

**ALCOHOL IN THE LIVES OF FIRST TIME PROFESSIONAL MOTHERS RECENTLY RETURNED TO WORK –
AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS**

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The candidate confirms that the work submitted is his/her own and that appropriate credit has been given where reference has been made to the work of others.

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ABSTRACT

Introduction The rise in female drinking has been identified as one of the key trends in drinking in the UK. Those in higher socio-economic groups appear to be drinking the most and most frequently (Office for National Statistics [ONS], 2016). Many women become mothers and the wider impact of parental drinking is well documented and causing growing political concern (McGovern et al., 2018). Most mothers give up alcohol during pregnancy and resume drinking in the years that follow (Bailey, Hill, Hawkins, Catalano, & Abbott, 2008; Lui, Mumford, & Petras, 2014; Meurk, Broom, Adams, Hall, & Lucke, 2014). This period represents a teachable moment for behaviour change in relation to mothers and smoking (Baxter et al., 2011; McBride, Emmons, & Lipkus, 2003), and potentially alcohol but this has yet to be explored. This thesis fills a gap in the literature by speaking to first time professional mothers about their experiences of alcohol as they negotiate the transitions of motherhood and the return to professional life.

Method A cross sectional survey was devised for the sole purpose of recruiting first time professional mothers, who had returned to work within the last two years, given up alcohol whilst pregnant, and since resumed drinking as indicated by a positive AUDIT C score. The survey was distributed via on-line forums and nursery mailing lists. Seven purposefully selected participants participated in a semi-structured interview about their lived experience of alcohol. The interviews were recorded and transcripts analysed using Interpretative Phenomenological Analysis. Individual analysis was conducted for each participant before moving on to group analysis.

Results Three super-ordinate themes emerged from the analysis with twelve interrelated sub-ordinate themes. The mothers interviewed revealed ambivalent feelings towards alcohol. They moved between defending past excessive drinking and distancing themselves from it as it threatened their new identity as responsible mothers. The experience of becoming a mother had been isolating and there was a shame in finding it difficult. As new mothers the women had experienced the loss of alcohol as a flag for identity and as an important element of social activity. It felt as if the women were at different points in a journey towards acceptance of this change and re-authoring their relationship with alcohol. Notable was the extent to which the decision not to drink was experienced as socially unacceptable and hidden.

Discussion This study elucidates our understanding of professional women's relationship with alcohol during this significant period of transition. Findings suggest that this period represents a teachable moment. A positive intervention at this time, offering mothers the opportunity to reflect on their relationship with alcohol, could help them to build on their recent period of abstinence and alter their drinking behaviour in the future. The findings are discussed in relation to psychological theory and

clinical implications highlighted. Methodological limitations are discussed and areas for future research recommended.

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CHAPTER ONE: INTRODUCTION

This study explores women's experiences of alcohol as they negotiate the transitions of motherhood and the return to professional life. In this chapter I explain my interest in the topic and draw on existing literature to provide background and a rationale for the project.

I discuss female drinking patterns in the UK exploring the contradictions in the figures around socio-economic status and drinking and explain my focus on well-educated professional women who have become mothers. I summarise current understanding on the impact of parental harmful drinking and expose the gap in our knowledge about mothers from this particular group. I explore female professional drinking within the framework of transition and outline relevant qualitative research regarding the experience of becoming a mother for the first time, and the experience of returning to work as a mother.

As part of the introduction I critically appraise the limited literature on maternal drinking before during and after pregnancy revealing that although drinking decisions and habits during pregnancy and breastfeeding have received attention, there is a lack of research, particularly lived experience research, related to maternal drinking beyond this point. Due to the paucity of research relating to maternal use of alcohol I will also review literature on the lived experience of post-partum smoking.

Lastly I introduce the concept of the teachable moment, explaining my choice to focus on the mothers' experiences of alcohol at this particular point in their lives, when they have recently resumed drinking after abstinence in pregnancy, and returned to work following maternity leave.

Personal Statement

The author of the Way We Drink Now report by Alcohol Concern (2015) poses the question whether the 'Bridget Jones generation' hitting middle age and having a family of their own will find it hard to give up the habits they grew up with. As a recent mother this concept struck a chord with me and made me reflect on the role alcohol has played through the major transitions in my life and its place in my everyday life now as a mother. My adolescence coincided with the 90s, a decade which saw the advent of the 'ladette; a young women who behaves in a boisterously assertive or crude manner and engages in heavy drinking sessions' (Oxford Concise Dictionary, 2004). I see now that alcohol was an integral part of my student experience and my early professional life. I became a mother late (aged 35) and was surprised how easy I found giving up alcohol during pregnancy. During the pause in drinking that pregnancy and breastfeeding gave me I found I could still socialise without alcohol and didn't miss it. Being a mother was all consuming and it was not until the second year, as I stopped breastfeeding and began to prepare to return to work, that wine crept back into my weekly shop. As a mother, having recently returned to a professional role, I have experienced first-hand the

professional and personal demands, pressures and compromises inherent within this transition. I have stood outside nursery listening to Mabel struggling to settle, aware that I was prioritising work commitments over her, and feeling stressed about rushing into something that neither she nor I felt ready for. For me resuming drinking as a mother has symbolised a reassertion of my adult identity separate from my role as mother. I am conscious that I add the pressures of being a professional mother as further justification for being part of what the media has called a 'wine o clock' drinking culture, by which they mean the tendency for people, particularly within the middle classes, to habitually drink every day. Reflecting on the complexity of my own relationship with alcohol now and in the past made me curious about the experience of other professional mothers and interested in exploring the barriers to and potential of, the teachable moment.

What do we mean by harmful drinking?

There are multiple terms used in the literature to 'label' drinking. Drinking can be also be categorized in terms of the pattern of consumption, for example heavy episodic drinking (HED) or 'binge drinking', or in terms of risk. Regularly consuming less than 15 units per week as an adult female is considered '*low risk drinking*', between 15-35 units as '*increasing risk drinking*', and over 35 units is '*higher risk drinking*' (National Institute for Health and Care Excellence [NICE], 2010). Regularly drinking at increasing or higher risk levels constitutes '*harmful alcohol use*' (Public Health England, 2016).

The International Statistical Classification of Diseases and related health problems 10th Revision (ICD-10; World Health Organisation, 2007) uses the term 'alcohol dependence' to refer to '*a cluster of behavioural, cognitive and physiological factors that typically include a strong desire to drink alcohol and difficulties in controlling its use. Someone who is alcohol dependent may persist in drinking, despite harmful consequences*' (NICE, 2011, p8). The new Diagnostic and Statistical Manual of Mental Disorders (DSM V; American Psychiatric Association, 2013) no longer recognises the terms addiction, abuse and dependence and has replaced 'substance abuse and dependence' with 'substance use disorders' which are measured on a continuum of mild, moderate or severe.

Inconsistencies in terminology hamper research in this area and make comparisons across studies difficult. In this thesis I am interested in drinking below the clinical dependency level. I use the term 'harmful drinking' to refer to '*a pattern of alcohol consumption that is causing mental or physical damage*' (NICE, 2011 p8). The term 'hazardous drinking' is a further non-diagnostic term used by the World Health Organisation to describe a pattern of alcohol consumption that increases someone's risk of harm including social consequences.

In the UK the government has launched the Alcohol Toolkit Project (Beard, Brown, & West, 2015) to track national patterns of alcohol consumption. Their project uses the Alcohol Use Disorders

Identification Test (AUDIT) (Bohn, Babor, & Kranzler, 1995) a validated tool widely used in the literature to screen for harmful patterns of alcohol consumption. AUDIT scores indicate four categories of drinking; low risk (0-7), hazardous risk (8-15), harmful risk (16-19) and possible alcohol dependent (greater than 20). For women a score of 7 or more indicates harmful or hazardous drinking. The AUDIT-C is a brief version of the AUDIT tool, which has been found to be an effective and brief screening test to identify people who might be harmful drinkers and it is at this level that I am going to be screening. A score of 3 or more is considered positive for females (providing all points are not from question one). The higher the score the more likely it is that the person's drinking is affecting her safety and health (Bush et al., 1993).

Consumption estimates are drawn from cross sectional population surveys, for example the General Lifestyle Survey (ONS, 2012) or Health Survey for England (NHS Digital, 2016) which rely on retrospective self-report to measure alcohol use. People have a tendency to underestimate and therefore under report their consumption. Although limited in this way the estimates are used to inform and evaluate strategies and policies aimed at reducing alcohol related harm.

Alcohol in the UK

Alcohol is an integral part of modern culture in the UK and embedded in many of our social practices. Most adults drink alcohol in the UK (ONS, 2017) and our consumption is higher than the average for all Organisation for Economic Co-operation and Development [OECD] countries (OECD, 2015). The NHS recommends not drinking more than 14 units of alcohol per week (Department of Health [DOH], 2016). Public Health England estimates that 10.8 million people in England exceed these levels, drinking at levels that increase risk of harm to their health and a further 1.6 million show some signs of dependence (Public Health England [PHE], 2016).

Alcohol has become more affordable and sales have increased by 42% (PHE, 2016). Wine has become more popular (Alcohol Concern, 2015), and, rather than going out to drink, most alcohol is now bought in the shops to be consumed at home (Sheen, 2013). The decades between 1980 and 2010 saw a steep increase in alcohol consumption predominantly driven by a rise in female consumption (Health Survey for England [HSE], 2015).

The last ten years has seen a slight fall in consumption amongst the younger generation, those aged 16-44, and a rise in the number of people not drinking at all (HSE, 2016). This reduced consumption appears to reflect changes amongst those already drinking at a moderate level as women in the higher risk group report drinking more or the same as they were five years ago (HSE, 2014). The most harmful drinking trends appear to be among middle aged drinkers, who are more likely to drink every day. The highest level of regular drinking is found among those in the highest income brackets (NHS Digital,

2018). Increases in frequent drinking from mid to late age are most notable in, but not exclusive to, men (Britton et al., 2015). Little is known about the females who form part of this group and whether or not they are mothers.

Female drinking in the UK

The past three decades have seen a sharp rise in female alcohol consumption in the UK. This trend is concerning as women are more vulnerable to direct (Anderson, Moller, & Galea, 2012; Epstein, Fischer-Elber, & Al-Otaiba, 2007) and indirect alcohol related harm (PHE, 2016). As many women go on to become mothers their drinking also has a wider impact on their families. The rise in female drinking is identified as one of the most important trends in UK alcohol consumption in the last three decades. The alcohol industry has actively targeted female drinkers with terms like 'wine o'clock' and 'me time' used to market alcohol and associations created between women's drinking, pleasure and independence (McCartney et al. 2011).

The Health and Social Care Annual Survey (HSE, 2015) found 16% of women in the UK to be drinking over recommended amounts and therefore to be at increased risk of alcohol related harm. Heavy drinking amongst female students (Barrass, 2010, Heather et al., 2011) remains a concern in the UK. Binge drinking, defined as exceeding 6 units in one day (HSE, 2014), is most common in younger women although overall consumption levels are highest in the older age groups (ONS, 2017). Frequent drinking, defined as drinking on five or more days a week, increases with age for women up to age 64, and then declines.

Overall the proportion of women drinking more than 14 units a week increases from age 16 to peak between ages 55-64 (NHS Digital, 2016). However, amongst those drinking more heavily, at higher risk levels of over 35 units a week, there appears to be a slight fall in consumption between ages 25 to 44 before increasing to peak between 55-64 years. More research on the experiences of female drinkers in midlife has been called for to elucidate the trend of increased consumption in older age groups (Smith & Foxcroft, 2009). Increased consumption in older age is a concern, as a phenomenon called 'telescoping' has been found amongst older women (Johnson et al., 2005). Telescoping refers to a quicker progression to alcohol dependence amongst women compared to their male counterparts.

Further research is needed to understand how individual consumption changes as we age. Consumption data is drawn from cross sectional surveys which allow for comparisons across age groups but are limited in what they can tell us about changes in an individual's consumption as they age and about trajectories for specific groups (Britton et al., 2015). Women with children are not identified specifically in UK consumption estimates despite the fact that many women become

mothers and have a central role in the socialisation of children including in how alcohol is introduced and integrated into family life (Smith & Foxcroft, 2009; Valentine, Jayne, & Gould, 2012).

Britton et al. (2015) pulled together data from nine UK based cohorts to look at changes in alcohol consumption across the lifespan. However, as the youngest cohort in the study was born in 1970, my population of interest is not represented in the findings. There has also been little attempt to understand what women are thinking about in relation to alcohol during the child-bearing period which seems to offer a pause in an otherwise upward trajectory of consumption.

Socio-economic circumstance and female drinking

Harmful drinking has been associated with disadvantaged socio-economic and domestic circumstances (Bloomfield, Grittner, Kramer, & Gmel, 2006; Giskes, Turrell, Bentley, & Kavanagh, 2011; Kokko, Pulkkinen, & Mesiainen, 2009; Kuntsche, Knibbe, Kuntsche, & Gmel, 2006). People in the most deprived areas of the UK appear to suffer the greatest level of alcohol related harm. They are up to three times more likely to die from an alcohol related condition than their counterparts living in less deprived areas (Bellis et al., 2011). This phenomenon has become known as the 'alcohol harm paradox' and has led to the prioritisation of lower socio-economic groups within UK efforts to reduce alcohol related harm (PHE, 2016).

However there are also studies that associate problematic alcohol use with advantaged social circumstances (Humensky, 2010). UK Government statistics show higher levels of education and income to be related to the frequency and quantity of alcohol consumption (Statistics on Alcohol, 2017). Females have the strongest relationship between level of education and alcohol consumption (Borgonovi & Huerta, 2010). Internationally women with higher education have also been found to be more likely to be hazardous drinkers than their less educated counterparts (OECD, 2015).

The Alcohol Toolkit project finds prevalence of higher risk drinking is consistently greater amongst those in professional and clerical occupations rather than manual occupations (Beard, Brown, & West, 2017). Those with a higher income are more likely to drink regularly. The majority (77%) of those earning over £40,000 had drunk alcohol in the last week with 20% drinking on at least 5 days, double the rate of those in the lowest income bracket (ONS, 2014). Women in the highest income households were more likely to drink above 14 units, 23%, compared to 10% in the lowest income households (ONS, 2016). There are no figures relating specifically to mothers in this group. There appears to be a gap in our knowledge in relation to the more subtle wider impact of drinking in the higher economic groups and this limits current policy development in this area. My focus is on the experience of alcohol amongst well-educated professional women who have recently become mothers. It aims to shed light

on how alcohol fits within the unique pressures and complexities faced by this group, who have emerged as a focus of potential interest in psychological and wider literature.

Impact of harmful drinking

Rates of harmful drinking in any country are influenced by many factors including cost and cultural norms (Bryden, Roberts, Petticrew, & McKee, 2014) and beliefs about alcohol related harm (Ellison, 2013). Reducing harmful drinking is one of the world's top three priorities in public health (Anderson et al., 2012) and yet in the UK the impact of alcohol is often underplayed and the personal and social risks ignored or considered an acceptable dimension of alcohol use (Barlow, 2011).

Alcohol is identified as a causal factor in more than 60 medical conditions including mouth, throat, stomach, and breast cancer, high blood pressure, cirrhosis of the liver and depression (PHE, 2016). Drinking alcohol, even at low levels (below 1.5 units a day), increases the risk of cancer compared to not drinking at all, with the risk increasing with amount consumed (Committee on Carcinogenicity [COC], 2015). New alcohol guidelines state that drinking any level of alcohol regularly carries a health risk for everyone (DOH, 2016). However differences in body size, composition and metabolic levels mean that women are particularly susceptible to the physical effects of alcohol (Epstein et al., 2007), and are therefore more vulnerable to the identified and serious risks of alcohol consumption (Anderson et al., 2012). Frequent high levels of alcohol consumption have been linked to increases in alcohol-related hospital admissions and increases in females accessing alcohol treatment programmes (Institute of Alcohol Studies [IAS], 2013).

There are clear tangible direct and indirect costs of harmful drinking. At a societal level harmful drinking is thought to cost the NHS £3.5 billion a year with the total cost to society of alcohol related harm estimated at £21bn (PHE, 2016). Alcohol related harm includes cost to the NHS, alcohol related crime and violence, and lost productivity due to sickness and unemployment (ONS, 2017).

Impact of parental drinking

There is growing political interest in the misuse of alcohol by parents and the impact of this on children (POSTNOTE, 2018). A recent rapid evidence review for Public Health England draws together current consensus on the many ways that parental alcohol use can disrupt a child's daily routine and impact on their physical and mental health, educational attainment and behaviour. The review concludes that there is no systematic national data on children affected by parental drinking or clear guidelines on the level of drinking at which parenting capacity is impaired (POSTNOTE, 2018). However it is estimated that more than two million children live with parents who are drinking hazardously, 705,000 with dependent drinkers (drink every day and struggle to control their drinking) and 3.3-3.5m (30% of under 16s) live with a least one binge drinking parent (Manning, Best, Faulkner, & Titherington, 2009).

Manning et al. suggest further research is needed to understand relative risks of harm of chronic low level alcohol use as well as those associated with binge use.

Parental alcohol problems impact on the quality of parent-child relationships (Haverfield, 2016), school performance (Berg, Back, Vinnerljung, & Hjern, 2016), and lead to emotional symptoms such as low self-esteem, loneliness, and depression (Bijttebier & Goethals, 2016; Pisinger, Bloomsfield, & Tolstrup, 2016), and externalising behaviour (Finan, Schulz, Gordon, & Ohhanessian, 2015). It is through interactions with their parents that a child learns how to regulate emotion and forms a sense of themselves and the world around them (Erikson, 1974).

The long-term disabling effects of direct pre-natal exposure to alcohol on children's cognition and development are well documented (Charness, Riley, & Sowell, 2016; Floyd, O'Connor, Bertram, & Sokol, 2006; Fontaine et al., 2016). Beyond pregnancy alcohol use has been found to be a contributing factor in both intentional and unintentional injuries and fatalities in children (Cohen et al., 2003). Alcohol or other parental substance misuse is evident in 57% of child protection cases involving either serious or fatal child abuse (Department for Children Schools and Families, 2008). Alcohol can also influence parenting style. Heavy drinking has been found to correlate with an increase in permissive parenting and reduction in authoritarian parenting amongst those with a higher level of education (Huppert et al., 2010).

Parents provide a role model of what is normal or acceptable drinking (Bremner et al., 2011; Valentine et al., 2012). Parental drinking has been found to be predictive of higher adolescent alcohol use (Ryan, Jorm, & Lubman, 2010; Lynch et al., 2015; Messler & Emery, 2016). Mellentin et al. (2016) found exposure to harmful parental alcohol use to be linked to increase risk of the child developing a substance disorder.

Rossow, Felix, Keating, & McCambridge (2016) point out that whilst children of alcoholics and those with substance disorders have received a lot of attention (Kumar, Singh, & Singh, 2008; Navarro, 2015) less is known about how children are affected by exposure to parental drinking below the dependence/alcohol abuse level. There has been little attempt to understand how drinking habits change over the course of parenthood. The literature covers a wide range of child ages and often does not distinguish between paternal and maternal influence. Although fathers' drinking has an impact my focus is on mothers as it is usually the mother who takes on the primary caregiver role, and has lead responsibility for socialising her children about alcohol (Valentine et al., 2012).

Studies that do explore the impact of mothers' drinking tend to focus on pregnancy and the teratogenic impact of alcohol on the foetus (Warren, 2015). Exposure to alcohol in the womb can lead

to lasting cognitive and behavioural issues (Charness et al., 2016; Fontaine et al., 2016). Many studies focus on Foetal Alcohol Syndrome (Floyd et al., 2006), strategies to reduce alcohol-exposed pregnancy (Parrish, von Sternberg, Castro, & Velasquez, 2016; Velasquez, Ingersoll, Sobell, & Sobell, 2016), issues with self-report (Eichler et al., 2016), and mother's uncertainty about risk (Holland, McCallum, & Walton, 2016). Whilst all of this might contribute to a mother's decision regarding drinking during pregnancy it tells us nothing about maternal drinking beyond this point.

Mothers and Alcohol

Women's status as a mother is an important factor influencing perceptions of appropriate alcohol consumption. Young professional women view their own heavy drinking in positive terms, as 'calculated hedonism' (Szmigin et al., 2008), but judge heavy drinking amongst women older than them, particularly mothers, as 'deviant' and breaking 'traditional codes of femininity' (Lyons & Willott, 2008). A qualitative study in UK of 18-22 year old female students found strong beliefs that parenthood necessitated reduced alcohol consumption and failure to do so was considered irresponsible (Rudolfsdottir & Morgan, 2009). Alcohol use does not fit into the construct of the 'good' responsible mother, and 'bad' irresponsible mothers are often distinguished by their drinking habits.

Mothers feel they have to moderate their alcohol use and feel criticized for drinking during pregnancy, whilst breastfeeding and throughout motherhood. However, although women and especially mothers who drink tend to be presented as problematic in the UK press (Patterson, Ermslie, Mason, Fergie, & Hilton., 2017), Facebook pages such as 'moms who need wine' 'hurrahforgin' and 'Mother Pukka' have large followings and appear to validate and champion maternal drinking. When parenting blogger Anna Whitehouse posted a photo of her pushing her baby's pram with a bottle of wine in the drinks holder, the photo received 30,000 likes, 3,500 shares and more than 4,500 comments (Mother Pukka Facebook, 2016). Hurrah for Gin's depiction of New Year's Eve pre and post children received 10,000 likes, 597 comments and over 2000 shares (Hurrah for Gin, 2017).

Classic role theory suggests that the more social roles a person has the less likely they are to drink heavily. This is because their lives are structured by activities that others expect them to engage in, and therefore an effort is made to ensure that alcohol does not interfere with these obligations. For this reason women who are mothers have been said to have a 'motherhood advantage' (Balan et al., 2014). However we know that parents are at increased risk of alcohol dependence (Manning et al., 2009) and that a lot of mothers in the UK are drinking. Although not an academic study, Netmums, a popular online forum for mothers, recently surveyed their 3000 members about their drinking. Half (49%) reported drinking regularly (at least 3 or 4 times a week) at home. Many (22%) admitted drinking more than the recommended limit and this sample was polled further about their drinking. The

majority of these mothers (81%) described drinking regularly at home in the evenings to wind down from a stressful day, while chatting to partners or watching television, and a further 14% said they needed it after a stressful day (Netmums, 2015). The survey is no longer publicly available on the website suggesting some discomfort with its findings. The site now hosts a page allowing members to self-screen their alcohol consumption (Netmums, 2016).

Changes in alcohol consumption during pregnancy

The Infant Feeding Study (NHS Digital, 2010) found 81% of UK mothers drank alcohol in the two years prior to becoming pregnant, almost half of whom gave up completely during pregnancy. The ease with which people can make the decision to give up drinking is affected by their previous relationship to alcohol. Women for whom alcohol played an important role in their identity and social functioning were more reluctant to give it up (Meurk et al., 2014).

In the UK the majority of older mothers (aged 30 or over) are more likely to be employed in higher managerial, administrative and professional occupations than those under 30 (ONS, 2014). Many women with dependent children return to work (74%). Mothers from managerial and professional occupations are most likely to drink before (90%) and during pregnancy (51%) compared to those from routine and manual occupations, and mothers who had never worked (Infant Feeding Study 2010). A Leeds study (Nykjaer et al., 2014) found nearly two thirds of their 1303 sample before pregnancy and over half in the first trimester reported alcohol intakes above the Department of Health recommended amount. In their sample women drinking over 2 units a week during pregnancy were more likely to be older, and have a university degree, and less likely to live in a deprived area. This research suggests that as high earning professionals the women in my study are more likely to continue to drink alcohol during pregnancy and to drink more as a mother (NHS Digital, 2010).

Maternal drinking beyond pregnancy

Most of the research into maternal drinking is not UK based. It is thought that half of mothers who give up drink in pregnancy continue to abstain in the perinatal period (6-12 weeks), and return to pre-pregnancy levels within one to two years (Bailey et al., 2008). A New Zealand study (Parackal, Ferguson, & Harraway, 2007) found 72% of their sample (318 women) to be drinking at 6-24 months post-partum. Quantitative studies from Australia show that preconception alcohol intake consistently predicts maternal alcohol consumption (Meurk et al., 2014). Predictors for consumption in maternal drinking seem to mirror those outlined for drinking before motherhood.

