

**HOW YOUNG MOTHERS MAKE MEANING
OF THE CONCEPT OF SUPPORT**

**“ALWAYS THERE”:
HOW YOUNG MOTHERS MAKE MEANING OF THE CONCEPT OF
SUPPORT WITHIN THE CONTEXT OF SERVICE PROVISION**

By

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LAY ABSTRACT

Through this critical feminist arts-based study, I aim to increase understanding of how young moms make meaning of the concept of positive support within the context of service provision. 25 moms in Ontario, Canada, between the ages of 16-25 years, participated in creating visual art images and/or verbally sharing what support meant to them. I engaged in a relational approach to interviewing, and a feminist phenomenological approach to the analysis of transcripts and visual analysis of imagery. Study findings reveal how service provision contexts are shaped by traditional ways of understanding the concepts of vulnerability and autonomy as a binary and in opposition to one another. Yet young moms asserted that effective forms of positive support must be designed and delivered as a combination of *both* a response to the effects of exposure to sources of vulnerability *and* as efforts made to build autonomy in-connection to others and the world(s) around us.

ABSTRACT

Through this study, I aim to increase understanding of how young moms experience, perceive, make meaning, and conceptualize positive support within the context of service provision (education, residential services, legal services, healthcare etc.). More broadly, I aim to illuminate ways that societal notions of vulnerability and autonomy may be shifted to offer improved quality of support to young mothers and other marginalized communities. Such a shift would counter paternalistic attitudes that have historically influenced how “support” has been imposed on young mothers. Although a full transformation would take time, we may begin to undertake the necessary work of reimagining support, gradually shifting towards the goal of building capabilities toward relational autonomy.

25 moms from diverse socio-economic backgrounds in Ontario, Canada, between the ages of 16-25 years, participated in creating visual art images and/or verbally sharing what support meant to them. I engaged in a relational approach to interaction and dialogue, centering a praxis of reflexivity and ethical treatment of everyone involved in the interview process. Guided by a critical feminist framework that included intersectionality, maternal theory, and vulnerability theory, I engaged in a feminist phenomenological approach to the analysis of transcripts and co-constructed visual analysis of imagery with the moms.

Study findings reveal how service provision contexts are shaped by traditional ways of understanding vulnerability and autonomy as a binary and in opposition to one

another, with an overvaluation of invulnerability. Yet young moms describe that they understand positive support as a combination of *both* responses to the effects of exposure to sources of vulnerability *and* as efforts to build autonomy in relationships with service providers, infrastructure, and broader communities of care. In addition, young moms describe positive qualities of service design and delivery, such as being non-judgemental, reliable, and sensitive, with attuned and caring interactions. The combination of these qualities can facilitate a process of internalization of positive attitudes, culminating in the development of an identity as a confident caregiver.

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LIST OF ABBREVIATIONS

ABR	Arts-Based Research
APGAR	A test given to newborns that measures Appearance, Pulse, Grimace response, Activity, and Respiration
CAS	Children’s Aid Society
LC	Lactation Consultant
ODSP	Ontario Disability Support Program
PFLAG	Parents, Families, and Friends of Lesbians and Gays

Chapter 1: Introduction

*Hopefulness, we have seen, is not the icing on the cake,
but is the pan in which the cake is baked*

(Margaret Urban Walker, 2006, p. 210)

Preface

At different times of our lives, as human beings in connection with others and our environment, we are all in need of support. However, in a society shaped by neoliberal-capitalism, heteropatriarchy, white-supremacism, colonialism, ableism, and ageism, some individuals are judged more negatively than others for requesting or receiving the support they need to live and thrive. Dictionary definitions of support vary from a form of endurance, to acts of assistance, to defending a cause, or acting with a person or group (Merriam-Webster, 2020). This doctoral dissertation is an interpretive arts-based qualitative study. Through this study, I aim to illuminate how young moms make meaning of the concept of support, within the context of service provision. The term *young mother* is a socially constructed identity category that often describes people who have given birth or are parenting during their teenage years or early 20s (Byrd et al., 2019). In this study, I engage with perspectives of pregnant/parenting young people, under the age of 25, who identify as mothers, living in the Greater Toronto Area, Canada. In the Global North (and other parts of the world), unmarried young mothers have historically experienced violence, oppression, and social exclusion; a legacy that continues to influence contemporary public perceptions, policy, and treatment of youth

who give birth outside of the institution of marriage (Andrews, 2018; Byrd, 2014; Phoenix, 1991).

Based on my years of clinical practice experience working with pregnant and parenting young people as an Art Therapist in the role of Infant/Maternal Mental Health Clinician, I believe these caregivers are uniquely situated to expand on the ways that society understands notions of vulnerability, support, access and accountability. I have witnessed many positive experiences of support. I have also witnessed situations where young mothers have experienced harsh judgement for requesting support, receiving support, not requesting support, or refusing support. Negative material consequences of such experiences can include lack of appropriate health care, inability to access parenting resources or knowledge, inadequate housing, social isolation, and losing custody of their child.

Young moms are often caught in a bind that I understand to be shaped by traditional conceptualizations of vulnerability and autonomy, in combination with political tactics to scapegoat a group whose members often already experience multiple forms of marginalization. Through manipulating public perceptions of young mothers to be irresponsible and deserving of rehabilitation or punishment, those in positions of power can divert attention from broader social challenges and the duty to demonstrate moral accountability toward members of society in need of social support (Vinson, 2018). Many young moms have experienced cruel treatment and abandonment within their communities such as bullying and social-exclusion by peers, being rejected from their homes and socially cut-off by parents, and being chastised in public by strangers. Moral

repair is necessary to restore their trust and confidence in the support networks they depend on to grow and thrive as families. Margaret Urban Walker (2006), a feminist philosopher of relational ethics, identifies hope as a necessary attitude within the process of moral repair, with the aim of rebuilding a sense of trust that may hold together a shared commitment to care for one another. Engaging with an attitude of hope, through individual arts-based interviews, I wanted to particularly elicit positive experiences of support that young moms could recall within complex contexts of service provision. I questioned what does “good support” look like? What does “good support” feel like? I believe their embedded and embodied responses may contribute profoundly in reimagining ways that support can be understood more broadly to better meet the needs of marginalized individuals and groups experiencing vulnerability in/by society.

Throughout this dissertation, I employ a critical feminist lens that weaves together intersectionality theory, maternal theory, and vulnerability theory. Through this lens, I attend to social understandings of trauma, gender-based violence, intersectional forms of oppression, and ways that relationships and environment can support or thwart one’s capabilities to build and exercise autonomy. My intention in utilizing this theoretical framework is to make meaning of how the young moms in this study understand the concept of support within the context of service provision, taking into account the broader social narratives that shape ideals of strength, independence, and who can be perceived as a “good mother”.

Examples of other theoretical lenses applied to the study of young mothers and service provision include post-structural theory, social constructionism, positivist theory,

critical race theory and feminist ethics of care. The combination of theories that I bring together fills a gap between what is understood as socially constructed (discursive) and what is understood as embodied experience (material). I believe that in the context of the lives of young mothers, both realms need to be understood in conversation with one another and that there is much to learn from closely examining the tensions that exist between the discursive and the material. Through my methodology, I aim to contribute to the growing (but still limited) body of literature that presents positive examples of what relational autonomy can look like in the lives of young mothers. I use the term relational autonomy to describe a state of collective vulnerability that demands interconnectivity and interdependence as a means of achieving self-determination. I conceptualize autonomy in relationship with vulnerability as a means of mobilizing resistance toward social justice aims (See Glossary in Appendix A). I understand that this gap in the literature exists due to a combination of dominant forms of research methodology such as “big-data” and quantitative studies that minimize social contexts and political tensions within which young moms practice mothering. These research methods are often valued in health sciences, alongside a dominant socially constructed narrative of young mothers (Breheny & Stephens, 2010; SmithBattle, 2018).

By employing a qualitative arts-based methodological approach, I was able to access a more nuanced collection of stories that demonstrated multiplicity in how the identities and lived experiences of pregnant and parenting youth entwined with their journey of growth as both individuals and as caregivers. The creative process in arts-based research (ABR) allows for self-expression and synthesis of complex ideas and

experiences, which can elicit insight and awareness from both participant and researcher that would be more difficult (or impossible) to access through verbal and socially constructed language alone (Camargo-Borges, 2018; Leavy, 2018). I applied arts-based methods in two ways. The first way was through visual graphic elicitation (visual art images generated and described by the young moms) in the interviews. A second way I applied arts-based methods was through my own visual art-making as a component of reflexive praxis throughout the study.

In the following chapters, I expand on my epistemological and ontological views that shaped the methodology and analysis of this study. I accompany the reader through the various components of this dissertation, interwoven with the journeys of the young moms who generously shared their experiences of hardship, resistance, relational support, and social justice. I hope to bridge the perspectives between pregnant and parenting young people and the wide variety of service providers and organizations that impact their lives each day. This dissertation demonstrates that young moms hold the knowledge needed to shape what positive and effective support can look like. It is my hope that through centering their knowledge, policymakers and service providers can implement the recommendations from this study in support of sustainable social change and accountability towards those most vulnerable in our society.

In the following sections of this chapter, I describe how this dissertation is structured. I further introduce the reader to the legacy of how young mothers have been socially constructed in the Global North and why it is important to understand how young moms make meaning of the concept of support. I then share the research questions that

guided my inquiry and the conversations that took place with the young moms who participated in this study.

Structure of Dissertation

Following this introductory chapter, in chapter two I present a literature review that analyses and synthesizes three important sub-topics in the context of this study. In this first section, I share a critical feminist *herstory* of the social identity category of young mothers. This *herstory* illuminates how unmarried teenage mothers came to be viewed as a societal problem, influenced by hegemonic socio-political and faith-based regimes. I then include an overview of the literature relating to critical perspectives of vulnerability and autonomy and compare this body of work with feminist perspectives on young mothers as a means to demonstrate connections with how traditional ways of conceptualizing vulnerability and autonomy can be harmful to young moms. Third, I examine literature focusing on intersectional forms of oppression experienced in the lives of young mothers and the material barriers they come up against as a result. I conclude chapter two by synthesizing the literature into context with this study, demonstrating the importance of combining these areas of knowledge with respect to what young moms shared about how they made meaning of support within contexts of service provision, and how they defined good support.

Chapter three of this dissertation offers an overview of the theoretical framework that shaped the analysis of this study. This framework draws on interdisciplinary feminisms including intersectionality, maternal theory, and vulnerability theory. These areas of theory support my exploration of themes relating to relational ethics, trauma,

exploitation, dependency, and empowerment that emerged within the conversations I had with young moms. In Chapter four I offer an overview of my study design and methodology, demonstrating to the reader the importance of alignment and accessibility from an ethical perspective when working with a marginalized community such as young moms. Young moms are often not represented in research due to competing life demands combined with a lack of accessible and inclusive research design. Within chapter four, I also discuss researcher positionality—which I understand as a crucial component of conducting feminist research. I explore how my perspectives, lived experience, and knowledge as a researcher shape how I engage with each phase of this study. Through this ongoing reflexive praxis, I consider how my inevitable biases and assumptions shape how I make meaning of the responses and imagery shared by the moms in this study. I also commit to interrogating my perspectives alongside principles of feminist social justice praxis.

Throughout chapters five and six, I present the findings and analysis portion of this study. In chapter five, I provide an overview of themes that emerged in transcripts of conversations with young moms regarding how they conceptualized the phenomenon of support. In chapter six, I share a visual analysis of the art imagery created by the young moms, including their interpretations of their imagery in connection with the study topic. In chapter seven, I present a model of support that leads the reader into a discussion where I theorize research findings, in connection with existing literature, policies and practice. I situate discussion points amongst other studies, pointing out similarities,

tensions, implications, and new ways of imagining support in the lives of individuals who are vulnerable to the impacts of social oppression and marginalization.

Finally, in chapter eight I share concluding reflections relating to the study and my experience as a researcher. I share limitations and recommendations for future research, as well as contributions to current literature. I then complete the dissertation with final reflections on my experience on this doctoral journey, how the study shifted my perspectives as a researcher, and how it ultimately changed me as a service provider and as a mother.

The Social Construction of the Identity Category of ‘Young Mother’

In alignment with values of critical social justice, I recognize the identity category of ‘young mother’ to be socially constructed through a history of dominant political and faith-based regimes that value capitalism, ableism, heteropatriarchy, and white supremacy (Gore, 2007; McGrady, 2012; Vandenbeld Giles, 2012). I understand these powers to shape the moral conduct of society through policies and practices that uphold idealized perceptions of childhood innocence, motherhood, the nuclear family, and the illusion of individual choice and freedom (Chen, 2013; Wilson, 2007). Within a society that upholds such values, unmarried pregnant and parenting young people have been framed as delinquent and irresponsible, resulting in harsh stereotypes and public surveillance (Darisi, 2007; Vinson, 2018). Since the 1940s the prevalence of teen pregnancy and parenting has declined significantly across the UK, the US, and Canada (Bielski, 2010; Byrd, 2014; Phoenix, 1991). This decline can be connected with government adoption mandates between the 1940s to 1980s, the women’s movement of the 1960s and 70s, the

availability of birth control, access to sexual health education, and access to abortion for teenagers (Canada, 2018; McDonald-Harker, 2016; Wilson, 2007). However, the perception of teen pregnancy as a dangerous rising epidemic has continued to be a strong narrative in public discourse, fuelled by government welfare reforms and the rise of political right-wing conservative values in America (Vinson, 2018). Societal discourse often portrays pregnant and parenting young people as a homogeneous group with a dominant narrative that minimizes social context and interlocking forms of social oppression relating to diverse ethnic backgrounds, impacts of colonialism, sexual orientation, gender, class, age, ability, and lived experience (Byrd, 2014; Eni & Phillips-Beck, 2013; Trotzky-Sirr, 2009). The effects of social oppression in the lives of young mothers contribute to experiences of social exclusion, poverty (Fortin et al., 2015; Keys, 2007), and interpersonal violence (Crenshaw, 1991; Kennedy, 2005; Kulkarni, 2009; Leaman & Gee, 2008; McDonald-Harker, 2016; Willie et al., 2016; Young et al., 2011), being labelled with mental illness (Meadows-Oliver & Sadler, 2010; Tseris, 2013) and being denied the right to parent (Vandenbeld Giles, 2012). The legacy of social stigma against young mothers contributes to ongoing tension and distrust in relationships with authority figures and forms of service provision that were historically created to protect, punish, or rehabilitate unmarried pregnant women (Andrews, 2018; Kulkarni, 2009; Schrag & Schmidt-Tieszen, 2014).

Within this dissertation, I use the terms *young mothers* and *young moms* to describe individuals who identify as pregnant, have given birth, and/or parent their first child before the age of 25 (See Glossary in Appendix A). I acknowledge that not all

pregnant or parenting young people identify as women, use the female gender pronouns she/her, or use the term “mother” to describe themselves. For this reason, I will integrate the pronouns they/them throughout this dissertation as a means of including teenagers and young adults who identify as genderqueer, trans* or non-binary. I also bring attention to the fact that the dominant portrayal of young mothers and the associated stigma is a gendered issue. Young fathers have traditionally been removed from the narrative, placing the full responsibility and shame on girls and women. Both gender-based violence against girls and women, as well as transphobia and homophobia are experienced by pregnant and parenting youth. These are intersecting forms of oppression and significant experiences to attend to in the context of service provision during the pre- and post-natal periods (Gladu, 2017; Trotzky-Sirr, 2009).

Why is it Important to Understand What Support Means to Young Mothers?

In a society that shames and blames young women who become pregnant, young mothers may experience challenges engaging with services and service providers during their pregnancies and as caregivers (Juandó-Prats, 2017; Schrag & Schmidt-Tieszen, 2014). Sadly, literature also shows that some pregnant and parenting young people, like many young women, have experienced childhood maltreatment and gender-based violence (Gladu, 2017; Kulkarni, 2009; Madigan et al., 2012) which may further compromise their capacity to trust those in positions of authority or services that aim to support them. For example, in a study of 55 pregnant young people engaged in services through young parent support centres in Toronto, participants were found to be far more likely than their non-parenting peers to have experienced interpersonal violence (Madigan

et al., 2012). At the same time studies continue to show that despite difficult interpersonal histories, many young mothers yearn for supportive adult relationships as sources of guidance, advocacy, and emotional care (Kulkarni, 2009; Schrag & Schmidt-Tieszen, 2014).

In a neoliberal era that encourages government funded service providers to continually do more with less, brief services and manualized interventions are valued over support services that offer the opportunity for service users to build stable and long-lasting relationships over time with their service providers (Baines, 2010; Gray et al., 2015; Trevithick, 2014). A growing body of research supports the need to focus intentionally on relationships in service with young people, especially those who have endured trauma (Herman, 1992/1997; Jordan, 1995; Schore & Schore, 2008; Schrag & Schmidt-Tieszen, 2014; Siegel, 2001; Southerland et al., 2009).

Minimal research has been published that focuses on ways that pregnant and parenting youth experience and view the concept of *support* within the context of service provision (Harper et al., 2014; Kulkarni et al., 2011). Therefore, it would be important to centre the voices of young mothers in determining what support means for them. Support services could then be better designed to meet their diverse needs, allowing them to engage in inclusive and appropriately tailored services that they can depend on as caregivers who have infants depending on them.

More broadly, as a society that has traditionally been focused on individualism and merit-based conceptualizations of equality, I believe it would be important to gain the perspectives of young mothers who are often excluded from narratives of hard work and

success as their child rearing labour is rendered invisible and their life circumstances are minimized. By understanding the concept of support from the perspective of an already vulnerable group, whose vulnerability is further exploited by society in the form of violence and scapegoating (Vinson, 2018), we may contribute to the transparency required to expose deep flaws in how society understands vulnerability and autonomy. We may then reimagine these concepts with the objective of shaping sensitive and effective responses to vulnerability; responses that we all require at some point in our lives, some more than others. When we focus on our relationships and sense of accountability to one another and the world around us, we may shift our understanding away from the belief that success and autonomy are achieved through individual means alone; thereby dissolving the binary between vulnerability and autonomy. We may gain an expanded understanding that both vulnerability and autonomy are valuable and entwined over time, making no single person or group worthy of judgement, punishment, or abandonment based on their state of vulnerability or dependence on systems of care. I argue that young moms are knowledge holders that can teach society a great deal about what it means to care for others while being cared for in emotionally attuned and effective ways. As a society, I believe we have a responsibility to listen and work towards moral repair, not only in support of the lives of young moms, but in support of our communities, kin and future generations, including non-human species, and global ecosystems.

Research Questions

The **primary objective** of this study is to increase understanding of how young mothers experience, perceive and conceptualize positive support within the context of

service provision (education, residential services, legal services, healthcare etc.). My **secondary objective** is to illuminate ways that societal notions of vulnerability and autonomy may be shifted to offer improved quality of support to young mothers and other marginalized communities. Such a shift would counter paternalistic attitudes that have historically influenced characteristics of *support* and how *support* has been imposed on young mothers. Although a full transformation would take time, we may begin to undertake the necessary work of reimagining support, gradually shifting towards the goal of building capabilities toward relational autonomy.

Conclusion

In this chapter, I provide an overview of this doctoral dissertation. I outline the structure of the dissertation to give the reader a sense of what will be covered in the following chapters. I provide an overview of the social construction of the identity category of young mothers and describe why I believe the topic of support in the lives of young mothers is important, particularly from the perspective of young mothers. I complete the chapter with an overview of the research questions that guided this dissertation, in conversation with young moms.

Chapter 2: Literature Review

Introduction: Young Mothering in North America (2015-2020)

In North America, powerful political, religious, scholarly, and social figures shape the dominant discourse that portrays pregnancy during one's teenage years or early twenties as a social problem in need of a solution (Byrd et al., 2019; Daniel, 2017). Perception of this phenomenon shapes research questions and ideas about what services young mothers need. Dominant discourse influences recommendations for policy and interventions that are then evaluated based on individualized socially constructed measures of success, such as employment and financial stability (Breheny & Stephens, 2010; SmithBattle, 2018). When structural influences in the lives of young mothers are minimized or ignored in research, the impression may be given that these caregivers are responsible for matters that are not in their control, resulting in material consequences such as loss of child custody (Blackstock, 2019). Therefore, narratives conveyed through research matter in profound ways in the lives of young mothers and their children.

In this chapter, I present a critical literature review on scholarship concerned with the notion of *support* in the lives of young mothers; how it has been shaped by medical and social science researchers, policy, social media, and by young mothers themselves. I situate my qualitative feminist phenomenological arts-based research design in alignment with recommendations to incorporate creative approaches to include young mothers' perspectives in identifying what support means and how good support may be conceptualized (Fortin et al., 2015; Juando-Prats, 2017). Very few studies within my literature search employed arts-based approaches within their research design,

demonstrating that this is an emerging approach to methodology with room to expand the literature in this subject area. I contextualize my findings with awareness of historical social and political influences that shape policy and support services. My background in critical social work positions me well to address the gap identified by several authors who called for more feminist critical social workers to produce research with young mothers. Finally, I view my work to further extend this body of literature beyond young mothers, broadening the conversation in relation to all caregivers and all people living with excess sources of vulnerability in their lives. Through my work, I aim to address the social exclusion that individuals and groups experience based on conventional perceptions of vulnerability, situated in complex social contexts and spaces, both human and non-human.

Social Context: Social Stress and Reproductive Justice

In Gayle S. Rubin's revolutionary essay titled *Thinking Sex*, she elegantly summarizes the importance of attending to social stress when examining sexual behaviour and oppression:

Contemporary conflicts over sexual values and erotic conduct have much in common with the religious disputes of earlier centuries. They acquire immense symbolic weight. Dispute over sexual behaviour often becomes the vehicles for displacing social anxieties, and discharging their attendant emotional intensity. Consequently, sexuality should be treated with special respect in times of great social stress (1984, p. 143).

In acquiescence with Rubin’s statement, I feel it would be important to offer some social context that may help the reader to make sense of the surge in literature focusing on young mothers between 2015-2020. It may also be helpful to understand why such deep divisions are present amongst researchers relating to how the challenges of young mothers are described. At the time of my literature search, the Trump administration era in the United States was coming to a close following four years of republican power that negatively influenced sexual and reproductive health care for women (particularly Black, Indigenous, People of Colour and LGBTQ2S¹ communities). For example, while in power, Trump issued an executive order allowing healthcare providers to refuse care to patients based on personal values and defunded community programs that offered low-income communities access to contraceptives and reproductive health care (Planned Parenthood, 2020). 2020 also marked the emergence of Covid19, a global pandemic that to date has resulted in 1,047,741 deaths in the United States (Centres for Disease Control and Prevention, updated September 16, 2022); 44, 740 deaths in Canada (Government of Canada, updated September 16, 2022a); and 6,501,469 deaths reported worldwide (World Health Organization, updated September 16, 2022). The Guttmacher Institute reported that throughout this pandemic, long-standing reproductive health disparities and injustices have continued to be neglected (Keller et al., 2020). Authors of this report describe that the Trump administration took advantage of the pandemic to further target reproductive rights and autonomy, particularly within Black and low-income communities (Keller et al., 2020). Social activist movements have emerged in response to long-standing forms of

¹ LGBTQ2S Refers to Lesbian, Gay, Bisexual, Trans, Queer, and Two-Spirited

gender-based, land-based, class-based, and racial violence that Trump further fueled through social media remarks and policy decisions implemented by the US federal government. Social unrest has impacted North America and spanned globally with the growth of #BlackLivesMatter and the #Metoo movements (Aleem, 2020; Wang et al., 2020). In 2020, reproductive justice advocates called upon the new Biden-Harris administration in the US to address several barriers put in place by the previous government, preventing access to contraceptives, abortion, and reproductive healthcare, particularly for marginalized communities (Keller et al., 2020). The high maternal mortality rate amongst Black women in the US continues to rise; Xenophobic policies that were put in place prevent many immigrant women from feeling safe to approach publicly funded health care programs; young people are concerned about their rights to confidential health care and many only receive abstinence-based sex education; finally, LGBTQ2S youth faced barriers to accessing sexual health and gender-affirming care due to policies that the Trump administration put in place allowing health care providers to deny services to the LGBTQ2S community (Keller et al., 2020). In 2021, the Biden administration reversed Trump's prejudiced ruling, aiming to protect gay and transgender communities from health care discrimination (Rosenthal et al., 2022). However legal battles are expected to continue concerning religious values held by service providers and health care rights of citizens depending on their sexuality, gender identity, pregnancy or history-of-childbearing status (Rosenthal et al., 2022).

As anti-abortion sentiment continued to grow in the US, on June 24th, 2022, the US Supreme Court overturned the landmark case of Roe v. Wade, opening the floodgates

for American states to legally place complete or partial bans on abortion (Guttmacher Institute, 2022). The Guttmacher Institute (2022) highlights how long-standing research has shown that marginalized individuals and groups are most significantly impacted by abortion bans. Although Canadian governments continue to expand access to reproductive rights, Canadians are still impacted by the decisions made in the US (Macfarlane, 2022; Maddeaux, 2022; Syed, 2022). Far-right politics, white-supremacy, and toxic masculinity have been on the rise, emerging within Canada's political party system, through social media and social events that do not stop at the border. Despite protective factors, rights outlined in documents such as the Canadian Charter of Rights and Freedoms can be influenced by cultural shifts in ideology and rely on socially constructed safeguards (Macfarlane, 2022). Therefore, cultural shifts happening in the US could potentially impact the rights of Canadians in the future. From a more immediate and material perspective, Canadians currently pregnant or of child-bearing age and travelling in the US could face grave risks to their lives and health during pregnancy if denied access to timely care (Maddeaux, 2022). Canadian women could even be criminally charged if they had a miscarriage while in the US (Maddeaux, 2022). Many Canadian women live and travel within the US for post-secondary education, employment purposes, and to visit family or friends (Maddeaux, 2022). Therefore, choices have become limited for young Canadian women with respect to cross-border education and career opportunities. If the US were to expand abortion bans at the federal level, Canadian abortion clinics would likely see an influx of American women travelling to receive abortion care, creating long wait-times, and potentially overburdening the already

underfunded system that Canada has in place (Maddeaux, 2022). Such possibilities create anxiety and fear for Canadian women of childbearing age with respect to the future of their financial options and bodily autonomy (Syed, 2022).

The contemporary socio-political climate is important for the reader to have knowledge of within the context of this dissertation because the literature on young mothers and support demonstrates how young mothers and their children have been framed through dominant research and policy, which is strongly biased and shaped by neoliberal classism, patriarchy, white-supremacy, and conservative right-wing values. Moreover, social awareness and political division surrounding these forms of structural oppression have heightened since the emergence of the Trump era.

Literature Review Methodology

In the following table, I present my strategy for searching and selecting literature focused on my dissertation topic.

Table 1

Literature Review Search Criteria

Search strategy	Search criteria
Research Question	<ul style="list-style-type: none">• How do young mothers make meaning of the concept of support within the context of service provision?
Key words used	<ul style="list-style-type: none">• teen pregnancy OR teen mother* OR young mother* OR adolescent mother* AND support* OR help OR care
Data bases searched	<ul style="list-style-type: none">• Google, Google Scholar, Pub Med, ERIC, Scholars Portal, JSTOR, MUSE, ProQuest, Sociological Abstracts, and Social Work Abstracts
Journals searched	<ul style="list-style-type: none">• Affilia, Gender and Society, Youth and Society, and the Journal of Adolescent Social Work
Search criteria:	<ul style="list-style-type: none">• Primarily literature published between 2015-2020• English language• Research conducted in a North American context

- Pregnant or parenting people below age 25
 - Peer reviewed qualitative, quantitative, and mixed methods studies; Theory-based and personal narratives; Grey literature (e.g. government reports, news articles)
 - Relevance to my research question focusing on support, young mothers, and service provision
-

Appendices 2, 3, and 4 display templates that I used to summarize my literature.

Appendices 5 and 6 display visual art images I created as a mapping strategy to identify themes within the literature. This review is not exhaustive. Instead, I sought to present a representative selection of sources that provide the reader with a picture of a typical narrative themes found across contemporary literature focused on my dissertation topic.

Current Status of Pregnancy in Young People in North America

Since the 1950s, pregnancy and live birth rates among women in their teenage years and early 20s in North America have decreased significantly and continuously (Dryburgh, 2000; Maddow-Zimet et al., 2020; Sedgh, et al., 2015). In 2016, The Guttmacher Institute reported the lowest recorded levels of pregnancy (including abortion) between women ages 15-24 seen in the United States since the late 1980s (Maddow-Zimet, et al.). In Canada, 6,449 infants were born to women between the ages of 15-19 years of age in 2020, in comparison to 9,615 births in 2015 (Statistics Canada, 2020). In Toronto, Ontario, a significant decrease was also reported in teen pregnancies (ages 15-19) from 37 per 1000 women in 2004 to 19 per 1000 women in 2013 (Toronto Public Health, 2017). The overall dramatic decline in teen pregnancies and birth has been associated with the rise in access to contraception since the 1960s, the legalization of abortion in the 1970s, and increased access to sexual health education (Williamson, 2016). It is important to point out that even in 2022, not all youth have access to

contraception, sex education, or abortion. Access to reproductive health care and education is strongly connected to geographical, political, and socio-economic circumstances (Keller et al., 2020; Narushima et al., 2020; Toronto Public Health, 2015). Factors that have made teen pregnancy more visible over the decades include decreased social pressure to enter into a legal marriage, increased prevalence of divorce and blended families, increased likelihood that young women give birth as single mothers, and an increase in young mothers needing to access financial assistance to support themselves and their children (Phoenix, 1991).

The Social Construction of Young Motherhood

Three important influences shape the notion that pregnancy in one's teenage years or early twenties is a moral and social problem. First, young mothers deviate from a socially constructed developmental path that defines the period of adolescence to be a liminal time when one is not-yet-adult (Wilson, 2007). Motherhood is perceived within dominant North American culture as a choice and an adult task that is socially appropriate (for some) to enter into in one's late twenties to early thirties (Byrd et al., 2019). As young mothers challenge the normative assumption that adolescence and motherhood cannot occur simultaneously, they tend to be viewed as delinquent children (undeserving of protection) and irresponsible mothers (deserving of punishment) (Wilson, 2007). Second, young mothers are viewed to be deviating from traditional conservative and faith-based values that idealize the institution of marriage, viewing premarital sex and childbearing out of wedlock as sacrilegious (Jackson, 2019; Williamson, 2016). Third, the collapse of the welfare state and the rise of neoliberalism has shaped an ideal citizen who

is viewed to be self-sufficient and who can contribute to the aims of capitalism by way of producing and consuming (Vandenbeld Giles, 2021). Reproductive and caregiving labour are not monetarily valued in North American society. In order for single young mothers to care for their infants full-time, or while attending school or work, they often must rely on financial support or government funded childcare subsidies, making them deviant citizens within a neoliberal context (Daniel, 2017). These influences continue to uphold a historical legacy of stigmatizing, demonizing, and pathologizing unwed mothers (Andrews, 2018). These influences strongly shape how the lives of young mothers are framed within the literature and how support for young mothers is defined. Rarely are young mothers themselves asked what they need or what “good support” means (Harrison et al., 2017).

In recent decades, critical researchers have questioned the construction of young motherhood as a “moral crisis” or “epidemic”. They have conducted longitudinal qualitative studies and discursive analyses of large bodies of research, policies and media focusing on young mothers and their children (Breheny & Stephens, 2007; Breheny & Stephens, 2010; SmithBattle, 2018; Vinson, 2018). Findings from these types of studies demonstrate that a great deal of controversy exists within scholarly literature concerning how the perceived problem is framed and how support is understood and implemented (Anastas, 2017; Kamp & McSharry, 2018). A clear trend identified in the literature has been the shift from conceptualizing teen pregnancy as a moral problem to a psychological and health problem (Breheny & Stephens, 2010). This shift accounts for a growing body of medical literature that focuses mainly on the health of mother and baby through the

presentation of deficit-based outcomes with minimal attention to social circumstances or perspectives of the young mothers themselves. Findings from powerful medical journals are often presented with an alarming tone, prompting further and more specified research to be conducted focusing on the risks associated with teen pregnancy and young mothers. (Breheny & Stephens, 2010; SmithBattle, 2018).

What the Literature Highlights: “Risk”, Resistance, and Mothering With(in) the Tension

I identified three themes within the broad body of literature I reviewed. The first theme focuses on the conceptualization of vulnerability as a “risk” in the lives of young mothers. The second theme focuses on literature highlighting resistance in the forms of counternarratives and visibility of lived experiences of young mothers. The third theme focuses on how young people mother with and within this tension, specifically, how these competing discourses impact one another and shape how diverse young mothers experience and make meaning of support. Across each of these three themes, I examined similarities, differences, and trends concerning research design, how needs are defined, who defines support, and overarching messages. I situate my observations within a broader societal context that allows me to share how I view my study to contribute to the literature.

Vulnerable and “At-Risk”: Dominant Discourse Focusing on Young Mothers and Support

In this section of my chapter, I address the first of three themes I identified within the literature. This theme focuses on the conceptualization of vulnerability as “risk” in the lives of young mothers. In this section I will provide an analysis of literature that primarily focuses on the combination of young age and mothering as a major source of vulnerability conflated with risk to mother, child, and society. It is important to note that since the 1980s studies have demonstrated that poverty and difficult life circumstances are not the result of having children in one’s teenage years, but are the result of pre-existing patterns of poverty, deprivation, and childhood adversity (Phoenix, 1991). Interestingly, the dominant framing of young motherhood continues to perpetuate the idea that parenting at a young age is the cause of poverty and difficult life circumstances (SmithBattle, 2018). The myth that teen pregnancy also causes adverse birth outcomes for infants has also been disproven when factors relating to socioeconomic status, and medical and behavioural conditions are controlled for (Wong et al., 2020). Dym Bartlett and Easterbrooks (2015) found that although a history of maternal childhood maltreatment is a risk factor for infant neglect, that 77% of young mothers break this cycle with empathic social support. Dominant messaging implies that “choosing” to follow through with a pregnancy and parent in one’s teen years or early twenties is evidence enough that young mothers are immature, irresponsible, mentally unstable and therefore unfit to be mothers. These messages are both shaped by, and continue to shore

up, social constructions of what it means to be a “good mother” and a valued citizen (Breheny & Stephens, 2010; O’Reilly, 2019).

Vulnerable and “At-Risk”: How Research Design Frames Young Mothers and Support

Each step of a research study design holds an opportunity for framing young mothers and support in a particular way. Health sciences disciplines hold a great deal of power in North America in the context of knowledge building (Thorne, 2011). Health sciences researchers have traditionally valued an Enlightenment research paradigm that positions the researcher as an objective and unbiased observer (Brown & Strega, 2005). If one begins a study with the unchecked assumption that young mothers are a public health concern, then this assumption may shape the research question, the variables measured, the measurement tools used, and the approach to analysis and recommendations (Carter & Little, 2007). In the literature I reviewed relating to perceptions of vulnerability and risk, few researchers or studies identified pre-existing assumptions, biases, or theoretical frameworks. The research methods these studies employed were a blend of quantitative, mixed-methods, literature reviews, statistical regression, quasi-experimental, and program evaluation. Studies were balanced between sites within Canada (for example, Millar et al., 2019; Singh et al., 2015; Van Lieshout et al., 2020; Wong et al., 2020) and the US (for example, Assini-Meytin, et al., 2018; Olaiya et al., 2016) and there were variations between larger sample sizes across countries, provinces, states, or tribes, (Assini-Meytin, et al., 2018; Margolis et al., 2020; Wong et al., 2020) and smaller studies focused within single cities or agencies (Lieberman, et al., 2020; Millar et al., 2019). Some focused specifically on particular ethnic or cultural groups (Assini-Meytin, et al., 2018; Bravo et

al., 2016), but most were broadly inclusive of young mothers from diverse ethnic and cultural backgrounds. Most studies focused on young mothers under the age of 20. This age cut-off shapes a clear delineation between “teen mothers” who garner more negative attention within media and policy than mothers over 20 (Vinson, 2018). Research questions focused on topics such as understanding the pregnancy care experiences of young mothers in various contexts (Millar et al., 2019), how to provide healthcare services to young mothers (Thompson, 2016), how to improve support that would increase breastfeeding practices among young mothers (Olaiya et al., 2016), desire to gain and increased understanding of the range of mental health needs (Van Lieshout et al., 2020), and measuring the success of programs or particular interventions (Assini-Meytin et al., 2018; Lieberman, et al., 2020; Margolis et al., 2020). These research questions tend to locate the problem, to be understood or measured, within the individual (young mother) (Olaiya et al., 2016; Van Lieshout et al., 2020), the young mother’s family or partner (Assini-Meytin et al., 2018), or service provider (Lieberman, et al., 2020; Margolis et al., 2020). Social context was occasionally mentioned as a contributing factor to risks and poor outcomes experienced by young mothers and their children (Thompson, 2016), however the vast amount of weight within the articles was given to listing the many individual risk factors to the mental and physical health of the young mother and her child. This trend is aligned with observations made by other critical researchers who view this behaviour as contributing to what SmithBattle calls an “alarmist paradigm”, in reference to the social panic created in connection with dominant research focused on young mothers and poor outcomes (Byrd, 2014; SmithBattle, 2018, p. 76). The reported

outcomes for young mothers and service providers in these studies are also shaped by the success indicators that they are measured against. Success indicators tended to focus on infant birth weight, infant APGAR scores, school retention, high-school graduation, enrollment in secondary school or employment programs, and avoidance of “repeat pregnancies” (Assini-Meytin, 2018; Chyongchiou et al., 2019; Wong et al., 2020). For service providers, performance was measured through the number of participants served, number of referrals made, number of partnerships, staff receiving training, and young mothers exclusively breastfeeding at four weeks post-partum (Harding et al., 2020; Margolis et al., 2020). There was little to no indication in these studies that the young moms had an opportunity to collaborate with researchers in designing the studies or defining what support meant. However, some studies did employ qualitative or mixed-methods approaches to data collection that incorporated individual interviews or focus groups with young mothers or service providers (Margolis et al., 2020; Millar et al., 2019). This collection of literature overwhelmingly associates young mothering with poor outcomes. Some exceptions are made in cases where the mother is identified to have “appropriate” support and background. This representation aligns with socially constructed ideals of who can be a “good mother”, minimizing young women’s lack of control over their family background or social location (O’Reilly, 2019). Finally, this sample of literature presented the idea of support through recommendations in the following ways: support programs that encourage material, social and financial support to be provided through the young mother’s parents or partner so that she can return to school (Assini-Meytin et al., 2018; Bravo et al., 2016); multiple, centralized, and well-

coordinated services (Margolis et al., 2020; Thompson, 2016); evidence-based programming that motivates mothers to finish high-school and avoid repeat pregnancies (Chyongchiou et al., 2019); care providers that have a comprehensive understanding of normative adolescent development and trauma-informed practice (Millar et al., 2019; Thompson, 2016); treatment of mental illness and substance use in young mothers (Wong et al., 2020); standardized screening for risks and community-based referrals (Thompson, 2016); and implementation of evidence-based breast-feeding protocols in hospitals following birth (Olaiya et al., 2016). Several studies under the second theme of literature (resistance and counternarratives) indicated that although such practices may be experienced as support for some young mothers, these practices may also (or at the same time) be experienced as surveillance, disciplinary, or punitive (Lieberman et al., 2020). I observe that context is not provided or accounted for with respect to mothers who either do not succeed within these forms of support or choose not to engage in them. Such recommendations may lead the public to believe that lack of success is based on the individualized failure by the mother, the mother's family or the service provider. Important context with respect to infant feeding programs for example could include: some caregivers choosing not to breastfeed or chestfeed² if they are bound by conflicting employment or school policies that restrict their flexibility to feed their infant from their body or pump milk (Bermea et al., 2018b); lack of infant feeding support from service providers due to healthcare cuts (Pallotti, 2016); or if young people simply were not

² I use the term *chestfeeding* in addition to the terms breastfeeding, nursing, and infant feeding, as an inclusive term recommended by researchers and caregivers who identify as transmasculine or gender non-conforming (MacDonald et al., 2016).

comfortable breastfeeding or chestfeeding amongst their families, peers, and on public transit due to the stigma surrounding nursing from one's body in public (Pallotti, 2016).

