheet (see Appendix B) was sent to potential participants about the study who contacted me and expressed interest in participating in the study. I then offered the opportunity to all potential participants to arrange a meeting to further discuss the research if they had any questions or needed any clarification before giving their consent to take part. After participants familiarised themselves with the information sheet, they were all happy to proceed without further discussing details about the research. Once I verified that the potential participants met the criteria, I confirmed their eligibility to take part in the study

via email. Subsequently, I sent a consent form (see Appendix C) to participants to sign. After participants gave their consent to participate in the study, an interview was arranged at their convenience.

3.6.4 Data Collection

The data collection has a pivotal function in the research process as the quality of analysis in IPA is highly associated with the quality of the data collection (Smith, 2021). Therefore, consideration was given to determine the optimal method of data collection. The method I selected was an in-depth interview, which is the most frequently used method in phenomenological research (DiCicco-Bloom & Crabtree, 2006; Gill et al., 2008), and it is consistent with the aim of this study because of its commitment to elicit rich first-hand accounts of personal experience. At an earlier stage, I developed an interview schedule (Appendix D) to guide me in supporting participants to explore the areas of interest and provided flexibility to uncover new areas that I had not considered (Smith et al., 1995). The interview questions were rigorously formulated to focus on the following principal areas: experience of motherhood, experience of returning to therapeutic work, self-care, and well-being. The interview schedule included questions that guided me to elicit rich accounts about participants' experience of navigating motherhood and therapeutic work. However, to remain flexible and attuned to participants' experience (Knox & Burkard, 2009), the sequence of questions and the time I offered to them to explore different areas varied significantly depending on their narratives. A pilot interview was carried out which provided insight into the questions and allowed me to review the interview schedule (McLeod, 2015). As a result of this process, I paraphrased some of the questions to encourage more open-ended responses while I removed the initial "warm-up" question which – upon reflection – appeared too general and of limited relevance to the study. I further reviewed and adjusted the research questions with the assistance of my research supervisor and fellow students to ensure they were appropriate to answer the research question and that participants would feel that they could speak freely and in detail about their experience.

Regarding the interview process, I first introduced myself to the participants and reminded them about the aim of the study. I then explained the interview process and ensured participants were aware of their rights and confidentiality issues. I also asked participants if they had any questions or needed any clarification before starting the interview. At the next stage, I asked the participants to share personal information relevant to their demographic profile such as the age of the child, type of therapist, how long they had been qualified for and returned to work, as well as the cultural background they identified with. I then proceeded with the interview schedule to start exploring the participants' experience. The opening questions of the interview included two general questions about women's experience of being therapists and mothers to start establishing a rapport with the interviewees and prepare the ground for deeper exploration. Another reason for keeping the initial questions broad was to ensure that the interview was participant-led and that I did not impose my understandings of the phenomenon under investigation (Hefferon & Rodriguez, 2011). The rest of the questions aimed to explore what it was like for the participants to hold both the therapeutic and maternal roles. Overall, I used open-ended questions during the interview to allow participants to express themselves comprehensively (Joseph, 2014). Additionally, I used prompt questions that facilitated further exploration of participants' experience. At the end of the interview, I encouraged the participants to share any aspect of their experience that they felt was important and did not have the opportunity to discuss during the interview. This reflects my dedication to remaining open to the discovery of unexpected aspects of the lived experience of combining first-time motherhood and therapeutic work.

McLeod (2014) highlights the researcher's responsibility towards participants during the interview in terms of monitoring their well-being, and confidentiality, maintaining time boundaries and ending the interview appropriately. I highly value the above principles and made every effort to adhere to them throughout the interview process. One example to illustrate this is that the interviews lasted, as planned, between 45 and 60 minutes.

Furthermore, at the end of the interview, I asked all participants how they were feeling and monitored their well-being throughout the interview, particularly if there were signs that sharing their experience was emotionally difficult. I also offered the opportunity to the participants to choose the time and the preferred venue to take part in the interview, either in a private room at City University or remotely. All participants chose to share their experience remotely. While five participants agreed to a video conference, two participants preferred to keep their cameras turned off, which I recognise might have influenced the rapport established with the participant or the narratives they shared.

It is important to note that the quality of the research-participant relationship (Knox & Burkard, 2009), as well as the skills of a qualitative interviewer (Taylor, 2005) significantly affect the depth of information participants might share. Those skills that are required to establish a relationship with an interviewee to facilitate the exploration of their experience resemble therapeutic qualities that I offer to my clients as a therapist such as empathy, attentive listening and non-judgemental stance. According to participants' positive feedback about the experience of the interview alongside the rich data elicited, it can be concluded that my therapeutic skills developed through many years of training and practice enabled me to create the safe space for the participants to feel they could openly share significant details of their experience. An additional key element that I believe positively influenced my relationship with the participants is my shared identity with them as a therapist who is also a first-time mother. From my perspective, the shared experience enhanced my curiosity and willingness to understand participants narratives while increasing my ability to empathise with them.

3.6.5 Analytic Process

As a novice researcher, I followed the seven steps of analysis as outlined by Smith et al. (2021) to guide me with awareness that the steps were not prescriptive and that the analytic process was fluid. This allowed me to be more creative and flexible throughout the analytic process. IPA analysis is particularly concerned with idiography, and therefore I showed

commitment to detailed analysis of the individual cases (Willig, 2021) before identifying convergences and divergences across the cases (McLeod, 2015). Prior to commencing the analytic process, I created an electronic format especially for the transcripts to help me with the analytic process. The format took the form of a table of lines including space for the main text and numbers that corresponded to it, as well as wide margins on the left and right side for making notes. The right side was wider to allow space for exploration noting, while the left side was narrower for experiential statements. An excerpt from the transcript can be found in the appendices (Appendix E). Subsequently, I transcribed the interviews verbatim. To be more precise, I transcribed each interview individually at my earliest convenience, typically in the days following the interview. This allowed me to better recall the felt sense of the interview including any non-verbal communication.

Before I begin presenting the steps of the analysis below, it is important to clarify that the new terminology of IPA will be used to describe the development of the themes which have recently been introduced by Smith and Nizza (2022) to better reflect the participants' experience. More specifically, the "Experiential Statement" (ES) is the new terminology for "Emergent Theme", "Personal Experiential Theme" (PET) is the updated term for "Superordinate Theme" and "Group Experiential Theme" (GET) now replaces the term "Master Theme". In preparation for the analysis, I printed the transcripts twice for each participant. I preferred the traditional method for the analysis of the data, using hard copies instead of electronic formats. I found this method more helpful in fully immersing myself in the data. At the initial stage of the analysis, I listened to the audio recordings while familiarising myself with the transcript. I then began systematically reading and re-reading the data. I used the first copy for reflections on my initial reactions to the data and pre-conceptions or "free coding" as described by Larkin & Thompson (2012, p.106). At this stage, I revisited the field notes taken post-interviews, including observations of the non-verbal communication, my felt sense and any contextual factors to further support the analytic process, as they can make valuable contribution to the interpretation of data (Sutton &

Austin, 2015). Subsequently, on the second copy, I started making exploratory notes and comments about what appeared significant. During this phase, I implemented line-by-line coding and used different colours to highlight the descriptive, linguistic and conceptual interpretations of participants' accounts (Smith et al., 2022; Smith & Nizza, 2022). This was probably the most time-consuming part of the analytic process.

Thereafter, I continued working with the exploratory noting to begin developing the ESs. At this stage, I reviewed and edited the ESs several times before finalising them to ensure they captured the participants' experience. Once the ESs were established for the first individual case, I wrote them down on Post-it notes with a number or numbers that corresponded to the quote in the transcript. I then placed the Post-it notes on the floor and began searching for connections among those statements, clustering and mapping them to develop PETs. While some of the ESs were effortlessly grouped together, others had to be re-organised multiple times as they appeared to fall into various categories or no category at all. Pictures from this stage of analysis can be located in Appendix F.

At the next stage of analysis, I developed PETs and gave them a title that reflected the meaning of the ESs grouped together. Each PET included several subthemes that were also given a title. I then typed the PETs and their subthemes in a word document. I followed the stages described above for each individual case. Following the rigorous analysis of the individual cases, I then moved to cross-case analysis to eventually create the Group Experiential Themes (GETs). At this stage, I re-viewed the PETs and had to re-organise or re-label some of them to facilitate the process of cross-case analysis. This approach was suggested by Smith (2021) who highlighted that the analysis is a "highly iterative process" (P. 79) that requires moving back and forth through the analysis of data to discover new meanings. Similar to the development of PETs, at the next stage of the cross-case analysis, I looked for similarities to identify themes but this time across cases. The last stage included the development of the GETs, which I also re-organised and re-labelled several times throughout the development of the written narrative account. I then proceeded with the

writing phase of the analysis. The analytic process continued at this stage as the themes emerged kept evolving even after the completion of the first written draft of the analysis chapter. In the narrative account of the research findings, I included extracts from the transcripts to accurately reflect participants' experience, supported by detailed commentary, progressing from detailed descriptions to deeper interpretative analysis (Smith et al., 2009). The decisions I made regarding the inclusion of the quotes were informed not only by prevalence but also by the depth of participants' narratives. For that reason, on some occasions, I included more than one quote from the same participant that had been utilised to support the same theme or subtheme. An in-depth account of the emerged GETs Group is presented in the next chapter.

3.7 Reflexivity

Reflexivity is primarily concerned with the self-knowledge of one's own "horizons of significance and being in the world" (Frechette et al., 2020, p.4). It is considered a key element of the research process requiring the researcher to be aware of their own biases, assumptions and pre-existing knowledge in relation to the phenomenon under investigation (Frost, 2016). It is important to be able to recognise how these assumptions might influence the research process and findings (Shaw, 2010). In regard to this research, it is important to disclose that my interest in gaining a deeper understanding of the research area was driven by my personal experience as I share a dual identity with the participants, being a therapist who is also a first-time mother, which inevitably positions me in the role of an insider researcher (Berger, 2025). Reflexivity was an integral part of the research process, which I view as an "introspection", (Finlay, 2003), an ongoing process of an inward reflection about my pre-understandings and own experience of being a first-time mother and a therapist and its potential influence on the research approach and findings.

It has been a demanding process to navigate, which required me to constantly question my thoughts, responses and interpretations while engaging in a topic that often evoked reactions and emotional responses within me. Even though I am not currently at the

stage of navigating early motherhood and therapeutic work, I acknowledge that my personal assumptions stemming from my personal experience inevitably influenced the analytic process and potentially led me to interpret the data through a personal lens (Clarke, 2009; Frost, 2016). For example, this became evident in some of the themes that emerged in the initial stages of the analysis which highlighted the aspects of motherhood more, rather than the experience of holding both roles. Reflexive engagement helped me realise that my interpretation was significantly influenced by the personal weight I attach to my role as a mother compared to my therapeutic role.

While reflecting on how the personal experiences and biases might affect the study, it is important to consider that they can both limit and facilitate the research process (Willig, 2012). For instance, my personal experience of being a mother and a therapist might have helped to facilitate a deeper emotional connection with the participants during the interview, enabling me to elicit rich data. On the other hand, I might unconsciously have encouraged further exploration of participants' experiences that sounded familiar to me while leaving unnoticed experiences that were dissimilar to my own. Ranti Oguntokun referred to this process as "the seduction of sameness" (Oguntokun, 1998) which highly resonated with my experience and my ongoing challenge to "bracket off'' pre-existing understandings throughout the research process (Husserl, 1927). For example, I noticed that, on some occasions, my responses to some of the participants' accounts implied that I understood how difficult the experience might be for them, reflected in responses such as, "I know, right?", which, upon reflection, I realise derives from the "seduction of sameness" I experienced because of my personal experience.

Kasket (2012) highlighted the importance for the researcher to "explore how their positioning has the potential to affect the research and to explain how it will be managed (p. 68)".

Consequently, I have developed various strategies to increase self-awareness of my relationship to the phenomenon and how it might influence the study. To begin with, I started a research journal before the onset of the study, which remained a valuable point of

reference for me to continuously reflect on and document my own experience, throughout all stages of the study. For instance, in the preliminary phase, I used the diary to reflect on my assumptions and expectations of the study. Some of the questions I posed to myself at the time were “What is my experience of first-time motherhood and therapeutic work?”, “What do I expect to find about participants experience?”, and “What would it mean to me if participants’ experiences don’t meet my expectations?” I kept revisiting the answers to the above questions at different stages of the research process. Another example concerns the interview process, where I took notes directly following the interviews to reflect on feelings and thoughts evoked within me from participants’ accounts.

At the stage of the analytic process, I used the first hard copies of the interviews for reflexivity purpose to record observations about my questions and responses to participants’ accounts. I then used separate hard copies to begin the analytic process and start the exploratory noting. These actions supported my reflexivity throughout the analytic process as I could review the notes and become more aware of my bias and how it influenced the development of PETs and eventually GETs. A relevant example is that some of the PETs I initially developed highlighted the challenges of first-time motherhood shifting my attention away from the dual identity and, ultimately, the research question. After reviewing the transcripts, I realised that the emerged themes mainly reflected my assumption that motherhood is challenging to navigate based on my difficult experience of transitioning into motherhood and the beliefs I hold about early motherhood rather than participants’ accounts. Similarly, I re-organised GETs, once I realised that they were driven by my own expectations. More precisely, I removed a GET that reflected the support women need as it aligned more with my motivation to do the study and my strong desire to support women throughout this process rather than the objective of the study which was the lived experience of managing the dual roles. At this point, it is important to mention that I embarked on this journey of self-exploration and used the above strategies to work towards achieving those goals, understanding that it is an ongoing process rather than a goal to be achieved.

An additional method that I found effective to better understand my own experience was to be interviewed by a colleague and respond to the same questions participants were asked. The interview was recorded, which enabled me to further reflect in my own time. Considering my first-hand experience of being a mother and a therapist, I also had personal therapy throughout the study to have the space to explore any thoughts or feelings of self-resonance that arose from the interviews. Lastly, consideration was given to my self-disclosure about the shared identity and whether it would benefit the research. Although the disclosure of the researcher's maternal status enables deeper connection with the participants, it can lead to blurred boundaries within the participant-researcher relationship (Frost, 2014). Given that I felt emotionally connected to all participants, I decided to reveal my identity to only a few women at the end of the interview to ensure it would not influence their responses. Upon reflection, I concluded that I was intuitively drawn to do that only with the participants who had difficult experiences as a way of expressing my empathy towards them.

It is equally important to reflect on my professional identity as a Person-Centred Counsellor and a Trainee Counselling Psychologist. Qualitative methods enable researchers to utilise their interpersonal skills for their advantage (Alase, 2017). In my experience, my therapeutic skills were beneficial to establishing a relationship with the participants and facilitate the exploration of their experience. However, being a therapist is an integral part of my professional identity whereas taking on the role of the researcher was a new journey to navigate. Therefore, I was faced with an ethical dilemma associated with holding both the roles of a therapist and a researcher (Thompson & Russo, 2012). For example, as a novice researcher, I had to continually remind myself that my role as a researcher was to collect data rather than intervene therapeutically or interpret the data through a researcher's lens versus therapeutic lens. This was achieved through being reflexive – during the interviews and the analytic process - and open to understand how my therapeutic side inevitably influenced my responses during the interviews as well as my interpretation of the data during

analysis. I found this process highly demanding, which required me to revisit the development of the emerging themes several times as well as to reconsider my commentary and interpretations in the analysis chapter.

3.8 Ethics

3.8.1 Ethical Considerations

As a researcher, my primary duty is to protect participants from any potential harm (Kara, 2015). Consequently, the study was designed and conducted in an ethical manner considering various ethical issues. To begin with, I submitted an ethics application to the Research Ethics Committee at City, University of London and received full ethical approval (see Appendix G). The research adhered to the ethical principles introduced by Kitchener (1984) and aimed to avoid participants' harm, ensure confidentiality, promote their well-being and autonomy, as well as treat all individuals in a non-discriminatory manner. The above principles shaped my actions and guided me at every stage of the research process. For instance, I ensured I had a confidential and a private environment during the online interviews, and I also asked all participants whether they had a confidential space before proceeding with the online interview. Another example is that I audio recorded the interviews and stored them on an encrypted password-protected device which was accessible exclusively to me. Another step to ensure confidentiality is that I transcribed the audio recordings verbatim in a confidential space and altered any identifiable details to protect participants' anonymity.

Taking into consideration that being interviewed and audio recorded is an anxiety-provoking experience (Gubrium et al., 2012), I provided participants with all the relevant information to ensure they had a clear understanding of the study and its expectations. Additionally, I sent an information sheet (Appendix B) to the participants including details about the aim, confidentiality, participants' requirements, benefits and risks of the study and a consent form (Appendix C) for the participants to voluntarily agree to take part after being

fully informed (BPS, 2018). I informed the participants that they had the right to withdraw from the study at any point without being penalised as well as to request withdrawal of their data up to two months after the interview. The two-month period was the estimated time for me to begin the analysis, and I considered it a reasonable period to allow participants to reconsider whether they wished to contribute to the study. Lastly, I informed participants about the limits of confidentiality in case they posed a risk to themselves or others.

This study was classified as low risk and was not anticipated to cause any harm to participants. Nonetheless, due to the sensitive nature of the discussions, and depending on the participants' experience of early motherhood, there was a possibility of potentially distressing topics arising that could potentially trigger participants while reflecting on their experiences. Therefore, I developed a distress protocol for managing participants' distress. More specifically, I offered the opportunity to participants to pause, reschedule or withdraw from the study at any point without any consequences in the event they experienced emotional distress or discomfort during the interview. However, not only did participants not experience any distress, on the contrary, they all reported that the interview was perceived as helpful and therapeutic, enabling them to reflect on their experiences and feel acknowledged. After the completion of the interviews, I provided all participants with a debrief sheet including referrals to other services if additional psychological support was required (see Appendix H). Lastly, I offered a twenty-pound voucher to all participants as appreciation for offering their time and willingness to take part in the study, which they received with gratitude. Regarding the ethical considerations of offering the voucher, I ensured that participants took part in the study voluntarily as I explained to them that the voucher would be given to them as a token of appreciation regardless of their right to withdraw from the study. However, I recognised that it is possible that offering an incentive to participate in the study might have had an influence on who participated in the study and why.

Given that ethical consideration is not a straightforward process, I discussed and regularly reviewed the ethical procedures with the research supervisor, other research

colleagues, and peers to ensure good ethical practice. In addition, I submitted a few ethical amendments related to participants' criteria and the recruitment process, which were approved. The amendments were intended to facilitate the recruitment process and were deemed not to affect the research findings. Along with the standard ethical expectations, in this study, I demonstrated a commitment to a positive ethical stance by considering the potential benefits for participants who participated in the study. In greater detail, I offered the space to participants to make sense of their experience, which might have contributed to their personal and professional development. Furthermore, as Dennis (2014) suggested, participants feel that they might become part of a shared experience with other participants and therefore create a "voice" that will potentially have an influence. In this study, my aim was to listen attentively to the participants' voices in hopes of enhancing future support.

3.8.2 Ethical Data Management

The researcher holds responsibility to securely store and manage the data that will be collected (Alase, 2017). As a result, I established security measures to ensure the safekeeping of the storage and management of the data. In greater detail, I stored the data on an encrypted password-protected device which was accessible exclusively to me. Additionally, all personal data were processed in accordance with the Data Protection Act 2018 (United Kingdom, 2018) and the General Data Protection Regulations (European Parliament and Council, 2016) which I will keep until the completion of the project plus ten years in accordance with City University data retention guidelines. Following this timeframe, I will delete all the audio recordings. Furthermore, I deleted the email addresses of potential participants who contacted me but were not selected. However, I kept the participants' emails who took part in the study as they all expressed interest in obtaining the research results and gave their consent for their emails to be retained for this purpose.

3.8.3 Equality, Diversity and Inclusion

This study is committed to equality, diversity, and inclusion, and consideration has been given to making all stages of the research widely accessible. For example, flyers were distributed on platforms that were inclusive and accessible to participants from diverse backgrounds including different ages, races, religions, neurodivergence, disabilities and other. Participants had the option to be interviewed remotely to remove any accessibility barriers, and I made the necessary adjustments to ensure participants could attend the interview. Some instances that illustrate this is that I had to reschedule one of the interviews on several occasions due to a participant's and her child's illness, while another participant took part in the interview while caring for their baby. Lastly, given my personal experience of becoming a mother in western culture, I educated myself about motherhood in other cultures to broaden my understanding of it, which helped me to recognise any unconscious bias during the interviews with some of the participants.

3.9 Quality and Validity

Evaluating the rigour of a study is fundamental for considering whether its findings can be effectively implemented in practice (Noble & Smith, 2015). However, quality and validity have been an area of debate in qualitative research with no consensus of required quality criteria (Rolfe, 2006). This is because of the subjective and reflexive aspects of qualitative research which make the outcomes more tentative. Nonetheless, the quality of the study is important and as a novice researcher, I followed the most broadly adopted criteria for conducting valid and high-quality research as outlined by Yardley (2015). Yardley's quality criteria (Yardley, 2020, 2015) include sensitivity to context, commitment and rigour, coherence and transparency as well as impact and importance. The fulfilment of these criteria is evaluated in the discussion chapter.