Age seems to be an important factor in maternal drinking patterns. Liu et al. (2015) found mothers who gave birth after the age of 36 to be twice as likely to be escalating risk drinkers and escalating low risk drinkers compared to younger parents. A US study looked at longitudinal patterns of maternal

drinking (3397 women) at 1, 3, and 5 years across different age groups. Binge drinking rates remained stable over 5 years for those in their early 20s but mothers aged 26 and older increasingly engaged in binge drinking over time surpassing the drinking behaviour of younger mothers. Depression was found to increase the odds of being a binge drinker aged 35 and older (Liu et al., 2015).

A Norwegian study (Mellingen, Torsheim, & Thuen, 2015) looked at self-report alcohol frequency and units drunk at 0-3, 4-6, 18 and 36 months postpartum and found that change in alcohol use varied depending on family structure and family size. Single mothers had a lower increase in frequency but a steeper increase in the number of units with effects less pronounced as family size increased. These findings are consistent with a differential opportunity perspective on alcohol use. Social Learning theory suggests that alcohol use trajectories are strongly influenced by the attitudes and behaviours of an individual's social network (Chernick & Kuerbis, 2016).

Price and Chavez (2015) interviewed 60 parents in California about factors influencing their drinking decisions in different contexts. Drinking at family get-togethers or parties was viewed as positive, whereas drinking at home (particularly alone) was viewed negatively. In the UK more research is needed into the experience of mothers who, given there has been a definite shift towards home drinking, might report differently (Sheen, 2013).

A large longitudinal Australian study (6597 women) followed mothers recruited during early pregnancy over a 21 year period. They identified three trajectories of maternal alcohol consumption; abstainers/low stable, moderate escalating, and heavy escalating (more than 14 units). Abstainers and those in the low consumption groups showed minimal change to consumption levels. Six months after the birth of the baby the moderate group started to increase consumption but remained moderate at 5, 14, and 21 year follow ups. The heavy escalating group reduced levels whilst pregnant but increased consumption after birth (80% were breastfeeding). Consumption in this group rose sharply at year 5 from moderate to heavy (more than 17 units a week) and remained at that level at 21 year follow up (Tran, Najman, & Hayatbakhsh, 2015). Those in the heavy escalating category tended to be from low socio-economic groups however women with increasing consumption over time in the moderate escalating group tended to be affluent. The mothers in this study gave birth in Australia in the early 1980's. There are cultural differences and cohort/societal issues which mean that these findings may not hold now.

There is one recently published secondary analysis of 2000/1 data from the Millenium Cohort Study which looked at the relationship between socio-economic circumstance and 'risky' alcohol use amongst 7048 UK mothers (Baker, 2017). Baker found very few mothers (n=1124, 14.4%) from their

sample of mothers with 9 month old babies in the year 2000, engaged in 'risky' pattern of alcohol use (>3 units a day or >21 units a week). The women in her study were drinking again but for the majority consumption remained low during maternity leave. Risky drinking at this time point was more likely amongst those in low socio-economic circumstances. Baker's study looks at the consumption of mothers nearly two decades ago, and as the focus is on mothers of a child under the age of one, during maternity leave, consumption amongst professional working mothers is not explored.

Professional mothers and drinking

Research on professional mothers and drinking appears contradictory. In New Zealand, Parackal et al. (2007) found being white, having a higher level of education and higher household income to be significant factors for post-partum alcohol consumption. In US studies problem maternal drinking is linked to lower income households. Mothers who are working report consuming more alcohol on drinking days than those who do not return to work (Kuntsche et al., 2011). Their analysis comparing consumption across 16 market economies provides persuasive evidence of the powerful influence of societal gender norms on levels of female drinking in a given country. In countries with greater societal support for working mothers combining motherhood with employment could be protective, whereas in countries with more traditionally gendered division of labour women respond by drinking more. The alcohol literature is dominated by international studies that, due to the impact of culture and attitudes on alcohol consumption, are limited in what they can tell us about maternal drinking in the UK.

This study specifically looks at professional working mothers in the UK in 2018. In order to understand the experiences of this current cohort it is also helpful to understand what has happened at other key transitional points in their lives.

Professional women and transition

Transition is not just another word for change, it refers to the 'inner reorganisation and self-redefinition' that people go through to accommodate change in to their life (Bridges, 2004, p.12). Over life we accumulate different versions of self through which we frame our experiences. Each self ascribes meanings for alcohol use (Wilson et al., 2013). Through the course of adulthood women navigate transitions across four domains; residential independence, relationships, work and study, and motherhood (Lee & Gramotnev, 2007). Professional women experience a number of significant life transitions which may influence their attitudes towards alcohol, and their drinking habits. Currently women in the UK are tending to have children later (ONS, 2016), meaning they have had longer to build up their identity as an independent self, focusing on education, career development,

self-actualisation, and have formed relationships on egalitarian terms prior to the transition to motherhood (Bueskens, 2018).

Studying at university

Heavy alcohol use is common amongst university students in the UK (Heather et al., 2011). Going to university as a young adult involves multiple and simultaneous transitions such as leaving home, making new friends, and adjusting to managing finances. Social relationships and activities at university are often accompanied by drinking. Barrass (2010) found that heavy drinking female students understood alcohol to be part of their student identity and felt that their drinking was typical amongst their peers.

Entering the world of work

A further transition into the world of work typically follows higher education. Young professional women have more disposable income, are situated within a work culture often with a culture of drinking (Ling, Smith, & Wilson, 2012), and are more likely to postpone childbirth. In one study young professional women describe working hard, playing hard and drinking a lot (Ermslie, Hunt, & Lyons, 2015). Acceptable consumption is judged on ability to function at work rather than the quantity of alcohol consumed (Ling et al. 2012). Work stress is often linked to drinking (Chandola et al., 2008), and this could offer a possible socio-cultural basis for the rise in female drinking. A meta-analysis found people with high levels of job stress are more likely than those with minimal job stress to have unhealthy lifestyle factors such as heavy alcohol use (Heikkila et al., 2013). A separate meta-analysis of 63 published and unpublished studies found long working hours to be associated with higher levels of alcohol use (Virtanen et al., 2015).

Becoming a mother

The experience of becoming a mother for the first time is a major life transition requiring a redefinition of self as mother. The transition involves a whole range of loss and simultaneous change across multiple spheres including home, friendship groups, and economic standing. A first time mother goes through multiple processes; an attempt to replicate or avoid her own mothering, how she fantasises about mothering, how she role plays to become comfortable with the role, how she seeks and gathers information about the role, how she must grieve for the parts of her life she must give up (Mercer, 2004). Professional women, who have developed their independent identity through academia and career success, are thought to feel the shift to the traditionally gendered mothering role most acutely (Twenge, Campbell, & Foster, 2003). Expectations of motherhood are shaped by cultural myths and discrepancies between myth and reality can lead to feelings of inadequacy (Choi, Henshaw, Baker, & Tree, 2005). In Choi et al.'s study mothers describe a pressure to portray themselves as 'supermum, superwife, supereverything, and hide the opposite' (p. 178).

Early motherhood has been described as being “fraught with conflict, uncertainty, fear and emotional lability” (Nelson, 2003, p. 469). Women often experience periods of stress in addition to satisfaction as they renegotiate relationships during this period of intense internal transformation. Mothers describe a process of loss of self, identity fracturing and redefinition (Laney, Hall, Anderson, & Willingham, 2015). For some women continuing identity affirming activities such as drinking can seem important during such uncertainty.

Returning to work as a mother

Women might encounter conflicts and ambiguity in terms of the timing and sequence of transitions such as the combination and timing of parenthood, education, and paid employment (Fussell & Furstenburg, 2005). Many women return to work after maternity leave and this transition may affect a mother’s well-being and identity (Alstveit, Severinsson, & Karlsen, 2011). Working necessitates leaving your child, and decisions around childcare might lead people to fear they are putting their wellbeing at risk (Gilligan, 1999).

Returning to work might offer the benefits of increased income, increased self-worth and career satisfaction for the mother (Nichols & Roux, 2004). Laney, Carruthers, Hall, & Anderson (2014) describe motherhood as being ‘relationally expansive’ increasing empathy and improving their abilities in the workplace despite increasing demands on their time. However financial pressures might reduce the amount of control a mother feels she has over when and in what capacity she returns. Having a degree of control is identified by Schlossberg (1981) as one of the major factors influencing an individual’s ability to cope with transition (Evans, Forney, & Guido-DiBrito, 2010).

An IPA study looking at women’s experiences of returning to work identified three super-ordinate themes; maternity leave as ‘a time of preparation and planning ahead’ followed by a period when ‘lightning strikes on re-joining the workforce’ and ‘weathering the storm’ via an attempt to balance work and family life (Spiteri & Xuereb, 2012). Choi et al. (2005) described how women can feel stressed and overwhelmed as they juggle multiple roles but don’t have the energy to meet the high expectations of others. They perceive a societal expectation that working mothers are superwoman able to have it all and do it well. Cultural representations of femininity in the West portray a ‘superwoman’ able to manage multiple demands and as people don’t want to be seen to fail at this they might conceal how they are feeling (Weaver & Ussher, 2000).

On a practical level the working mother struggles with how to manage responsibility in the workplace with her responsibility as a mother, often experiencing guilt in both roles (Buzzanell et al., 2006). Women returning to work report having to redefine professional goals and alter career plans, resulting in anxiety, stress and internal conflict. James (2008) describes the internal conflict related to being a

working mother. Participants report a feeling of disappointment about not achieving what they had hoped in their careers and yet having felt unsatisfied being full-time stay at home mothers. Aspiring to be an ideal professional and an ideal mother is difficult and can cause conflict.

Attempts to understand mothers' experiences of alcohol

The literature search only found one qualitative study exploring the mother's experience of alcohol. This ethnographic study from Australia explored alcohol use amongst a group of recent mothers in a playgroup. Alcohol had played an important role in creating their identities before having children, and they described how it had become important again when they became mothers "establishing and communicating their agency in relation to their performance of their roles as mothers, an agency that allowed them to construct positive identities as women and mothers" (Killingsworth, 2006, p. 361). This study is now quite dated and occurred in a different cultural context. Participants knew each other, were vested in the ongoing functioning of the group and the dominant participant had previously worked as a landlord, all of which are likely to have shaped accounts given.

Experience of other substances as a mother

As the research concerning mothers' experiences of alcohol is limited, I extended my search to include smoking. Although the context is different the literature relating to post-partum smoking is relevant. Orton, Coleman, Lewis, Cooper, & Jones's IPA study (2016) interviewed 9 women in the UK who quit smoking during pregnancy but relapsed within three months of having their baby. Central to their accounts was the desire to be a 'responsible mother'. The mothers described what they were doing to minimize the impact on their child and expressed strong negative views about other smoking parents. After relapse the women repositioned themselves as 'social' or 'occasional smokers' rather than 'regular smokers' to align with their ideal identity as a responsible mother. Wilson et al., (2013) found drinkers similarly talked about two opposed identities of 'normal' or 'problem' drinker.

Although there seem to be many commonalities and applicable learning, the context within which alcohol relapse is experienced is likely to be quite different. Alcohol consumption for females is increasing rather than declining in the UK, with highly educated and those with the highest incomes drinking more. Cigarette smoking is viewed with increasing social disapproval in the UK whereas the benefits of alcohol use and social attributes of drinking remain the dominant discourse.

Teachable Moments

Teachable moments in the broadest sense are opportunities for instruction or learning. Within health literature the term is used to refer to naturally occurring life transitions or significant events, during or after which individuals are more likely to be successful in positive behaviour change (Baxter et al., 2011, McBride et al., 2003). The potential to increase individuals' capacity to change behaviour by creating or enabling teachable moments is widely recognised. However a comprehensive review found the psychological mechanisms underpinning the phenomenon remain poorly defined and suggest further research is needed to strengthen the conceptual and theoretical framework (Lawson & Flocke, 2009).

The smoking literature identifies pregnancy and parenthood as key teachable moments. During this time mothers were found to be more motivated and more receptive to quitting messages, and therefore more likely to quit (Baxter et al., 2011). Smoking cessation during pregnancy is conceptualized as 'suspended behaviour' to explain the high level of postpartum relapse. Relapse can be perceived as a breakdown in resolution to change behaviour. The global burden of disease attributable to alcohol is comparable to tobacco (Wood et al., 2018), and yet the term relapse does not appear in the literature I have reviewed relating to mothers and drinking.

British mothers are the most likely in the world to drink during pregnancy (Popova, Lange, Probst, Gmel, & Rehm, 2017), however the majority choose give up alcohol at this time, and statistics on female consumption over the lifespan in the UK show a dip in consumption during the early child rearing years (ONS, 2017). The limited studies available show that alcohol consumption gradually returns to pre-pregnancy levels (Bailey et al., 2008) and that drinking habits prior to pregnancy tend to be a reliable indicator of maternal drinking (Meurk et al., 2014). There has been little attempt to understand how mothers experience this reintroduction of alcohol or explore the potential for this period to represent a similar opportunity to influence future drinking habits.

Rationale for current study

Pregnancy and parenthood have been identified as key 'teachable moments' defined as naturally occurring life transitions in which individuals are more likely to be successful in giving up smoking (Baxter et al., 2011; McBride et al., 2003). Post-partum alcohol relapse has not received the same attention yet the long-term health implications for the mother and varied impacts of harmful drinking on the child are well documented. This thesis intends to address a gap in the literature by speaking to mothers in the UK about their experience of alcohol across their lives.

This study focuses on understanding the experiences of professional mothers specifically as research on prevalence of drinking suggests that this group are consuming more alcohol, and drinking more

often than those in lower paid work or stay at home mothers (Beard et al., 2017). They also represent an older cohort of mothers and therefore risk telescoping a faster transition from regular drinking to alcohol dependency (Johnson, Richter, Kleber, McLellan, & Carise, 2005).

Participants, having just experienced two major life transitions, becoming a mother for the first time and returning to work, offer something distinct in terms of their experience of giving up alcohol during pregnancy and subsequent maternal drinking.

Research aims and questions

This research aims to **gain insight into how first time professional mothers understand their relationship with alcohol following abstinence in pregnancy.**

The research questions are:

- What accounts do mothers give of their drinking before, during and after maternity leave?
- How do mothers make sense of their relationship with alcohol?

CHAPTER TWO: METHOD

In this chapter I explain the ontological and epistemological positioning of Interpretative Phenomenological Analysis (IPA) and discuss why this is considered to be the most appropriate methodology to suit the aims and nature of this thesis. I describe the research design and the methods utilized to generate first the sample and then the data. I give a detailed account of the steps taken in the analysis and examine the quality and validity of this study against suggested criteria.

Methodological Approach

The study used a qualitative research design to explore alcohol in the lives of professional women who had recently become mothers for the first time and returned to work. Qualitative research covers a broad range of interpretative approaches concerned with understanding the meanings people attach to phenomena within their social worlds (Ritchie & Lewis, 2003). This study seeks to understand the 'inner experience of participants' (Corbin & Strauss, 2008, p. 12) in relation to alcohol and therefore qualitative research methodology is appropriate. This research addresses a gap in the literature and qualitative methods are appropriate for exploratory studies into new or under researched areas (Smith, 2003).

In the following section I discuss two qualitative methods which were considered for this study, and Interpretative Phenomenological Analysis (IPA), the method chosen.

Alternative Methodologies

Grounded Theory

Within a grounded theory approach the focus is on how the individual constructs and makes sense of their reality in order for the researcher to generate a theory. Purposive sampling is used to recruit participants with lived experience of the studied phenomenon. Theoretical sampling is then used to add more participants to the sample or additional interviews in order to explore the found theory until theoretical saturation is reached. Data collection and analysis takes place concurrently (Charmaz, 2008). Theoretical sensitivity is encouraged in Grounded Theory whereby the researcher approaches the data without prior knowledge of existing theory to ensure that they have an open mind to what emerges from the data. This is similar to the notion of attempting to bracket your preconceptions or adopt a phenomenological attitude as a researcher in IPA (Smith, Flowers, & Larkin, 2009). Delayed literature review is encouraged within this method to limit the extent to which the researcher is influenced by existing theory.

Grounded Theory often requires work of a considerable scale compared to other qualitative methods and beyond what would be practical for this thesis. The larger samples are used to develop an explanatory account or theory (factors, impacts, influences etc.) of a phenomenon. Much of the

existing literature on alcohol and smoking seems to have taken this approach (Emslie et al., 2012; Haydon, Lewis, Obst, & Armstrong, 2013; Jagodzinki & Fleming, 2007; Wilson et al., 2013). The data in these studies are aggregated and moves away from the unique experiences of the individuals who supplied the data. The focus of this study is on participant's unique experiences and meaning making rather than attempting to find similarities from which to form and test an explanatory theory.

Narrative

A Free Association narrative approach looks at how narrative relates to sense making either looking at the structure of people's stories (Gergen & Gergen, 1998) and exploring the constraints and opportunities these structures place on human experience, or the content of people's stories. Hollway and Jefferson's (2013) notion of the 'defended' subject is relevant to this project. They suggest that individuals may take up defended positions in their narratives to protect themselves from memories or events that cause them anxiety, and that this process may be outside of their awareness. The subject and researcher may not share the same meaning frames. What is told to the researcher might be filtered in order to present oneself in a specific way, omitting less desirable aspects of the self (Hollway & Jefferson, 2013). Narratives or stories have been found to be an effective way for people who have experienced difficult transitions or trauma to make sense of their experiences. Frank (2000) suggests that stories can be useful when topics are difficult to discuss as it enables the participant to maintain some distance from the account. Barrass (2012) found a narrative interview allowed first year female graduates to talk about their heavy drinking in a non-threatening manner. This study uses a narrative style of questioning to elicit professional mother's stories in relation to alcohol. However it is the essence of the women's experience that is of interest rather than the focus being on the way participant weaves their experiences into a narrative.

Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) fits within a social constructionist stance asserting that there can be more than one truth with individuals perceiving the same events or transitions differently and extracting different meanings from them (Willig, 2008). IPA aims to examine how people make sense of their major life experiences. The method has three theoretical underpinnings; phenomenology, hermeneutics and idiography (Smith, Flowers, & Larkin, 2009). Phenomenology is a philosophical approach to the study of examining and comprehending lived experience. The researcher attempts to understand the experience of another recognizing that this involves a degree of interpretation, and that they only have access to what participants choose to share. Hermeneutics is the study of interpretation. There is a focus on the individual's efforts to make sense of the world and an assumption that when people experience a major transition, such as becoming a mother or returning to work as a mother, they will begin to reflect on the significance of what is happening. IPA

also involves a double hermeneutic (Smith & Osborn, 2003) in that the researcher, during the process of analysis, not only listens and attempts to understand the perspective of the participant but also tentatively attempts to add their own interpretation of accounts given (Smith et al., 2009). IPA has a commitment to idiography in that analysis begins with the detailed examination of each case recognizing the complexity of human experience. It is not setting out to make generalised claims but to achieve an in-depth understanding of the particular, which may or may not resonate with others in the same position (Pietkiewicz & Smith, 2012). Sample sizes are small in IPA to allow for time consuming micro-level reading of participant accounts.

The focus in IPA is on personal meaning and sense-making in a particular context, for people who share a particular experience. This fits with the aim of this study which explores the sense participants make of alcohol in their lives from the perspective of a small group of professional women at a particular point in their lives, when they have just become mothers for the first time and recently returned to work. There are a number of reasons why IPA is a useful methodology for exploring this topic. First, IPA is valuable when exploring topics that are complex, ambiguous and emotionally laden (Smith & Osborn, 2015). The subject topic of alcohol might raise anxieties and be difficult for participants to discuss. IPA has been used to successfully illuminate and provide intimate accounts of other sensitive topics for women such as vulval pain (Marriott & Thompson, 2008). IPA therefore feels like the most appropriate methodology to explore the sensitive and complex topic of motherhood and alcohol. I am interested in gathering each mother's personal account of alcohol in her life rather than attempting to create an objective record or generate theory.

Data Collection

Face to face semi-structured interviews are the most popular method of data collection in IPA (Pietkiewicz & Smith, 2012). "One-to-one interviews are easily managed, allowing a rapport to be developed and giving the participants space to think, speak and be heard. They are therefore well suited to in-depth and personal discussion" (Smith et al., 2009, p.57). The interview, or "conversation with a purpose" (Smith et al., 2009, p.57), is used to elicit rich first person accounts of the experience, and remains flexible enough to allow unexpected results to emerge. Telephone interviews were considered as an alternative method of data collection and rejected in favour of the richness of data gained in face-to-face interviews. It was felt that it was possible that participants could get upset during the interview and the interviewer will be better placed to pick up on this and provide containment if physically present.

Method

For the reasons outlined above in-depth semi-structured interviews were used to collect data and IPA was used to analyse the data. Sampling and inclusion criteria are explained followed by details of the method. I have separated this section into two parts; the recruitment section explains the data collection and procedure followed to recruit the sample; the interview section describes the development of the topic guide and the way the interviews were conducted.

Sampling

In IPA participants are selected purposively to represent a particular perspective on the phenomenon of study. A fairly homogenous sample is sought to ensure that the questions have personal meaning and relevance to the participants (Smith et al. 2009) and to allow exploration of similarities and differences in psychological processes relating to the questions. Sample sizes are kept small to allow for rich, transparent and contextualized analysis of participant accounts. Smith et al. (2009) suggest a sample size of between 4-10 interviews for doctorate level study and caution that larger data sets inhibit the time, reflection and dialogue necessary for successful analysis. A sample size of 8 was proposed for this study, but 7 were recruited. Inclusion criteria were devised to increase homogeneity of the sample.

Inclusion Criteria

A cross sectional survey was used to recruit suitable participants for interview. Survey respondents were considered eligible for interview if they met the inclusion criteria;

- **First time mother** – *the participant's experience of the transition to motherhood is recent enough to reflect on. First time mothers are the focus as the initial transition to motherhood is known to be transformative in terms of identity and lifestyle (Laney et al. 2015). The pause in drinking afforded by pregnancy and subsequent re-introduction of alcohol will have been experienced for the first time, as will the return to work as a mother.*
- **Returned to professional work following maternity in the last 24 months** – *the participant is a professional and has transitioned back to the workplace as a mother*
- **Reported that they gave up alcohol during pregnancy** – *indicating that the participant has experienced a pause in their drinking habits*
- **AUDIT C score of 3 or above** – *indicating that the participant is drinking alcohol again as a mother. The AUDIT C is a validated tool for screening for potential harmful drinking.*
- **Not currently trying for another child, pregnant or breastfeeding** – *all have potential to impact on the participants' current drinking and experience of alcohol*

- **British or have lived in the UK for minimum of 5 years** – *drinking habits and cultures vary across countries. The phenomenon will have been experienced within the cultural context of the UK. 5 years is the amount of time required to apply for UK citizenship.*
- **Living or working in the Yorkshire area** – *initially primarily a pragmatic geographic cut-off to facilitate face-to-face interviews with busy professionals. However ONS statistics on drinking habits indicate a difference in drinking habits between regions, and the Northern and Southern parts of the UK so restricting to one Northern region is appropriate.*
- **Agreed to be contacted with further information about the interview**

Recruitment Method

The recruitment phase utilised a cross-sectional survey to gather self-report data on drinking habits of first time mothers during pregnancy, and current levels of consumption along with demographic details to allow for purposive sampling. Recruitment occurred between November 2017 and April 2018. Participants were mainly approached via on-line forums.

On-line forums represent an appropriate and practical recruitment route for this study. In the UK people aged 25-34 and 35-44 regularly use the internet (89% and 75% respectively) (ONS, 2016). First time parents have been found to be the most active in looking up health and parenting support on the internet (Plantin & Daneback, 2009). Netmums claim 16,000 new members join each month, 88% of their membership is aged 25-44 and 38% have one child. 61% have a child under the age of 4 (netmums.com, 2017).

Recruitment Survey

Bristol Online survey was used for the recruitment survey (see Appendix A). The survey contained information about the project and consent to take part. As alcohol in relation to motherhood is a sensitive topic and feelings of guilt and stigmatization may impact on survey uptake the participant information sheet introducing the project and questions on the survey were carefully worded. The first few pages of the survey provided people with information about how their data would be used and stored and they were made aware that by continuing with the survey they were providing consent for their data to be used for the purposes of this study.