Vulnerable and “At-Risk”: What Young Mothers are Perceived to Need

The young mothers in these studies were identified as being marginalized, racialized (Bravo et al., 2016; Campbell-Grossman, et al., 2016), impacted by poverty (Letourneau et al., 2004; Singh et al., 2015; Van Lieshout et al., 2020), childhood adversity (particularly sexual abuse) (Finigan-Carr et al., 2015; Singh et al., 2015), mental health challenges (Singh et al., 2015; Van Lieshout et al., 2020) and histories of substance use (Fleming et al., 2015; Singh et al., 2015). They (and their infants) were presented as being at-risk for high-risk pregnancies (Fleming et al., 2015), at-risk of not initiating or discontinuing breastfeeding (Fleming et al., 2015; Sipsma et al., 2018), at-risk of neglect or maltreatment toward their own children (Scannapieco & Connell-Carrick, 2016), not finishing school (Assini-Maytin, et al., 2018), and needing financial assistance (Margolis et al., 2020; Sedgh et al., 2015), being at-risk for poor physical and mental health outcomes (Sipsma et al., 2018; Van Lieshout et al., 2020), and at-risk for not receiving appropriate health care due to their status as young mothers and their unique needs (Fleming et al., 2015; Olaiya et al., 2016). As noted by Finigan-Carr and colleagues (2015), intervention studies often focus on young mothers with the exclusion of young fathers. Although it is important that social sources of vulnerability are acknowledged, the imbalance of attention that is placed on ways that young mothers and their children are perceived to be at-risk of poor outcomes gives the impression that the mother has caught some sort of disease that must be managed before it infects her child or someone else.

The language used to describe young mothers and their children in many of these articles appeared inhumane and pathologizing. Infants were referred to by researchers as “offspring” (Van Lieshout et al., 2020, p. 464). Researchers expressed concern regarding “intergenerational transmission of teenage pregnancy” (Wong et al., 2020, p. 158). Researchers homogeneously labelled young mothers as being at heightened risk for a host of individualized challenges identified as “substance abuse” (Wong et al., 2020, p 154), “suboptimal breastfeeding” (Olaiya et al., 2016, p. 19), and “psychiatric disorders” (Van Lieshout et al., 2020, p. 465). The goals identified to cure the problem included “effective detection, prevention, and intervention strategies” (Van Lieshout et al., 2020). Breheny and Stephens (2010) identify this tone as a public health (or disease) narrative, characterized as literature that employs disease metaphors and disease language, individualizing risk within the young mother, warning of the spread of the risk to the child and society, and providing recommendations for surveillance through identification of families and monitoring of risk.

Vulnerable and “At-Risk”: Overarching Messages That Shape Young Mothers and Support

The overarching messages that I identified in this sample of vulnerability and risk focused literature begin with the assumption that what needs to change is the young mother and that this is possible through implementing appropriate services approved by funders or medical experts (Fleming et al., 2015; Margolis et al., 2020; Singh et al., 2015). This message is problematic as the social context in this literature tends to be absent, obscured, or minimized, giving the illusion that a young mother can make choices

freely and can control complex forces in her life that contribute to her challenges (Kelly, 2007). When youth are unable (or refuse) to engage with support programs, they may risk damage to their relationships with service providers, further surveillance, and being labelled as resistant, immature or risky (Vandenbeld Giles, 2019). Vandenbeld Giles conducted interviews with young mothers living in poverty. One of her participants described knowing parenting programs but having no funds to pay for transportation. Further, several participants shared that they felt they were already good mothers and that education programs only motivated them to attend so that the programs could collect the numbers they needed to maintain their funding (2019).

Another strong message in the literature is that young mothers must be routinely screened, monitored, and managed (Campbell-Grossman, et al., 2016; Fleming et al., 2015; Graham, 2019). Education, employment, and financial self-sufficiency are deemed important and are viewed as indicators of a successful individual or program (Harding, et al., 2020; Letourneau et al., 2004; Margolis et al., 2020). Long lists of challenges and negative health outcomes experienced by young mothers are presented in this body of literature as risks to the mother, baby and potentially society. Such representations may contribute to the experience of the stigma that young mothers already face, exacerbating pre-existing sources of vulnerability. Young mothers in a study conducted by Conn and colleagues (2018) described harmful discrimination they experienced in the forms of shaming and chastising by healthcare providers and school administrators, and aggression and bullying by peers. I also observed instances in which statistics were presented with little or no important social context relating to factors like poverty, racism, ableism,

patriarchy or capitalism, giving potentially inaccurate or exaggerated representations of participants (Lin et al., 2019; Wong, et al., 2020). For instance, many young mothers are encouraged to connect with a family child welfare worker to help build their support network (Lieberman et al., 2020). When involvement with child welfare is listed within the context of negative attributes, the reader may be misled to believe that this always means the involvement has to do with child protection matters. If a young mother were not attending school so that she could care for her child or required social assistance because she could not rely on her parents or partner for financial support, does this make her a failure? Little context is provided regarding common cases in which a young mother is protecting herself or her child from abuse, neglect, or dysfunction within her family of origin or relationship with her child's father (Kennedy, 2005; Kulkarni, 2006; McDonald-Harker, 2016).

Finally, a clear message within the risk focused literature is that numbers are important. Successful programs worthy of funding can demonstrate efficiency and strong financial management through the numbers of people who receive their services, by sharing resources between many partnerships, through making many referrals to avoid duplicating services, and finally by implementing standardized, evidence-based practices (Finigan-Carr et al., 2015). Although these practices may seem practical and ethically responsible on the surface, it would be important to be cautious of the neoliberal agenda shaping these indicators of success. Vandenbeld Giles (2019) critiques ways in which neoliberalism has shaped systems of care for homeless young mothers. She interviewed nurses and social workers who highlighted the dangers of funder-driven program success

measures that increasingly prioritized “efficient bureaucratic management” over the actual needs of homeless pregnant and parenting youth (Vandenbeld Giles, 2019 p. 44). Neoliberal economic philosophy can be dangerous when applied to human services as funding that goes into building human relationships with service providers, trained to work within specific contexts, becomes replaced with administrative tasks and manualized interventions that are often not relevant to the unique circumstances and needs experienced by young mothers (Madigan et al., 2012; Trevithick, 2014). Additionally, if the intervention or service does not succeed in changing the individual, the responsibility again tends to be placed on the individual: the young mother, the service provider, or the program. In the next section of this chapter, the reader will be introduced to a very different perspective located within the literature focusing on young mothers and support.

Vulnerable and Mothering: Counternarratives in the Literature on Young Mothers and Support

A noticeably smaller section of literature I collected through my search presented counter-narratives to the dominant discourse that focused on young mothers and support. In this chapter section, I share the second theme I encountered in the literature: *vulnerable and mothering*. I provide an overview and synthesis of these significant critical perspectives. Similar to the previous section, I examine similarities and differences in research design, who defines support and how support is defined, the nature of the findings from these studies, and the overarching messages that these studies communicate about young mothers and support within the context of service provision.

Vulnerable and Mothering: How Research Design Frames Young Mothers and Support

The literature located in this section was composed mainly of qualitative research studies that collected data through observation, focus groups, individual interviews, photo blogging, autoethnography, literature reviews, and media discourse analysis. Many of the authors did identify theoretical frameworks that supported their analysis. Examples of theories applied within these studies included critical feminist, economic and political theory, post-structural theory, narrative approaches, girlhood studies, and critical race theory. Critical theory is often employed by researchers who aim to question dominant norms, offer counter-discourses, and reveal structural violence (Mason, 2018; Williamson, 2016). Problems that were explored within this literature tended to focus on oppressive social structures such as racism, classism, conservative faith-based moral beliefs, patriarchy, and ageism (Greene, 2007; Sniekers & Rommes, 2020; Williamson, 2016). A problematic gap I observed in this literature was that ableism was not explored or mentioned explicitly, rendering invisible the oppression experienced by pregnant or parenting young women labelled or identifying with disabilities. More specifically, some studies focused on particular forms of problematic service provision in contexts such as child welfare, education, healthcare, and within social policy (Aparicio et al., 2016; Conn et al., 2018; Watson & Vogel, 2017). It was clearly important to the authors that the perspectives of young mothers, their partners, and service providers be involved in defining what positive support should entail (Fortin et al., 2015; Gill et al., 2020; Herrman et al., 2019). These studies were mainly focused on contexts within the United

States. I also decided to include some studies conducted outside of North America, as I deemed they were relevant within the North American context and focused closely on my research topic. The studies reviewed in this sub-section tended to be smaller in scale than the studies in the previous section, with the number of participants tending to be under 50. Some studies focused on data collection for more extended periods though (e.g. 1-2 years) (Hamilton et al., 2018; Sniekers & Rommes, 2020). These aspects of study design are typical of qualitative studies that seek to explore subjective knowledge on a given topic in more depth (Leavy & Harris, 2019). Questions tend to be open-ended and semi-structured, encouraging nuanced responses given the unique positionality of participants in relation to the study question(s) (Mason, 2018).

Vulnerable and Mothering: What Young Mothers are Perceived to Need

In the literature I reviewed in this section, young mothers had a role in defining their needs and how support can be shaped to meet those needs. They also identified barriers to accessing the support they described. Pregnant and parenting young people asserted that their life stage must be viewed as a strength in connection with parenting practices and should therefore not be conflated with problematic caregiving (Conn et al., 2018; Sniekers & Rommes, 2020). Young mothers need to be included in community activism and conceptualizations of what it means to be an active citizen (Greene, 2007). Service providers need resources and appropriate training (Gill et al., 2020). Young parents need information and peer support about teen dating violence that is relevant within their parenting contexts (Kulkarni, 2006). Above all, studies share that young mothers desire support and guidance (Fortin et al., 2015; Schrag & Schmidt-Tieszen,

2014). They need resources to parent, engage in community activism, complete their education (if they choose), and engage in meaningful employment (if they choose), within the contexts of poverty, racism, ageism and limited social support (Berman et al., 2007; Williamson, 2016).

Support for diverse young mothers needs to feel safe, non-judgemental, affordable, and accessible (Hamilton, et al., 2020; Recto & Dimmitt Champion, 2020). Dym Bartlett and Easterbrooks (2015) found that for young mothers who had experienced childhood maltreatment, frequent access to empathic social support after childhood bolstered their capacity for empathy with their infant. Opportunities to interact with other young mothers were found to promote a sense of community and protection from social stigma (Hamilton, et al., 2020). Support needs to be tailored to the unique needs of young parents otherwise they may do more harm than good (Herrman et al., 2019; Williamson, 2016). Services need to be culturally appropriate, age appropriate, queer and trans inclusive, and strength based, fostering both personal and political development (Gill et al., 2020; Greene, 2007; Lewis, 2019).

Several studies specifically highlighted tensions within support services for young mothers where service providers were dually tasked with providing support and being required to participate in surveillance through monitoring parenting practices (Gill et al., 2020; Hamilton et al., 2018). This tension was viewed as a barrier to support, with the potential to damage relationships between service providers and young parents (Gill et al., 2020). Such tensions were associated with influences of neoliberalism, welfare restructuring, and shifts in social and child welfare policy that prioritizes the needs of the

child over the family as a whole (Hamilton et al., 2018; Vandenbeld Giles, 2012).

Engrained dominant motherhood ideology and awareness of stigma against young mothers act as barriers for many young people to seek or engage in services such as intimate partner violence programs (Bermea, 2018a; Herrman et al., 2019, Sniekers & Rommes, 2020).

Vulnerable and Mothering: Overarching Messages That Shape Young Mothers and Support

Overarching messages present in this sub-section of literature portray young mothers as both challenged by various sources of vulnerability and loss, and at the same time effective negotiators within the multiple systems they must navigate as youth and as caregivers (Herrman et al., 2019; Jacobs & Mollborn, 2012). Societal beliefs and values are understood to shape social policy that is designed to punish and discipline those who deviate from what is constructed as normative (Hamilton et al., 2018; Sniekers & Rommes, 2020). The unique needs of young mothers go unmet in systems that were not built to include them (Herrman et al., 2019; Vandenbeld Giles, 2019). Williamson (2016) offers a similar perspective to other literature in this section through identifying inaccuracies in dominant messaging about young mothers. Her work probes more deeply however, employing critical race theory to illuminate the unique positionality of young black mothers in the United States as knowledge holders who uphold and make visible important aspects of black social life, such as community caregiving practices. These authors challenge policymakers and service providers to reconsider the focus of support for young mothers; to move away from perceptions of risk and instead refocus on

structural barriers that prevent them from being able to participate as relational and active citizens (Greene, 2007; Jacobs & Mollborn, 2012).

Mothering With(in) the Tension: How Competing Discourses Impact One Another and Shape Young Mothers' Experiences of Support

The third theme within this chapter examines the space and tensions between the dominant discourses and counternarratives found in recent literature focusing on young mothers and support, within the context of service provision. Much of this literature is presented from a meta-perspective that reveals the harmful impacts that dominant discourse and stereotypes have on the lives of young mothers and their children. These authors demonstrate how harmful messages shape research, policy and service provision, as well as young women's perceptions of themselves, potentially leading to sabotaged efforts to provide care in the face of complex structural barriers (Anastas, 2017; Budden et al., 2016). Finally, many of these authors suggest new directions for research that support an appreciative perspective of ways that young women mother with, and within, the tensions that surround them between conflicting societal discourse (Kamp & McSharry, 2018).

Mothering With(in) the Tension: How Research Design Frames Young Mothers and Support

Literature that focused on mothering with(in) the tension tended to employ qualitative research methods and critical reviews of qualitative research studies (Anastas, 2017; SmithBattle, 2018). Study designs varied between longitudinal studies, secondary data-analysis contextualized within critical feminist theory, case studies and individual

interviews/focus groups with service providers and pregnant/parenting youth (Aparicio et al., 2015; Lee et al., 2020; Phoenix, 1991). Unlike literature within the risk focused theme, and similar to literature within the vulnerable and mothering theme, authors in this section tended to identify their theoretical framework. Authors drew from critical feminist, post-structural, post-modern, critical race, queer, and phenomenological theory (Bermea et al., 2018a; Kamp & McSharry, 2018). I observed that most of these studies and authors were based in the United States. Almost all US-based studies that I reviewed throughout the broader body of literature cited the United States as having a particularly high prevalence of teenage pregnancy in comparison to other countries in the Global North such as Canada, Switzerland, and the Netherlands (Kappeler, 2015; Sedgh et al., 2015; Watson & Vogel, 2017). Many authors associate this higher prevalence with deep socioeconomic divides within the US in relation to poverty, employment, education, justice, and social support for young people (SmithBattle, 2018; Williamson, 2016).

While many authors offered a meta-perspective, some employed the use of particular cases or media content contextualized through a critical lens (Lewis, 2017; Vinson, 2018). Juando-Prats applied a Bordieusian analysis within an arts-based study that examined media discourse in combination with individual interviews with young mothers (2017). She found that participants were less likely to engage with healthcare providers as a result of internalized social values in connection with how the media dominantly portrays young mothers as being unsuccessful caregivers. Similar findings were shared by authors of The My Life My Voice study, which engaged young mothers across Durham Region, Ontario in individual interviews. Findings identified “anxiety and

fear of being judged as the most frequently mentioned barrier to accessing services” (Budden et al., 2016, p. 8). Through such methods of data collection, young mothers are better understood less as a problem and more as youth trying to shield themselves from the problem of harsh societal judgment. The importance of highlighting the differences between young mothers and their lives appeared important within this literature. Bermea and colleagues for example focused their study on teen dating violence within same-sex intimate partner relationships within a residential foster care program (2018a). They increased awareness of ways in which heteronormative service models and biased perceptions of staff can neglect the needs of queer and gender fluid youth, potentially leading to dangerous outcomes and a lack of appropriate healthcare and resources. Overall, authors in this section recommend that researchers seek to interrogate normative assumptions embedded within policy and service provision, focus on the lived experiences of young mothers, and attend to influences of social and political control that seek to regulate the reproduction of racialized and working-class bodies (Anastas, 2017; Kamp & McSharry, 2018).

Mothering With(in) the Tension: What Young Mothers are Perceived to Need

How researchers frame “the problem” of mothering in one’s teenage years or early twenties, shapes dominant perceptions of what young mothers need. Authors who examined controversies within discourses about young mothers identified the problem to be inaccurate and damaging representations of young mothers. Anastas (2017) identifies common themes in the literature that shape perceptions of young mothers: the wrong girl, the wrong family, and dissenting views. SmithBattle (2018) compares three generations

of research conducted on young mothers. She identifies the first generation (1970s-1980s) to have emerged in response to social panic associated with higher prevalence of unmarried mothers and children born out of wedlock. She identifies the second generation of research to have intensified the panic as studies that focused on poor outcomes accumulated. She then identifies the third (current) generation of studies to focus more on the diverse lived experiences of young mothers who carry on amidst the tensions and stigma that surround them. Authors of third generation studies aim to make sense of the “alarmist paradigm” that emerged within the dominant literature (SmithBattle, 2018, p. 76). These authors offer context that helps to explain why these harmful messages remain prevalent in research about young mothers.

I understand the needs of young mothers to be framed in two ways by the authors (sometimes young mothers themselves) within this theme of the literature. First, in the form of individual or program needs. Second, in the form of broad societal needs. Pregnant and parenting youth communicated the need for progressive forms of service provision that allowed them to participate in decision making about goals and plans (Byrd, 2019). Ellis-Sloan found that group-based programming informed by feminist ethics of care nurtured long-lasting friendships among young mothers (Ellis-Sloan, 2015). Access to technology was identified as an important way to secure resources, information and contact with support staff and community (Kang et al., 2020; Lewis et al., 2007). Similar to the mothering and vulnerability theme, the authors also identified the importance of inclusive space and well-trained staff regarding diverse aspects of culture, context and identity in young families. These qualities were recommended as important

considerations in ensuring tailored services to meet unique needs (Aparicio et al., 2015; Dworsky, et al., 2018; Lewis, 2019). Similar to the second theme, young mothers across several studies stated the importance of service providers examining their personal biases, expressing non-judgemental attitudes, and demonstrating care and respect through their interactions (Harrison, et al., 2017; Recto & Dimmitt Champion, 2020). Societal needs identified by authors started with the need for more dissenting critical perspectives in research focusing on young mothers, particularly from a critical feminist post-structural lens (Kamp & McSharry, 2018). Of particular relevance to this dissertation, two authors observed the need for more critical research from the discipline of Social Work. Anastas found that across 41 qualitative studies published between 1989-2014, only two identified as having social workers as first authors, and only one of those studies offered a dissenting view. Lee and colleagues (2020) echoed Anastas concern, adding her observation that while social workers have historically been very involved in the lives of young mothers, a pedagogical turn within the profession has contributed to an increase in deficit-focused research. Other scholars complicate these perspectives further by sharing historical documentation of the shift within the profession of social work from a charity model, saving and redeeming “fallen women”, to a push toward prioritizing professionalization within the post-war era, viewing unmarried mothers as a “problem” that needed to be “treated” through science, (Andrews, 2018; Kunzel, 1993). During the decades following WWII, many white unmarried mothers were forcibly separated from their newborns through government sanctioned adoption mandates across several countries in the Global North according to the Canadian Standing Senate Committee

(2018). Andrews highlights the harmful role social workers played within the decades that the adoption mandate was enforced in Canada (2018). Andrews also examines ways that the legacy of the adoption mandate continues to shape current day perceptions of young unmarried mothers and their experiences of support in the context of domestic adoption (2019). Overall, these authors indicate that critical social workers are well positioned to address the need to render visible the structural barriers and ways that harmful discourse makes life harder for young mothers. I would argue further that contributing to a shift away from the tradition of deficit focused research on young mothers must be offered as an act of reconciliation in acknowledgement of the harms that members of the profession of social work have caused young unmarried mothers in the past decades during times of government sanctioned adoption mandates across several postwar welfare nations (Andrews, 2018), and in many cases intentionally or unintentionally, continue to cause. It would be important that social workers foster awareness of ways that historical (and ongoing) legacies of discrimination against young mothers may continue to seep into current risk-assessment practices regarding parenting and child protection matters. Examples of ongoing discrimination by social workers, in the context of child welfare, against caregivers (including many young mothers) have been documented across Indigenous and African Canadian communities within Canada's child welfare systems through disproportionate rates of children in care. For example, in 2016 census data showed that 52 percent of children in care in Canada were Indigenous (Government of Canada, 2022b), referred to in 2017 as a humanitarian crisis by Canada's Indigenous Services Minister, Jane Philpott (Barrera, 2017). In Canada, teen pregnancy

rates have been reported to be the highest in Nunavut and the Northwest Territories (Fleming et al., 2015), primarily inhabited by Indigenous communities. Additionally, African Canadians report ongoing inequitable treatment within Canada's child welfare systems, substantiated by data that shows a disproportionate rate of African Canadian children in care (Ontario Association of Children's Aid Societies, 2016). Cindy Blackstock (2019) speaks to the difficulty that the profession of social work has in engaging in critical systemic analysis about actions or inactions of social work in the context of harm done in the name of doing good. She states that through the sole ongoing focus by social workers on risk experienced by the child within the family, structural risks outside of the parents' control continue to go unaddressed (such as the longstanding underfunding by the Federal government of on-reserve child welfare services). Families (including families lead by younger caregivers) then are held responsible for matters they cannot control and are not provided with the necessary resources to effectively parent (Blackstock, 2019).

Mothering With(in) the Tension: Overarching Messages That Shape Young Mothers and Support

The overarching message that I identified within the literature focusing on young mothers living with(in) the tensions between competing discourses is that narratives communicated through research matter in profound ways. These narratives shape recommendations for future research, policies, and how services are designed and provided (Anastas, 2017; Byrd et al., 2019; Weare et al., 2019). Through analysis of particular policies, intervention strategies and regulations that limit access to

contraceptives for teens and equal education opportunities to new young moms, authors demonstrate that ways in which policies and practices are shaped can either support or harm young mothers (Bermea et al., 2018b; Lewis, 2007). Overall, this body of literature speaks to the ethical obligation that researchers have to safeguard the well-being of their research participants and communities they represent through their research. They ask the question, do researchers have an ethical obligation to consider how their findings and messages they communicate may contribute to harm experienced by young mothers and their children? Do researchers have an ethical obligation to actively stop contributing to harm against young mothers and to promote research that highlights strengths within the contexts of inequity and adversity? Authors call for a serious examination of the consequences, such as unsafe or potentially fatal abortion practices, that can result from conservative policies supported through dominant discourses shaped by research (Kamp & McSharry, 2018).

Some authors highlight that given the appropriate support, young mothers can equally contribute to society (Lewis, 2007). The notion of equal contribution however must be understood as a neoliberal construct that falsely assumes everyone can and should contribute, and that everyone has equal resources to contribute to the same degree. In a neoliberal society, those viewed as unable to contribute (by means of production and consumerism), are often framed as lazy, irresponsible, and disposable. Greene encourages us to be cautious in recognizing that active citizenship for young mothers must be viewed on a spectrum of participation, as each individual is confronted with unique barriers to community participation (2007). Authors recommend that young mothers should be

included in program design that is tailored to their unique needs and strengths while raising awareness of inaccuracies portrayed within dominant discourse (Dumas, et al., 2018; Lee et al., 2020). Finally, a clear message communicated across this body of literature is that all mothers, regardless of age, race, ethnicity, sexual orientation, gender, or socioeconomic status, must be given the respect and resources they deserve to effectively provide care for themselves and their children (Byrd et al., 2019; Williamson, 2016). It continues to be unclear in this body of literature whether or not young mothers labelled or identifying with disabilities are included in advocacy efforts as specific mention of young mothers with disabilities is absent.

Extending the Conversation

SmithBattle (2018) characterizes third generation research focusing on young mothers as scholarship that centres the diverse lived experiences of young mothers. She observes that to shift the alarmist paradigm, researchers must attend to both strengths within young mothers as well as recognizing vulnerability and long-standing socio-economic inequality. I view my research to fit with the aims of third generation research as described by SmithBattle. Through my critical feminist theoretical framework and analysis, I aim to attend to both vulnerability and autonomy as relational and entwined in the lives of young mothers. I view my work as an extension of the literature that values counternarratives as well as the literature that engages in making meaning of the tensions that young women mother with(in) (Kamp & McSharry, 2018).

Conclusion

Within chapter 2 of this dissertation, I provide a critical literature review focusing on young mothers and support within the context of service provision. I observe three main sub-sections of literature within my findings. The first sub-section focuses on dominant discourses that associate young mothers with risk. The second sub-section focuses on literature that acknowledges vulnerability entwined with diverse lived experiences of mothering. In the third sub-section I offer an analysis of literature that attends to the impacts of competing discourse in the lives of young moms and how they continue to mother with(in) the tension. Within each of these three sections, I synthesize various perspectives and approaches to research design, findings the authors identified, and the overarching messages that these bodies of literature communicated. This review allowed me to situate my research study, providing the reader with an appreciation of the similarities, differences and contextual factors surrounding this dissertation. My research study questions have been informed by the literature's indication that more understanding is needed from the perspectives of young mothers, in addition to a broader awareness of structural perspectives that shape the tensions that young moms parent within. Through my study I ask, how do young mothers make meaning of positive support within the context of service provision? More broadly, how might societal notions of vulnerability and autonomy be reconceptualized in favour of improved quality of support for young mothers and other marginalized communities? In the following chapter I accompany the reader in a detailed overview of my theoretical framework.

Chapter 3: Theoretical Framework: Nesting with Critical Feminist Perspectives

In chapter three, I outline the theoretical framework that informed my research study. My theoretical framework draws on three strands of critical feminist scholarship: intersectionality theory, maternal theory, and vulnerability theory. I briefly introduce each body of scholarship and discuss its relevance to my research question. I then discuss the relationship between each strand of theory and how the unique composition forms a meaningful structure, like a robin's nest, interwoven and harmonious, that carefully nurtures and holds space for subsequent stages of the study.

The metaphor of a robin's nest resonated for me as I considered how my process echoed the process of how a mother robin builds her nest. My thinking through this metaphor is strongly influenced by feminist new materialism (Bennet, 2010), posthumanism (Braidotti, 2013; Braidotti, 2019), and political ethics of care (Puig de la Bellacasa, 2017) that collectively seek to de-centre human contexts, understanding processes of care in connection with non-human species, ecosystems, and non-living materials. Robins begin the process of building their nests by finding a location (similar to how I sought the location of my study through my literature review, social context, and positionality). The robin then builds their nest from the inside out (like collecting ideas that explore the personal, expanding to social and structural meaning). Materials such as grass, twigs, paper, feathers and moss are layered, entwined, and pressed together into a cup shape. I imagine how the theories I bring together support the overall structure of the meaning I make and how, like each bird's nest, the meaning made is unique based on the

content of the nest. Once the cup shape of the nest is formed, the robin then reinforces the spaces between the materials with sticky bodily fluids and soil collectively composed/fertilized by a myriad of embodied beings. I imagine this binding agent to symbolize the complex stories, social contexts, and collaborative analysis shared by the many young moms in this study that express what support means to them. When the nest is built, it is then ready for laying eggs, holding eggs, and nesting. I compare this aspect of the metaphor to my own immersion and theorizing process, the eggs representing central areas of discussion that respond to my research question, supported by the nest of theories that I present in this chapter. In the following sections, I provide scaffolding to support the reader in understanding how each area of theory contributes to my study in two ways: first, with respect to the process of engaging with young moms in research; and second, by contextualizing how, young moms make meaning of the concept of support.

Intersectionality

Experiences of interlocking forms of social oppression became increasingly clear and understandable in the wake of the civil rights movement, the women's liberation movement, the disability rights movement, and the labour movement between the 1950s and 1980s within the Global North (Hill Collins and Bilge, 2016). In 1989, Kimberlé Williams Crenshaw, a Black feminist legal scholar, coined the term *intersectionality* to articulate a flawed tendency in anti-discrimination law and critical social theory to exclusively attend to single-axis identity categories in cases of human rights discrimination. She argued that the practice of focusing on only one aspect of identity at a time, renders invisible ways that multiple axes of marginalized identity co-constitute

experiences of social oppression that emerge within particular contexts in relation to power (Crenshaw, 1989). Crenshaw used the analogy of traffic travelling in different directions through an intersection. She applied this analogy to case studies in which Black women experienced both sexism and racism simultaneously, in a society that privileges whiteness and maleness. In these cases, the law proved unable to determine that these Black women had been discriminated against because the cases were only being examined through a lens that attended to discrimination relating to either race or gender, but not both at the same time (1989). Crenshaw demonstrated that when using an intersectional lens of analysis, the unique forms of social discrimination experienced by Black women in these particular cases could be made visible, supporting advocacy efforts to recognize and address the injustice (1989).

Intersectionality theory supported social policymakers to re-examine and rethink how societies are constructed from multiple perspectives of identity and lived experience (Cooper, 2016). Intersectionality theory also supports a shift away from essentialist constructions of identity and experience in connection with gender, sexual-orientation, race, ethnicity, ability, age, and class, to acknowledge the heterogeneity of sub-groups and individual differences within identity categories (Cooper, 2016). Intersectionality theorizing crosses boundaries of time, space and consciousness with the work of Gloria Anzaldúa (1987), who explores the psychic terrain between race and culture; Sara Ahmed (2016), who explores privilege and fluid affective interfaces with one's world; and Garland-Thomson (2005) who traces ways that ever-evolving socially constructed stories about disability and embodiment shape material forms of equity and inclusion. As Collins

and Bilge point out, knowledge building focusing on the lived experiences of individuals who face multiple jeopardies in the context of interlocking forms of social oppression began long before the 1980s and has occurred across hemispheres (2016). As this area of theory has matured however, scholars have only more recently been able to track how intersectionality is being employed as an analytic tool across complex global contexts, as a means to gain insight into power relations and material outcomes in both individual and social circumstances.

Collins and Bilge (2016) present **six** core ideas they observe across different projects where intersectionality is used as an analytic tool. They note that not all these ideas are necessarily present in every project, but they can act as guideposts to support the process of theorizing intersectionality. As I outline concepts here, I consider how each of these ideas support this dissertation study. I imagine these concepts as bits of grass, twigs and yarn contributing to the composition of the nest; cherished materials found by the researcher, meticulously building and strengthening a home for the generative work to come. The **first** concept is *social inequality*. In the context of social identity categories occupied by young moms in this study, I engage with intersectionality theory as a means to understand how experiences of social inequality are shaped by multiple factors such as age, gender, class, ability, race, geographical location, and caregiving roles. The **second** concept is *power*. This concept deepens my understanding of ways in which young mothers describe how they navigate systems of power in connection with their understanding of the concept of support, in the context of service provision. I also consider ways that power relations inherent in the researcher-participant relationship

shape how young mothers may consciously or unconsciously choose to communicate their experiences of support. The **third** concept is *relationality*. This concept has to do with thinking through complex problems by appreciating ways that multiple factors interrelate and mutually shape one another and situations. Binary thinking is rejected in favour of analyzing multiple factors together. I view this way of thinking as necessary given the complex and fluid forms of identity and social contexts described by young mothers. Within a robin's nest, the combined materials create a structure that is both hard and soft, pointed and round, moist and dry. The relationship between these fused parts makes the structure complex and strong. Relational thinking supports ways of understanding how different forms of support work simultaneously in the entwined lives of caregiver and infant, in connection with diverse and layered support networks.

The **fourth** concept is *social context*. This aspect of intersectionality supports my thinking through ways that lived experiences of young moms are situated in a socio-political history that has influenced how unmarried pregnant and parenting young people have been socially constructed in neoliberal-capitalist, white-supremacist, ableist, and patriarchal societies. I also consider how such aspects of social context have shaped the forms of support that are designed for young mothers and accessed by moms who participated in this study. The **fifth** concept is *complexity*. This concept relates to how all these different concepts materialize and interlace together in complex and diverse ways across unique contexts. I appreciate the concept of complexity as it honours the multiplicity, fluidity, and diversity, of young moms' experiences and the unique ways they conceptualize support. The **sixth** concept is *social justice*. Social justice is a

contentious term and can be engaged with from various perspectives. Social justice is important to attend to instances where rules exist in democratic societies that give the illusion of fairness; however outcomes continue to be unequal and unfair due to unequal access and discriminatory practices (Collins and Bilge, 2016). Scholars concerned with social justice who engage with intersectionality theory tend to critique instances of democracy where inequality goes unexamined. Collins and Bilge assert that theorists who engage with intersectionality as an analytic tool also aim for the democratization of intersectionality theory across broad segments of the population, meaning that scholars come from diverse identity backgrounds and may apply the theory to a range of topics (2016). It is my hope in engaging with intersectionality as part of my theoretical framework that I can collaboratively communicate a broad heterogeneous understanding of the experiences of young mothers and what they interpret their support needs to be, based on complex conceptualizations of the concept of support. A more complex understanding of young mothers would strengthen policy and service development aligned with flexible forms of support that respect caregiver autonomy while recognizing unique relational and material needs (Kamp & McSharry, 2018; SmithBattle, 2018). These six core concepts offer guidance as I weave together a conceptualization of the phenomenon of support in relationship with historical and political factors that shape service provision for young mothers, and the multiple relationships between each individual and the communities and world(s) that surround them.

Maternal Theory

In this second section of this chapter, I present an overview of feminist maternal theory. I aim to briefly outline historical influences and figures, as well as central critiques and values identified by maternal scholars. I then discuss how maternal theory, focusing specifically on young mothers, supports this dissertation study. I engage with maternal theory as both a researcher and a mother. I compose my nest-like framework with materials from both my own embodied lived experiences and the lived experiences of mothers that inform maternal theory. Maternal theory positions the identity category of *mother* through an intersectional lens that attends to both gendered oppression and oppression of “mother women” (O’Reilly, 2016, p. 226) under patriarchy. I compare this act of assessing and composing to the mother robin that has woven together bodily and found materials in a unique and purposeful manner.

Maternal theory is an interdisciplinary body of critical feminist literature that attends to themes of power, oppression, and resistance in the lives of people who practice *motherwork* (O’Reilly, 2016). In accordance with Andrea O’Reilly (2021), I position the term *motherwork* as a gender-neutral verb, as a practice, as opposed to a noun embedded in gender essentialism. Therefore, the practice of *motherwork* or *mothering* is not limited to cisgender or biological caregivers. Yet the practice of *motherwork* is also understood to be deeply gendered within a patriarchal society that devalues care work. Therefore, it would be dangerous to conflate the terms mother and father into a gender-neutral term

such as *parents* as such conflation “deflects, disguises, and denies the very real and prevalent gendered oppression of motherwork” (O’Reilly, 2021, p. 12).

In 2016, O’Reilly coined the term *matricentric feminism* to refer to this body of theory, and to distinguish this model of feminism from mainstream feminism (O’Reilly, 2016). O’Reilly asserts that “the category of mother is distinct from the category of woman and that many of the problems that mothers face –social, economic, political, cultural, psychological, and so forth –are specific to women’s role and identity as mothers” (2016, p. 2). Maternity, therefore, needs to be understood through an intersectional lens that attends to both gendered oppression and mothering under patriarchy. O’Reilly highlights that “mothers, arguably more so than women in general, remain disempowered despite forty years of feminism” (2016, p. 226). Therefore, a branch of feminism is needed, specific to the concerns of mothers. The terms mother and motherhood are understood to be socially constructed, differing in meaning across time, space, and culture (Carranza, 2008; Fudge Schormans, 2004; Hill Collins, 1991/2007; Ruddick, 1983/2007).

Matricentric feminism understands motherhood as an institution, strongly shaped by dominant patriarchal, white supremacist, ableist, ageist, and classist values.

Matricentric Feminism bridges theoretical concepts across two areas of maternal theory.

The first area focuses on concepts that make visible ways that the patriarchal institution of motherhood shapes mothering practices. The second area focuses on ways that mothering can be practiced differently– as empowered mothering. The aim of empowered mothering is to reimagine ways that mothering can be practiced outside of the regulations and

restraints of patriarchy. More specifically, “to confer on mothers the agency, authority, authenticity, autonomy, and advocacy-activism” denied to mothers under patriarchy (O’Reilly, 2021, p. 104).

In 1976 Adrienne Rich published her ground-breaking book titled *Of Woman Born*. Rich’s work established the importance of critiquing the patriarchal institution of motherhood that sought to uphold male control over females, while also creating space to explore empowering experiences of mothering (Rich, 1976/1995). Sara Ruddick’s famous essay titled *Maternal Thinking* expanded further on empowered mothering (Ruddick, 1983/2007). From the mid 1970s, a growing body of maternal theory emerged and would continue to flourish. In 1998 Andrea O’Reilly published the first edited collection on motherhood titled *Redefining Motherhood: Changing Identities and Patterns*. She would later coin the term *motherhood studies*, encompassing the growing body of maternal theory (O’Reilly, 2021). Feminist scholars continued to contribute to the critique of patriarchal motherhood, with attention to marginalized perspectives, by revealing ways that oppression against mothers is threaded through public policies, laws, and dominant discourses that shape daily life (Chodorow, 1978/1999; O’Brien, 1981/2007; Roberts, 1997/2017). Some of the key theoretical concepts that would challenge dominant discourses of normative motherhood include *matrophobia* (Adrienne Rich), *reproduction of mothering* (Nancy Chodorow), *normative motherhood* (Andrea O’Reilly), *intensive mothering* (Sharon Hays), *the new momism* (Susan Douglas and Meredith Michaels), and *the mask of motherhood* (Susan Maushart) (O’Reilly, 2021). These concepts bring awareness to ways in which women’s power as mothers is constrained under patriarchy.

Through the acts of naming and analysis of oppression, these scholars illuminate cracks and fissures in dominant ways of doing mothering, where space can be expanded in support of mothers' capabilities to challenge patriarchal oppression.

Feminist scholars continue to expand on the project of sharing mothering experiences from diverse cultural and marginalized perspectives, describing ways that mothers resist and negotiate oppressive contexts, and ways that mothers claim empowerment in their roles as caregivers (hooks, 1990/2007; Lewin, 1994/2007; O'Reilly, 2008). O'Reilly (2021) questions what might be necessary, both individually and culturally, to support mothers to resist dominant discourses of motherhood. Over the past decade, O'Reilly (2021) has engaged in developing a theory of empowered mothering focusing on how mothers' diverse identities and situated experiences of maternal empowerment resist the ideologies and institution of patriarchal motherhood. Feminist scholarship focusing on empowered mothering is understood to be vital in support of mothers' efforts to effectively balance caregiving with paid employment, allowing mothers to achieve financial independence while reshaping the practice of mothering in their homes, intergenerationally, and at a societal level (O'Reilly, 2021). Some key theoretical concepts of empowered mothering include *black feminist standpoint theory* (Patricia Hill Collins), *community mothering* (Njoki Nathani Wane), *homeplace* (bell hooks), *collectivism* (Kim Anderson), *radical mothering* (Baba Copper), and *queering motherhood* (Margaret Gibson).

Matricentric feminism critiques essentialist notions that view women as inherently nurturing and best suited to the exclusion of domestic labour and child-rearing (O'Reilly,

2016). Critiques of the patriarchal institution of motherhood, and appreciation of one's relationship with mothering, are no longer viewed as mutually exclusive, but are viewed as two parts of a complex and ongoing project to support social justice for women who practice mothering. I have drawn on the wisdom and knowledge built by feminist maternal scholars within my research design and analysis, influenced by concepts such as *other mothering* (Hill Collins 1991/2007), *intensive mothering* (Hays, 1996), *the mask of motherhood* (Maushart, 1997/2007), and *feminist mothering* (O'Reilly, 2008) to support my process of tracking common threads and uncovering knotted tensions amidst the insights shared by young moms in this study.