3.10 Conclusion

The purpose of my research study was to provide an in-depth exploration of the experience of therapists who were first-time mothers. In this chapter, I provided a detailed analysis of the

chosen methodology (IPA) and how it informed every stage of the research process. I selected the IPA method as the most suitable method to provide insight into the phenomenon under investigation, aspiring to identify ways to support women more effectively upon their return to therapeutic work. The next chapter presents in detail the research findings that emerged from the analytic process.

CHAPTER FOUR: ANALYSIS

4.1 Introduction

This chapter presents the research findings in a detailed narrative account of participants' experiences, shaped by the research question: What is the lived experience of therapists who have returned to their professional roles after becoming first-time mothers?

Three Group Experiential Themes (GETs) emerged from the analytic process. The first GET, "Holding It All: Navigating the tensions", discusses the challenges of balancing the complex demands of motherhood and work with personal well-being. The second GET, "The Interplay Between Motherhood and Therapeutic Work" addresses the mutual impact of both roles. The third GET, "The Light in the Darkness" highlights the fulfilment that emerged from participants' narratives despite the difficulties they experienced.

Given the significant amount of data, difficult decisions had to be made about what to include in the GETs. More specifically, the volume of the data necessitated the exclusion of certain segments of participants' accounts that did not directly speak to the research question – for instance, narratives describing the transition during pregnancy, the postpartum journey or the identity transformation. The themes that emerged and which are presented in this chapter shed light on the lived experience of participants navigating both motherhood and therapeutic roles. This focus on the intersecting roles as well as the question "What is it like for the participant to have this experience?" guided the analytic process and, therefore, the development of the GETs. Initially, the GETs included an additional theme named "The Much-Needed Support", which was later removed, partly because of its lack of experiential content and partly because I realised that it probably reflected my personal interest in how to better support therapists who had become mothers rather than participants' experience.

Direct extracts from the interviews are included as evidence of the GETs and their subthemes to represent participants' narratives and provide deeper insight into their lived experiences. Although some participants were more articulate and elaborated more on their

experience than others in their accounts, they all contributed to the emerged themes in my attempt to consider each perspective as equally valuable. In some subthemes, the same participant contributed more than once as they shed light on different aspects of the experience. The prevalence of participants' representation in each theme and subtheme can be found in the prevalence table (Appendix I), as recommended by Dr Rodriguez during the training "Advanced IPA Analysis Workshop".

Commentary is provided for all the quotes to achieve transparency (Larkin & Thomson, 2012). Pseudonyms were used, and all identifying details were altered to preserve participants' confidentiality. The quotations presented are drawn directly from the interviews and include grammatical errors and language mistakes, reflecting also some participants' limited fluency in English. This approach was intentionally adopted to share women's narratives as accurately as possible. Each quote can be located through a number range which corresponds to lines in the transcript of the interview. The following transcription conventions were implemented to bring to life the participants' accounts. Pauses and silences are indicated by ellipses (…), and omitted text is shown in square brackets [ ]. Clarifications or non-verbal communication are illustrated in parentheses ( ), while bold is used for emphasis as expressed by the participant. Although the transcription aim was primarily to be verbatim, the addition of the features discussed above were used to help with recall and efforts to understand meaning.

This chapter's themes and commentary are derived through a double hermeneutic lens, whereby I, as the researcher, sought to "make sense of the participant trying to make sense of what is happening to them" (Smith et al., 2009). To achieve this, the commentary moves between descriptive and interpretative comments of participants' accounts. It is important to note that I continuously reflect on how my interpretation was influenced by my own pre-existing knowledge and understandings which are further discussed in the Reflexivity section. It may be observed that the findings and the order of the emerged themes are not in alliance with the interview questions, which affirms my commitment to follow

participants' experience rather than being influenced by my own agenda (Smith et al., 2009). The GETs and their corresponding subthemes are presented below. For the full table of themes and subthemes, see Appendix J. The GETs presented below maintain focus on convergence and divergence of participants' lived experience (Smith & Nizza, 2022). Therefore, the aim of this section is to focus on the shared experience of therapists who are new mothers while gaining insight into how this experience is lived differently. Lastly, it is important to point out that participants described different aspects of the therapeutic role during the interviews – apart from the individual therapeutic work – such as assessments, supervision, reflective practice, administration work and other responsibilities. As a result, participants' reference to work in their narratives below concerns their work as therapists in a broader sense.

4.2 Group Experiential Themes

4.2.1 Group Experiential Theme One: Holding It All: Navigating the Tensions

The initial GET captures the lived experience of therapists as they juggle the complex demands of professional and personal life following the return to work as a therapist after first-time motherhood. The challenge of balancing these dual roles while simultaneously striving to maintain their own well-being is at the core of participants' experience. The following sub-themes were identified, reflecting the psychological tension involved in balancing maternal and professional responsibilities alongside personal well-being: "The Internal Conflict", "Pouring from an Empty Cup" and "The Work–Home Balance".

4.2.1.1 Subtheme one: 'The Internal Conflict'

One of the recurrent themes identified in participants' accounts was the inner dissonance experienced from the juggling act of being a therapist while navigating early motherhood. For some participants, the internal conflict manifested as anxiety about their baby's well-being while at work, while for others it was exhibited in feelings of guilt and jealousy.

For Noor, working as a therapist while being a mother seems to be an anxiety provoking experience:

> And also, you know how mothers worry about their child. Even when I was at work, I was scared that, oh, **is my child okay?** Is this going on well? So, that anxiety. I used to call home a lot of times in a day before coming back, I just had to make sure (laughs) that everything was going well, that the child is well taken care of and all of those things. (Noor: 264–267)

Noor appears to be feeling on edge, finding it difficult to relax at work because of the constant worries about her child's care. The heightened state of nervousness is highlighted with the use of the verb "scared", signifying the intensity of her emotions. Noor generalises her experience with the statement "how other mothers worry" perhaps to normalise that she is not the only one feeling this way. The fact that she felt the need to constantly check on her child when at work shows that she might feel like she is losing control in her caregiving role, leading her to feel torn between the two roles. Her statement that she "had to make sure that everything was going well" is indicative of the pressure and the sense of responsibility she might experience towards her maternal role, even in the baby's absence. Interestingly, Noor laughs while talking about a difficult experience which also happened in other parts of the interview. This might point out to her defence to hide her emotions behind laughter, probably because of the discomfort she feels to get in touch with and share emotions that are difficult for her.

Similarly, Kayleigh experienced the inner conflict as persistent anxiety:

> It was **tough** at the beginning. I was always very concerned, I would say … with where she was while I was at work, which kind of interfered with work … how much I I … [ ] but it's **always** my mind drifting, saying, like is if she's okay, if she's safe, if she's eaten, if she slept on time and things like that, it's the **constant** worries. (Kayleigh: 53–66)

Kayleigh seems to be feeling unsettled and unease at work, relentlessly worrying about her child's well-being. Kayleigh expresses concern about various elements of her child's care which appears to be frustrating for her. She is sensing that the pre-occupation with her child's overall well-being hindered her therapeutic work as "it's always her mind drifting", which potentially affects her ability to be fully present as a therapist. Her use of the words "always" and "constant" convey a sense of the ongoing nature of her experience which might make it difficult for her to compartmentalise and separate the two roles.

Maya's experience is completely different, with the emotional strain taking the form of guilt:

> It's very much like what am I doing here (at work)? Should I just leave and just like, take care of my son instead? Yeah. Yeah, mum guilt. It's so mum guilt is so real. (Maya: 157–159)

Maya's maternal guilt seems to contribute to the internal battle over conflicting roles causing uncertainty about the purpose of her professional role. The questions she poses to herself convey the emotional dilemma she is probably faced with from fulfilling both roles. Being at work does not feel quite right for her now that she is a mother, and she appears to be conflicted whether she should be at work or at home. Like Kayleigh, Maya struggles to step fully into her role as a therapist because of her motherhood side being constantly present. The use of the words "so real" reflects the intensity of her guilt. Her ability to articulate her experience in an affirmative manner – evident in her tone of voice alongside the repetition of the word "yeah", demonstrates a high degree of self-awareness in relation to her experience of guilt, which seems to be very present in her life, provoked by being at work.

Likewise, Maria heavily carries the emotional weight of motherhood when at work:

> Umm ... the guilt leaving my baby in someone else's care. (Maria: 162–169)

Maria states that the guilt is about handing over childcare responsibilities to someone else. Similar to Maya's account, Maria's statement implies that she might be feeling that she

should be the one looking after her baby, which she explicitly confirmed later in her account. In another part of the interview, Maria provides an interesting insight adding the societal dimension of guilt:

> Okay, I think traditionally as women we are, we are thought to be homemakers first before anything. As a person that comes from that kind of setting and traditional beliefs, it's horrifying. In a situation where you leave a child that is barely up to two years old to go to work, you're, you're bound to feel some certain guilt. (Maria: 265–267)

Maria's cultural background places family as a priority, which intensifies her guilt and consequently the inner tension she experiences as she strives to balance the cultural and societal expectations of motherhood with being a therapist. The phrase "we are thought to be homemakers first" points to her internalised beliefs about women's role which is conflicting with being a working mother, while the phrase "you are bound to" highlights that the guilt is imposed by society.

On the other hand, Chloe sheds light on a different aspect of maternal guilt which seems to be present when she attends to her personal needs:

> But I am mentally and physically overwhelmed as well. So, like, we might have some support somebody coming in sort of you know we pay them to help a little bit in the evening, and my husband is very understanding of my need to rest. But I have a lot of guilt about that. (Chloe: 217–219)

It is important to mention that Chloe suffers from a physical health condition which intensifies the exhaustion and makes rest a necessity. Chloe's narrative reveals burnout and a profound state of exhaustion. Her reference to both the mental and the physical dimension of the experience of motherhood highlights the multifaceted impact of juggling highly demanding roles in addition to managing a physical health condition. Because of her physical health needs, I would expect Chloe to experience less guilt. However, her experience of guilt

remains significant despite her husband's support – which is emphasised by her use of the phrase "a lot". Chloe's account underlines that her guilt perhaps stems from the fact that she must put her own needs before those of the baby.

Apart from the guilt which Chloe, Maria and Maya seem to have in common, Chloe's experience differs from other participants with the internal struggle also manifesting in jealousy towards the nanny:

> It feels like I am letting her (her daughter) down. Umm … it feels like … umm … there is almost like, there is almost like this unconscious jealousy or envy with the nanny because she is holding my baby when my baby needs mum. (Chloe: 150–151)

Earlier in the interview, Chloe spoke about her difficulty in taking time off work when her child becomes unwell, due to how frequently it happens. In the above extract, Chloe discusses the psychological toll it takes on her not being able to be present for her child in sickness. Interestingly, Chloe used both the terms jealousy and envy when referred to her emotions towards the nanny. Parrot and Smith (1993) provided a useful distinction between envy and jealousy. According to them, envy occurs when someone perceives another person as possessing a desirable quality, achievement or advantage that they themselves lack. Jealousy in contrast, typically involves a triangular relationship. A person perceives another individual as potentially threatening a valued relationship. Consequently, the term jealousy might be more accurate to reflect the feelings Chloe is describing. Chloe's jealousy is about someone else taking her caregiving role as she might be feeling that she should be the one meeting her child's needs. The pause in her speech conveys the hesitation in verbalising her feelings, revealing the emotional depth of her experience. Chloe heavily carries her inability to be present for her child because of professional responsibilities, leaving her feeling resentment. The tentativeness in her speech – evident in the pauses and repetition of the words "umm" and "there is almost like" – suggests her struggle to admit the jealousy she experiences for the nanny, a feeling that she might feel bad to experience and fear being judged for, if expressed. The pauses and her reference to the "unconscious jealousy"

suggest that she might not have direct access to the meaning of this experience and might be making sense of it during the interview. Her feelings of “letting her daughter down” reflect the tension of keeping up with both professional and maternal roles, perhaps feeling that her work obligations often come at a cost of her role as a mother.

4.2.1.2 Subtheme two: ‘Pouring from an Empty Cup’

Most participants shared accounts of the exhaustion caused by juggling both roles, making it challenging for them to look after themselves and attend to their own needs. The highly demanding roles seem to leave little or no room for self-care which participants expressed finding extremely difficult and deeply overwhelming.

As Ellie stated:

> And I often question: How did I get here? How did this happen? And that that I find hard, and it has impacted myself. Also, I used to run and do yoga, which I can’t. I can. I started doing it again, but I could not maintain it. Because every time they (twins) were ill anything that I start doing, would then, I’d be sidetracked from it, and I couldn’t then do the things that I know are good for me. (Ellie: 427–435)

Ellie is a mother of twins, which potentially amplifies the exhaustion. The questions she poses to herself reveal how shocking it is for her to realise the psychological toll motherhood has taken on her. Ellie’s narrative implies that self-care is unsustainable even though she appears to be aware of what is beneficial for her and the consequences of neglecting self-care. The simultaneous use of the phrases “I can’t” – “I can”, “I started” – “I could not maintain it”, symbolise the constant battle she keeps fighting but cannot win when it comes to attending to her own needs, echoing the powerlessness in prioritising her children’s well-being above her own.

Ellie provided further evidence regarding the struggle to prioritise self-care in another part of her account:

> I … am almost the last one that is to always get my needs met, like sleep. Sometimes this is still the case sometimes in terms of showers, I don't get to shower every day. Another difficult part is I have reached the point where sometimes I can't hear them; I can't hear them screaming anymore. Like, I don't want to hear them screaming. And then I have to ask my partner to handle them. I just don't want to. Sometimes it does hit a level that I feel I just need to shut down and not handle anything just to protect whatever remaining well-being I still have. (Ellie: 394–409)

Ellie's contribution demonstrates the extent to which her self-care has been compromised while putting everyone else's needs first, resulting in neglecting the very basic needs such as sleep and personal hygiene. Ellie's account diverges from previous participants in the severity of exhaustion which appears to be unbearable for her to handle to the point she "shuts down", withdraws from her role as a mother and hands over her child's care to her husband. The exhaustion for her seems to manifest in feelings of irritability and unwillingness to handle the twins – emphasised in the repetition of the words "I can't" and "I don't want to". The hesitation in her voice conveys the emotional strain of her experience, while her use of the word "always" suggests a recurring pattern of self-neglect.

For Chloe, like Ellie, attending other's needs is also a constant battle:

> so the client is happy with the emotional support here [ ] but with the baby, it's it's umm … a continuous … you know, and it is the endless … umm … need from the baby [ ] the constant need … umm … you know, I always say that **babies are like paralysed people but with cuter faces,** you know. (Chloe: 306–309)

Chloe firstly refers to her therapeutic work highlighting the psychological nature of the support she offers to her clients, an aspect of the profession that makes it different from others. She then uses a very strong metaphor to describe a baby's neediness. The comparison of babies with "paralysed people" conveys a sense of helplessness she might experience upon realising that the baby is completely dependent on her. The therapeutic

work seems to have boundaries which allows her to switch off, whereas the support offered to a child is ongoing, emphasised in the use of different words such as “continuous”, “endless” and “constant”.

Noor, similar to Ellie and Chloe, finds handling the physical exhaustion upon return to work challenging:

> The challenge I had majorly when I got back was umm managing myself like physically, I had to manage myself. I still had the emotional changes, the hormonal fluctuations, that anxiety and stress related to coming back to work … [ ] I had to battle with keeping myself awake to do that, to work at times. (Noor: 256–257)

Her statement that she “had to manage herself” implies the pressure she experienced to hold it together and remain composed despite feeling physically and mentally depleted after getting back to work. However, Noor’s account differs in the intensity of the exhaustion she experiences as well as the additional challenges she encountered at the same time such as the hormonal changes. In the above extract, Noor appears to feel frustrated and overwhelmed as she describes the physical and mental struggles experienced at work post-motherhood. Staying awake is expected to happen effortlessly; however, for Noor it feels like a “battle”, which underscores the high degree of exhaustion and the big effort required to function at a bare minimum.

Likewise, Kayleigh expresses feeling overwhelmed from the exhaustion caused by both roles:

> And by the time it’s like Friday, on my day off, it’s, I’m really exhausted from, you know, the four days of eight to six, you know, sort of shift patterns. So, you’re quite exhausted, you know just trying to build your routine around your baby’s needs to get by. (Kayleigh: 704–709)

Kayleigh mentioned earlier in the interview that she works compressed hours to have an additional day off with her daughter and be able to cover the nursery expenses. However, the

long working hours seem to consume all her energy during the week which she cannot gain back as she is attending her child's needs on her day off. The use of the verb "get by" implies that Kayleigh might be in a survival mode. Although she appears to be feeling unsatisfied with her schedule, she seems to have come to terms with the role demands and tries her best to manage.

Natalie's extract aligns with the narratives of previous participants as she reveals the tiredness from juggling both roles:

> you're finding it from nowhere because you might give so much in the daytime to your patients and feel quiet emotionally zapped and drained. But then you do have to come home and for however long your child is awake for that evening, you have to give them that 100% of your emotional capacity, umm … which can be really hard [ ] you then have to have that to one side almost compartmentalise. (Natalie: 162–164)

Previously in the interview, Natalie spoke about the difficulty to find time for self-care due to the intense demands of both roles. In the above passage, she seems to suggest that therapeutic work and motherhood consume most of her emotional resources, which appear to weigh heavily on her. It is likely that the lack of self-care makes her feel mentally depleted. However, she appears to be feeling the pressure to keep going – demonstrated with the verb "have to" – and continue meeting the demands of others even when she does not have the capacity.

4.2.1.3 Subtheme three: 'Work–Home Balance'

This subtheme explores the constant push and pulls between maternal and professional roles that participants had in common in their accounts. Women expressed their difficulty to constantly balance the demands of motherhood and work as a therapist as well as to alternate between the two roles, leading, at times, to blurred boundaries.

As Maria reported:

> Before I just knew, before I had a baby, I just knew how to concentrate and focus all my energy into the office work, taking care of the clients and making sure that yeah, they have a positive record for progress but now sometimes I … I doubt if I'm able to balance work and being a mother. Yes, so it's a bit of an emotional adjustment that I am still working on. (Maria: 171–178)

Maria's extract reveals that she used to be confident about her capacity to do her job effectively, which seems to have changed post-motherhood. Motherhood seems to have challenged her sense of her capacity to care. Maria's difficulty to balance work and home life is experienced as uncertainty and disbelief about her ability to fulfil the responsibilities of both roles – expressed by the verb "doubt" in her account. The phrase "emotional adjustment" implies that Maria is still in the process of finding that balance and might experience a range of emotions while she navigates the unknown territory of being a therapist who is now also a mother.

In the following extract, there are similarities in Natalie's and Maria's accounts, particularly with reference to feelings of self-doubt while balancing motherhood and work demands:

> And some days at times you can feel rather thankless. So, for example say if you have a more difficult day at work and you're hitting an impasse with a patient and then you come home and your toddler's having a meltdown … It's a lot to jug … **Can I not do anything right?** [ ] It doesn't help that you are constantly tired as well, because … umm … what doesn't help is that you know your schedule's no longer your own. (Natalie: 174–181)

Natalie reveals the reality of more frustrating days where she struggles to maintain equilibrium between work and home life. The challenges of both roles seem to leave her feeling like she might be failing as a therapist and a mother, questioning her ability to meet the pressures of the dual roles. The lack of time to pour back into herself and the fatigue she

experiences seem to contribute to these negative feelings. Her statement that the never-ending responsibilities of both roles leave her feeling “thankless” implies that the challenges of the constant juggle might overshadow the positives aspects of being a therapist and a mother that one might be grateful for. Her reference to “her schedule no longer being her own” conveys a loss of control over her life that she seems to experience while juggling both roles.

The blurred boundaries of maternal and professional roles are also evident in Maya’s account.

> But there is just a lot of noise in your mind sometimes … like you need to do this, you need to do that, you need to do this, you need to make sure you know this bag is packed for tomorrow, you need to, you know, make sure you wake up early enough to attend this meeting or whatever it might be. (Maya: 464–467)

However, Maya’s experience is internalised, describing it as the “noise in her mind” when referring to her tendency to overthink the endless responsibilities of both roles simultaneously. Maya suggests a sense of restlessness and emotional tension in her narrative that does not allow her to have peace of mind. The constant repetition of the verb “need” implies the sense of responsibility she carries to meet the expectations of the roles while the pre-occupation with the “to do” things for the day potentially make it more difficult for her to fully enjoy motherhood and therapeutic work.

Likewise, Maya’s account reveals the challenge to juggle both roles and maintain clear boundaries:

> So whenever like if I go downstairs for lunch now, I know he’s going to be there. But it also equally makes it **very difficult** that when my lunch is over, **I have to** go upstairs to my office and do my work so … so that’s what I mean in terms of priority shifts. (Maya: 173)

Maya works from home and spends time with her son during her lunch break. Maya's account diverges from the previous participants in her difficulty to transition physically and mentally from one role to another, expressed by the phrase "very difficult", which reflects the magnitude of the emotional challenge. The phrase "I have to" implies a sense of obligation to return to work, which seems to evoke an emotional difficulty for her in stepping away, perhaps stemming from her desire to spend more time with her child. Maya describes her struggle to disengage from her maternal role, which makes it difficult for her to compartmentalise and keep both roles separate. This appears to be impacting negatively on her motivation to engage in her work as a therapist.