The survey collected information for screening for suitability for interview. Questions were asked about demographic information including maternal and child age, address region, level of education, profession, current working status and length of time back at work. Respondents were asked their nationality as this study looks at the experience of alcohol within the particular cultural context of the UK requiring participants to be British or have been resident in the UK for a minimum of 5 years.

The survey asked mothers to self-report on their current alcohol consumption and to provide information about their decisions regarding alcohol during pregnancy. The Alcohol Use Disorders Identification Test (AUDIT) (Bohn et al., 1995) was used to identify current drinking habits. AUDIT has proven validity, high internal consistency and good test re-test validity across gender, age and culture (Reinert & Allen, 2002). The full AUDIT is the gold standard of alcohol identification tests and was developed by the World Health Organisation. The first three questions can be used to generate an AUDIT C score (Bush et al., 1998) and have been shown to be an effective tool to identify heavy and possible dependent drinkers (Bradley et al., 2003; Bradley et al., 2007). The next steps page explained about the interview phase of the research and gave people an opportunity to express an interest in taking part. The last question on the survey provided an opportunity for respondents to leave their contact details and consent to being contacted for interview. Survey responses were automatically stored securely using the Bristol Online Survey. Data was downloaded into Excel and used to identify appropriate participants for interview. Contact details were downloaded and stored separate to the survey responses to ensure confidentiality.

Recruitment Procedure

The survey url was posted on the student research sections of three on-line networks (MeetOtherMums, MumsNet and NetMums) with a brief advert inviting first time mothers in the Yorkshire area to share their drinking habits (See Appendix B). The link was also shared on local Facebook pages that mothers might use (Skipton Community Notice Board, Craven Parents Group, Ruckers of Yorkshire, Leeds Mums, Sheffield Mums) and the parent mailing lists of the nurseries attached to the University of Leeds and the University of Sheffield.

In total 162 people responded to the survey. 50 respondents expressed an interest in the interview phase of the research. Those not meeting the eligibility criteria were sent an email thanking them for their interest. Of those meeting the eligibility criteria (n=11) AUDIT scores were used to prioritise invitation to interview with those scoring highest approached first. An email was sent inviting them to take part with the information sheet (see Appendix C) so that they could make an informed choice about whether to participate. Holding emails were sent to those with lower AUDIT scores and a proportion later invited to interview.

AUDIT scores were used to purposively select the sample to ensure a spread of scores. The decision was made not to pursue two eligible respondents as they had AUDIT C scores of 3 and the sample already contained two participants with this score. 9 were invited to interview and 7 accepted.

Recruitment Analysis

A large amount of data was generated by the recruitment survey. The data was used for recruitment purposes only. Participant characteristics and demographic details are presented in Table 1, and a full table of survey respondent characteristics is provided in Appendix D.

The Sample

Participants were seven first time mothers who had returned to work following maternity leave within the last two years (see Table 1). Alias names are used to protect participant confidentiality. All women were in full time or part-time professional employment and length of time back at work varied between within one month and 24 months. All were degree educated. Nationality varied but all women had lived in the UK for at least five years. All were currently drinking alcohol again after having given up completely whilst pregnant as indicated by their survey responses. AUDIT scores ranged from 10 to 3, placing five of the sample in the 0-7 lower risk category and two in the 8-15 increasing risk category.

Table 1: Participant Characteristics and Demographics

Alias	Age	Nationality	Education level	Profession	Time back at work (mnths)	Hours Worked	Child Age (mnths)	AUDIT score ¹	AUDIT C score ²
Anna	27	Irish	Degree	Admin Secretarial	1	PT	8	7	4
Linda	29	British	Higher Degree	NHS	8	FT	15	9	5
Julia	34	British	Degree	Manager/ Director	12	PT	24	6	5
Susan	33	British	Higher Degree	Civil Servant	12	PT	18	10	6
Aleks	35	Polish	Higher Degree	Research	18	FT	24	4	3
Debbie	27	British	Higher Degree	Research	3	PT	18	3	3
Jane	37	British	Prof Qual	NHS	24	PT	36	3	3

¹ AUDIT scores 0-7 low risk, 8-15 Risky or hazardous, 16-19 High risk or harmful, 20+ possible dependence. For women a score of 6 or over may indicate risk of alcohol related harm.

² AUDIT C is scored on a scale of 0-12. In women a score of 3 or more is considered positive for identifying hazardous drinking or active alcohol use disorders.

Interview Method

Interview Topic Guide

The interview topic guide was developed to facilitate participants to discuss their experiences of alcohol before, during and after pregnancy (See Appendix E). The content of the guide was informed by relevant literature, IPA texts (Pietikewicz & Smith, 2014; Smith et al., 2009), discussion with supervisors, and attendance of an IPA training day run by the University of Derby. Open and expansive questions, along with prompts, were used to encourage participants to provide rich descriptions of their experience. Interviews with two women, who were mothers but not eligible to take part in the study, provided an opportunity for me to pilot the topic guide and gain interviewing experience. The order of questions was adjusted to improve the flow and focus of the conversation. The final structure enabled participants two opportunities to talk about their experiences of alcohol as a mother, once at the start and then again at the end. The rationale for this was that during the pilot interviews I noticed that participants gave richer descriptions of their early drinking and spent less time and found it harder to talk about the present. Opening with questions about the present before moving on to early experiences encouraged participants to give accounts of their past from their current position as mothers. Structuring the interview in this way enabled participants to build up trust in me as a researcher before returning to answer more sensitive questions about their experiences of alcohol as a mother again at the end of the interview.

Interview Procedure

Participants could choose where they wanted the interview to take place. Two took place at the University of Leeds, one in a private room at Leeds Central Library, and the rest chose to be interviewed in their own home (n=4). Interviews lasted between 39 and 57 minutes. At the beginning of the interview I provided participants with a brief overview of the rationale for the project. Participants were made aware of the primary focus of the research but were not told that they had been purposefully targeted due to their current drinking levels. To be fully open about this would have the potential to increase feelings of shame and guilt about drinking and might have influenced the nature of accounts given. It is the intention of this research to understand mothers' experiences of alcohol without judgement. I did not specifically mention harmful drinking. It was not assumed that participants viewed their drinking as harmful and the extent to which they touched on this or avoided it in their accounts fed in to the analysis. A hard copy of the information sheet was provided and participants were given the opportunity to ask questions they had before consent was sought.

The topic guide was used flexibly to try to achieve a 'conversation with a purpose' (Smith et al., 2009, p. 57). Where possible I used participants' own words and neutral prompts to encourage richer descriptions. Guise and Gill (2007) found that when talking about alcohol interviewees often referred

to the experience of their friend rather than their own experience. Prompts such as ‘and was that the case for you’ were included in the schedule to try and elicit own accounts. Participants were aware from the advert that I am a mother but I made a conscious effort during the interviews to try to remain in the neutral interviewer role. When a couple of participants sought my opinion I was careful to maintain the alliance but redirected them back to their experience. These instances were noted and interpreted during the analysis phase.

The interviews were audio recorded and transcribed verbatim at a later date with identifying features removed. A transcribing service affiliated with the university was used and they were required to sign a confidentiality agreement. I quality checked the transcripts by reading them whilst listening to the audio and corrected any discrepancies.

Shortly after each interview I made a note of my initial impressions of the participant and any observations I made about the feel and flow of the interview. This allowed me to document elements that might not have been captured in the transcript. This ‘bracketing off’ of my own perceptions, conceptions and processes (Smith, 2007) prior to analysis is an important part of the IPA process allowing me to turn my focus first to the individual’s sense making.

Ethical Considerations

Full ethical approval was granted by the University of Leeds School of Medicine Research Ethics Committee (SoMREC) in Oct 2017 (See Appendix F)

Incentives

A donation of 50 pence was made to charity for each completed survey up to a maximum amount of £50. Participants could choose between three charities Women’s Aid, Breast Cancer UK, or Children in Need. Travel costs and a contribution of £45 towards childcare were made available for the interview stage.

Potential distress

Although this was not a clinical population, the open nature of the interviews and potentially sensitive topic meant that it was possible that the interviews could cause psychological distress. Participants were made aware that they could choose not to answer a question or stop the interview at any time if they felt distressed. However, although sensitive topics were discussed this did not happen. Time was provided at the end of each interview to debrief. The information sheet contained details of alcohol related support agencies should further support be required.

Confidentiality

Participants were made aware that the interviews would be recorded, transcribed, and stored securely on the University secure drive for three years and then destroyed. Identifiable details were removed and pseudonyms provided to protect anonymity but participants were made aware that some anonymised extracts would be published in the final thesis.

Data Analysis

Analysis in IPA is described as an “iterative and inductive cycle” (Smith, 2007) characterised by a commitment to understanding the participant’s point of view, and common processes of moving from the particular to the shared, and from the descriptive to the interpretative (Reid, Flowers, & Larkin, 2005). Although there is no single method prescribed in the IPA literature, Smith et al. (2009) bring together a detailed heuristic framework for analysis, and this is what I followed.

Table 2: Step-by-step guide to working with data, adapted from Smith et al. 2009 p82-101

Step	Description of tasks
1.	Reading and re-reading. <i>A phase of active engagement with the data.</i>
2.	Initial noting. <i>Adding exploratory notes and comments to the transcript looking at the language used, context of their concerns, and abstract concepts to make sense of meaning.</i>
3.	Developing emergent themes. <i>Analysing exploratory comments to identify emergent themes that capture the psychological essence of the experience.</i>
4:	Searching for connections across emergent themes. <i>Organising and mapping out how the themes fit together.</i>
5:	Moving to the next case. <i>Bracketing off what was found in the first analysis to repeat the process with the next individual.</i>
6:	Looking for patterns across cases. <i>Looking across the individual analysis to draw out and organise higher order concepts to say something meaningful about the group.</i>

Individual Case Analysis

In keeping with IPA’s idiographic commitment in depth analysis was first carried out for each interview. The recording was listened to and the transcript read through multiple times to immerse myself in the data. Initial observations and personal recollections about the interview experience were noted before moving on to detailed line-by-line analysis of the data. I created a table for each participant with the transcript in the middle, a column on the right for exploratory comments and a column on the left for emergent themes (as in Smith et al., 2009). I used standard text for descriptive comments about content, linguistic comments for example about the language used, hesitancy, or use of metaphor were shown in italics and my own tentative interpretative comments and interrogative questions (conceptual comments) were shown in underlined text. The conceptual comments move

from simply describing the participant's meaning making to drawing on my psychological knowledge and own experience to try to open up new meaning in the text. A screen shot from an early stage of Anna's analysis is provided in Appendix G.

The larger data set was then re-read and the other margin used to note emerging themes. Emergent themes were listed and then moved about to form clusters of related themes. Sub-ordinate themes were developed as outlined in Smith et al. (2009) through processes of *abstraction* putting like with like and naming the cluster; *subsumption* when an emerging theme draws together other themes; *polarization* looking for oppositional relationships between themes; *contextualisation* looking at how themes relate to particular narrative moments or key events; *numeration* attending to frequency of theme, and *function* of theme within the transcript. Throughout the process I kept revisiting and refining each individual analysis as my confidence and skills in the analysis improved.

Information has been pulled out of the survey and interviews to create a case study of each participant. The case studies aim to convey something of each person's circumstances, approach to motherhood and alcohol journey to provide the reader with some context within which to understand their experiences. An individual's key themes are included within their case study in bold and discussed. An example table of themes for Anna along with supporting quotes is supplied in Appendix H for transparency.

Group Analysis

Once individual analysis was complete I looked for patterns and connections across cases. To aid this process I created a spreadsheet to map out the occurrence of emerging themes across participants and a group time-line to look for similarities and differences in experience across participants at different points in the timeline. This helped me to identify where individual themes were representative of higher order concepts that other cases also shared. This was an iterative process whereby themes were reconfigured and re-labelled to create sub-ordinate themes and super-ordinate themes. Regular meetings with my supervisors helped me to move to a deeper level of analysis and provided a quality check on the process. A master table of super-ordinate themes for the group is presented in the results section.

Validity and Quality

It is important that the reader has confidence that a true picture of the phenomenon is being presented. The trustworthiness of quantitative projects is proven through established metrics about validity and reliability. In qualitative research different criteria are needed to demonstrate that the research is credible, transferable, confirmable and dependable (Shenton, 2003). Elliott, Fischer, and Rennie (1999) outline ways to ensure credibility of qualitative research. These are reflexivity, providing

relevant contextual information, sensitivity to context, providing examples to support interpretations made, and coherence and accuracy of reporting. Smith et al., (2009) recommend the Yardley Guidelines (2008) and demonstrate how they are applied to IPA research. Drawing on these guidelines and principles (Elliot et al., 1999; Yardley 2008; Smith et al., 2009) the following steps were taken to increase the quality of this study:

- I attended an IPA training day involving interview skills to enhance my existing skills in qualitative research methods, active listening and clinical assessment gained during Clinical Psychology Doctorate training.
- I reviewed existing literature in the introduction chapter placing the study within the wider knowledge base, and the results chapter situates the sample clearly (Elliot et al., 1999). Sample demographics are provided in Table One. Rich descriptions have been used including case studies of each participant to allow the reader to understand the context of their individual experience.
- I had regular supervision throughout the study design, analysis and write-up phase to gain advice and guidance. Supervisors listened to the first two interviews and reviewed extracts from all interviews to aid transparency.
- My supervisors have expertise in the topic of alcohol and in the chosen analysis method and were able to consult on the formation of interview topic guide, and regularly advise on the analysis process allowing me to keep refining my ideas and increasing the credibility of the research.
- All themes within the individual case studies and the group analysis are supported by multiple quotes in line with Smith et al.'s (2009) assertion that a good study should have "a considerable number of verbatim extracts from the participants' material to support the argument being made, thus giving participants a voice in the project and allowing the reader to check the interpretation being made" (Smith et al., 2009, p180). Interpretations are offered tentatively.
- Appendices G and H provide an audit trail demonstrating each step of the analysis including quotes and coding examples to ensure transparency and allow the reader to see the rationale for decisions made.

Reflexivity

Reflexivity is important to ensure quality in qualitative research (Elliot et al., 1999; Yardley 2008; Smith et al., 2009). In IPA the researcher plays an active role in interpreting and making sense of the data. The orientation of the researcher towards the object of interest is open and it is recognized that it is the joint accounts of the participant and the researcher that forms the analytic account. A personal

statement was provided in the introduction to ensure transparency regarding my interest in the topic and what I might bring, as a mother who has recently returned to work, to the interpretation process.

Before I interviewed my participants I took part in a reflective interview. This was intended to uncover my own biases and assumptions, so that I could be aware and remain conscious of them and their potential influence in the analysis phase (Mann, 2016). The interview was conducted by another psychologist in training and covered my interest in the topic and expectations for the research. Like those in the sample I too had recently returned to work however my experience was different in that I had waited until my daughter was two before attempting the transition. I had found settling my child in to nursery stressful and had been fortunate to be able to have extended leave. The women in the sample had all made an earlier transition back to work many when their child was under one. I was also made aware that I was thinking of the potential sample as being like me, or of my generation, but in fact the ages varied and the youngest of the sample was 27, over ten years younger than me.

CHAPTER THREE: RESULTS

Each participant is introduced individually to give a sense of each person's story in relation to alcohol, becoming a mother, and going back to work. This is in line with IPA's idiographic commitment and gives the reader an understanding of how, although similar in key ways, in that they have all recently transitioned to motherhood and returned to work, the participants' life experiences leading up to this point and sense making of these key transitions are complex and unique. Aliases are used throughout to protect participant identities. Participants' own words are shown in italics and emergent themes identified in bold.

Three super-ordinate themes and twelve interrelated subthemes emerged from the analysis and are summarised in Table 2. The themes represent how experiences related to alcohol were perceived and understood by the women at this point in their lives. Quotes have been used to illustrate the themes and ground them within the mothers' lived experience. Within sub-themes divergent experiences are discussed.

Individual Analysis

Participant One - Anna

At the time of our interview Sam was 8 months old and Anna was a month into a phased return to work. The interview took place at Anna's home with Sam asleep upstairs. She was softly spoken and serious throughout, talking steadily and openly.

Anna grew up in Ireland where she attended an all girls' Catholic school. She has one brother and her mother suffered multiple miscarriages and stillbirths. Both parents worked full-time and Anna spent a lot of time in nursery or looked after by relatives. She can remember both her parents drinking heavily in her childhood, and realises the effect of their drinking on her earlier life. Anna began going out drinking at the age of 14 when she would tell her parents that she was going to the local youth club but actually go down the road to the pub with her friends. The pub was exciting and fun offering an opportunity to make friends and mix with boys. The shared secrecy also brought a sense of belonging. She moved to England for university where for the first two years she continued to drink heavily and regularly to get drunk (*a bit of a blur*) In the final year she realised that she needed to take responsibility for her behaviour and limit her drinking in order to get her degree. Following university, alcohol continued to be an important social experience in her working life. Drinking on a Friday and Saturday night enabled her to feel accepted and part of the group. She met her partner through work in the pub social scene. Anna gave up alcohol completely during pregnancy and now, as a parent, is not allowing herself to drink very much. Although she encourages her partner to go out, with the exception of her friend's recent birthday, she drinks alone. Anna works in facilities management. She

went back to work after 7 months and is now working part-time whilst Sam attends a nursery. The company she works for went into administration shortly after our interview.

Emerging themes

You make your bed you lie in it. Anna had not expected or intended to have a child at that point. *It was never really a priority for me, I never thought, you know, I really want to have a family.* Her religion meant that when she got pregnant it went without saying that she had the baby and that her plans for the future, including going back to Ireland where her family are, changed. There is an acceptance of the consequences and a determination to do it right. She describes Sam has having become her *entire world*, a phrase that captures the huge impact becoming a mother has had on Anna's life and identity. Through the interview she talks about a repositioning of self and priorities, *I'm definitely on the backburner now*, loss of freedom and spontaneity, changes in her relationship, challenges of being a working mother, all the time reframing and reassuring herself that she doesn't mind about all the changes and losses.

I'm responsible. Motherhood carries with it responsibility and for her is an absolute priority *I want to be more sensible now, from this point on. And then when I look back, maybe when I am 35,36 and I can look back and go yeah I was responsible because I needed to be. I was responsible because I had a baby and I started a family and that was more important than being part of a fun story.* The responsibility obviously weighs heavily on her and she has found becoming a mother an overwhelming and all transforming experience. *I've got somebody who relies on me every day to look after them...everything I do revolves around that baby* This huge sense of responsibility alongside not *having a clue* is very anxiety provoking for her. *You just don't really know what you are doing and it's just, it's a whirlwind of emotions and your body trying to get back to where it was.* . Anna lives with her *boyfriend* (Sam's father), but doesn't seem able to share the burden and responsibility of being a parent with him *it is different being a mum to being a dad. I know it is probably controversial to say but it is, you just feel differently as a mum.*

Loss of belonging. Anna's feelings of isolation seem to have made it tougher for her. Through the interview she talks about people in categories or groups (people with children, people without, people with older children, people at a different life stage) always with the sense that she is on the outside. She is the first amongst her friends to have a baby, and her family is in Ireland. In the past alcohol has given her confidence in social situations and a sense of belonging. She still seems to have that need,

but now feels it is incompatible with being a responsible mother. She has made friends without alcohol through sport but has not been able to find time for this since becoming a mother. She does not seem to be attending baby groups, or to have a support network of other mothers, but is a member of an online network which perhaps, similar to sport, offers belonging without requiring intimacy.

The cycle ends here. Both Anna's parents drank heavily and she is determined that she wants to be different. She plans to do it right and be more adult and responsible as a parent.

Alcohol is now experienced as a threat to her newly formed identity and she fears judgement from even her closest friends. *I don't want people saying I'm irresponsible. Even though they are my friends, and they are the closest friends I have, you still fear judgement from them.*

Challenge of bringing two worlds together. The return to work has required her to expose her new self to potential criticism and judgement. Along with the weight of responsibility and the commitment she has to be a good mother, Anna feels guilty about the fact that she has to go out to work. Part of the push to return to work has come from her wanting to be financially independent from her partner, but the result is that she cannot be the perfect mother that she would like to be. Her newly constructed self is exposed to the buffeting caused by changes in work patterns and her manager's lack of understanding about her being a parent. She seems to be struggling to find where she fits back at work as a mother. She is critical of herself and now feels unable to use alcohol as a strategy for managing self-criticism.

Discomfort at feeling indebted to her partner. She has a desire for financial equity and talked about feeling pulled in two directions; she is the mother and that is her role in the family, but she also feels an expectation that she fulfils the other equal provider role *For the sake of our relationship I don't think that would work in the long term if I was a full time Mum because at the minute like with me being on maternity and even before that, like he paid, like he earns a lot more than me, so he pays a large proportion of, of everything we need to pay out every month and I just feel that if he does that forever like it would turn into resentment.* This extract seems to suggest that although Anna now sees herself a mother she does not seem to feel part of a family unit where there are different but equally valued roles. There is insecurity in not being able to contribute equally financially *I really don't want to say to my boyfriend, you know, can I have £20 to go and see my friends. It is just ridiculous, so I'd rather have my own money and be able to pay my own way I guess.* There are a number of interesting things in this extract. Her use of the word boyfriend to refer to her partner and father of her child felt

marked, possibly indicating a lack of trust in the longevity of the relationship, or a reflection perhaps of his perceived peripheral role as father, and therefore the weight of responsibility she feels as the mother. *It's just ridiculous* seems to be an understandable railing against the position she now finds herself in. Having established herself as an independent adult and entered into their relationship on equal terms financially, she now has to adjust to a traditional gendered role of mother and the power imbalance and inequity of this.

Overall Impressions

Anna described herself as an introvert and struck me as a private person. At the end of our hour she commented that she felt she had *bared her soul*, and that was how it felt to me.

For Anna it is critically important to be, and be seen to be, a responsible mother. In the course of the interview Anna recalls and understands the significance of her parents' drinking for the first time *this is going to sound really strange, but I've never really thought about how that [her parents' drinking] would influence my drinking...we had that conversation before about alcohol before and after Sam...like now I'm kind of thinking about it and I'm thinking God, that would be the worst thing*. She reveals an **ambivalent relationship with alcohol**. Her parents both drank heavily and her childhood was affected by that. However, when she was growing up she also drank heavily and found alcohol helped her to relax and fit in socially. She is now trying to reconcile these feelings in the context of becoming a mother. Now that she is a parent she rejects the idea of drinking but is missing what it gave her. She feels isolated and on the outside of everything.

There is a moment where Anna is talking about her **fear of judgement** from her friends, and it occurs to her that she might be getting it wrong, and they might not be thinking what she thinks they are thinking. This is an example of the interview itself enabling Anna to reflect and perhaps adjust certainties that she has about how others see her. From her accounts it is clear that alcohol still feels threatening. There is fragility to her new identity and a personal cost to protecting it.

Participant two - Linda

Linda lives with her partner Andy and their daughter, Ava. At the time of the interview Ava was 15 months old and Linda had been back at work for 8 months. The interview took place in a private room in a public library.

Linda began drinking alcopops in the park with her friends when she was 13. It was fun and required a *sneaky plan* to obtain the alcohol. She started drinking heavily at college when she would borrow

her sister's ID and go for big nights out. Her levels of drinking at that time were serious enough to cause her teacher to express concern. She describes *solid drinking* when travelling abroad during a gap year with regular black outs and memory loss due to the high alcohol intake. The heavy drinking continued at university, her grades began to slip and she was using her credit card to fund her drinking. She drank more in her second year and describes using alcohol to self-medicate during a difficult experience with a friend. However in the final year she began to limit her drinking as she realised that she needed to study more to get the result she wanted. During that year she also met her partner Andy. There was a shift in priorities as she began working towards a career in the NHS. She began to drink less frequently but alcohol remained an important part of her social life. Her pregnancy was unplanned and she fell pregnant over the Christmas period when she had been drinking heavily. She gave up alcohol as soon as she found out but was anxious about the impact of this early drinking. Whilst breastfeeding Linda was careful to control how much alcohol she was drinking by calculating the units. As a mother she now drinks the occasional bottle of cider at home, but makes herself available for social events where she will drink more. She returned to work when Ava was 7 months old and finds her work interesting and challenging. She now works full time with childcare provided by nursery and both sets of grandparents. Her commute means that she drops Ava off at 8 in the morning and gets home at 6:30pm.