A particularly relevant sub-section of maternal theory is concerned with how the identity category of young mothers has been historically and socially constructed within the Global North. Maternal theory focusing on the experiences of mothers in their teenage years and early twenties informs this dissertation in three important ways. First, maternal scholars bridge critical feminist theory and history (Andrews, 2018; Wilson, 2007) with an examination of social policies and practices commonly embedded in services for young mothers today (Byrd, 2019; Vandebeld Giles, 2019). Second, maternal scholars reveal dominant discourses that shape the identities and lives of young mothers (Kuri, 2019; Sullivan, 2019; Vinson, 2018), and strategically offer counter-discourses that support a more ambiguous perspective of mothering across diverse cultural, ethnic, and social circumstances; highlighting ways that intersectional forms of oppression are entwined with ageism, and gendered oppression of young mothers (Adair, 2019; Darisi, 2007; Downe, 2007; Lewis, 2019). It is important to note that gaps continue to exist in

this theory with respect to disability and mothering in the lives of young people. Third, maternal scholars centre lived experiences of young mothers within a socio-political context, offering nuanced and complex ways of understanding contemporary situated accounts of oppression, interpersonal violence, social judgement, empowerment, relational connection, experiences of space and time, and overall conceptualizations of support (Byrd, 2014; Byrd et al., 2019; Kelly, 2007; O'Reilly, 2019). These three areas of strength overlap and intertwine within the literature in ways unique to the situated experiences that scholars attend to. As I became increasingly engaged with maternal theory, I felt convinced that this body of scholarship would be a significant contribution to my theoretical framework, in alignment with both feminist intersectionality theory and critical feminist vulnerability theory.

Vulnerability Theory

In this third section of chapter 3, I focus on critical feminist vulnerability theory. I revisit and draw from my comprehensive exam essay that explored this area of theory in depth. Similar to the previous two sections of this chapter, I offer an overview of this body of scholarship. I then outline key concepts and tensions shared by interdisciplinary feminist theorists. I discuss three important ways that I understand the analysis of these concepts and tensions to contribute to my overall theoretical framework. Finally, I bring a trauma-informed perspective to this area of theory. I discuss the importance of incorporating a critical understanding of trauma in connection with my research question and demonstrate how vulnerability theory offers a deeper understanding of lived

experiences of trauma in connection with social oppression and response to exploitation of vulnerability.

Critical feminist vulnerability theory is an emerging body of feminist scholarship that aims to reconceptualize dominant ways of understanding the concept of vulnerability and to dissolve the commonly held binary between the concepts of vulnerability and autonomy (Fineman, 2008; Gilson, 2016; Mackenzie et al., 2014). Feminist scholars from diverse disciplinary backgrounds have been re-imagining vulnerability in expansive, divergent, and appreciative ways that support meaning making relating to this historically contentious concept. Vulnerability theory encompasses and works alongside other areas of feminist theory such as ethics of care (Dodds, 2014; Walker, 2007), Indigenous feminism (Todd, 2016; Women’s Earth Alliance, Native Youth Sexual Health Network, 2016) critical disability studies (Claire, 2017; Kafer, 2013; Leach Scully, 2014), transnationalism (Hesford & Lewis, 2016) new materialism (Barad, 2007; Bennett, 2010; Grosz, 2010), posthumanism (Braidotti, 2013; Haraway, 2016), post-structuralism (Butler, 2016), critical trauma theory (Burstow, 2003; Cvetkovich, 2003; Herman, 1992/1997; Hirsch, 2016), affect and embodiment (Ahmed, 2015; Berlant, 2011). Terms that have been used by feminist thinkers to describe vulnerability include ontological (Mackenzie, 2014), universal, constant, (Fineman, 2013) embodied (Butler, 2016; Fineman, 2013; Gilson, 2016), “capacity to affect and be affected” (Braidotti, 2019, p. 175) existential, inherent, situational (Fineman, 2008; Mackenzie, 2014), structured, socially induced (Butler, 2016; Gilson, 2016; Hesford & Lewis, 2016), exposed (Butler,

2016), pathogenic (Mackenzie, 2014), contingent, globalized (Leach Scully, 2014), reductive (Gilson, 2016), and collective (Butler, 2016).

Further to creating taxonomies for vulnerability, other feminist scholars theorized how vulnerability and autonomy work together, as opposed to being thought of as a binary. These theorists start with the notion of vulnerability as a precondition to harm (not the cause of harm). They work to understand how this precondition is necessary to mobilize resistance against harmful forces (Butler et al., 2016; Hesford & Lewis, 2016; Spade, 2013). Such resistance must appreciate the complex and intricate ways that we are connected as a society, with one another and the world around us, and how we depend on one another (Anderson, 2014). Various theorists identify tensions that arise between themes of dependency, vulnerability, identity, ethics, and accountability (Kafer, 2013; Knight, 2014; Leach Scully, 2014; Sabsay, 2016). For example, by generalizing vulnerability, we may lose sight of the complex needs of those who experience particular forms of vulnerability that require particular kinds of support (Leach Scully, 2014; Mackenzie, et al., 2014). On the contrary, by identifying particular individuals or groups as especially vulnerable, some express concern that doing so can lead to discrimination and paternalistic responses (Mackenzie et al., 2014). Another important consideration is that although there is a necessity to decrease stigma about ways that we are dependent on one another to get our needs met, it is also important to acknowledge how the act of being dependent on another (especially a particular caregiver) can create further vulnerability to harm or neglect (Leach Scully, 2014).

Feminist vulnerability theorists recognize that a great deal of tension surrounding the term vulnerability arises from people talking about or meaning different things. To address this tension, Mackenzie and colleagues (2014) differentiate between three sources of vulnerability. The first is *inherent vulnerability*, which relates to the needs of our bodies as humans and our dependency on others to meet those bodily needs. Other theorists describe this type of vulnerability as ontological and collective (Butler, 2016; Fineman, 2008). Some forms of inherent vulnerability are experienced on an ongoing basis (like the need for water), and some depend on context (such as relating to age or illness) (Mackenzie et al., 2014). The second source of vulnerability is *situational*. Situational vulnerability is understood to relate to contextual factors such as sociopolitical, economic, personal, or environmental situations. These authors note the importance of understanding that *inherent* and *situational* sources of vulnerability are often entwined, however it helps to have language to describe the differences between the two to theorize about them and determine appropriate ethical responses. Inherent and situational vulnerability may also be *dispositional* (not yet happening or not likely to happen) or *occurrent* (action is required immediately to limit harm) (Mackenzie et al., 2014). The third type of vulnerability these authors described is *pathogenic*. Pathogenic vulnerability can be understood as a subset of situational vulnerabilities (Mackenzie, 2020). The source of this type of vulnerability is caused by systemic and structural forms of inequality and injustice (Mackenzie, 2020) and lies within abusive and exploitative interpersonal relationships and social institutions (Mackenzie et al., 2014).

Pathogenic vulnerability may also arise as part of an effort to address existing vulnerability, but then creates new forms of vulnerability. Mackenzie and colleagues (2014) state that a key feature of pathogenic vulnerability is “the way that it undermines autonomy or exacerbates the sense of powerlessness engendered by vulnerability in general” (p. 9), “leading to feelings of humiliation, shame, disrespect and loss of dignity” (Mackenzie, 2020, p. 629). Mackenzie (2020) provides an example relevant to this dissertation: A young person living at home and dependent on their family, is being sexually abused by a family member that they are dependent on. They run away to escape the abuse and become homeless. This vulnerability may then become further compounded by moving into a youth shelter designed to remediate their vulnerability, if they are then exposed to further abuse or develop a dependence on drug use as a form of self-medication while staying at the shelter. In this example, the young person experiences inherent vulnerability because as a human, they have basic needs for food and shelter. Due to their young age, they are at a stage of life where they still need to depend on caregivers for food, shelter, and security. The young person experiences situational vulnerability because children are not legally able to be employed and therefore, they cannot financially support themselves, and in this case, the young person does not have a broader support network to rely on. This young person is pathogenically vulnerable to the abusive and oppressive social relationship on which they are dependent. The relationship with the social institution of the youth shelter may also become a source of pathogenic vulnerability if it fails to ameliorate their state of exploitation and homelessness, and instead compounds this state through further violence and lack of security.

Critical feminist vulnerability theory contributes to my overall theoretical framework in three significant ways. First, the reconceptualization of vulnerability as a collective condition supports my analysis of ways that members of society respond towards those deemed to be in positions where vulnerability is exploited as a result of institutional or interpersonal abuses of power. Second, incorporating this area of theory in my analysis would support emancipatory aims to improve the quality of life for marginalized individuals and groups, such as pregnant and parenting young people, with respect to reduced social stigma, recognition of the impacts of interpersonal and environmental trauma, improved access to support, and improved material conditions. Third, critical feminist vulnerability theory offers conceptual tools to engage with underlying tensions and assumptions that arise within the complex lived experiences of young caregivers, shaping how they understand the concept of support. For example, ways that efforts to realize relational forms of autonomy can be thwarted by idealized notions of choice, control, and freedom within broad systems of powerful political, economic, social, technological, temporal, and environmental forces.

From the inception of this dissertation study, I recognized the importance of engaging with each aspect of the study from a trauma-informed lens that considered the numerous and multiple forms of trauma that many young mothers have endured in contexts of early childhood experiences, poverty, neglect, interpersonal and community violence (Byrd, 2014; Kennedy, 2005; Kulkarni, 2009; Willie et al., 2016). As a feminist art therapist with specialized training in the field of psychological trauma with children, adolescent girls and women (including those who identify as non-binary), and as a

survivor of interpersonal and intergenerational trauma, I view trauma as a significant factor of one's experiences and understanding (past/present/future) of support. A tension that became clear to me was ways that being a survivor of trauma was often conflated with dominant notions of vulnerability that positioned the survivor as weak, dependent, and perceived as incapable of exercising autonomy (Gilson, 2016). I found that feminist critical vulnerability theory offered a way to analyze and make meaning of this tension to ensure that the mothers in this study could be understood in a respected and holistic manner while appreciating the complex contexts and experiences that shaped their conceptualization of support. Theorists that focus specifically on vulnerability in the context of trauma tend to specify pathogenic sources of vulnerability as a significant area of focus (Gilson, 2016; Hirsch, 2016). Young mothers and their children are often considered especially vulnerable by child welfare institutions within a neoliberal society that emphasizes risk over material causes and consequences of poverty (Vandenbeld Giles, 2012). Although this special designation of vulnerability may increase the availability of some funded resources for this group of young people, these resources may be offered in a paternalistic manner, intended to offer protection or rehabilitation, at the cost of relational forms of autonomy (Byrd, 2019; Kelly, 2007). Hence, how vulnerability and autonomy are understood and applied, has significant impacts on this group of young people and caregivers.

Conclusion: Weaving the Strands and Building the Nest

In chapter 3 of this dissertation, I outline the components of my theoretical framework. I engage with the metaphor of nest building, positioning myself as a

researcher weaving together bodies of theory with the purpose of nurturing, holding, hatching, and containing wonderings and insights relating to my research question and the shared meaning making between myself and the young moms I interviewed. I describe three distinct, but aligned, areas of critical feminist theory on their own, and in relationship with one another, in connection with my research question. These areas of theory include intersectionality theory, maternal theory, and critical vulnerability theory.

Each area of critical feminist theory that I employ presents unique insights, that build on one another, like the carefully composed elements of a robin's nest— such as fibres, earth, twigs, and the bird's bodily fluids and feathers. Like a nest surrounds an egg, I understand these insights surrounding the question of how young mothers make meaning of the concept of support within the context of service provision.

Intersectionality theory captures the distinctions, layers, and complex interactions between socially constructed aspects of identity relating to motherhood, gender, age, race, ability, class, immigrant status and more. Maternal theory expands on gendered forms of oppression within the context of care, motherhood, and other intersecting aspects of identity, culture and socio-political contexts. Vulnerability further explores divergences with respect to sources, impacts, and responses to oppression in the form of recognition and appropriate forms of care. Vulnerability theory demonstrates appreciation for intersectionality and gendered aspects of oppression within the context of care, as well as capturing complex layers of dependency relationships that extend to non-human sources of support. I interlace feminist values of attending to themes of power dynamics, empowerment, situated perspective, intersectionality, time, embodiment, and relationality

within my reflexive practice throughout my dissertation study. In the next chapter I present my research study design and methodology. I invite the reader to continue along this journey with me.

Chapter 4: Design and Methods

In discourse, meaning is synthetically construed by a succession of intuitions.

but in art the complex whole is seen or anticipated first

(Susanne K. Langer, 1953, p. 379)

Introduction

In chapter 4 of this dissertation, I accompany the reader through the steps of my research design, methodology, process of analysis, and process of synthesis. I present the study background, giving context to how I arrived at my research question. I then share my rationale for the choices I have made in planning and carrying out the study and how these choices connect with both my research question and my theoretical framework. In alignment with feminist values as a researcher, I incorporate critical reflection on the process of carrying out my research design and discuss how themes of embodiment and co-creation emerged in connection with the methods I share. I conclude the chapter with a reflection on the surrounding context shaping both the lives of the mothers I met with, as well as the context that I worked within during the study as a doctoral researcher.

Background

The focus of this dissertation study is influenced by my previous community practice experience working as a service provider (a Maternal/Infant Mental Health Clinician- Registered Psychotherapist/ Registered Art Therapist) on a community mental health team at a multi-service children's mental health agency that provides a broad range of services for young mothers (ages 14-21), their infants, and families. In alignment with the literature that I reviewed in chapter 2, I understand young mothers (under the age of 20), in the Global North, as a culturally marginalized, diverse, and socially constructed identity group shaped by dominant perspectives held within a patriarchal, white-supremacist, capitalist and ableist society (Darisi, 2007; Kennedy, 2005; Rock, 2007).

The period of adolescence and young adulthood is a pivotal time in the lives of young women as they negotiate previous and current forms of support within relationships with their care providers, while in the context of current romantic and peer relationships (Kulkarni, 2009). Many sociopolitical and interpersonal factors converge that contribute to the experience of becoming a young mother (Byrd, 2014; Phoenix, 1991). Young caregivers, comparable to the moms who shared their experiences in this study, have reported that they struggle to navigate competing structural and systemic barriers that shape how they experience and make meaning of the concept of *support* (Kennedy, 2005; Madigan, Vaillancourt, McKibbin, & Benoit, 2012). Feeling safe and supported within service provider relationships is helpful for young women in their journey to make meaning of past abusive relationships, to build self-esteem and to increase a sense of agency in their lives (Kelly, 2007; RedHalk Love & Richard, 2013). Currently, for many young women engaged in young parent programs in Ontario, support

is aimed to offer “early intervention, prevention, and treatment service” (Young Parent, Infant and Early Childhood Mental Health Association of Ontario, 2018). In such services, it would be crucial for researchers and service providers to balance one’s assessment of social sources of vulnerability and individual challenges within the context of societal forms of oppression such as sexism, transphobia, racism, classism, ableism, ageism, colonialism and a violent systemic history experienced by unmarried mothers. In the absence of assessing social context, researchers and service providers risk creating the illusion that poor outcomes are caused by deficits connected with the young mother and their family, as opposed to examining societal forms of oppression that act as barriers to their wellbeing. Several feminist scholars have documented a connection between ways in which negative societal discourse about young mothers shape research practices and outcomes, and the societal perception that young mothers, their children, and society are at risk specifically due to the factor of age (Byrd, 2014; Eni & Phillips-Beck, 2013; Phoenix, 1991).

Very little research has been conducted, from the perspective of young mothers, that focuses specifically on how meaning is made about the phenomenon of support, within the context of service provision (Kulkarni, 2009). This gap exists despite the fact that infant mental health theory and interventions for young mothers highly emphasize relational attunement and interactions of care. These theories and interventions tend to focus primarily on aspects of care and support in the relationship between the mother and their infant, and less so on aspects of care and support that the mother receives through their support network (Hans et al., 2013; Niccols et al., 2015; Roosa Ordway et al., 2018).

I view this gap in the literature as an opportunity to make an important research contribution about how young mothers define and understand what support and care means in their lives, at a significant time while they are growing as new moms, learning to be caregivers themselves.

This dissertation study focuses on a group of young moms who were living in a variety of settings — including caring residential environments, and in community residential settings independently, semi-independently, on their own, with partners, or with other family members. They were all connected with community young parent agencies where they had access to a multitude of services both within the agency and within their urban, suburban, or rural community. Many young mothers engage with a wide variety of services and service providers to meet complex needs (Byrd, 2014; Byrd, 2019). Services and forms of support that young mothers access include (not exhaustive): Teachers, tutors, childcare staff, pastors, medical clinic administrative staff, doctors, nurses, infant feeding support, midwives, doulas, psychologists, psychiatrists who prescribe medication, psychotherapists, social workers, parenting coaches, residential counsellors, community counsellors, school counsellors, addictions counsellors, trauma counsellors, couples counsellors, employment counsellors, youth outreach workers, community group program staff (at a variety of agencies), guidance counsellors, youth wrap around workers, lawyers, legal mediators, child welfare pregnancy and aftercare workers, child welfare family support workers, child protection workers (either relating to the care of the young mother or the care of her infant), Ontario Works financial assistance workers, Ontario Disability Support Program workers, community housing workers,

volunteer home visitors, public transportation services, and non-human forms of support such as service animals, technology, park space, ramps, and breast pumps.

Purpose and Aims

This study took place with the support of several multi-service children's mental health and community agencies in the Greater Toronto Area (Ontario, Canada) that provide services to young families. I aimed to interview pregnant and parenting young moms who were engaged in a variety of community based, medical, educational, child welfare and legal services. I recognize that both ethically and methodologically it would seem more appropriate to interview moms who are no longer accessing services, and therefore not in a position of dependence on service providers. However, based on my experience, observations, and research findings of other scholars who have conducted research with young moms (for example Byrd, 2019; Vandenbeld Giles, 2019), I understand these young women to be less vulnerable when engaged with services and residing in a stable living environment where their primary needs are being met, thereby increasing accessibility to participate in research for a marginalized group whose voices are very rarely represented in research.

Through this study I aim to increase understanding of how young mothers make meaning of the concept of *support* within the context of service provision. It is not my intention to focus on all aspects of their experiences of support or services they have accessed. I am mainly interested in better understanding what has been helpful for them at

this particular time in their lives. I believe that carefully identifying and elaborating the multiple dimensions and aspects of support in this context, from the perspective of young mothers, is a valuable contribution to knowledge. It is my hope that the findings of this study will work towards further clarifying the meaning of support for young mothers and to shed light on the value of supportive relationships for this marginalized identity group within a neoliberal context that tends to prioritize cost efficiencies over relational skills and practice training (Baines, 2010; Trevithick, 2014). I aimed to conduct this study in strong alignment with the critical feminist theoretical framework I presented in chapter 3, that attends to sociopolitical context and intersectional forms of oppression.

As I stated in chapter 1, I am conducting this research as a partial requirement of my PhD in Social Work and PhD diploma in Gender and Social Justice. I want young moms to have the opportunity to share how they understand and make meaning of the concept of support, and what has been helpful for them in the context of caring for a new baby. I also hope to find out what young moms feel is most helpful amongst a variety of experiences of support within the context of service provision as they learn and grow as mothers.

Arts-Based Research Methods: Knowledge Building from a Social Justice Perspective

As a trained visual artist and art therapist, I understand the arts to be an inclusive and accessible means of self-expression and collaboration towards knowledge building. In this research study, I engaged young mothers to create visual art about their understanding of support, particularly good support, within the context of service

provision. I also came to my research with an understanding of the value of visual art-making as a means of embodied reflexivity for myself as a researcher. I engaged in visual art-making and note-taking through journaling in response to participant artwork, and through various stages of the research process. I understand themes of inclusivity, accessibility, collaboration, and embodied reflexivity to be strongly tied to values of social justice (Berne et al., 2018; Brown and Strega, 2005; Ellingson, 2006; Leavy & Harris, 2019; Walmsley, 2001). In this section I draw on knowledge from a graduate course that I completed, focused on arts-based approaches to research and practice in social work. I also draw from my research ethics application in which I justified my use of visual art in my research design. Subsequently, I published a journal article titled *Ethics in Arts-Based Research: Drawing on the Strengths of Creative Arts Therapists*, that further elaborated on various connections between ethics and social justice in arts-based research (Kuri, 2020). As young mothers are an oppressed and marginalized identity group within Canada (Byrd et al., 2019), and a group that may experience barriers to participating in research in relation to logistical factors and comfort or trust with traditional research practices, I viewed an arts-based research (ABR) approach to be imperative to incorporate into my data collection methodology. Other scholars have documented that the prevalence of ABR methods with young mothers is scant but demonstrates promise as a means of engagement and offers an inclusive and accessible way to participate in meaningful knowledge creation and collaboration (Fortin et al., 2015; Juando-Prats, 2017).

I employ the term *Arts-Based Research* (ABR) (see Appendix 1 for Glossary) as an inclusive description of one or more art genres being incorporated at any stage of a research study (Kuri, 2020; Leavy, 2015). Many arts-based researchers express shared value for the promotion of social justice and social change through their work (Barone & Eisner, 2012; Leavy, 2015). Other terms that have been identified in connection with employing the arts in research include arts-informed research, creative methods, arts-based inquiry and many others (Kuri, 2020; Leavy, 2015; Mason, 2018). Sometimes these terms are used by researchers interchangeably and sometimes to describe different approaches to engaging with the arts in research (Leavy, 2015; Wehbi, 2015).

Inclusivity and Accessibility: Expanding Possibility Through Art

Inclusivity and accessibility³ are important to many arts-based researchers who understand the potential for tacit, non-discursive, non-linear, sensory, embodied, and multi-dimensional ways of knowing and making meaning of lived experience (Allen, 1995; Barrett, 2007; Boydell et al., 2016; Gadow, 2000; McNiff, 1998; Taiwo, 2013). Methods of self-expression can be expanded beyond linear and verbal means for people who do not use spoken or written forms of communication, or as an adjunct to spoken or written forms of communication (Kuri & Fudge Schormans, 2022). Participation in

³ I use the terms inclusivity and accessibility within my description of methods to point out areas where I have intentionally engaged in practices that aimed at expanding inclusion of people with a diverse range of abilities and potential needs for accommodations. I understand caregivers of young children, particularly young mothers, to require physical accommodations such as physical building ramps and elevators for strollers, space for infants to sit or play, childcare if needed, and transportation. This study was not fully inclusive and accessible with respect to alternative formats for presentations and printed materials, or language translation. I also do not wish to confuse my use of these terms with a more formal understanding of collaborative inclusive research designed particularly with people labelled/with intellectual disability, as described by Walmsley and Johnson (2003).

knowledge creation can be made more accessible to marginalized individuals or communities who may be excluded from traditional approaches to research, or who have experienced traditional research methods as controlling, violent, or discriminatory (Ignagni & Church, 2008). According to the Tri-Council Policy Statement (TCPS2), Canada’s federal research ethics guide for research with humans, “inequity is created when particular groups fail to receive fair benefits of research or when groups, or their data or their biological materials, are excluded from research arbitrarily or for reasons unrelated to the research question” (CIHR et al., 2018, p. 8). Through making space for diverse ways of knowing and self-expression, arts-based researchers have been able to weave in more nuanced and accurate aspects of participant knowledge, allowing for rich, generative, and meaningful data (Mason, 2018). Limiting our scope of what counts as knowledge to linear and discursive means alone, is viewed as unethical because it prioritizes the perspectives of some while excluding others, thereby creating bias in how the human (and more-than human) experience can be understood (Neilsen, 2008).

Collaborative Knowledge Building

Arts-based research approaches can offer opportunity to collaborate in several ways. For example, art can be collaboratively created amongst a researcher and participant or within a focus group. Art can also be created amongst a group of co-researchers composed of academics and community members who engage in collaborative decision making throughout the research study process. Art may be created by one individual but can be shared and analyzed between that individual and the researcher, amongst co-researchers, and/or with an audience. Through immersion within

the creative process of art-making, new questions and ways of thinking about a topic may emerge. Through collaboration in making, sharing, and/or analyzing the art, knowledge can be deconstructed and then reconstructed into different ways of understanding a community or topic (Fudge Schormans, 2010; Sinding & Barnes, 2015). This process of deconstruction and reconstruction has been described by some arts-based researchers to elicit empathy, identified by Sinding and colleagues as a metaphor in social work literature they refer to as “inhabiting other’s worlds” (2014, p. 190).

Researcher Positionality and Reflexivity Through Journaling and Art-Making

In the same way as described above, through the creative process of journaling and art-making, a researcher can come to new understandings of their observations and experiences in the field. I view journaling and art-making as a tool to engage in reflexivity and anti-oppressive praxis, allowing me to deliberately pause to deconstruct and continually interrogate questions, ideas, and observations that emerge within the research (Leavy, 2015). Such a process may support a researcher to recognize and respond ethically to power imbalances and their own assumptions that may arise within various stages of the research (Crouch, 2007; de Freitas, 2008). Leavy (2015) explains that reflexivity challenges researchers to deeply understand how their social locations and relationships with power and privilege may influence their perceptions, behaviours, and ultimately the decisions they make within their research study. Self-awareness practices that build empathy and reflexivity skills can support more ethical decision making in research with marginalized communities that may be vulnerable to exploitation by researchers (Deaver, 2011). Throughout my research, I valued the practice of journaling

and art-making as a means to explore these important areas of consideration, to engage with matters of intersectional oppression, insider-outsider relational dynamics, and emotional and embodied ways of understanding my observations, and those of the young moms I spoke with.

I wrestled and reflected a great deal with the concept of insider/outsider as a researcher engaging in research with the young moms in this study. The concept of insider/outsider has been critiqued within critical literature as being an oversimplified binary (Chavez, 2008), whereas other theorists have drawn attention to ways in which power and positionality exist on a fluid and dynamic continuum (Merriam et al., 2001). Ross (2017) explores emotional impacts of insider qualitative research, describing benefits such as ease of rapport building, as well as potential challenges such as assumed common understanding that may hinder further exploration. The concept of insider/outsider felt to me like a tightly knotted pile of yarn, that I was tasked with untangling, helping me to understand different aspects of insider knowledge that I held (from different times in my life), as well as spaces between the threads where I viewed myself as an outsider. I felt tasked to carefully pull apart and name the various connecting threads and spaces involved in my relationship with my study and the young people I was meeting with.

I currently identify as a white, settler, second-generation Eastern European immigrant/refugee with working class roots. I identify as middle-class, heterosexual, cis-gender and temporarily able-bodied (pronouns she/her). I am a mother, a student, and a psychotherapist specialized in art therapy. I identify as an intersectional and matricentric

feminist. I engage in research and practice through a trauma-informed and anti-oppressive lens. I hold a decade of urban community practice experience as an Art Therapist in the areas of child welfare, gender-based violence, and infant/maternal mental health with young families. I am a psychiatric survivor from my teenage years, and a survivor of interpersonal and intergenerational trauma. I acknowledge the position of privilege I hold as an academic and I also recognize that I am in a unique position to reflect on my embodied lived experience, and that of those I have been honoured to work with, in the context of practice, ethics, research, and the ongoing praxis of reflexivity. Although I was not a mother during my teenage years, I identify with the struggles many of these young women described as they grapple with expectations of independence in the midst of crisis, trauma, and mental health challenges. I also identify with them as a mother of young children (pregnant at the time I was writing the first draft of this chapter), closely familiar with the various systems and barriers a new mother must negotiate within a society that devalues and oppresses mothers. I recognize that my experiences are not the same as those of young mothers as I hold privilege with a different status level in society, as an older and legally married mother. I do share a great deal of empathy however and recall the lack of control I had in my life as a teenager, including lack of control over my own bodily autonomy and choice to become pregnant.

Laura Ellingson (2006) discusses the importance of embodied writing as a form of reflexivity and as a means of recognizing the body of the researcher as a vital site of knowledge production. In my analysis chapters, I draw from journal entries of my own embodied feelings and observations that I understood to potentially influence the

exchanges with the young moms in this study. I explored and reflected on ways in which my visible positionality, and related cultural assumptions by the moms, influenced collaborative knowledge production. I also considered how my embodied history may have contributed to my attunement to non-verbal cues, supporting me to respond sensitively in non-verbal ways through body language or awareness of space and time. In the best way that I know how, I have engaged in my own artmaking over the course of this research as a means of deepening my understanding. I responded to art and stories shared by young moms through visual images following our conversations together. I also engaged in artmaking through various stages of the analysis and dissertation. Visual artmaking has been an invaluable reflexive tool for me to explore relationships between my embodied knowledge/experience and that of the young moms, as well as relationships in which we (the moms and myself) would collaboratively make meaning of their artwork within our dialogues together.

Design

In the following section, I share a description of the group of young moms who participated in this study. I discuss ethical considerations and describe my process surrounding recruitment, and steps I carried out within the data collection stage. Following this section, I convey my approach to data analysis and synthesis of findings.

Recruitment

The young moms in this study were recruited in a variety of ways with accessibility and social inclusion in-mind. I began the process by sharing a brief verbal presentation and printed recruitment flyers about this study with a community committee composed of

staff representatives of over 30 community agencies across Toronto (see Appendices 7 and 8). Committee members then provided contact information if they were interested in having me come to their agency to provide a similar presentation about the study to the young moms connected with their services. I provided verbal in-person presentations to four wheelchair and stroller accessible young parent community agencies in different parts of the Greater Toronto Area and distributed printed flyers with my contact information to post in common areas of these agencies as well, inviting young moms to contact me if they were interested in participating. In hindsight, I could have expanded accessibility of these materials to include large print, braille, and an audio recording of my portion of the verbal presentations to support greater access to the information, however I did not offer alternative formats, and none were requested. Following these presentations, I met my goal for recruitment and did not expand further on presentations due to time limitations. For ethical reasons surrounding matters of confidentiality, I offered these presentations in a common area of the agency, in the absence of staff members. I strongly felt that offering the presentations in a place that was physically accessible, socially inclusive, and comfortable to the young moms was important, where they could travel with their strollers, where they had a choice to attend the presentation or not, where their infants could safely attend, and where they could access childcare if needed or desired. Although I had been a staff member of one of the agencies four years prior, no previous relationship existed between myself, and the young moms engaged in services at that time.

Participants

Within this study, I interviewed 25 pregnant and/or parenting young people (ages 16-25 years) who identified as mothers, living in the Greater Toronto Area, Canada. I employed an interpretivist relational approach to interaction and dialogue, centering reflexive praxis and ethical treatment of everyone involved in the interview process (Fujii, 2018). I did not have these moms complete a formal demographic survey in alignment with my values as a feminist critical qualitative researcher who understands the notion of identity as complex and fluid. I therefore did not want to harmfully restrict how moms could describe themselves through pre-selected and pre-labelled categories. However, I did note aspects of their identities that they self-described as relevant to their experiences as young people and as mothers within our conversations. It would be important to note that for many of the moms, various aspects of identity overlapped, influencing experiences relating to intersectional forms of oppression and privilege.

The moms that volunteered to participate in interviews with me spanned evenly in age between 16-25, averaging 20 years of age. 23 moms had one child under the age of 12 months and two moms were in their third trimester of pregnancy with no other living children. Geographically, these moms resided across rural, urban, and suburban spaces, however mostly urban and suburban. Living situations spanned across supportive residential settings, living in the community with their parents or grandparents, living in the community with an intimate partner, or living in the community independently. Some lived in high-rise apartment buildings, some in basement apartments, and some in houses. Racially, 12 moms identified as white or Caucasian, five moms identified as Black, six moms identified as mixed-race, one mom as Middle Eastern, and one mom as South

Asian. 22 moms shared that they were born in Canada, two moms shared that they were born outside of Canada, and one did not specify where they were born. 22 moms identified English as their first language. Other languages spoken included Farsi, Portuguese, and French. Main sources of financial support were diverse. Nine moms identified their main source of financial support coming from government funded bodies, nine identified their main source of financial support coming from family, an intimate partner or child's biological father, self, or a combination. Seven moms did not specify how they supported themselves financially. As the literature demonstrates, young mothers, as an identity group, are often stereotyped and demonized within a neoliberal society as being overly reliant on government financial support (SmithBattle, 2018; Sullivan, 2019), perhaps contributing to the desire for some moms in this study to be more discreet about how they support themselves and their children. One mom in this study self-identified as having a physical health related disability, two moms shared that they struggled with a learning disability, and six moms shared that they struggled with mental health challenges. Three of the moms identified their infants as having a disability, although the majority of the infants' disabilities were temporary (for example, injuries resulting from birth that required surgery or physical therapy). This sub-group of young moms expressed that it was important that service providers be aware of matters of access and accommodations that may be required. Of particular interest to this researcher, the majority of caregivers I interviewed in this study did not specify their sexuality or gender identity, although all self-identified as moms. Two moms did self-identify as gender queer or gender non-conforming. It would be important then not to assume that all young

mothers identify as heterosexual or as cis-gender women as such assumptions have been demonstrated in the literature to have negative consequences with respect to accessing appropriate services (Bermea, 2018; Trotzky-Sirr, 2009). Also of relevance to my research question, was that 17 of the young moms in this study self-identified having histories of interpersonal trauma in the forms of childhood physical abuse, sexual abuse, emotional abuse, or neglect; intimate partner violence; sexual exploitation; or being directly impacted by community-based violence. Some participants identified one of these experiences, and some identified having endured multiple traumatic experiences throughout their life. I understand this facet of the experiences of pregnant and parenting young people to be significant. Such experiences have been highlighted in the literature, and in my own practice observations, relating to both female children and teenagers (Gladu, 2017). I also understand such experiences as relevant to matters of trust in relationships with service providers and perceived authority figures, as well as access to appropriate trauma-informed services (Kennedy, 2005; Kulkarni, 2009; Millar et al., 2019). Finally, one of the young moms in this study expressed that their religion and their church were a significant part of their culture and life-structure. Other young moms did not specify their faith; however it would again be important not to assume that faith was not influential in their current lives or their upbringing.

Methods

After obtaining informed consent (see Appendix 7 for letter of informed consent) I conducted semi-structured individual arts-based interviews with 25 young moms focusing on multiple dimensions and aspects of *support* that they identified as being helpful as they

learned how to become new moms. As noted above, I employed an interpretive relational approach to the process of interactions and dialogue that took place before, during, and surrounding the interviews. This approach is described by Lee Ann Fujii (2018) as a process of gaining insight and research-related knowledge through the ethical treatment of all participants, centering a praxis of critical reflexivity. In the first part of the interview, I provided some examples of different kinds of services that young moms might engage in during their pregnancies or early years as a new mom. An interpretive approach to knowledge generation values an understanding of how people make meaning of a phenomenon or situation. Shaped by an interpretive approach to interviewing, moms were encouraged to consider what *support* meant to them within the context of a variety of services they have been engaged in, particularly thinking about what worked well for them. I oriented the moms to a variety of art materials and reassured them that no artistic skill was necessary and that their art would not be evaluated in anyway. I discussed ways that feelings and experiences can be represented through the use of colours, shapes, text, and symbols as a means of self-expression while protecting one's identity.

Moms were then asked to create a piece of art about what *support* means to them, particularly drawing on positive experiences they have had, at that time in their lives. To increase accessibility and inclusivity, I also offered the option not to make visual art if they preferred to only engage verbally with the interview process. 17 young moms chose to create an art image and then were invited to verbally share their imagery and respond to four additional questions prompting them to consider or expand on how they make meaning of the concept of support (see Appendix 9 for the interview guide containing

questions). My aim in asking these questions was to guide the moms to deeply focus on their understanding of support, within service provision contexts, particularly at this time in their lives. I also aimed to emphasize what forms of support had been helpful for them presently or potentially in the near future. I aimed to encourage the moms to explore what support meant for them and to feel empowered to define the idea of support based on *their* needs, as opposed to support that was shaped by the restrictions and priorities of a service organization, a government funder, or results of research that do not apply within their complex social contexts. For the moms who chose not to make art, they verbally responded to the additional questions. I audio-taped the verbal portion of the interviews and digitally photographed images that were created with the consent of the moms.

I incorporated arts-based research (ABR) methods of data collection into this study with the intention to further access and elicit participant knowledge of lived experience. Many arts-based researchers value sensory, kinesthetic, and imaginary ways of knowing (Allen, 1995; Burt, 2012; Eisner, 2008; McNiff, 1998). The use of art as a communication tool in research has been found to allow for more spontaneous self-expression in a manner that evades constraints of language and ability (Blodgett et al., 2013; Fudge Schormans, 2010). ABR methods demonstrate the capacity to subvert, trouble, and reconfigure our way of understanding human experience (Leavy, 2015; Moffatt, 2009; Sinding & Barnes, 2015). Many arts-based researchers with social justice aims use ABR as a means of shifting conversations about societal problems, stimulating our capacity for empathy, and illuminating alternative ways of redistributing power in our communities (Chambon, 2009; Keifer-Boyd, 2011; Leavy, 2015; Lu & Yuen, 2012; Sinding & Barnes,

2015; Timm-Bottos, 2012). ABR is directly aligned with the aims of critical social justice epistemologies such as feminism that address power imbalances and oppression faced by many pregnant and parenting young people (Capous Desyllas, 2014; Fine, 1992; Lather, 2008; Sajnani, 2013).

Approach to Analysis: A Two-Pronged Process for Working with Visual and Textual Data

In the following section I present a two-pronged approach to analysis. First, I engaged in an analysis of interview transcripts influenced by a feminist approach to phenomenology. Second, I analysed the visual images created by the young mothers using a method influenced by the disciplines of fine arts and arts education. I then applied the transcript analysis method to the textual summaries that resulted from the visual analysis. Both analysis methods were influenced by feminist phenomenology philosophy, shaping how I understood the data and guiding collaborative practices with the moms I worked with in the study. I chose to employ feminist phenomenology as a data analysis philosophy and method, bridged with observation of formal elements of the visual images in relationship with descriptions provided by the young moms in this study. Bartoli (2020) engaged in a methodological critique of a study that also combined participant-generated visual imagery with interpretive phenomenological analysis (IPA). She found that the synergy of these two approaches contributed to a more profound understanding of lived experience than IPA could offer on its own. I view the inclusion of visual analysis as a means to expand on feminist values that prioritize the centering of lived experience. I

believe a two-pronged approach can offer deeper nuances in self-expression by the person sharing their story.

Feminist Phenomenology Philosophy and Methods of Analysis

In this section I provide a brief overview about classical phenomenology and then branch out to examine how feminist researchers reshaped phenomenology, in alignment with critical feminist and social justice values. Within this section, I draw from a paper I wrote for my qualitative research course following a pilot-study I conducted prior to this dissertation study.

The phenomenological approach to data analysis is philosophically rooted in existentialism (Riemen, 1998). Leading scholars in this area include Edmund Husserl (1859-1938), Martin Heidegger (1889-1976), and Maurice Merleau Ponty (1908-1961) (Baird & Mitchell, 2014). In this approach, human consciousness or ‘experience’ is the unit of analysis (Cosgrove, 2000). The researcher then seeks to interpret the meaning of that experience (Cosgrove, 2000). A major concept of this approach is Heidegger’s focus on ‘Dasein’, meaning ‘to be’, with the understanding that an individual and their world are ontologically entwined with one another (Baird & Mitchell, 2014).

Phenomenology is considered to be in opposition with dominant positivist research practices as this approach to analyzing data requires the researcher to suspend preconceived knowledge and assumptions (Riemen, 1998). The subject/object binary is disrupted through this approach while the researcher incorporates their own experience of the phenomena that is perceived to be outside of themselves (Cosgrove, 2000). The main goal of this form of analysis is to develop a statement that describes the ‘essence’ of the

phenomena under study (Riemen, 1998) that captures both the commonalities and unique features of how a phenomenon may be experienced by a variety of participants (Riemen, 1998).