Noor, like Maya, communicates the difficulty of stepping away from caregiving responsibilities when at work. Nevertheless, Noor's experience is slightly different from Maya's as she equally struggles to disconnect from work when returns home, leading to inability to maintain role clarity:

> I actually also struggle with being present. I have to remind myself that yes, I'm at work. I have to leave home at home and come to work and at times where I get back to the house and it feels like I brought back work to the house. I … like, my work came back to the house with me. So, there are days where **I still struggle with that work-life balance,** the balance between work and my personal life. That is where I still struggle, I think with the emotional changes, the anxiety and the worry, and also the emotional swings that come with the emotional instability. (Noor: 433–443)

Her difficulty to give undivided attention at work and at home suggests the emotional entanglement of both roles. It appears that she constantly carries the weight of maternal concerns as she needs to "remind herself" that she is at work. Both roles are never fully separate which appears to be the real challenge for Noor. It is likely that she experiences an emotional rollercoaster in pursuit of balancing work and home responsibilities, characterised by a range of rapidly changing and intense emotions. The constant repetition of the verb "struggle" emphasises the degree of difficulty.

In summary, participants' accounts in this theme reveal the tensions arising from striving to meet career and motherhood demands alongside self-care. The psychological tension arises from the "internal conflict" experienced by women as they are feeling that they are constantly pulled in different directions while striving to "hold it all together" and meet the expectations of motherhood and therapist. The conflict is primary fuelled by constant worries about the baby and maternal guilt when at work, and to a lesser extent, work is also present when they are at home. The difficulty to navigate the tensions is intensified by the physical and mental exhaustion caused by the never-ending obligations of both roles, which participants find overwhelming to deal with as they are constantly "pouring from an empty cup". As a result, they experience a loss of agency when it comes to their needs. The inner turmoil significantly affects participants' work–home balance, making it difficult to keep the two roles separate. Overall, holding it all together appears to be a highly demanding task for women that lies beyond their control and that comes at a physical and mental cost.

4.2.2 Group Experiential Theme Two: The Interplay Between Motherhood and Therapeutic Role

The second emerged theme encompasses the interrelationship between motherhood and therapeutic work. Most participants expressed a reciprocal influence between the two roles. What emerged from their accounts was that the intersection of motherhood and therapeutic practice is not merely a balancing act, but a dynamic interplay that actively reshapes both personal and professional identity. Within this GET, three subthemes were identified. The first subtheme explores the influence of motherhood on participants' therapeutic practice, the second subtheme focuses on how the psychological background shaped the experience of motherhood, and the third subtheme captures the impact of motherhood on professional identity.

4.2.2.1 Subtheme one: 'Motherhood in the Therapy Room'

Stepping into the role of the mother for the first time influenced participants' therapeutic practice in various ways. For most women motherhood has had a significantly positive impact on their profession, enriching their therapeutic qualities. The quality that stood out most to participants was the increased empathy. The definition of empathy that I chose to present because of its relevance to the therapeutic setting, which participants refer to in their accounts, is outlined by Rogers (1959) as "the ability to sense the client's world 'as if' it were your own, without losing the 'as if' quality". It seems that the experience of motherhood enhanced this "as if" quality of empathy, which enabled deeper connections with clients for some participants while it led to overinvolvement for others.

As Chloe reported:

> Mmm I guess it it gives you hmm a … a different perspective to be with clients who have children, hmm … because before it was, it was just an idea. But now ... I can ... yeah … I have that **inside knowledge** and how much respect I have for good enough parents umm … you know, who … who do their best. So, it's a renewed kind of ... it's … I've gained **deeper knowledge.** And I feel it has enhanced my way of being with the clients. (Chloe: 125–130)

Chloe shared in different parts of the interview how challenging it is to be a parent, stating that it is much more complex than she thought it was before becoming a mother. In the above extract, she conveys the belief that motherhood provided valuable insight into the experience of clients who are parents. This "renewed kind of knowledge" seems to be refreshing for her and has given her a different perspective. Her experiential knowledge cultivated a deeper sense of understanding of what it is like to be a parent, enabling her to connect more authentically with clients in caregiving roles. Chloe's reference to the "way of being with the client" reflects the relational depth of the therapeutic alliance which she now seems to be able to create effortlessly because of her experience of motherhood.

Echoing Chloe's experience, Noor reveals a deepened sense of understanding toward others. However, this enhanced empathy seems to be expanded to a broader client range, including those who are not necessarily mothers.

> And being a mother helped me be more compassionate and understanding of my clients. It's giving me a different perspective of my clients when they come in, and it's also giving me this edge because I can better advise them, especially mothers on what to do through my own experience [ ] I find that umm … after my experience as being a mother, I am more empathic than before. (Noor: 382–399)

Chloe feels that being a mother enabled her to be more caring and better attuned to clients' experience. Overall, the experience of motherhood has been empowering for Noor, "giving her this edge" to better support her clients. Interestingly, Noor feels that she can now 'advise' clients, which is not the role of a therapist, indicating signs of overinvolvement because of the shared experience of motherhood. Overall, she seems to feel more confident and better equipped in her role as a therapist, highlighted in her reference to increased empathy in her narrative.

Like Noor and Chloe, Kayleigh found that becoming a mother enriched her empathy and understanding toward her clients:

> It helps **a lot.** I guess it helps with patients. Umm I'm very much more patient which is something we really need to have as a therapist, umm … and a lot of our clients and my clients as well are perinatal cases [ ] yeah, I feel like I'm more understanding of their ... of their circumstances. Umm … whereas before becoming a mum, it's a bit difficult. Like you've tried your best, but there's still like because you haven't experienced it … sometimes not enough. (Kayleigh: 458–482)

Kayleigh recognises that it is crucial to experience motherhood firsthand to be able to truly understand clients who are mothers. In her experience, the shared understanding of motherhood provided valuable support in her therapeutic work. Her experience conveys a

sense of effortlessness in terms of her ability to relate to her clients post-motherhood, which suggests that this was not the case before. In addition to that, Kayleigh notices that motherhood improved her patience, which she highly values as a therapeutic quality, featuring its positive impact on the therapeutic process.

In contrast, other participants had an entirely different experience, perceiving the heightened empathy following motherhood as a potential challenge, expressing concern that they might overidentify with clients they shared similar experiences with. For example, Maria conveys a sense of powerlessness in managing her own emotions evoked by a client's experience, making her feel that they might hinder the therapeutic relationship and her ability to support her clients:

> Like I don't know how to explain it but maybe a particular client comes in and tells you what the problem is, what he or she is facing, and it's sort of like it's with you so much. It feels like actually something you can relate to. So, at that point, it takes a lot for you to sort of separate yourself from the emotions of the client to be able to deliver your job very well. (Maria: 66–75)

She provides further evidence:

> Umm maybe it gets a little bit hard to separate myself from client's issue, especially if the client is a lady, and maybe a mother too, so I usually feel like it's … it's … it's partly happening to me. (Maria: 141–155)

Maria seems to be very self-aware of the potential triggers during the therapeutic process. In particular, she recognises how clients' motherhood-related experiences can bring to the surface emotions stemming from her personal experience. Although she can put herself in the client's shoes "as if" she was them to get a better sense of their experience, it is likely that she is not always able to maintain this "as if" quality of empathy, resulting in risking loss of therapeutic boundaries. The fact that she feels that "it's partly happening to me" is

indicative of the overinvolvement she experiences during therapy because of the shared experience of motherhood.

Similarly, Ellie, like Maria, struggles to manage her emotions as a therapist because of being a mother, particularly when it comes to childhood-related topics involving childhood adversity:

> Err … there are only a few times that I feel it can be overwhelming and that has actually changed since I had children in the sense that when I hear about trauma that happened to people in childhood, I feel it affects me a lot more than it did before when I wasn't a mother. (Ellie: 30–35)

Ellie acknowledges that becoming a mother deepened her sensitivity to childhood trauma, which appears to have a significant impact on her when explored in therapy with clients. Her maternal instincts seem to emerge in the therapy room with clients disclosing difficult earlier experiences. The strong emotional reactions she seems to experience signify that she might be undergoing her own process while supporting her clients.

4.2.2.2 Subtheme two: 'The Therapeutic Mother'

Participants revealed that having a psychology background, in particular psychological knowledge and therapeutic skills, significantly shaped their experience of motherhood.

For example, Maya considers her therapeutic qualities as an asset in her new role as a mother:

> There is a lot of the therapeutic side of me that I bring into my relationship with my son as well [ ] loads … I think it helps an immense amount like it's so incredible how, I am so grateful for the experience and the qualities I do have as a therapist as I am able to bring the same lens into motherhood. (Maya: 307–312)

Maya appears to be enjoying being able to apply her therapeutic skills in motherhood. The repetition of the words "so", "lot" and "immense" reflect the high degree of the interplay

between the two roles. It seems that the therapeutic part of herself effortlessly manifests in her relationship with her son, which she experiences with deep appreciation. Another example that further illustrates how the therapeutic side manifests in motherhood concerns the emotional support Maya offers to her son:

> Try to regulate his (son's) emotions and I think they are all very, very key skills to have. (Maya: 320)

By stepping into the role of a therapist to support her in handling her son's feelings, Maya reveals the positive side of bringing work home, drawing on key therapeutic qualities that she might be using to support her son in processing his emotions. The repetition of the word "very" highlights how crucial these skills are for motherhood in addition to the therapeutic role.

Similarly, for Kayleigh, her therapeutic skills enhanced her overall motherhood qualities:

> Yeah, it's yes, it's exactly that, it takes a lot to be a therapist. Umm you learn more about yourself as much as you are helping others and like it just forms ... it's part of your, I guess identity, you know, like you're it's like, you know you love giving, **it's just part of who you are.** So, it's really, I guess in my view is really important in motherhood as well ... (Kayleigh: 642–650)

It appears that being a therapist became the blueprint for Kayleigh in her new role as a mother, which is perhaps reassuring for her. The nurturing and caring traits that have been cultivated through her therapeutic role and formed her personality have become valuable qualities to support her in motherhood.

Natalie's experience diverges from that of the previous participants:

> We've all done social and developmental psychology modules and it's really, I'm act … I'm actually watching theory playing itself out for real time. It's really interesting to watch. (Natalie: 215–216)

For her, the psychological knowledge also provides valuable insight into her son's development. However, Natalie's narrative reveals that she adopts the role of the observer rather than being a therapist in action. It seems to be fascinating for her to be able to make links between theory and practice, which is likely to help her make better sense of her child's growth.

Lastly, Chloe also shares the influence of psychological knowledge on motherhood:

> I feel that I sometimes put too much pressure on myself about being a good enough mother in the sense of sort of holding as I know in mind and I feel that that's that can be very … sometimes a **'double-edged sword'** because I … I … you know, I worry whether what I am doing is going to enhance secure attachment or you know tend to over-analyse things rather than just being. (Chloe: 109–113)

Chloe uses a powerful metaphor, describing her experience as a "double-edged sword". She implies that although having psychological knowledge about the secure attachment can be beneficial, it can also have the opposite effect. In her experience, having too much knowledge led her to experience self-doubt and have very high expectations of herself in her role as a mother. It appears that these unhelpful overthinking habits might overshadow the joy of motherhood as she struggles to be present in the moment.

4.2.2.3 Subtheme three: 'The Impact of Motherhood on Professional Identity'

Motherhood significantly impacted women's professional identity. Interestingly, for some participants motherhood was threatening for their professional identity while, on the contrary, for others, it enriched and expanded their sense of self. According to their accounts, women went through a transformation which entailed losing parts of themselves while discovering their new identity as therapists who are now mothers. To maintain the focus on the research

question, the narratives below reflect the experience of participants' identity upon their return to work rather than the previous stages of the identity transformation that many participants referred to during the interview.

For instance, Chloe openly revealed that her new role as a mother significantly influenced her professional identity:

> And then I felt like, oh gosh, **I'm really losing my identity,** you know, or I feel deskilled at work because I feel that I've got baby brain which is scientifically proven. (Chloe: 245–246)

The pre-occupation with the baby made her doubt her abilities to effectively carry out her professional duties. Chloe's words echo grief about the transformation of her professional identity because of motherhood. The expression "oh gosh" and "really" convey the depth of the loss she might experience. Her reference to having a "baby brain" implies forgetfulness or decreased concentration potentially stemming from the demands of motherhood. Her comment that it is "scientifically proven" reflects her need to maybe justify the way she feels, suggesting that the experience is not her fault.

Natalie, like Chloe, also refers to the loss of professional skills upon return from maternity leave:

> At times feel that since I've come back umm with our new consultant, there's less trust and it does at times feel very feel very disrespectful and a bit **bullying** … so like we take the year out, you've lost skill, you don't know what you are doing very much that kind of … umm being left out, and also just umm having your competence questioned. (Natalie: 137–142)

However, for Natalie the shift in the sense of professional identity stems from external circumstances rather than from within. Earlier in the interview, Natalie shared her experience of maternity discrimination that she encountered upon return to work. The above extract speaks to this sense of not belonging at work and feeling devalued post-motherhood. The

word “bullying” suggests that work might not be a safe space anymore, which is likely to have a negative impact on her professional identity.

Similar to Natalie and Chloe, the loss of the professional identity is echoed in Ellie’s account:

> and knowing perhaps that **it will never be** (the way it used to be), but this could be incorrect to think this way because once the kids grow, then I imagine when they go to school a lot of women do actually go back to work full time, so maybe this is only reality for now, but I can’t see past that. (Ellie: 641–650)

Ellie’s narrative conveys the fear of the unknown she might experience about her professional role as motherhood became the central focus in her life. The words “imagine” and “maybe” suggest the uncertainty about her ability to hold both roles, which seems to weigh heavily on her. She seems to have mixed feelings about the future: hopeful about her career while not being able to see the light at the end of the tunnel yet as she is living in the now, being a mother who has little choice but to be there for her young child.

Unlike Chloe, Natalie and Ellie, Kayleigh experiences the loss of her professional identity very differently:

> *it’s like I feel like that part of my identity was lost in a way, umm … but going back to work again even though I was there beforehand and during pregnancy, all through to her birth, it’s ...* ***it helped again with securing my identity,*** *going back to who I used to be has helped. (Kayleigh: 420–425)*

Returning to work, for Kayleigh, signifies reconnecting with the part of the identity that is familiar to her, perhaps offering her a sense of safety. She recognises the value of being back at work, communicating the idea that it might be the “anchor” for her to hold onto amid the motherhood storm. Stepping back into a familiar role seems to have proved beneficial for her while navigating the unknown territory of motherhood. This seems to enable her to get in touch with her sense of self, just the way she used to know it before the transition to motherhood.

In contrast, other participants describe how their sense of professional identity expanded to integrate motherhood. According to Maya:

> And I was like, I don't … **I'm not just a psychologist,** and I think up until motherhood came along, I was very much like career minded. (Maya: 204)

The phrase "I am not just a psychologist" reflects the enrichment of the identity, implying that motherhood overshadowed her professional identity, changing her perspective about her overall sense of identity. The professional identity seems to hold less significance for her now that she is a mother.

Maya further elaborated in a different part of her account:

> **it's not a loss of identity;** it's just … it's just combining two … two parts of myself … [ ] it's just me. I think that's what it is. It's … it's not … so before I was like, I'm just a psychologist, I didn't identify as any other role, whereas now I'm like, actually, I'm just me. (Maya: 569–574)

It seems that Maya is comfortable with her new sense of identity, without feeling the need to label it, it is "just her": a psychologist who is now a mother.

Chloe, apart from the loss of identity she spoke about earlier, she also highlighted the expansion of the sense of self post-motherhood:

> Umm but your … you know that sense of you know you don't have that … sense of I'm only a professional. I am the mother who has dribble on her T-shirt. (Chloe: 327–329).

Earlier in the interview, Chloe described how the image she had about herself as a professional was equivalent to wearing smart clothes. However, she now seems to be more at ease with her new sense of self, embracing the messiness of motherhood as part of her identity as she is now "the mother who has dribble on her T-shirt".

To conclude, this theme illustrated the interrelationship between the maternal and the therapeutic role. Participants' accounts revealed ways motherhood manifests in the therapy room with increased empathy being at the core of that experience, which both enriches and hinders the therapeutic work. In the same way, the therapeutic background seems to influence motherhood in various ways. Some participants seemed to benefit from the psychological knowledge whereas others made the most of the therapeutic skills at home. Lastly, the experience of motherhood shaped participants' perceptions of their professional and personal identities, leading to a sense of loss for some and an enrichment of identity for others. Overall, both roles seem to be highly interrelated and constantly and fluidly influence one another, reshaping the maternal and therapeutic role and the sense of self.

4.2.3 Group Experiential Theme Three: The Light in the Darkness

The last GET draws attention to the rewarding parts of embracing the dual roles despite the challenges. A paradox identified within the participants' narratives suggests that although women manage more responsibilities, they seem to feel more connected to others and live a more purpose-driven and meaningful life. The three emerged subthemes were "Finding fulfilment", "Knowing that we are in the same boat", and "A life reconsidered".

4.2.3.1 Subtheme one: 'Finding Fulfilment'

The first subtheme uncovers the meaningfulness and the fulfilment that participants experience through their roles as mothers and therapists. The following extracts illustrate the aspects of both roles that participants find deeply rewarding. For example, Chloe expressed the satisfaction of embodying both roles:

> I guess **the luck of having both** available to me, to be able to become a mum and also to have ... a ... a ... work that is fulfilling and have the opportunity to work. (Chloe: 117)

Chloe's words convey gratitude for holding both roles that she does not seem to be taking for granted. Her statement "to be able to become a mum" implies that she might consider herself

to be in a privileged position that other women might not be. In addition to being a mother, Chloe seems to be appreciative of her work life. The fact that she “has the opportunity to work” conveys a sense of thankfulness for returning to work while being a new mum and to be able gain a sense of purpose through her job.

Similarly, Natalie’s concluding words highlight the fulfilment derived from both roles:

> One of the reasons why I quiet like being a therapist is I … I love to look at the puzzle as to … you know, what makes a person tick and unpack that and understand and really understand. And I think it’s very, it’s very similar to when you have a child, a baby, you are watching someone grow and develop [ ] so in many ways **it’s a bit like a big puzzle** … you are putting all these pieces there, it also kind of brings together, I think a full circle, a lot of what you learn over the years and years of training to become a therapist [ ] that’s one of the more rewarding bits of both roles really. (Natalie: 207–220)

In the above extract, Natalie describes what she values most in both roles. Natalie points to the parallels in her role as a therapist and a mother, both of which aim to facilitate growth, a process that Natalie seems to enjoy being part of. She uses a powerful analogy of a “puzzle” to describe her experience. The puzzle metaphor is often interpreted as a messy process of trying to find the pieces that go together to form the bigger picture, an experience that can be deeply satisfying once one is able to see the complete picture. Although the metaphor is frequently used to describe the therapeutic process, it is remarkable how Natalie implements it in motherhood. The repetition of the word “understand” – “understand” and “really understand” – indicates the deep curiosity Natalie shows about the experience of another individual. Lastly, the expression “full circle” mirrors the sense of accomplishment she seems to experience because of her ability to better understand human development as she is now able to make links between psychological theory and her lived experience of motherhood.

Maya, like Natalie and Chloe, also touches on the sense of contentment from engaging in both roles:

> Yeah, I think it's … it's nice that I'm able to do both if that makes sense, like it's nice to have the opportunity to see clients for therapy to kind of continue to be part of their journey but also at the same time, I'm part of my own journey into motherhood. (Maya: 292–295)

Similar to previous participants, Maya seems to take pleasure in accompanying clients on their journey of healing, self-exploration and growth while having the self-awareness that she is going through her own process as a first-time mother who has returned to work as a therapist. The recurrence of the word "nice" signifies the joy she derives from motherhood and therapeutic work while the use of the verb "continue" implies that she reconnected with what seems to have been fulfilling for her before motherhood. Kayleigh described the rewarding experience of being both a therapist and a mother separately in different parts of her interview:

> I can't really see my life without her in a way … [ ] so **it's like she fills a void that you didn't know you had.** (Kayleigh: 230–233)

And:

> I would have never seen **work as self-care** before but having that time back again to do what I want to do has helped a lot. (Kayleigh: 88–91)

It seems that motherhood fulfilled Kayleigh in a way that she did not expect. Kayleigh's statement that "she fills a void that you didn't know you had" provides a sense of completeness and purpose that she was previously not aware of. There is a sense that Kayleigh's experience is more intense compared to other participants as she finds it impossible to envision herself not being a mother. As far as job satisfaction is concerned, Kayleigh provided an interesting account by explicitly stating that she considers work as self-care. Given the challenges of navigating both roles and the lack of time for self-care

previously described by most participants, it is remarkable that, for Kayleigh, returning to work is equivalent to self-care. This demonstrates how deeply fulfilling work might be for her that she regards it as a way to care for herself.

Noor's perspective diverges slightly from other women's:

> It's like a **positive and a negative experience**, so yeah. On most occasions, I understand the essence of being a mother and being a therapist and all that is going on and all that I'm doing for myself. (Noor: 420–423)

Noor appears to have conflicting emotions about her experience suggesting that being both a mother and a therapist can also be difficult, not only fulfilling. However, her words imply that the positive emotions might overshadow the negatives as "on most occasions" she appears to uncover a sense of purpose through motherhood and work.

4.2.3.2 Subtheme two: 'Knowing that "We Are in the Same Boat"'

Another recurrent experience revealed in participants' narratives was a strong sense of connectedness with other women who they share similar experiences with both inside and outside of work. Knowing that "they are in the same boat" seems to hold significant value for participants, offering comfort and a sense of belonging. Some participants described the benefits of sharing their experience with other women, while others expressed a strong desire for connection due to their lack of such experience.