Emerging Themes

Alcohol as part of life. For Linda alcohol was an important part of her life from 13 onwards. The vocabulary that she uses changes from talking about drinking to *get giddy and giggly* as a teen, which has an innocent feel, to going out to *get really drunk every night* as a young adult. During this period she describes herself as *very much a binge drinker*. Looking back she remembered that *alcohol was just flowing because it was, it made things a bit funnier*. She would be annoyed if her work meant that she had to miss a night out as she didn't like to miss out on the fun of everyone laughing about it the next day. Although Linda describes very heavy drinking, clear signs of problem drinking, and other people expressing concern, she asserts that she did not crave the actual alcohol. *I can't say that it tends to make me feel any better or any more relaxed, I think, I don't know, it's just part of culture in society isn't it?* In this statement Linda seems to be placing responsibility for her drinking external to herself.

Do it anyway. When talking about drinking as a teenager Linda reveals the extent to which the social group, or *collective ethos*, trumped everything. She chose not to heed her *aching kidneys* and *blackouts* and continued to drink heavily. *I definitely knew that I was doing it and I was recognising it*

and I was talking about it.. we'd all sit there and laugh 'oh God I can't believe how much we drank last night but we're doing it again tonight aren't we?'

Does that make me a bad mum? Linda found being at home as a new mother difficult and missed her pre-child life. She felt a pressure from society to be *100% mum* but had conflicting feelings about being ready to expand her life again, and wonders about whether other mothers feel the same *other Mums don't, might not feel this way, you don't talk to other Mums about it though I don't think*. Similarly friends had told her that the return to work would be really upsetting but she had felt ready to return and had felt like she was *climbing the walls* whilst on maternity. *People told me I was gonna cry and I've not done and what does that mean?* She feels the weight of responsibility of caring for a vulnerable and dependent baby and guilt about wanting to reclaim her life *I suppose it's just because you're thinking for yourself and you know you've got a little person that you should be thinking about as well*.

It will get silly Linda meets up with her friends for large social events but now attempts to limit her intake. *I thought no, that I'm going to be looking after a small child, she's 15 months so she needs that constant care and attention and, yeah, I still sort of know that I'm gonna have to have my wits about me*. In another extract she seems less sure of her control over her drinking. *I'm just not into it anymore and I know that it's gonna, it could end up getting silly and then I'll be feeling really rough the day after and I can't be bothered with it*. Although she qualifies the *gonna* to a *could get silly* there is an implied lack of control and a fear that if she does have a drink she will end up drinking a lot and suffer the consequences. I got the sense that it is the consequences of drinking that she is no longer bothered with rather than the opportunity to socialise. The extent that Linda feels her drinking is influenced by those around her is apparent in her account of a time before becoming a mother when she drove because she was not going to drink but ending up leaving the car and getting drunk, and also as a recent mother making sure she has expressed extra milk in case she has drunk too much to breast feed in the morning.

Loss of belonging. Her friends are heavy drinkers and although a couple of other friends were pregnant at the same time, there is some frustration that her social group did not change their behaviour to accommodate this. There is a sense of her feeling isolated after becoming a mother and having to adjust her relationship with alcohol in order to accommodate her new identity. She now asserts that *you don't need to drink to have a good time when you're in a social situation...So, I don't know if that's carried on as the baby arrived, I don't really feel like you need to have a drink any more*. However Linda's description of her first drink as a mother, holding a drink up and everyone cheering, somewhat contradicts this and felt to me like a re-initiation back into the group. She photographed

the bottle and sent the image to her family with a monkey emoji, feeling cheeky, as if marking a big moment.

I'm doing well. Through the interview Linda was keen to demonstrate to me how well she was doing *I'm in a good place with work anyway and I'm in a good place at home and I knew she was in a good place where she was whilst I was at work so it all just fit together nicely.* As she had shared elsewhere that she doesn't let the pressure show, I wondered how open she felt able to be to me, or to herself, about any elements that she did find difficult. Linda describes the multiple pressures she is under at this time with work, a poorly child, Christmas, and financial worries. Showing weakness is uncomfortable for her and she counters this description with *I think I managed it quite well [laughter].* Similarly when she talks about feeling bad about having to arrange for someone else to collect Ava if she is poorly due to the distance, she counters this with how nursery treat her as their own. Despite the pressures she talks positively about being able to switch easily between *work mode* and *mum mode*.

Overall Impressions

Linda is someone who hides her stress from others. Throughout the interview she let me know how well she was doing and what a good place she was in at home and at work, however there was a sense of her needing to emphasise this and at times it was clear the strain she is under.

Work is important to Linda, and she had felt ready to return. She told me that she had not found the return upsetting and wondered what that said about her as a mother.

There are some contradictions in her accounts of current drinking. For example in her survey response she reports having an alcoholic drink less than monthly, and in the interview describes having a bottle of cider after a difficult day about once a week. She talks about alcohol not being important but describes unit counting and calculations as having influenced her decision to stop breastfeeding.

Linda has drunk heavily in the past and alcohol seemed to be part of her reclaiming her social life after becoming a mother. Recently this has shifted again to her feeling able to take part in the big social events and not drink, although this is a policy that she doesn't always manage to keep to. I got the impression during the interview that 'drinking' for Linda means a big night out, and that maybe a couple of drinks in the house doesn't count.

Participant Three - Julia

Julia lives in the countryside with her husband John and their daughter Lucy. At the time of the interview Lucy was two years old and Julia had been back at work for a year. The interview took place

in her home. She had to dial in to a conference call at a specific time and so the interview was time limited.

Julia's parents separated when she was young and her mother remarried multiple times. There were times when she didn't get on very well with her mother or the new partners, with whom she was left when her mother worked away. She remembers her mother drinking in moderation at the weekend. She describes her father as being from the baby-boomer generation and enjoying life, which involved holidays and a lot of wine. Julia began drinking at 14 and describes regularly drinking to excess in parks with her friends. She continued drinking heavily at university after which she moved to London and began working. She worked for a company with a strong drinking culture and lived in a shared house so was around friends all the time. She met John and got very drunk on their first date to the point that he had to look after her. As a new couple alcohol was always part of their dates and they continue to mark romantic occasions with fine wine. Lucy was conceived through IVF. Julia gave up alcohol completely during pregnancy but missed it and went out of her way to seek out non-alcoholic alternatives. She was diagnosed with breast cancer whilst pregnant and Lucy was delivered early and spent time in special care, to allow treatment to start. She underwent chemotherapy during maternity leave. She went back to work when Lucy was one then had time off for reconstructive surgery. Julia works as a director of a public sector organisation and also does freelance work. She is able to work from home for part of the week. She will now have a glass of wine occasionally after work and feels that this is ok providing she is eating the right things and exercising.

Emerging Themes

Identity and alcohol. Julia's early drinking had felt rebellious, she wanted to feel older and meet boys. Binge drinking *times where I was kind of paralytic and not able to remember*, felt normal and what everyone did. *It just seemed like part of teenage life and definitely kind of weird if someone didn't drink.* She reflects on how young and immature she was when she went to university, *I really didn't know myself or know who I was and all of that... I kind of felt that yeah, I was very kind of grown up and kind of definitely knew all about alcohol.* There is a sense here that during this transition, her familiar relationship with alcohol offered a reassuring constant at a time of uncertainty and change.

Recovering from serious illness. Julia chose not to use her sick leave to extend the maternity period as she wanted to return from maternity like a *normal mum* rather than a mother who has been sick. Being diagnosed with cancer whilst pregnant set her apart from the other participants and impacted on everything including her relationship with alcohol. Julia was very conscious of her health and didn't want to do anything that could make things worse or put her system in danger. Alcohol brought with it feelings of guilt *every time the enjoyment of it would be kind of compromised by the fact that I'd be*

thinking this probably isn't very good for me at this point. She would like the opportunity to let her hair down and not face any kind of consequences. Although she feels alcohol is *not a very healthy thing* she also sees it as part of no longer being ill and tells herself that it can be part of a healthy lifestyle.

I can't let my hair down. As a mother Julia feels responsible and that she cannot fully relax. *It's just a feeling that it's not right. You know, it's not right to kind of let yourself lose any sort of control I suppose.* She mainly sees other parents during the day without alcohol. However she described an exception to this when she and her partner met up with NCT friends. On this occasion she had felt able to relax, had drunk alcohol, and stayed out later than she normally would *...we stayed there until half past eight which is way past Lucy's bedtime and we'd never done anything like that before, like if it was an actual party sort of, we'd never stay that late.*

Rediscovering own needs. Julia is new to the area and her new friends have got to know her as a mother. Socialising with them and drinking alcohol had felt different *they see another side of you, not that you'd changed, but like I felt more, it was less about the children.... like normally we kind of sit there, have a coffee and just watch them and I think then it felt **we were there for us** and they were having a great time, they didn't need us to be like on them all the time.* As a mother, and perhaps as a mother who has had cancer, alcohol feels **self-indulgent**. However on this occasion in the company of other mothers it had felt expansive, *like an adult experience but with the benefit of having a child.*

Internal pull in different directions. Although she didn't want to go back to work Julia felt she had to for financial reasons and likened it to *pulling off a plaster*. She missed Lucy and recalls crying on the way to work in the early days. *it's kind of like you want to be [a separate person] but you don't want to be, it's a very strange thing and I definitely didn't understand it before I had a child* and her contradictory feelings about returning to work *ideally I'd just look after her all the time even though I do want that adult time as well.* Her own mother had worked a lot when she was younger leaving Julia to be cared for by her stepfather. She wants things to be different for her child *I've always said that my child will always come first before work, but I think that kind of then adds another layer of pressure onto it....Because like, yeah you just don't want to, I don't ever want her to feel the way I felt as a child with my Mum working that much.* Her negative feelings about this were balanced by valuing her mother's ambition and work ethic. *She had such high aspirations for us and were, you know, she valued our education really highly and, you know. She felt, she told us we could do anything and we believed it and, you know, like all of that great stuff about being a working Mum role model.*

Alcohol plays a small but pleasurable role in her life now and she sees that there is **a lot of significance in the small amount of wine**. She talks about the enjoyable first glass of wine with a meal rather than drinking the bottle as she would have done before. Alcohol has been and continues to be associated with nice occasions, romance, and fun.

Overall Impressions

Julia desperately wants to be there for Lucy, and to be a normal not a sick mum. Although she spoke openly about the practical details of treatment, cancer felt like the elephant in the room not just for her but for me. I felt less able to openly explore that first year with her. Reminded of her own mortality alcohol has become threatening, however there is a conflict here as she has a desire to reclaim her adult life, and for her alcohol is associated with pleasure and living well.

Julia carries responsibility as the main breadwinner but her use of the collective *we* when talking about decisions around parenting and drinking suggests that the weight of responsibility is shared to some extent with her husband. She feels fortunate, to have become a mother, to have survived her cancer, and to have flexibility in her job.

Although there is some embarrassment in her account of her teenage drinking there is real nostalgia for her city lifestyle. Julia seems to miss the opportunity to fully relax. The amount of alcohol she allows herself has reduced but it remains an important thread in her romantic relationship and adult identity.

Participant Four – Susan

Susan lives with her partner and their daughter Flora. The interview was conducted in her home and her daughter was present.

Susan remembers her parents allowed her to drink watered down wine at the dinner table from a young age. She started to dress up and to go out drinking when she was 14. Unlike the other participants Susan left school at 16 and began work. She had a disposable income and relaxed door policies meant she was able to get in to bars to spend it. Music has always been important to her and as a member of a band she went to lots of gigs where she drank and smoked cannabis. Susan started drinking young and by the time she started her undergraduate degree in her mid-twenties bars were beginning to lose some of their excitement. She was already living with her partner and there were bills to pay and she had to accommodate a drop in income as a student. Her big nights out still involved drinking to excess but became less frequent. Susan gave up drinking and smoking when she found out she was pregnant. Susan went back to work when Flora was 8 months old and is now studying at doctorate level whilst working part-time. The doctorate is quite isolating and her colleagues on the

new job are also parents so there is not a big drinking culture at work. Now as a mother she goes out more occasionally meeting up with girlfriends every three months for what they call their *quarterly board meeting*. In a night they might each drink one and a half bottles of prosecco and five cocktails. At home she rarely drinks alcohol.

Emerging Themes

Reality of motherhood. Although people like to give advice ultimately every child is different and you face it alone. *People tend to talk about pregnancy and giving birth and motherhood as if it's like a universal experience. And obviously it's not, you know, your own little journey is going to be your own little journey.* She enjoyed the early days but felt she might *die of tiredness* and likens it to *having a third arm attached to you constantly*. She was too tired to want to go out but this changed as her daughter started to sleep more and she felt *more human again*. Susan's language conveys very well the shock of becoming a mother and having a baby utterly dependent on you.

I'm responsible. Susan describes an initial anxiety about going out after becoming a mother and a feeling that she should be at home. *When they're really dinky and little there's a lot more kind of worrying if they're going to be all right and missing them and what have you.* However she has found a way to accommodate this and now feels able to go out. *I know she's going to be all right, she's a robust little soul.* This phrase conveys a lot. *Robust* implies an acknowledgement of the potential consequences of putting her needs first. *Little* encapsulates her responsibility and the dependence of her child. Going out is clearly important for her but the reprieve from responsibility and reconnection with former self that alcohol provides on her nights out is only temporary. Before becoming parents cannabis was the substance regularly used *we wouldn't have a glass of wine on a night, we'd have a joint on a night.* Although she has reintroduced alcohol she has not been able to start smoking cannabis again. *I haven't been able, actually haven't been able to go back to it since. I guess you must build up a resistance over however many years and then when you haven't had it for so long it was, like, it must be just like, oh no I can't carry on with this.* She seems unsure about her cannabis tolerance post-partum and the thought of resuming smoking feels more worrying to her as a mother than resuming drinking.

Drinking as a strength Susan describes how she believes that her parents' relaxed attitude towards alcohol helped her evolve into someone who *can take or leave it*. However when she does go out she drinks heavily. She describes herself as being *the worst sort of person*, meaning that she rarely drinks but when she does go out she drinks far more than is recommended. It is clear that the board meetings are actually very important to Susan and she manages the change by rationing the frequency rather than reducing the alcohol. She goes out less but when she does she *goes for it*. The drinks flow for as

long as they are out. She aims for the last train in an attempt to limit the drinking but this doesn't always work and she jokes about *the damage that you can do between 2pm and 2am*. Listening to her talk about these evenings, the work related name and incorporation of a nice meal feels like a thin veil to hide the fact that she is still going out with the purpose of getting drunk. There are now additional logistical arrangements but once out the nights are the same as before children.

Age generally tempers. Her choice of drink has changed over her life but continues to be influenced by who she is with and where she is going.

Overall Impressions

Susan was open, confident and used humour throughout the interview.

She believes that binge drinking is **part of British culture** and doesn't appear to fear or expect judgement. Overall her attitude towards drinking doesn't seem to have changed since becoming a mother. With fewer opportunities she now goes out drinking less often, but when she does she makes more of an occasion of it. Alcohol remains central to her nights out and there is pride in the excess. In contrast she has little interest in drinking in the home. Her indifference towards alcohol in the home began to make more sense to me towards the end of the interview when she shared that cannabis was the substance that she had used regularly with her partner.

Participant Five - Aleks

At the time of our interview Aleks was working full-time in research. She had been back at work for a year and a half and her daughter Molly had just turned two. The interview took place at the University.

Aleks grew up in Poland. Her parents would drink in moderation at the weekend if there was a special occasion but not during the week. She began drinking at high school and recalls a couple of occasions of drinking to the point of collapse. She continued to drink what she considers to be too much at university and started to limit her drinking to the weekends when she started work. Bored of the monotony of her job she moved to England and re-entered academia. When she decided to start a family with her husband it took a while to fall pregnant. She continued to drink occasionally during this time, but gave up completely as soon as she found out, and continued to abstain completely for the 14 months that she was breastfeeding. Aleks began working part time when her daughter was 6 months old and has gradually increased to full-time. As a parent Aleks will now have the occasional glass/half glass of wine with her husband, and allows herself to drink more only if she can go out and leave her child with someone she trusts.

Emerging Themes

Expectations vs reality. Although friends had warned her how tough it would be the reality of motherhood has been a shock for Aleks. *I thought it cannot be as bad, everyone else, they cope with it and I don't see people so miserable about that [laughter].* But Aleks has found it extremely difficult and feels overburdened. She doesn't want to *put her baggage to others* and doubts whether others will be able to help *before having children I didn't know nothing. I knew absolutely nothing, so I could, you know, give advice and stuff but it was all rubbish because the reality of children looks totally different.* She doesn't want sympathy, or for people to judge her for not coping. *I don't want to even talk about my, my problems to, because I don't want someone to feel that, oh someone has to help me somehow with some advice or think about me. Oh, she has so many, I don't know, issues and troubles.*

Isolation of motherhood. The **shame of struggling** as a mother is isolating. Although she wants to see her friends Aleks finds the contrast between their situation and hers painful *they are more like relaxed. And here you are with a baby, stressed out trying to breastfeed... my baby, she wasn't really a very good sleeper either and she was crying a lot. So, for one reason I wanted to go out and to meet with people but then when I was actually there it was like I'm tired again of all of them being so relaxed and happy.* She reassures herself that this difficult phase is only temporary and will pass. A recent night out with a friend had provided an opportunity to share her private struggles and relax. *I don't know if alcohol is necessary, sometimes it's, I think it's nice to just drink and forget about, that you're a, that you're a mother.* However after the night out she worried that she had said too much, and felt ashamed about how much she had drunk.

Work as an escape. Looking after a fretful child was so tough the return to work felt like a lifeline for Aleks. She described looking forward to it *more and more, and more.* The job that she loves provides a sanctuary or *escape from the problems we have at home when we have to deal with all that crying.* She is strongly attached to her daughter and finds it painful to leave her and to know and feel the extent of her upset *she's crying every day and, my God when she's crying she's not really a quiet child, she's, I don't know, the walls are trembling from her crying so it's like heart-breaking when she cries* but also the relief of being able to *close this,* escape the mother role, and enter the work environment where she feels effective.

Guilt about drinking. Aleks's memories of early drinking, at high school and at university, are characterised by drinking what she felt was too much and feeling bad afterwards. Feelings of shame and guilt also underpin her accounts of drinking as a mother *the next day I feel so bad [laughter] about myself and about everything.* When Aleks is with her child she is her responsibility and she describes

the importance of remaining sober and present. To have more than a glass of wine she has to be alone (separate from her child), and have passed the responsibility to a trusted other. She also describes how her parenting was affected the next day after drinking...*I came home and just sit on the couch and watch something or sit with my daughter; when she was playing, I just was sitting next to her and doing nothing*, and questions whether she drinks too much.

Fear of developing a problem. She does not want to develop a drink problem. Aleks has watched a close relative struggle with alcohol in later life. The problem crept up on her in her 50's causing the breakup of relationships and her job and leaving Aleks and her husband to clear her debt. In contrast she remembers her mother protecting herself by limiting what she drank *My Mother, she, she didn't drink too much, because she could drink only maybe two glasses of the wine or something like that, that's all.*

Overall Impressions

Aleks did not seem at ease during the interview and admitted to feeling nervous. The conversation did not flow easily and as English is not Aleks's first language, she thought carefully about the words she used. I wished afterwards that I had asked more about the differences she experienced between Poland and England as lack of a rich understanding of the cultural context within which her experiences as a child were embedded made interpretation of her accounts difficult.

Aleks is finding motherhood difficult and isolating. She feels guilty about leaving Molly for work and therefore carving out time to meet up with people socially feels like an indulgence. She recognises the importance of sharing her difficulties but feelings of shame make this difficult.

Aleks's reflections on her own drinking seemed to be framed by her relative's problem drinking. She expressed an interest in my literature review and wanted to know how her drinking compared to other mothers, so that she could work out whether she was drinking too much. This seems to reflect an underlying worry about **whether a mother should drink** at all.

Participant Six – Debbie

The interview took place at the University. Debbie had been back at work for three months and her daughter was 18 months old.

Debbie grew up in the countryside and was a member of the young farmers club. She remembers being younger than 18 when she started drinking alcohol. Although she drank, unlike the other participants, Debbie's youth was not characterised by heavy drinking. Her sister is teetotal and she

has never seen her parents drunk. Alcohol was not off-limits but her parents explained to her what might happen if she drank heavily and at 15 she decided against getting *too drunk*. Due to the rural location she tended to socialise at organised events stewarded by adults. Her peers were not heavy drinkers. She went away to a campus university where she lived in a shared house with like-minded people. Rather than going out drinking at weekends they would stay in and drink wine whilst watching television. Debbie stayed in academia where she met her husband. They did everything *a bit quick* and had a baby within a year then got married. The wedding was a daytime event that was over by 9 with little alcohol. She gave up drinking completely whilst pregnant. She breastfed her baby for over a year during which time she resumed her pre-child drinking habits.

Emerging Themes

Not a big drinker. Debbie believes that her experience of not wanting to drink excessively is outside of the social norm and is apologetic about it, afraid of sounding boring and is critical of herself *I can't drink, I'm absolutely pathetic*. She regularly asserts her identity as not a big-drinker, she is a *one or two glass kind of person*, and *I've just never...thought have another then another then another this has not been in my nature to do it*. Although she feels that her attitude towards alcohol has served her well and hopes to instil a similar belief in her son, she seems to feel that it is more socially acceptable to attribute her moderate drinking to laziness rather than principles or self-discipline *it's just a glass and probably I'm too lazy to get up to refill it [laughter]*. Debbie doesn't like being out of control and she can't understand why people would want to be *drunk not knowing what you're doing and why you're doing it*. As her family and friends are not big drinkers it is not normal for her to see people drunk and she finds herself judging people stumbling around town. However she now drinks more with her husband than she ever has with previous partners *that was how he was before we were together so he just, but maybe he drinks less because I don't drink as much and so we balance each other out, we found a nice happy medium*. Alcohol is a relational thing that they do together.

Living with uncertainty. The early days of motherhood were a blur and stressful. She was in unfamiliar territory and felt like she was navigating it on her own. As the first amongst her friends to have a baby she had nobody to talk to or judge herself against. She refers to the early days as her *fix it phase* as she tried to apply her skills as a scientist to the problem but found that unlike the variables in her lab experiments it was not easy to get her son to do what she wanted. *What variables can I change to make it do what I want it to do? Completely forgetting that he was an entirely little human on his own and had his own idea of what he was gonna be doing, even from being a little person and it took me a long time to accept that he is a little person*.

Alcohol and motherhood. People brought alcohol and she joined them in toasting the baby. *I thought I'm not drunk, I can look after it, so I just had the odd drink.* Looking back she can see that she drank much more during the early days of motherhood than she normally would *maybe you did take it more often because you were thinking oh my God, what am I gonna do with this thing!* Debbie finds parenting a toddler much easier, she feels like less of a failure now he is able to communicate his needs and she can work him out. Debbie took a photograph of herself drinking a glass of prosecco whilst the baby was feeding, and shared it on social media a week after the birth. She does not seem to share the fear of judgement felt by others in the sample. For Debbie there seems to be pride, both in not having to change her drinking *habits I know that it's fine to breastfeed and I just carried on drinking as if it was just, there was no baby to feed as if it was just normal me because I wasn't a heavy drinker,* and in the rebellion of having a drink. This public display seems at odds with her not a big drinker identity.

Spread thin. Debbie had felt unprepared for how difficult the return to work would be. *People don't give advice beyond the birth, or talk about how you will feel going back to work.* Finding a balance between her home and work identity has been harder than she expected *you have to be like two people now. Like the home person and the work person and it's really hard to like find a balance between the two.* She worries about whether she is still viewed as functional, and fears judgement from her colleagues about working part-time *you have to leave now at whatever time you have to pick up from nursery and people look at you, and even though they're not looking at you, you feel like they are looking at you* and feels like she is missing out at home *why did I waste those last few weeks thinking I really want it to be over, I really want to go back to work. And now you're like I don't want to be at work, I really want to be at work and I miss them, I don't get to see them, and they get home from nursery and they just want to go to bed because they're so tired.* She described *climbing the walls* towards the end of maternity leave and was ready to return to work but is now finding it stressful. She came across as someone who normally manages and is disappointed that she has found the return to work so difficult.