Over the following two decades, feminist researchers would embark on the project of reconceptualizing and expanding upon the work of classical phenomenologists (Baird & Mitchell, 2014). Leading thinkers cited in this area of scholarship include Simone de Beauvoir, Hanna Arendt, Judith Butler, Iris Marion Young, and Sandra Lee Bartky (Baird & Mitchell, 2014; Stoller, 2017). Classical phenomenology was reshaped with feminist values of embodied lived experience in combination with the focus on language and social structures that created meaning in women's lives (Baird & Mitchell, 2014). Although phenomenology was once critiqued by feminist researchers to overly-essentialize the experiences of women and marginalized groups, some researchers came to reconsider how this approach might align with feminist aims to expose power imbalances, increase awareness of oppression, and advocate for policy changes through the documentation of lived experience (Fielding, 2017). Of particular importance to feminist phenomenologists are themes that include power, embodiment, situated perspectives, intersectionality, time, and reflexivity (Baird & Mitchell, 2014; Fielding, 2017).

Helen A. Fielding (2017) offers a feminist phenomenology manifesto in her co-edited book titled *Feminist Phenomenology Futures*. She draws from new feminist materialism theory in her identification of strengths that she asserts this approach holds in creating new ways of understanding relationships, agency, and human existence in the world.

Fielding (2017) argues that the concept of the subject must be reconceptualized to encompass inter-relational ties and to de-centre humans while maintaining a strong commitment to ethics and responsibility. She views feminist phenomenology as offering a way to present the accounts of embodied and relational subjects that are co-constituted within the world(s) they live in. She uses the term ‘factual multiplicity’ (p. xvi) to describe the various viewpoints that phenomenology aims to encompass and how this gesture can inform political positions, necessary to mobilize social change.

Silvia Stoller (2017) found that researchers who identify themselves as feminist phenomenologists practice in varying manners. She describes that a central value that these researchers hold about phenomenology is the focus on lived experience. Procedural steps to data analysis are carried out with flexibility. Key concepts from phenomenology can be employed within a feminist framework. Some researchers focus their work on critically exploring the intersections of phenomenology and feminist theory (Stoller, 2017). Based on literature I reviewed, I understand that a phenomenological approach to data analysis can be used within diverse contexts and can be philosophically engaged from different perspectives.

A Feminist Phenomenological Approach to Transcript Analysis

As little literature exists specifically focusing on feminist phenomenological data analysis methods, I aim to contribute to this body of scholarship by sharing my process of analysis in this chapter, along with the findings of this study in chapter 5. I aim to attend to ways that feminist values are emphasized and integrated into this approach to phenomenological analysis.

My feminist phenomenological approach to transcript analysis was adapted from methods employed by Lisa Cosgrove (2000) and Doris J. Riemen (1998). Cosgrove employed Amedo Giorgi's (1985, cited in Cosgrove, 2000) descriptive phenomenological approach to analysis in combination with discourse analysis, focusing on how women experienced emotional distress. Riemen employed Paul F. Colaizzi's (1978, cited in Riemen, 1998) descriptive and existential phenomenological approach to analysis, focusing on caring interactions in nursing practice. Riemen notes that there is no singular way of doing phenomenological analysis, but instead a myriad of methods that uphold the value of subjective experience (1998).

I understand my approach to be interpretive, with a hermeneutic emphasis on the entwined ontological relationship between lived experiences of the young mothers, their social contexts, and the interpretive influence of the researcher (Baird & Mitchell, 2014; Hood, 2016; Smith et al., 2009). Through a feminist approach to phenomenology, I aim to recognize and emphasize the inter-relational ties between myself as a researcher, the young mothers who participated in this study, and my ethical responsibilities to the mothers within the structural dynamics in which we are all situated (Fielding, 2017). Both Riemen (1998) and Vagle (2018) discuss the importance of understanding phenomenological analysis as a craft, allowing for flexibility, and overlapping across and between approaches such as descriptive, interpretive, and reflective life-world approaches, adapting one's method to one's study and context. Common values that many phenomenological researchers hold in their practice include attention to human consciousness or subjective experience (Cosgrove, 2000; Riemen, 1998), and

commitment to thinking about focal meanings (individual parts) in connection with the broader contexts in which those parts are situated (Vagle, 2018).

I systematically moved through six procedural stages of analysis, engaging more deeply with the data at each stage (see Appendix 10). I approached this systematic method with an openness to fluidity and cyclical thinking between and across the various stages. Within each stage, I consistently aimed to centre the subjective experiences of the young mothers who participated in this study, in connection with their situational contexts. I aimed to bring a feminist lens to this phenomenological approach through an ongoing practice of reflexivity. I drew from interdisciplinary forms of critical feminist theory in how I grouped themes and categories, and in how I engaged my own positionality as a researcher within my meaning making and writing process. Throughout my data collection process, data immersion and analysis, I continually worked with a journal where I wrote and visually depicted my associations to participant experiences based on my own personal and professional experiences, as well as the theory and knowledge I was bringing to my research.

The **first stage** of my analytic process entailed familiarizing myself with the transcripts as a whole. I started this process of data analysis by personally transcribing the audio-recorded interviews, allowing me to refamiliarize myself with the stories, the emotions and surrounding context of the interviews. I re-read journal entries and imagery that I had created following each interview. I printed out the body of transcripts and listened to them while reading through each one. Themes began to form in my mind, and I journaled my thoughts alongside my process.

In the **second stage**, I identified significant phrases used by the moms in the transcripts. As I felt quite overwhelmed by the amount of data, with the encouragement of my thesis advisor, I started with the first ten transcripts. I read through the printed transcripts and highlighted statements that appeared significant and in alignment with the purpose of the study. I stated in a journal entry “in alignment with a feminist phenomenological approach, I aim to attend to lived experience and how social construction of gender and motherhood shape participant experiences and the meaning of support.” As similarities in codes began to emerge, I began creating visual symbols in the margins that represented various categories and subcategories of analysis. After going through this process with the first ten transcripts, I drew the visual symbols on sticky notes and started grouping them together into themes (see Appendix 11). I drew from my feminist theoretical framework to make sense of how these symbols fit together into groups and what these symbols might have in common. I then charted these symbol groupings into my research journal and made notes about my thought process and how critical feminist theory connected with these groupings, specifically intersectionality theory, maternal theory, and vulnerability theory. Engaging with feminist phenomenology literature, I considered how these areas of theory and the themes emerging from the transcripts communicated experiences of support, care, vulnerability, autonomy, power, oppression, multiplicity, as well as experiences of time and space.

I then brought my printed, tangible data back to an electronic means of organizing it all. I created a new project using a software program (NVivo 12) and uploaded my transcripts. I created nodes, categories and themes based on the symbol chart I had

mapped in my journal. I then proceeded to code the remaining fifteen transcripts, including participant descriptions of the visual art, adding new subcategories or merging others until I had six clear themes and had separated out one that focused specifically on my research question (see Appendix 12). The five other themes related to situational contexts and types of services the mothers engaged in, surrounding sources of vulnerability in their lives, and various aspects of their identities. I integrated this data in the participant descriptions and surrounding context of the study earlier in this chapter. I also identified a theme that related to researcher positionality, and a theme relating to participant experiences engaging in the art-making process. I have woven material from these themes into both chapters 4 and 6. I felt the data from these additional themes shared important perspectives relating to the study and research topic, however for the purpose of this dissertation, I aimed to concentrate on the findings from the first theme that focused very specifically on my research question.

In the **third stage** of analysis, I tasked myself with creating statements aimed at giving meaning to the phrases that I identified in the second stage (see Appendix 13). In the **fourth stage**, I separated the statements of meaning into themes referred to as *clusters* (see Appendix 14). I ensured throughout this process that I continually referred back to the transcripts and descriptions given by the moms as a means of supporting validation. In alignment with Cosgrove (2000) and Riemen (1998), I noted any material or themes that appeared unrelated or contradictory, appreciating how these perspectives offered nuanced ways of experiencing the phenomenon of support (Cosgrove, 2000; Riemen, 1998).

In the **fifth stage**, I compiled the *theme clusters* into a cohesive descriptive statement that aimed to reflect a multiplicitous structure of the phenomenon of support. I adapted the notion and wording of an essential structure of the phenomenon, sought through descriptive phenomenology, to a more interpretive understanding of the structure that reflected the multiple perspectives and truths of the young moms who shared their stories. In the **sixth** and final stage, I contacted as many of the moms as I could reach by phone or email (nine) to check if they felt the statement accurately represented the description they gave of their experiences. I integrated their feedback and additional comments in conjunction with the statement. I further illustrate my process of stages three through five in connection with these findings in chapter 5.

Visual Data Analysis: Sensory Knowledge for the 21st Century

Over the past three decades, qualitative research has been influenced by a confluence of several conceptual shifts and resulting discourses relating to researcher reflexivity, participatory knowledge creation, and considerations about what counts as data in a growing visual, digital, and sensory culture (Brown & Collins, 2021; Pink, 2021). Brown and Collins (2021) compared the prevalence of publications in the ProQuest social science data base focusing on the keyword “creative data collection” between the decade of 2000 to 2010 and 2010 to July 2020 (p. 1277). They found that publications focused on creative data collection rose from 7,423 in the first decade of the century to 17,492 in the most recent decade (Brown & Collins, 2021). Although literature focusing on arts-based and visual methods of data collection have grown exponentially over the past decade, arts-based scholars cite that little has been published focusing on

how to analyze visual data (Brown & Collins, 2021; Freedman & Siegesmund, 2021).

More specifically to my process, Bartoli (2020) cited the combination of interpretive phenomenological analysis (IPA) with visual research methods as rare. In Bartoli's (2020) study however, she found that IPA was a flexible and open approach to combine with visual research due to its adaptability and commitment to participant agency and control of the research process.

Visual Data Analysis: Bridging Observation of Images with Feminist Phenomenology

Within this section I aim to share my process of visual analysis of art images created by the young moms in this study, focusing on the topic of what support meant to them within the context of service provision. It is my aim to contribute to a gap in the academic literature, demonstrating how visual data can be analyzed in a systematic manner that upholds the integrity and values of critical social justice research methods.

Working with each image separately, I began with an interpretive analysis of relationships between formal qualities of the art image. This approach is influenced by methods of visual observation and communication about imagery in the disciplines of fine arts, arts education, visual sociology and visual anthropology. Formal qualities, often referred to as the formal elements and principles of art and design, are the material aspects of a visual image that evoke a somatic response from the viewer, making us feel something (Field, 2018). In this way, the image and the materials used are considered to have their own non-human agency (or power), separate from the artist. From a feminist materialist perspective, we must consider how the image's non-human power can contribute to embodied knowledge. It is important to attend to this somatic reaction

because we can think of our bodily feelings as revealing embodied tacit knowledge (Hannes & Siegesmund, 2022). We can then verbally communicate this knowledge (or sensory data) and combine it with textual analysis for a deeper understanding of the phenomenon we want to know more about. Formal qualities include elements of art (visual qualities) such as line, shape, and colour; and principles of design (methods of placing the visual qualities into relationships that create meaning) such as balance, movement, pattern, and contrast. Qualities also relate to the materials used by the artist that create unique visual effects such as dark graphite pencil, clay, translucent watercolour paint, or glue that binds found materials (Kerry & Siegesmund, 2021). I learned about this approach to visual analysis in the context of qualitative research through a workshop I attended titled *Analyzing Images in Visual Research*, presented by Dr. Kerry Freedman and Dr. Richard Siegesmund at the International Congress of Qualitative Inquiry in the Spring of 2021. Through their *Image Analysis Framework*⁴, I located how I was understanding the art images in this study as a form of investigation — as an emergent process of coming to know what *support* meant for young moms. Observation of the formal qualities of the artwork is aligned with values outlined in my choice of ABR methods and is also aligned with values of feminist phenomenology. In the context of feminist phenomenology, images can be understood as dynamic artefacts, possessing their own non-human agency to express tacit knowledge by evoking a somatic response from the viewer (Braidotti, 2019; Hannes & Siegesmund, 2022). Such sensory

⁴ Following this workshop, Siegesmund published research findings with Dr. Karin Hannes (2022) sharing their development and use of an Analytical Apparatus for Visual Imagery (AAVI). Their discussion of this analytical tool echoed what Kerry and Siegesmund presented in the workshop I attended in 2021, focusing on engagement with formal qualities, applied to visual images created by research participants.

knowledge may not be possible to express through linear verbal language. I engaged with the formal elements of the artwork with an assumption that the materials also have their own sense of agency that affect the artist who engages in using those materials. I attended to the relationship between the elements in the visual image and the artist descriptions of their image. I also attended to the experience of the individual making the art in connection with the decisions they made within the creative process. From these points of interest, I engaged in a process of speculation; allowing further conversations to emerge in connection with how these relationships may relate to the phenomenon of *support* in the lives of young moms engaged in service provision. To support me in organizing my visual data and analysis, I created a template that I used to track my observations of each visual image (see Appendix 15). I began by exploring the formal qualities of the work (elements, principles, and materials) and then noted the interpretation given by the young mom who created the piece, and finally the relationship with the research question. Ordering the reading of the image in this way was intentional, aligning with the practice of suspending one's assumption in the phenomenological approach to analysis (Riemen, 1998). In the **first step** of observation, one tries to remain present with the image and how it was created, providing opportunity for speculation outside of cultural assumptions the researcher or artist may ascribe to the piece that may constrain further exploration. In the **second step** of observation, one may then engage with the symbolic meaning of the imagery, in connection with the context in which it was created, and the research question. By engaging in these two steps of visual analysis, in this order, the researcher is offered a great deal of potential in opening-up rich material and knowledge from a tacit

and sensory perspective that may not be otherwise accessible (Kerry & Siegesmund, 2021).

From these observations, I compiled summary paragraphs from each analysis that synthesized my understanding of the relationships between my observations of the formal elements and principles of the image, the young mom's description of their art, and how I understood the observations and description to relate to my research question. See Appendix 16 depicting the summary paragraphs for the 17 images. After compiling these summary paragraphs, I applied the phenomenological stages of thematic analysis that I employed with my transcripts. I thematically coded the paragraphs into meaning units, summarized them into twelve meaning statements (see Appendix 17), grouped the statements into theme clusters, and finally synthesized these themes into an essential structure of how young mothers in this study visually conceptualized support in the context of service provision. As a validation check point, I compared findings to my visual interview reflections (see Appendix 18). My process of bridging the visual and the textual was influenced by the work of Brown and Collins (2021) and Freedman and Siegesmund (2021) focusing on visual elements, as well as Pink's (2021) attention to visual ethnography and social meaning in images.

Critical Questions and Reflections on Analysis: A Feminist Perspective

As straight-forward as my mapped-out process initially seemed to me, I wondered what implications might arise during the analysis stage, from a critical feminist perspective. What does it mean to value a subjective position in the context of phenomenological data analysis? How and when does the researcher suspend their

assumptions, and when is it appropriate to draw on feminist theories? How might unconscious aspects of the researcher's embodied lived experience and positionality seep into this process of analysis. Does feminist theory inform the combined meaning that the researcher creates from the art images and the participant descriptions or is feminist theory simply aligned with the intentions of such methods of analysis as they value embodied lived experience? From the perspectives of new feminist materialisms (Barad, 2007; Bennett, 2010; Fielding, 2017) and post-humanism (Braidotti, 2019), how might such a method of analysis support the project to de-center the human subject while upholding values of ethics and responsibility? Perhaps this component is left open to a researcher's interpretation given the context surrounding the phenomenon under study. I engage with these questions pertaining to my process below.

Transcript Analysis: Where and When Does Critical Feminist Theory Have an Impact?

Prior to engaging in phenomenological data analysis, I wondered what impact a critical feminist perspective would have on this approach; what would make this approach to phenomenology feminist? Gringeri and colleagues (2010) conducted a critical and reflective in-depth analysis of fifty randomly selected articles representing the field of social work, in which the authors positioned their research as feminist. They found a great deal of discrepancy amongst researchers with respect to how theory was engaged, how feminism was claimed based on participants being women or the study focusing on issues significant to women, how authors challenged binary thinking, and how authors attended to tensions in research methods. They found that some authors simply name their work as feminist or aligned with feminist principles without demonstrating how they integrate

these principles, and other authors demonstrate feminist values or incorporation of critical feminist theory in their study methods but do not directly name their approach as feminist (Gringeri et al., 2010). Such discrepancies through social work literature focusing on feminist research creates tension and uncertainty about what researchers mean when they describe their methods or approach to research as feminist. I aim to interrogate my own approach and to offer transparency with respect to how I applied values of feminist phenomenology in this study with young moms.

In my first question, I ask what does it mean to value a subjective position in the context of phenomenological data analysis? By valuing a subjective position, I aimed to attend to situated and lived experiences of the young moms, positioning them as experts on the topic of study. Marginalized knowledge is centred and shaped by a multitude of perspectives that I understand as different versions of truth and reality. I aimed to incorporate various perspectives, both common and unique. In opposition to positivist approaches to knowledge building, phenomenological researchers do not believe only one truth exists that can be objectively observed. I positioned my final descriptive statement of the phenomenon of support as multiplicitous in meaning, as opposed to a singular essential truth.

My next question is, how and when does the researcher suspend their assumptions, and when is it appropriate to draw on feminist theories? Through the familiarization stage of analysis (stage one), I engaged in a reflective practice termed bridling. Bridling is a term that was coined by Karin Dahlberg in 2005 (Vagle, 2018) to describe the metaphor of a horseback rider tightening or loosening the reigns, like holding

back one's judgements while soaking in the words and stories of research participants. When I first came across the notion of bracketing or suspending assumptions, I was critical about how such a practice was possible with respect to unconscious material and embodied knowledge. The practice of bridling made more sense and seemed more realistic to me. I practiced bridling by journaling alongside my early stages of analysis, allowing myself to become more aware of my assumptions and judgements in an effort to promote an open mind during the familiarization stage with the transcripts. I noted initial thoughts and wonders that arose alongside the thoughts and interpretations of the young moms. I considered my thoughts and connections to also be important data, in relationship with the transcript data. Vagle (2018) describes that Husserl's intention of suspending assumptions within descriptive phenomenology was meant to prevent the researcher from imposing one's own interpretations onto the data as a means of keeping an open mind and avoiding prematurely constraining or obstructing pathways of conversation. Dahlberg's extension from bracketing to bridling aims to address the same concerns, however goes about addressing those concerns through practicing increased self-awareness, a practice that also seems more aligned with aims of reflexivity in feminist qualitative research (Vagle, 2018). I understand that interpretive and feminist phenomenologists assume that the researcher is always already co-constructing meaning with the participant data based on the researcher's embodied lived experience and positionality. This notion of co-constructing also responds to the following question: How might unconscious aspects of the researcher's embodied lived experience and positionality seep into this process of analysis? In my experience, this occurred at the

interview stage, in moments when I felt I could relate or empathize with the young mom, aware of my own feelings in connection with the emotions and contexts they shared. Themes that emerged for me while I read through and coded the transcript data were influenced by previous reading and development of my theoretical framework. I found it impossible not to see how complex stories and situations shared by the moms highlighted themes of intersectionality, access and inclusion, gendered oppression with respect to caregiving, various sources of vulnerability, response and power, experiences of embodiment, perceptions of time and space, and my own awareness and interconnectedness as a researcher in a position of power. I feel that if I were to reframe the notion of suspending assumptions, as practiced in Husserl's descriptive phenomenology (Vagle, 2018) to more appropriately describe an attitude of openness and flexibility, as described by Dahlberg (Vagle, 2018), then perhaps the practice could be viewed more in alignment with an interpretive, relational feminist approach to data analysis.

In my fourth question, I wondered does feminist theory inform the combined meaning that the researcher creates with participant descriptions or is feminist theory simply aligned with the intentions of such methods of analysis? My response is both. I understand feminist phenomenologists to view the researcher as a co-constructor of meaning, influenced by the researcher's embodied experience and positionality, along with the accounts shared by the individuals/communities they build knowledge with. I also understand core values in critical feminist theory to guide the intentions and decisions of the researcher, and what the researcher aims to attend to in the data.

Feminist phenomenology draws on new feminist materialisms (Barad, 2007; Bennett, 2010; Fielding, 2017) and post-human theory (Braidotti, 2019; Fielding, 2017). I wondered, how might a feminist phenomenological approach to data analysis support the project to de-centre the human subject while upholding values of ethics and responsibility? In such an approach, attention of the researcher does not only focus on individual lived experience, but how that experience is situated within, and provides knowledge about broader social contexts. In my process of analysis, I position the individual as ontologically entwined with other humans, non-humans, social structures, space and time. I aimed to attend to matters of ethics and responsibility in recognizing how young moms are co-constituted with the people and places they develop relationships with, in the context of knowledge building, attending to power dynamics and matters of representation at each stage of the study design. I understand each research context and relationship will be unique and therefore requires ongoing reflexive praxis on the part of the researcher, attending to matters of power, inclusion, and how the outcomes of the research support the community the researcher is building knowledge with.

Visual Data Analysis: Where and When Does Critical Feminist Theory Have an Impact?

In this subsection, I explore tensions that emerged within the visual analysis process, prompting me to interrogate my methods and draw from critical feminist theory and values as a means of aligning my process with my theoretical orientation.

I begin by exploring tensions that arose in the thematic sorting and translation process from visual observation to linear descriptive narrative. I understand visual art as a

holistic encapsulation of a broad assortment of thoughts, memories, emotions, and sensations, both conscious and unconscious, that will be experienced differently by the artist and anyone who views the image. Pink (2021) asserts that visual research must go beyond what can be observed and recorded into written text, and explore the “immaterial, the invisible, and the sensory nature of human experience and knowledge” (p. 40). As a means of exploring my observations and experience of the art images created by participants, following each interview I created my own visual response, in visual and sensory language. I then tasked myself with disassembling my observations, shifting what I viewed and experienced in the images into words. This task felt like trying to translate one language into another language. Brown and Collins (2021) remark how the act of translation between the visual and the textual is a complex process as discursive language also holds both disembodied and material properties. Similar to different forms of verbal language, some concepts are not translatable.

Another tension that I recognized was my ever-present awareness of the looming legacy that academic scholarship has had under a dominant positivist paradigm that positions data as objective truth, upholding a belief that approaches to data analysis should be generalizable and replicable (Brown & Strega, 2005). The notion that the visual image will somehow capture a sense of objective reality is problematic because what can be seen and interpreted by a researcher is intersubjective, situated and constituted within varying social contexts and cultures (Brown & Collins, 2021; Pink, 2021). I worked through this tension by returning to critical feminist theory as a guide. A feminist phenomenological approach values the subjective perspective as interrelated with broader

social contexts, constraints, and histories (Fielding, 2017). Critical feminist scholars recognize the role the researcher has in constructing knowledge with their data (Baird & Mitchell, 2014; Barad, 2007). An appreciation for multiplicity and nuanced facets of knowledge are valued through marginalized perspectives (Hill Collins & Bilge, 2016; Ortega, 2016). Diverse and ambiguous ways of knowing are believed to offer different versions of the truth over the notion that there can only be one objective truth (Cohen Shabot, 2018; Pink, 2021). Critical feminist theorists who value sensory knowledge and ways of being appreciate the many ways we are affected by and impress upon the world around us (Ahmed, 2015). Brown and Collins (2021) encourage scholars to view the relationship between images and words, not as equal, and neither as superior to the other, but as interrelated and interdependent strands of knowledge. They assert that the researcher as a witness has an ethical responsibility to account for both strands of knowledge, as well as the relationship between them, in a critical and openly reflexive manner.

I now engaged with the critical questions I posed above, wondering how critical feminist and phenomenological values can be woven into the process of visual data analysis. I share my reflections and observations of where and when I viewed my theoretical orientation to influence the process and ultimately shape the findings of this study. Within this chapter, I present various steps to my visual data analysis methodology, based on sources I drew from, outlining a rather tidy process. In practice, many qualitative researchers experience data analysis as a cyclical and dynamic process that is far less linear, while offering many layers of interpretation that support a deep

understanding of the topic of study (Brown & Collins, 2021; Saldaña, 2016). I wondered within this messy, creative, and unpredictable process, often hidden within scholarly writing, where critical feminist phenomenological perspectives would have an impact.

Pink (2021) emphasizes that visual researchers must engage with a reflexive approach. She articulates that “ways of seeing, knowing and imagining are inevitably personal and individual, even though framed by culturally and socially specific biographies, circumstances and imaginaries” (p. 45). I found that in valuing a subjective position within my observations and co-interpretation of the data, I often checked in with my own feelings and experiences as a mother and pregnant person who was actively navigating social systems, and as someone who had a difficult adolescence with respect to experiences of interpersonal trauma and service navigation. I also checked back regularly with the transcripts and words of the young moms. I critically recognize differences between my experiences and those of the young moms in this study, however also value how my *insider* knowledge supports empathy and insights into what they shared through their imagery and descriptive narratives.

Although I was open to the notion of suspending my assumptions during the initial familiarization and description stage with the visual images, I also acknowledge how my interdisciplinary background, culture, positionality and lived experiences impacted what elements might have stood out to me most and how I viewed the relationships between the various qualities of each image and among them, thereby shaping my thematic interpretations and conceptualization of the summary paragraphs. I wondered if feminist theory would inform the combined meaning I would create from the

art images with descriptions shared by the moms, or if feminist theory was simply aligned with my intentions in choosing and engaging in this method of visual analysis, valuing sensory and embodied knowledge (Pink, 2021). Like my experience with transcript analysis, I again found the answer to this question is both.

I found that feminist theory encouraged me to engage in a critical and open reflexive stance throughout my process of analysis. I also found that critical feminist phenomenological theory aligned with my intentions and values inherent in visual analysis methods in connection with the value of tacit and embodied knowledge, lived experience, and the goal to link with a broader understanding of social systems. I also found that intersectionality (Hill Collins, 2007), feminist maternal theory (O'Reilly, 2021), and vulnerability theory (Butler, 2016; Gilson, 2016; Mackenzie, 2014) influenced my interpretations and conceptualizations of the visual images in connection with participant descriptions.

I questioned how my approach to visual analysis might support the project to de-centre the human subject while upholding values of ethics and responsibility, in alignment with feminist phenomenological values. I found that feminist new materialism theory (Barad, 2007; Bennett, 2010), which shapes feminist phenomenological perspectives (Fielding, 2017), was present in my mind during my analysis. Feminist new materialism theory supported an appreciation for the balance between material matter that shaped the data such as art materials used, space, time, and embodiment alongside contextual factors relating to power dynamics within the researcher/participant relationship and the social settings where interviews took place. Examples of power

dynamics related to educational level (the PhD level researcher and high-school level participant) in a cognitive-capitalist society that values higher education; the researcher being a more independent older mom and participants being younger moms more dependent on social services (in an ageist and capitalist society that discriminates more against younger moms). I engaged in my analysis with sensitivity to the long history of societal judgement and ongoing experiences of surveillance that young mothers face in their lives and how such context influenced what images were created and how they were described by the participants. Although every research context will be different, I perceive that the ethical responsibility sits with the researcher to balance material components that influence findings with the social and relational. To leave out the material components would be to willingly discount parts of the picture that could be more holistically understood when these strands of context are appreciated as interdependent.

Reflections on Embodiment and Co-creation in Visual Data Analysis

How the Process of Visual Analysis Expanded on Textual Findings

Through the visual analysis process, I found that the images brought a different strain of knowledge to my understanding of my study topic. Each image offered a powerful expression of how the young mom conceptualized support, bridging various aspects of their lived experience simultaneously and presented in a cohesive relationship with their social context. I found myself fascinated with instances where the visual presentation complimented (or contrasted with) the verbal interpretations offered by the moms as well as my pre-existing understanding of the phenomenon based on my previous

analysis of the textual transcript data. Dewey (1934/2005) discusses the art-making experience as a form of embodied communication that results in a consummation of knowledge harmoniously formulated by the artist. In my experience as someone who makes art, as an art therapist, and as a doctoral arts-based researcher, my findings validated my decision to incorporate visual data collection and visual analysis as part of this dissertation study. In the following section I will briefly discuss the reflexive role of the researcher in relation to how interdisciplinary lenses influence what may be observed and how meaning is constructed from such observations.

Ways of Seeing, Ways of Knowing: Lens of the Researcher

An important aspect of critical qualitative social justice research is recognizing the relational and ethical role the researcher plays across the research design and in the construction of findings (Leavy & Harris, 2019; Pink, 2021). Discourse in critical qualitative research has shifted away from the idea that the researcher is an objective observer of pre-existing knowledge that can be extracted or discovered (Brown & Strega, 2005). Critical qualitative researchers have come to understand how the researcher is an embodied subject and that data analysis is an embodied and affective process (Leavy & Harris, 2019; Mason, 2018; Saldaña, 2016). Through my process of analysis, I questioned how my varied interdisciplinary lenses, theoretical orientation, and the culture(s) that myself and the young moms are embedded within, shaped observations of the visual images. I reflected on how I conceptualized the relational qualities between my visual observations and the interpretations of the moms, within the context of my research question. I hold a four-year Bachelor of Fine Arts degree with a major in Visual Arts and

a minor in Psychology. I then completed a two-year Master of Arts degree in Creative Arts Therapies, specializing in Art Therapy. I practiced within community-based organizations for a decade specializing in gender-based violence, trauma and infant/maternal mental health. I am now in the process of completing a PhD in Social Work and a PhD diploma in Gender and Social Justice. I view my earlier training as a contribution to my ways of seeing formal elements of the visual art in my study, in connection with the inner-world of the individual who created the image. I view my later training as a contribution to my ways of seeing how the image and individual narrative are shaped by social systems, and how the visual data shares knowledge about those social systems. Pink (2021) asserts that interdisciplinary research must be based “on an appreciation of the value that is offered by different ways of knowing and researching” (p. 14). Instead of trying to shift back and forth between my various lenses, I wondered how I could think of my training in a more integrated manner that would support this research. I was grateful to find an article that discussed this very notion of how interdisciplinary lenses can come together to shape what we see and how we interpret art images. Huss and Maor (2014) describe a graduate level fine arts studio course for students engaging in a Social Work master’s program, with an Art Therapy specialization. As a means of exposing the students to different ways of critically thinking about the art in the context of their broader degree in Social Work, the course was co-taught by three instructors: a Fine Arts Educator and Curator, an Art Therapist, and a Social Worker. Following the classes, the course instructors would discuss and audio-record their observations and understanding of the student art images together, in connection with the

students' written descriptions of their art images. They then conducted an inquiry based on two years of transcripts, student summaries of their art and their own written summaries of the images. Their aim was to describe differences and similarities between three visualization perspectives, or ways of seeing, outlined by Gillian Rose, a leading scholar in the field of visual research methodologies. The three perspectives that Rose encourages the viewer to explore include: a formalist fine art perspective; a psychological perspective; and a social perspective (Huss & Maor, 2014; Rose, 2016). Rose attends to how vision is culturally constructed. She engages the critical viewer to consider how the images have their own effects, the social conditions in which they were created, and how (or what) the viewer has learned to see (or not see) (Rose, 2016). It is not my intention to delve deeply into expanding on these perspectives, but to draw attention to how understanding these three perspectives in relationship with one another can offer a broader understanding of participant generated visual imagery. When exploring the three perspectives together, Huss and Maor (2014) found that the discourses "enriched and informed one another" (p. 54). They shared how the integration of the perspectives supported a more robust understanding of how the personal and political inform one another and how the individual art images can act as ethnographic artefacts. The course instructors came to understand their perspectives and values not in opposition to one another but as multi-dimensional spectrums that supported a more holistic analysis of the images overall; a more nuanced understanding than if they were viewing the art from any single disciplinary lens. The findings from this inquiry greatly supported my understanding of how I combine my training and interdisciplinary lenses as I engaged in

the process of visually analyzing each image and then the summaries as a whole in connection with how young moms make meaning of the concept of support.

Co-creation with Young Mothers

I view the process of analysis in this study to be partially co-constructed with the young moms as they possessed the agency to interpret their own art images, deciding what they wanted to share with me about their image, and describing precisely what their chosen imagery meant to them. They were not involved however in the thematic analysis process later on, describing convergences and discrepancies across the visual images. After compiling findings across the transcripts, descriptions of artwork, and creative process, as noted above, I consulted with nine young moms to check for validation and integrate feedback. The young moms were not involved in the interpretation of the findings as a whole. Decision-making surrounding their degree of involvement was shaped by several factors. The first related to research and contact restrictions within an ongoing global pandemic. Another factor was time constraints and caregiving responsibilities in the lives of both the young moms and myself (during a global pandemic). Finally, as a novice researcher, I found the need for flexibility within my learning process, while meeting requirements of a PhD dissertation, also shaped the degree of involvement young moms had in the process of analysis. I use the statements “I constructed” and “co-constructed” interchangeably in relation to describing research findings. I neither wish to claim that participants had control over all parts of the analysis process, nor do I wish to claim that they had no part in analysis. Walmsley and Johnson (2003) share tensions within participatory and inclusive research approaches with respect

to ethics and transparency in describing the degree of involvement that subject experts have within a study design. They discuss language used to describe roles, matters of payment, stages of the research design where inclusivity and feedback take place, and power dynamics that need to be considered.

The Artist, the Image, and the Witness

As an Art Therapist, I value an understanding that a triangular relationship exists between the artist, the art image, and the witness who is present to observe the creative process and the culminating artefact. Pink (2021) expresses how visual imagery “brings our audiences up close to our research findings and participants, it invites them to sense and feel other people’s experiences” (p. 4). Factors relating to this theme in this study included: comfort level of the young mom within the space and in relationship to me as a researcher; experience and comfort level of both the mom and myself with the use of art materials; perceptions and assumptions of shared aspects of identity and cultural factors such as status as a parent, age, class, gender, race, ethnicity, ability, language, accents, education level; and perceived positioning in connection to power structures and sources of surveillance. One mom shared “I don’t really paint much, I just fiddle around with it”. Another mom referred to me apologetically “sorry, I’m a perfectionist...I always erase everything twice”. A South Asian mother with light brown coloured skin was mixing paint colours for her painting that included an image of herself. She asked me “which one is skin colour”. I am Caucasian/Eastern European with olive coloured skin. In this interaction, we perhaps shared an understanding that we have different coloured skin, however it was my assumption that she meant to ask how to blend paint colours that

represent her skin colour, and so I supported her with the suggestion to blend the colours of burnt sienna with as much yellow and white paint as she desired to get the colour she wanted. Another mother perhaps worried that I would judge her for taking too much paint “Is there white? I don’t want to take out too much and not use it all”.

Methodological Approach to Synthesising Findings from Visual and Transcript Analysis

In preparation to write my discussion and conclusion chapters, I underwent a process of synthesizing the findings that I share in chapters 5 and 6 from my transcript data set and my visual data set. I adapted Bloomberg and Volpe’s (2019) *Interpretation Outline Tool*, ensuring alignment between the research questions and findings to determine three analytic themes for interpretation (see Appendix 19). I titled these three themes as follows: *Vulnerability and Relational Autonomy Entwined: Dissolving the Binary within Support Services for Young Mothers*; *Bridging Support Responses that Address Vulnerability and Relational Autonomy*; and *“I Can Do This”: Building Capabilities and Positive Self Identity as a Caregiver*. For each of the three areas of interpretation, I engaged with a set of critical guiding questions outlined by Bloomberg and Volpe (2019) that supported my thought process and structuring of the discussion. Finally, I synthesized my findings and interpretations into a set of conclusions aligned with my recommendations (see Appendix 20). For this process, I again drew from a synthesis tool outlined by Bloomberg and Volpe (2019) to support my reflections, alignment, and presentation of my conclusions and recommendations section.

The synthesis of findings and interpretations from both the transcript and visual data sets harmonized in nuanced ways that provided an overview of how young mothers in this study made meaning of the concept of support. My approach to analysis and interpretation integrated critical feminist theory, literature and values that aligned with my methodology and interpretive, embodied lens. My systematic approach to analysis and synthesis of findings and interpretations demonstrates rigor and supports validity of my findings, interpretations, and conclusions. As a critical qualitative researcher, I acknowledge the subjective nature of data interpretation and that there are diverse and multiple ways of knowing based on the researcher's theoretical orientation and positionality. With a diffractive lens, I view the researcher to be co-constituted with the knowledge that one engages with, and that it is not possible to be an objective observer (Barad, 2007). In connection with my positionality that I shared earlier in this chapter, I offer a brief reflection here on how I understand my positionality to influence how I interpreted the findings of this study.

As a survivor of trauma, a historical service user, and a former service provider in the areas of gender-based violence and infant/maternal mental health, I am biased to attend empathically to individual and community experiences of vulnerability and how experiences of interpersonal violence impact individuals and communities emotionally and materially. I have personally endured and witnessed unintentional violence within support systems that overvalued medical and psychiatric perspectives of trauma (pathologizing trauma solely as an individualized illness to be treated/cured solely within the individual). I have also witnessed protests amongst colleagues and within the

profession; service providers refusing to focus on experiences of harm endured by service users, in favour of services perceived as strengths-based, intentionally avoiding trauma-informed training, and intentionally closing off space for individuals to share their histories of harms or personal challenges they have experienced. I have witnessed the growth of brief and short-term mental wellness services (in parallel with the expansion of neoliberal capitalistic values) that focus on low-cost and short-term solutions while neglecting to give the time needed to create space for disclosure of difficult experiences, and to build sensitive, reparative and trusting relationships necessary to scaffold autonomy and implementation of planning that could lead to longer-term solutions. The combination of my personal and practice-based experiences contributes to what I view in the data as a glaring and problematic gap with respect to how society responds to vulnerability in connection with an overvaluation of invulnerability. I also believe that my particular theoretical lens in connection with my positionality has allowed me to appreciate and illuminate the impactful ways that young moms in this study have experienced what they conceptualize as positive support within very complex systems that can encompass both violence and effective form of care.

Alignment Between Methodology, Approach to Analysis and Theoretical Framework

I interlace feminist values of attending to themes of power dynamics, empowerment, situated perspective, intersectionality, time, embodiment, and relationality within my reflexive practice throughout this dissertation study. My relational arts-based methodology is aligned with these values, collaborating with young moms in how their

experiences and stories are represented through their visual art and oral descriptions, centering ways that they make meaning of the concept of support within contexts of service provision. My feminist phenomenological approach (influenced by Fielding, 2017) to analysis of textual and visual data also incorporates values expressed through my critical feminist theoretical framework. Feminist phenomenology attends to themes of lived experience, embodiment, time, power, and social context with an intention to expose structural power imbalances that oppress marginalized individuals and groups (Baird & Mitchell, 2014). These themes are prevalent within intersectionality, maternal theory, and vulnerability literature that examines complexity within gendered human, social and environmental relations.