Chloe underlines the value of receiving support from colleagues who share a common identity:

> so, my clinical supervisor is, it's been **a real asset** because umm … she is a mum herself. She has an insider as to what that transition is like [ ] and you know she really is able to contain how I am feeling ... and it's yeah, that's a great support. (Chloe: 243–249)

Chloe's contribution suggests that the shared journey of motherhood with other therapists promotes a safe and trusting space at work where she is likely to feel validated. Her use of the phrase "real asset" speaks to the difference it seems to be making for her to have a supervisor who is also a mother. Chloe gives the impression of being satisfied with the support at work which, in turn, is probably going to enhance her ability to support her clients.

Chloe further highlights the importance of the shared experience of motherhood in personal life:

> Everybody's very genuine about how difficult it is for them. So, **you feel less alone** sort of, gosh, you know am I am I being too selfish here sort of thing. (Chloe: 253–254)

Earlier in the interview, Chloe spoke about her experience of connecting to other mothers who are therapists outside of work. The above extract highlights that this experience appears to be reassuring for Chloe. The shared experience seems to help her to acknowledge the extent of the challenge involved in being a mother who is a therapist. This in turn validates her experience and promotes a sense of belonging which seems to be helping her in becoming more compassionate towards herself.

Natalie, like Chloe, perceives as beneficial the support received at work stemming from the shared experience of motherhood, which she believes enables her colleagues to better empathise with her:

> I mean both the deputy and the consultant are mothers themselves, so there is a degree of understanding which is helpful [ ] I think **there is something** when **there** is that … **that shared experience.** (Natalie: 288–289)

Natalie suggests that being on the same journey with other colleagues makes her feel seen and understood. The same experience is valuable for Natalie also outside of work:

> All the babies seem OK so far, so **we've got to be doing something right.** (Natalie: 313)

Natalie's words convey a sense of empowerment while relating to other mothers. Engaging in conversations about children's healthy development seems to provide encouragement and relief for Natalie in terms of her ability to meet her child's needs. The words "we" and "all" in this extract emphasise the sense of togetherness addressed in this theme.

It is noteworthy that both Natalie's and Chloe's experience are associated with previous narratives around increased empathy post motherhood. In the same way participants described being able to better understand clients who are mothers, colleagues seem to be more capable of supporting them because of that shared experience. In a similar manner, Ellie finds it comforting to be around someone who truly understands the parenting journey. In her account, Ellie refers to her cousin who is also a mother of twins and therefore can highly resonate with the additional challenges of having twins:

> so that that I see we have a lot to share and laugh about the same things because we go through the same struggle. So, there is something there which is nice. (Ellie: 544–547)

It is remarkable that both Natalie and Ellie used the phrases "there is something there" to describe the mutual understanding. This might suggest that the shared experience holds significance for them; however, it seems to be an intangible feeling that is difficult to explain.

The following accounts do not fully align with those of the previous participants as what they have in common is the yearning for shared understanding rather the experience itself. For instance, Kayleigh has not experienced the resonance, although she values the possibility of sharing her journey with other women. In her case, she expresses the longing for connection, picturing what the experience of sharing the challenges with other mothers who are therapists at work might entail:

> being a mom comes with its own challenges, which kind of it's difficult. It's different from what other therapists might encounter, you know … [ ] there is a lot that comes with motherhood that you love to share with someone. And **perhaps** here as well, another mother saying yes, **I've got the same issue too.** You know it helps you feel more reassured, and it makes you feel more confident all that you are doing, what you can do. (Kayleigh: 583–606)

Kayleigh highlights the specific experience of therapists who are mothers, suggesting that it might be more difficult compared to other therapists who are not mothers. The phrase "perhaps" suggests that she might not have felt truly seen at work so far and is hypothesising the form that support could take. Chloe seems to be confident about predicting the positive outcome that sharing her experience with other mothers at work might have.

Noor, like Kayleigh, expresses her need to feel understood at work:

> even though we are therapists when we also talk to another person, **I think it will make the difference** because yeah, if there were colleagues where you could actually talk to at your place of work, if there was an outlet where you could talk to a colleague, talk to another therapist [ ] yeah it makes so much easier. (Noor: 467–473)

Her words also convey a wishful thinking for things to have been different at work in terms of support. However, Noor's perspective diverges from other participants. Despite Noor's longing for a safe space at work where she can openly share her experience and receive compassion, she acknowledges that another therapist could provide that for her, who might not necessarily be a mother. Therefore, it seems to be adequate for her if the shared understanding relates to therapeutic experience only.

4.2.3.3 Subtheme three: 'A Life Reconsidered'

For many women, returning to work post motherhood led them to re-assess their priorities and what truly matters in life. A recurring idea is that motherhood either diminished or enhanced the significance of work. For example, Natalie and Maya no longer consider work

to be of utmost importance. It is important to highlight that the experience of motherhood made them re-evaluate their values.

For Natalie, motherhood has been an opportunity to reflect on what makes her life meaningful and question of whether devoting herself to work has been in alignment with her values:

> work is no longer the thing that keeps me away from home, which … before becoming a therapist or before we have children, it's really easy to stay that extra half an hour, hour and … I was gonna say I'm just … I'm using those reflections to help really identify what are … remind me, gosh, **what are the values? What are the things that are really important?** And am I meeting them or not? (Natalie: 264–268).

Natalie appears unsettled about where she stands in terms of priorities. It seems that her reflections enabled Natalie to establish professional boundaries at work as the time spent at home with her child became a non-negotiable. The word "gosh" conveys the intensity of her emotions and the surprise of realising that work might not be as important anymore.

In asking herself the following question, Maya also implies that her sense of purpose has moved beyond work after becoming a mother as work might not "be worth it" keeping her away from her son. Her narrative shows that she also experiences ambivalence as she is in the process of re-evaluating her priorities:

> what kind of comes up for me is that is this worth not spending time with my son? (Maya: 152).

Like for Natalie and Maya, the shift in priorities is evident in Chloe's account:

Chloe: And it feels like work becomes something that you have finished, and you know you keep aside. Before I was able to carry on thinking it.

Int: So, sounds like there is no space when you come back home or time for work. Is that what you are saying?

Chloe: **I don't want there to be space.** (Chloe: 100–103)

However, unlike the other participants, Chloe's words convey certainty that work is not the central focus anymore, suggesting that she is willing to protect family time at any cost. Chloe seems to not be stressing over leaving work at work post-motherhood. The assertiveness in her response "I don't want" communicates the clear boundaries she has set to enjoy motherhood.

Ellie's experience is closely associated with Natalie's, Maya's and Chloe's as motherhood ultimately became her top priority:

> Because now I am a mum, I never felt I could fully dedicate myself to work. Work was no longer the priority, despite me finding it is a priority. I could no longer place the priority on it, like the priority has to be kids which was odd for me because throughout my whole life, work would always be my priority. I had no other priority. (Ellie: 235–245).

However, her account presents a distinct viewpoint as she conveys a sense of powerlessness to fully commit to work although it continues to hold great significance for her. As she says, "the priority has to be kids", which is what she feels she should be doing, suggesting the pressure and the sense of responsibility she experiences to meet the demands of motherhood at the expense of her career. The use of the word "odd" and how it was "always" reflects the loss and the difficulty to accept the new reality.

Noor's experience contrasts to previous participants:

> Initially as a therapist, I think at some point you get to lose the core essence, the core purpose of that you are doing, but as a mother I got to understand that as a family therapist, **what I was doing my job was very important,** that I was doing a very

> good job, that my role as a family therapist was actually a very big role in the lives of my client and also the society. (Noor: 405–415)

The experience of motherhood helped Noor to reconsider her work as a family therapist. In the above extract, Noor expressed how she drifted away from a sense of meaning in the job and it seems that motherhood has been a much-needed redirection to rediscover her purpose. Having a family of her own, she seems to be understanding better the weight of her professional role and the meaningful contribution she can make through her role not only on an individual but also societal level.

Overall, this theme uncovered the affirming experiences associated with navigating early motherhood and therapeutic work, which participants seem to hold onto during the difficult times. The meaningfulness derived from both roles seems to be a fundamental aspect of their experience. Equally meaningful is for participants to share their journey with other women that are likely to understand them because of the shared experience. However, what they consider meaningful at this point in their lives seems to have changed post-motherhood with some women valuing more their maternal role while others become more appreciative of the contribution they make as therapists.

4.3 Summary of the Findings

In conclusion, this chapter presented the GETs that best captured participant's lived experience of navigating first-time motherhood and therapeutic work. Participants' narratives disclosed both the challenges and the positives, as well as the mutual impact of simultaneously holding maternal and therapeutic roles. Various aspects of participants' experience were brought to life including the tensions arising from occupying both roles all the time, the ways their new reality shaped their roles, and the value obtained from that experience. The tensions make it difficult to fully step into one role without the other being present. A key element of participants' experience seems to be the emotional availability that is constantly required from therapists to attend both the baby's and the client's needs. The

ongoing support new mothers who are therapists provide often results in a sense of powerlessness and loss of agency over their lives and their personal needs. In the following section, these findings will be linked to the existing literature and their implications for future literature will be discussed.

CHAPTER FIVE: DISCUSSION

5.1 Introduction

This chapter begins by providing a summary of the research findings presented in the analysis chapter. The findings are then discussed and critically evaluated with reference to theory and existing literature. It aims to shed light on insights from this study that support the current body of research and highlight new knowledge that has emerged. The quality of the research will be appraised with reference to the quality criteria outlined in the methodology chapter. The role of reflexivity will be further explored in this chapter, and limitations of the study will be discussed. The implications of the research findings and possible contributions to the field of counselling psychology will be considered. This discussion will conclude with suggestions for future research and final thoughts about the research findings.

5.2 Research Findings

5.2.1 An Overview of the Research Findings

The Analysis provided valuable insight into the experience of therapists who are first-time mothers returning to work. It revealed the following three key themes: a) Holding It All: Navigating the Tensions, b) The Interplay Between the Two Roles, and c) The Light in the Darkness. To understand more the experiences of therapists who are first-time mothers, this study brought into one focus what is known about mothers, therapists and women returning to work. The findings are conceptualised through person-centred and systemic theories considered through a feminist lens.

5.2.2 Emergent Group Experiential Themes

5.2.2.1 Holding It All: Navigating the Tensions

All participants experienced tensions arising from the ongoing battle to meet the needs of their child and their clients. This can be considered an overarching theme that lies at the core of the research findings. A significant finding of this study concerns women’s difficulty to

compartmentalise and fully step into either the role of a therapist or a mother. The pressure to hold both roles seems to be at the core of the inner conflict of the identity. An important aspect of that experience is its continuous nature which seems to cause psychological strain for the participants. The tensions appear to increase or decrease over time but are never entirely resolved. This seems to take a psychological toll on participants' well-being and perhaps highlights the need for women to receive further support. While fulfilling the obligations of one role, either as first-time mothers or therapists, the secondary role is ever-present in various ways, frequently supporting the role they embody at the time and on other occasions interfering with it. This might suggest that participants are in the process of creating a new part of the self: therapists who are new mothers. Holding both roles continually appears to have become an integral part of who participants have become post-motherhood rather than solely the roles they adopt.

Most participants articulated that the tension manifests when they step away from their maternal role and engage in their therapeutic duties, often accompanied by intense thoughts and feelings about their child such as guilt, jealousy, heightened anxiety, powerlessness, and feeling overwhelmed. Some of the participants appear to have developed persistent mental preoccupation with their child's well-being ("always my mind drifting", "is my child okay?" "constant worries") which negatively affects their ability to be fully present at work. The intrusive thoughts are experienced as anxiety related to the baby's wellness, with one participant expressing the need to act upon her thoughts by checking if everything was running smoothly at home. In relation to the feelings of guilt, they appear to be derived from the mothers' inability to be present for their child because they must be at work and fulfil professional obligations. The experience is so intense for one participant that it makes her feel a sense of not belonging at work and questioning whether she should be at home. There is an impression that participants' guilt is associated with their inability to meet the expectations of motherhood while working as therapists, possibly associated with the narratives about "idealised motherhood".

Another important element of the ongoing battle is the physical and mental exhaustion experienced by all participants. Most participants emphasised the highly demanding emotional aspect of both roles. However, the lack of time or resources for self-care makes it impossible for women to recharge mentally. As a result, they seem to be stuck in this circle that further compromises their physical and emotional capacity to continue fulfil the requirements of the maternal and professional roles. To be able to manage the dual responsibilities, participants seem to operate on survival mode, characterised by a loss of agency that is consistently present in their narratives. There is a sense that participants no longer have control over their lives. The high demands of both roles seem to dominate and significantly limit their choices in terms of prioritising their personal needs and well-being.

5.2.2.2 The Interplay Between Motherhood and Therapeutic Role

This study revealed that the uniqueness of the experience of therapists who are first-time mothers lies in the fact that each role complements the other. According to participants, therapists' maternal side inevitably manifests in the therapy room, particularly with clients who are also mothers. Participants expressed the feeling that they can better understand clients because of the shared experience of motherhood while on other occasions they might feel overinvolved in the therapeutic relationship. The addition of this study in relation to this theme lies in the ways the therapeutic side is applied in motherhood, which most participants experience as beneficial. In greater detail, the analysis revealed that having psychological background enables participants to better conceptualise their child's development by being able to make links between theory and practice. Participants seem to enjoy observing and contributing to their child's healthy development. Interestingly, one participant described observing her child's development as "watching theory playing itself out in real time". This point links to and helps to further understand the tensions discussed in the previous theme. Participants' psychological background makes them aware of the importance to consistently respond to their child's needs. This may heighten their fear that their absence because of their professional obligations as therapists could compromise their child's healthy

development. For one participant, this psychological knowledge exerts additional strain. Chloe described it as a “double-edged sword” that makes her question whether she offers the conditions for her child to develop secure attachment, resulting in placing extremely high expectations for herself in her role as a mother.

On the other side, participants expressed the usefulness of applying the therapeutic skills they have developed. They articulated feeling better equipped to manage their child’s psychological difficulties. Another interesting finding from this study regards the ways motherhood shakes and challenges the part of their professional identity as therapists. Most participants revealed that they went through a process of identity transformation post-motherhood which impacted how they view themselves as professionals. For example, some women focused primarily on the loss of their previous identity, whereas others reflected on their expanded sense of self as therapists’ post-motherhood. Nevertheless, all participants highlighted the change and the shift they experienced.

5.2.2.3 The Light in the Darkness

In this study, participants expressed the fulfilment and the gratitude they experience because of their ability to be able to be both therapists and new mothers. Another important insight within this theme is that women seem to highly value, and yearn to share, their experience with other women who are on the same journey in the hope of feeling supported and reassured. Even though participants acknowledge the value of the overall support they receive, the mutual understanding with other women in similar positions seems to hold particular importance for them. The experience of being a therapist and a first-time mother appears to be unique for participants who might be feeling that only those who have been in their shoes can truly understand them and lean towards creating these connections. Furthermore, this theme revealed that the loss of identity highlighted in the previous theme transformed into a renewed sense of purpose for participants. The experience of motherhood made participants re-evaluate their values and the importance of holding each role. It can be concluded that this last theme brings to light the positive aspects of being both a therapist

and a first-time mother which contradicts the tensions previously discussed. Consequently, the findings produce a sense of ambivalence. On the one hand, it appears extremely challenging for women to manage the responsibilities of both roles. At the same time, the experience seems to have enriched participants' identities, which they regard as profoundly satisfying.

5.2.3 Findings in Relation to Existing Literature and Theory

In this section, the key insights of the study will be explored in relation to the existing literature and theory. As mentioned in the literature review chapter, the existing literature tends to examine each role separately. However, both roles present similarities that are important to be considered while examining the research findings. Both being a therapist and a mother require significant emotional availability. Another similarity is that both mothers and therapists support someone who might be vulnerable and contribute to their growth. Lastly, both roles often require the needs and emotions of the other person to be prioritised over one's own. The profound state of exhaustion from the ongoing battle to continuously meet the demands of being a first-time mother and a therapist expressed by participants is supported by the existing literature. Previous findings revealed the physical and mental exhaustion associated with aspects of each role separately such as mothers' self-neglect (Barkin & Wisner, 2013; Bettinson & Devonport, 2025) and therapists' overload (Dattilio, 2015). Further evidence suggests that the inability to recharge has severe psychological consequences for individuals, including burnout (Tracchegianni & Carone, 2025), impaired cognitive functioning (Jonsdottir et al., 2013) as well as physical and mental health difficulties (Johsdottir, 2012). Another factor contributing to participants' state of exhaustion and mental depletion is the emotional availability required in both capacities. The literature highlights the importance for mothers to have emotional availability to be able to offer the conditions that promote a child's healthy development (Saunders et al., 2015). Abargil et al. (2025) argued that the same principle applies to therapists whose emotional responses influence significantly the therapeutic process and ultimately the therapeutic outcome. As outlined in

the literature review, participants' need to relentlessly offer emotional support in both roles might stem from the prevailing status quo expecting women to effectively manage multiple roles (Ismailova et al., 2019) and be able to combine family and professional lives (Apostu, 2017). Although women's role expanded to the professional domains (Kabaikina & Suschchenko, 2017), the caregiving responsibilities still weigh heavily on them (Esplen, 2009), demanding from women to navigate this new reality independently without guided support (Apostu, 2017). This might explain participants' difficulty to slow down or allow themselves to not be so available all the time. Various elements of the exhaustion associated with both roles have been brought to light from previous studies; however, the chosen method (IPA) of this study enabled access to the participants' world and reveal the alarming degree of their experience. The fatigue seems to reach a critical stage for participants where they find it extremely difficult to manage themselves, stay awake at work or maintain personal care. The most striking example lies in Ellie's narrative revealing that her state of exhaustion gets to the point of neglecting very basic needs such as not being able to shower some days.

Participants' exhaustion and difficulty to look after themselves seem to leave them with a sense of hopelessness and loss of agency over their lives. Guttman (2016) provided an interesting insight highlighting the role of mother's autonomy as an important condition for a child's healthy development. However, evidence suggests that mothers experience loss of autonomy which is associated with depressive symptoms (Mauthner, 1999). Additionally, the literature emphasises the significance for therapists of remaining grounded in their inner world to be able to effectively support clients (Gelso & Perez-Rojaz, 2017). Consequently, it is vital for women to feel able to look after their own well-being to be able to meet the needs of others. In this study, although participants are aware of the self-neglect and the self-care practices that promote their well-being, which would potentially help them pour back into the "empty cup", they seem to acknowledge that they have restricted autonomy at this stage because of the pressures to support their child(ren) and their clients. The current study builds

on previous findings to highlight that the loss of agency extends beyond motherhood and is amplified for new mothers who are also therapists, impacting their ability to attend very basic personal needs.

Despite the state of exhaustion participants experience, they appear to feel the urge to continue performing in both roles. However, the inability to constantly attend to their child's needs alongside the difficulty to be fully present for their clients results in feelings of guilt. Guilt has been found to be a common experience for new mothers upon their return to work in other professions (Parcsi & Curtin, 2013). There is an impression that participants' guilt is associated with their struggle to meet the expectations of motherhood while working as therapists. The experience is so intense for one participant that it makes her feel a sense of not belonging at work and question whether she should be at home. This insight is established in the literature (Delgado-Perez et al., 2021; Stoppard, 2000) in relation to the idea of "idealised motherhood", suggesting that the constructed ideas about "good enough" mothering place significant pressure on women to fulfil the expectations of the role. These expectations can also be understood through a psychodynamic lens. Winnicott's (1990) concept of the "good enough" mothering emphasises the role of the mother's persistent care and emotional support in the child's healthy development. Similarly, Klein (1975) highlighted the importance of mother's responsiveness in supporting infant's healthy development. From an object-relations perspective, meeting child's needs can help the baby develop their ability to integrate positive and negative experiences and ultimately the perception of the mother as a separate object. Lastly, Butler (1997) drew attention to the role of infant's dependency on others in the formation of the sense of self. From this perspective, separation from the mother might have implications for child's development.

In addition to that, another valuable finding from a previous study showed that being a therapist can exacerbate the expectations women impose on themselves to be good mothers because of the knowledge and the skills they have developed through their professional role (Parker et al., 2024). However, evidence suggests that the maternal guilt extends beyond the

fear of failing as a mother and is also highly interrelated with the inability to succeed in both maternal and professional roles (Baykal, 2023). This further explains the psychological tension participants encounter to live up to the unrealistic expectations and excel in both spheres. It can be argued that the latest feminist waves contributed to challenging the socially constructed ideas defining the mother as the main caregiver (Chodorow, 2023). However, those beliefs have been well-established and seem to continue influencing women's behaviour and experience. Therefore, participants potentially feel the need to do what they think they should be doing, which is to be the caregivers for others at the cost of their own physical and mental well-being.

The research findings can be further interpreted through the person-centred framework, a humanistic approach developed by Carl Rogers. Rogers (1957b) proposed that individuals are driven by a motivational force, which he defined as the "actualising tendency". This tendency enables individuals to grow and reach their full potential, given the right environment. Rogers (1957b) identified the "core conditions" that are necessary and sufficient for the growth and the therapeutic change to occur, namely, empathy, congruence and unconditional positive regard. Consequently, the therapeutic relationship is at the heart of this approach. From a person-centred perspective, individuals are often in a state of incongruence, experiencing psychological tension and anxiety (Sanders et al., 2009). The psychological tension often derives from the internalised "conditions of worth" (Rogers, 1959) that are developed in childhood: the standards that individuals needed to fulfil to gain acceptance from their significant others. As a result, individuals have learnt to sacrifice their own needs and often behave in the way they think they should do to ensure the positive regard of others – even if it is not in alliance with their own needs.