Err on the side of caution. From childhood Debbie had been encouraged to consider the risks associated with alcohol. The Young Farmers events although exciting and opportunity to be independent of parents, were anxiety provoking for her and, although adults were present, Debbie was aware she was in unfamiliar surroundings and that alcohol might impair her ability to keep safe. Her job involved working with hazardous substances and she treated alcohol in a similar way when she became pregnant wanting to be *as safe as humanly possible.* She remains conscious of safety and prefers to *err on the side of caution* with alcohol as a mother. However she does drink with her partner

and drank whilst breastfeeding. She describes wanting to remain able to look after her child and the importance of remaining responsible and able to drive if needed. She will not bring the baby into bed with her if she has had a drink.

Overall Impressions

Drinking to excess was not part of Debbie's youth or university life. She opted out of that social scene early and seems to have built up an identity as a non-drinker. She finds it threatening to be around people who are drunk, and can't imagine wanting to do something that could impair her ability to keep safe. Yet she is now with someone who drinks more than she has done in the past and alcohol is part of their life together. She is trying to accommodate this difference, and the possibility that her child might also have a more typical experience of alcohol.

Although Debbie recalls drinking more than is usual for her in the early days of motherhood she doesn't seem threatened by this. For the first time in her life she can drink moderately and feel part of the group.

Participant Seven – Jane

Jane works part-time in the NHS and lives with her husband and their son, Jack. At the time of our interview she had been back at work for nearly two years, the longest of all the participants. The interview took place at her home.

Jane grew up in Scotland. Her parents kept a range of alcohol in the house and regularly entertained. She remembers *doing her fair share of underage drinking*. There were regular parties at a friend's house where they would drink cheap cider or alcopops or go out somewhere that didn't require ID. She studied medicine at university where she drank heavily. The drinking culture was also part of her life during clinical training. She met her partner in the final year of training and moved to a different part of the country to be with him. They married shortly after and started trying for a baby. She went back to work part time a year after Jack was born. Since having Jack she and her partner have been trying for a second child but are currently having a year off trying.

Emerging Themes

Folly of youth Jane drank heavily when young and describes it as *just what you did*. She describes her university experience as the *stereotypical scenario*, meaning that she moved away, sampled independence and partied hard. She realises the irony that she was studying medicine and at times learning about the damage that alcohol does to your body and yet went out multiple times each week and drank to excess *we drank until, we drank until we were drunk and then kept going probably would be a good way of putting it*. During her clinical training she describes a medic *work hard play harder*

drinking culture which she took part in. She describes having been terrified starting new placements and using alcohol to bond with others in the same *position oh my God, what are we doing, shall we go for a drink on Friday*. It had seemed socially acceptable to go out three nights in a row then but she doesn't feel that now and thinks the world views drinking heavily at 25 very differently to drinking heavily at nearly 40. At her age she now feels she has been there, done that.

Pregnancy as catalyst for change. Getting pregnant took some time and the longer it took the less she drank. She jokes about not wanting to have to lie to the doctor about her alcohol intake. Although she was joking about an external influence it felt like an internal shift had happened and her priority was now becoming a mother. A similar pattern is present when she talks about giving up alcohol in pregnancy where first she talks about the influence of others and feeling scrutinised as an expectant mother before acknowledging her own decision making process. She felt nauseous through the pregnancy and didn't fancy alcohol. She remembers attending a talk at the time about some research that suggested that *middle class professional women's pregnancies went better if they have a glass of wine*. However having heard the evidence she decided to give alcohol up completely and didn't miss it. Whilst pregnant she went along with jokes about wanting a glass of wine but this wasn't how she felt.

Social identity and alcohol. There is a marked contrast between Jane's experience of alcohol when she is young and her feelings about it now. Jane made friends with other expectant mothers through NCT and though baby groups. Unlike previous friendships these post-child relationships have developed without alcohol. They have been very child focused but Jane describes a progression from meeting up with the babies, to meeting up and having a drink with the toddlers there, and then to meeting up independently of the children and having a drink. She talks about how drinking alcohol with them had felt adult, however the pleasure she reported seemed to have been from sharing stories from their earlier lives rather than the alcohol itself. She describes drinking as a mother and how different it had felt *a weird mix of feeling good and feeling a little bit naughty and, not that we shouldn't have been, but it did feel a bit, I don't know. You know when it's not quite right*.

Hiding decision not to drink. She covers up her new feelings about alcohol by planning to drive to the next event and seems embarrassed when talking about this. She feels *I can go out and have fun with them and not have a drink*. However she had also found it difficult. There is anxiety about getting it wrong and a fear of whether she is able to have a few without getting carried away, but also shame in not wanting a drink. It is safer to opt out and drive and explain it away in terms of logistics and finance rather than own up to the other mothers and to me that she has changed and no longer wants to drink.

Re-positioning self. The period between Jack's arrival and our interview has been punctuated by a series of miscarriages giving her an understandably different experience of returning to drink. Each pregnancy brought a period of *not drinking for a purpose* and each loss was marked with alcohol. She remembers having a whole bottle of red wine after the second loss as a symbolic *f* you to it all*. The couple have decided to have a year of not trying for another baby. Alcohol is part of a *free pass year* that they have prescribed themselves. Although listening to her speak the association between alcohol and fun seems to be historical rather than actual. It feels like she is in a process of trying to work out **where and if alcohol fits** in her life now.

Other mums do it better. Breastfeeding had been difficult and she compares herself negatively to another mum she knows who managed to go out for a spa at that point and who she felt had done better in general at keeping the adult side of their life going. For her the early days of motherhood had been stressful but the shift to formula at 4 months meant *Jack was no longer stuck to her* and she and her partner were able to go out as a couple. She talks of the shock of being apart from Jack. She ordered a fancy cocktail and shared pictures of it on Facebook with the tag 'freedom', although she realises that what she was making public was an illusion of freedom as in reality they felt conflicted *what are we doing we have a baby!* They were only a few minutes down the road in the local pub, and went home after one drink.

Overall Impressions

Jane spoke openly about having drunk heavily in the past and reports no regrets. It was prior to becoming a mother, when she met her partner and moved away from her established friend group, that Jane started to cut down on drinking. As part of a couple she no longer felt the need to go out to pubs or clubs to drink to excess and motherhood has further legitimised this change.

Jane appeared confident in the interview but revealed a degree of social anxiety. It is hard for her to imagine being able to negotiate a social situation such as a pub, without having more than a few drinks. As a mother it has been her child rather than alcohol that eases social encounters. The significant theme of the interview seemed to be around the introduction of alcohol into her post-child friendship circle and how conflicted she feels about this. On the one hand it had felt grown up and with alcohol the friendships had matured to *real mates* rather than mother friends, but on the other hand it had felt like a regression to a younger part of her life that she has outgrown. It raised social anxieties for her, and she hinted that she had reached a point in her life where she was happy without it, but was unable to say that to her friends or to me.

Group Analysis

The way participants talk about alcohol is complex in that they are reflecting on their own childhood as well as their current life and the childhood they desire for their children. I have found, through the interviews, that becoming a mother (including pregnancy and its period of abstinence) represents an important focal point (window for change) in those women's lives and that rewriting their narrative (assuming a new identity with less dependence on alcohol) is compelling for them.

Table 3: Super-ordinate Themes, Sub-ordinate Themes, and Emerging Themes

Super-ordinate Themes	Sub – ordinate Themes	Emerging Themes
Experience of alcohol in relation to past and present self – a conflict	Justifying Reckless Self	It was what you did Weird if you didn't Alcohol as a social lubricant Social identity Pride in heavy drinking Period of heavy drinking inevitable
	Distancing from Reckless Self	Reframing as folly of youth Judgement about previous drinking Recast self as someone who wouldn't drink irresponsibly Minimising the importance of alcohol in the past
	Alcohol as a threat	Fear of loss of control Fear of becoming incapacitated Incompatibility of old self and new responsibilities Feeling that it is wrong as a mother to drink Threat to health Fear of developing a drink problem
	Desire to protect	Not wanting to repeat own childhood experiences The cycle ends here Desire to model moderation

Super-ordinate Themes	Sub – ordinate Themes	Emerging Themes
Social identity and belonging – the secret life of a mother	I'm responsible	Repositioning self Setting own needs aside Mother as primary I haven't got a clue Anxiety Isolation I can't let my hair down
	Shame of finding motherhood difficult	Private struggle Reconciling expectations with reality Other mothers do it better
	Fear of Judgement	Worry that others will judge Fear of criticism Does that make me a bad mum?
	Going back to work as a mother	Returning to change Feeling deskilled Lack of support
	Challenge of bringing two worlds together	Spread thin Switching between two modes Pull in two directions Adjusting own standards
	Where alcohol fits now	Loss - a journey towards acceptance
Socialising as a mother		Show a different side to self Alcohol reconnects with old more authentic self Danger of socializing with alcohol
Considering not drinking		Social pressure to drink Anxiety about not drinking Hiding decision

Experience of alcohol in relation to past and present self – a conflict

The mothers are drawing together disparate events in their lives into a meaningful whole and the connections that they make during the interview reflect their current perspective. During the interviews participants were reflecting for the first time on their experiences of alcohol from a particular position in their lives looking both forward and back and thinking and reframing in the moment. This dominant theme reflects how all the women moved between conflicting accounts as they attempted to reconcile their ambivalent feelings towards alcohol. There is a contrast between the old role of alcohol as part of the fabric of society and identity formation, to being perceived as socially unacceptable, isolating, and dangerous as a mother. Four inter-related subthemes emerged from the group analysis 1) Justifying reckless self, 2) Distancing from reckless self, 3) Alcohol as a threat, and 4) Desire to protect.

Justifying reckless self

Reckless is the word Anna uses to describe her parents' drinking. The term originates from the Germanic base (meaning 'care') of *reck*, defined in the Oxford-English Dictionary as 'heedless of danger or the consequences of one's actions; rash or impetuous (Oxford English Dictionary, 2018). Where Anna judges her parents as having been care-less and irresponsible, the term also encapsulates something about how the majority of participants attempted to make sense of their own excessive drinking. Over time care-less becomes a nostalgic care-free.

Alcohol was part of adolescent life for all the participants to varying degrees with only Debbie not recalling drinking to excess.

'It was exciting, it was fun. It was like the secret of it and also because we were only 14 it was we felt cool, we felt really like mature and, obviously we weren't at all but at the time we felt so grown up you know? And the other people that were there like it was a secret thing that you had with them, like if you saw them in the street, you'd be like 'oh yeah I know you, I saw you on Saturday night' it was like that kind of thing, it was a real sense of belonging with the people there, it was nice while it lasted I guess.' For Anna alcohol felt grown up and the secrecy feels symbolic of Anna's increasing independence and the mixed feelings of fear and excitement that this brought. She can remember the experience in detail which hints at its significance for her. The account of her mother dropping her at the youth club every weekend with her friends but her actually going to the pub, felt like a well-polished story that had been told many times. However in the interview Anna was retelling the story as a mother herself giving another layer of meaning. It was clear that despite her feeling at the time that she *got away with it* her mother must in fact have known and been complicit in enabling her to drink underage and the feelings of independence, excitement and belonging that went along with it.

Anna's nostalgia for the sense of belonging she felt as a child perhaps reflects a loss or gap in her current life.

When reminiscing about alcohol when they were young participants use positive language. Linda uses the words *giddy* and *giggly* to describe the innocent pleasure of drinking. Others talk about the sense of belonging that alcohol brought in their youth along with other positive associations of fun, excitement, confidence, and feeling older. For Julia alcohol was also associated with rebellion against her parents for their failed marriage and her mother's multiple new partners.

For all participants alcohol emerges as an important element of newly forming adult identity and social relationships. Drinking to excess was justified as being the norm amongst their peers *it was just what you did*. The exception here is Debbie who felt the discomfort of not drinking. Julia remembers that everybody drank and that anyone who didn't was seen as different and not part of the group. She describes a Christian friend at university as being *lovely and we were friends, but she was the weird one, she was the different one*. The interviews reveal the extent of the pressure to conform and drink and the lasting effects of this on anyone who didn't. Debbie had felt outside of the norm and during the interview was at times apologetic about this choice. She justifies not drinking by explaining her experience of the Young Farmers Club *they were in their 20's so they'd all got past their crazy drinking age and didn't go to university necessarily, so they hadn't had that sort of experience...because they weren't getting drunk, you didn't get too drunk yourself*. She is identifying them as a peer group where her non-drinking fitted. She also reveals an anxiety instilled by her parents about the importance of taking individual responsibility *I always thought well I've got to remember to get on the bus because I don't know where I am really and remember to get off and be able...I would always stay in a state where I could function enough to be safe*.

The importance of alcohol and identity is clearly expressed in vocabulary used by other participants. Linda identifies herself a *very much a binge drinker* and a *social drinker*. Susan identifies herself as *the worst kind of person* also alluding to binge drinking. She describes herself as being *a bit rubbish* at drinking at home but that *going out is completely different* suggesting that the ability to drink to excess when out is seen by her as a personal strength. There was a real bravado about Anna, Linda, Susan and Jane's accounts *there was just so much alcohol and so much, yeah, so many times where I just think I don't know how you did that and lived. It was just crazy... We went out probably every night of the week, as much as we could, as much as we could tolerate. Like if you were well enough the next day you went out that night (Anna). We drank until, we drank until we were drunk and then kept going (Jane)*.

The importance of alcohol in society and the inevitability of a stage of heavy drinking is dominant in the majority of participants' stories. Reckless behaviour was justified within what was felt to be acceptable social norms for the time. I noticed that participants laughed a lot whilst describing their early excesses. The laughter sometimes indicated embarrassment, but at times it felt as if participants were sharing alcohol related stories to establish common ground and strengthen our relationship in the interview. Jane sat in lectures learning about liver disease and practicing motivational interviewing for alcohol problems whilst hung-over from drinking the night before. In the interview she tells this as a humorous story retaining a sense of her own care-free identity at that time.

Distancing from reckless self

In their new role as responsible mothers alcohol has become threatening. Anna's narrative conveyed a sense of how uncomfortably close the transition feels, and the incompatibility between her previous self who she now views as reckless and irresponsible, and her current responsibilities, obviously causes her anxiety. In an attempt to reconcile this as she talks she recasts herself as someone who wouldn't drink irresponsibly, distancing herself for her former self *alcohol has never been a huge part of my life*, her parents *I'm nothing like them, when you come from that kind of background* [referring to her parents' drinking] *you tend not to be a big drinker yourself*, and her friends.

Alcohol used to be about excitement, but now Anna feels *it's not exactly a cool thing anymore really. I think now obviously I'm 27 and I just, it's not a cool thing for me to do anymore. There is no sense of belonging with it any more, all those things I felt at 14 I don't feel that anymore*. Participants use the word old or older a lot as if they now as mothers feel old and because of that drinking as they did in the past is no longer appropriate. *There's something slightly different about if you are 25 and going out drinking heavily and nearly 40* (Jane).

Looking back from their current life stage judgements are made about the kind of drinks they chose and the places they drank *Going out drinking on parks and all that horrible stuff that you see kids doing now and you think oh my god you are horrible* (Linda). Jane talks about drinking in a *dingy club over a dingy pub*. Participants reframed minimising the importance of alcohol *it [alcohol] was just part and parcel of the going out but it was more the excitement of feeling grown up and going out and dancing and doing all that kind of thing, and boys and bars and that whole culture* (Linda).

There were attempts to distance themselves from their former 'reckless' selves throughout the interviews but these were most apparent when answering as mothers. Anna's account moves from talking about falling through a fire escape on a night out three years ago to *When you come from a background like mine you tend not to be a big drinker*. With alcohol Anna feels she can become the *life and soul of the party*. However she feels the need to distance herself from that social self now as

a mother. *I can't believe that was me.* Linda is able to reflect honestly about her previous alcohol consumption and as a mother shifts to a narrative about no longer needing it and *I'm just not into it anymore* but there is a contradiction here as later she says *I want to start getting out there, doing things with my friends ...not having to count units and things like that.* Although Debbie didn't drink heavily at university of all the participants she seemed most at ease talking about alcohol in her current life. This contrast can perhaps be explained by the fact that she is not feeling the need to distance herself from her drinking behaviour in the past.

Alcohol as a threat

Of all participants Anna talked most openly about alcohol in terms of a threat to her new identity and her fear that returning to drink more will lead to loss of control. Throughout the interview Anna offers reassurance to herself and to me that she is in control, limiting her drinking *we each had a couple of glasses, but I mean it wasn't, it wasn't any more than that, I don't think we even finished the bottle.* Describing her first drink as a mother she talks about feeling tipsy after a few glasses and stopping *yeah this is done now, we can't drink any more or I will be on my way again basically.* She is now unsure of her tolerance levels. *I don't know whether I'm gonna have a drink and I'm going to be absolutely wasted for one drink like.* There is a fear that she will become incapacitated and unable to respond if needed *when I used to drink before, like if I went out, I had like a bottle of wine and come home and went to bed that would be me unconscious until morning so I always worry like, you know if she is crying am I gonna hear her. Will my body wake up to my baby crying?...I think that was more my fear than anything else. But now I know the second, she can cough and that'll wake me up. She like has hiccups and it wakes me up.* In these extracts Anna shifts tenses, she wants to locate the fear in the past but *I always worry* reveals that alcohol remains threatening.

For Aleks there is a fear that regular drinking is a slippery slope that could lead to problem drinking. She reassures herself and me that she has never been a drinker, that unlike other people she doesn't particularly like the taste, and she and her husband can take it or leave it *there are like bottles of wine we've bought a long time ago and we think, oh we should drink this. Yeah, yeah, we should [laughter]*

Like other participants Julia talks about feeling responsible and not wanting to do something wrong but for her the health consequences of alcohol are the greatest fear. It is hard for her to talk about *I don't think I don't think, I think. I think I probably do have health in my mind quite a lot now as well, so I probably wouldn't ever drink to excess again.*

Participants allude to an instinct or just a sense that as a mother drinking alcohol is not right *what are we doing we have a baby* (Jane), *I should be at home* (Susan), and guilt at prioritizing their own needs, *I'm thinking of myself when I have a little person I should be thinking about* (Linda). They seem to

experience internal and external pressure regarding how they should be as a mother and with that comes a fear of getting it wrong, or not doing it well enough. They talk about partners being able to continue to use alcohol socially but feel unable to feel good about doing this themselves. Linda most clearly expresses the idea that *if you are a mum you should be 100% a mum*. Experiencing this pressure feels particularly key for this group who, as professional mothers, already have to accommodate the fact that they have gone back to work.

Desire to protect

All the participants were actively making sense of their own childhood and how they were themselves parented. They are trying to work out whether their parents were good role models in the spheres of alcohol, parenting and work, and deciding what kind of parents they want to be. They seemed to hold simultaneously a desire to protect their child from drinking (or in Susan's case cannabis) and a desire to be open and model moderation. This seems to mirror their own conflicted feelings about alcohol.

Anna talks of the shame she experienced as a child having a mother who regularly drank to excess. She judges her parents for their behaviour when she was a child and seems shocked when she realises how similar her pattern of drinking in adolescence and early adulthood was to her own mother's behaviour. She sees the risk of the pattern of alcohol use by her parents repeating itself, with her own memories from her childhood drinking seeming to confirm this, and is determined to change this as a parent. *I can see my Mum being sick for days on end with a hangover and I can see my dad being disqualified from driving and I think that is not what I want for myself*. Motherhood has enabled her to draw a line in the sand *That is not how I want Sam to see me, I don't want, the way I used to view them as reckless and just irresponsible, I don't want her to grow up thinking the same about me*. As a mother Anna doesn't want to repeat her own experience as a child where her needs were neglected and she had to manage on her own.

Debbie worries how she will feel if her son has a more typical experience with alcohol, *I don't know how I'd cope with a child that, a child that goes out and gets into trouble and what not*, and jokes that he might turn into *a horror*. Here she reveals the strength of negative feelings that she associates with alcohol. She remembers how parents allowed drinking but sat her down and ran through all the things that could go wrong instilling in her a feeling that it is important to stay in control. *So it was exciting...but even when you were with adults that were looking after you you still had to retain some sort of ability to look after yourself.. because you were somewhere unfamiliar*. Alcohol is positioned in the vocabulary she uses as something dangerous and a potential threat to her safety. When Debbie goes out as a family for a meal she will have a drink with her partner in front of her child, but she is careful not to take him somewhere where he would see people drinking to excess. She hopes that by

protecting him in this way he will grow up to believe *it's just a thing that adults do, and they go to the pub and they don't get drunk kind of attitude to have. That's what I hope anyway, whether it happens [laughter]*. There is an acknowledgement here that in the current cultural context of the UK her efforts might be futile.

Julia hopes that her daughter discovers alcohol later than she did. She expresses a desire to protect her daughter from her feelings as a child about her mother working *as a child I felt she worked too much and she even worked away....I've always said that my child will always come first before work, but I think that kind of adds another pressure onto it....I don't ever want her to feel the way I felt as a child with my mum working that much. But then at the same time you have to kind of remember that loads of good things came from that as well and, you know, she valued our education really highly and you know. She felt, she told us we could do anything and we believed it and you know all the great stuff about being a working mum role model...but at the same time you know it was very difficult as well. So I think all of that kind of feeling about work, kind of is on, is on the job I have and I want to make sure I always have time to be there for Lucy as well (Julia)*. In this extract Julia is making connections between her early experience and the person she has become, the values she holds, and her hopes for her child.

The participants talked about modelling moderation. Susan felt her parents had a relaxed attitude towards alcohol and described how they attempted to normalise drinking by giving her watered down wine as a young adolescent. She reveals conflicted feelings about her partner smoking cannabis in front of their daughter Flora. She feels that they have nothing to hide but also is less comfortable with it being around Flora as she grows older. She wants her to grow up knowing moderation and wants to be open with her child *it's not the end of the world if you're gonna drink or you're gonna smoke or whatever. But to have like a healthy attitude towards it in the sense of, in the sense of moderation, being able to leave it or take it.*

Table 4: Experience of alcohol in relation to past and present self - a conflict: Who said what?

Theme	Emerging theme	Participant ³						
		1	2	3	4	5	6	7
Justifying reckless self	It was what you did	X	X	X	X			X
	Weird if you didn't	X	X	X				
	Alcohol as social lubricant	X	X	X	X	X		X
	Social identity	X	X	X	X	X	X	X
	Pride in heavy drinking	X	X		X			X
	Period of heavy drinking inevitable	X	X		X			
Distancing from reckless self	Reframing as folly of youth	X	X					X
	Judgement about previous drinking	X	X	X	X	X		X
	Recast self as someone who wouldn't drink irresponsibly	X	X					X
	Minimising importance of alcohol in past	X	X					X
Alcohol as a threat	Fear of loss of control	X	X	X		X	X	X
	Fear of becoming incapacitated	X						
	Incompatibility of old self and new responsibilities	X	X	X		X		X
	Feeling that it is wrong for a mother to drink	X	X	X	X	X		X
	Threat to health			X				
Desire to Protect	Fear of developing a drink problem					X		
	Not wanting to repeat own childhood experiences	X		X				
	The cycle ends here	X						
	Desire to model moderation		X	X	X	X	X	X

³ Participant key: 1= Anna, 2= Linda, 3= Julia, 4= Susan, 5= Aleks, 6= Debbie, 7= Jane

Social identity and belonging – the secret life of a mother

Being and being seen to be a good and responsible mother was paramount for all the participants. They talked openly with me about how unprepared they felt and how difficult they found the early days, and the return to work, disclosures they did not feel able to make either to existing friends or their post-child friendships for fear of judgement. All the participants, with the exception of Linda, live a long way from their own parents. They have had babies at a different time to their peers and work colleagues *No-one else in my life has had babies* (Debbie) and are left feeling that they are navigating on their own and that others don't understand. Struggling is not something that these mothers felt able to talk openly about with their peers. As professional working mothers there were fewer opportunities to spend time with other mothers in the same position so they tended to struggle in private.