Context in the Lives of Young Moms

At the time that the young moms in this study participated in being interviewed, various sources of inherent and situational vulnerability were present in their lives, shaping their experiences, and ultimately how they made meaning of the concept of support. Some of the young women depended on systems of care prior to becoming mothers due to pre-existing physical health conditions such as Type 1 diabetes; or disabilities relating to mental health or cognitive challenges; grappling with intergenerational poverty; or having to rely on different forms of transportation and access to service in connection with geographic location. As outlined in my literature review presented in Chapter 2, within the Global North, adolescence is a broadly defined age group with a broad range of assumptions by adults about the level of independence and responsibility that can be expected from an individual in their teenage years and early

twenties (Wilson, 2007). In Ontario, Canada, teenagers over the age of 16 years can legally withdraw from parental control, however must legally attend school until they are 18 years of age or graduate from high school (Ontario Justice Education Network, n.d.); can access a driver's license at the age of 16 years (Ministry of Transportation, 2020); and be granted the right to vote in a government election at the age of 18 years (Elections Canada, 2021). Mothers (particularly legally unmarried mothers) continue to face a great deal of social judgment and social exclusion however when they give birth to their first child in their teenage years or early twenties (Jackson, 2019). The mothers in this study experienced various forms of dependency on caregivers or government financial support for shelter and living expenses because of their age and associated degree of dependency, and because they were caregivers themselves. Many shared pre-existing experiences of oppression due to capitalism, white-supremacy, sexism, transphobia, ableism, and ageism. Such forms of oppression were then exacerbated by the added social exclusion they experienced in the form of direct and indirect messaging they received through health care providers, family members, peers, and community spaces, that mothering in one's teenage years or early twenties was not acceptable. Interpersonal violence was also described by many of the moms, ranging from abuse or neglect they experienced in their childhoods by caregivers to violence they experienced in their adolescent years by caregivers or intimate partners. Interpersonal violence in the lives of girls and women across the globe is very common (Gladu, 2017). Experiences of gender-based violence (or even the awareness that violence is potential) is important to note as a significant contextual factor in how young mothers as both females and caregivers, make meaning of

the concept of support within the services they engage with. Such experiences can impact one's ability to trust authority figures and care providers, potentially impacting how likely a young mom would be to engage in services or relational forms of support (Kulkarni, 2009). Finally, prior to becoming mothers, some of the individuals shared experiences of policies or practices embedded within service provision that they felt were harmful or not in their best interest such as lack of accommodation accessing financial assistance, lack of choice in foster care placements, or lack of accommodation in court proceedings. As the reader may recall from Chapter 3, Mackenzie and colleagues (2014) identified a key feature of pathogenic vulnerability to be “the way that it undermines autonomy or exacerbates the sense of powerlessness engendered by vulnerability in general” (p. 9). I understand social oppression, interpersonal violence, and harmful systemic policies and practices to be sources of pathogenic vulnerability in the lives of young mothers (Mackenzie et al., 2014). Finally, at the time these interviews took place, many of these moms were involved in a variety of services. Through my interview transcriptions, I identified 19 different types of service provision that were described by the moms (see list of services in earlier Background section of this chapter). The sheer number of services that many moms identified to be involved with simultaneously at the time of the interviews is of significance as ease of access and experiences of systems of care from one service to the next shaped how they made meaning of the concept of support.

Timeline and Context Surrounding Research

This dissertation study spanned across a historical period of time. The stories and experiences of the young moms in this study were recorded between September 2019 to

the end of December of 2019, three months prior to the first province-wide lock down in Ontario, Canada, in response to the World Health Organization's announcement of an international global health emergency, a world-wide outbreak of the novel coronavirus (COVID-19) (World Health Organization, 2021). On March 17th, 2020, the Premier of the province of Ontario (where the young moms in this study and I resided) declared a state of emergency (Nielsen, 2020). Citizens of Ontario were instructed by provincial and federal governments to stay home as a means of preventing spread of the virus. Schools, childcare services and workplaces were closed and only essential services such as pharmacies, grocery stores, and hospital emergency rooms remained open. Over the following months, children's schooling, and non-essential paid-employment would resume virtually through a host of video-based technology services that required computers with cameras and internet. Many services such as doctor's appointments, mental health therapist appointments, court proceedings and even doula birth accompaniment were carried out over internet-based video-conferencing from that point on, exacerbating already vast inequities and forms of social exclusion for families across gender, race, ability, and class with respect to access to services for individuals and communities who could not afford or could not access the digital technology for different reasons (Friedman & Satterthwaite, 2021; Zheng & Walsham, 2021). As a mother of a kindergarten-age child, with a partner who worked virtually full-time, I transcribed my research interviews and conducted my analysis at home, through a time of social trauma, uncertainty, and with divided attention as I made meaning of my family's situation, cared for my young child, and conscientiously listened to the stories of the young mothers that I

understood would also have their lives changed forever by the pandemic. In September of 2020, I followed up with nine participants that I was able to reach to share the findings and to incorporate feedback into the analysis to support validity of the findings. Possible reasons why I was not able to reach more individuals may have related to changes in phone numbers, changes in living situations, not having access to a computer or internet, not having voicemail options, or not wanting to answer phone calls that do not identify the caller. The cell phone I use does not identify the caller for confidentiality and safety considerations for the people I call. The mothers I communicated with shared about how their lives had changed since the lockdowns began. Experiences ranged from feeling scared to feeling grateful to spend more time with their young children. Some mothers had to continue their education virtually and make alternative childcare arrangements with family. Some readjusted their housing situation, moving back in with family members or their child's other parent for the purpose of securing further childcare support while attending virtual school. One woman was pleased that her child welfare file was closed during this time, and another was glad that she had the option to continue school virtually while feeling secure that her children were safe at home. As I write this chapter, it is the end of August, 2021. The pace of my progress has had to slow down due to childcare responsibilities when schools and childcare programs have been closed, reproductive health challenges, and the ongoing need to sustain myself and family through what has become an ongoing pandemic era. Although my partner and I have received vaccines, elementary schools will be opening again next week with a new and more contagious variant of the virus in circulation. Many parents I have communicated

with are uncertain how long the schools will remain open before having to close again or before a vaccine becomes available to children under the age of 12. I am cognizant of how these worries and ongoing interruptions in daily life routines and access to services continue to affect young moms as well who, like many mothers, depend on social infrastructure to sustain their well-being and survival as both females and caregivers.

Conclusion

Throughout this chapter, I guide the reader through the steps and rationale of my research design, methodology, process of analysis and synthesis. I share background context that informed my research question and discuss how my research question aligned with my methodology choice and the feminist theoretical framework that I drew from. As a means of including embodied knowledge and enhancing transparency as a researcher, I share critical reflection regarding how my positionality and the context in which the interviews took place also shaped how the moms may have responded in our conversations through their visual images and spoken language. In the following two analysis chapters, I present findings from both the verbal and visual knowledge shared by the young moms.

Chapter 5- “Always There”:

Co-constructing the Meaning of Support for Young Mothers

Through a Feminist Phenomenological Approach to Transcript Analysis

In this chapter I share findings from an analysis of 25 transcripts of audio-recorded arts-based semi-structured interviews. These transcripts detailed young mothers’ descriptions of visual art they created in the interviews as well as stories they shared in relation to questions surrounding their conceptualizations of support within the context of service provision. I accompany the reader through the central component of the chapter where I present findings that were co-constructed by the young moms and myself from the analysis. I share themes I identified across the statements made by young mothers about support, interwoven with words and stories shared by the young moms themselves.

Presentation of Data

In the following sections I present findings that emerged following the first two stages of my transcript analysis process that I shared in chapter 4. I share the final three stages of analysis here, interwoven with significant phrases, sharing how these groups of phrases communicated meaning, and sharing various themes that I interpreted across the meaning statements. I then present a multiplicitous structure of the phenomenon of support, co-constructed with the young moms who participated in this study.

Selecting Meaning Units

After I completed a process of organizing the transcript data using NVivo software, I identified a main theme relating to my research question: *Meaning of Support*. I observed five sub-thematic groupings (or nodes) under the heading of *Meaning of Support*. These included relational; material; knowledge; accessible/inclusive; and embodied experience. Relational support phrases outweighed the other groups. I also included sub-groups for one of the nodes. The embodied experience node encompassed two subgroups: symbol and metaphor; and feeling and emotion. I proceeded to export each *Meaning of Support* node from the NVivo software program into five Microsoft Word documents. I manually highlighted phrases within each document that I viewed to be significant. I then compiled the highlighted statements into a table. I sorted thematic groups and labelled each group with one of the participant phrases that I felt best represented the grouping. I created a secondary table that displayed the narrowed-down phrases that were selected to represent each similar grouping of phrases (see Figure 1). I had 52 significant phrases (meaning units) in total that described the phenomenon of support. An excerpt from my journal at that point expressed “*I’m feeling quite overwhelmed with the amount of data but less overwhelmed when I’m able to break things down into smaller sections to work with at a time*”. Working with the data in this

systematic manner helped me to make meaning of the experiences of young mothers and remain focused on my research question.

Figure 1. Meaning Units

<p>Meaning Units: Meaning of ‘Support’ for Young Mothers in Context of Service Provision</p> <p>Phrases that describe how participants made meaning of support, what support means to them, how they would define support, how they described their experiences of support etc.</p>	
<p>Meaning Units (relational support) <i>These bolded phrases have been selected from a group of similar participant phrases as meaning units for the relational support node.</i></p>	
1. it would be like not as hard on me...	2. programs like this where you’re with other moms, other young moms, you’re able to see their journey, relate to them, rather than relate to someone who doesn’t really know what you’re going though or what it feels like
3. you’re not doing this by yourself. Knowing that you have someone... to help you...	4. the way people talk and react to you
5. emotional because how can I do... how can I do my best if I’m not good in my mind... if mind is full. I need to be... I need peace... I need to think about my life... how can I think about my life if I’m... I’m stressful	6. It’s physical, it’s emotional help, it’s financial help like it’s all... of that... like it comes together. If you’re missing one of those things, like I don’t know...
7. something taking care of you while you’re taking care of someone else.	8. people who you could depend on when you most need it and when you least need it... I don’t think it’s really about the timing, I think it’s kind of they’re always there...
9. like something that’s not so time restricted... something like yeah... so your time’s up... so I kinda like programs that like once there’s that attachment, they’re not so quick to be like... bye...	10. Someone who genuinely wants to help and you can see that, you know, and they’re not just there for a cheque at the end of the day... they genuinely care about you,

11. very thorough and to the point so I liked that... It was very straight forward which was nice...	12. there for the baby
13. really important... to have family support I feel like...	14. to know that someone believes you can do it
15. expressing that to somebody who has more knowledge and stuff	16. She just told me everything was going to be ok
<p>Meaning Units (material support) <i>These bolded phrases have been selected from a group of similar participant phrases as meaning units for the material support node.</i></p>	
17. the art studio at (agency name) I loved it there	18. It's having like physical support, like when you need physical help like moving and stuff and actual physical support, people to be there to help you
19. they came up with a plan to listen to me and get me out safely...	20. we came up with a strategy
21. teachers at the school that were like willing to help	22. things that you need, when you need it...
23. I have a few teachers at the school who really helped me and helped me like... get my grades... without them I probably wouldn't have graduated...	24. I'd say financial because without money in this world, nowadays you can't do anything at all.
25. The different classes that I'm taking, how to deal with the different cries of a baby, and figuring out what he needs and... stuff... those will help a lot... and how to cope	26. lactation consultant assessed the situation and she said ok, here's what you can do and... it helped, it definitely helped...
27. a lot of like... things that they're able to connect us with... Like when I came here, they were able to connect me with a doula which is very helpful because she helped me prepare for my labour...	28. the support of knowing that my child is healthy
29. I don't have to worry about money... I'm not worried about my education... I'm not worried about where I live...	30. Something to get me out of the house, to change my thinking, to distract me kind of thing.
31. I guess daycare gives me the best support because they literally take my child like... it's not I don't want to be with my child... I love spending time with him and I love him but at the same time I need time for myself...	32. like she's been pretty supportive, it's just hard when like I don't want to seem like... bratty when I'm not getting everything I want...

Meaning Units (knowledge support) <i>These bolded phrases have been selected from a group of similar participant phrases as meaning units for the knowledge support node.</i>	
<p>33. education is very important obviously. So being able to kind of um rely on them to motivate you to make goals and stuff like that, for something like school, um is helpful because real teachers in real class rooms do that too so, kind of having the same aspect environment in a different place, obviously under different circumstances but still providing that help that teachers give I think is really helpful.</p>	<p>34. you don't be by yourself... It'll be hard, unless you're really super, super, super independent... you need people to help you whether it's workers from here or workers from the hospital, you need people to help you and I feel like it's important to me because if I didn't have my doctors, my nurses, my worker, I wouldn't know what to do, I wouldn't know how to do it, they help me, they help me and you can always use help, no matter what time in your life.</p>
<p>35. support is more um guidance and like acceptance for what has happened cause you know everybody's not perfect, and you know, things happen, and you kind of have to learn how to deal with them</p>	<p>36. learning how to cope with um you know, some big change in your life like being pregnant um, and being um like shown like um ways to get to the destination that you wanted to get to before even though you have the baby, knowing that um you can get that even though you have someone to take care of</p>
<p>37. trusting my instincts, giving me advice and not, like giving me advice when I ask for it, not trying to force your opinion on me, like, I guess like being a supportive person kind of looks like that... and that's why I really liked (doula clinic), cause like they'll give you advice but then they'll also let you follow your heart...</p>	<p>38. I looked into like housing and stuff like that. Um and once I started doing that, it opened up so many more resources, like as soon as I talked to one like counsellor or something like that, there would be like three more different places to go and it was just like I knew so much information, I had so many numbers and so many like places like this where you could go and get help and support and answers, like physical support like, with food and groceries and stuff like that, um so that was really neat.</p>
<p>39. The prenatal program teaches you safety for the baby... like how to use car seats and things... that was really helpful and then also... I think they need to teach girls how to budget...</p>	<p>40. She's like really motivating. Like before I didn't think I could do any of this. I was thinking of just doing high school but she motivated me like no, go to college. After doing some work with her she's like no, you should go to university, you're really smart. And I'm like oh my gosh, she really</p>

	<p>motivated me and now I'm going to be applying to university soon...</p>
<p>Meaning Units (accessible/inclusive support) <i>These bolded phrases have been selected from a group of similar participant phrases as meaning units for the accessible/inclusive support node.</i></p>	
<p>41. know that everyone's different, not everybody can do things as easily as others... some people have difficulty expressing themselves... like I do...</p>	<p>42. It's important because like some people... are scared to talk on the phone... but they'll talk on the internet.</p>
<p>43. And they're not just open to mothers, they're open to fathers too... or people that are parenting with the mother...</p>	<p>44. P: Yeah, because I don't feel out of place... I: Umm hmm P: Because I'm young, and everybody else around me is young as well</p>
<p>45. Yeah exactly, it's accessible and that's a big deal... if I need to bring my son then I can and then if I don't need to bring him I don't have to...</p>	
<p>Meaning Units (embodied experience- symbols/metaphors support) <i>These bolded phrases have been selected from a group of similar participant phrases as meaning units for the embodied experience- symbols/metaphors support node.</i></p>	
<p>46. the umbrella represents foundations or people that are kind of shielding you from negativity um and like you know hard things in your life so that kind of shields you and allows you to grow despite all the negativity. I think there's a lot of young moms who feel unsafe, so to be shielded from that or helped through it. And I think it's good to have the umbrella because it kind of shelters you from things that you can't handle on your own and lets you grow beneath it until you don't need it anymore</p>	<p>47. the way this lady is looking, it's like a feeling, like the way you feel when people help you. this is a young mom and she looks like everything is ok... but she could be broken down right inside of her...</p>
<p>48. sidewalk, that seemed important to you... P: It's something to walk on...</p>	
<p>Meaning Units (embodied experience- feelings/emotions support) <i>These bolded phrases have been selected from a group of similar participant phrases as meaning units for the embodied experience- feelings/emotions support node.</i></p>	
<p>49. But... if you don't have someone who can understand you... it makes me feel like not good enough... it just... I'm just here and I'm no one... no one can like... sometimes I feel like no one loves me...</p>	<p>50. I felt more comfortable... I wasn't comfortable, I didn't understand how to be open and talk about your feelings.</p>

<p>51. I was really scared because I didn't even tell my parents until after I got the ultrasound. It was very shocking it's a new kind of scared being sick when you're pregnant... it feels like you're gonna die... like everything matters to me kind of... like every little thing... like you never know like... anything can affect you a lot so it just makes me cry...</p>	<p>52. When we don't have answers, you feel lost in the dark... it actually kills you inside... like to just breathe... so like I don't know what I would do if I didn't have the option to get help...</p>
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Meaning Units Summarized into Meaning Statements

In the third stage of analysis, I synthesized the fifty-two meaning units (Figure 1) into fourteen meaning statements (see Figure 2 and Appendix 13), aligned with the procedural approach I drew from. Through these statements, I aimed to summarize groupings of phrases into meaningful statements that described what the phenomenon of support meant within the varying contexts shared by the mothers. I worded these fourteen statements based on my observations of overlapping meaning between various phrases (for example, “people are there when you need them”, “something you can count on”). I then colour coded the meaning statements. I returned to the list of meaning units and colour coded these brief phrases in alignment to their corresponding meaning statements. I was then able to perceive proportionally how many statements corresponded with each area of meaning and any phrases that did not correspond (in which case I created a new category of meaning if needed). Throughout this process, I continually checked back with the transcripts to ensure that the statements I was developing aligned with the experiences that the mothers described.

Figure 2: Meaning Statements

Meaning Statements: Meaning of ‘Support’ for Young Mothers in Context of Service Provision	
1. The young moms in this study desire a caring and protective barrier from society’s harshness and difficult life events, that allows them to continue to grow and care for their baby while feeling safe and secure.	2. Young moms need clarity, stability, and transparency when they are experiencing so much uncertainty, unfamiliarity and lack of control at this time in their life.
3. It is necessary and important to young moms to feel that they can learn and grow in their own way, while being supported through gentle collaboration within a stable and long-lasting relationship or web of care.	4. Young moms value non-judgmental and motivational guidance as they cope with big changes in their lives and continue to strive to meet ongoing learning goals.
5. It’s helpful to have access to the same opportunities that other young people have, to have options that encompass our differences and our needs as caregivers with infants and young children.	6. Young moms appreciate having programs specifically for young moms, where they feel included, they can relate to one another, and where their co-parents are welcomed as well.
7. Having someone who shows they truly care, and who can deeply understand you and be attuned to how you are really feeling inside is extremely important.	8. Experiences connected with pregnancy, birth, and parenting as a young woman can feel extremely intense, frightening, and threatening. It is important that other people understand the gravity of the young mom’s situation and to match their response accordingly.
9. Creating a safe, comforting and relaxing environment is important in order for healing, growth, and effective caregiving to take place.	10. Young moms shared the importance of being able to access knowledgeable service coordination and various forms of support simultaneously.
11. Young moms felt supported when their child was cared for.	12. Material support that is tangible or has tangible impacts is important.
13. Young moms appreciated gaining practical knowledge, parenting and life skills.	14. It is difficult for the mom to express dissatisfaction about the support she is receiving because she does not want to appear ungrateful or thought of poorly by her service provider who is in control of the support she receives.

Meaning Statements to Theme Clusters

In the fourth stage of analysis, I grouped the fourteen meaning statements into three groups that I perceived to be similar (theme clusters). Collapsing the meaning statements into three theme clusters again was shaped by the procedural approach I drew from. I gave each section a title intended to convey the various forms of meaning that I observed in the third stage. The three theme clusters were titled as follows: First, *Response to Experience of Vulnerability*; second, *Relational Autonomy*; and third, *Tailored Support for Young Mothers*. I will discuss each theme further, bridging the co-constructed meaning statements with voices of the young mothers.

Response to Experience of Vulnerability.

I understand this theme to relate to extremely difficult experiences connected with various sources of vulnerability. Specifically, this theme relates to how support systems may either respond appropriately and effectively or fail to meet the needs of the young mom. Young moms in this study shared a desire for support services that offered a protective barrier from sources of vulnerability at this particular time in their lives, allowing them to grow and thrive with their babies. One mom described this form of support as “*something taking care of you while you’re taking care of someone else.*” Another asserted that “*I have a baby depending on me so I have to make sure I’m ok to make sure she’s ok.*” Mothers expressed a great deal of awareness of the layers of vulnerability they experienced as caregivers.

Moms in this study shared the importance of having safe, comforting, caring and relaxing environments where they could heal and grow as new caregivers. One mom describes a sensory perception “*I get like vibes, vibrations, like energy from people...so*

when they're giving off negative energy I can feel that, or positive, I can feel that."

Another mom describes feeling physically safe "*It feels more secure. Like not just anyone is in this building.*" Another mom describes emotionally feeling "*a little more comfortable*" and another described an instance of support where she expressed "*I didn't feel lonely like I thought I would be feeling.*" When moms felt their environments were caring and safe, they felt more capable to focus on personal growth and relational growth with their child.

Young moms in this study felt supported when their child was cared for. One mom beamed while she recalled how she could "*trust them to watch my child.*" Another smiled as she recounted the glowing response she received from residential staff with respect to her child "*everybody says that seeing him is the best part of their day.*" Many mothers expressed a sense of relief knowing that they could occasionally access respite from caring for their child so that they could also have time to care for themselves. They expressed the importance of not feeling judged or fearful that their child was in someone else's care, and more importantly that others experienced joy in spending time with their child as well.

Some mothers wept as they imparted stories in which they felt frightened or threatened during their pregnancies or birth. They shared how some support services recognized the intensity of their embodied and emotional experiences and responded sensitively and some did not. Many moms described feeling shocked and terrified through their experiences of learning that they were pregnant, disclosing their pregnancies, during their birth, or by becoming new mothers. A young mom explains "*it's a new kind of*

scared.” One mom recounts *“I cried...I was scared...every time I would go to an appointment it was like relieving to know that the heart was still beating.”* Another mom describes a positive ultrasound experience following a prior negative support experience *“they were accommodating and kind to us, she was like oh and here’s the heartbeat...she was much more kind to us.”* Mothers described feelings of confusion, sadness, loneliness, self-directed anger, hopelessness, helplessness, worthlessness, worry and anxiety in the context of pregnancy, birth and new motherhood. A mom explains that *“when we don’t have answers, you feel lost in the dark...it actually kills you inside.”* Another mom shares how a support service helped her to create a plan to escape a violent living situation *“they came up with a plan to listen to me and get me out safely.”* Moms shared embodied experiences of feeling very ill, heavy, pain, sleep-deprived, overwhelmed, *“like I was gonna die.”* I noted in my coding journal several instances where Black mothers shared that they were denied adequate pain medication during or following labour. I recalled a conference keynote presentation I had attended that focused on maternal health and racism experienced by Black women during labour, in particular stereotypes about Black women being able to better manage pain, and as a result not being offered pain medication as often as white women; or instances of pain being neglected; or a medical situation during birth being minimized, contributing to higher infant/maternal mortality rates among Black women during labour (Amoako, 2019; Mehra et al., 2020). One Black mom shared *“they said that since I’m so far along I might not need an epidural, and I’m not big on pain, so it was just like I’m not gonna push without it, there’s no way, I’m gonna die.”* Later in the conversation she shared *“I ended up getting it but I was very*

scared, like very scared, to do it without.” In this instance, I do not know with certainty (and I do not know if she interpreted) if racism was a factor in her interactions with her health care provider. Upon strongly expressing that she wanted an epidural she was eventually granted one, which was very beneficial as her baby ended up being positioned unfavourably, causing complications and traumatic intervention. In another story involving a young Black mother and her experience of pain, the mom described that she had been recovering from an emergency caesarean section and that she had been in pain for a long time and kept vomiting from the medication that her health care provider was giving her. She expressed dissatisfaction that although she was clearly communicating that she was still experiencing pain and was unable to keep oral medications down, the health care provider would not give her anything else. She interpreted that the health care providers did not trust her or believe her. It was important to these moms that they felt support services recognized and responded sensitively to the gravity of what they were experiencing, understanding that these were difficult, sometimes traumatic, and unfamiliar experiences to them.

Finally, within the context of responding to vulnerability, some young mom expressed difficulty in being able to share when services were not meeting their needs. One mom articulated that *“if you don’t have someone who can understand you...it makes me feel like not good enough...it just...I’m just here and I’m no one...no one can like...sometimes I feel like no one loves me.”* Another mom indicates the power imbalance inherent in service-provider relationships and describes challenges asking for more than what she had received *“like she’s been pretty supportive, it’s just hard when*

like I don't want to seem like...bratty when I'm not getting everything I want." Some of these moms had support workers and had familiarity with negotiating systems of support prior to becoming mothers and for some moms this practice of negotiation was new. Due to various social, structural, and personal factors, some experienced an easier time than others negotiating with service providers to get their needs met.

Relational Autonomy.

I understand the theme of relational autonomy to relate to ways that a young mother can make her own decisions and to possess a sense of agency in connection with caring and scaffolding relationships with service providers. Many mothers expressed the significance of feeling a sense of personal power to learn and grow as young women and as new caregivers, in collaboration with stable and long-lasting support systems. Good support was described as reliable *"people who you could depend on when you most need it and when you least need it... I don't think it's really about the timing, I think it's kind of, they're always there."*

Non-judgemental and motivational guidance was valued by the young moms. Supportive relationships left one mom *"feeling empowered, motivated."* A good support worker reassured a mom by saying *"oh you've got this."* Many moms appreciated how support staff collaborated with them to help them learn. One mom shared the importance of *"being taught to deal with big situations right... because I was so young."* Another mom beamed *"they helped to connect me to so much different stuff."* A mother shared an example of collaborative scaffolding *"we booked doctors' appointments, she helped me book a blood test I had to go to."*

Having a long-term relationship supported comfort in reaching out for support. One mom expressed that her worker was “*easier to talk to because I knew her for a while.*” Another shared “*she knew how I learned which is not the same as everybody else.*” More frequent visits and longer timeframes for services seemed to foster empathy on the part of the workers and a sense of existential presence for the mothers. A mom emphasized the importance of support services “*understanding and knowing that it’s difficult and helping someone through that.*” Another mom described positive support as knowing “*you’re not doing this by yourself, knowing that you have someone...to help you.*” Another mother echoes:

always having an option if you’re struggling, or even if you’re not struggling, cause everybody has those moments when they’re ok and then they’re not ok but...they might not even have a reason or anything and it might not even be for very long.

A mom speaks to the impact of not feeling abandoned by services “*like something that’s not so time restricted, something like yeah, so your time’s up...so I kinda like programs that like once there’s that attachment, they’re not so quick to be like...bye.*” In my coding journal I noted an instance where a mom shared that she had travelled to her local hospital to see a lactation consultant (LC) regarding pain she was experiencing during breast feeding and how she felt dismissed after a brief consultation. She then went to see another LC through a doula clinic and was invited back as often as needed until the baby’s latching challenge had resolved. I recalled having a very similar experience as a new mom. Based on my experience, I interpreted that this mom might have felt abandoned by

the first LC. I recalled how much time plays a factor in infant feeding (baby feeds at least every two hours around the clock in the early months). I remembered the intense desire to care for my child, mixed with the anticipation of experiencing pain due to a troubled latch. If a health care provider's advice was not helping, I was uncertain about how long to keep trying or what to do next. The sense of connection that mothers developed over time in their relationships with support services appeared to offer comfort and reassurance needed to take risks and establish space in their minds for personal growth and problem-solving capabilities.

Young moms described qualities of supportive services that were important to them given the situational context of uncertainty, unfamiliarity, and lack of control they felt they had at that particular time in their lives. Particular qualities that emerged from the transcripts included clarity, stability, transparency, and patience. One mom described *“she didn't hold anything back from me, she didn't try to gloss over what happened.”* Another mom shared *“she was just very matter of fact but she was also very kind and caring.”* A mom shared that when she did not feel her workers were being transparent, *“it makes me worried like, what what's going to happen?”* Stable support was described by one mother as comparable to a sidewalk, *“something to walk on”* to help her get where she needed to go. When such qualities were present in a mom's support system, many young moms expressed feelings of relief. A mother shared *“like to just breathe...so like I don't know what I would do if I didn't have the option to get help.”* Finally, several moms expressed the need for patience from both them and their support services. *“I think the most frustrating part of anything is like, I know things are gonna be ok eventually but like*

I just have to be...I just have to wait.” When such qualities were present in support services, young moms described establishing trust, which fostered relational autonomy.

Young moms in this study described relational autonomy with their support systems as a significant contributor to feeling a sense of freedom to learn and grow in their own way. One mom describes good support as

trusting my instincts, giving me advice, like giving me advice when I ask for it, not trying to force your opinion on me, like I guess being a supportive person kind of looks like that...and that's why I really liked (doula clinic), cause like they'll give you advice but then they'll also let you follow your heart.

Another mother describes her relationship with her doctor: *“he's really supportive, he lets you parent the way you want to parent and he'll give you good medical advice, like he doesn't push his beliefs on you, he's really amazing.”* One mom describes a negative experience of support that made her feel infantilized: *“she was annoying, she was so bad, she was like a mom instead of a worker. So she literally wanted to mommy me, not um, teach me or guide me through things.”* Another mom echoes *“maybe like offering advice but not like, attempting to push that advice onto you, like not really telling you how to parent but still giving you like some guidelines if that makes any sense?”* When the advice is helpful and optional, many moms expressed gratitude for the support. This mom recounted how a *“lactation consultant assessed the situation and she said ok, here's what you can do, and it helped, it definitely helped.”* Young moms in this study expressed awareness that total independence as young women and new mothers is not realistic nor is it desirable. However, they strongly expressed the desire for space and encouragement to

learn and grow at their own pace, in their own way, and with the freedom and power to choose how they wanted to engage with their learning journey.

Tailored Support for Young Mothers.

Young mothers in this study emphasized the importance of good support services being tailored to meet their diverse needs in connection with both personal and social factors. Moms expressed the importance of having programs tailored to their needs as a caregiver while also having access to opportunities similar to their non-parenting peers; to have access to different forms of support simultaneously; and to feel included regardless of their age, race, sexual orientation, gender preferences, ability, size, class, immigration status, family composition, or geographical location. They appreciated services that holistically recognized and valued all parts of their identity and unique needs.

Tailored support for the young moms in this study meant that they felt included in spaces that were designed for them, where they could relate with one another, and where their co-parents were welcomed too. One mom shared her appreciation for “*programs like this where you’re with other moms, other young moms, you’re able to see their journey, relate to them, rather than relate to someone who doesn’t really know what you’re going through or what it feels like.*” Another mom emphasizes the importance of “*being able to talk to someone about something that you’ve both experienced.*” Several moms shared how they didn’t feel included or comfortable in community parenting spaces for older

caregivers. One mom described “*yeah because I don’t feel out of place, because I’m young, and everybody else around me is young as well.*” A Black young mom described feeling unwelcome in a program for young mothers that was situated in a predominantly white geographical region. In my journal I noted instances where moms expressed feeling excluded or unwelcome within groups of young mothers. I asked this mom “has it been helpful being with other moms would you say?” She replied “Umm, I thought it would be but...not everyone is really the welcoming and nice kind.” Based on statements such as this, one may infer that just because a support program is designed for young mothers, this doesn’t mean that everyone will feel welcomed and included. As demonstrated through my literature review, the socially constructed identity category of young mothers represents a multitude of overlapping aspects of identity. Positive support must stretch further to encompass awareness and flexible practices that address intersectional forms of oppression, in connection with colonialism, anti-black racism, and ableism, homophobia and transphobia.

Many of the young moms in this study described their co-parenting relationships as alternative to more normative (two parents) parenting relationships. Co-parents may have included biological fathers, or non-biological father figures, intimate partners, friends, other family or community members. One mom emphasized that it is “*really important, to have family support I feel like.*” Another positively gushed over a support program she engaged with “*and they’re not just open to mothers, they’re open to fathers too, or people that are parenting with the mother.*” Young mothers felt included in

support services where they could relate to one another, and where their personal support community could be included too.

As much as young moms in this study appreciated having services tailored to the caregiver part of them, they also appreciated support services that offered opportunities similar to their non-parenting peers. One mom described a good support service as *“accessible, and that’s a big deal, if I need to bring my son then I can and then if I don’t need to bring him, I don’t have to.”* A mom recounts feeling limited by the options available to her as a young mother *“I guess I just had to pick whatever was on the sheet.”* Many moms in this study valued access to equal education opportunities. A mom asserts:

education is very important obviously. So being able to kind of um rely on them to motivate you to make goals and stuff like that, for something like school, um is helpful because real teachers in real classrooms do that too so, kind of having the same aspect environment in a different place, obviously under different circumstances but still providing that help that teachers give I think is really helpful.

Accessibility relating to diverse ways of learning and communication was also prevalent in the responses the moms shared. One mom described the way a service was delivered *“I think it works well for me because I don’t feel as overwhelmed.”* Another shared *“maybe, I feel like it would be easier, like clients could text their OW [financial aid] workers instead of call, because like, calling like, I don’t like calling people, I’d rather text them or talk to them in person.”* Another mom echoes appreciation for alternatives to phone communication *“It’s important because like some people, are scared to talk on the phone,*

but they'll talk on the internet.” The mothers in this study clearly expressed appreciation for accessibility, inclusivity, and equal opportunity across their support services.

Different forms of support were important to young mothers. In addition to the foundational relational support that addressed vulnerability and fostered autonomy, mothers in this study identified good support to encompass practical knowledge, parenting and life skills, and material support that had tangible impacts. One mom commended how *“the prenatal program teaches you safety for the baby, like how to use car seats and things, that was really helpful and then also, I think they need to teach girls how to budget.”* Another mom echoes appreciation for financial knowledge *“I'd say financial because without money in this world, now-a-days you can't do anything at all.”* And another mother echoes appreciation for parenting knowledge *“the different classes that I'm taking, how to deal with the different cries of a baby, and figuring out what he needs and stuff, those will help a lot, and how to cope.”* Moms emphasize the need for physical, tangible, and material things: *“things that you need, when you need it”*; *“it's like physical support with food and groceries”*; *“it's having like physical support, like when you need physical help moving and stuff and actual physical support, people to be there to help you.”* Other moms discussed the role of space in how they made meaning of support: *“the art studio at [agency name redacted], I loved it there”*; *“we just go to the park and stuff like that”*; *“something to get me out of the house, to change my thinking.”* In my journal I noted how the theme of space stood out for me in the response to conversations I had with the moms. I recalled my own experience as a new mother a few years earlier, and the desperate need to get out of my living space at times, to break the

isolation and to commiserate or exchange information with other mothers in community spaces who had infants of a similar age. These statements illuminate the role that relationships between social systems of care, space and material things have in the lives of young mothers, that constitute good support, and ultimately assist young mothers to reach their goals.

The final aspect of the theme of tailored support for young mothers relates to effective service coordination and the delivery of support that meets multiple needs simultaneously. Several young moms described good support in the following ways: “*so support, it’s a whole bunch of different things*”; “*having people there for you emotionally, and physically*”; “*having community support helps*”; “*you can’t expect one person to be able to help you in all aspects, cause it’s not gonna work.*” A mom summarizes good support as “*it’s physical, it’s emotional help, it’s financial help, like it’s all of that, like it comes together. If you’re missing one of those things, like I don’t know...*” Another mom describes her positive experience accessing multiple forms of support:

I looked into like housing and stuff like that. Um and once I started doing that, it opened up so many more resources, like as soon as I talked to one like counsellor or something like that, there would be like three more different places to go and it was just like I knew so much information, I had so many numbers and so many like places like this where you could go and get help and support and answers, like physical support like, with food and groceries and stuff like that, um so that was really neat.

Tailored support in the lives of young moms means many things to different individuals. Each young mom is unique in her identity, situation and needs. Social support systems were described by young moms as complex and at times intimidating to access, however good support incorporated enthusiastic and knowledgeable service providers who could help young moms to identify their needs and navigate social systems of care to help them to meet their needs as young people and as new caregivers.

Multiplicitous Structure of the Phenomenon of Support

In the fifth stage of my process of analysis, I drew from the thematic clusters and the meaning statements co-constructed with the young moms through their words, their interpretations and my interpretations to create a statement intended to describe how young moms in this study conceptualize support in the context of service provision. Through this process, I shaped the following statement: Pregnant and parenting young people describe the phenomenon of *support* within the context of service provision in three important ways. First, young mothers describe support as attuned and caring *responses to their experiences of vulnerability* linked with inherent factors such as age, pregnancy, and being a caregiver, as well as with situational and pathogenic factors related to societal, institutional, and interpersonal harms done to them. Second, the most supportive forms of service provision offer non-judgmental and motivational guidance that *promotes a caregiver's capability to learn and grow in their own way, while still being able to rely on the presence of their service provider (or network) over time* for guidance when needed. Lastly, while young mothers desire access to the same opportunities as other young people, good support services are also *tailored to their*

unique needs, providing a blend of emotional care, knowledge, skills, and material support simultaneously and in an effectively coordinated manner, while allowing safe space to provide feedback.

Validating With Participants

The final stage of my process of analysis entailed reaching out to the young moms who participated in this study to share the themes and structure of support, and to incorporate feedback to support the validity of these findings. Leading up to this sixth stage, I created an ethics amendment that would allow me to reconnect with the moms as this stage had not been incorporated in my original ethics application that was based on an earlier pilot study. Interviews with the young moms in this study took place between late September of 2019 to the end of December 2019. As I had shared in chapter 4, due to the COVID-19 pandemic and childcare priorities, I did not complete the interview transcribing and analysis of transcriptions until August of 2020. In September of 2020, I followed up with as many of the participants as I could reach through phone numbers and/or email addresses they had provided. I was able to reach nine young mom at that time who were able to provide feedback on my analysis. As I had stated in chapter 4, I speculate that possible reasons why I was unable to reach more participants at that time could have related to changes in contact information, changes in living situations, lack of access to computer or internet, not having voicemail options, not wanting to answer phone calls that do not identify the caller, or simply being overwhelmed by other factors relating to the ongoing pandemic and caregiving duties.

Young moms who provided feedback in stage six of this data analysis spoke to the findings I shared in plain language with them. Several moms emphasized the importance of relational autonomy and tailored support: One mom stated *“yes, I see all of that as relevant and I agree. It’s important to still be able to go to school but not have people tell you what to do.”* Another mother declared: *“Yes, it makes me think of a centre that allows you to drop off baby for a bit and be able to go out for a bit like other young people.”* A third shared *“yes, for a mom to grow by her own mind and not telling her what to do. Nothing I would change. You can give her diapers and clothes, but if you’re not there for me emotionally, then that doesn’t help.”* Another mom spoke to the non-judgemental aspect of support: *“The non-judgemental part is big because a lot of service providers can be judgemental. If all places can be more mindful... everyone is subject to change if they get the resources, if you shut them out and judge them, they’ll fail.”* Other moms spoke to the importance of inclusion and accessibility, describing how their high school and university classes were offered virtually during the pandemic lockdown, allowing them to continue their education while caring for their children at home. Another mom shared her agreement with the emphasis on response to vulnerability and tailored support: *“yes, it seems exactly like what I said. A lot of the community services helped me get my apartment, mental health resources. A lot of women don’t know these are available.”* Through this final stage of analysis, I felt the findings accurately captured both the individual lived experiences shared by the young moms, as well as the common and less common experiences that shaped their conceptualization of support within the context of service provision. A limitation I would note within this process is that there may have

been moms who I was unable to reach who may have offered alternative perspectives or dissenting views on the findings.

Conclusion

Throughout this chapter, I share findings from an analysis of arts-based interview transcripts relating to the question of how young mothers make meaning of the concept of support within the context of service provision. I recognize each stage of analysis as a co-constructed process between the young moms and myself, who so courageously and generously shared their perspectives. I share synthesized statements and themes, closely interwoven with the words of the mothers who participated in this study. In recognition of my subjective role as a researcher, I also included excerpts from my coding journal that demonstrated moments where my theoretical knowledge or my own embodied experiences informed the themes that emerged for me in the analysis. For future scholars who wish to engage with feminist phenomenological approaches to data analysis, I would encourage the reader to return to the critical reflection section of my methods chapter to revisit where I more closely examine this process of analysis with the aim to expand further potential conversations in the literature.

Chapter 6: Picturing *Support*: A Visual Analysis

Introduction

In chapter 5 of this dissertation, I share co-constructed findings from the visual analysis of art images created by young moms, including images of artwork, artist descriptions, themes I identified across the images, and contextual themes surrounding the creative process.

Presentation of Data

In this section of the chapter, I present my observations and findings of the visual imagery created by 17 young moms about what support means to them in the context of service provision. Questions and prompts that I shared with the moms before and after they made their artwork are described in more detail in chapter 4 and can be viewed in the interview guide that I share in Appendix 9. I provide five examples of completed individual analyses of art images, and then I display summaries of thematic analysis based on the collection of the 17 visual images as a whole (see Appendix 16). As each visual analysis is lengthy, I only include five examples in this dissertation with the aim to be succinct and to provide the reader with an understanding of the process that shaped the thematic findings of the 17 summaries of the analysis of visual images. Each image that I present is titled with a caption, a direct quote, that I selected from the artist's transcription. I selected these particular captions because I felt they eloquently represented the meaning of the image, as described by the young mom who created it. For a description of the meaning and significance of attending to elements, principles and materials in the image, see chapter 4. In composing the descriptions of themes, I drew on

my feminist phenomenological method of thematic analysis, remaining aligned to my goal to encompass both multiplicity of experience as well as a common understanding held by young mothers about the meaning of support. I present the three themes below and essential structure of support with accompanying visual images and participant quotes that illustrate these findings.