This theory provides explanation for the participants' struggles; they appear to sacrifice their well-being while striving to live up to the expectations of both roles. However, while person-centred theory explains the internalised tensions, it does not consider the additional layer of conditional worth experienced by women, often stemming from power

dynamics and gender inequalities. The constant battle perhaps conveys participants' challenge to prove that they are good enough in their roles both as mothers and therapists – the new standard in western societies for women to excel in multiple roles. This theory can also help facilitate the interpretation of participants' difficulties to maintain professional boundaries or be fully present at work through the concept of the "core conditions". Rogers (1957b) defined empathy as entering the client's world "as if" you were the other person without ever losing the "as if" condition. This definition highlights the importance for the therapist to not lose their sense of self while they empathise with their clients. The findings of this study suggest that the experience of motherhood might lead to participants' overinvolvement in the therapeutic relationship with clients who are also mothers; either by making them feel that they can better understand mothers or overidentifying with them. Although empathy is a key therapeutic quality, Rogers (1959) underscored the significance of understanding the client from their frame of reference. However, in participants' cases, their understandings about clients who are mothers seems to originate from their frame of reference. This might be linked to the fact that motherhood becomes a big part of women's' identity once they become mothers (Hwang et al., 2022), potentially leading them to embody the role fully and focusing on the shared elements of the experience with other mothers. The most striking example lies in the narrative of Maria, who enters the client's world and seems to get lost in it, feeling that "it's partly happening to me". A previous study proposed that having similar experiences such as loss in common with clients might result in overinvolvement (Godfrey-Dhundja, 2020). This study builds on previous knowledge suggesting that it also applies specifically to therapists having in common the experience of motherhood with clients. Another finding indicated that blurring professional boundaries can affect clients' wellbeing and the therapeutic process (Simon, 2004). Participants raised an important point in relation to their limits of competence at this stage when supporting other mothers. This will be further discussed in the implications section to consider the potential adjustments therapists who are new mothers might need at this phase to ensure ethical practice as underscored by the code of ethics and conduct (BPS, 2009).

Congruence is the second condition of the person-centred approach that can enhance the understanding of the findings. Congruence refers to a therapist's ability to be authentic, fully present and aware of their experience (Rogers, 1957b). In this study, participants' preoccupation with their child's wellness and the exhaustion they experience seem to hinder their ability to be congruent, which consequently might interfere with therapeutic work. This insight confirms findings from earlier studies that a therapist's personal life has a profound impact on their therapeutic practice (Nissen-Lie et al., 2013). Previous findings show that mothers' anxiety and persistent concerns are common experiences for mothers when at work (Johnson et al., 2025; Kadale et al., 2018). Furthermore, Nissen-Lie et al. (2021) proposed that a therapist's preoccupation with other's needs can hinder therapeutic work. Other findings showed that a therapist's anxiety can diminish therapeutic efficacy (Shamoon et al., 2017). Although participants expressed that their difficulty to remain congruent affected their therapeutic practice, they did not explicitly specify in what ways, an area that would be interesting for future research to further explore. The tensions of holding both roles can be further interpreted through the contemporary development of the person-centred framework. According to Mearns & Thorne (2007), there are different parts of the self within the individual which they defined as "configurations of the self" that come to the surface at different times, depending on the circumstances. It appears that in participants' experience of being first-time mothers who return to work as therapists, both parts of the self are activated at the same time, causing conflicting emotions. Rabinovich & Morton (2016) support this finding by suggesting that the activation of conflicting identities can be a cause of psychological strain. This finding aligns with the current research showing that carrying dual identities as first-time mothers and therapists exerts psychological pressure.

The inner tensions manifest also externally in work-life imbalance for participants, often causing difficulties in upholding professional boundaries. The work-life conflict has been extensively discussed in the literature as a common phenomenon new mothers encounter upon their return to work. The existing literature highlights the factors that intensify the

conflict such as physical and mental health difficulties as well as the consequences of the conflict, including lack of confidence and burnout (Grice et al., 2011; Martins et al., 2019; Molina, 2021; Tripathi et al., 2022). In the present study, the findings also indicated that the work-life conflict results in psychological difficulties such as participants' insecurities about their ability to manage work and motherhood. The unrealistic expectations of motherhood imposed on women (Anderson et al., 2018) possibly contribute to participants' sense of low self-efficacy alongside the tensions outlined earlier. The significant addition of this study is the emotional dimension of the conflict that has been consistently emphasised throughout participants' narratives and that the study was able to access because of the IPA methodology. For example, Maria described the challenge to find work-life balance as an "emotional adjustment" whereas Noor experienced it as an "emotional instability". Another example is that Maya finds it emotionally difficult to leave her son after lunch break to go back to work. Perhaps this signifies the dynamic nature of the conflict and the difficulty to manage emotions which is likely to make it more challenging for participants to find the balance.

A systemic theoretical framework can further aid the conceptualisation of the research findings. From a systemic viewpoint, the individuals are part of broader systems that influence each other (Dallos & Draper, 2015) and the narratives they develop about themselves are shaped through their social interactions (Morgan, 2000). This theory enables a greater understanding of the external factors that contribute to the tensions experienced by participants in this study including their families, the organisations they work at and their cultural backgrounds. For example, the experience of one participant having her competence questioned upon return to work or the guilt expressed by another participant because of cultural beliefs that women should be the homemakers are indicative of the systemic influences in the meaning participants attributed to their experience. Narrative theory within a systemic framework offers additional insight into the internalised beliefs around motherhood and the dynamic nature of the identity transformation articulated by the participants. From a

narrative-theoretical standpoint, participants' stories about themselves that they need to be good mothers, and competent therapists are socially constructed. Therefore, participants' experience reflects their interactions with the systems they are part of, which may lead them to focus more on the expectations of others rather than their reality.

Additionally, in this theory, the self is viewed as a "verb" rather than a "noun" suggesting its relational and fluid nature (Combs & Freedman, 2016). This perspective helps better understand the findings of this study in relation to the dynamic interplay between the two roles and the development of the new identity. The dynamic interplay between both roles reported by participants is supported by the existing literature. Previous studies showed that being a play therapist significantly benefited the maternal role (Parker et al., 2024). In the same way, the experience of motherhood enhanced therapists' ability to empathise with parents. Another study provided similar insights, suggesting that psychological training supported motherhood while motherhood strengthened the therapeutic role (Robinson, 2012). Additionally, previous research findings showed that the main quality enhanced post-motherhood is empathy (Athan & Miller, 2013; Laney et al., 2014). The above studies highlighted the experience of mothers in general, with only one study (Shaw & Breckendge, 2014) revealing increased empathy specifically for therapists who are mothers. Therefore, the present study can be considered a powerful starting point to further develop the existing knowledge. This is a meaningful contribution given that empathy is considered a core element of all helping relationships (Reynolds & Scott, 1999) and an essential condition for the therapeutic change to occur (Bohart & Greenberg, 1997).

As stated earlier, the tensions arising from being both therapists and new mothers contributed to the development of a new identity for participants. The idea of identity transformation is extensively supported in the existing body of research in relation to the experience of motherhood. The identity shift is discussed in the literature as an intense process that unfolds in stages, moving from loss and crisis to eventually integrate the new identity and develop a new sense of self (Arnold-Baker, 2019; Babetin, 2020; Mercer, 2004;

Oakley, 2018; Smollon, 2007). The addition of this study lies in the development of the dual identity as a new way of being for participants. For example, as they stated, “it’s just me” or “I am not only a psychologist”. This study further builds on existing knowledge by showing how the transformation challenged participants’ previous sense of self and beliefs about how therapists should be. This insight aligns with the most recent feminist movements that challenge norms and celebrate the individuality of each woman. Participants seem to be guided by their values, which have changed post-motherhood. Harris (2022) proposed that values are the guiding principles that support individuals to re-evaluate what is important to them and live a purpose-driven life, which seems to reflect participants’ experience. Interestingly, participants shared contradictory values. For some participants, motherhood became a top priority: “work is no longer the thing that keeps me away from home” and “is this worth not spending time with my son?”. On the contrary, for other participants motherhood helped them recognise the value of their professional roles.

Lastly, the rewarding parts of both roles have previously been highlighted in the literature regarding each role individually. Various studies proposed that therapists perceive the contribution they make to clients’ lives as meaningful (Råbu et al., 2016) and it provides a sense of personal achievement (Dlugos et al., 2001). Another study highlighted that the fulfilment derives from overcoming the difficulties of the role (Heppner, 2003). Similarly, motherhood is experienced as fulfilling (Nystrom & Ohrling, 2004), offering a sense of accomplishment (Green & Kafetsios, 1997). The novel insight revealed in this study concerns a deep sense of appreciation some participants experience for being able to do both. Natalie puts into perspective the fulfilment of holding both roles referring to it as “full circle”. This perspective further highlights the strong interconnection between the two roles, emphasising the satisfaction derived from making links between psychological theory and motherhood. As previously noted, participants expressed a sense of shared understanding and a need to connect with other women who are also mothers which can be regarded a new contribution of this research. Seppälä et al. (2022) found that the shared experience of motherhood

facilitates social integration. However, there is no further evidence directly supporting the insight of this study. Another significant new angle concerns therapists' perception of returning to work post motherhood as an act of self-care. This insight does not align with current research findings and offers an interesting perspective about how the viewpoint of self-care might change for therapists after becoming mothers. This could be understood through a feminist standpoint considering the pressures imposed on mothers as the main caregiver. It is likely that women feel the need to have a break from the "intensive mothering" which potentially contributes to them seeing work as a way of attending their need to step away from their roles as mothers, which they might not do otherwise.

5.2.4 Conclusion

Overall, this study focused on the hitherto under-researched question of what it is like to be a therapist and a first-time mother returning to work. It brought to light different aspects of the experience whether it concerns first-time motherhood, therapeutic work or return to work from maternity leave. It can be concluded that the results of the study seem to bring together the missing pieces of the puzzle in relation to the existing literature and shed light on the bigger picture of what the experience of integrating the above three elements is. The expectations around motherhood appear to lie at the heart of the tensions. Furthermore, it can be noted that the research findings reveal ambivalence in participants' experience. Even though there is a sense of significant challenge and of being overwhelmed in navigating the tensions of both roles, there is also a sense of deep satisfaction and renewed purpose. More specifically, women's professional role as therapists is important for participants and they feel grateful to be able to return to it, even though it adds additional pressures to the already demanding role of being a new mother. The sense of togetherness and mutual understanding seems to be the antidote to the tensions fuelled by the challenges to balance the dual roles. For example, the tensions participants experience makes them doubt their competence in both roles, whereas knowing that they are "in the same boat" with others going through similar experience offers reassurance, resulting in enhanced confidence in

both capacities. Ambivalence can also be observed in relation to participants' perspective about their therapeutic roles post-motherhood. On the one hand, they experience working as therapists as deeply rewarding. On the other hand, motherhood made them re-evaluate their roles as therapists, with most participants concluding that their professional roles are of less significance compared to being mothers.

5.3 Personal and Epistemological Reflexivity

Alase (2017) highlighted the importance of being transparent about researcher's "twists and turns" in their reflective journey before reaching the end point. In my experience, my reflexivity journey has been multifaceted. On a personal level, it is important to note that my experience as well as my assumptions and understandings about being a therapist and a mother significantly evolved throughout the years of conducting this research. A significant contributing factor has been the changes in my life circumstances. When I first submitted the research proposal, I was not working as a therapist, and I found the transition into early motherhood extremely challenging. Therefore, despite my therapeutic background, motherhood became the defining part of my identity at the time, which inevitably shaped my beliefs about first-time motherhood alongside the significance I placed on the role. My motivation at that point was to support new mothers upon their return to work, adhering rigidly to the idea that it is very hard to be a new mother in addition to being a therapist. The awareness of my personal journey through ongoing reflexive engagement has been valuable to help me recognise my own biases deriving from participant's accounts; however, it has been a highly demanding process to navigate. One example to illustrate this point concerns my difficulty to engage with participants' narratives suggesting that returning to work is viewed as a self-nurturing activity. Another example refers to participants' accounts that highly resonated with my personal experience. Again, the awareness of my experience has been key to remaining open and curious about how participants' experiences might be different, even if there were similarities with mine.

Nevertheless, the professional part of my identity strengthened through my training in the doctorate course and engagement in clinical work. This influenced the lens through which I started interpreting the experience of being both a therapist and a first-time mother at the later stages of the research project. Perhaps that enabled me to switch my attention from motherhood to focus more on the dual identities of the participants, which was my primary interest in this study. In terms of the destination that this research has arrived at, I reviewed the findings in relation to the expectations I had before the onset of the research by revisiting my reflexive journal. Interestingly, some of the research findings fulfilled my expectations whereas others were entirely unexpected. For instance, the tensions arising from holding both roles and the difficulty in looking after oneself aligns with what I previously thought might emerge. However, I had not considered the ways in which one role actively shapes the other or the depth of fulfilment of both roles while participants still navigate the challenges, as revealed in their accounts. Strikingly, some of the key points of the research findings regarding the tensions to constantly embody both roles helped me feel reassured and make sense of my personal experience which did not come to my awareness before.

Other factors that came to my awareness and are important to address concern the tensions that arose between my roles as a Trainee Counselling Psychologist/ Person-Centred Counsellor and a researcher throughout the research process. To better understand the tensions, I found it helpful to refer to the “scientific-practitioner models” for counselling psychologists. The “scientific practitioner model” highlights the importance of using a scientific lens when engaging with research (Blair, 2010) while the “reflective practitioner model” encourages counselling psychologists to be subjective and demonstrate critical self-awareness (Woolfe et al., 2004). As a result, counselling psychologists are often pulled in different directions as they are expected to be both empirical scientists and subjective reflective practitioners (Kasket & Gil-Rodriquez, 2011). In my experience, I was faced with the challenge of finding the appropriate balance between these two conflicting worlds. Although the “scientific practitioner model” contradicts my epistemological standpoint and I

was aware that my interpretation might be subjective, at times, it was a well-needed reminder to help me step back into the role of the researcher when I experienced becoming too subjective in the research process. This challenge arose from the overall demands of the doctorate course throughout the duration of the research, which required me to constantly switch roles between being a researcher and a therapist.

An additional element contributing to this difficulty is the fact that being a person-centred therapist has been an integral part of my identity over the years whereas the role of the researcher has been a new one to navigate. Consequently, my therapeutic side inevitably manifested at different stages of the research process. One example demonstrating this is the significance I placed to offer the conditions for participants to feel safe during the interviews and establish a relationship with them. Another example refers to my responses during the interviews. Upon reflection, some of my responses, particularly in the first interviews, resembled therapeutic encounters involving empathic reactions, silences or reflections on participants' emotions and non-verbal cues. These skills have been helpful in facilitating further exploration and eliciting rich data. However, after careful consideration, I realised that they potentially reflected my need as a therapist to attune to participants' experience and offer support in addition to collecting data. Another example of when I became aware that my professional identity significantly influenced the research was during the analytic process. It can be concluded that in the initial stages of the analysis, I instinctively added an additional layer of interpretation to the "double hermeneutic lens" which was my therapeutic interpretation of the participants' experience deriving from my psychological knowledge and my felt sense during the interviews rather than "my interpretation of how participants might make sense of their experience" (Smith et al., 2009). Reflexive engagement in addition to my supervisor's feedback have been valuable to enable me to remove the therapeutic lens throughout the analysis, resulting in reviewing and editing the analysis chapter from the position of a researcher.

My person-centred lens influenced the research process, particularly in the interpretation of the findings. I acknowledge that the findings may have been interpreted differently had I approached the research from another theoretical orientation. For instance, from a psychodynamic perspective, I may have placed greater emphasis on unconscious processes, internalised expectations, defence mechanisms, or conflicts between different aspects of participants' maternal and professional identities. Another example relates to my tendency to remain as close as possible to participants' accounts, influenced by my person-centred approach. However, IPA required me to move beyond description and engage in a deeper interpretation of the data through the process of double hermeneutics.

While I was reviewing the research findings from a bird's eye perspective, the Greek poem "Ithaka" (Cavafy, 1911; see Appendix K) lingered in my mind. As someone with Greek roots, the metaphor of "Ithaka" deeply inspired me over the years and I would like to bring this to the study to illustrate the essence of the overall research findings. Generally, the poem refers to the mythic journey of Odysseus to Ithaka, a metaphor frequently used within Greek culture to refer to the journey of life, emphasising the importance of who one becomes through the journey, rather than the destination they reach. The poem seems to have some valuable parallels with the study outcomes which I would like to share to convey the meaning of the findings. Participants' narratives in this study reflect both the journey towards and reaching the destination of "Ithaka". The constant effort to balance the expectations of both roles can be compared with the journey of being therapists and first-time mothers. On the other side, the destination might be the fulfilment and the renewed sense of purpose that participants expressed experiencing through their roles as therapists who are also new mothers. The monsters Odysseus fought and the challenges he overcame often represent the internal struggles. This made me think about the internal tensions participants navigate, the different "monsters" they are constantly fighting due to the never-ending responsibilities of the maternal and therapeutic roles. As revealed through the analysis, these experiences seem to actively shape and mutually influence their motherhood and therapeutic sides.

Lastly, the ultimate purpose of the difficulties encountered on the way to “Ithaka” is to find the true meaning of the journey. This interpretation of the poem is evident in the research findings as the experience of holding both roles enabled the participants to re-evaluate their values and reconsider the significance they place on their roles as mothers and therapists.

5.4 Quality Markers

In this section, I will demonstrate how I met the quality criteria proposed by Yardley (2015, 2020), as outlined in the methodology chapter. The quality criteria include rigour, coherence, transparency, impact and importance.

In this study, I illustrated sensitivity to the context of existing theory by formulating the research question, based on an identified gap in the literature review about the experience of therapists following first-time motherhood. In addition to that, I demonstrated sensitivity to the context through consideration of participants’ worldview, their socio-cultural background and the setting. For example, semi-structured interviews with open-ended questions aimed to allow participants to provide rich, detailed accounts of experiences significant to them. Another example is the online setting which I intentionally offered to the participants as an option, showing consideration to the difficulty they might have to find additional time to travel to the venue or make childcare arrangements. Lastly, participants’ socio-cultural backgrounds were considered, particularly during the analytic process, which is evident in the commentary of the analysis chapter. For example, one participant experienced maternal guilt for being at work due to the internalised cultural and societal beliefs that position motherhood as the primary role for women, which was explicitly stated in the participant’s narrative and further highlighted in the commentary of the quote.

The rigour and commitment criteria coincide with the IPA specific quality criteria (Smith & Nizza, 2022) that are primarily concerned with the experience and the idiographic commitment. I established the rigour within this research by focusing on the principle “depth over breadth” highlighted by Smith et al. (2021). More specifically, I achieved the depth and

the richness of the analysis by employing a small sample of participants (seven) and thoroughly engaged in the analysis of the individual cases. Moreover, each theme that emerged from the analytic process is supported by at least half of the participants, as recommended by Smith (2011) to uphold high research standards. Apart from the size of the sample, I used purposive sampling to explore the experience of participants by setting certain criteria that participants would have in common in relation to the phenomenon under investigation. Therefore, adhering fully to an IPA framework ultimately enhanced the rigour and the coherence of this research. Another key marker for high quality in IPA approach is "developing a vigorous experiential account" (Nizza et al., 2021) which I fulfilled through an in-depth analysis of the data using the lens of "double hermeneutics" (Smith et al., 2009) that allowed me to get as close as possible to participants' experience and generate experiential accounts.

As far as coherence and transparency are concerned, I met these criteria through full disclosure in this chapter of the rationale and the strategies employed at every stage of the research process. For example, I critically examined the appropriateness of the methodology and thoroughly presented the data collection process. Moreover, I maintained transparency throughout the analytic process by illustrating quotes from participants' accounts, followed by detailed commentary (Larkin & Thompson, 2012). To enhance transparency, I provided excerpts with further evidence of different stages of the research process in the Appendices. Another high-quality marker is a coherent theoretical framework informing the process of data collection and interpretation (Collins & Stockton, 2018) which I provided in this chapter, including the type of knowledge to be acquired and the means to achieve it. An additional factor contributing to good quality qualitative research is reflexivity (Darawsheh, 2014), the role of which I extensively discussed in this chapter, including the ways in which it has been accomplished. The last criteria, impact and importance, have been achieved through the consideration of the contribution of the research to the scientific field. Although counselling psychology is a women-dominated profession, the experience of therapists navigating first-

time motherhood and therapeutic work remains underexplored. With the research results, I aim to enhance the knowledge about this topic in the hope of being able to implement the findings to better support therapists upon their return to work from maternity leave.

5.5 Limitations of the Study

Despite the value of the research findings, it is important to acknowledge that all research is subject to various limitations, which will be addressed in this section.

5.5.1 Procedural Limitations

To begin with, unexpected obstacles emerged throughout the research process that potentially impacted on the research. The main challenges I encountered throughout the research process concerned data collection. As discussed in the methodology chapter, all participants were interviewed remotely. Subsequently, some technical difficulties arose during some of the interviews that inevitably interrupted the natural flow of the conversation and posed an additional challenge for me to remain fully attuned to the participant's experience. An additional challenge to consider is that two out of seven participants remained off camera during the interview, one participant due to technical difficulties and the other due to personal preference. On both occasions, I endeavoured to remain fully aligned with participants' narratives. Nevertheless, I am aware that the lack of their visual presence might have limited my interpretation because of the absence of non-verbal cues.