I'm responsible

From the moment they discovered they were pregnant participants expressed an overwhelming sense of responsibility. There was a shared experience of shock and feeling unprepared for the reality of motherhood. I was struck by how when talking about these early days the women refer to their child as *that baby* (Anna), *the baby* (Linda), *said child* (Debbie), rather than by name, perhaps indicating how overwhelmed they felt. Jane enjoys being a mum but remembers how tough the early days were and the mixed emotions. *I did enjoy it. I mean looking back, I mean it was awful but there were also enjoyable bits in it. I wasn't in the depths of despair the whole time though I was sometimes.* During this intense period the mothers put their own needs to one side and prioritized the needs of the baby. The sense of responsibility came with anxiety. *They are so vulnerable and so dependent on you* (Linda). There is a strong collective sense of starting from scratch *I didn't have a clue* (Anna) *I knew absolutely nothing* (Aleks). Anna talks about establishing a routine and not daring to alter it, Debbie uses the term *fix it phase* to describe her struggle to establish some kind of pattern and her difficulty living with uncertainty. With the exception of celebratory toasts for the birth alcohol faded into the background for most of the participants at this early time. It was the last thing on their minds, whilst they tried to steady their ship and re-establish some control. *No time to think about it let alone do it* (Anna). *The sleeping habit of my daughter was really really bad, everything was really bad so I, no I think, I don't think I was thinking anything about drinking because when you have so many problems and things, I don't know, I was focused on that* (Aleks). Debbie also struggled and was the only person who felt she consumed more alcohol than is normal for her in the early days of motherhood.

Shame in finding motherhood difficult

Participants talked about how they struggled in private because of a feeling that mothers don't talk about the bits they are finding difficult or not enjoying. They had difficulty reconciling their

expectations with the reality of their lives. Aleks expresses the extent to which her expectations of motherhood have been shaped by her observations of others and the wider 'naturalness of motherhood' narrative. In reality she found herself unhappy and struggling with a fretful child. She also talks about the pain of being around her carefree friends and the feelings of shame about struggling. For her alcohol made it easier for her to share some of her difficulties and offered time-out from being a mother. Linda felt restricted whilst breastfeeding *I don't feel like I have a life because I've constantly got this baby attached to my boob* and frustrated to have to unit count in order to socialize. This was not something she felt able to share with other mothers *Just thinking, you know, other Mums don't, might not feel this way, you don't talk to other mums about it though I don't think. I don't remember doing anyway I don't remember speaking to other mums about it.*

Fear of judgement

Participants shared their fear of judgement and also their experience of being judged. Anna fears judgement and doesn't want her child or others to view her as reckless and irresponsible. *I would never want people to say Anna drinks loads like, poor Sam kind of thing or something like that. It's my biggest fear...I think it's probably because people, when I properly analyse it, it's probably because of the way my mother was and I don't want to be judged that way. I would rather just be quiet, keep myself to myself, you know and nobody have anything to say about me, so I'd rather it be that way than, you know, be the talk of the town I guess.* She describes feeling exposed to criticism both as a mother and as a worker, and not being able to express herself freely is isolating. Jane had joked with a colleague that she had had a glass of wine after a tough day at work and had been shocked at her response and worried that she might have been perceived as not coping and judged for drinking during the week. Aleks talks about how socializing felt painful as to be surrounded by carefree friends was such a contrast to her own difficult situation. She had gone out with a friend recently and the alcohol had allowed her to share some of her difficulties but she had felt ashamed afterwards.

The challenge of returning to work

Participants were professional women recently returned to work as mothers. During the interviews participants talked about their experience of this return. For some their own early experiences made returning to work difficult. *It was a difficult choice for me anyway because my Mum and Dad always worked loads when I was little. They both worked full time and I remember I was in day care and looked after by relatives and that was never something I wanted for my kids (Anna).*

Others describe feeling ready to return. Aleks, Linda and Debbie all use the phrase *climbing the walls* to describe how they felt towards the end of maternity leave. The same phrase had different meanings, Linda was struggling with the monotony and was keen return to the intellectual challenge and career opportunities in the work that she valued, while for Aleks returning to work offered time out away

from her fractious child and a return to task at which she felt competent again. For Julia the return to work although difficult symbolized a return to a pre-cancer normality. Feeling ready to return carried its own stress and guilt for the women. Linda openly wondered what the fact that she didn't find the return to work upsetting meant about her as a mother.

Anna describes feeling inadequate and deskilled in the first few weeks of the baby arriving and also how when she returned to work *it felt like I had to start afresh even though I've worked there nearly three years, like it felt like a brand new job starting all over again, meeting new people, like the amount of things that have changed. Like they're gonna have to do like quite a lot of training just to get me back to where I was.*

Five of the sample described the experience of returning to work as stressful. *You don't really think about the future when you think oh we'll have a baby because it'll be brilliant (laughter) you don't really think of all these things because nobody talks about it. Like no one gives you advice about anything past week two or something...and then you are left with this child that depends on you for everything...I don't know it is super stressful. For something that's like so natural it's been far more stressful than I thought it was going to be, the whole process. And then you just compound it don't you be adding in going back to work (Debbie)*

Bringing two worlds together

Returning to work requires a separation from the baby and re-engagement with the social world and the cultural practices of work *It's been a really hard few months to like get your head around, like who you are again...(Debbie).* Linda and Debbie both talk about switching between two modes. Anna describes feeling pulled in two directions *I get a lot more stressed now being at work after having Sam, I'm sat worrying about her all day in nursery I think how she is, what she is doing, is she okay, are they looking after her as well as I could. And then you know you've got people who don't understand in work, and you know, I've also got the whole trying to get back into it after a really long time off.* She feels guilty that she is not able to perform well in either role.

There is a common thread of returning to change and having to adjust and find where they fit at work. As women who prior to becoming mothers had set high standards for themselves in work and regularly worked over, they have had to adjust their expectations and feel guilty about failing to meet their own standards. Debbie worries that colleagues may be judging her for leaving early *she is leaving at half four and we're going to be here till five, half five, six o'clock.* Both Anna and Debbie recognise their own insecurity when talking about fear of judgement. Anna talks about her friends *Maybe I'm misjudging them, maybe I'm thinking that they're thinking these thoughts and they're not at all but it is probably just my own fear really* and about her manager at work *it stresses me out because I feel as*

if she makes me feel guilty for it and like she never says anything like, but I feel as if she is saying, well you did it before, I don't understand why you don't do it now. Debbie recognises that her fear of how people perceive her working part-time since becoming a mother is interwoven with her own doubts You have to leave now at whatever time you have to pick up from nursery and people look at you, and even though they're not looking at you, you feel like they are looking at you.

Anna also feels that her new situation is not understood or supported at work my Manager is very, she's not very supportive I feel of the fact that, you know, I didn't have a baby, then I did have a baby, I then had to come back. She doesn't understand that I'm a different person now, she doesn't understand. Like when she asks me to work overtime she doesn't realise that I have to pick my baby from nursery, I can't, I can't commit to extra hours when I've already got a commitment.... I've got a baby and it's waiting on me like, I can't ring the Nursery and say like can you keep her an extra hour, that's not the way it works but she doesn't understand that.

Table 5: Social Identity and belonging – the secret identity of a mother: Who said what?

Theme	Emerging theme	Participant ⁴						
		1	2	3	4	5	6	7
I'm responsible	Repositioning self	X	X	X	X	X	X	X
	Setting own needs aside	X	X	X	X	X	X	X
	Mother as primary	X	X	X		X	X	X
	I haven't got a clue	X			X	X	X	
	Anxiety	X		X	X	X	X	
	Isolation	X	X			X		
	I can't let my hair down	X		X		X	X	
Shame of finding motherhood difficult	Private struggle	X	X			X	X	
	Reconciling expectations with reality	X	X			X	X	
	Other mothers do it better	X				X	X	X
Fear of judgement	Worry that others will judge	X				X	X	X
	Fear of criticism	X				X	X	
	Does that make me a bad mum?	X	X			X		
Going back to work as a mother	Returning to change	X	X			X	X	
	Feeling de-skilled	X					X	
	Lack of support	X				X	X	
Challenge of bringing two worlds together	Spread thin	X		X		X	X	X
	Switching between two modes		X			X	X	
	Pull in two directions	X		X		X	X	
	Adjusting own standards	X				X	X	

⁴ 1= Anna, 2= Linda, 3= Julia, 4= Susan, 5= Aleks, 6= Debbie, 7= Jane

Where alcohol fits now

During pregnancy and maternity leave all participants described how in differing ways their own needs were sidelined in order to prioritize and fulfil the baby's needs. At the point of the interview all had transitioned back to work as a mother and were at different stages of finding room for their own needs and deciding where and if alcohol now fits in their life. *it's kind of finding the way of being a parent and having a drink now and then. Because I do enjoy drinking like, you know? But kind of, yeah, kind of working out how that all fits with actually having a very stressful job and just being constantly tired all the time and not wanting to be fuzzy headed the next morning* (Jane)

Loss - a journey towards acceptance

There is a prevailing sense of loss that runs through all the interviews. For many of the women alcohol has been symbolic of much of what has been lost in terms of their former carefree, independent and social selves. When alcohol is seen as a flag for identity, its loss is felt keenly. In Anna and Linda's cases their pregnancy had been unplanned and the shift from carefree heavy drinking self to abstinent responsible mother felt most abrupt. For Anna there was relief that she had not been drinking at the point of conception due to sickness and for Linda there was guilt about having drunk heavily prior to finding out she was pregnant and concern about what damage might have already been done. For her giving up alcohol meant that she saw less of her friendship group as they did not adapt their behaviour to accommodate her pregnancy.

The participants are also experiencing the loss of the function of alcohol. Anna acknowledges her ongoing reliance on alcohol to function in social situations *I like so desperately wanted to like have a good time and speak to people and be seen as like social, like having a drink was such a massive part of that because it felt if, if I don't have a drink I'm just going to sit in the corner and be really anti-social all night. Because like as a person I'm quite introverted with people I don't know very well but if I've had a drink I'm like the life and soul of the party* but the social ease gained from the alcohol comes at a cost of not being true to herself *sometimes I'll have conversations and I don't think I'm being very true to me as a person...it is not how I would have acted if I was sober*. Jane and Aleks also talk about how they have used alcohol in the past to relax and participate socially. Jane shares an anxiety about pub environments without alcohol as a social lubricant.

The process of talking about alcohol at different stages of their life seemed to allow the mothers to acknowledge the loss and position it as nostalgia for times past. They revealed their different attempts at managing that loss, and the different stages they were at in terms of accepting the change and redefining their relationship with alcohol.

For some there was an acknowledgement of the negative impact of alcohol, their reduced tolerance and therefore increased physical effects of alcohol, the impact this has on sleep and their ability to function at work the next day. Jane is now consciously trying to lose baby weight *alcohol calories are not important to me, they're empty calories. I'd rather have a slice of cake than a, or a packet of crisps than a glass of wine. I'm not sure that's a choice I would have made ten years ago but it's the choice I make now so.* The term *empty calories* feels like a strong statement about the status of alcohol in her life now. In positioning it alongside other treats she strips it of its former symbolic value. Her priorities have changed and she is now able to identify this as a personal choice.

For Anna, Debbie and Aleks even small amounts are now seen as problematic, and the theme of it will get silly and a sense of lack of internal control of drinking when out, comes through in all the interviews apart from Debbie's. Their descriptions of nights out since becoming a mother involve drinking more than they had hoped and feeling bad about it, or paying for it afterwards.

Over the course of the interviews alcohol is generally reframed as the folly of youth and talked about within the context of maturing tastes. *The alcopops phase was maybe, probably 14 to be quite honest, 14 to 20, 19, you know teen years. And then I would say early part of 20's was probably my heavy income phase and drinking more spirits and stuff and then late 20s to early 30s to now has probably been encroaching into Prosecco, wine and cocktails if we can justify the occasion (Susan).* Participants frame their drinking in terms of a maturation and make judgements about what is appropriate or not at their stage of life.

In telling their stories participants became aware of contradictions in their accounts. Whilst pregnant Linda recalls having felt there was little point in having just one drink and turned down offers of alcohol and alcohol free alternatives. During the interview she realises that she now does have a single drink of cider during the week. *I supposed it's a bit strange now thinking about it, it's nice and it's refreshing, and it doesn't really do anything to me, but I could have had a non-alcoholic one which still would have tasted as nice and refreshing.*

Even in their accounts of university life there is some evidence of participants starting to weigh up and re-evaluate their relationship with alcohol. Julia talks about how she had been drinking for a long time by the time she went to university and felt mature *naturally in lots of areas I didn't really know myself or who I was and all of that and I kind of felt that, yeah, I was very kind of grown up in that way and kind of, definitely knew all about alcohol.* She opted out of the sports societies and the associated drinking games and overt peer pressure to drink but carried on drinking heavily in different arenas and responding to more subtle pressures. There is a shared sense of maturation over the course of their

degree with the first year typically passing *in a blur* socialising involving heavy use of alcohol and a gradual shift to reducing consumption and prioritising their academic studies in the final year. For the participants, who valued success and achievement, there was a realisation that alcohol was not conducive to success. *I wanted to graduate with a first so it was like I'm gonna get my head down this year, I'm not gonna go out drinking all the time and I'm gonna study hard.. and I did* (Linda).

Participants revealed mixed feelings about the reintroduction of alcohol into their lives as mothers. For some there was compromise. Jane feels conflicted as on one hand she feels she has been there and done that with regard to drinking, she has had a period of not drinking and found built these friendships up without it and at her age when she does drink she suffers the physical effects of alcohol more, yet the social pressure to drink has now entered her world as a mother. Julia is resigned to alcohol now playing a small but pleasurable role in her life now she describes a lot of positive significance in the small amount of wine. Susan goes out less frequently but when she does it is treated as a no expense spared occasion.

Socialising as a mother

There is a sub-theme around the role alcohol plays in the development of post-child friendships. Julia and Jane both talk about the friendships they have made through NCT and toddler groups and reflect on the introduction of alcohol into those friendships.

The friendships have been built around the children and practical and emotional support rather than personal disclosure. For Julia introducing alcohol for the first time had enabled her to share a different side of herself to others. *It felt we were there for us and they [the children] were having a great time, they didn't need us to be like on them all the time [laughter] and yeah it felt kind of like a nice adult experience but with the benefit of having a child... they see another side of you, not that you'd changed, but I felt more, it was less about the children on Saturday....They've seen you when you're pregnant and then when, you know, in the last two years which obviously are really formative times and things, but yeah, they didn't know what you were like before (Laughter).* It feels powerful for her to have felt truly seen by these friends, but she also reveals that the main shift was internal as she moves from they and you to an I statement. I had the impression that she had perhaps for the first time since her cancer and the transition to motherhood, been able to connect her new identity as a mother with her former social self.

Jane had also enjoyed sharing some of her pre-child self but reveals mixed feelings about the change. *it was just like having a normal conversation you would have with mates, but we'd never had them before...* Here she seems to indicate how integral alcohol has been in the formation of friendships in the past. It is only with the re-introduction of alcohol that her post-child friendships, with whom she

has shared so much, graduate to being real mates. However, meeting her friends socially without the children present had also felt exposing. *It [the alcohol] definitely, it made me feel very different, made the whole experience very different as well. It was something grown up but there was also something naughty about it I think...I think it was at the end when the bill came in and we realised we had had a bottle of prosecco each, going ooh! And then you say oh that's quite a lot actually (laughter) a bit strange. And then sometimes we'd go back to somebody's house and have more drink, we didn't (laughter)* Jane is very articulate and I find it interesting that *a bit strange* is the term she uses to express the complex feelings and shock she felt in response to this collective lapse in monitoring their intake. Her joke about going on for more drinks also feels instructive and to symbolise how alarmingly close this had felt to her old drinking behaviour. *It was a weird mix of feeling good and feeling a little bit naughty and, not that we shouldn't have been, but it did feel a bit, I don't know. You know when it is not quite right, different.* Here Jane moves from positive to negative, from feeling compelled to defend, to being negative before landing on a neutral *different* perhaps revealing the extent of her conflicted feelings.

Considering not drinking

Linda reflects that alcohol doesn't need to be part of her life anymore, and Anna expresses frustration at having to defend why she is not drinking *I just want to spend time with him just cuddled up on the sofa, that's what I would rather be doing than going out and coming and having a hangover the next day* (Anna). Even Susan who defends her current drinking as being an inevitable part of British Society hints at a personal wish to cut down *I think it would be a bit idealistic to think that actually we'll continue doing it, but we'll drink less when we do it, I think you just, for however long you're out for you're just gonna just be carrying on buying drinks* (Susan). When talking about drinking at home with her partner she sees that they are conforming to cultural scripts rather than really desiring the drink *it's a nice idea and it's part of the world of what grownups do to relax after work but because neither of us are massively bothered about it I think, it's more the idea than the actual having to finish a drink and whatever effects that alcohol might give you.*

When thinking about future social events Anna decides that she will stick to two drinks next time, Susan employs an external restriction of the last train, Jane and Linda plan to drive next time and talk about this in logistical terms. All the mothers are to some extent concealing their newly found preference and decision to drink less. Jane expresses feeling a pressure to keep the adult side of her life going and this seems to be another measure by which to compare success against other mothers.

Table 6: Where alcohol fits now: Who said what?

Theme	Emerging theme	Participant ⁵						
		1	2	3	4	5	6	7
Loss – a journey towards acceptance	Reconciling losses	X	X	X	X	X	X	X
	Nostalgia for past	X	X	X	X			X
	Mixed feelings about alcohol in present	X	X	X		X		X
	Re-discovering own needs	X	X	X	X	X		X
	Re-authoring	X	X	X				X
	Lot of significance in small amount			X				
Socialising as a mother	Show a different side to self		X	X		X		X
	Alcohol reconnects with more authentic self			X				
	Danger of socialising with alcohol	X	X			X	X	X
Considering not drinking	Social pressure to drink	X	X		X		X	X
	Anxiety about not drinking	X	X					X
	Hiding decision	X	X				X	X

⁵ 1= Anna, 2= Linda, 3= Julia, 4= Susan, 5= Aleks, 6= Debbie, 7= Jane

CHAPTER FOUR: DISCUSSION

This study explored the lived experience of alcohol in the lives of seven professional women who had recently become mothers for the first time and have returned to work. Participants' accounts were analysed using Interpretative Phenomenological Analysis and three super-ordinate themes were identified 1) Experience of alcohol in relation to past and present self – a conflict, 2) Social identity and belonging – the secret life of a mother, and 3) Where alcohol fits now – a journey of loss and acceptance. Key findings are discussed both in relation to the literature reviewed in the introduction and new relevant literature. The strengths and limitations of the research are discussed along with the research and clinical relevance of the findings.

Key Findings

Key findings are discussed in relation to the study's aim to gain insight into how first time professional mothers position and experience alcohol in their lives following a period of abstinence during pregnancy.

The research questions were:

- **What accounts do mothers give of their drinking before, during and after maternity leave?**

Although not termed in this way the interview topic guide was structured to ensure participants gave accounts of their relationship with alcohol across their lives.

Prior to becoming mothers alcohol was part of life for all participants. Alcohol was associated with fun, feeling mature, excitement and belonging, and to drink heavily was considered socially acceptable and justified as being 'what everyone did'.

The transition to motherhood brought an overwhelming sense of responsibility and anxiety during which time alcohol faded into the background and was perceived as a potential threat to the new primary task of being a good and responsible mother. The positive associations of alcohol were replaced with an uneasy feeling that to drink as a mother was wrong, together with a fear of judgement from others.

At the time of the interviews participants were back at work and undergoing a process of reflection and adjustment in relation to alcohol. They were attempting to reconcile their conflicted feelings about alcohol with their desire to re-enter a social world where, for them, the choice to drink less remained uncomfortable.

- **How do mothers make sense of their relationship with alcohol?**

During the interviews participants attempted to make sense of their relationship with alcohol in the past and as recent mothers. Their conversations reveal a process of reconciling their feelings about alcohol and their identity growing up and in early adulthood, with their new identity as mothers. Drinking alcohol has been important in their lives but as mothers is not something that they feel comfortable about resuming. The exception to this is Debbie who hadn't drunk heavily in the past and therefore did not share the discomfort at resuming drinking in the present. Her relationship with alcohol is less conflicted.

For the others there is recognition of what has been lost in terms of the role alcohol played in social relations and their own identity. Initially in pregnancy and as new mothers this had not been an issue. They were protected by their role and the importance of being a good mother. Which involved setting their own needs and to some extent their own identity aside.

Back at work, and with the pressure of balancing their careers with looking after a baby. They are now beginning to think about their own needs again and consider where alcohol fits in to their new lives.

The group analysis goes beyond the account of experience given, adding interpretation about the sense participants are making of that account, and also the double hermeneutic, the sense that I as researcher make of their sense-making. In this next section the resulting super-ordinate themes are considered in relation to existing theory.

Experience of alcohol in relation to past and present self – a conflict.

Ambivalence is an uncomfortable feeling often experienced when trying to balance giving and taking within the roles and relationships we are most invested in. This study is not alone in identifying motherhood as a period of ambivalence for women (Weaver & Usher, 2007), but here alcohol is identified as a specific focus of additional ambivalence. As the participants talk about their experience of motherhood and their relationship with alcohol they move between what is good (justifying reckless self) and what is bad (distancing from reckless self), realising that alcohol is both for them, and trying to find a way to tolerate and accept this ambivalence.

Baker (2017) found only a small proportion of mothers in her sample to be engaging in risky drinking, and that risky drinking was associated with low socio-economic status. My study suggests that there are also mothers in higher socio-economic groups who are drinking although not at the level Baker defines as risky. All but two of my sample were within the 'low risk' category of the full AUDIT. However, the focus on self-reported consumption alone appears to have missed the complexity and

depth of lived experience, the significance being placed on the alcohol being drunk, the strength of the conflicting emotions, and the life-review and re-authoring that is taking place during this period. Ricoeur's (1984) writings on narrative identity seem relevant here with participants attempting to reconcile their past, and an identity where alcohol played a key role, with their present and relatively new lives as mothers.

Participants talked about alcohol in their youth in terms of belonging and the importance of being part of the 'fun story'. Other qualitative research has also found that young women perceive heavy drinking to be socially expected and employ stories to facilitate group bonding (Smith & Berger, 2010; Tutenges & Sandberg, 2013). Social Identity Theory (Tajfel & Turner, 1979) suggests the importance of belonging to a group as a source of pride and self-esteem.

During the interviews participants positioned themselves favourably against other kinds of drinkers – distinctions were made between mid-week drinkers, people who drink at home, people who drink regularly rather than occasional binge. This seems similar to how the women in Orton's study into smoking relapse repositioned themselves as social smokers rather than regular smokers to sit more comfortably with their new 'responsible mother' identity. Social comparison theory describes how we attempt to position ourselves favourably in relation to others in order to feel good about our behaviour and identity (Festinger, 1954). In my study participants talked about their drinking in terms of a maturation of taste and behaviours, distancing themselves from their reckless past and recasting themselves as older wiser drinkers. However this representation was often undermined by their drinking stories, as was found in Ermslie's study of mid-life drinkers (Ermslie et al., 2015).

While alcohol emerged as threatening to all the mothers in this sample, one participant, Julia, was diagnosed with a life threatening illness during pregnancy and for her in particular alcohol became a threat to her survival. Qualitative research is limited in the area of motherhood and illness, however one study (Billhurt & Segesten, 2003) found a similar determination to survive for the sake of the child amongst mothers with breast cancer. Wilson (2007) interviewed mothers with HIV and found an intense sense of threat following diagnosis.

Social identity and belonging – the secret life of a mother

The participants revealed how socially isolating they found the transition to motherhood. In the past women raised children at home in close knit neighbourhoods often in close proximity to their own mothers. Cultural changes that include women's increased participation in the paid workforce (Gaudet, Cooke, & Jacob, 2011), and geographical distance between family members (Postmontier & Horowitz, 2004), have resulted in many women mothering with little practical and emotional support. The

degree to which participants were prepared to talk and reflect was significant given the subject and that I had not met them before, conveying something about the extent of their anxiety and isolation and how much they needed to talk about it.

Participants echo the findings of Laney et al. (2015) in that for them the transition to motherhood has been experienced as transforming. They spoke of internal conflict and guilt and a period of testing and forming their new identity as found in other qualitative research involving professional mothers (Alstveit et al., 2011; Buzzanell, 2006; Choi et al., 2005; James, 2008). It is the extent to which this struggle is private that stands out in this study. The changes are internal as they experience the weight of responsibility for a dependent baby, increased dependence on their partner, and the adjustment of expectations at work. They report shock when the work environment fails to recognize this huge internal change and they find themselves having to adjust and find where they fit rather than the work environment changing to accommodate their new identity. A similar pattern seems to emerge in relation to alcohol. As mothers alcohol has lost its positive connotations and is now perceived as socially unacceptable, a threat to their new identity, their reputation, their ability to function as parents, and their health.