Example 1: Figure 3



Figure 3. “Learning to Become Yourself While Raising Someone Else”

Step 1: Observation of the Visual Image.

Elements. This image contains a vivid blend of warm and inviting yellows and oranges with cool introspective purples, pinks, blues and violets. The desaturated colours and smooth texture have a subdued affect that draws the viewer into the image. Gloomy shades of grey range from light to dark around the borders of a soft-edged fluffy-looking cloud shape, giving the mixed impression of heaviness, playfulness and a sense of dread and menace. Lines are bold, giving the impression of strong protective boundaries. The

shapes are filled in with translucent shading. This high key value produces lighter tones that can be associated with positive feelings and a sense of weightlessness (Field, 2018). Pointy green lines appear agitated and uninviting as they would be sharp to touch. In contrast, the smoother round and arched lines of other shapes appear organic, comforting, and encompassing. Texture is soft and layered by multiple brush strokes, offering a soothing feeling and sense of openness. Colours gently radiate beyond the outlines of the shapes, allowing the shapes to communicate in a relational manner with one another while maintaining their defined boundaries. Representational images depict a maternal figure holding an infant under a sizable umbrella, sheltered from a large-scale storm cloud and large heavy-looking raindrops. Green markings at the bottom of the page suggest a grassy foreground, covered in purple flowers. On the left side of the image, free-floating symbols are displayed in sizes proportionally similar to the umbrella and cloud, creating balance among the images and giving the impression that these images are equally close to the viewer.

Principles. The imagery stretches across the full space of the paper, creating a sense of symmetry and stability. The layout appears homogeneous however the viewer's eye is dynamically drawn to the heavier grouping of images on the right, contrasting dark bold lines against the white background, demanding focus from the viewer.

Complementary colours of yellow and violet also contrast, drawing the viewer's eye to the left, perhaps offering a sense of relief from the larger ominous grouping of shapes on the right. The two groupings of images appear distinct, separated by the negative space of the white paper between them.

Materials. The artist chose to work with watercolour pencils and water colour paper.

Interpretation by Individual who Created the Visual Image. “The umbrella represents foundations or people that are kind of shielding you from negativity um and like you know hard things in your life so that kind of shields you and allows you to grow despite all the negativity”. “I think there’s a lot of young moms who feel unsafe, so to be shielded from that or helped through it”. The sun symbolizes “having love and guidance and light, to like show you where you want to go”. “I think having a child also is part of like the sun because it kind of gives you purpose and drive to do better so that I can help him the best way I can”. The heart and flower symbolize “having love and support”. The infinity symbol represents “having someone to relate to”, “it’s helpful with programs like this where you’re with other moms, other young moms, you’re able to see their journey, relate to them”.

Step 2: Conceptualization.

Relationship with the Research Question. Based on my observation of the image and the participant’s description, I interpret support to mean relational connection, guidance, comforting protection, having what you need to thrive (i.e. love and relational support). Young moms face life challenges that can be piercing and painful, heavy negative judgement that can feel overbearing, saturating into the fabric of their mothering experiences, as well as facing barriers in this society that have the potential to isolate and flood them.

accompanied by descriptive text printed in blue ink against a white background, supporting the viewer to be able to read the text (depending on literacy and vision capabilities). The chosen images are vivid and saturated in colour, creating a sense of excitement and energy in contrast to their white paper background. Symbolic suggestions relate to meeting the needs of a child's body and an adult's body. A figure of a woman is included, holding two grocery items in her hands while pushing a grocery cart. Her focus on the products, her consumed facial expression, and surrounding numbers and mathematical symbols suggest that she is making a calculated decision.

Principles. The groupings of the image in figure 4 create a trail around the page, suggesting dynamic movement. The space is shallow and two-dimensional, bringing the viewer close-up to the images. The images fill a great deal of the positive space on the page, creating a feeling of abundance or bustle. This homogeneous positioning appears all encompassing, like a full mind, a mother's multi-tasking and decision-making about health and supplies for herself and her children.

Materials. Materials used by the artist include magazine clippings, glue, scissors, a blue pen and white drawing paper.

Interpretation by Individual who Created the Visual Image. "I would say foodbanks are good for young parents". "If I'm low by December and I can't afford to put gifts under the tree, like that's not fair to my children and so they're helpful". "Back to school supplies because kids go through backpacks really easily". "I don't drive so like every chance I get to ask someone for bus tickets, I'll do it because up here it's \$3.85 for a bus, like almost four dollars. Four dollars could go toward a bag of milk instead of the

bus cause like going two hours, and then you have to pay another \$3.85 and then...”. “It’s just trying to make it all work together”. “It’s like forty dollars for a box of diapers”. “Like with breastfeeding, I wanted to but I didn’t know about that kind of support. I didn’t know you could rent breast pumps either, so like I didn’t know how it works for ODSP people to rent them”. “I was having trouble getting her to latch and they had a lactation consultant that was able to help and from then on she was able to latch”. “umm female products...they’re expensive, like just to be a girl”. “parenting classes helped, especially for young parents”.

Step 2: Conceptualization.

Relationship with the Research Question. Based on my observation of the image and the participant’s interpretation, I understand support in this instance to mean being able to meet one’s bodily needs and the needs of one’s children in the context of tight time and resource constraints. Access to material support on a day-to-day basis is crucial, such as food, menstruation supplies, diapers, healthcare, school supplies, lactation supplies, transportation, and holiday support.

Summary of Relationships Between Qualities Observed in the Image, Description and Research Question. Young moms living in poverty are constantly having to juggle priorities and source supplies to meet the demands of their own bodies and their children’s emotional and physical needs. Time and resources are tightly constrained, creating a feeling of hectic chaos in the face of unrealistic demands of productivity. Young moms are judged harshly by society, assumed to be bad mothers, placing extra pressure on them to make “good” and “right” decisions about their

are cool and harmonious, like a cool stream or distant memory into which the viewer may submerge themselves. Negative space surrounds the figures, defining and emphasizing the central image. An oval shaped border of faint decorative printed text surrounds the image as a whole, creating a cocoon of negative space surrounding the central image.

Principles. The viewer's eye is drawn to the gently smiling facial expressions held by the parental figures in the foreground, emphasizing dark pink lips, curved into a soft grin. Lightly drawn curves depicting eyes suggest the figures are peering down at the infant. The image is balanced with the figures centred and the framing text is evenly spaced around the central image creating a sense of unity and balance.

Materials. The artist chose to use water colour pencils, graphite pencil, an eraser, on white water-colour paper.

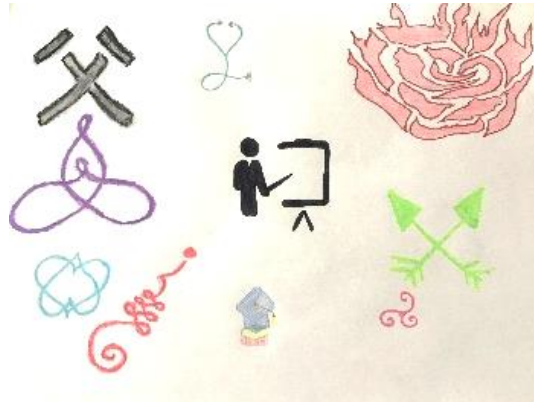
Interpretation by Individual who Created the Visual Image. "The whole mental health system made me feel like a reject". "I'm now terrified of going back into a shelter in fear of just getting discarded again". "I got kicked out early because I wasn't doing the work because this one [infant] wouldn't let me". "I'll make this baby gender neutral". "I think I might be gender fluid". "maybe I'll do multi-colour". "It's like oh you breast fed...you're a girl". "The first time I breast fed in public, I got so many dirty stares". "I reached out to PFLAG [an advocacy organization known as Parents, Families, and Friends of Lesbians and Gays] and they haven't really gotten back to me yet". "It's just kinda wanting to escape from past trauma". "this person is giving a hug". "So everything out here is just negative I deal with on a daily basis... and um...the inside is like everything that I believe in...and what I need as a parent...so like love...I need things to

be peaceful...I can't have angry people around me...[young parent agency] is a huge support...so they've been really really good to me". "Just understanding, patient, umm...know that everyone's different, not everybody can do things as easily as others...some people have difficulty expressing themselves...like I do."

Step 2: Conceptualization.

Relationship with the Research Question. Support for this young mom means feeling comforted, sheltered, and protected from negative attitudes and violence. Good support means being accepted for who they are as a young mom, centred as an individual with a complex history, and as someone who identifies as gender fluid. Good support provides the freedom to express themselves and feel loved for it, while being connected with their environment, including a community of other young moms.

Summary of Relationships Between Qualities Observed in the Image, Description and Research Question. Young moms sometimes have complex histories that involve trauma and violence they have experienced in their families of origin or intimate partner relationships. Services targeting trauma, gender-based violence, and mental health need to be accommodating to caregivers with young children. Caregivers should not have to choose one part of their identity over another to get their needs met. Life experiences and different aspects of identity blend together, are centred simultaneously, and are integrated with one's environment. Service providers and society cannot assume that all moms are cis gender. Support services need to make space for young moms to express themselves while feeling accepted and connected with other young moms.



Example 4: Figure 6

Figure 6. “Having Someone to Talk to Even When You Feel Like You Have No One”

Step 1: Observation of the Visual Image.

Elements. Ten small to medium sized two-dimensional abstract images fill the foreground. These images stretch to the outer boundaries of the background, encompassing a smaller central image. The central image is black, highly contrasting with the white background, which further emphasizes the image. The outer images are each a different colour, evenly spaced and contrasting between warm to cool tones, creating a sequential and dynamic bouncing movement from one image to the next. One of the images in the top right corner is significantly larger than the other symbols, drawing the viewer’s attention. This image could relay a potentially painful or aggressive feeling through its pointy, jagged lines and dark red border, or alternatively could invite the viewer to feel warmed and encompassed by its fiery hue and enveloping repetitive curves. Symbolic images suggest a stethoscope/medical service, a fiery rose, crossing arrows, a graduation cap on top of stacked books, a lecturer, wavy Celtic-like knots.

Principles. The images are arranged along the border of the background, surrounding a central image, leading the viewer’s eye in a circular movement. The bold

colours and lines contrast with the white background, eliciting varying degrees of attention. The images are evenly spaced apart, giving an organized and intentional appearance to the overall image.

Materials. The artist used felt-tip markers, pencil crayons, and oil pastel on a white cartridge paper background.

Interpretation by Individual who Created the Visual Image. “The sun is father [her own father]. He wasn’t a good support in the beginning, but over time, once he got used to the idea of me having a baby, he’s been a really great support to me”. “The next one is my mom. She was the person that helped me give birth”. “The next one is my sister. She was the first person I told that I was pregnant because I didn’t feel like I could tell anybody else at the time”. “This one is for acceptance from people”. “This one is for school [central image of figure in black]. I had the support of my school throughout the whole pregnancy, even before my pregnancy”. “I had support with my mental health and whenever I got injured, they were always supporting me”. “This one [graduation cap] is for teachers. I have a few teachers at the school who really helped me get my grades. Without them, I probably wouldn’t have graduated”. “This one [stethoscope] is for my doctor. She basically didn’t judge me from the moment I told her and I felt very supported and accepted there”. “This one is for family. I didn’t think my family would accept me [because of their religious faith] but they ended up accepting me”. “This one is for friends. You don’t know who your true friends are until you find out you’re pregnant”. “This one [large red flower] is for [young parent agency] and is the biggest support of all. They had counselling, prenatal classes, they told me what to expect, they

throw all these events, so you feel welcomed. They're open to father's too, or people that are parenting with the mother".

Step 2: Conceptualization.

Relationship with the Research Question. This young mom understands support to mean different kinds of relationships that help with different parts of one's life. She understands good support as relationships and services that are reliable, non-judgemental, accessible, welcoming, and specifically intended to meet particular needs. She easily can hop from one form of support to another as needed.

Summary of Relationships Between Qualities Observed in the Image, Description and Research Question. Young moms can feel rejected and scared, bullied and judged by peers and society. Young moms can be happy, fulfilled and successful at meeting their goals when surrounded by a variety of relationships that share welcoming, accepting, and caring attitudes. Accessing support can feel like working through a maze or a game of hopscotch, requiring strategy and stamina to get from one place to the next, while trying to figure out your ultimate destination. Relationships should be reliable, long-term, and designed to meet different goals.



Example 5: Figure 7

Figure 7. “All the People That Helped Me to Take Care of Her”

Step 1: Observation of the Visual Image.

Elements. 5 small images are drawn on a white background with thin, delicate lines, giving the impression of distance and lightness. Images are small, intimate and spread apart on the page, seemingly unrelated and disconnected from one another. The images display soft shading surrounding their outlines, allowing them to slightly blur into their environment. The colours are cool and harmonious, creating a watery, inviting and subdued mood. These colours blend sharply with contrasting shades of black and white, giving the impression of recessed memories or intangible dreams. The largest image in the upper left corner depicts a pattern of harmonious and saturated colours, creating an inviting and soothing and whimsical focal point. This focal point competes for the attention of a smaller black and white image that is centred amongst the surrounding images, giving an impression of a relationship between the two. Symbolic suggestions depict a flower, a female profile, a family, a toy-like panda bear, and a stethoscope.

Principles. The small images are evenly spaced out and differ in proportion to one another, inviting speculation with respect to how the images may relate to one another given the context of the artist's interpretation. Dark outlines contrast against the white background, depicting strong protective boundaries. The arrangement of the images creates a circular eye movement for viewer, emphasizing the central image. The colours and stylized lines unify the image, however the mixed media also creates a contrast among some of the images.

Materials. The artist used oil pastel, pencil crayons, and felt-tip markers on a white cartridge paper background.

Interpretation by Individual who Created the Visual Image. "I drew this [blue figures] thinking about my midwives because they were really amazing and I was really sad to leave their care because they were really helpful and supportive. I drew in the middle [panda bear] because my support really revolves around her [baby]". "And this [profile of face] I was thinking about my doula clinic, I think about fairness, like feminist empowering, they were really accepting and supportive, so I drew a woman. I think that's what feminism is about, feeling empowered, motivated, and standing up for each other, being there for each other". "I drew this flower because I was thinking about when I was in the hospital with [baby] and people brought me flowers, and these represent people who offered to help me out in ways that I wouldn't even think to ask". "I have a good psychiatrist and a good family doctor, a good pediatrician. He's [pediatrician] really supportive. He lets you parent the way you want to parent and he'll just give you good medical advice but he doesn't push his beliefs on you".

Step 2: Conceptualization.

Relationship with the Research Question. Support for this young mom means having people she can trust, who can empower her to be a mom, to care for herself and her child. She identifies good support to wrap around the needs of her baby (and herself as a mom). Good support meets not only the needs that are identified by a young mom, but also needs that she cannot articulate or is not yet aware of, as well as meeting needs that she does not know how to ask about.

Summary of Relationships Between Qualities Observed in the Image, Description and Research Question. In a patriarchal and ageist society that can make young women feel small, disempowered, and incompetent, good support means being surrounded by services and relationships that can meet your needs in a manner that honours your autonomy as an individual and as a caregiver. Such needs may relate to respecting boundaries and earning trust by taking time and care to gain understanding of how different aspects of experience relate to one another. With care and attention to boundaries, young moms can be supported to feel wise, confident and whole.

Thematic Analysis of Summary Paragraphs for Visual Images

In the above section, I provided five examples of visual analysis of images created by the moms in this study. In the following section, I share synthesized themes that emerged for me following the analysis of all 17 visual images (see Appendix 16 for visual analysis summary statements). These themes were shaped by the phenomenological stages of thematic analysis steps that I describe in chapter 4 (see Appendix 17 for

meaning statements). I present the three themes below and essential structure of support with accompanying visual images and participant quotes that illustrate these findings.

Theme 1: Difficult Life Experiences.

Several young mothers in this study depicted and described complex histories of trauma and interpersonal violence, compounded with experiences of social judgement and projected assumptions that they will be bad mothers. Young mothers living in poverty displayed how the pressure to juggle priorities and source supplies to survive on a day-to-day basis can feel all consuming. For some young mothers, traumatic pasts combined with current choices available to them, limit their capacity to imagine a future beyond childbirth. Good support in these instances requires flexibility, reassurance, predictability, and sensitivity to the demands of survival and the social context that these moms are parenting within.



Figure 8. “Something to Walk On”

Participant: “This was my whole childhood life...until I was 12...When I was 12 years old I got abused and [child welfare agency] got involved and I been taken away from my mom for four years now. I’ve been in foster care and group homes for a bit”.

Connection to Theme: This image refers to multiple experiences of childhood trauma and separation that have resulted in the mom experiencing an internalized state of instability (symbolized by a

sidewalk that actually appears tilted, unstable and covered with debris). Feelings of hope and freedom (symbolized by the birds in the distance, flying in a small strip of blue sky) were described as far away and out of reach.

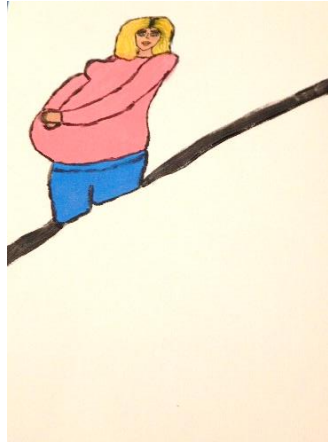


Figure 9. “Pink”

Interviewer: “What does it mean to you”?

Participant: “Pain. Everyone was stressing me out...expecting me to be perfect...they had unrealistic standards...It’s like oh you have to do this now, this, this, this, this. Everyone was just getting me all overwhelmed...they expected too much for me...like way too much...It’s interesting when you look at this image right? You would never know that this woman standing there holding her baby with the pink shirt on...you’d never know what she was feeling or what she was experiencing eh”?

Connection to Theme: This image represents multiple adverse experiences of trauma, and separation from a previous baby. The previous separation and ongoing social challenges this mom is embedded within makes it difficult for her to imagine what her life will look like beyond this pregnancy (as can be seen in the before/after divide where the after takes up most of the space and is blank). The cut off legs and absence of any support or assistive device in this example can also be interpreted as feeling a lack of freedom, a lack of control, or a feeling of helplessness, as one could not walk with cut off legs, or potentially mobilize themselves, to reach a destination. And yet, as this mom states, the woman in the image hides her pain, possibly to appear as a *good mom* — an *invulnerable* mom.

Theme 2: Being Surrounded by Support Helps Mom and Baby Thrive.

Many young moms in this study depicted how difficult life circumstances and social judgement were significant, however when they felt surrounded by support, feelings of joy and fulfillment were possible. These moms described how accepting and positive relational support made them feel centred, important, cared for, confident, whole, and honoured as caregivers. They expressed the importance of recognizing the need for peer social spaces where young moms could relate to one another, where their physical and emotional needs could be cared for, and where they could freely express themselves and their diverse identities.



Figure 10. “The Way You Feel When People Help You”

Participant: “I feel laid back and relaxed... Cause if you don’t have help then you kind of feel stressed”. “They were very nice to me. They didn’t judge me because I was 19”. “The young mom support services, saying that you’re doing well, like getting an ultrasound that says you’re doing well”. “I think all types of support are important to me because, you don’t be by yourself... It’ll be hard, unless you’re really super, super, super independent... you need people to help you

and I feel like it’s important to me because if I didn’t have my doctors, my nurses, my worker, I wouldn’t know what to do, I wouldn’t know how to do it, they help me and you can always use help, no matter what time in your life.

Connection to Theme: I chose this image to display in connection to theme 2 as it displays the potential (mom feeling well, confident, whole and empowered) when interdependence (mom depending on services, baby depending on mom) can be valued and embraced.



Figure 11. “Someone That Makes Sure You’re OK”

Participant: “I like the way things are now, like different counsellors, different programs to get me out of the house.” “I had an emotional support dog”. “My counsellor and [child welfare] worker are going to do this big support conference for me, we’re going to be in a big room with lots of people, we’re just gonna talk about the good things, like how they’re supporting me, and what they could do more of, and stuff like that”.

Connection to Theme: I chose this image to display in connection with theme 2 as it refers to both a history of adverse experiences, as well as an attitude of embracing multiple forms of support that the mom describes as helpful and empowering.

Theme 3: Tailored, Reliable, and Sensitive Support.

The young moms in this study visually displayed a wide range of material and relational needs and goals. Most importantly, they expressed how good support services must be tailored to recognize their needs both in connection with their life stage, and as caregivers of young children. Participants emphasized the value of long-term and reliable

support systems that were sensitive to their social contexts and the pressures they faced as young caregivers. They showed that young moms are aware and knowledgeable of how support can feel good or bad, and that they can communicate what they need for themselves and their infants to thrive. When support feels reliable, stable, predictable, and loyal, participants described that they are able to build trust and confidence in themselves and the world around them.



Figure 12. "Now I Can Breathe"

Participant: "This is a young mom and she looks like everything is ok...but she could be broken down right inside of her". "I think [a home is] very important because if you don't have a home, you don't really have anything". "And everybody needs to be reminded you know...thank you mom for bringing out my best because you will be the one that ultimately brings out the best in your child...not anybody else".

Connection to Theme: I chose this image to display in connection with theme 3 because this mom shared with confidence that life as a young mom can be difficult, with expectations to show invulnerability (symbolized by the person hiding her emotional expression behind her sunglasses). Yet she is not lost behind the sunglasses, she knows what she needs to mother effectively (material needs of food and shelter, relational needs of nurturing and encouragement).



Figure 13. "Time to be Yourself"

Participant: "When I found out I was pregnant, I was kinda scared but I was pretty happy". "When I gave birth, she like kissed me on my head, she like calmed me right down. She just told me everything was going to be ok. I was screaming and everything...it was pretty scary...I was in labour for three hours. It was the worst pain of my life". "Before I came here, I didn't want to do anything with my life, and then I came here and [counsellor] helped me a lot. Talking to people...about your

problems...and hugs".

Connection to Theme: This image was chosen in connection with theme 3 as the mom displayed a balance between material needs such as nourishing food with relational needs such as emotional sensitivity and reliable support tailored to her particular situation as a young birthing mom.

Multiplicitous Structure of the Phenomenon of Support.

In my final stage of visual analysis, I synthesized the thematic clusters drawn from my image summaries into a statement in which I aimed to capture the essence of what the phenomenon of support means to the young mothers in this study. Across the 17 visual images created by young mothers, the co-constructed findings revealed that *many young mothers have endured difficult life experiences in connection with interpersonal violence, poverty, transitional living situations, and birth trauma. When young moms and their babies are centred and surrounded by positive, accepting and nurturing sources of support, they can grow and thrive, positioning them to meet their goals. Good support is reliable and sensitive to the social context that young moms are positioned within. Good support is tailored to meet the diverse physical, social and emotional needs of young moms and their children, recognizing both life-stage and caregiving needs.*



Figure 14. “Love and Support”

Participant: “I just want it to mean love and support, that’s all I really need”. “Knowing that someone’s on your side”. “You’re not doing this by yourself. Knowing you have someone...to help you...”

Connection with Essential Structure: I display this image here as it depicts a central shape of a heart (potentially symbolizing the mom or their life), taking up a sizeable portion of the space (potentially growing and thriving)

and surrounded by words that represent positive attitudes and messages they received in the context of multiple and layered forms of service provision.

Creative Process and Contextual Considerations

In addition to knowledge that can be gained from analysis of the completed visual image, it is also important to consider knowledge that can be gained from researcher observation and participant self-awareness of the creative process and contextual factors

surrounding the art-making. It is important to attend to the surrounding environment and interactions that take place in the space, during the interview. Through my interview observation notes and review of transcripts, I identified the following themes that emerged in connection with the art-making process: time; space; art materials; and researcher/participant interactions.

Time.

Factors surrounding the theme of time included moms enjoying the time to make art, moms feeling rushed and distracted if their infant was with them and not feeling they had the time to make art; art-making connected with memories of past enjoyable experiences such as making art when they were children themselves; moms feeling aware of timing constraints due to commitments surrounding the interview as well as timing needs of their infant such as feeding time, changing time, nap time etc. One participant shared “I haven’t done this in years...it feels so weird”. Similarly, another expressed “I also went to art classes...I just haven’t done it in forever”. Another mom stated “It’s hard to find time to do things like artwork when you’re a mom”. In figure 15, the participant recalled previous employment she had as a house painter and how meditative the painting process was for her while healing from past trauma and depression.



Figure 15. “The Feeling of Painting”

Participant: “I love to paint, the paint and splatter, I love to do that, it’s so fun for me. I love the art studio”. “I used to paint walls”. “I feel like I’m clearing my head”. “I’m understanding to find more things within myself that I look to, to feel better”.

Space.

Factors surrounding the theme of space included the location of the interview such as an art studio, a meeting room in an agency, or the place where mom lived. Some spaces had bigger or smaller tables, some spaces had a place for infants or toddlers to sleep or play, and some had limited space requiring mom to hold baby in her lap or be more attentive to their toddler playing within the space. One mom requested “can I shift the table”? This mom was close to her due date and needed to adjust the space in alignment with her pregnant body. Moms demonstrated various levels of comfort within the spaces, for example if in their homes, they were familiar with their surroundings and could easily access items they needed for themselves and their child. If in their homes, they could also choose where the interview took place (such as a kitchen or living room), whereas if in an agency setting, they had less choice, contributing to comfort level and experience of power dynamics.

Materials.

As I described with the aspect of space, having choice over materials was also important as a means of self-expression, accessibility, and control. At the outset of each interview, I laid out a selection of art materials that moms could choose from. A participant surveys the surface of the table trying to decide what materials to engage with: “I have a vision of what I want to do...So I can paint anything, like as long as it has to do with the theme right”? The action of art-making becomes a shared process between the artist and their chosen material as the materials also possess agency. As described in more detail in chapter 4, the term *agency* in this context relates to the non-human power the

materials possess. The materials have their own rules the artist must abide by and the materials have the power to evoke a sensory response from both the artist and the viewer of the image. A participant remarked on the spontaneity and tacit aspect of the creative process “I don’t really know what I’m doing...I’m just kind of doing it”. Another mom shared “I don’t usually like paint because it’s harder to get certain detail but this is like in the middle, you can do detail or you can make it messier, it’s nice”. Therefore, images, experience and knowledge can be expressed differently depending on what materials are available to the artist. Paint has rules about how much water is needed, or how the texture will feel or appear based on the quantity of paint that is used and if it is spread out thinly or applied in thick strokes with a brush or palette knife. A mom commented on the agency of her paintbrush “I want to use the same brush...I don’t know how I did it...I just managed to stay in the lines”. Pencil and pastel can smudge either intentionally or unintentionally, creating shading and blurred boundaries between shapes and marks. One mom expressed “I’m always afraid to go to colour first because like...at least with pencil, if I mess it up I can change it”. Another mom anticipated her comfort level with the materials: “probably painting I’ll pass on...but I feel like I could do the magazines and draw”. Magazine images can offer projective qualities, allowing the artist to free associate and alter images based on previous memories, experience and cultural understanding. One mom wondered about the freedom she had to interact with the cut out magazine images: “This was supposed to be together I think... so there can be space”? Some materials can be erased and some must be layered over in order to make changes, creating different visual effects and requiring varying levels of flexibility from the artist while

creating the image. A mom observed the need for patience with the materials: “I wish this would dry faster so I can erase the lines.” Figure 16 depicts some of the materials participants engaged with.



Figure 16. Materials

In the introduction to the interview, I offered a variety of different art materials for the moms to choose from and I offered to show them how to use the materials if they were unfamiliar with them. Each material possessed different properties that offered more or less control, differences in colour intensity and differences in texture.

Conclusion

In this chapter, I share co-constructed findings in connection with the visual data set in this study. I share images of artwork that were created by young moms along with their interpretations of their imagery. I shared themes that I identified across analysis summaries and the creative process in connection with my research question. In chapter 7 of this dissertation, I bridge the findings from both transcript and visual data sets, examining similarities, contradictions, and what the relationship between the visual and textual can tell us about the political and social systems that shape young mothers' conceptualizations of support.

Chapter 7: Discussion

Vulnerability is a kind of relationship that belongs to that ambiguous region in which receptivity and responsiveness are not clearly separable from one another.

(Judith Butler, 2016 p. 25)

When we are taught that safety lies always with sameness, then difference, of any kind, will appear as a threat. When we choose to love we choose to move against fear-against alienation and separation. The choice to love is a choice to connect-to find ourselves in the other.

(bell hooks, 2000, p. 93)

In this chapter I accompany the reader in a discussion of this study's findings. The purpose of this study has been to increase understanding of how young mothers experience, perceive and conceptualize positive support within the context of the various forms of service provision that they engage with. I begin this chapter by presenting a model that illustrates how I have theorized the findings, grounded in the lived experiences of young mothers. Throughout the chapter I refer to this model as a means of supporting a discussion that more deeply expands on how I make meaning of the synthesized findings from the transcript analysis and visual analysis that were presented in chapters 5 and 6.

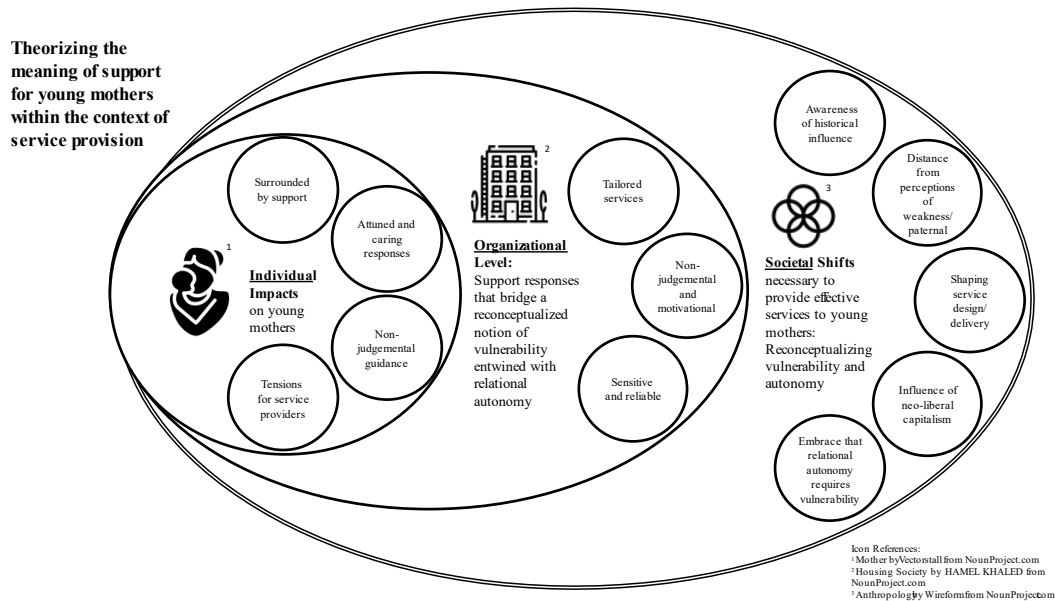
Meaning of Support Model

In this section, I present a fluid sequential model that is grounded in the results and synthesized interpretations of this study (see Figure 17). In this model, I employ feminist concepts of vulnerability and autonomy (Mackenzie, 2014) described in chapter 3. Through this visual diagram, I share my understanding of how three main categories of analysis, that emerged from the study findings, interact with and encompass the lives of

young moms and their families, alongside service providers and broader community webs of care. In the model, I illustrate relationships between the macro-level task to bridge reconceptualized notions of vulnerability and autonomy at a societal level, with a meso-level undertaking of engaging in new ways of thinking and doing vulnerability and relational autonomy at an organizational level, and then examining the impacts such reconfiguring may have at the micro-level, on an individual basis, in the lives of new young mothers and their families, as they strive toward expanded interdependence within their communities and society as a whole. I imagine that the simplicity of the model could be applied by other researchers who seek to understand how diverse socially marginalized individuals or groups might experience social support systems with respect to notions of vulnerability and autonomy.

Figure 17

Meaning of Support Model



Note. This diagram displays a fluid and sequential model of how vulnerability and autonomy may be conceptualized together at macro and meso levels, thereby impacting families and communities at a micro level, and ultimately contributing to cultural shifts surrounding understandings of relational interdependence and autonomy.

I have designed this model with the assumption that support services are influenced by traditional and dominant ways of understanding the concepts of vulnerability and autonomy, holding these concepts in opposition, and associating them with weakness vs strength. I recognize that such a broad assumption however does not diminish the fact that traditional understandings of vulnerability and autonomy manifest within services and relationships in unique ways.

All caregivers, regardless of their age or gender will need to engage with formal support services at some point during the early years of their child’s life. Depending on

social identity factors and situational contexts of the caregiver, they will come up against sources of vulnerability in varied ways. Young moms for example may experience combined sources of vulnerability that include the need for maternal health care, gender-based violence, or harsh social judgement due to age-based discrimination. The moms in this study call for caring and attuned responses to address sources of vulnerability that aim to establish and build relational autonomy. Service providers, in turn, would then require supportive organizations that embed notions of vulnerability entwined with relational autonomy within their policies, procedures and day-to-day practices. Additionally, organizations would require support from funders, government bodies, and community stakeholders to uphold these practices and values. Ideally such a cultural shift would occur from the outer layer to the inner core of the model, while drawing from the ways in which young mothers conceptualize and are impacted by positive forms of support.

The boundaries between the layers of this model must be understood as fluid and flexible. Each layer continually impacts and interacts with the others. I believe that while broader social belief systems have deep impacts on individuals, that the outcomes of seemingly small individual interactions can also greatly impact the ways in which ideas and assumptions can be broadly understood. I argue that with care-ful commitment and attention to all three levels, the way that marginalized individuals and communities experience support can shift toward a more entwined response to vulnerability and relational autonomy.

The **outer layer** of the oval reflects how support is understood by young moms as an entwined balance of awareness and attention to needs in response to sources of vulnerability and building relational autonomy. I suggest this finding indicates that a broad societal shift is necessary as a means of challenging the traditional binary between vulnerability and autonomy. The concepts of vulnerability and autonomy must be reconceptualized and dissolved in order to provide effective support services. Ultimately, I believe society must embrace and integrate the notion that relational autonomy requires vulnerability. This outer layer also encompasses other oppressive and historical social value systems such as neoliberal capitalism, white-supremacy, patriarchy, ableism, and ageism that influence dominant understandings of vulnerability and autonomy. The **middle layer** of the oval reflects findings that spoke directly to what an entwined vision of vulnerability and support could look like at an organizational level, specifying particular qualities of support that young moms identified as helpful in addressing their complex needs. These included tailored, non-judgemental, sensitive and reliable services, as indicated in the smaller circles.

The **core layer** of the oval reflects findings that indicated how young moms internalized (or soaked-in) the good forms of support that resulted from exposure to services that engaged with vulnerability and relational autonomy in an entwined manner. The outcome of exposure to these experiences over time was that moms felt confident and capable, ready to expand interdependently in their broader communities with a positive sense of identify as both young adults and as caregivers. I would suggest then that the direction of influence not only moves from the outer societal layer to the individual core

layer, but that the individual core layer may also generate impact toward the societal outer layer.

A significant feature to this model is that these three layers are understood to exist in a fluid manner with respect to time and space: Occurring sequentially, but also simultaneously on an ongoing basis; occurring in separate spheres, but also overlapping. I argue that one must appreciate how ideas about vulnerability and autonomy held at broad societal levels ultimately impact and sink deeply into the belief systems that shape how support services are designed and delivered to young moms, how such beliefs manifest within relational exchanges with service providers, and ultimately how these beliefs become internalized (for better or worse) into self-concepts that young moms hold, and how they (and others) perceive their capabilities as caregivers.

Transformative experiences vary between young moms based on the interactions they have had within and across service provision contexts. At an organizational level, good support was identified as tailored, non-judgmental, and delivered in a sensitive, attuned, caring and reliable manner. When these qualities were present within direct relational experiences of support, young moms were more likely to develop an internalized feeling of being surrounded by support, which in turn helped to build confidence and feelings of importance as a caregiver. Supportive guidance that also included these qualities helped young moms to develop a stronger sense of self and positive appraisal of their capabilities as caregivers.

There are several aspects of this model that combined, make it unique in the context of social services for young moms and critical feminist theory. Key aspects of this

model are that it accounts for political, social, and historical influences that shape concepts of vulnerability and autonomy in the lives of young mothers. This model provides space for unique situational and contextual factors in connection with social support organizations, service provider relationships, and young moms and their families. The model appreciates systemic confluence across macro-meso-micro layers with respect to changes in beliefs and actions across time and space. Finally, this model is grounded in empirical research findings, lending to its credibility as a robust conceptual framework to guide future research in areas such as care ethics, organizational strategy in social services, health care, mental health, community services, developmental services, residential treatment and housing, infant/maternal wellbeing and family services.

Discussion

In the following discussion section, I share three themes of analysis that attend to various interpretive perspectives of the co-constructed findings from this study. I will continually refer back to the visual model presented above as a means of grounding the discussion. The first theme focuses on macro-level perspectives that relate to dissolving the binary between the concepts of vulnerability and relational autonomy (outer-layer of the model). The second theme focuses on organizational-level perspectives relating to how good support, as defined by young moms, may bridge efforts to address both matters of vulnerability and autonomy (mid-layer of the model). Finally, the third theme focuses on micro-level perspectives that relate to how good support may build capabilities and positive self-identity with young moms as they expand interdependently into their broader communities (core-layer of the model).

1) Vulnerability and Relational Autonomy Entwined: Dissolving the Binary Within Support Services for Young Mothers

Young moms in this study conceptualized support as both a response to effects of exposure to various sources of vulnerability, and as efforts made to establish and build relational autonomy. Positive support responses to experiences and effects of various sources of vulnerability were described as attuned and caring, with deep understanding of the gravity and complexity of blended experiences. Efforts made, within the context of service provision to establish and build relational autonomy, were described as non-judgemental and motivational guidance that promoted caregiver capabilities to learn and grow in their own way. Also, that such support be delivered in a way that makes a mom feel surrounded by positive reflections of their identity as a capable and “good” caregiver, necessary for them and baby to thrive.

I encourage the reader to consider how support services for young moms may be influenced by societal values that uphold masculinist and liberal traditions of understanding the human subject (Braidotti, 2013; Fineman, 2008). I suggest that such values are important to recognize as they tend to divide and hold in opposition the notions of vulnerability and autonomy into associated binaries of weakness versus strength (Butler, 2016; Gilson, 2016 Mackenzie, 2014). I would argue that this binary can be perceived in services that either distinguish or prioritize strength-based approaches to support, over trauma-informed approaches to support (Burstow, 2003; Herman, 1992/1997; Hirsch, 2016). Based on the findings from this study, it would appear that young moms appreciate support services that balance attention to their needs of having

both vulnerability and autonomy attended to. I believe this finding indicates a significant need to dissolve the existing binary in order to provide more effective support services for young moms. In the outer layer of the visual model, I indicate necessary conceptual shifts at a societal level (situated in the smaller circles) that I believe could either hinder or transform understanding of vulnerability and autonomy within the context of service provision.

I am assuming such binary patterns of attention are common in services accessed by young mothers. I also acknowledge however that each context, setting, and individual service provider relationship is unique and how these traditional and dominant understandings of autonomy and vulnerability manifest are complex across settings and individual situations.

Historical Shaping of Autonomy and Vulnerability. Within this theme I share five perspectives that explore how I make meaning of this study's findings relating to balance between attention to vulnerability and autonomy in service provision contexts. When attention to both vulnerability and autonomy are voiced as so important for young moms, I first question what gets in the way of having this balance. I begin by exploring how the concepts of vulnerability and autonomy have historically been understood.