The above limitations can be overcome in future studies by developing a management plan if technical difficulties arise that will be discussed and agreed before the interview. Furthermore, it might be helpful for future researchers to explore in advance whether participants consent to turn on their camera during the interview. Interestingly, although some other difficulties I was faced with potentially hindered the data collection process, they also provided valuable insight into the experience of simultaneously holding both roles. For example, one participant attended the interview with her baby present in the room. Natalie was trying to comfort her baby while sharing her experience, which was

interesting to observe as some aspects of her narrative concerned the difficulty to constantly attend her child's needs. It might be helpful for future studies to explore with participants how they feel about a child's presence before the onset of the interview. Another participant (Ellie) found it difficult to attend the interview which was rescheduled on several occasions due to her children's and her own sickness, indicating that this is a vivid example of what it is like being a therapist who is a first-time mother.

5.5.2 Participants

One of the inclusion criteria for participation in the study was for mothers to have returned to work as therapists. However, a time frame during which they should have returned to work was not specified. The only requirement was for the babies to be up to 20 months old. Therefore, some participants returned to their private practice before the expected end of maternity leave, which can be considered a limitation as it might have impacted their experience while being therapists and mothers to younger babies. Furthermore, in this study, most participants worked in an organisational setting and therefore were part of a team. It would be beneficial for future research to focus on therapists who are new mothers working exclusively in private practice, to explore how they navigate their professional role independently and what their experiences are like. Furthermore, future studies should include a specified timeline for therapists to have returned to work post-motherhood.

5.6 Implications of the Study

Research makes a crucial contribution to the field of counselling psychology (Skourteli & Apostolopoulou, 2015). In relation to this study, several implications emerged – both theoretical and practical – which can be useful for the field of psychology in general, and counselling psychology in particular.

5.6.1 New Knowledge

As discussed earlier in the literature review chapter, the experience of therapists who navigate first-time motherhood and therapeutic work is an unexplored area despite the

predominance of women in therapeutic professions. The existing literature focuses primary on the transition and experience of motherhood, being a therapist and dealing with significant life events, or mothers returning to work. The few studies that are the closest to my research explore the mutual impact of being a therapist and a mother but again don't focus on first-time motherhood or return to work. The originality of my work is that it brings in one focus these three areas. Therefore, the findings of this research addressed an identified gap and can serve as the foundation to support the development of new theoretical insights and enhance the existing knowledge of the phenomenon under investigation. The new knowledge emerging from this research provides insight into what it is like to be simultaneously a therapist and a first-time mother while returning to work, revealing the conflicts and mutual influences between the two roles, as well as the positives of holding both roles.

5.6.2 Contribution to Counselling Psychology

The study makes a significant contribution to the field of counselling psychology. As noted in the previous section, it contributes new knowledge by addressing an identified gap in the existing literature and providing insight into the experience of navigating both motherhood and the therapeutic role during the transition back to work. This is particularly relevant to counselling psychology given that the profession is predominantly female. Furthermore, the findings provided valuable insight into the intersection of women's identities as therapists and first-time mothers. This is particularly important given the emphasis placed by the BPS Division of Counselling on practitioners 'self-awareness and the use of self in therapeutic practice. Developing greater awareness of their own experiences and needs may enable organisations and supervisors to identify areas in which additional support is required and consider how these needs might be appropriately addressed. This is likely to enhance therapists' well-being and ultimately the quality of the service they offer to their clients.

5.6.3 Recommendations

The National Institute for Health and Care Excellence (NICE) guidelines are formulated through research findings (BACP, 2025). The insights provided through this study about the experience of therapists navigating first-time motherhood and therapeutic work can help raise awareness about the phenomenon under investigation in the hope of informing professional boards and existing policies. Access to new knowledge is fundamental to implement research findings in practice (Gordon & Hanley, 2013). The potential pathways to raise awareness could be through online platforms among mental health organisations and other clinicians. I am aware that it might be more difficult to inform policies considering that the findings provide more tentative conclusions rather than generalisable results. However, the research outcomes offer valuable insight into the experience of therapists who are first-time mothers, an experience that even though a large proportion of therapists have encountered or will encounter at some point in their careers, seems to have been overlooked.

To be more precise, the findings indicate that there is a need for additional support for women upon their return-to-work as therapists, post-motherhood. For example, the longing for the shared understanding uncovered in participants' accounts suggests that women would benefit from reflective spaces at work, particularly for therapists who are new mothers. Interestingly, at the end of the interviews, participants stated that they found it helpful and therapeutic to have shared their experience with someone who was interested in understanding it. Therefore, the reflective spaces would enable other therapists to share what it is like to be first-time mothers and therapists with other colleagues who are on the same journey. This can be beneficial as therapists might feel reassured and build deeper connections with other colleagues and could continue supporting each other outside the work environment. However, it might be helpful to consider ways to involve therapists who might not be first-time mothers so they better understand the needs of their colleagues, without compromising the safe space mothers might need. For example, other colleagues could be invited to observe some of the sessions or for half of the groups' allotted time. The

awareness of women's needs could help the team make the necessary adjustments if needed, which could help enhance the team dynamics within an organisational setting. This could also support women to enhance self-awareness and self-reflection as therapists upon their return from maternity leave, a key requirement of professional boards for counselling psychologists (BPS, 2021).

Furthermore, participants' difficulty to restore energy is an important point to take into consideration as it poses a potential risk for women to become unwell and/or become unable to respond to the baby's or client's needs, influencing their overall well-being and "fitness to practice" as therapists (BPS, 2017). Participants' urgency to recharge emotionally in combination with the limited possibilities to do so could be supported within organisational settings. As discussed earlier, the degree of exhaustion experienced by participants raises concerns about women's ability to meet the demands of their professional roles post-maternity leave. Therefore, it is important for organisations to be aware of it and explore ways to further support women on a case-by-case basis. More specifically, it might be helpful to create tools for clinical supervision to assess the level of exhaustion and functioning of therapists who are new mothers and, based on that, create a management plan. Another recommendation includes facilitating a self-care group on a weekly basis that could involve various activities targeting women's needs to allow them to have a break from therapeutic and maternal responsibilities. It is important to consider that given the mutual impact of both roles, this would also benefit women in their roles as mothers and hopefully improve their overall health and well-being. Lastly, the British Psychological Society's Division of Counselling Psychology currently requires trainees to complete 40 hours of personal therapy during their training to be granted a chartered status (BPS, 2017). The findings of this study suggest the significance for women to continue personal therapy during this period as it might help them to resolve conflicts and maintain competence.

5.6.4 Therapeutic Practice

McLeod (2001) highlighted the role of the research in promoting the efficacy of therapeutic practice. This research study's findings seem to have indirect yet significant links to improving the quality of the service offered to clients. More precisely, the new knowledge that emerged from the research findings can benefit supervisors to better support therapists, which in turn is likely to enhance the effectiveness of therapeutic practice offered by therapists who are new mothers. For example, one of the issues that practitioners and supervisors should bear in mind is that the experience of first-time motherhood can lead to overinvolvement in the therapeutic relationship and undermine professional boundaries, particularly with clients having motherhood in common. For that reason, it might be helpful to regularly review, during clinical supervision, whether clients' difficulties evoke emotional reactions from therapists that are related to their personal experience of motherhood. This can help therapists decide whether they need to avoid working with clients who present with issues around motherhood at the stage of returning to work. Further evidence of blurred boundaries arises from participants' difficulty to leave motherhood aside when at work, manifesting in guilt or constant worries about their child's well-being. It can be concluded that returning to work post-motherhood might hinder therapeutic practice and this new insight can be considered an important starting point to further explore how new mothers can be better supported at work. For example, it might be helpful to assess whether therapists need more regular supervision upon their return to their professional roles. The findings also revealed that having a clinical supervisor who is also a mother is very beneficial. This can also be considered to evaluate on a case-by-case basis who could be an appropriate fit for a supervisory role for therapists who are first-time mothers.

5.6.5 Future Research

5.6.5.1 Methodological Reflexivity and IPA Limitations

Methodological reflexivity is concerned with how the method that has been chosen has contributed to explore, categorise and evaluate a phenomenon (Whitaker & Atkinson, 2021). It can be concluded that the chosen method (IPA) allowed me to achieve an in-depth

exploration of the lived experience of the participants. However, it inevitably limited other types of questions that could potentially have been asked about the phenomenon under investigation and therefore the type of knowledge that could have been generated. Despite the multiple strengths of the chosen method, IPA, as with any other method, has its own limitations. One of the main criticisms of IPA is its dependence on language to access and make sense of participants' experience (Oxley, 2016; Tuffour, 2017). In this study, although all participants were fluent in English, four out of the seven participants did not have English as their first language, which potentially limited their ability to freely express themselves and articulate their experience. I am also aware that English is not my mother tongue, which might also have influenced my interpretation of the participants' experience. To overcome this barrier, on many occasions, I tentatively checked my understanding with the participants and reviewed the transcript multiple times. An additional concern often raised about this method is the small sample size necessary for IPA, hindering the ability to generalise the research findings (Oxley, 2016; Joseph, 2014). However, IPA's strong commitment to idiography provides richer analysis which would not be possible to achieve with a large sample size (Smith et al., 2009). Therefore, the findings of the study can be viewed as a valuable insight into the experience of therapists who became first-time mothers while remaining open to other possibilities.

Another criticism IPA has received is its interest in the meaning of the experience while overlooking any explanation of the cause of that experience (Willig, 2012). As far as this study is concerned, a limitation is the lack of clarity regarding factors that led participants to experience tensions or, conversely, a sense of fulfilment in simultaneously occupying the roles of mother and therapist. The method is also not able to explain why some participants might have completely different experience than others, for instance, the divergences that were highlighted in participants' narratives. Personally, I often posed the 'why' questions to myself and was curious to uncover the origin of participants' experience as I was bringing to light their narratives and considering their circumstances. For example, I wondered what

difference it makes for participants if they have support at work or family support at home. Another question I was curious about was if the experience of transition into motherhood, whether it was positive or negative, played a part in the way they experienced balancing both roles. Although I formulated potential hypotheses in my mind, the method would not be able to provide me with clear answers.

5.6.5.2 Directions for Future Research

The research shed light on an unexplored area of navigating the dual roles of being therapists and first-time mothers. In that regard, the findings of this study can be considered the stepping stone to help future research evolve and enhance the knowledge of the phenomenon under investigation. Several potential directions for further research can be taken from this study. To begin with, all participants described a process of transformation arising from their transition into motherhood and subsequent return to work, despite being asked specifically about their lived experience of holding both roles after they had already returned to work. During the interviews, I often sensed that there was almost a parallel process in participant's accounts, an overlap between the lived experience and the process that has led to it. For example, some participants described the stages of identity transformation they underwent, and others focused on the challenges during the early days of motherhood, comparing it to their experience at the time of the interview. I intentionally paid less attention to such narratives as they were beyond the scope of the study. However, it can be a significant area to explore as it can help us to better understand the process involved in shaping both roles and make better sense of first-time mothers' experiences upon returning to work as therapists. It might be interesting to interview women at different stages of their journey or collect diary entries in addition to the interviews. Narrative Analysis might be the most suitable method to reveal participants' process and identity development over time.

As outlined earlier, the research results convey the idea that women experience significant tension from constantly juggling the high demands of both roles. This research

disclosed what that experience might be like for the participants. However, it would be of interest for future research to explore how women navigate these tensions, as that may result in more practical implications. This could be better achieved through a different method such as Grounded Theory, which is a more suitable method to answer the “how” questions. Lastly, another beneficial method for subsequent studies to collect data might be focus group interviews. Given the significance participants placed on the shared understanding among therapists who are also mothers, it might be interesting to discover what might emerge from a group interaction within this population.

5.7 Final Words

This study provided insight into what it is like to be a therapist after becoming a first-time mother. It can be argued that participants’ narratives revealed that being therapists and first-time mothers is both extremely challenging and deeply rewarding. It appears that the never-ending demands and the caring aspect of both roles make it difficult for participants to draw a line between the two worlds. As a result, they feel constantly pulled in different directions to meet the demands of both roles. The act of balancing both is characterised by a reciprocal influence which seems to have evolved into a new state of being, both in motherhood and in the therapy room. This renewed way of being seems to have added qualities that can better support participants to respond to the demands of both roles. Conversely, managing both motherhood and therapeutic work involves losing agency, experiencing psychological tensions and sacrificing personal needs. However, despite the difficulties, participants convey a sense of deep gratitude for engaging in both roles, suggesting that they wouldn’t have it any other way.

To conclude, the findings provided interesting insights that will help raise awareness and contribute to addressing the identified concerns such as the degree of exhaustion, difficulty to be fully present at work and to maintain professional boundaries. It can be suggested that there is a need for therapists to be further supported throughout their transition back to work following first-time motherhood to maintain well-being and uphold

professional standards. This study offers an understanding of what might be helpful and could provide a basis to further evaluate the needs of therapists who are new mothers.

5.8 References

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5.9 APPENDICES

Appendix A – Flyer



Appendix B – Information Sheet



Title of study: *A qualitative study exploring the lived experience of therapists becoming first-time mothers*

Researcher: Ioanna Kerasidou

Ethics approval code: ETH2324-0319

Date:

We would like to invite you to take part in a research study. Before you decide whether you would like to participate it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Kindly let us know if you need any clarification or additional information.

What is the purpose of the study?

This study aims to shed light on the experiences of therapists becoming first-time mothers when returning to therapeutic work. Transition into motherhood is a complex and intense experience for women which includes many changes and requires quick adaptation. At the same time, being a therapist is a highly demanding profession. This study is interested in exploring the lived experience of women navigating both roles. This study is part of a thesis for the Professional Doctorate in Counselling Psychology at the City, University of London and is intended to run until September 2025.

Why have I been invited to take part?

You have been invited to participate in this study as you have expressed interest in sharing your experience and meet the criteria to participate.

More specifically, you are:

- A therapist who has been in practice for at least two years.
- A first-time mother whose child is 20 months old or younger.
- Have returned to therapeutic work.

Kindly contact the researcher if you don't meet any of the aforementioned criteria. The researcher will recruit 6-8 participants to be interviewed for this study.

Do I have to take part?

You don't have to participate in the study. Please feel free to contact the researcher and ask any questions or clarifications and, based on that voluntarily decide whether you would like to participate in the study. You can avoid answering questions which are felt to be too personal or intrusive, and you have the right to withdraw at any point without being penalized or disadvantaged in any way.

What will happen if I take part?

If you kindly agree to participate in the study, you will be invited to attend an interview which will be arranged at your convenience and expected to last 45-60 minutes. The interview will take place either in a private room at City University or remotely. The interview will be semi-structured which means you will be asked open-ended questions, and the researcher will offer a safe space for you to explore and share your experience. The interview will be audio recorded on an encrypted device which is password-protected and only accessible to the researcher. Twenty-pound Amazon vouchers will be offered as an appreciation for offering your time and sharing your experiences and reimbursement for travel expenses. The receipt of the voucher will not affect your right to withdraw at any point.

Interpretative Phenomenological Analysis (IPA) will be used to analyse the data, an approach that is concerned with trying to understand lived experiences and the meaning participants give to them. Therefore, you will have the opportunity for your unique experience to be heard. The study is expected to last until September 2025 with a possibility of up to a one-year extension.

What are the possible disadvantages and risks of taking part?

The study is not expected to cause any harm to the participants. However, in case you experience any emotional distress or discomfort at any point, please inform the researcher and you will be able to decide whether you would like to continue, reschedule the interview, or withdraw from the study. Additionally, at the end of the interview, you will be offered a debrief sheet with helpful links and contact numbers for additional support, if needed. Lastly,

the researcher will be available to be contacted if you need further advice regarding additional support if needed.

What are the possible benefits of taking part?

Sharing your experience will contribute to gaining a better understanding of the experience and needs of therapists becoming first-time mothers. This knowledge will hopefully raise awareness and therefore, women will be able to obtain better support throughout this journey that will enhance their well-being and consequently, the quality of service offered to clients. Additionally, you might have personal benefits from this study. You will be offered the space to reflect on your experience of early motherhood and therapeutic work which might facilitate your personal and professional development.

What should I do if I want to take part?

Please contact the researcher if you would like to participate in the study. A 15-minute video call can be arranged with the researcher if you have any questions or need any clarifications before deciding whether you would like to participate.

Kindly see below researcher's contact details:

Ioanna Kerasidou

[redacted]

Will taking part in the study be kept confidential?

All necessary procedures will be followed to ensure confidentiality. All personal data will be processed in accordance with the Data Protection Act 1998 and the General Data Protection Regulations. The interview will take place in a confidential space, and an encrypted password-protected device will be used for the audio recordings which will be accessible only to the researcher. The audio recordings will be transcribed verbatim by the researcher in a confidential space, and any identifiable details will be altered. Names will be replaced by pseudonyms to protect participants' anonymity. Participants will have the right to request to withdraw data until the end of the interview because after that their data will be anonymised.

Both the researcher and City will keep the primary research data for a minimum of 10 years after the completion of the project in accordance with the City's data retention guidelines.

Data privacy statement

City, University of London is the sponsor and the data controller of this study based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task.

Your right to access, change or move your information is limited, as we need to manage your information in a specific way in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/).

City will use your name and contact details to contact you about the research study as necessary. The only person at City who will have access to your identifiable information will be the researcher, Ioanna Kerasidou. City will keep identifiable information about you including the audio recordings and the transcripts for 10 years after the study has finished.

You can find out more about how City handles data by visiting https://www.city.ac.uk/about/governance/legal. If you are concerned about how we have processed your personal data, you can contact the Information Commissioner's Office (IOC) https://ico.org.uk/.

What will happen to the results of the research study?

The results of the study will form part of the thesis of a Professional Doctorate in Counselling Psychology at City University, London. Additionally, the findings might be published in academic journals and presented at conferences. The findings will also be provided directly to professional boards and any organisations that the participants will be recruited from. If you wish to receive the results of the study, you could provide us with an email address which will be kept for this purpose.

Who has reviewed the study?

This study has been approved by the Research Ethics Committee of the City University of London.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team.

You can also contact the Research Supervisor at:

Dr Nollaig Frost

[redacted]

If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. If you would like to complain about any aspect of the study, please contact the Secretary of the Senate Research Ethics Committee at 0[redacted]

Thank you for reading this information sheet and considering participating in this study.

Appendix C – Informed Consent



Name of Researcher: Ioanna Kerasidou

Name of Research Supervisor: Dr Nollaig Frost

REC reference number: ETH2324-0319

Title of study: A qualitative study exploring the lived experience of therapists becoming first-time mothers.

Please tick or initial box

1	I confirm that I have read and understood the participant information dated ……. for the above study. I have had the opportunity to consider the information and ask questions which have been answered satisfactorily.	
2.	I understand that my participation is voluntary and that I am free to withdraw without giving a reason without being penalised or disadvantaged.	
3.	I understand that I will be able to withdraw my data up to the end of the interviews because after that the data will be anonymised.	
4.	I agree to the interview being audio recorded.	
5.	I agree for direct quotes from the interview to be used in the study as long as any identifiable details have been altered.	
6.	I agree to City recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on City complying with its duties and obligations under the General Data Protection Regulation (GDPR). I agree for my data to be kept for 10	

	years after the completion of the project in accordance with the City's data retention guidelines.	
7.	I would like to be informed of the results of this study once it has been completed and understand that my contact details will be retained for this purpose.	
8.	I agree to take part in the above study.	

Name of Participant	Signature	Date
Ioanna Kerasidou	*Ιωάννα Κερασίδου*	
Name of Researcher	Signature	Date

Upon completion, 1 copy for the participant; 1 copy for the researcher file.

Appendix D – Interview Agenda

Areas of interest

- Experience of motherhood
- Experience of returning to therapeutic work after maternity leave
- Well-being & Self-Care

Potential Interview Questions

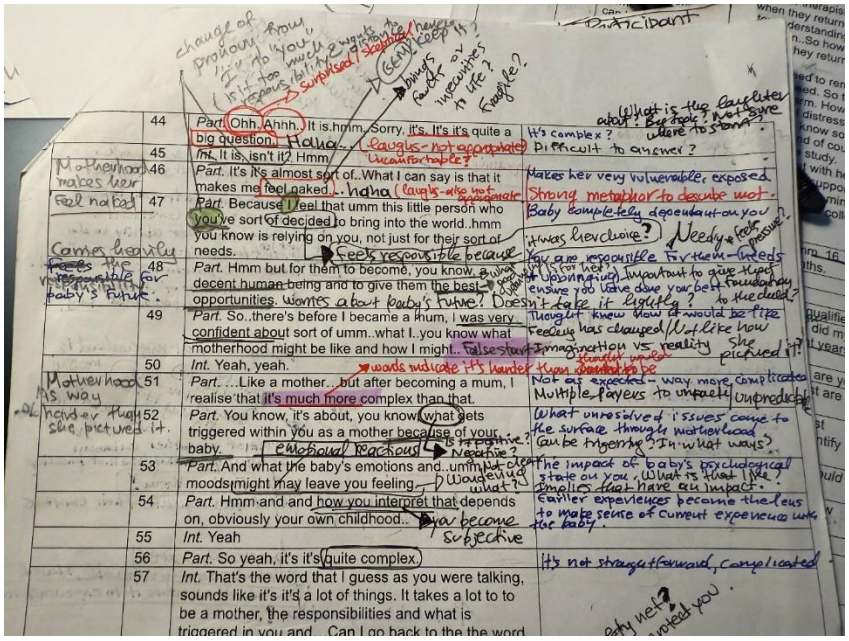
- How would you describe your job as a therapist?
- What is it like being a first-time mother?
- How do you feel about returning to work after maternity leave?
- What would you say are the biggest challenges of being both a mother and a therapist?
- What do you enjoy about holding both roles?
- Has being a therapist while navigating first-time motherhood affected your well-being? If yes, in what ways?
- On a day-to-day basis, how do you take care of yourself during this transition?
- What support do you have? At home? At work?
- What other support would you like to have?
- Is there anything else you would like to tell me about becoming a mother and returning to therapeutic work?