Striving for perfection sets these women up to feel shame and guilt when they don't measure up. The modern ideology of motherhood with its perfecting standards is pervasive (Henderson, Harmon, & Newman, 2016). Perfectionist parenting and intensive mothering ideologies have been linked to negative mental health outcomes (Rizzo, Schiffrin, & Liss, 2013; Henderson et al, 2016). The women in my sample struggled in private, reluctant to speak openly about their complex feelings and experiences as they were fearful of judgement. These findings are consistent with those of Choi et al. (2004) where difficulty adjusting and coping with the reality of motherhood produced deep feelings of inadequacy. In their study, and for participants in this study, fear of being seen as bad mothers resulted in mixed feelings about asking for help. Not admitting that they found things difficult meant that their discomfort was not normalised and became a cause for anxiety. The resulting isolation could be a trigger for post-partum depression. To avoid being seen as not coping true feelings are hidden and women masquerade as the "perfect woman who can cope and doesn't need help" (Choi et al., p177). This concealment can delay the detection of depression by health professionals and relatives, and mean that the mothers do not get the support they need (Mauthner, 2002).

Participants described the pressure they felt as modern mothers, and maintaining an adult social life appeared to be part of this pressure. Beuskens (2018) describes how modern women are supposedly free as individuals but remain constrained as mothers. They experience contradictions between work and home, and between their autonomous and maternal selves. The participants in this study

articulate this well. They talk about feeling spread thin, pulled in two directions, and trying to find a balance between their two selves. I wonder if actually there is a third, unspoken, pull towards social acceptance and belonging for this group.

Where alcohol fits now – a journey of loss and acceptance

‘Loss is at the heart of growth’ (Walter & McCoyd, 2009, p. 323). Human development can be understood as an ongoing changing system of gains and losses. The women in this study are moving between young adulthood and motherhood and there are losses inherent in this transition (Erikson’s life-stage model, 1974). Their descriptions echo Gilligan’s stages of development (Gilligan, 1977). Descriptions of their early lives suggest a focus on their own needs, interrupted by motherhood when the baby’s needs became paramount, and in the present a process of beginning to think about themselves again moving towards a balance of their own and the needs of others.

In the interviews participants were trying to reconcile their past lives with their current experience. They are finding as mothers that many of the ways they had expressed their identity and womanhood in the past, have been restricted or changed (Weaver & Ussher, 2007). They have lost alcohol as a flag for their identity, and their former care-free self. Those for whom alcohol was most significant, and who experienced the most abrupt change, felt the loss most keenly. Susan manages the change by rationing her drinking, doing it less often, rather than changing the nature of the drinking. Her ‘board meetings’ give her a night off from her new responsibilities. However, although her child is looked after by someone else, she remains ultimately responsible and is aware that she will pay the price the next day. Although alcohol represents freedom, ‘an escape’ or a ‘night off’, Jane realises this is now an *illusion of freedom*, and for Susan her re-connection with a former carefree self is only temporary. Debbie is the exception here. She didn’t drink a lot before becoming pregnant and remains a moderate drinker. For the others alcohol has been an integral part of their social life and social self. They are at different points in a journey of accepting what has been lost, building a new relationship with alcohol, and attempting to incorporate their new identity into their social world.

Participants talked about the challenge of bringing two worlds together experienced when returning to work. This fits in with ‘weathering the storm’, a key theme identified by Spiteri and Xureb (2012). A similar tension is revealed when the women talk about their attempts to re-enter their social world. Four of the women described sharing their first drink on social media. The Facebook Influence Model (Moreno & Whitehill, 2014) outlines how the site provides a form of identity expression and a means of comparison with others. Amongst adolescents on-line content has been linked to off-line drinking behaviour (Moreno, D’Angelo, & Whitehill, 2016). However one of the mothers in this study said that for her the public display was an illusion, both of freedom and her desire to drink again. This feels

significant as mothers may be looking to social media as a reference to social norms and the drinking habits of their peers.

Participants described how in their youth you stood out as different or *weird* if you didn't drink. They place this attitude in the past, however the way in which they hide their decision to drink less suggests an influence in the present. An unexpected and key finding of these conversations is the degree to which they feel they are experiencing social pressure to drink again. Not drinking is a stigmatised behaviour (Bartram, Eliot, & Crabb, 2016) and there can be social consequences to being perceived to go against drinking norms of sharing, reciprocity and conformity. Alcohol remains integral to most of our social practices and people who don't drink can cause discomfort to those who do. Similar to participants in this study, non-drinkers in Bartram's study also hid their decision not to drink by offering personal constraints such as needing to drive, illness, or pregnancy, to avoid being conceived as judging or challenging to the group (Marques, Abrams, & Serodia, 2001). 'Dry January', where people give up drinking for a month for charity, has become a socially acceptable reason for violating drinking norms (de Visser, Robinson, & Bond, 2016). It provides a safe environment to trial not drinking and the impact of this without social implications. Pregnancy provides a similar but longer pause, but also brings with it a major period of personal upheaval and change. For women in this study the relationship with alcohol formed part of a complex and longer term review of life choices and social identity triggered by becoming a mother.

Methodological Strengths and Limitations

This study is the first to explore the lived experience of alcohol amongst first time mothers, and more specifically amongst professional working mothers. The inclusion criteria meant that the sample shared key characteristics and were reflecting on their experiences from a similar point in relation to the two transitions of interest. The narrow focus of this study can be seen as a methodological strength in comparison to other existing literature. Even with tight inclusion criteria, participants in the sample varied between being a few months, a year, and two years back at work and the difference this made in terms of their journey and confidence as mothers was notable. Even within the small window of two years there was a big difference between Anna, whose new identity as a responsible mother felt new and fragile, to Jane who was parenting a toddler. Motherhood is an on-going process of change, adapting and adjusting as children grow. How you see yourself and remember your past during the first six months of motherhood is likely to differ from how you see yourself at a different point in time (Smith, 1994). Self-authorship of our narrative identity continues through life as we attempt to incorporate our experiences and rewrite our story to make sense of our actions and motivations (McAdams, 2013). At times of transition and change there is an attempt to maintain narrative continuity between the reconstructed past, experiences in the present, and our imagined future (Sani,

2008). The interviews are capturing these women's experiences at a particular point and the experience of the interview process itself may lead to a re-authoring of their narrative beyond this point.

It was not possible to recruit any participants who were drinking alcohol every day or most days of the week into the sample. Only 14 (9%) of all survey respondents reported drinking four or more times each week and half of these women (n=7) had more than one child. Only 2 of the 7 regular drinkers who expressed an interest met all the inclusion criteria, both were pursued but neither took up the invite to interview. Given the strength of feeling about a small amount of alcohol it is not surprising that it was harder to recruit those who were drinking more. Participants in my sample distinguished between their drinking and regular drinkers or home drinkers. For some it felt important to let me know that they were in control and didn't finish a bottle (Anna, Susan), that they didn't buy the alcohol (Linda, Aleks), or that although they work part-time they tended to wait for the weekend to drink with their partners (Julia, Jane). For Aleks regular drinking was seen as a slippery slope to problem drinking.

Within the current design each participant was interviewed once. The strength of the single interview was that it elicited a spontaneous and entirely personal response as participants attempted to make sense of their relationship with alcohol and their thoughts about it in the context of their new identity as mothers. On a practical level I was also conscious that for this professional group available time between working and looking after their baby was limited.

A second interview could have allowed further exploration of points raised. I noticed for example that, although all participants were in relationships, partners were largely absent in their accounts. This leaves a gap in our knowledge in terms of the partners' drinking habits and the influence of this on my participants' experience of alcohol. Their absence however also tells us something about how the participants felt in terms of their responsibility as mothers.

I wondered whether the fact that I am female, a mother, and of a similar generation had an effect on the interviews or on my analysis. It is possible that, as a mother and with a slightly older child, participants perceived me as comparatively experienced and therefore were less open about what they were finding difficult. However the common ground felt like a strength in the interviews. I deliberately kept questions short and open but felt I established a neutral but empathetic atmosphere. When analysing the data I was careful not to presume or expect any particular results and the final finding which was around the extent of the social pressure felt to resume drinking was unexpected.

Clinical relevance of findings

My study deepens our understanding about a particular group of mothers who fall outside of current government efforts to reduce harmful drinking. Although currently drinking below clinical dependency levels, they have been shown to be at risk of drinking at harmful levels later in life.

Mothers consuming alcohol at harmful levels are a hard to reach group. Societal taboos of drinking as a mother, and fear of social services, might prevent them from seeking support for alcohol problems. The multiple pressures experienced by the professional mothers in this study and the extent to which they feared judgement, also helps to explain why they are particularly hard to reach.

My findings suggest that for these women pregnancy and early motherhood can be seen as leading to a teachable moment, as identified in the smoking literature, to influence behaviour change relating to alcohol. The interview itself felt like an intervention allowing this bright and articulate group of women to reminisce about the pleasures of alcohol in past and to acknowledge what had been lost. They were able to talk about the changing role of alcohol in their current lives, acknowledging the risks of drinking and its negative effect, whilst entertaining the possibility that it might be something they can enjoy again. The timing of the interview was important giving an opportunity to talk about alcohol at a point when they had resumed drinking but it still felt wrong and threatening to their new identity as responsible mothers. Having recently returned to work they were experiencing the challenges of bringing two worlds together and realising that alcohol is an embedded part of the social world they were beginning to re-integrate into.

Alcohol consumption is amongst the numerous health behaviours that NICE guidelines for routine care (CG62) suggest women should initiate, modify or maintain before during or after pregnancy. The findings of this study could help health professionals to think about how best to time and target interventions to influence future drinking habits. Brief interventions to reduce alcohol use amongst pregnant women have been found to result in little reduction in alcohol consumption beyond that attributable to pregnancy and screening in antenatal care (Sheehan, 2014). Health professionals routinely look for evidence of postnatal depression and offer advice about stopping smoking. My findings suggest that questions about alcohol should also be considered. The post-natal care that mothers currently receive happens in the home in the early months of motherhood. My findings suggest this would not have been an effective point to intervene with these participants. Alcohol seemed irrelevant to them at this time when the needs of their baby were paramount and their own needs set aside. At this point in their lives when, as my study revealed, even small amounts of alcohol were seen as threatening, information or advice about the dangers of drinking would be inappropriate.

What seemed potentially transformative was being provided with the opportunity for reflection around the time of return to work. A brief intervention timed at this point might be more effective.

Future research

The current study highlighted the need for further research in a number of areas. The focus of this study was to explore how women talked about alcohol at a particular time in their lives. It was a small scale study. Replica studies would be helpful to gather experiences of other professional mothers using the same inclusion criteria to see whether similar themes emerge or whether the findings of this study are particular to this sample.

Participants in my study described patterns of regular drinking but did not self-identify as regular drinkers. They made a clear distinction between their own drinking and those who have a drink every night or most nights at home. It would be interesting to speak to a sample of 'regular drinkers' to see whether they have a different perspective to offer or whether their experiences are qualitatively similar.

There was a notable discrepancy between some AUDIT responses and the accounts given of drinking habits during the interviews. None of the participants reported that others had expressed concern about their drinking or that they had felt guilt after drinking in their AUDIT responses and yet both were revealed during the interviews. Further research is needed to understand these discrepancies and explore further where discrepancies were greatest.

The findings of this study lend support to the notion that pregnancy and the transition to motherhood could represent a teachable moment for behaviour change. The interview allowed space for participants to reflect on and re-author their relationship with alcohol and could represent a form of intervention enabling positive behaviour change. Longitudinal research would be needed to test the impact of this at future points to see if participants felt the intervention had a lasting impact on their relationship with alcohol.

The women in my sample talked about alcohol in relation to their early identity and maturing self. It would be interesting to explore whether it is the period of pregnancy and early motherhood which is important or whether similar findings would emerge from interviewing a comparable sample of professional women of a similar age who were not mothers.

The desire not to drink and the shame associated with this was an unexpected outcome of the study. Further qualitative research into this might help elucidate the barriers to women being able to follow through with their intention to change their drinking habits.

Conclusion

This study interviewed seven well-educated professional women about alcohol at a time in their lives when they had recently become mothers for the first time, and returned to work. The age of the women interviewed is of relevance. Their adolescence and university experiences coincide with a period now recognized as being one of excessive drinking (McCartney et al., 2011) and where women in particular caught up with the drinking habits of their male peers. My findings reveal the significance of alcohol for these women.

All the participants had given up alcohol whilst pregnant and at the time of the interview were beginning to drink again. Their conversations reveal how, as mothers, alcohol has now become a threat. There is ambivalence in their accounts as they attempt to reconcile the pleasure and function of alcohol in their past, with the danger of it in their new lives as mothers. They both romanticize their former drinking and try to distance themselves from it. For all participants there is a feeling of shock at the reality of motherhood, a fear of judgement, and a shame in finding it difficult. This struggle is private.

The interviews allowed the participants to explore their feelings about alcohol in the past and the complex feelings they were now experiencing as mothers. To be and be seen as a good mother was paramount, but they are also experiencing a desire to re-enter a social world of which alcohol has always been a part.

Alcohol is addictive and still thoroughly embedded in our social customs. All the participants with the exception of Debbie drank heavily before having children. The absolute fact of pregnancy and the necessity of pausing, in line with medical guidelines, enabled them to break the habit and potentially become non-drinkers. Participants appeared to manage not drinking while pregnant and breastfeeding with relative ease. Motherhood, and the feeling of responsibility which accompanied it, also provided some continued protection.

The interviews came at a time when they were beginning to feel external pressure to drink again together with the stresses inherent in going back to work. Talking to them it felt to me as if the interview process itself, coming at this particular point in time, enabled them to reflect on their lives in relation to alcohol and on the choices that they could potentially make in the present. Alcohol has been an important part of their previous social identity, and becoming a mother has challenged this. Their conversations reveal an attempt to establish a new identity which is potentially less dependent on alcohol. However abstinence, in spite of the obvious harm that alcohol does, is still seen as abnormal. It is less socially acceptable and so an uncomfortable prospect. There was evidence in several of the interviews of participants wishing to drink less but feeling that they had to conceal this

from others in their social circle. They are sensitive to what people think of them if they do drink as mothers but also fear what people will think of them if they don't drink.

The idea of a teachable moment is compelling. This study finds that the socially acceptable pause afforded by pregnancy and the first months after birth is long enough to break the habit of alcohol even for those who have previously drunk heavily. Their new identity as mothers could potentially allow them to drink less or abstain. However, in spite of their desire to do this, their conversations reveal how subtly the prevailing social norms around alcohol consumption undermine their resolution. The use of alcohol, unlike smoking, is still deeply embedded in our social structures and the consequences of this in terms of health and cost to the NHS are substantial. Interventions to encourage mothers to reflect on their relationship with alcohol, timed to coincide with their return to work, have the potential to positively influence their drinking habits in the future. However as this research demonstrates there are societal barriers to this behaviour change being sustained. Beyond individual interventions a wider cultural shift is needed.

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APPENDICES

Appendix A: Recruitment Survey

Bristol On-line Survey Content is provided here to show the reader what information was provided to participants and what questions were asked.

A recruitment survey of mothers and their drinking habits

You are being invited to take part in a recruitment survey for a research project. Before you decide whether you want to take part it is important that you understand why the research is being done and what the survey will involve.

What is the purpose of the survey?

Although young people's drinking has received a lot of attention in the literature, less is understood about people's drinking habits at other times in their lives. Both the transition to motherhood and the transition back to work are major life events. The purpose of this survey is to recruit people to take part in my research to explore the experiences of working mothers in relation to alcohol.

Why take part?

Your experiences could help increase understanding of how alcohol fits into everyday life. A donation of 50 pence will be made per survey response received (to a maximum of £50). At the end of the survey you will be able to choose which of three charities you would like to support.

Who is organising and funding the study?

The survey and subsequent face-to-face interview should you wish to participate will form part of my doctoral thesis. The project (MREC16-147) has been reviewed and approved by the University of Leeds School of Medicine Research Ethics Committee (SoMREC).

Will responses to the survey be confidential?

All the data from the survey is anonymised and you will not be identified through the survey.

How will the survey data be stored?

Encryption software is in place to protect the data. The anonymised data will be stored on the University of Leeds secure drive.

Is it possible to withdraw from the survey?

The data you provide is anonymous and therefore cannot be withdrawn from the survey. However, if you have provided contact details, your identifiable information can be withdrawn from the survey within two weeks of survey completion. You do not need to give a reason.

How long will the survey take?

To complete the survey will take approximately 10 minutes. If you have any questions or comments please contact me on the details below. Note that once you have clicked on the Next button on the bottom of each page you cannot return to review or amend that page.

Thank you for your time.

Emily Hodgson (Doctoral Student) University of Leeds, Level 10, Worsley Building, Clarendon Way, LS2 9NL Email – umebh@leeds.ac.uk

Consent

By clicking on continue you are agreeing that you have read the following statements

I have read the previous page and understand the information explaining the above survey

I understand that if I have any questions I can contact the researcher whose details are below

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences

I understand that my responses will be kept strictly confidential

I give permission for members of the research team to have access to my responses

I understand that the purpose of the survey is to recruit for interviews and that if I provide my contact details I am not committing to participate in an interview but am expressing an interest to find out more and therefore give my permission for the researcher to contact me to provide further information.

I understand that any identifiable information may be withdrawn within two weeks of completing the survey.

By clicking Next I agree to take part in the above survey

About You

What is your sex? Required *Female/Male/Trans*/Prefer not to say/Other If you selected Other, please specify:*

If you are a father then this survey isn't for you as the research is specifically seeking the experiences of mothers. Thank you for your interest.

How old are you?

Where do you live? Required *North Yorkshire/ West Yorkshire/ South Yorkshire/ Lincolnshire/ North West/ North East/ East Midlands/ South East/ South West/ London/ West Midlands/ Other If you selected Other, please specify:*

What is your nationality?

What best describes your relationship with the UK? *I have lived in the UK all my life/ I have lived in the UK for more than four years/ I have lived in the UK for less than four years/ I am just visiting the UK*

Where did you find out about this survey? *Netmums/ Mumsnet/ Meetothermums/ Facebook/ Flyer/ Word of mouth/ Other/ If you selected Other, please specify:*

About Your Family

How many children do you have? Required *I do not have children/ One/ Two/ Three/ Four or more*

If you do not have children this survey is not for you as the research is specifically looking at the experiences of mothers. Thank you for your interest.

How old is your youngest child? *less than 6 months/ 7-12 months/ 13-18 months/ 19-24 months/ 2 years/ 3 years/ 4 years or older*

Are you currently breastfeeding? *Yes/No*

Are you currently pregnant? *Yes/No but I am trying for another child/No*

Your Education and Work

Which best describes your highest level of education? *No Qualifications/ NVQ level 1 (for example Foundation GNVQ)/ NVQ level 2 or GCSE (for example Intermediate GNVQ, General Diploma)/ NVQ level 3 or A-level (for example Advanced GNVQ, Advanced Diploma)/ NVQ level 4-5 (for example HNC, HND, RSA Higher or BTEC Higher)/ Degree (for example BA, BSc)/ Higher degree (for example MA, PhD, PGCE)/Professional Qualification (for example nursing, medical doctor, accountancy)/ Other/ If you selected Other, please specify:*

What best describes your working status? *I am a stay at home mother/ I am currently on maternity leave/ I am currently looking for work/ I returned to work within the last 6 months/ I returned to work within the last 12 months/ I returned to work within the last 18 months/ I returned to work within the last 24 months/ I have been back at work for over two years*

If you are working, what is your profession? *Manager/ Director/ Admin/ Secretarial/ Sales/ Customer Service/ Teacher/ Lecturer/ NHS Doctor/ Nurse/ Occupational Therapist/ Psychologist/ IT/ Web/ Software Developer/ Civil Servant/ Other/ If you selected Other, please specify:*

Where is your workplace? *North Yorkshire/ West Yorkshire/ South Yorkshire/ Lincolnshire/ North West/ North East/ East Midlands/ South East/ South West/ London/ West Midlands*

What hours do you work? *Full-time/ Part-time/ Other/ If you selected Other, please specify:*

Your Drinking Habits

How often do you have a drink containing alcohol? *Never/ Monthly or less/ 2-4 times per month/ 2-3 times per week/ 4+ times per week*

How many units of alcohol do you drink on a typical day when you are drinking? *0-2/ 3-4/ 5-6/ 7-9/ 10+*

How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? *Never/ Less than monthly/ Monthly/ Weekly/ Daily or almost daily*

How often in the last year have you found that you were not able to stop drinking once you had started? *Never/ Less than monthly/ Monthly/ Weekly/ Daily or almost daily*

How often during the last year have you failed to do something that was expected from you because of your drinking? *Never/ Less than monthly/ Monthly/ Weekly/ Daily or almost daily*

How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? *Never/ Less than monthly/ Monthly/ Weekly/ Daily or almost daily*

How often during that past year have you had a feeling of guilt or remorse after drinking? *Never/ Less than monthly/ Monthly/ Weekly/ Daily or almost daily*

How often during the last year have you been unable to remember what happened the night before because you had been drinking? *Never/ Less than monthly/ Monthly/ Weekly/ Daily or almost daily*

Have you or somebody else been injured as a result of your drinking? *No/ Yes, but not in the past year/ Yes, during the past year*

Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? *No/ Yes, but not in the last year/ Yes, in the last year*

Whilst pregnant with your first child what best describes your drinking? *I gave up alcohol completely during my pregnancy/ I cut down a lot during my pregnancy/ I cut down a little during my pregnancy/ I made no change to my drinking during my pregnancy/ I didn't drink before or during my pregnancy*

Next Steps

The purpose of this survey is to recruit first time mothers in the Yorkshire area to take part in my research seeking to understand working mothers' experiences of alcohol. I am inviting you to take part in an interview to share your experiences and further understanding in this area. If you would like to receive more information about this please provide contact details below. By leaving your details you are not committing to participate but to receive further information.

Please indicate whether you are interested in taking part in the interview phase of the research. *No thanks/ Yes I am interested in hearing more about your project so that I can decided whether I want to take part*

My email address is:

Please reconfirm your email address:

The best number to contact me on is:

Please reconfirm your preferred contact number:

A donation of 50 pence will be made to charity for every completed survey. Please choose which of these charities you would like to support? *Women's Aid/ Breast Cancer UK/ Children in Need*

Thank you

Thank you for taking the time to complete this survey.

If you want further information about this survey or the research project here are my contact details; **(...contact details and support details provided as in Information Sheet Appendix C)**

Appendix B: Advert

B1. Advert

Where does alcohol fit in the lives of working mothers?

Are you a first time mother in the Yorkshire area who has recently returned to work? I would like to hear about your drinking habits and invite you to take part in my research to find out about how alcohol fits into your everyday life.

A lot is written and talked about young people's drinking and very little is known about drinking habits at other stages of life. Research on mothers and alcohol tends to focus on the impact and prevalence of drinking in pregnancy and breastfeeding, with very little attention paid to the ongoing experiences of the mother. As a first time mother myself, who has recently returned to work, I feel disappointed that our experiences seem to be absent in the literature and would like to give you a voice.

Please follow this link to find out more about the project and complete an on-line survey about your drinking habits. The survey should take approximately 10 mins to complete. As a thank you for your time a donation of 50 pence will be made to charity for every completed survey (to a maximum of £50). At the end of the survey you will be able to choose which of three charities you would like to support.

The survey is an opportunity to express an interest in taking part in the interview phase of my research. I appreciate that your time is precious and am able to offer those interviewed a contribution towards childcare (up to £40) and refund any travel expenses for the day of the interview.

B2. Email to people not fitting the inclusion criteria or not purposefully sampled for interview

Dear xxxx

Thank you for expressing an interest to take part in the interview phase of my research. Although young people's drinking has received a lot of attention in the literature, less is understood about people's drinking habits at other times in their lives. The aim of the study is to speak to mothers to gain their experiences in relation to alcohol.

Not everybody who has expressed an interest has been able to take part. It is only possible to interview a small number of mothers in depth about their experiences and unfortunately I have not been able to include you within the sample this time. I really appreciate you taking the time to fill in the survey and your interest in the project.