The traditional and dominant conceptualization of autonomy was formed during the historical time period of the Renaissance with the rise of Humanism (Braidotti, 2013). Autonomy was conceptualized in association with the notion of a male, white, self-sufficient and rational subject (Fineman, 2008). This conceptualization of autonomy creates a binary between invulnerability and vulnerability, overvaluing invulnerability

and disavowing perceptions of vulnerability (Gilson, 2016). Traditional and dominant conceptualizations of autonomy have influenced the societal belief that focusing on self-sufficient strengths and action is more important and should be valued over focusing on accountability to wounding or perceived areas of dependency (such as difficult/traumatic life experiences and associated emotional and material impacts) (Dodds, 2014; Walker, 2007). I suggest that societal values in connection with autonomy, notions of resiliency and self-sufficiency, have supported a binary in psychological theories and service provision with competing messages about strengths-based approaches and trauma-informed approaches to care (Bracke, 2016; Gilson, 2016). Some may characterize these two approaches as separate and sometimes incompatible with one another. I view this act of separation to be dangerous as it not only creates a hierarchy, but it risks stigmatizing trauma-informed approaches to care, and ultimately shames, stigmatizes, and silences survivors of trauma who seek care. I recognize that the terms “trauma-informed” and “strengths-based” are not standardized terms and can be understood and applied differently across social service contexts. I encourage service providers (and those training them) to be critical about how these terms (and associated interventions) either uphold a harmful binary between vulnerability and autonomy or create space for an understanding of how vulnerability and autonomy are entwined; upholding that both are necessary and part of the human condition in more-than-human worlds.

Distancing From Perceptions of Weakness and Paternalized Forms of Intervention. A second perspective I would suggest as important to consider with respect to imbalances between attending to both vulnerability and autonomy in service provision

contexts has to do with ways in which some social service workers or models may have distanced themselves from attending to vulnerability due to stigma surrounding the concept. Vulnerability has been cited as an undertheorized concept (Mackenzie, 2014) as well as a contentious one (Butler, 2016). Traditional masculinist views of vulnerability have positioned those labelled as vulnerable in connection with victimhood, helplessness, dependency, and pathology, as opposed to viewing vulnerability as an inevitable part of human existence and our embodied humanity (Fineman, 2008). For this reason, there has been debate among many feminists about focusing support on trauma and vulnerability due to concern that this focus would reify patriarchal perspectives that women are essentially weak and helpless, thereby justifying coercive and paternalistic interventions that further exploit vulnerability (Mackenzie, 2014). Many feminists now see this dichotomy as faulty however and better understand vulnerability as a means of mobilization toward resistance and autonomy, and that those enduring oppression must be responded to with empathy and efforts toward elevation in support of collaborative work to dismantle dominant regimes of power (Butler, 2016).

Historically for marginalized identity groups like young mothers who are also, unmarried, racialized, disabled, or living in poverty, perceived weakness has been associated (and I suggest often continues to often be associated) with the individual, influenced by dominant conceptualizations of autonomy/vulnerability (Hesford & Lewis, 2016). These individualized associations have resulted (and I believe continue to result) in harsh social judgement, medicalization, pathologizing, and material consequences that include ongoing discrimination, social isolation, and potential apprehension of their

children (Breheny & Stephens, 2010; Claire, 2017; Kafer, 2013; Vandenbeld Giles, 2012). Legal systems continue to be shaped by traditional notions of vulnerability/autonomy, leading marginalized individuals (and by extension services that advocate for them) to emphasize personal strengths and autonomy while downplaying sources of vulnerability in their lives (Fineman, 2008). Critical scholarship focusing on young mothers highlights how societal beliefs and values shape social policy that is designed to punish and discipline those who deviate from what is constructed as normative (Hamilton et al., 2018; Sniekers & Rommes, 2020). While I recognize the validity of concerns about how attention to vulnerability may trigger further exploitation, I stress the significance of findings from this study that still demonstrate the vital importance of attention to vulnerability, entwined with autonomy, albeit with sensitivity and awareness.

Traditional Understandings of Vulnerability and Autonomy Shape How Support Services are Designed and Delivered. In alignment with the previous perspective, I further theorize through literature and findings, sharing meaning regarding impacts relating to the vulnerability/autonomy binary that can be observed in service provision contexts. Several studies focusing on examining research, policies, and practices relating to young mothers, demonstrate how such policies and practices can influence services that can either support or harm young mothers (Bermea et al., 2018b; Kamp & McSharry, 2018; Lewis, 2007). I suggest that many support service researchers/trainers/providers have internalized dominant conceptualizations of vulnerability and autonomy. Therefore, services may be provided in a paternalistic and

protective manner because if a service user or community is deemed vulnerable, they may not be viewed as also autonomous (thereby being able to engage in action and caregiving); or services may be provided in a way in which strengths, action and autonomy are the primary focus, at the cost of also attending to past or current sources of vulnerability.

I wonder if service providers may believe they are acting ethically by not emphasizing perceived weaknesses of the individual which they assume (and in some cases rightly so) could set that individual up for further exploitation of vulnerability. I worry however that when past or current sources of vulnerability and their impacts are neglected, the individual may suffer invalidation as a whole person. A young mom in this study describes *“I get the feeling that my feelings are wrong.”* I imagine that trust can be more difficult to establish and efforts to build autonomy within the relationship may be sabotaged due to insufficient scaffolding of relational care. One young mom verifies that *“understanding and knowing that it’s difficult and helping someone through that, is supportive.”* Critical qualitative literature that I highlighted in chapter 2, demonstrated the importance of attending to exploitation of vulnerability experienced by young mothers in the form of oppressive social structures such as racism, classism, conservative faith-based moral beliefs, patriarchy, ageism and ableism (Gore, 2021; Green, 2007; McConnell & Llewellyn, 2002; Sniekers & Rommes, 2020; Williamson, 2016). It seems clear to me that recognition, validation and attention to vulnerability is a crucial component in building strong relational ties that scaffold autonomy.

Neo-liberal Capitalism Shapes Support Services that Overvalue

Invulnerability. A fourth perspective I share here focuses on how neoliberal capitalist values shape cultural attitudes and policies in social service contexts. I suggest this perspective could lend understanding to ways in which vulnerability and autonomy are emphasized in support services. I view support services for young mothers to be offered within a social context embedded with neoliberal capitalist values that emphasize self-sufficiency and identification of risk, while de-emphasizing the social causes of challenges that individuals, families, and communities face (Baines, 2010; Vandenberg Giles, 2019). Neoliberalism can be described as a rise in economic philosophy, policies, and practices that emerged globally in the 1980s that prioritize financial capital while dismantling the welfare state, increasing precarity for society's most marginalized (Garrett, 2019). Neoliberal values have expanded to infiltrate every sector of societies in the Global North, including social services (Gray et al., 2017). The influence of neoliberal ideologies has shaped the notion of what is dominantly perceived as an ethical and moral subject (Bracke, 2016), and by extension, the notion of a *good mother* (Vandenberg Giles, 2012). I draw on Hays' (1996) concept of *Intensive Mothering* here to describe the neoliberal socially constructed notion of a good mother, that is, one who prioritizes the needs of her child above her own, who uncritically follows expert-guided parenting advice, and who invests heavily in the social capital of her child, both financially and through emotional and physical labour (Hays, 1996; Vandenberg Giles, 2012). I would argue that the influence of neoliberalism is also a major contributor to the division of support being offered as either response to vulnerability or efforts to build autonomy, but

not both simultaneously. I emphasize again here that young moms in this study resist this binary division, citing both forms of response as important in constituting good support.

Neoliberal ideology has been discussed in the context of social services in relation to new managerialism and evidence-based practices of standardization and accountability tracking, with concern being cited about the loss of relationship-based attention to contextualized needs of people and communities seeking services (Baines, 2010; Trevithick, 2004). In such circumstances, I wonder how young mothers risk being set up to fail against the imposition of so-called gold standard manualized brief interventions that may not take their unique social circumstances into account (Madigan, 2012). When such failure does occur, it would then be more likely that young moms risk being positioned as irresponsible and incompetent, quite opposite from the response or messaging required to scaffold autonomy.

At an organizational level, I recognize that service providers and administrators may not have a great deal of control over the ways that services are provided, creating constraints with respect to being able to sufficiently provide both relational response to vulnerability and support toward building autonomy. I understand all levels of government and funding bodies to be influenced by neoliberal agendas that have shifted many not-for-profit models of care into business models that focus on efficiency, productivity, and cost effectiveness (Gray et al., 2017). As a result, many social welfare agencies experience continual financial cut-backs from government sources, requiring organizations to continually do more with less (Baines, 2010). I imagine that such constraints may result in briefer services, more part-time and contract-based workers, and

less opportunity to develop long-lasting therapeutic relationships with individuals and communities they serve (Trevithick, 2004). I would suggest that such constraints likely shape decisions of service providers, the kinds of programming offered, training priorities, and eligibility criteria for participation in agency programs.

My interpretation of ways that neoliberalism influences how young mothers experience support is corroborated by literature that associates tensions in service provision with welfare restructuring and shifts in social and child welfare policies (Hamilton et al., 2018). Vandebeld Giles (2019) carried out a study in which she interviewed nurses and social workers who shared their observations of the dangers of funder-driven program success measures that they perceived as prioritizing “efficient bureaucratic management” over actual needs of homeless pregnant and parenting youth (p. 44). Other literature engages with ways that neoliberal ideals of self-sufficiency, productivity and being a good consumer shape perceptions of who can live up to social ideals (Romagnoli & Wall, 2012; Vandebeld Giles, 2012) and what it means to be a good mother in conjunction with the notion of *intensive mothering*, as coined by Sharon Hays (1996). By placing self-sufficiency on a pedestal, I argue that neoliberal ideology overvalues invulnerability and therefore creates the perception that good support cannot bridge a sensitive response to sources of vulnerability with efforts to build autonomy (Gilson, 2016).

Relational Autonomy Requires Vulnerability. This final perspective relates to the meaning I make surrounding awareness of vulnerability and autonomy for the young mothers who engage in using services and their past experiences in service provision

contexts. Relational autonomy requires those who engage in support services to expose their experiences of vulnerability and to also be open to being vulnerable within a relationship with the service provider who has more power in the service provision relationship (Dodds, 2014). The openness required by a young mom to establish trust necessary to scaffold relational autonomy, is directly influenced by previous experiences (positive and negative) of how those in relational and systemic positions of power responded to their vulnerability. For example: if a young mom experienced past interpersonal violence or discrimination in a relationship with a caregiver, professional, or intimate partner, they might be hesitant to engage in support services that are not sensitive to this history or the effects that such exploitation of their vulnerability would have had on them. A young mom describes a past experience in which she felt unfairly discharged from a community-based program: *“the whole mental health system made me feel like a reject... I went to a women’s shelter and got kicked out the very next morning... even though management and the rest of staff felt like I should have stayed there... I’m now terrified to go back into a shelter in fear of just getting discarded again.”*⁵ Overarching messages that I identified across critical scholarship focusing on young mothers portrayed young moms as aware of the binary between vulnerability and autonomy in social service contexts. They demonstrated being both challenged by various sources of vulnerability and experiences of loss, while simultaneously acting as effective negotiators within multiple systems they were tasked with navigating as both youth and as caregivers

⁵ Through the following sections, I integrate quotations from the young moms into my theorizing to illustrate my perspectives and to bridge these views with the voices of the young moms.

(Herrman, 2019; Jacobs & Mollborn, 2012). I understand this awareness and capacity to hold both concepts together as one, as significant. First, because the awareness and practice emerges out of necessity, demonstrating how young moms (as marginalized mother-outlaws in O'Reilly's words, 2021) must break tradition from normative individualized patterns of mothering. Second, because young moms can potentially influence organizational and societal levels by modelling their non-traditional mothering practice, dependant on others honouring and embracing their understanding and practice. In this way, the direction of influence may move from the core layer of the model to the outer layer.

2) Bridging Support Responses that Address Vulnerability and Relational Autonomy

I draw the reader's attention back to the visual model focusing on the mid-layer of the oval that includes organizational factors relating to support. Young moms in this study described three most important aspects of good support during this time in their lives: The first was that services must be tailored to meet their needs as both caregivers and as teens/young adults. Second, services must be delivered in a non-judgemental manner that made them feel motivated, not forced, to engage in learning. Third, services must be delivered in a sensitive and reliable manner, so they knew they could depend on those people and services if they needed them. In the following sub-sections, I make meaning of this grouping of finding through three perspectives of interpretive analysis (depicted in the three smaller circles within the mid-layer of the model).

Tailored Services. I question why young moms value tailored services as a positive aspect of good support. Young moms in this study shared that they often felt

judged or unable to relate when engaged in support services where older parents usually attended. A young mom described why she liked her parenting group for young moms “*because I don’t feel out of place, because I’m young*”. It seemed apparent to me that many also felt socially isolated or experienced bullying when engaged in support services for young people who were not caregivers. Literature corroborates these findings, stating that services must be tailored to culture, age, be queer and trans inclusive, highlight capabilities, and foster both personal and political development (Aparicio et al., 2015; Dworsky et al., 2018; Gill et al., 2020; Greene, 2007; Herrman, 2019; Lewis, 2019; Trotzky-Sirr, 2009; Williamson, 2016). Yet, I found it noteworthy that young moms in this study expressed that they still wanted to enjoy some of the same opportunities their non-parenting peers were able to engage in. Some moms discuss the importance of feeling supported to continue their education: “*I have a few teachers at the school who really helped me get my grades... without them I probably wouldn’t have graduated.*” Another mom shares that “*I wanted to graduate on time with my friends.*” Appreciation for childcare support in programming was also highlighted: “*it felt really good to just get time for myself...I really needed it.*” So although the young moms in this study expressed that services unique to their needs were considered good support, it is also apparent that at the same time they continue to relate to their non-parenting peers, with desires to engage in normative activities, in normative spaces, with other teenagers and young adults. I understand this dual desire to reflect the ambiguous space that young moms straddle as both young people and as caregivers, a space that society does not build for them. I believe the recognition of this duality also reflects a sense of self-awareness that they are

mother outlaws, and that they must chart new pathways toward their goals, making up the rules as they go, mothering in innovative ways that necessitate relational networks with people, organizations, community infrastructure, nature, and technology.

Services Delivered in a Non-Judgmental and Motivational Manner. I

understand this aspect of support as being important to young moms due to the many negative messages of judgement and stereotypes they are exposed to in their lives. Young moms in this study shared that they often encounter older people in positions of authority judging them, their choices, or assuming that they cannot parent. They experience older adults such as family members or even strangers on public transportation telling them what to do in a paternalistic manner. They expressed that such attitudes corrode their feelings of self-worth as mothers, and contribute to feelings of powerlessness, which in turn hampers their process of personal growth. One mom expresses “*people are like, ‘oh my gosh... she’s having a baby... OH NO’, you know... like ‘that young mom’.*” Another young mom shared a story about feeling judged in public by a group of women at a bus stop “*I was getting a coffee the other day and these ladies were judging me... like I could just tell they were judging me but they didn’t say anything... So I’m drinking the coffee, and I was going to a doctor’s appointment, and they looked at me drinking the coffee, and they looked down at my belly and like shook their heads.*” I view these perspectives to be aligned with literature that illuminates protests by young mothers and critical researchers that the factors of age and incompetent caregiving must not be conflated (Sniekers & Rommes, 2020).

Similar to observations shared in the previous perspective, I understand that young mothers today continue to experience the historical legacy of how societies in the Global North have shaped the identity category of young mothers. I view this legacy to be combined with an ongoing sense of ambiguity in how society understands adolescence. A young mom shared how she felt harassed at her workplace by a customer who “*asked me if I’m old enough to have a baby.*” Adolescence is a socially constructed ambiguous time in life where people are no longer defined as children but are not yet afforded the same power as adults (Wilson, 2007). Parenting is viewed as an adult role in societies of the Global North, which shapes adolescent parents as immature and unfit to engage in the role of parenting (Byrd, Minaker, & O’Reilly, 2019). These may be reasons why many older people therefore view that they have the traditional authority to instruct, correct, and discipline the behaviour of young mothers as they would do with children (Wilson, 2007).

It is apparent to me that many young moms in this study felt let down or abandoned by people in their lives when they needed them (such as caregivers or intimate partners). They also seemed to feel powerless at times in relationship with service providers with respect to how the services were designed or delivered. One mom shared “*it seemed like each staff member kind of followed a different set of rules, that was really frustrating.*” Another discussed a program policy: “*I’m scared to go alone, but I’m not allowed to bring anyone with me, because it’s only for people who are on OW [financial assistance program].*” Another mom shared “*I find [service name redacted] to be ridiculous because when they switch your worker they don’t tell you, like they don’t contact you and let you know.*” Lee and colleagues (2020) found that young mothers are

rarely asked what they need with respect to programming design. However, some qualitative literature was illuminated in chapter 2 that demonstrated that some critical scholars do value the inclusion of young mothers' in defining what positive support should entail (Fortin et al., 2015; Gill et al., 2020; Herrman, 2019). I wonder if motivation to engage in services decreases for these moms – when they feel they have no power or control over the way their services are designed or delivered. I wonder if they become demotivated by trying to learn and grow within structures not built for them. I would suggest that such a situation could lead to repeated experiences of exhaustion, failure, and surrender, which in turn may elicit internalized feelings of judgment and shame, perceiving that they cannot succeed in the program. I can imagine that such repeated experiences would feel confusing, frustrating, and would risk becoming internalized (*I can't do this, I'm not good at this*). In contrast, I would argue that involving young moms in service design and delivery would serve to support more positive outcomes, enhancing relational forms of autonomy and confidence in connection with other life goals.

Services Delivered in a Sensitive and Reliable Manner. I can think of several possible explanations why this description of good support was viewed as important for young moms during their early years of caregiving. Many of the young mothers in this study shared that they had experienced childhood abuse and neglect in their early years. For young moms who grew up in poverty, their caregivers may not have been available to care for them consistently if they had to work long hours or juggled multiple roles. Due to the social stigma associated with being a young mother, some young mothers were rejected from their homes and families of origin. Many young mothers also experienced

intimate partner violence, therefore relationships with these partners were not safe or reliable for themselves or their child. These explanations are aligned with literature on experiences of childhood maltreatment and intimate partner violence in the lives of young women, including young moms (Gladu, 2017; Kennedy, 2005; Kulkarni, 2009; Madigan, 2012; McDonald Harker, 2016). It is important to note that my literature review findings highlighted that many studies over the past forty years demonstrated that poverty and adverse life experiences are not the result of teen pregnancy, but of pre-existing oppressive social patterns (Phoenix, 1991; SmithBattle, 2018; Wong et al., 2020) and that the majority of young mothers break intergenerational cycles of poverty and childhood maltreatment with empathic social support (Dym Bartlett & Easterbrooks, 2015). Therefore, I would suggest that sensitive and reliable support could act to counter the effects of previous experiences of interpersonal violence, with an understanding of social causes of the harm.

The literature indicates that many young fathers often experience similar early childhood adverse experiences and socioeconomic injustice as well. For many, such a history can contribute to mental health challenges, substance use challenges, or unstable employment and living conditions, potentially making them unreliable as a source of financial or instrumental support for moms (Byrd, 2014). It would be sensitive therefore that service providers recognize this potential added need for support, while not judging the absence of the father. A young mom shared “*after she was born, we did separate. I got my own place with her [subsidized city housing]. Then me and her father had to go to court because he wasn’t giving me child support for her.*” Another mom shared how her

partner at the time physically threatened her when she told him she was pregnant and that he tried to force her to have an abortion. She explained that he was angry with her because *“it messed up his lifestyle because he’s into drugs.”* Another mom empathized regarding her child’s father’s situation *“he has financial issues going on at home right now, he has a really bad relationship with his mom, he has a hard living situation so obviously the baby will be staying with me full-time.”*

I suggest that another reason why young moms view sensitive and reliable support as important relates to ways in which caregiving duties are socially assigned. In patriarchal societies that oppress women and devalue caregiver roles, mothers are often assigned the sole responsibility to care for children and fathers do not experience the same level of societal pressure to engage in child rearing responsibilities (Friedman, 2014). A mom in this study described her co-parenting experience: *“when we were together, he was hardly ever home, never fed her, never changed her, never did anything like that.”* Another mom shared *“he didn’t want to be a dad. He didn’t want her, or to be around her, he didn’t even want to be called dad.”* Such factors leave female caregivers with an added layer of secondary vulnerability as they must manage their own sources of vulnerability as well as the vulnerabilities of their dependants (Dodds, 2014).

The young moms in this study pointed out the importance of knowing they could rely on their services and for support workers to be sensitive to their unique circumstances and needs. Young moms described good support in the following ways: *“being able to rely on someone”*; *“she’s been there since day one”*; and *“being able to be*

supported through the things I need to get done while going through something that a lot of people don't go through".

Past and current experiences of rejection or abandonment both interpersonally and at a societal level also likely contribute to the desire for sensitive and reliable support services as a young female caregiver. A clear trend that I, and other critical scholars have identified across the risk-focused literature has been a shift from conceptualizing teen pregnancy as a moral problem into a psychological and health problem, supported by a great deal of deficit-based and socially decontextualized findings, minimizing the voices and stories of young mothers (Breheny & Stephens, 2010; SmithBattle, 2018). This form of framing teen pregnancy from powerful health care authorities likely exacerbates levels of surveillance and judgements young mothers perceive through their services and communities. Young moms in this study expressed feelings of rejection from various directions and seemed to desire a sense of stable/solid ground to trust, and a soft place to land where they could be themselves (Hamilton, et al., 2018). One mom described a supportive space in a community setting as offering “*just time to be yourself, and time to be, you know, not just mom right?*” Young moms expressed that they want to feel accepted, included, and sensitively/reliably cared for. Perhaps young mothers desire to be mentored in a nurturing manner, as a way to learn to mother in a collaborative way, in opposition to paternal forms of care that they experience as judgemental and forceful.

Social acceptance and relational support was prioritized by the young mothers in this study over material support alone. In alignment with the literature, it is apparent to me that young moms still want sensitive support and guidance from adults they can trust

(Fortin et al., 2015). Literature also corroborates that young moms describe good support as feeling safe, affordable, and accessible (Hamilton, et al., 2018; Recto & Dimmitt Champion, 2020). I view these factors be significant as I understand social inclusion, connection, presence and sensitive/reliable care as key components of what it means to be vulnerable, and at the heart of building relational autonomy (Ahmed, 2015; Anderson, 2014; Dodds, 2014; Haraway, 2016; Herman, 1992/1997). I believe that young moms create space here to imagine how social inclusion, connection, presence, and sensitive/reliable care can be viewed as central to what it means to be human in relationship with other humans and the world around us. I would suggest that young moms are communicating that these qualities can be understood as basic human needs, often overlooked in favour of material needs, with respect to survival and what it means to have a life worth living. I would also argue that social inclusion, connection, presence, and sensitive/reliable support play a central role young mothers' process of becoming as caregivers, and how they want to contribute to their child's process of becoming as a person within the world around them. Dym Bartlett and Easterbrooks (2015) frame such intergenerational transmission in terms of empathy. They found when young moms had frequent access to empathic social support after childhood, such support bolstered capabilities for empathy with their own children. There is a great deal to be gained from these forms of relational support as their impacts can have lasting ripple effects that can pass through families, communities, and generations to come.

3) “I Can Do This”: Building Capabilities and Positive Self Identity as a Marginalized Caregiver

Finally, I draw the reader’s attention to the core layer of the visual model that focuses on individual impacts of positive support on young mothers. Young moms in this study shared that the aspects of support that mattered most as they planned for expanded independence included the feeling or experience of being surrounded by different kinds of support to help them grow confidence and feelings of importance as a caregiver. They indicated that responses must be attuned and caring, integrating non-judgemental guidance that helps them build a strong sense of self and capabilities as caregivers to learn and grow in their own way. In the following four sub-sections, I share what these findings mean to me in connection with literature, theory and experiences shared by the moms.

Surrounded by Support. I begin by questioning what does being surrounded by support mean and what is it about this experience or phenomenon that is so important to young moms? First, I consider that young moms may require some additional support in their lives due to being younger than older mothers in combination with social expectations, practices and policies that young people are exposed to (such as laws regarding school attendance, independent living, employment wages, transportation, voting rights etc.). Many young moms continue to depend on their own parents, grandparents, or child welfare workers to support them in realizing goals such as graduating high school, signing their first apartment lease, or obtaining their driver’s license. Instrumental support such as childcare, housing and financial support are

important during this time of life as young people achieve the goals necessary to thrive more independently, thereby fitting into the socially held belief system of what one should have in place to be viewed as a fit caregiver. Williamson's study (2016) corroborated that young moms desire parenting resources, support to complete their education, and support to engage in meaningful employment within contexts of poverty, racism, and limited social support. Because most young mothers are not at a stage in life where the idealized perception of independence is possible (for example, owning a house and car, having completed higher-education, being engaged in full-time employment with benefits), they are then often marginalized in older-parent social spaces and within society as a whole. One mom in this study described an all-ages community parent program as "*kind of intimidating, like there's nobody there that's my age and they've already formed their cliques and they're not as interactive to newcomers as [young parent agency name redacted] is.*" It is noteworthy to point out literature that demonstrates how social challenges such as homelessness, poverty, low-educational attainment, racism, sexism, etc. also impact older mothers and that if these challenges are present in the lives of young people, such challenges may continue into adulthood regardless of whether or not they have children (Byrd, 2014; Eni & Phillips-Beck, 2013; Phoenix, 1991).

So, it would seem that age is not as significant a factor as many would assume in cases where social challenges pose barriers to attaining a particular socially valued middle-class lifestyle (Dym Bartlett & Easterbrooks, 2015). In many cases, young mothers struggling with poverty even tend to thrive better than older mothers struggling

with poverty because they have their children at an earlier age and are not later disrupted with parental leaves during higher education and employment years (Byrd, 2014; Eni & Phillips-Beck, 2013; Phoenix, 1991). For mothers who are younger or older, living in poverty or middle-class, all caregivers require support networks because being a caregiver is a source of vulnerability in itself (Dodds, 2014) and children have inherent needs for care and protection in order to survive (Lotz, 2014). It is not uncommon for instance for older mothers who have financial means to outsource caregiving duties such as childcare, cleaning services, and prepared nutritious food programs (Watson, 2020). Such forms of dependence are often viewed as socially acceptable however because these mothers do not rely on government financial assistance (Hays, 1996; Watson, 2020). The associated privileges middle-class mothers carry are often rendered invisible, illuminating the struggles of low-income young mothers to keep up to social ideals, while ignoring their additional “means-gathering work” (Romagnoli & Wall, 2012, p. 274).

Another way of making meaning of the finding that young moms appreciated the feeling of being surrounded by support as a means toward autonomy, is through exploring Honneth’s theory of recognition in connection with a reconceptualization of vulnerability as entwined with autonomy (Anderson, 2014). Through the act of being surrounded by a group of support people that one is accountable towards, the individual is vulnerable and dependent on this group for recognition of authority to speak and be validated as competent. This recognition cannot be achieved alone, and therefore is established intersubjectively with others. Anderson explains that one is vulnerable to having their autonomy limited if their surrounding community is narrow-minded, rejecting, or

unresponsive to one's claims to appropriateness. However, the entwinement of vulnerability and autonomy is vital in this intersubjective recognition process, for the individual to achieve the self-trust, self-respect, and self-esteem necessary to experience autonomy to participate in social practices (Anderson, 2014). Based on this theory, I would suggest that when a young mother feels supported and recognized as a competent caregiver by her community, she internalizes the self-trust, self-respect, and self-esteem necessary to expand her participation in social practices that contribute toward her goals and help her to survive amidst social challenges.

Another reason that being surrounded by support may be important to young moms is because young mothers are judged particularly harshly in patriarchal societies that place the bulk of caregiving responsibilities onto females (both day-to-day caregiving and financial responsibility) (Friedman, 2014). If the mother is legally unmarried and/or the father is not financially supporting her and their child, mothers are often held accountable with beliefs that they are irresponsible and inappropriately using tax-payer dollars when engaging in the use of government financial assistance programs (Vandenbeld Giles, 2019). One mom expressed *“I just felt different about myself because I never thought that I would have to... I always felt kind of judged by people about it.”* Many young mothers may then internalize such discourse through sources such as mass media, negatively impacting their self-image and likelihood to engage with care providers (Budden et al., 2016; Juando-Prats, 2017; Vinson, 2018). When faced with such vitriol and harsh social assumptions, I imagine it is particularly important that young moms be surrounded by positive messages that counter hateful attitudes (Hamilton, et al., 2018;

Recto & Dimmitt Champion, 2020). Critical scholars call upon other researchers to challenge policy makers and service providers to move away from focusing on perceptions of risk relating to young moms and instead to focus on structural barriers that prevent them from participating as relational and active citizens (Greene, 2007; Jacobs & Mollborn, 2012; Romagnoli & Wall, 2012). I imagine that reflection of counternarratives and exposure to positive attitudes of encouragement, motivation, attunement and caring, can also become internalized overtime, shaping one's concept of self, building an internal voice that says "*I can do this*".

I would encourage future researchers to expand on the impacts of social judgement and how young mothers may come to internalize positive self-concepts through the interdisciplinary body of literature on affect theory. Affect theory relates to our "capacities to act and be acted upon" (Seigworth & Gregg, 2010, p. 1), particularly attending to how emotions occur in-between our encounters with others and the world around us that intersubjectively shape who we are and what we are always becoming in a fluid and ongoing manner. Affect theory explores our style of being present with one another, how we are vulnerable to being shaped by one another, and also how we possess power to shape others and our surroundings (Seigworth & Gregg, 2010). I believe Sara Ahmed's (2015) notion of 'impression' is relevant to this conversation. Ahmed considers how emotion, cognition, and perception form the impressions we shape and are shaped by. She explores how the experience of relational emotion affects our surfaces, leaving lasting marks and traces. We therefore must incorporate ethical considerations and accountability in how we engage in our relationships with others and the world around us.

Another area of theory I believe would be worthwhile to critically engage with is psychoanalytic theory relating to intersubjectivity. I assert this would be a generative body of literature from which to consider how culture shapes experiences of emotion and self-concept. Goodley and colleagues (2018) explore how cultural norms and messages perpetuated by non-disabled communities result in internalized feelings of self-hate and shame experienced within those labelled/with disabilities in a disabling world. I view the findings in this study to demonstrate how young mothers are also shaped by cultural norms and histories that impact their self-concept in negative ways, however they also demonstrate having the power to push back, to resist, and reshape the worlds in which they are a part of.

Attuned and Caring Responses. A second perspective relating to individual impacts focuses on attention young moms in this study gave to attuned and caring responses in their descriptions of positive support. From an early age we are shaped by the social messages that surround us, that constitute us, in combination with material and environmental factors. Judith Butler (2016) and Eli Claire (2017) attend to the human vulnerability to name calling or speech acts, describing how discursive language can become materialized in forms of shame and self-loathing. Butler (2016) describes how social discourse transforms into the performance of socially constructed self-concepts such as gender, and with repetition, shapes deeply engrained beliefs about our identities, our place in the world, and what we are capable of. Such beliefs can come to be static and constraining. It can take a great deal of influence over time, from different directions, to undo previously held belief systems (like the belief that young mothers are inherently

unfit caregivers), to shift to the belief for the mother that when given the opportunity and resources, she can be capable of being a competent and “good enough” caregiver, as framed by Winnicott (1971/2002) and demonstrated in the empirical study conducted by Dym Bartlett & Easterbrooks (2015).

Caregivers develop an internalized sense of security, like the feeling of a safety net, similar to the concept of secure attachment, where they can feel confident to explore and engage with the world around them in a more independent manner, while knowing their support network is still available if they need it. I view the work of Susan Johnson (2019) and Allan Schore (2013) to be relevant to this topic in connection with their exploration of attachment theory and intersubjectivity in adult years, and how early childhood attachments shape relationships later in life and expectations about how others will respond (or not) to experiences of emotional distress. Many young moms who are engaged in support services are exposed to the concept of infant/caregiver attachment through therapeutic parenting interventions that tend to primarily focus either on psychosocial risk factors such as mental illness, substance use, or being an adolescent mother, or on interventions that focus on the mother’s ability to reflect on her own and her child’s behaviour, thoughts, and feelings (Letourneau et al., 2015). Although the interventions deemed most successful tend to consist of intense and prolonged infant-parent psychotherapy, attachment-based parenting interventions do not always emphasize the service provider-parent relationship (Letourneau et al., 2015). An exception may be in cases where the service providers have specifically been trained in relational attachment-informed approaches to care that recognize the ways that adult attachment relationships

shape and scaffold interdependence, particularly in times that the individual is feeling impacted by vulnerability.

I theorize that this disconnection between attention to attachment-informed care between mom/infant and mom/service provider can be explained by the combination of neoliberal notions of merit-based equality and degendered forms of carework that shape how mothers are then conceptualized as individually responsible for parent-child outcomes (Vandenbeld Giles, 2021; Vandenbeld Giles, 2012). Additionally, the naturalization of mothering shapes social assumptions that mothers are inherently nurturing and competent caregivers, “that the work of mothering is driven by instinct rather than intelligence and developed by habit rather than skill” (O’Reilly, 2021, p.54). I believe that such assumptions may undermine the attention needed in a relationship between a service provider and young mom with respect to modelling, experientially learning about attachment through reparative moments of attunement, empathy, validation and encouragement shown towards the mother.

Non-Judgemental Guidance: “To Learn and Grow in Our Own Way.” I find the concepts of *interdependence* (Kafer, 2013; Piepzna-Samarasinha, 2018; Puig de la Bellacasa, 2017), *intra-action* (Barad, 2007), and *impression* (Ahmed, 2015) to be helpful in making meaning of this third perspective on the individual impacts of support on young mothers. Interdependence in ethics of care literature recognizes the significance of how we move through the world in connection with relationships; how we are all dependent on interpersonal relationships, structures, and ecosystems surrounding us. In this view, we are never purely independent. The concept of intra-action relates to ways

we are believed to co-constitute one another through our influences on one another and the world around us (Barad, 2007). Ahmed (2015) engages with the notion of impression, how we affect and impress upon one another, continually reshaping one another and the world around us. I view these concepts as foundational with respect to the reshaping of traditional understandings of autonomy, into the notion of relational autonomy. The concept of relational autonomy positions autonomy in connection with (and constrained by) our relationships and support networks (MacKenzie, 2014; Fineman, 2008). One young mom in this study describes a positive support experience *“you’re not doing this by yourself, knowing that you have someone to help you.”* Another expresses awareness of vulnerability and dependence across the lifespan: *“you can always use help, no matter what time in your life.”* Another speaks to the notion of interconnected support *“it’s physical, it’s emotional help, it’s financial help, like it’s all of that... like it comes together.”* And a third mom alludes to ways that support reverberates across relationships of dependency *“that I have a baby depending on me so I have to make sure I’m ok to make sure she’s ok.”* I view the insights of these moms to illuminate how interconnected we all are and how entwined our paths become through our interactions of dependency and support, as fellow beings in shared moments, places and spaces.

Tensions in the Work and Roles of Support Service Providers. As I consider this fourth perspective relating to individual impacts of support, I question what gets in the way of young moms being granted the experience of being surrounded by positive support? What barriers might exist that make attuned, caring and non-judgemental guidance difficult or impossible to provide? I wonder if in some instances, service

providers may be feeling burnt-out by unreasonably sized case-loads, or that the caregivers they work with and advocate for may never achieve the happy status that life-building efforts seem to promise (Berlant, 2011). Job descriptions may not allow service providers to meet the complex and multiple needs that many young families have, therefore the service provider may feel their power is limited. Perhaps some service models are designed to prioritize material needs such as food, shelter, or medical care over relational support. I also wonder about lack of training opportunities regarding relational care due to funding restrictions or time restrictions within a neoliberal service context that demands not-for profit agencies to continually do more with less (Baines, 2010; Trevithick, 2014).

I return to some of the literature I reviewed in chapter 2 that indicated tensions experienced by support service providers in their roles and duties. For instance, tensions sometimes emerge where service providers are dually tasked with providing support to young moms while simultaneously being required to participate in surveillance duties through monitoring of parenting practices. These service providers reported that such dual roles place a strain on the relationships with the young moms they are trying to support (Gill et al., 2020; Hamilton et al., 2018).

Young moms across several studies expressed the importance that service providers examine personal biases or personal life challenges that may impede upon their ability to interact with young moms in caring and respectful ways (Harrison, et al., 2017; Recto & Dimmitt Champion, 2020). One young mom in this study described her child welfare worker as behaving “*like a mom instead of a worker*” and that the worker would be

“*harsh on me.*” Another mom described feeling that her worker had unrealistic expectations of her “*they just expect you to be able to grow up so fast, like it’s not gonna happen that way, as much as they want it to, it will never happen that way, so I just feel like they never really gave me the proper chance at being an adequate mom for my child you know.*” It seems apparent that service providers may experience tensions between their roles and belief systems, or between program goals and the goals of the young mom. Duschinsky and colleagues (2016) discuss how the culture of professionalism encourages social workers to suppress and disavow emotional connection to their work, viewing such emotional attachment as a threat or distraction. By emotionally disengaging in such a way, I wonder if service providers may miss opportunities to build self-awareness of their personal biases and how these may fold in with power dynamics and perspectives in their interactions with young families. Some service providers may have personal experiences or unrecognized wounds similar to the young mothers they work with. Such experiences, when unexamined within broader social contexts, may contribute to a state of complicity on the part of the service provider, with moral communities that fail to recognize the vulnerability and appropriate means of reparation called for with respect to historically marginalized groups such as young mothers (Kuri, 2019; Walker, 2006; Walker, 2007). Through understanding systemic barriers to good support, I believe we can build awareness and work toward transformation as a means to reshape services in an ethical and accountable manner that honours the experiences and needs of young moms.

Discussion Summary

In the visual model I presented at the beginning of this chapter, I shared my understanding of how young mothers made meaning of the concept of support within the context of service provision. I shared how various layers sequentially and fluidly influence one another from a societal level to an organizational level, ultimately impacting the individual mother and child. I also emphasized ways in which the direction of influence may move from the individual level outward to (em)powerfully impact organizational practices and societal conceptualizations of how vulnerability and autonomy can be (re)imagined. The mothers that engaged in this study expressed that they understood and experienced positive support within the context of service provision as a combination of response to the effects of vulnerability and efforts made to establish and build interdependence within service provider relationships and across service systems. Young moms shared qualities of good support that were most important to them at this pivotal time in their lives as they embarked on their journey of new motherhood. Such qualities included tailored services that reflected their unique needs, services being offered in a non-judgemental and motivational manner, and also that services be delivered in a sensitive, attuned, caring, and reliable manner. Finally, young moms in this study shared what aspects of good support were most impactful for them as they planned to expand interdependently into the community. They shared that the feeling or experience of being surrounded by different forms of support, even in an existential manner, was important in helping them to feel confident and capable as caregivers, and to establish a positive sense of identity as both young adults and as mothers.

Chapter 8: Conclusion

In this chapter I share a conclusion to this dissertation through a summary of key points, reflections, and limitations of this study. I outline final conclusions and recommendations, aligned with study findings and interpretations. I discuss how my conclusions fit within existing literature relating to the study topic and then complete the chapter with final thoughts.

Conclusion

In this dissertation, I aimed to illuminate ways that societal notions of vulnerability and autonomy may be shifted to offer improved quality of support to young mothers and other marginalized communities. I believe that such a shift can work to counter paternalistic attitudes that have historically influenced the way “support” has been imposed on young mothers. I recognize that such a transformation takes time, however I am interested in how we may begin (and my findings show that this work has already begun in many ways) to undertake the necessary work of reimagining support and building capabilities toward valued collaborative practices of relational autonomy.

Historical and traditional conceptualizations of the notions of vulnerability and autonomy shape the way current forms of support are designed and delivered to young moms. Understanding the concepts of vulnerability and autonomy as binary and oppositional do a disservice to young moms who experience the impacts of various sources of vulnerability while striving to become autonomous caregivers in relationship with networks of support. Young moms in this study described good support as a

combination of both response to vulnerability and efforts made to build relational autonomy.