Prompts

- Can you tell me more about that?
- What was that like?
- Could you perhaps give me an example?
- How did you feel?

**The questions aimed to orient the researcher and facilitate participants' exploration; therefore they were adjusted depending on participants' responses.*

Appendix E – Transcript



	44	*Part.* Ohh. Ahhh. It is.hmm. Sorry, it's. It's it's quite a big question.	It's complex?
	45	*Int.* It is, isn't it? Hmm.	Difficult to answer?
Motherhood makes her	46	*Part.* It's it's almost sort of..What I can say is that it makes me feel naked.	Makes her very vulnerable, exposed.
Feel naked	47	*Part.* Because I feel that umm this little person who you've sort of decided to bring into the world..hmm you know is relying on you, not just for their sort of needs.	Strong metaphor to describe what. Baby completely dependant on you
Comes heavily		Feels responsible because	
Feels the responsible for baby's future.	48	*Part.* Hmm but for them to become, you know, a decent human being and to give them the best opportunities.	You are responsible for them—needs to ensure you have done your best for them
	49	*Part.* So..there's before I became a mum, I was very confident about sort of umm..what I..you know what motherhood might be like and how I might..	Thought I knew how it would be like. Feelings has changed/Not like how she pictured it?
	50	*Int.* Yeah, yeah.	
Motherhood is way harder than she pictured it.	51	*Part.* ...Like a mother... but after becoming a mum, I realise that it's much more complex than that.	Not as expected – way more complicated. Multiple layers to unpack/unpredictable
	52	*Part.* You know, it's about, you know what gets triggered within you as a mother because of your baby.	What unresolved issues come to the surface through motherhood. Can be triggering? In what ways?
	53	*Part.* And what the baby's emotions and..umm..what moods might may leave you feeling.	The impact of baby's psychological state on you. What is that like? Emotions that have an impact.
	54	*Part.* Hmm and and how you interpret that depends on, obviously your own childhood.	Earlier experiences become the lens to make sense of current experience with the baby.
	55	*Int.* Yeah	
	56	*Part.* So yeah, it's it's quite complex.	It's not straightforward, complicated
	57	*Int.* That's the word that I guess as you were talking, sounds like it's it's a lot of things. It takes a lot to to be a mother, the responsibilities and what is triggered in you and... Can I go back to the the word	

Appendix F – Experiential Statements (ES)



Appendix G – Ethical Approval

Dear Ioanna

Reference: ETH2425-0968

Project title: A qualitative study exploring how therapists navigate first-time motherhood and therapeutic work.

Start date: 13 Feb 2024

End date: 30 Sep 2025

I am writing to you to confirm that the research proposal detailed above has been granted formal approval from the Psychology low risk review. The Committee's response is based on the protocol described in the application form and supporting documentation. Approval has been given for the submitted application only and the research must be conducted accordingly. You are now free to start recruitment.

The approval was given with the following conditions:

- N/A

Please ensure that you are familiar with City's Framework for Good Practice in Research and any appropriate Departmental/School guidelines, as well as applicable external relevant policies.

Please note the following:

Project amendments/extension

You will need to submit an amendment or request an extension if you wish to make any of the following changes to your research project:

- Change or add a new category of participants;
- Change or add researchers involved in the project, including PI and supervisor;
- Change to the sponsorship/collaboration;
- Add a new or change a territory for international projects;
- Change the procedures undertaken by participants, including any change relating to the safety or physical or mental integrity of research participants, or to the risk/benefit assessment for the project or collecting additional types of data from research participants;
- Change the design and/or methodology of the study, including changing or adding a new research method and/or research instrument;
- Change project documentation such as protocol, participant information sheets, consent forms, questionnaires, letters of invitation, information sheets for relatives or carers;
- Change to the insurance or indemnity arrangements for the project;
- Change the end date of the project.

Appendix H – Debrief Information

Thank you for participating in this study. Now that it is complete, we would like to tell you a bit more about it and offer links for additional support if needed. The aim of the study was to explore the experience of therapists becoming first-time mothers. Despite the massive changes of transition into motherhood and the highly demanding profession of therapists, there seems to be a lack of support for women returning to work in this field and very limited research exploring this topic. Your contribution to the study is invaluable in identifying ways to better support therapists navigating early motherhood and transitioning back to therapeutic work. Please contact your GP if this study has caused any psychological distress. Furthermore, below is a list of support lines and websites to contact for additional support. An international link has been included in case you are abroad at the time.

- Samaritans: crisis helpline 116 123 (24/7)
  https://www.Samaritans.org/
- SHOUT: text messaging support service for anyone struggling to cope
  Text shout to 85258 (24/7)
  https://give USA shout.org/
- MIND: mental health support service 0300 123 3393
  https://www.mind.org.uk/about-us/what-we-do/
- Postpartum Support International: mental health support related to postpartum difficulties
  https://www.postpartum.net/get-help/help-for-moms/

We hope you enjoyed participating in the study. Please do not hesitate to contact us if you would like any additional information or have any concerns.

You can find the contact details below:

Researcher's details:

Ioanna Kerasidou

[redacted]

Research Supervisor's details:

Dr Nollaig Frost

[redacted]

Appendix I – Table 2: Prevalence Table

	GETs 1	GETs 2	GETs 3
Subtheme 1	Noor, Kayleigh, Maya, Maria, Chloe	Ellie, Noor, Chloe, Kayleigh, Natalie	Maria, Natalie, Maya, Noor
Subtheme 2	Ellie, Noor, Chloe, Natalie, Kayleigh	Maya, Kayleigh, Natalie, Chloe	Chloe, Natalie, Ellie, Kayleigh, Noor
Subtheme 3	Maria, Noor, Kayleigh, Chloe, Maya, Natalie	Chloe, Natalie, Ellie, Kayleigh, Maya, Maria	Natalie, Chloe, Maya, Ellie, Noor

Appendix J – Table 3: Table of themes

GETs	Subtheme 1	Subtheme 2	Subtheme 3
1) Holding It All: Navigating the tensions	The internal conflict	'Pouring from an empty cup'	Work–home balance
2) The interplay between motherhood and therapeutic work	Motherhood in the therapy room	The therapeutic mother	The impact of motherhood on professional identity
3) The light in the darkness	Finding fulfilment	Knowing that 'we are in the same boat'	A life reconsidered

Appendix K – Poem Ithaka

Σὰ βγεῖς στὸν πηγαιμὸ γιὰ τὴν Ἰθάκη,
νὰ εὔχεσαι νἆναι μακρὺς ὁ δρόμος,
γεμάτος περιπέτειες, γεμάτος γνώσεις.
Τοὺς Λαιστρυγόνας καὶ τοὺς Κύκλωπας,
τὸν θυμωμένο Ποσειδῶνα μὴ φοβᾶσαι,
τέτοια στὸν δρόμο σου ποτέ σου δὲν θὰ βρεῖς,
ἂν μέν᾽ ἡ σκέψις σου ὑψηλή, ἂν ἐκλεκτὴ συγκίνησις
τὸ πνεῦμα καὶ τὸ σῶμα σου ἀγγίζει. [1]

Τοὺς Λαιστρυγόνας καὶ τοὺς Κύκλωπας,
τὸν ἄγριο Ποσειδώνα δὲν θα συναντήσεις,
ἂν δὲν τους κουβανείς μες τὴν ψυχή σου,
ἂν ἡ ψυχή σου δὲν τους στήνει ἐμπρός σου. [1]

Νὰ εὔχεσαι νἆναι μακρὺς ὁ δρόμος.
Πολλὰ τὰ καλοκαιρινὰ πρωϊὰ να εἶναι
που με ποιά εὐχαρίστηση, με ποιά χαρά
θὰ μπαίνεις σε λιμένας πρωτοειδωμένους·
νὰ σταματήσεις σὲ Φοινικικὰ ἐμπορεία,
καὶ τὰ καλὰ ν᾽ ἀγοράσεις,
δεφτερὰ καὶ κοράλλια, κεχριμπάρια καὶ ἔβενα,
καὶ ἡδονικὰ μυρωδικὰ κάθε λογῆς,
ὅσο μὲς᾽ στὰ ἡδονικὰ μυρωδικὰ μπορεῖς νὰ πᾶς·
νὰ πες πολλὲς Αἰγυπτιακές πόλεις
νὰ μάθεις καὶ νὰ μάθεις ἀπ᾽ τοὺς σπουδασμένους. [1, 2]

Πάντα στὸ νοῦ σου νὰ ᾽χεις τὴν Ἰθάκη.
Τὸ φθάσιμον ἐκεῖ εἶναι ὁ προορισμός σου.
Ἀλλὰ μὴ βιάζεις τὸ ταξίδι καθόλου.
Καλλίτερα χρόνια πολλὰ νὰ διαρκέσει·
καὶ γέρων πιὰ ν᾽ ἀραριάσεις στο νησί,
πλούσιος μὲ ὅσα κέρδισες στὸν δρόμο,
μὴ προσδοκώντας πλούτη νὰ σε δώσει ἡ Ἰθάκη. [1, 2, 3]

Ἡ Ἰθάκη σ᾽ ἔδωσε τὸ ὡραῖο ταξίδι.
Χωρίς αὐτὴν δὲν θὰ ᾽βγαινες στὸν δρόμο.
Ἄλλο δὲν ἔχει νὰ σε δώσει πιά. [1]

Κι ἂν πτωχικὴ τὴν βρεῖς, ἡ Ἰθάκη δὲν σε γέλασε.
Ἔτσι σοφὸς ποὺ ἔγινες, μὲ τόση πείρα,
ἤδη θὰ τὸ κατάλαβες οἱ Ἰθάκες τὶ σημαίνουν. C.P Cavafy (1975)

Part B: Publishable Article

Counselling and Psychotherapy Research Journal (CPR).

Being a Therapist and a First-Time Mother:

Well-being and Implications for Therapeutic Practice.

Abstract

Objectives: This study aimed to explore the experience of therapists returning to professional practice following first-time motherhood. The therapeutic profession is a predominantly female field, with 75.4% being women which increases the likelihood of practitioners navigating first-time motherhood and return to work throughout their careers. Both roles are very intense that require the emotional capacity to hold the space for others and respond to their needs. However, there is limited research exploring this topic.

Design: The study employed a qualitative research design to explore the lived experience of therapists after becoming first-time mothers.

Methods: Semi-structured interviews were conducted with a small sample of seven participants. The method allowed an in-depth exploration of participants' experiences and the meaning they attribute to it. The data was analysed using Interpretative Phenomenological Analysis (IPA) to **access the depth of participants' lived experience.**

Results: The analysis revealed three interrelated themes reflecting how participants made sense of holding the roles of therapist and first-time mother: a) Holding It All: Navigating the Tensions b) The Interplay between Motherhood and Therapeutic Work and c) The Light in the Darkness.

Conclusions: Participants described the two roles as deeply intertwined in everyday life. They spoke of tensions that arose from constantly attending clients' and baby's needs combined with their difficulty to recharge. These experiences were understood as contributing to both physical and mental fatigue. The ongoing demands of both roles create an inner conflict which affects participants' well-being as well as their professional lives. However, despite the difficulties, participants experienced a renewed purpose through their roles as therapists and first-time mothers. The research findings provide valuable insight into the lived experience of motherhood and therapeutic roles simultaneously and points to the potential implications for therapeutic practice that arise from that experience.

Keywords: first-time motherhood, therapist, return to work, well-being, tensions

1. Introduction

The study aimed to answer the following research question: What is the lived experience of therapists who have returned to their professional roles after becoming first-time mothers? Each role of being a therapist and a first-time mother are highly demanding and involve intense changes at the stage of transitioning back to work while still navigating early motherhood. Although therapeutic professions are considered female-led, the experience of practitioners who are first-time mothers remains underexplored. The wider study explored how both roles are held simultaneously, however, this paper will focus on the therapeutic side by shedding light on the impact of the tensions arising from navigating both identities on therapists' well-being and consequently implications for therapeutic practice. To better understand the phenomenon and considering the scarce research examining both roles, the following sections will provide a more detailed examination of the literature in relation to each role separately.

1.1 Navigating the Transitions into First-Time Motherhood and Return to Work

Becoming a mother is a significant and multifaceted life transition that is accompanied by changes on physical, physiological, psychological, relational and societal dimensions that women are required to navigate and adjust to. It has been shown that the physiological changes women experience has a profound impact on their well-being and can lead to emotional imbalance (Shwartz, 2025), exhaustion (Brianda et.al., 2020), sleep difficulties (Meyling et. al., 2023) and increased likelihood of depression (Partiff & Ayers, 2014; Osman & Bahri, 2019). At the same time, women navigate multiple physical changes that can cause health problems associated with recovery from birth during the postpartum period (Carvalho, Gaspar & Cardoso, 2017). The physical changes seem to negatively affect women's' sense of self in relation to their body (Fox & Neiterman, 2015), which they find difficult to come to terms with (Hodgkinson, Smith & Wittkowski, 2014).

Additionally, embarking on motherhood appears to entail a significant shift in priorities for women, expecting them to put their child's needs first, frequently at the expense of their own needs and well-being (Barkin & Wisner, 2013). Evidence suggests that women's understanding of being adequate in their maternal roles is associated with always prioritising their child's needs (Adams & Almonte, 2022). Consequently, they often impose high expectations on themselves at the early stages of motherhood while striving to prove their worth in their new roles (Delgado-Perez et. al., 2021). This often results in women's difficulty to look after themselves during this phase which intensifies the physical and emotional exhaustion they already experience from the high demands of the role alongside the hormonal changes. Interestingly, any engagement in self-care practices is often accompanied by feelings of guilt (Bettinson & Devonport, 2025). It can be concluded that the myth about 'idealised motherhood' exerts significant influence on the feelings of guilt and adds additional pressure for women to live up to the expectations of motherhood at the cost of their own well-being (Stoppard, 2000). Furthermore, the socially created narratives around motherhood contribute to the psychological difficulties experienced by new mothers as the expectations they have prior to motherhood diverge significantly from their actual experience once they become mothers (Doherty, 2025). The unrealistic expectations can also cause mothers to question themselves and their ability to cope with the responsibilities of the new role (Anderson, Webster & Barr, 2018). A recent study indicated that the exhaustion experienced at the early stages of motherhood often contributes to 'maternal burnout' (Tracchegianni & Carone, 2025), a condition that affects approximately 20% of mothers (Sejourne et. al., 2018).

Given the multiple and radical changes described above, it can be concluded that becoming a mother is a lengthy and complex journey for women to navigate, and one that may demand ongoing adaptation. Stepping into the maternal role appears to be a position that women initially feel uncertain about and insufficiently equipped for (McKellar, Pincomre & Henderson, 2009). The inability to respond to the high and unfamiliar demands of

motherhood exert psychological strain on first-time mothers (Javadifar et. al., 2016). Furthermore, the experience of first-time motherhood is often accompanied by isolation and shifts in interpersonal relationships contributing to women's sense of loneliness during the transition (Lee, Vasileiou & Barnett, 2019). The isolation creates further barriers for new mothers to connect to others and adapt to their new roles (Copeland & Harbough, 2019). The above difficulties associated with first-time motherhood seem to impact negatively on women's confidence (Henderson, Harmon & Newman, 2015; Anderson, Webster & Barr, 2018). On the contrary, a supportive environment appears to enhance first-time mothers' sense of self-efficacy (Saeieh et. al., 2017; Tracchegiani & Carone, 2025) and overall well-being (Hennekam, Syed & Dumazert, 2019). The support from the partner seems to be of particular importance for women during the early stages of motherhood, providing a sense of unity (Tracchegiani & Carone, 2025). Additional factors that contribute to a smooth adaptation are linked to women's positive attitude towards their experience (Ben-Ari et. al, 2009) alongside their individual characteristics (Brenning et. al., 2019).

Lastly, a significant number of studies highlighted the identity transformation related to the transition into motherhood. The emergence of a renewed self-identity post motherhood appears to contribute significantly to women's' growth (Athan, 2011). The identity shift seems to take place in stages. At the initial stages, women experience a strong sense of loss of their old identities prior to motherhood (Ward & Mitchell, 2004; Laney et. al., 2025). The next stage entails the development of the new identity which seems to be an ongoing and evolving process (Arnold-Baker, 2019). Finally, evidence suggests that the transition to motherhood facilitates the expansion in the sense of self, contributing to a development of an expanded identity that integrates motherhood (Laney et. al., 2015). The new sense of self is usually formed once new mothers sufficiently adjust to the demands of the new roles and start reconnecting with themselves (Reveley, 2019).

1.2 Therapist's Personal and Professional Life

The therapeutic role is complex, requiring therapists to hold the space for the emotional needs of others and to be able to offer the conditions that facilitate exploration and promote change (Rogers, 1957). As a result, the therapist needs to be fully attuned to the client's experience (Abargil, Schenkolewski & Tishby, 2025). To achieve this, therapist's emotional capacity is key to be able to attend client's needs at any given moment. For that reason, practitioners embark on a journey of an ongoing commitment to a personal and professional development while meeting their professional obligations, attending their clients' and their own needs. Personal development and self-awareness are key components of the profession for the therapist to be an effective practitioner. Therapist's personal circumstances and the self they present in the therapy room exert significant influence on the therapeutic relationship and therapy effectiveness (Barkham et. al., 2017). Consequently, therapists need to be aware of how their life experiences impact them and the way they relate to others (Cross & Papadopoulos, 2003). One finding indicates that satisfaction in personal life is highly associated with enhanced therapeutic presence in the therapy room (Orlinsky et. al., 2020).

Numerous studies illustrate that the quality of the therapeutic relationship determines the therapeutic outcome (Norcross, 2010). It follows that it is imperative that practitioners constantly attend their own needs and work with their own difficulties, so they don't affect their ability to be fully present with the client and establish a therapeutic relationship. To be more precise, therapists are required to comply with the ethical guidelines of the Professional Boards to maintain professional competence and ensure ethical practice. This necessitates therapists' ongoing engagement in various activities such as personal therapy (Rake & Paley, 2009), clinical supervision (Ronnestad, Orlinsky, Willutzki, 2025) and ongoing training (McLeod & McLeod, 2014). It also requires therapists to sustain effective self-care. Nevertheless, therapists frequently overlook their wellbeing (Dattilio, 2015) until it begins to significantly impact heir mental health (Baker & Gabriel, 2021).

The professional role extends beyond the clinical work demanding therapists to engage in a range of additional professional activities such as risk assessment and management, supervision, safeguarding, participation in multidisciplinary meetings, facilitating trainings and other practice-related responsibilities (BPS, 2025). The high demands of the profession combined with the nature of the job often makes it difficult for practitioners to switch off and maintain clear boundaries between personal and professional life without one role influencing the other (Ronnestad & Skorholt, 2003). It follows that practitioners might need additional time to disconnect from work and recharge. However, the life demands often interfere with that process, increasing the difficulty for the therapists to look after themselves. Additional challenges often emerge when therapists are caregivers and need to prioritise the needs of others. The Professional Boards emphasise practitioners' self-care (BACP, 2018) to maintain 'fitness to practice' (BPS, 2017). Nevertheless, evidence suggest that therapist's 'burnout' is a prevalent phenomenon among practitioners, which significantly affects both their physical and mental well-being (Dattilio, 2015; Vivolo, Owen & Fisher, 2024) and hinders the effectiveness of the therapeutic outcome (Simionato et. al., 2026). The complexity of the professional role in combination with the heavy caseload which is prevalent in the NHS settings (NHS England, 2023) create challenges for practitioners to maintain well-being and contribute to the state of exhaustion (Lee et. al., 2019).

Another reason it is important for practitioners to maintain personal and professional development is to be able to adhere to professional boundaries which is essential to ensure client's safety (Simon, 2004). The literature shows that clients' experiences might trigger therapists during the therapeutic encounter intervening with their ability to demonstrate moment-to-moment attunement (Kottler, 2022). Further evidence indicates that having shared experiences with clients might result in therapist's overidentification which might compromise the professional boundaries (Kourtiatis & Brown, 2014). Consequently, therapists need to continually demonstrate a level of awareness of their own experience to ensure they can maintain professional boundaries. Despite the complexities involved in the

therapeutic role, findings indicate that therapists find their roles as deeply satisfying. The meaningfulness of the therapeutic role lies in therapists' being part of clients' personal journeys (Hill et. al., 2015), facilitating their growth (Gruciani, Liotti & Lingiardi, 2024) and building valuable therapeutic relationships (Rabu et. al., 2015).