Please do feel free to contact me if you want to discuss this further.

Yours Sincerely, Emily Hodgson

Contact for further information or complaints (....contact and support details as in Information Sheet in Appendix C)

Appendix C: Information Sheet and Consent Form

C1. Information Sheet

Information Sheet

How does alcohol fit in the lives of working mothers?

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of the study?

Although young people's drinking has received a lot of attention in the literature, less is understood about people's drinking habits at other times in their lives. The aim of the study is to speak to mothers to gain their experiences in relation to alcohol.

Why have I been chosen?

You have been chosen as a potential participant as your survey responses indicate that you are a mother, living and or working in the Yorkshire area, who has returned to work within the last year following maternity leave. You have indicated that you gave up alcohol whilst pregnant.

Both the transition to motherhood and the transition back to work are major life events. As a first time mother who has recently returned to work, I believe that your experiences could help increase understanding of how alcohol fits into everyday life.

Do I have to take part?

You decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep (and be asked to sign a consent form). You do not have to give a reason for deciding not to take part.

What do I have to do?

You will take part in an audio-recorded interview talking about your experiences in relation to alcohol. The interview will be semi-structured, consist mainly of open questions and last between 45 and 90 minutes. The interviews will take part at the University of Leeds or you might choose you would prefer for me to come and speak with you in your own home. The interviews will be transcribed for analysis.

Will I be recorded, and how will the recorded media be used?

Yes, the interview will be audio-recorded. The transcript from the interview will then be analysed. No one outside the project will be allowed access to the original recordings. Material from this transcript will be used in the write up of the project and quotations included – these will all be fully anonymised.

What are the possible disadvantages and risks of taking part?

Taking part in the interviews will take up 45 to 90 minutes of your time. You will be free to decide what you feel comfortable talking about. Although not intended to cause distress, the open nature of the questions and nature of the topic mean that it is hard to control for the possible impact of talking about and reflecting on your individual experiences. You are free to stop the interview or change topic at any time as you feel necessary and likewise I would stop the interview if I felt you were getting distressed.

What are the possible benefits of taking part?

Taking part in the interview will give you the opportunity to share your experiences of alcohol over your lifetime. This research will address a big gap in the research by giving mothers a voice and seeking to understand how they understand how alcohol features during this key stage of life.

I realise how busy life is as a working mother and how hard it is to make space for all your commitments. I am able to provide a contribution towards a days' child care to facilitate your participation in the research and you will also be able to claim travel expenses to cover your travel for the interview.

Will my taking part in this project be kept confidential?

All the information that we collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified in any reports or publications. Your name and any information that may identify you will be removed and replaced with pseudonyms.

I would have a duty of care to breach this confidentiality if you disclose during interview something that suggests your safety or your child's safety to be at risk. If necessary this could result in further action to ensure that you are safe.

Where will data be stored?

Consent forms will be stored in a locked cabinet on University premises and only members of the research team will have access to it. Contact details will be confidentially stored separately to your survey and interview data and deleted within a year of data collection. Audio data will be transferred from the recording device to a secure computer drive of the University of Leeds where it will be stored. Once transferred to the computer the interview will be deleted from the recording device. Recordings will be erased on completion of the doctorate and transcripts will be kept by the research support officers for a further three years. All electronic and paper files will then be destroyed. If a transcriber is used to type recorded interviews, they will be required to sign a Confidentiality Statement.

Will I be able to withdraw from the project if I change my mind at a later date?

You can withdraw at any time leading up to the interview without giving any reason and without there being any negative consequences for you. If you do not wish to answer any particular question or questions during the interview, you do not have to do so. You have up to two weeks to withdraw from the study following interview, after which time it will no longer be possible to withdraw although all data will be fully anonymised.

What will happen to the results of the research project?

The results of the project will be written up as part of a doctoral thesis as part of a Doctorate in Clinical Psychology for completion in the summer of 2018. Quotes may be published in an academic journal; however, you will not be identified in any report or publication.

Who is organising and funding the research?

The research will be carried out by Emily Hodgson and the resulting thesis will form part of her academic portfolio for the University of Leeds Doctorate Programme. Doctoral training is funded by the Leeds Teaching Trust. The project (MREC16-147) has been reviewed and approved by the University of Leeds School of Medicine Research Ethics Committee (SoMREC)

Contact for further information or complaints

If you would like further information please contact Emily Hodgson on the contact details below;

Emily Hodgson
University of Leeds
Level 10, Worsley Building, Clarendon Way, Leeds, LS2 9NL
Phone: 0113 3432734
Email: umebh@leeds.ac.uk

Alternatively please contact;

Dr Bridgette Bewick (Associate Professor in Health Research)
Leeds Institute of Health Sciences
Phone: 0113 3430809
Email: b.m.bewick@leeds.ac.uk

Or

Dr Carol Martin (Academic Director)
Leeds Institute of Health Sciences
Phone: 0113 3430812
Email: c.martin@leeds.ac.uk

If you would like an independent point of information or to make a complaint, please contact:

Clare Skinner (Faculty Head of Research Support)

Faculty of Medicine and Health

Level 10, Worsley Building, Clarendon Way, Leeds, LS2 9NL
Phone: 0113 3434897
Email: C.E.Skinner@leeds.ac.uk

Where can I access support?

The NHS choices website (<http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholsupport.aspx>) provides information relating to alcohol and provides contact details for relevant support organisations.

If you have concerns you can speak to your GP, or alternatively you can call 111, a free NHS phone line, and speak to someone who can signpost you to the right local support service.

The Samaritans support line is available 24hrs on 116 123

You will be given a copy of this information sheet for your records. Thank you for your time.

C2. Consent form

Consent to take part in:

How does alcohol fit in the lives of working mothers?

	Add your initials next to the statements you agree with
I confirm that I have read and understand the information sheet dated 21 st July 2017 explaining the above research project and I have had the opportunity to ask questions about the project.	
I understand that my participation is voluntary and that I am free to withdraw prior to interview without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. If I choose to withdraw from the research within two weeks of the interview any data/responses already provided will be deleted. I understand that after this point all data will be anonymised and it will no longer be possible to withdraw.	
I understand that my responses will be kept strictly confidential. I agree for the audio recording of my interview and the data collected from me to be stored in an anonymous form on the University of Leeds secure server. I give permission for members of the research team to have access to my anonymised responses.	
I am aware that the researcher would have a duty of care to breach confidentiality and possibly take further action if I disclose during interview that that my safety or the safety of my child is at risk.	
I am aware that this project forms part of the researcher's academic portfolio for her Doctorate and as such will be marked by the university and subsequently be made public on the university department website and White Rose e-thesis on-line. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. I give my permission for my anonymised responses to be used for this purpose.	
I agree to take part in the above research project. I am aware that I can request a summary of the findings using the contact details on the information sheet.	

*To be signed and dated in the presence of the participant.

Name of participant	
Participant's signature	
Date	
Name of lead researcher Emily Hodgson	
Signature	
Date*	

Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the letter/ pre-written script/ information sheet and any other written information provided to the participants. A copy of the signed and dated consent form should be kept with the project's main documents which must be kept in a secure location.

Appendix D: Survey Respondent Characteristics

Descriptive statistics for survey responses are provided here.

Table 7: Age and Audit Scores for all respondents, those eligible and those interviewed

	All Respondents	Eligible	Interviewed
	Mean (sd) Range	Mean (sd) Range	Mean (sd) Range
Total	162	11	7
Age	34.52 (5.18) 19-62	33.09 (4.32) 27-41	31.71 (4.03) 27-37
AUDIT	4.65 (3.23) 0-19	5.45 (2.42) 3-10	6 (2.83) 3-10
AUDIT C	3.73 (2.17) 0-10	4 (1) 3-6	4.14 (1.21) 3-6

Table 8: Frequency and percentage for respondent characteristics for all respondents, those eligible and those interviewed

	All Respondents (N=162)	Eligible (N=11)	Interviewed (N=7)
Number of Children			
One	103 (63.58%)	11 (100.00%)	7 (100.00%)
Two	48 (29.63%)	0	0
Three	10 (6.17%)	0	0
Four or more	1 (0.61%)	0	0
Address			
West Yorkshire	58 (35.80%)	5 (45.45%)	2 (28.57%)
North Yorkshire	25 (15.43%)	4 (36.36%)	3 (42.86%)
South Yorkshire	5 (3.09%)	1 (9.09%)	1 (14.29%)
North West	41 (25.31%)	1 (9.09%)	1 (14.29%)
Other	34 (20.99%)	0	0
Nationality			
British	144 (88.89%)	9 (81.81%)	5 (71.43%)
Irish	5 (3.09%)	1 (9.09%)	1 (14.29%)
Polish	2 (1.23%)	1 (9.09%)	1 (14.29%)
Other	12 (7.41%)	0	0
Length of time in UK			
All my life	143 (88.27%)	9 (81.81%)	5 (71.43%)
More than 4 yrs	18 (11.11%)	2 (18.18%)	2 (28.57%)
Less than 4 yrs	2 (1.23%)	0	0

	All Respondents (N=162)	Eligible (N=11)	Interviewed (N=7)
Age of Child			
0-7mnth	21 (12.96%)	0	0
7-12mnths	29 (17.90%)	1 (9.09%)	1 (14.29%)
13-18mnths	29 (17.90%)	5 (45.45%)	3 (42.86%)
19-24mnths	18 (11.11%)	1 (9.09%)	1 (14.29%)
25+ mnths	65 (40.12%)	4 (36.36%)	2 (28.57%)
Highest level of education			
NVQ 2	6 (3.70%)	0	0
NVQ 3	13 (8.02%)	0	0
NVQ 4-5	2 (1.23%)	0	0
City and Guilds	1 (0.61%)	0	0
Degree	45 (27.78%)	3 (27.27%)	2 (28.57%)
Higher Degree	51 (31.48%)	6 (54.55%)	4 (36.36%)
Professional Qual	44 (27.16%)	2 (18.18%)	1 (14.29%)
Length of time back at work			
Stay at home mother	11 (6.79%)	0	0
Looking for work	31 (0.61%)	0	0
Maternity leave	31 (19.14%)	0	0
in last 6mnths	37 (22.84%)	3 (27.27%)	2 (28.57%)
in last 12mnths	37 (22.84%)	4 (36.36%)	3 (42.86%)
in last 18mnths	1 (0.61%)	1 (9.09%)	1 (14.29%)
in last 24mnths	11 (6.79%)	3 (27.27%)	1 (14.29%)
Over 2 years	33 (20.37%)	0	0
Profession			
Admin/Sec	13 (8.02%)	1 (9.09%)	1 (14.29%)
Civil Servant	7 (4.32%)	1 (9.09%)	1 (14.29%)
NHS	34 (20.99%)	2 (18.18%)	1 (14.29%)
IT	4 (2.47%)	1 (9.09%)	0
Managing Director	20 (12.35%)	2 (18.18%)	1 (14.29%)
Sales	4 (2.47%)	0	0
Other	53 (32.72%)	4 (36.36%)	3 (42.86%)
Teacher/lecturer	25 (15.43%)	0	0
Work location			
West Yorkshire	61 (37.65%)	8 (72.72%)	5 (71.43%)
North Yorkshire	15 (9.26%)	2 (18.18%)	1 (14.29%)
South Yorkshire	5 (3.09%)	1 (9.09%)	1 (14.29%)
North West	40 (24.69%)	0	0
Other	42 (25.93%)	0	0
Hours Worked			
Full Time	67 (41.36%)	3 (27.27%)	2 (28.57%)
Part Time	84 (51.85%)	8 (72.72%)	5 (71.43%)
Stay at home mother	11 (6.79%)	0	0

Table 9: Frequency and percentage for AUDIT Risk categories, AUDIT C scores, and AUDIT answers for all respondents, those eligible and those interviewed

	All respondents (N= 162)	Eligible (N= 11)	Interviewed (N= 7)
AUDIT 7 or above	34 (20.99%)	3 (27.27%)	3 (42.86%)
Lower Risk 0-7	135 (83.33%)	9 (81.82%)	5 (71.43%)
Increasing Risk 8-15	26 (16.05%)	2 (18.18%)	2 (28.57%)
Higher Risk 16-19	1 (0.62%)	0	0
Possible Dependency 20+	0	0	0
AUDIT C 3 or Over (not all on Q1)	112 (69.14%)	11 (100.00%)	7 (100.00%)
AUDIT Answers			
1. How often do you drink?			
Never	14 (8.64%)	0	0
Monthly or less	45 (27.77%)	4 (36.36%)	3 (42.86%)
2-4 times a month	47 (29.01%)	5 (45.45%)	3 (42.86%)
2-3 times a week	43 (26.54%)	2 (18.18%)	1 (14.29%)
4 or more times a week	13 (8.02%)	0	0
2. How many units typical day?			
1 or 2	77 (47.53)	3 (27.27%)	2 (28.57%)
3 or 4	54 (33.33)	6 (54.55%)	3 (42.86%)
5 or 6	20 (12.35%)	0	0
7, 8, or 9	8 (4.94%)	1 (9.09%)	1 (14.29%)
10 or more	3 (1.85%)	1 (9.09%)	1 (14.29%)
3. How often 6 or more drinks?			
Never	47 (29.01%)	0	0
Less than monthly	88 (54.32%)	11 (100.00%)	7 (100.00%)
Monthly	14 (8.64%)	0	0
Weekly	13 (8.02%)	0	0
Daily or almost daily	0	0	0
4. How often not able to stop?			
Never	147 (87.65%)	10 (90.90%)	6 (85.71%)
Less than monthly	11 (6.79%)	1 (9.09%)	1 (14.29%)
Monthly	3 (1.85%)	0	0
Weekly	1 (0.61%)	0	0
Daily or almost daily	0	0	0
5. How often failed to do what expected?			
Never	148 (91.36%)	10 (90.90%)	7 (100.00%)
Less than monthly	14 (8.64%)	1 (9.09%)	0
Monthly	0	0	0
Weekly	0	0	0
Daily or almost daily	0	0	0

	All respondents (N= 162)	Eligible (N= 11)	Interviewed (N= 7)
6. How often needed it in the morning?			
Never	161 (99.38%)	11 (100.00%)	7 (100.00%)
Less than monthly	1 (0.61%)	0	0
Monthly	0	0	0
Weekly	0	0	0
Daily or almost daily	0	0	0
7. How often guilt or remorse?			
Never	117 (72.22%)	5 (45.45%)	3 (42.86%)
Less than monthly	40 (24.69%)	6 (54.55%)	4 (57.14%)
Monthly	5 (3.09%)	0	0
Weekly	0	0	0
Daily or almost daily	0	0	0
8. How often unable to remember?			
Never	142 (87.65%)	9 (81.82%)	5 (71.43%)
Less than monthly	20 (12.35%)	2 (18.18%)	2 (28.57%)
Monthly	0	0	0
Weekly	0	0	0
Daily or almost daily	0	0	0
9. Have you or someone else been injured?			
No never	149 (91.98%)	8 (72.73%)	4 (57.14%)
Yes but not in last year	13 (8.02%)	3 (27.27%)	3 (42.86%)
Yes in the last year	0	0	0
10. Have people expressed concern?			
No never	155 (95.68%)	11 (100.00%)	7 (100.00%)
Yes but not in last year	5 (3.09%)	0	0
Yes in the last year	2 (1.24%)	0	0

Appendix E: Interview Topic Guide

Interview Topic Guide

Introduce myself. Go through the information sheet and consent form – check understanding and gain consent.

Rationale – I’ll just tell you briefly about the rationale for this project. A lot is written and talked about young people’s drinking but very little is known about drinking habits at other stages of life. Research on mothers and alcohol tends to stop at pregnancy, with very little attention paid to the ongoing experiences of the mother. I aim to address this gap in the literature. My research is seeking to understand the experiences of mothers, like yourself, who have recently returned to work.

General prompts – What is the significance? What is the meaning and motivation behind what was done and said?

Topic	Question	Prompts
<u>Current drinking habits</u>	If we begin with now. How does alcohol fit into your current life? Can you talk me through a typical week?	How? Why? With who? When?
<u>During pregnancy</u>	When you were pregnant how did alcohol fit into your life then?	Decisions made. Influences. Ease or not of choice.
<u>Transition from pregnancy to current</u>	Can you remember your first drink after your baby was born? How has drinking fitted into your life between then and now?	Emotion, purpose, context, place and time Influences/motivation – what was it that informed/influenced the choices around drinking. Differences between maternity and return to work?
<u>Early experiences</u>	It would be helpful to understand how these recent events followed on from your earlier life. Can you tell me about your first experience of alcohol? And what was your first experience of drinking alcohol? [only ask if question above is not about their own drinking] Can you talk me through your drinking between then and starting a family?	Family/home context; drinking of others around. Motivation for drinking; frequency; how fit into their life; significance of the event. Changes in circumstance, milestones, times when drunk

	<p>How did alcohol fit into your university life?</p> <p>How did alcohol fit into your working life?</p>	<p>more or less, relationships, life events</p> <p>Frequency, function, influences</p> <p>Frequency, function, influences</p>
<u>Leading up to pregnancy</u>	<p>[link between the last milestone above and pregnancy]</p> <p>What was your drinking like around the time you became pregnant?</p>	<p>Any differences with during pregnancy? Decisions around pregnancy and alcohol?</p>
<u>Review</u>	<p>Having told me your story is there anything that stands out for you?</p> <p>Is there anything that you think would be helpful for me to know that we haven't said?</p>	<p>Any differences/changes?</p> <p>Future expectations. Reasons for taking part</p>

Thank you for taking the time to tell me about your experiences.

Appendix F: Ethical Approval



UNIVERSITY OF LEEDS

**Faculty of Medicine and Health Research Office
School of Medicine Research Ethics Committee (SoMREC)**

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Clarendon Way
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30th October 2017

Emily Hodgson
Doctorate in Clinical Psychology Student
School of Medicine
Faculty of Medicine and Health
Leeds Institute of Health Sciences
University of Leeds
Level 10, Worsley Building
Clarendon Way
LEEDS LS2 9NL

Dear Emily

Ref no: **MREC16-147**

Title: **Gaining insight: how first time professional mothers understand their return to drink following abstinence in pregnancy**

Your research application has been reviewed by the School of Medicine Ethics Committee (SoMREC) and we can confirm that ethics approval is granted based on the following documentation received from you:

<i>Document</i>	<i>Version</i>	<i>Date Submitted</i>
MREC16-147 Thesis ethics form	3.0	13/10/2017
MREC16 -147 Thesis consent form	3.0	12/10/2017
MREC16-147Thesis Information Sheet	2.0	10/08/2017
MREC 16-147 BOS Indicative content V2	2.0	10/08/2017
MREC16 - 147Thesis Advert	2.0	10/08/2017
MREC16-147 Interview topic guide Emily 250717	1.0	10/08/2017
Thesis Fieldwork_assessment	1.0	11/05/2017
LIHS Research Interview Safety Protocol (Home Visits)	1.0	12/10/2017
LIHS New personal safety guidance 2017	1.0	12/10/2017
MREC16-147Thesis Fieldwork_assessment Final	2.0	12/10/2017
MREC16 - 147Email to those not selected	1.0	12/10/2017

Please notify the committee if you intend to make any amendments to the original research ethics application or documentation. All changes must receive ethics approval prior to implementation. Please contact the Faculty Research Ethics Administrator for further information (fmhuniethics@leeds.ac.uk)

Ethics approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The committee takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.

Please note: *You are expected to keep a record of all your approved documentation, and all other documents relating to the study, including any risk assessments. These should be kept in your study file, which should be readily available for audit inspection purposes. You will be given a two week notice period if your project is to be audited.*

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

We wish you every success with the project.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Naomi Quinton', with a horizontal line underneath.

Dr Naomi Quinton
Co-Chair, SoMREC, University of Leeds

(Approval granted by Co-Chair Dr Naomi Quinton on behalf of the committee).

Appendix G: Screen shot from early stage of Anna's analysis

Table 10: A section from an early stage of Anna's analysis

Emergent themes	Original Transcript	Exploratory Comments
Minimising past to protect present	<p><i>And how does it feel for you, how things are now?</i> I'm fine with it, I prefer it much better. Like I don't, I don't miss alcohol at all like, <u>I would never say it's been like a huge part of my life</u>, but I mean, like when I was pregnant I didn't miss it at all. Like not one part of it me, you know the way sometimes during pregnant you're like oh I'd love a glass of wine, you know, it'd just be really nice to have a drink but for me it wasn't an issue at all, I just wasn't bothered by it. And even after I'd had her I didn't have a drink for, like, at the least three months, even after I switched from breast milk to formula, <u>a couple of people like brought round a bottle of Prosecco and stuff to say congratulations and it just sat there untouched for, for a good couple of months until I was like brave enough to think like I'll have one glass, it'll not affect me that badly. But.</u></p>	<p>Fine, prefer, don't miss (previous lifestyle?) <u>trying to reassure herself that doesn't mind about all these changes and losses – reframing but a lot of loss there</u></p>
Reassuring self		<p>Never been huge part in life <u>reassuring herself and minimising, as when talks about alcohol it seems to have been very important in terms of her developing as an adolescent and fitting in socially and being part of the story</u></p>
Alcohol as threat to new identity	<p><i>And can you remember the first time you had a drink?</i> Yeah, I think she was about three months old and we had, we opened a bottle of Prosecco and we each had a couple of glasses, but I mean it wasn't, it wasn't any more than that, I don't even think we finished the bottle. I think we had to throw the rest of the bottle away in the morning. Because like we had like a glass or two each and we were like we're <u>gonna</u> be up in the next two or three hours with a screaming like three-month-old, so it didn't seem worth it to be honest so no.</p>	<p>Didn't miss during pregnancy Didn't drink for 3 months - Even after switched to formula <u>showing me she is responsible</u></p>
Conscious weighing up		<p>Friends bringing prosecco as congratulations – left untouched Fear of effect of alcohol <u>whether she would be a mother who was unable to respond – does this link back to her experiences of her own mother who was incapacitated and took to her bed after drinking</u></p>
I am in control I didn't finish the bottle		<p>Brave Didn't finish the bottle</p>

Appendix H: Table of themes for Anna

The table in this appendix formed part of the coding process that led to the creation of emergent themes for Anna. Quotes are provided to illustrate how the themes have arisen from the data.

Table 11: Anna's emerging themes with supporting quotes

Themes	Page/line	Key words
You make your bed Repositioning of self and priorities Costs of motherhood	13/454 4/121 4/127	<i>I never thought, you know, I really want to have a family not as carefree on the backburner</i>
Reframing and reassuring	2/50	<i>I'm fine with it, I prefer it much better, like I don't miss alcohol at all like</i>
I'm responsible Weight of responsibility Mum as primary	5/161 12/417	<i>sat worrying about her all day in nursery – is she ok – are they looking after her as well as I could? I want her to look up to me and think yes, responsible mother</i>
Rather the cycle ends here Distancing from parents	17/572	<i>I'm nothing like them...that would be the worst thing</i>
Alcohol as a threat Fear of drinking Fear of judgement from others	6/176 3/102 3/94	<i>I think it was just getting over the, the fear like, of actually having a drink don't want people saying I'm irresponsible You don't want to go out, get really trashed and then people say, she's a mum now, she should be a bit more responsible</i>
Fear of becoming incapacitated	6/188	<i>will my body wake up to my baby crying?</i>
Period of testing and developing new self Uncertainty of tolerance	3/72	<i>we can't drink any more or I will be on my way again</i>
Can't get away with it	9/289	<i>I'm 27 and I just, it's not, it's not a cool thing for me to do anymore</i>
Challenge of bringing two worlds together Returning to change	5/149 5/146	<i>It felt like I had to start afresh the amount of things that had changed It wasn't the job that I left</i>
Loss of belonging Feeling different No one understands me	11/372 7/215 11/358	<i>No one has a young baby like I do My manager is not very supportive – she doesn't understand that I'm a different person now, she doesn't understand Look what happened in the pub...you felt completely out of the loop if you didn't go</i>
Fear of being indebted to partner	7/244	<i>would turn into resentment</i>
Ambivalent relationship with alcohol Reconciling contradictory feelings	19/646 19/640	<i>I, like so desperately wanted to like have a good time even when I've just had a couple like I don't like who I am.</i>