To summarise, the literature highlights the complexity of both roles. Transitioning into first-time motherhood involves simultaneously navigating the bodily, psychological and social shifts. On the other side, being a therapist appears to be a highly demanding profession requiring the therapist to not only attend their clients' needs but to also maintain personal well-being and professional competence. Despite the challenges embedded in both roles, there is limited research exploring this topic which consolidates the need for undertaking this research.

2. Methods

2.1 Methodological Approach

This study employed a qualitative research design using Interpretative Phenomenological Analysis (IPA) to gain a better understanding of the experience of therapists upon their return to therapeutic practice following first-time motherhood. The research is a phenomenological inquiry that sought to understand how participants make sense of their experience. IPA is concerned with the meaning-making of the lived experience (Smith, Flowers & Larkin, 2021) and therefore, it was deemed as the most appropriate methodology.

2.2 Ontological and Epistemological Position

This study is informed by a critical realism ontology and social constructionism epistemology, acknowledging that the reality is subjective and constructed by individuals through their social interactions (Ponterotto, 2005). This positioning aligns with the use of the IPA which is concerned with the meaning-making of the lived experience and the double hermeneutic lens that the method uses to makes sense of participants' making sense of their reality (Smith & Nizza, 2022).

2.3 Procedure

Participants were recruited through social media groups for therapists and mothers as well as through informal referrals within the professional community. A number of potential participants contacted the researcher via email and expressed interest to take part in the study. To be included in this study, participants were required to meet the following criteria: i) be therapists from any theoretical orientation who have been in practice for at least two years ii) be first-time mothers with their babies being twenty months old or younger and iii) to have returned to their professional roles as therapists. Newly qualified therapists and non-first-time mothers were excluded. Those identified as suitable for recruitment were provided with an information sheet including details about the study. The first seven therapists that met the inclusion criteria and were willing to proceed, were selected to participate in the study. Two participants were referred by colleagues and five participants were recruited through social media platforms. Written consent was obtained to participate in the study. Additionally, consent was sought and obtained to use direct quotes from the interviews. The interviews were conducted virtually over Microsoft Teams, which was determined based on participants' preferences. The data was obtained through in-depth semi-structure interviews that lasted between 45-60 minutes. The interview agenda focused on therapists' experience of motherhood, return to work as therapists and well-being.

2.4 Ethical Considerations

The research received full ethical approval by City University Ethics Committee. Ethical amendments were submitted and approved twice with the aim to facilitate the recruitment process. Standard ethical procedures were followed such as confidentiality, informed consent, right to withdrawn and well-being monitoring aiming to treat participants with respect and protect them from harm. In addition to the strategies developed to avoid harm, this study also adopted a positive stance that aimed to promote benefits for the participants. Participants were offered the space to reflect on and gain insight into their experience while contributing to improving therapeutic practice.

2.5 Participants

This study employed a small homogeneous sample of seven participants to elicit rich data. The participants were from various theoretical orientations. Most participants were either counselling psychologists or CBT therapists. One participant was an integrative practitioner, and one participant was a family therapist. Participants represented a wide range of cultural backgrounds, such as British, Asian, American, and Latin. The age of the child varied between ten and nineteen months. The timeframe of participants' returns to work ranged from three to six months. One participant was a mother of twins. At the stage of the data collection, participants had been qualified as therapists from two to eight years and were practising within organisational settings, private practice, or a combination of the two.

2.6 Analysis

The data was analysed using the IPA method to provide insight into the research question and the identified gap in the literature. Audio recorded interviews were transcribed verbatim by the researcher. The data was interpreted through 'double hermeneutic lens' (Smith, Flowers & Larkin, 2021) with the researcher attempting to interpret participants' interpretations of their experience. The analytic process was guided by the seven-step process outlined by Smith, Flowers and Larkin (2021). The first step involved listening to the audio recordings and then conducting a detailed reading of the transcripts several times. At this stage, the researcher took notes on any initial reactions outlined by Larkin & Thompson (2012) as 'free coding'. The next stage involved exploratory noting where the researcher made line-by-line comments on the descriptive, linguistic and conceptual elements of the transcript as recommended by Smith & Nizza (2022) as well as anything that appeared noteworthy. This stage led to the development of the Experiential Statements (ES) for the individual cases which were revisited and evolved through the analytic process. At the next point in the analysis, the researcher sought for connections among ES for each case to develop Personal Experiential Statements (PETs). The emerged PETs were given a title that reflected the meaning of the theme, and each PET included several sub-themes. After

developing PETs for each participant, the last step of the analytic process included cross case analysis with the development of Group Experiential Themes (GETs) across cases. The steps have been helpful to guide the analysis, however, it was a highly itenary process that often-necessitated revisiting and re-examining earlier stages.

2.7 Reflexivity

As a researcher, I had the experience of being a first-time mother and a therapist in common with the participants. Therefore, there is a possibility that my personal experience might have shaped my lens and influenced the research findings. Consequently, reflexivity has been an integral and ongoing part of the research process throughout all the stages. The use of a research journal has been helpful to ensure I remain aware of my own experience and assumptions about the topic.

3. Findings

The analysis revealed the following three interrelated key themes reflecting participant's experience: i) Holding It All: Navigating the Tensions ii) The Interplay between Motherhood and Therapeutic Work and iii) The Light in the Darkness. Each main theme contains several sub-themes. The full list of themes and sub-themes is presented in table 1. This paper focus on the first and second themes which highlight the consequences of the constant juggle of simultaneously holding both roles. This is an important point to take into consideration in terms of impact on the participants' well-being and implications for therapeutic practice.

Table 3. Table of Themes (Themes emerged from the analysis)

Group Experiential Themes (GETs)	**Sub-theme 1**	**Sub-theme 2**	**Sub-theme 3**
1) Holding It All: Navigating the Tensions	The Internal Conflict	'Pouring from an Empty Cup'	Work-Home Balance
2) The Interplay between Motherhood and Therapeutic Work	Motherhood in the Therapy Room	The Therapeutic Mother	The Impact of Motherhood on

			Professional Identity
3) The Light in the Darkness	Finding Fulfilment	Knowing that 'We Are in the Same Boat'	A Life Reconsidered

3.1 Theme One: Holding It All: Navigating the Tensions.

3.1.1 Subtheme one: 'The Internal Conflict'

The research findings underscore the inner tensions involved in participants' attempt to relentlessly balance both the role of a therapist and a first-time mother. The addition of the maternal role and returning to work for therapists appears to have transformed the way they carry themselves in both capacities. The difficulty to compartmentalise and keep both roles separate is consistently repeated in the accounts provided by all participants.

In the following example, the participant highlights the considerable effort required to commit fully to a single role at the time:

> *''I actually also struggle with being present. I have to remind myself that yes, I'm at work. I have to leave home at home and come to work and at times where I get back to the house and it feels like I brought back work to the house".*

It appears that participants silently carry the weight of both roles, struggling to either be therapists or first-time mothers. They convey a sense of responsibility to continue meeting the expectations of both roles, although their narratives reveal that they experience a range of psychological difficulties while striving to balance the two roles. The maternal instincts accompanied by preoccupation with the baby's well-being when at work is a common experience for therapists often resulting in anxiety and impacting on their ability to be fully mentally present at work. Another common experience emerged from the research findings are the feelings of guilt stemming from participants' difficulty to live up to the high expectations of both roles. For one participant, the guilt takes the form of jealousy towards

the nanny because of the inability to attend to the baby's needs while fulfilling professional obligations.

3.1.2 Subtheme two: 'Pouring from an Empty Cup'

A significant insight that emerged from the analysis is that baby's and clients' needs seem to always come first, often at the expense of women's own well-being. According to participants' narratives, holding both maternal and professional roles requires constantly responding to other's needs resulting in physical and mental fatigue. The high demands of the roles inevitably limit the opportunities for participants to attend their own needs and recharge. The main elements contributing to the exhaustion are the intensity and the relentlessness of the experience. The lack of space for self-care is accompanied by a sense powerlessness for participants over prioritising their well-being. The lack of energy poses an additional challenge for participants to manage themselves at work and support their clients. On the other hand, the exhaustion manifests in difficulty to attend child's needs at home and even results in disengagement from the maternal role.

For one participant, the challenges concern meeting fundamental needs:

> *''I… am almost the last one that is to always get my needs met, like sleep. Sometimes this is still the case sometimes in terms of showers, I don't get to shower every day.*

3.1.3 Subtheme three: 'Work-Home Balance'

The difficulty to keep both roles separate outlined previously often results in blurred boundaries. Participants expressed their challenge to disengage from their maternal roles and fully step into the therapeutic role. On the other side, it also seems to be challenging to disconnect from work, resulting in some participants bringing work home. Furthermore, the struggle in finding the balance between the two roles often affects participants' sense of self-efficacy making them question their ability to meet the demands of each role effectively.

''It's a lot to juggle…Can I not do anything right?"

3.2 Theme Two: The Interplay Between Motherhood and Therapeutic Role

Most of the participants' narratives emphasised the reciprocal influence between the two roles, highlighting the presence of maternal role in the therapy room as well as the therapeutic side manifesting in the mother-child relationship. Furthermore, the experience of motherhood seems to have shaped participants' sense of their professional identities.

3.2.1 Subtheme one: 'Motherhood in the Therapy Room'

Becoming a mother influenced the way participants feel in the therapy room. According to some participants, the experience of motherhood enhanced their ability to be more patient and compassionate. Furthermore, the ability to empathise with clients seems to have increased particularly with clients who are also mothers. On the contrary, for other participants, the shared understanding was experienced as overinvolvement in the therapeutic relationship, triggering their own experience and leading to difficulty to maintain professional boundaries.

'Umm maybe it gets a little bit hard to separate myself from client's issue, especially if the client is a lady, and maybe a mother too, so I usually feel like it's…it's… it's partly happening to me"

3.2.2 Subtheme two: 'The Therapeutic Mother'

Having a psychological background is experienced as beneficial for most participants helping them navigate their new roles as mothers. The therapeutic role seems to have both theoretical and practical implications for motherhood. On one side, the psychological knowledge helps provide greater clarity of child's behaviour and development. On the other side, some participants use their therapeutic skills as mothers which seems to help them to better manage their child's needs.

'Try to regulate his (son's) emotions and I think they are all very, very key skills to have"

However, for one participant, the psychological knowledge adds additional pressure in maternal role to ensure child's healthy development.

3.2.3 Subtheme three: The Impact of Motherhood on Professional Identity

Navigating first-time motherhood shaped participants' sense of their professional identity. It appears that the addition of motherhood was threatening for some participants as they felt that they were drifted away from their roles as therapists. The loss of professional identity because of motherhood is a common experience among participants. This led to a development of a new sense of identity which seems to have expanded and changed how participants view themselves as practitioners' post-motherhood. Being therapists is now part of who participants are rather than their whole identity.

''it's just me. I think that's what it is. It's…it's not…so before I was like, I'm just a psychologist, I didn't identify as any other role, whereas now I'm like, actually, I'm just me"

4. Discussion

The present study explored the lived experience of therapists navigating first-time motherhood alongside their return to work. The research findings revealed that holding the roles of first-time mothers and therapists is a cause of psychological strain for women, significantly affecting their physical and mental well-being. Participants expressed relentlessly managing the never-ending demands of both roles, moving from a demanding workday straight into motherhood obligations. This consequently leads to participants' physical exhaustion. Feeling constantly tired while managing both roles seems to have become the new reality for therapists who are first-time mothers. Participants expressed finding it extremely difficult to create the space and the time to rest and attend their own needs. Due to the nature of both roles and the emotional availability required to support the child's and client's needs, the tiredness extends beyond the physical exhaustion to include mental fatigue. Participants articulated feeling that they are lacking the emotional resources to continue supporting others.

Previous studies have revealed different aspects of exhaustion associated with each role separately. For example, the literature shows that the demands of motherhood often result in physical and mental exhaustion (Brianda et. al., 2020; Meyling et. al., 2023) whereas the obligations of the therapeutic role also contribute to therapists' burnout (Dattilio, 2015). The current study builds on the existing knowledge shedding light on the state on exhaustion associated with being a therapist and first-time mother at the same time. Moreover, the selected method (IPA) enabled a more detailed exploration of what it is like for participants to experience the exhaustion which can be valuable in identifying ways to better support therapists at work.

The concerns about meeting the demands of both roles seem to contribute to the state of exhaustion often stemming from the societal expectations placed on women to excel in both roles. Participants' narratives convey that the myth about the 'idealised motherhood' (Stoppard, 2000) gives rise to the pressure they experience to be the perfect mothers while also fulfilling the obligations of a highly demanding profession. Although nowadays women equally participate in the workplace, they are still considered to be the main caregivers who are responsible for attending their child's needs (Esplen, 2009). In addition to that, women are anticipated to be able to effectively balance work and family demands (Apostu, 2017). According to participants accounts, guilt is one of the driving forces that keeps them going despite the lack of energy and the challenges of the roles. The literature suggests that feelings of guilt are widely experienced by new mothers transitioning back to work (Parcsi & Curtin's, 2013), often associated with their difficulty to simultaneously meet the responsibilities of both maternal and professional roles (Baykal, 2023). At the same time, previous findings suggest that new mothers feel insecure about losing their competence during maternity leave (Kohlan et. al., 2023) and its potential impact on professional advancement (Binaku-Hayrullahu, 2019). Considering the reasons outlined above, participants appear to struggle to give themselves permission to slow down and look after their well-being while prioritising to be good mothers and practitioners.

The tensions revealed in this study as well as their impact on participants' well-being can be understood and reconstructed through the systemic theoretical framework. The systemic theory views the individuals as parts of a broader system that affect one another (Dallos & Draper, 2015). The stories individuals tell about themselves are shaped through their social interactions (Morgan, 2000). Consequently, the inner tensions experienced by the participants can be conceptualised as external demands and expectations from others that have been internalised. The narrative therapy within the systemic framework positions the problem outside of the individual (Dekruyf, 2008) and therefore can provide an understanding of the tensions from the perspective of external pressures participants experience rather than being inadequate to thrive in both roles. This theory is helpful not only to better conceptualise the research findings but could also prove beneficial as a therapeutic approach for therapists navigating first-time motherhood and return to work to support them in reconstructing their narratives and alleviating the tensions.

The level of tiredness revealed in the study raises the question of how participants manage to function in both capacities. The literature shows that the exhaustion can lead to severe consequences for physical and mental health such as impaired cognitive functioning (Johsdottir et. al., 2012), burnout (Tracchegianni & Carone, 2025), low self-esteem (Grice et. al., 2011) as well as physical and mental health issues (Johsdottir, 2012). Therefore, the degree of exhaustion expressed by participants is concerning in terms of the potential long-term consequences it could have for them given that they continue performing and constantly 'pouring from an empty cup' despite their physical and mental state. Another significant factor contributing to the exhaustion and negatively affecting participants' ability to manage themselves at work is sleep deprivation because of the early stages of motherhood.

Although participants appear to be fully aware of the level of tiredness they experience, they seem to put their needs aside to succeed at work and in family life, which is in line with previous findings (Tripathi, Shukla & Rander, 2016). The realisation that they need to sacrifice their self-care and prioritise others' needs contributes to a sense of

powerlessness and loss of autonomy. Evidence suggests that loss of autonomy is associated with depressive symptoms (Mauthner, 1999). This is an important insight to be considered in terms of how it might further compromise practitioners' well-being as well as the potential implications for the therapeutic practice. As outlined earlier, the Professional Boards emphasise the need for therapists to prioritise their well-being to effectively support clients (BACP, 2018). The findings from this study raise awareness about therapists' difficulty to maintain self-care at the stage of navigating new motherhood and return to work as therapists.

Another valuable insight emerged from the current research concerns participants' difficulty to maintain professional boundaries. The struggle to sustain clear boundaries between being a therapist and a first-time mother hinders an important therapeutic quality which is their ability to be fully attuned in their professional roles. The constant push and pull between the two roles affect participants ability to fully engage in one role. For example, the anxiety and the constant worries about the child's well-being accompanied by feelings of guilt activate maternal instincts that often interfere with therapeutic work. This is a significant point to be considered as it might also affect the quality of therapeutic support provided to clients. It is crucial for therapists to have the emotional capacity to respond to client's needs (Abargil, Schenkolewski & Tishby, 2025) and self-awareness of their experience (Pieterse et. al., 2013) to be able to work with their own difficulties to ensure they don't affect the therapeutic practice. One finding indicates that another factor contributing to therapists' difficulty to be present are clients with complex needs that therapists are likely to support daily in their therapeutic practice (Hayes & Vinca, 2017). This becomes an important aspect to reflect on as it might add an additional layer of difficulty to provide effective support to clients.

The challenge in upholding professional boundaries also concerns how the experience of first-time motherhood affected the therapeutic side of participants. Participants described a sense of enhanced therapeutic qualities such as ability to better empathise with clients, build deeper connections and have more patience. Most participants highlighted the

experience of motherhood playing a key part in better understanding clients who are also mothers. Although empathy is central to all therapeutic approaches (Reynolds & Scott, 1999), it is important to consider that having a shared experience with clients can also lead to 'false empathy'. 'False empathy' refers to practitioners wrongly making assumptions about their clients' experiences based on their personal experience (Mearns & Thorne, 2007). This kind of empathy can lead to overinvolvement in the therapeutic relationship. This is evident in participants' accounts who expressed overidentifying with clients who are mothers. This is consistent with previous findings indicating that client's experiences can elicit personal reactions stemming from therapist's personal experience (Kottler, 2022). This is another reason it is paramount for therapists to maintain a good level of self-awareness and address their own difficulties when needed. Lastly, previous findings indicate that overinvolvement results in practitioner's burnout (Koeske & Kelly, 1995) which further highlights the potential consequences on participants' well-being.

The interplay between the two roles further contributes to the blurred boundaries resulting in work-motherhood conflict. In line with previous research, the work-motherhood conflict is a common experience for mothers returning to work post-maternity leave (Loedding & Padilla, 2022; Hill et. al., 2023; McCardel, Loedding & Padilla, 2022). Whilst participants expressed that the reciprocal influence makes them feel better equipped in both capacities, it also makes it more challenging to disconnect from each role. This difficulty intensifies the conflict between personal and professional lives which participants experience as overwhelming. As a result of this tension, participants questioned their ability to manage both roles. This aligns with previous research showing that mothers experience a lack of confidence upon returning to work (Boxel, et. al., 2020) and self-doubt in carrying out both roles (Martins et. al., 2019). Lastly, evidence suggests that the imbalance between the two worlds leads to physical and mental health difficulties (Grice et. al., 2011) which reinforces the significance of identifying ways to help therapists who are first-time mothers ease the tensions they experience and maintain their well-being.

5. Limitations

This study provides valuable insight into an under-explored topic about the experience of therapists navigating first-time motherhood alongside therapeutic work. However, there are several limitations to be taken into consideration. To begin with, the inclusion criteria did not include the designated period for participants to have returned to work which might have had an influence on their experience. Furthermore, most participants practised within organisational context and therefore it would be helpful for future research to address how therapists might navigate both roles without having the support of a team. Other limitations concern technical problems deriving from the interviews being conducted remotely. These limitations could be managed with a prior agreement on how to proceed if difficulties arise. Finally, this study was a phenomenological enquiry and therefore, the IPA was the most suitable method to provide an-depth exploration of participants lived experiences. Nevertheless, it limited the possibility to shed light on different aspects of participants experience and generate different type of knowledge which future research could achieve with a use of different methods.

6. Conclusions/ Implications

It can be argued that the research findings outlined above can have significant implications for therapeutic practice. To begin with, the insights highlighted in this paper could help raise awareness about the experience of therapists who are first-time mothers. As a result, this could help inform the Professional Boards with the aim of reviewing existing policies. Despite the challenges revealed in this study, to the best of our knowledge, no specific interventions or resources are currently available to therapists who return to work after becoming mothers. Practitioners' challenges to engage in self-care practices that were revealed in this study could be further supported within organisational settings to enable therapists to maintain well-being and 'fitness to practice' (BPS, 2017). Having knowledge of this finding could help managers and supervisors further explore the needs of each therapist individually upon return-to-work post-motherhood. Furthermore, creating dedicated spaces for well-being, such

as regular reflective spaces and workplace well-being activities, may be beneficial, as therapists may not be able to access such spaces at home due to the demands of motherhood, allowing them a break from both maternal and therapeutic roles. The reflective spaces could further support practitioners who are new mothers to maintain reflexivity and self-awareness, which are integral to the therapeutic role and difficult to achieve due to the juggle between the two roles. Additionally, the need for personal therapy could be helpful and should be explored in supervision to further support therapists during this transitional phase.

Furthermore, the finding regarding therapists' overinvolvement in the therapeutic relationship and their difficulty to maintain professional boundaries post-motherhood can also have implications to therapeutic practice. It can be useful for clinical supervisors to offer more regular supervision in the initial phase of returning to work and continually assess how motherhood might affect therapists' ability to effectively support clients. For example, clinical supervisors could explore professional boundaries and offer additional support when identifying that their personal experiences might interfere with therapeutic work. Furthermore, it might also be helpful to assess whether it is appropriate for therapists to work with clients who are mothers during this transitional phase on a case-by-case level. Overall, offering a tailored support to therapists and focusing on their well-being upon their return to work from maternity leave can prove beneficial not only for therapists' well-being but also the effectiveness of the therapeutic support they offer to clients and enhanced team functioning.

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