Young moms have unique needs as individuals, as young people and as caregivers. They face a legacy of stigma against them due to multiple intersectional forms of social oppression. It is important therefore that services be offered in a non-judgmental, motivational manner. Sensitive and reliable services meet the needs of young moms who have experienced adversity and rejection in their lives, supporting them to feel accepted and cared for in a reparative, non-paternal manner — helping them become caregivers who are also sensitive and reliable toward their children.

Young moms internalize confidence and a positive self-concept as young female caregivers when surrounded by support networks that recognize and meet their needs in relation to their life-stage and caregiver roles within a society that oppresses them as young people, as female and as caregivers. Attuned and caring approaches to support help young moms to internalize a sense of security that allows them to grow and expand in an interdependent manner with their support networks and surrounding infrastructure.

Limitations and Possibilities

Limitations of this study include a small sample size of 25 young moms. For a study that had the means to expand across a longer time frame or had resources to hire multiple research assistants, it would be beneficial to expand on recruitment sites, widening the geographical diversity between young moms living in urban and rural settings across the province. This study design also engaged the young moms in only one in-depth interview, and a brief validation review of findings. If time and circumstances

allowed, multiple interviews with the same individuals over a period of years would be beneficial to determine how support systems they engaged with as new caregivers may have benefitted them over time or how they internalized positive support into their self-concept as a capable caregiver. It would also be interesting to collaboratively analyse with the moms how perceptions of good support either remain the same or may shift with hindsight as caregivers look back on their experiences as young mothers.

The shifting circumstances of the global COVID-19 pandemic during my time conducting transcription and analysis also created time and space barriers between myself and the young moms with respect to following-up for conversations to review findings. Due to in-person research restrictions, these conversations could only be conducted over the phone or email. A shorter time period between the interviews and the validation of findings conversations may have contributed to reaching a greater number of the moms who had participated in the interviews. Several of the moms that I did reach shared that they had shifted living situations and taken on greater childcare responsibilities due to the closing of schools and childcare centres, while continuing virtual education themselves. Such shifting circumstances may have contributed to a lower sample size that I was able to reach for the validation of findings conversations. Conducting research during COVID-19 has posed challenges for many scholars, particularly in instances where participants or co-researchers face social inequities in connection with increased caregiving duties, marginalization, transitional living situations, poverty, and lack of access to technology (Friedman & Satterthwaite, 2021; Kuri & Fudge Schormans, 2021).

Recommendations

As a means of sharing the findings from this study in a brief manner for participants and service providers, I composed an infographic (see Appendix 21) that centres the image of an umbrella representing the various ways that young moms in this study described the concept of support. I conclude the infographic with a question aimed at service providers: “How can we be that umbrella?” I assert that critical feminist theory about the concepts of vulnerability and autonomy must be introduced into government policy initiatives, service provider curriculum (social services, healthcare, legal etc.) and in-service staff training, from front-line to board-level administration, funders and researchers. Such integration could occur within the current social push to ethically engage in social justice based, cultural humility training across various sectors, in alignment with current social justice movements and calls to action. Course instructors and program administrators must include an overview and critique of conventional understandings of vulnerability and autonomy within social service course curriculums. Across sectors, we must encourage reimagined forms of support that dismantle the binary between vulnerability and autonomy. Programs for young mothers must be reviewed to ensure that both responses to impacts of vulnerability and efforts to build relational autonomy are offered at both micro and macro levels (for example through training for individual support staff, but also across group programming, and engagement with community and government stakeholders. Attention to these practices should be built into program evaluations by funders and program administrators, carried out and monitored by program staff and program administrators, in partnership with young moms. Further

research should focus on ways that the combination of both response to vulnerability and efforts to build relational autonomy may benefit young families and other marginalized groups, as well as examine barriers to implementing such responses.

Those in positions of power must ensure support services are inclusive and accessible to diverse aspects of identity such as race, ability, class, size, and gender, particularly geared toward young people and caregivers. Inclusivity and accessibility can be reflected in program availability, marketing materials, language, hiring of visible minority support staff, and location/space considerations. Collaborative program planning with young moms is recommended as a means of ongoing power-sharing and ensuring programs remain relevant to shifting needs of the community. Service design and implementation can be engaged with, in a non-judgmental and motivational manner through consideration of language, topics focused on, and through collaborative efforts with young moms who engage in the programs. Sensitive and reliable services are important to consider in the service provider relationship, but also at the level of funding advocacy and program design to ensure that support staff have the resources needed to provide support in this manner. Clinical supervision and/or mentoring through sensitive/reliable relationships are imperative in offering support to front-line staff, as well as a means of supporting workplace cultures that value these relational qualities. These recommendations must be considered at all levels of an organization, supported by funders, administrators, policy and research.

Support services and government policies that young mothers engage with must take into account a diverse range of needs and how meeting these needs are coordinated

for young moms in a collaborative manner. Program evaluation must attend to the experiences of young moms with respect to how various forms of support centre around them in an attuned and caring manner that fosters capabilities as a young caregiver who is marginalized by society. Frontline staff, administration, funders, policy makers and researchers must incorporate values of interdependence with support services, acknowledging that relational autonomy occurs over time and is necessary for young moms to expand their potential as more independent and confident young people and caregivers.

Contributions to Current Literature

I view this study as contributing to two bodies of literature that I identified in chapter 2. First, I view this study to contribute to critical feminist qualitative scholarship that includes the voices and perspectives of young mothers; defining what good support means to them, as well as identifying potential systemic barriers that hinder access or availability of such support. Second, I view this study to contribute to a body of feminist critical scholarship that reveals ways that dominant societal discourses shape and offer context to young mothers' experiences of support. Through this study, I contribute to filling a cited gap in social work literature particularly focusing on critical perspectives of dominant discourses in the lives of young moms (Anastas, 2017; Andrews, 2018; Lee et al., 2020). This study attends to tensions between dominant understandings of vulnerability/autonomy and counternarratives offered by diverse young moms about what support means for them in the context of service provision. SmithBattle (2018) characterizes what she terms *third generation* research, as focusing on young mothers

with respect to both strengths within young mothers as well as recognizing vulnerability and long-standing socio-economic inequality. I understand this study to fit with the aims of third generation research as described by SmithBattle (2018) in chapter 2 of this dissertation. By examining ways that conventional conceptualizations of vulnerability and autonomy overlay notions of independence, self-sufficiency, motherhood, and adolescence in the lives of diverse young moms, we may better understand and counteract the invisible barriers that young moms are burdened with, and work toward refocusing on ways that building autonomy, entwined with vulnerability, through relationships and support networks, may create a shift in societal expectations and values, highlighting relational connection and inter-dependence as a necessary strength and core aspect of what it means to be human.

From a methods perspective, this study also contributes to filling a significant gap with respect to qualitative arts-based methods of knowledge building with young mothers. Within this study, I invited 25 young moms to share what *support* meant to them using graphic elicitation, a form of visual arts-based research methodology (ABR). Through my literature review, I found very few studies that employed arts-based methods as a means of collaborating with and illuminating the embodied lived experiences of young mothers. Existing ABR with young moms is limited and promising (Fortin et al., 2015; Fraser & al Sayah, 2011; Juandó-Prats, 2017). Therefore, this collaborative approach offers an innovative contribution to the creation and dissemination of new knowledge. ABR can support expression of sensory and imaginary ways of knowing self and other, allowing potential for increased access to the knowledge of lived experience (Allen, 1995; Burt,

2012; Eisner, 2008; McNiff, 1998). Young moms may spontaneously express themselves in a manner that can evade constraints of language and ability (Blodgett et al., 2013; Fudge Schormans, 2010). ABR methods offer the possibility to subvert, trouble, and reconfigure dominant ways of understanding human experience (Leavy, 2015; Moffatt, 2009; Sinding & Barnes, 2015). The tradition of ABR methodology is directly aligned with the aims of critical social justice epistemologies. The intentional use of ABR in this study aligns with the critical feminist theoretical framework that I employ, allowing for participatory expression, interpretation, and collaborative analysis of experiences of power and oppression in the lives of pregnant and parenting young people (Capous Desyllas, 2014; Fine, 1992; Lather, 2008; Sajnani, 2013).

I draw on a multifaceted critical feminist theoretical framework that attends to the social construction of young mothers and themes relating to support. I weave together interdisciplinary theory that includes intersectionality, maternal theory, and vulnerability theory. I engage with these theories with a critical trauma-informed lens. An interpretive perspective allows for the exploration of multiplicity in the experiences of young moms and broadens the reader's understanding of what may be possible in the context of support. This study was aligned with other critical feminist studies that highlighted theory in connection with their scholarship, often drawing on a blend of orientations such as critical feminist, post-structural, post-modern, critical race, queer, and phenomenological theory (Bermea et al., 2018a; Kamp & McSharry, 2018). A great deal of literature I sourced was based in the United States. I therefore expand Canadian-based literature focusing critically on the experiences of young mothers.

This dissertation contributes to efforts being made to realign the complex needs of young mothers with services that value building capabilities toward relational autonomy. In the spirit of this study, I encourage other researchers to continue to engage in critical conversations about the concepts of vulnerability and autonomy, and how conventional understandings of these concepts shape harmful messages about young mothers that then go onto influence research, policy, service provision, and ultimately young mothers' perceptions of themselves. Alongside other critical advocates and scholars (Anastas, 2017; Budden et al., 2016; Kamp & McSharry, 2018), I encourage researchers to collaborate with young mothers to embark in new directions that illuminate appreciation for ways that young mothers engage in caregiving and learning within and between the social tensions that surround them.

Final Reflections

I embarked on this research journey from the standpoint of an art therapist with in-depth arts-based practice experience with marginalized individuals and communities. I did not view myself as a researcher. Prior research experience I gained in previous community-based practice contexts was embedded in practical program evaluation processes and an environmental needs assessment. Engaging in this study has allowed me to expand my understanding of how collaborative and relational ways of knowing and doing can be applied within knowledge building contexts. I enjoyed having the freedom as a doctoral student to engage with areas of theory that were new to me and having the time and support to immerse myself in theory and literature in a more in-depth manner than I would have been able to while engaging full-time in community practice. I found

that I could sustain the relational and arts-based ways of knowing and doing that I found impactful in my previous practice-based work, while expanding on these practices for a different purpose. I deeply valued the opportunity to learn from the young moms I worked with and to have the time to contextualize the knowledge they shared through broader critical feminist perspectives that attended to the complex contexts and complex forms of social oppression they faced as diverse young people, as females, and as caregivers.

I have learned over time that some of the challenges I experienced through my research related to previously held expectations and assumptions I had about doing research. Perhaps I thought the path would be more clear or predictable between various stages of my research design, however I found that part of the qualitative research process is being open to cyclical, fluid, and immersive relationships with the knowledge shared by those you engage with and also with the creative process of meaning making. As an art therapist, I am very familiar with the uncertainty involved in any creative process, however I also view myself as a very analytic thinker, and therefore must let go at times of the desire to view knowledge or processes as having a tidy end point. I have come to appreciate how the co-constructed knowledge shared in this study, although significant, is but a droplet in a wider ocean of knowledge, continuously in flux with shifting contexts and ways of understanding the world we share. It is my hope that this study and what I plan to share from its lessons will support a collective shift in how we understand and respond to the effects of vulnerability between one another and the world around us. I hope that we may expand our view of how we conceptualize ourselves as entwined with

our surroundings, appreciating how our quality of survival, and that of future generations, rests with our level of ethical investment in caring and responding with those most marginalized in our societies.

Across this study, I have engaged with the primary question of how young mothers make meaning of the concept of support within the context of a wide range of services they engage in as both young people and as mothers. In my first chapter, I provided an overview of this dissertation and outlined language and concepts central to the study. In the second chapter, I shared a review of the literature focusing on young mothers in connection with understandings of care and support within service provision. In the third chapter, I provided an overview of the critical feminist theoretical framework that I drew from in this study, that encompassed intersectionality, maternal theory, and vulnerability theory. In the fourth chapter, I provided an outline of the research methodology that I engaged with, bridging arts-based interviews with a feminist phenomenological approach to analysis. In the fifth and sixth chapters, I shared the co-constructed findings from two data sets that incorporated both visual and discursive knowledge shared by young moms. In the seventh chapter, I shared a model of support, theorizing interpretations of my findings. Finally, in this eighth chapter, I offer conclusions and recommendations based on my synthesis of findings. I concluded this chapter with reflections on the creative process of engaging in critical qualitative research. I have gained much confidence and humility as a doctoral researcher, and hope through sharing this journey, that others may feel inspired to engage with the creative process of collaborative knowledge building and transformative world(s) making.

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Appendix 1: Glossary

Arts Based Research- An inclusive description of one or more art genres being incorporated at any stage of one's research study (Kuri, 2020; Leavy, 2015).

Affect- At this point in time, I use this term to describe the combination of both psychological and physiological experiences (or feelings) that occur in response to the world around us. I believe that emotional experiences and how we interpret them are fluid, shifting with our degree of conscious awareness, and altered through time and space. I consider how affect comes to be and what it does on a relational level (between two individuals, within a community and on a social scale). I attend to feminist critical discourse that examines how emotion and the perception of vulnerability are linked with power and oppression. I understand feminist affect studies to be linked with new materialisms theory through the entwinement of affect with cultural interpretations of language and text.

Embodiment- Feminist theories of embodiment have revealed that throughout Western European/North American history, differences of race, gender, and ability have been socially constructed and projected onto the body. The social construction of these perceived differences have mischaracterized individuals and groups to their detriment, materializing in caring economies, gender-based violence, and social exclusion. I understand embodiment through an intersectional lens that attends to layered forms of oppression within a patriarchal, ableist, white-supremacist, transphobic and capitalist society. My understanding of embodiment is influenced by theorists such as Judith Butler, Sara Ahmed, and Achille Mbeme. These scholars weave together themes of

performativity, embodied forms of knowing, resistance, and precarity. In the context of vulnerability and autonomy, I am particularly influenced by Mbembe's theory of *necropolitics* that explores how racist, sexist, and ableist societal norms create a hierarchy of bodies that are more or less worthy of care, support, and life.

Intersectionality- This term was coined in 1989 by Kimberlé Williams Crenshaw, a Black feminist legal scholar, to articulate a flawed tendency in anti-discrimination law and critical social theory to exclusively attend to single-axis identity categories in cases of human rights discrimination. Crenshaw argued that the practice of focusing on only one aspect of identity at a time, renders invisible ways that multiple-axes of marginalized identity co-constitute experiences of social oppression that emerge within particular contexts in relation to power (Crenshaw, 1989). I understand intersectionality theory more broadly as a concept that has expanded into a body of literature that supports a shift away from essentialist constructions of identity and experience in connection with gender, sexual-orientation, race, ethnicity, ability, age, and class, to acknowledge the heterogeneity of sub-groups and individual difference within identity categories (Cooper, 2016).

Intersubjectivity- My understanding of intersubjectivity is influenced by psychodynamic and phenomenological perspectives. I attend to personal awareness that one individual may hold regarding the thoughts and feelings of another individual or group. I particularly consider the phenomena that occurs between the minds of two or more people and how experience is shared. I appreciate that culture, power dynamics, history, and social influences impact how we experience and respond to one another.

Matricentric Feminism- In 2016, O'Reilly coined the term *matricentric feminism*, referring to an established body of feminist maternal theory focusing on ways that mothering practices are regulated through patriarchy, as well as ways that caregivers seek to and/or engage in practices of empowered mothering that aim to counter and resist dominant patriarchal influences (O'Reilly, 2016). Matricentric feminism understands maternity through an intersectional lens that attends to both gendered oppression and mothering under patriarchy.

Mother/hood- The terms mother and motherhood are understood to be socially constructed, differing in meaning across time, space, and culture (Carranza, 2008; Fudge Schormans, 2004; Hill Collins, 1991/2007; Ruddick, 1983/2007). In alignment with matricentric feminism, I understands motherhood as an institution, strongly shaped by dominant patriarchal, white supremacist, ableist, ageist, and classist values.

Motherwork/Mothering- In accordance with Andrea O'Reilly (2021), I understand the term *motherwork* to be positioned as a gender-neutral verb, as a practice, as opposed to a noun that is embedded in gender essentialism. Therefore, the practice of *motherwork* or *mothering* is not limited to cisgender or biological caregivers. Yet the practice of *motherwork* is also understood to be deeply gendered within a patriarchal society that devalues care work. Therefore, it would be dangerous to conflate the terms mother and father into a gender-neutral term such as *parents* as such conflation “deflects, disguises, and denies the very real and prevalent gendered oppression of motherwork” (O'Reilly, 2021, p. 12).

Relational Autonomy- I use the term relational autonomy to describe a state of collective vulnerability that demands interconnectivity and interdependence as a means of achieving self-determination. I seek to distance the concept of autonomy from traditional masculine ideals of strength, self-reliance, and competition. I draw from feminist scholars who conceptualize autonomy in relationship with vulnerability as a means of mobilizing resistance towards social justice aims.

Support- ‘Support’ is commonly defined as either a verb (i.e. offering encouragement or providing money) or as a noun (i.e. a caregiver, an act of love, food, housing etc.)

(Cambridge English Dictionary, 2018; Merriam-Webster Dictionary, 2018). I

acknowledge that the concept of ‘support’ varies across cultures, languages, and socio-political contexts. For the purpose of this dissertation, I base my definition of *support* on the lived experiences of the pregnant and parenting young moms in this study who shared how they understood this concept. The moms conceptualized three important facets of positive support. First, young moms describe support as attuned and caring *responses to their experiences of vulnerability* linked with inherent factors such as age, pregnancy, and being a caregiver, as well as with situational and pathogenic factors related to societal, institutional, and interpersonal harms done to them. Second, the most supportive forms of service provision offer non-judgmental and motivational guidance that *promotes a caregiver’s capability to learn and grow in their own way, while still being able to rely on the presence of their service provider (or network) over time* for guidance when needed. Lastly, while young mothers desire access to the same opportunities as other young people, good support services are also *tailored to their unique needs*, providing a

blend of emotional care, knowledge, skills, and material support simultaneously and in an effectively coordinated manner, while allowing safe space to provide feedback.

Trauma- I use the term trauma to describe an embodied and psychological reaction to a threatening and overwhelming event, series of events, or chronic state of threat. In such a circumstance, one often experiences a sense of helplessness and lack of control. I draw on the work of Judith Herman (1992/1997) and Bonnie Burstow (2003) who examine this experience from a feminist, historical, political, and cultural lens. Traumatic events can be described to overwhelm the systems in which individuals and communities care for one another. These systems tend to provide people with a sense of relational connection and capacity to make meaning (Herman, 1992/1997). Following five years of working full-time as an art therapist and advocate at a rape crisis centre, I was still quite struck to hear the common and layered stories of trauma experienced by teen mothers that I worked with in the role of Art Therapist/ Infant Mental Health Clinician over the next five years. In addition to the trauma that the young moms who came to see me had endured, I also witnessed how their vulnerability increased due to societal marginalization, stigma, and lack of a community support system. I include trauma as a term in this dissertation because I have observed that experiences of trauma are highly prevalent in the group of moms who participated in this study. A high prevalence of trauma is also confirmed within feminist qualitative literature that centers the voices of young mothers. I understand previous experiences of interpersonal trauma to be directly related to how a young mom may conceptualize *support* and for how service providers may contribute to/or hinder capabilities for autonomy. The current dominant framework in which trauma

informed services (support) is provided, focuses very strongly on neurobiology and attachment theory. These fields tend to value positivist methods of understanding the experience of trauma and are critiqued for pathologizing those who have endured trauma, neglecting greater sociopolitical influences regarding the prevalence, experience, and community response to traumatic events (Tseris, 2013). I believe that feminist vulnerability/autonomy theory may act as a counter-narrative to dominant ways of understanding trauma and could prove useful in efforts to impact social change.

Vulnerability- In the context of this dissertation, I use the term vulnerability to describe an ontological and collective state of being in which we could all potentially experience harm. Such harm may be physical, emotional, psychological, or social. My understanding of vulnerability is influenced by critical disability studies, feminist ethics of care, and feminist perspectives of vulnerability as entwined with autonomy. I do not perceive vulnerability to be a state of weakness or in opposition to the notions of strength or autonomy. I borrow from Mackenzie and colleagues (2014) who differentiate between three sources of vulnerability:

Inherent Vulnerability- relates to the needs of our bodies as humans and our dependencies on others to meet those bodily needs. Other theorists describe this type of vulnerability as ontological and collective (Butler, 2016; Fineman, 2008). Some forms of inherent vulnerability are experienced on an ongoing basis (like the need for water), and some depend on context (such as relating to age or illness) (Mackenzie et al., 2014).

Situational Vulnerability- I understand this source of vulnerability to relate to contextual factors such as sociopolitical, economic, personal, or environmental situations.

Mackenzie and colleagues (2014) note the importance of understanding that *inherent* and *situational* sources of vulnerability are often entwined, however it helps to have language to describe the differences between the two to theorize about them and to determine appropriate ethical responses.

Pathogenic Vulnerability- Can be understood as a subset of situational vulnerabilities. The source of this type of vulnerability is caused by systemic and structural forms of inequality and injustice (Mackenzie, 2020) and lies within abusive and exploitative interpersonal relationships and social institutions (Mackenzie et al., 2014).

Young Mothers- I recognize the identity category of ‘young mother’ to be socially constructed through a history of dominant political and faith-based regimes that value capitalism, ableism, heteropatriarchy, and white supremacy (Gore, 2007; McGrady, 2012; Vandebeld Giles, 2012). Within a society that upholds such values, unmarried pregnant and parenting young people have been framed as delinquent and irresponsible, resulting in harsh stereotypes and public surveillance (Darisi, 2007; Vinson, 2018). Within this dissertation, I use the terms *young mothers* and *young moms* to describe individuals who identify as pregnant, have given birth, and/or parent their first child before the age of 25. I acknowledge that not all pregnant or parenting young people identify as women, use the female gender pronouns she/her, or use the term “mother” to describe themselves. I integrate the pronouns they/them throughout this dissertation as a means of including people who identify as genderqueer, trans* or non-binary, while keeping visible ways that oppression of females and mothers is a gendered issue.

Appendix 2: Literature Review Analysis Template: Research-Based Source

Literature Review: Research-Based Source

(Adapted from Bloomberg & Volpe, 2019)

Title:	
Author(s):	
Date:	
Citation:	
Bodies of literature reviewed	
Method -research design, data collection, analysis	
Theoretical framework	
Participants	
Research site	
Research problem or questions	
Data collection method/tools	
Key findings	
Limitations	
Conclusions	
Tensions with other researchers/studies	
Recommendations/Implications	
Relevance to dissertation	
Notes:	

Appendix 3: Literature Review Analysis Template: Theoretical Sources

Literature Review: Theoretical Sources

(Adapted from Bloomberg & Volpe, 2019)

Title: Author(s): Date: Citation:	
Overview of theory or concept	
Key claims	
Reasoning - Evidence to support claims - Opposing claims recognized and addressed	
Relevance to dissertation	
Overall impressions/Evaluation - does the author suggest the findings can be applied in theory and/or practice? - how useful does this work seem to you with regard to theoretical and/or practical applications?	
Synthesis - Synthesize the pieces of your critique to emphasize your own main points about the author's work; it's relevance and/or application to other theories you have reviewed and your own study.	
Notes:	

Appendix 4: Literature Review Analysis Template: Across Sources

Analysis of Literature Theme:					
	Author, date, title	Author, date, title	Author, date, title	Author, date, title	Author, date, title
Research Design					
Findings and Recommendations					
Overarching Message.					

Appendix 5: Literature Review Analysis: Reflective Art Image A



Appendix 6: Literature Review Analysis: Reflective Art Image B



Appendix 7: Letter of Information/ Consent

Date: August 15, 2019

Letter of information/ consent

A study about: How young mothers make meaning of the concept of support within the context of service provision

Student Investigator:

Erin Kuri
School of Social Work
McMaster University
Hamilton, Ontario, Canada
(416) 624-5350
Email: (kurie@mcmaster.ca)

Faculty Supervisor:

Mirna Carranza
School of Social Work
McMaster University
Hamilton, Ontario
(905) 525-9140 ex: 23789
Email: (carranz@mcmaster.ca)

I'm here to talk to you today about a project I'm working on. The project is about what the idea of 'support' means to young moms. I am going to spend a few minutes telling you about my project, and then I am going to ask you if you are interested in taking part in the project.

Who am I and why am I meeting with you?

My name is Erin Kuri and I am a student at McMaster University. I am studying in the School of Social Work/ Department of Gender Studies and Feminist Research. I want to tell you about a study that involves women like yourself. I want to see if you would like to be in this study.

Why am I doing this study?

I want to find out how young moms make meaning of the idea of 'support' based on experiences of support and care they have had at this time in their lives while caring for a new baby (or getting ready to care for a new baby). I particularly hope to find out what young moms feel really works. This is a line of research that I hope to continue in the future and will use your data for this project as well as for future related studies.

What will happen to you if you are in the study?

If you decide to take part in this study there are some different things I will ask you to do. First, I'll ask you to make a drawing, painting, or magazine collage about what 'support' means to you based on experiences you've had and what has worked for you. No artistic experience or talent is necessary and I'll be there to show you how to use the materials. Second, I will ask you to tell me about your art (only what you feel comfortable saying). Lastly, I will ask you to respond to some questions I have about the topic of 'support'. If you don't feel comfortable making artwork and just prefer to talk, that's ok too. If it's ok with you, I will audio tape our conversation. While doing these things all you have to do is try your best. If you have tried your best and do not know what to say or do next, you can guess or say 'I do not know'. If you don't feel comfortable responding to a question, you can say 'pass'. It will take you about 1-2 hours to do these things.

Are there good things and bad things about the study?

What I find in this study will be used to better understand what young moms mean when they think about good support and to find out what feels most helpful amongst different kinds of support within the services that young moms receive.

As far as I know, being in this study will not hurt you. These are the risks you may experience and ways that I will try to keep you safe or make it less challenging for you:

Psychological risks

- You might feel uncomfortable talking about challenges you've had in the past or currently, and you might feel anxious thinking about your future.
- You don't have to answer any questions you don't want to and we can take a break or stop our meeting at any time. I'll check in with you throughout our meeting to see how you are feeling and I'll provide you with some free contacts that you can reach out to if you would like further support after our meeting.

Social risks

- You might feel worried that the quality of the services you receive could be impacted if a staff member thinks you might be participating in the study and doesn't like it because they're concerned you might say something bad about them.
- I will keep your decision to participate private, as well as anything you say to me in our meeting.
- Agency staff will be notified that this project is happening and that client participation is voluntary. They'll know that the questions I'll be asking you will focus on good things about the idea of support and that the questions won't be about any particular staff member or service. Also, to make sure that the services you receive now are not placed at risk in any way, I won't be sharing anything that could be perceived as a negative critique about support providers or services in my publications or presentations about the study.
- You can meet with me in a private room at **Agency**, away from other programs and staff. You can also choose to meet with me at a different place away from **Agency** that is private and easy for you to get to if you wish.
- Even if you don't tell any staff that you took part in this project, you may worry that others will come to know that you took part, and guess which stories are yours. I will take steps to protect your identity however it is important to understand that we can sometimes be recognized by the stories we tell, or images we share, and you should keep this in mind when deciding what to tell me or include in your art. You don't have to say anything that you don't want to and we can talk about ways to show your ideas through symbols in your art.

Although I will protect your privacy as outlined above, if the law requires it, and because I am registered with the College of Registered Psychotherapists of Ontario, there are some limits to what I can keep private:

- If you disclose any information during our meeting about imminent risk of harm to yourself or anyone else then I will need to disclose this information to the appropriate authorities in order to keep you and others safe.

- If you disclose any information during the interview about suspected risk of harm to an infant or child under the age of 16, then I have a duty to disclose this information to child welfare services.
- If you disclose that a registered health care professional is working in a way that has caused harm or could cause harm to a patient or client then I need to disclose this to the person's professional college to keep people safe.

Reimbursement

As a way to show appreciation for your time and participation in any part of this study, you will receive a \$20 gift certificate following the completion of the artmaking and interview. If you are meeting off-site, you will receive 2 bus tokens. A snack will also be provided during the interview.

Who will know that you are in the study?

The things you say and any information I write about you will not have your name with it, so no one will know they are your answers or the things that you did. Again, it is important to understand that we can sometimes be recognized by the stories we tell, or images we share, and you should keep this in mind when deciding what to tell me or include in your art. I will not let anyone see your answers or any other identifying information about you. Your counsellors, teachers, and family will never see the answers you gave or the information I wrote about you.

Do you have to be in the study?

You do not have to be in the study. No one will get angry or upset with you if you don't want to do this. Your choice to participate, or not, won't impact your access to service at Agency. Just tell me if you don't want to be in the study. And remember, if you decide to be in the study but later you change your mind, then you can tell me you do not want to be in the study anymore up until two months following our interview, when I expect to begin my data analysis. If you decide you don't want to be in the study anymore, there will be no consequences and you can still keep your gift card. If you decide you no longer want to be in the study, any information you have provided will be destroyed unless you tell me otherwise.

How do you find out what was learned in this study?

I expect to have my dissertation study completed by approximately September, 2022. If you would like a brief summary of the results, please let me know how you would like it sent to you. I hope to share images of the artwork and what I've learned from this study through a presentation in the community. With your permission, I will contact you to ensure you are invited to attend.

Do you have any questions?

You can ask questions at any time. You can ask now or you can ask later. You can talk to me or you can talk to someone else at any time during the study. 416-624-5350 is the telephone number to reach me, Erin Kuri.

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat
Telephone: (905) 525-9140 ext. 23142
C/o Research Office for Administrative Development and Support
E-mail: ethicsoffice@mcmaster.ca

CONSENT

- I have read the information presented in the information letter about a study being conducted by Erin Kuri, of McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I asked about.
- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until enter date (two months from interview).
- I have been given a copy of this form.
- I agree to participate in the study.

IF YOU WANT TO BE IN THE STUDY, SIGN YOUR NAME ON THE LINE AND CHECK THE BOXES:

Participant Name (printed): _____ Signature: _____

Date: _____

Researcher Name (printed): _____ Signature: _____

Date: _____

1. I agree that the interview can be audio recorded.

- Yes
 No

2. I understand that sections of a transcript (typed copy of my interview), with identifying information removed, will be used in a classroom discussion to support learning about qualitative research processes and I give my consent to this use of the de-identified transcript sections for learning purposes:

- Yes
 No

3. I agree that my art can be photographed for the purpose of data analysis (to learn about how young moms make sense of the idea of support).

- Yes
 No

4. I agree that my art can be photographed for research sharing purposes, provided that any identifying information (such as names of people or locations) is digitally removed.

- Yes
 No

5. I agree to have my responses used for this project and for future related projects.

- Yes
 No

6. Yes, I would like to be contacted with information about a community presentation displaying images of artwork and research findings.

Please contact me at this email address _____

Or to this mailing address: _____

No, I do not want to be contacted to receive information about a community presentation.

6. Yes, I would like to receive a summary of the study's results.

Please send them to me at this email address _____

Or to this mailing address: _____

No, I do not want to receive a summary of the study's results.

Appendix 8: Recruitment Script

Oral Presentation Recruitment Script
Erin Kuri, MA, PhD Student, School of Social Work
How young mothers make meaning of the concept of support
within the context of service provision

Oral Presentation Subject: McMaster Study:
How young mothers make meaning of the concept of support
within the context of service provision

I am inviting you to take part in this study about how young mothers understand the concept of support within the context of service provision. Participation in this study will not impact your access to service at Agency.

In this study I would like to interview pregnant and parenting young moms who are living at Agency where you have access to a variety of service providers (such as counsellors, lawyers, teachers etc.) that are involved in helping you to work towards your goals. The purpose of the study is to increase understanding of how young mothers make meaning of the concept of 'support' based on experiences of support and care they have had at this time in their lives and within the context of caring for a new baby, particularly focusing on what has worked well.

In this study you'll take part in an interview at Agency (in a private space from staff and programming), or another confidential off-site location of your choice, in which I ask about how you understand the concept of support as a young woman, becoming a new mom, based on your experiences you've had in the context of service provision, particularly what has worked well for you. You'll be asked to create a piece of art that shows what support means to you. Our meeting will take up to 2 hours total.

The risks involved in participating in this study are minimal.

1. You may feel uncomfortable with talking about past or current challenges you've experienced in your life and you may feel anxious having to think about your future. You do not have to answer any questions you find uncomfortable, and you can pause or stop the interview at any time. I'll check in with you throughout the interview to ask if you're feeling any distress and if you would like to take a break. You will be provided with contacts that you can reach out to if you feel you would like further support.
2. Agency staff will be notified that this study is occurring and that client participation is voluntary. Staff will be informed that interview questions are designed to bring forward positive aspects about the concept of support and are not directed to any one particular staff member or service. In addition, to ensure that the quality of your service isn't placed at risk, I won't be sharing any negative critiques of particular service providers or services within my publications or presentations.
3. You can attend the interview at a private location within the building, away from other programs and service providers. You can also engage in the interview off-site at a confidential and convenient location if you wish.

Your participation in this study is voluntary. It is your choice to be part of the study or not. Your choice to participate, or not, won't impact your access to service at Agency. If you decide to be part of the study, you can stop (withdraw), from the artmaking, or interview, for whatever reason, even after signing the consent form or part-way through the study or up until two months after

your interview date, when I expect to start analyzing my data. If you decide to withdraw, there will be no consequences to you. In cases of withdrawal, any data you have provided will be securely destroyed unless you indicate otherwise. If you do not want to answer some of the questions you do not have to, but you can still be in the study.

I'll now provide you with a copy of the letter of information about the study that gives you more details as well as my contact information if you'll like to get in touch at a later time to ask me questions or if you would like to participate in the study. If you choose to contact me, we can set up a time and confidential location that is convenient for you.

This study has been reviewed and cleared by the McMaster Research Ethics Board. If you have any concerns or questions about your rights as a participant or about the way the study is being conducted you can contact the McMaster Research Ethics Board Secretariat – their contact details are on the letter of information that I'll hand around.

I would like to thank you in advance for your time and consideration.

Do you have any questions right now about the study?

Erin Kuri, MA, RP, CCC-S, OATR
PhD Student, Social Work/ Gender Studies and Feminist Research
School of Social Work
McMaster University, Hamilton Ontario
Tel: 416-624-5350
kurie@mcmaster.ca

Appendix 9: Interview Guide

Interview Guide

Part 1 of 2: Introducing the visual art-making component of the interview.

- As a new mom at this stage in your life, you'll come into contact with many different kinds of support and services. Examples may include: employment counselling, prenatal care, mental health care, medical care, legal support, connecting with a youth outreach worker, learning with a teacher or tutor, family support through child welfare, hanging out with a volunteer mentor, spiritual support with a pastor or church, child care support, or accessing accommodations through a disability worker. You may consider some of these relationships or services as positive, supportive, or helpful in some way.
- Other young moms have said that getting support is really important to them at this time in their lives while they are young women and while they are becoming new moms. I'm interested to understand more about what 'support' means to young moms and how you would describe aspects of what works regarding support and care within the context of a variety of services you've been engaged with. At this time, I'd like you to choose from the art materials on the table and create a piece of art that shows how you understand the idea of 'support' and what works for you at this time in your life as a young woman, becoming a mom, and in the context of service provision.
- No artistic skill is necessary in creating this piece of art and your art won't be judged as "good" or "bad" in anyway. You might start by thinking about feelings you have in "good" experiences of support, or maybe particular needs that were met within these experiences that were important to you. You may choose to use certain colours, materials, shapes, or images to show what your ideas, senses, emotions, and experiences felt or looked like. There is no right or wrong way to do this. Your artwork will be a unique reflection of your unique understanding of support. Please let me know if you have any questions about how to use the materials or if you'd like me to show you how to use them in different ways. You'll have up to an hour to work on your artwork and then I'll ask you some questions about your piece and about what the idea of 'support' means to you.
- Remember that I will take steps to protect your identity however it is important to understand that we can sometimes be recognized by the stories we tell (or show). You don't have to say or show anything that you don't want to. Again, you can use symbols that others may not recognize

(like certain colours, shapes, or images) to represent something about your experience. It's up to you then how you may choose to describe the significance of the symbol (or not).

- *Participant is given up to 1 hour to create a piece of visual art.*

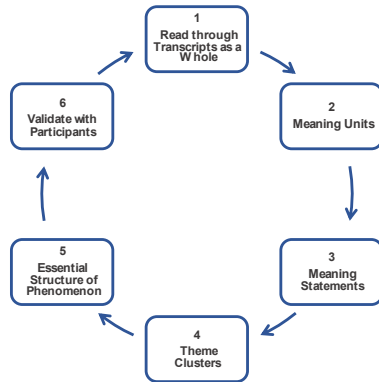
Part 2 of 2: Participant is asked to describe art in association with interview questions.

(5-10 minute time check before end of art-making hour and transition to interview questions).

- It's time now to wrap up your art-making as I'd like to ask you some questions about your piece. If you don't feel comfortable answering a particular question you can simply say "pass". If there is something about the question you'd like me to explain further, just let me know and I'll either explain or ask the question in a different way.
- I'd like to start by simply asking for you to tell me about your art (some further prompting questions may be added here in relation to the unique aspects of the imagery such as colours used; materials chosen; the way the space on the page was used; use of symbol or metaphor within the choice of imagery portrayed).
- Now I'd like to ask, what does the word or idea of 'support' mean to you?
- What aspects or parts of 'support' are important to you at this point in your life?
- If you can think of some experiences of support or care that worked for you, within the context of a variety of services you've been engaged in, how would you describe these forms of support?
- As you think about living in the community with your baby, what parts about these experiences of support matter to you? What do you think you'll take from these experiences when you move back into the community (if you're not currently living in the community with baby)?

Appendix 10: Stages and Process of Phenomenological Data Analysis

Stages and Process of Phenomenological Data Analysis



Stage 1: Read Through Transcripts as a Whole

- Transcribed audio-recorded interviews
- Read through interview journal notes and images
- Printed out transcripts and read/listened to audio
- Themes began to form in my mind
- Journalled my thoughts alongside the process

Stage 2: Meaning Units

- Started with 10 transcripts
- Highlighted statements that stood out to me

- Created visual symbols in margins representing categories and subcategories
- Transferred visual symbols to sticky notes and group together into themes
- Mapped symbols/themes into journal
- Journalled about connection between themes and theory

- Created project on NVivo12 and uploaded transcripts
- Created nodes, categories and themes based on symbol chart in journal
- Coded remaining 15 transcripts
- Added new sub-categories or moved around as necessary
- Separated out one of the 6 themes that focused specifically on my research question
- Integrated the other 5 themes into other parts of thesis to offer context or support visual analysis

- Focused on main theme relating to research question (meaning of support)
- Identified 5 sub-themes (nodes)
- Exported each node into a separate word document
- Highlighted phrases within each document that I perceived as significant

- Compiled the highlighted statements into a table
- Grouped statements into like categories and labelled each group with one of the participant phrases that I felt best represented the group

- Created a second table that displayed the narrowed-down phrases that were selected to represent each group
- Concluded process with 52 significant phrases (meaning units)

Stage 3: Meaning Statements

- Synthesized the 52 meaning units into 14 meaning statements
- Worded statements based on overlapping meaning observed between various phrases
- Colour-coded the meaning statements and then returned to the list of meaning units and colour coded the meaning units to correspond with the meaning statements
- Continually checked back with the transcripts for validation

Stage 4: Theme Clusters

- Grouped 14 meaning statements into 3 themes (theme clusters)
- Gave each theme cluster a title

Stage 5: Essential Structure of Phenomenon

- Drew from theme clusters and their meaning statements to synthesize a statement that aimed to describe the phenomenon of support for young mothers in the context of service provision

Stage 6: Validate with Participants

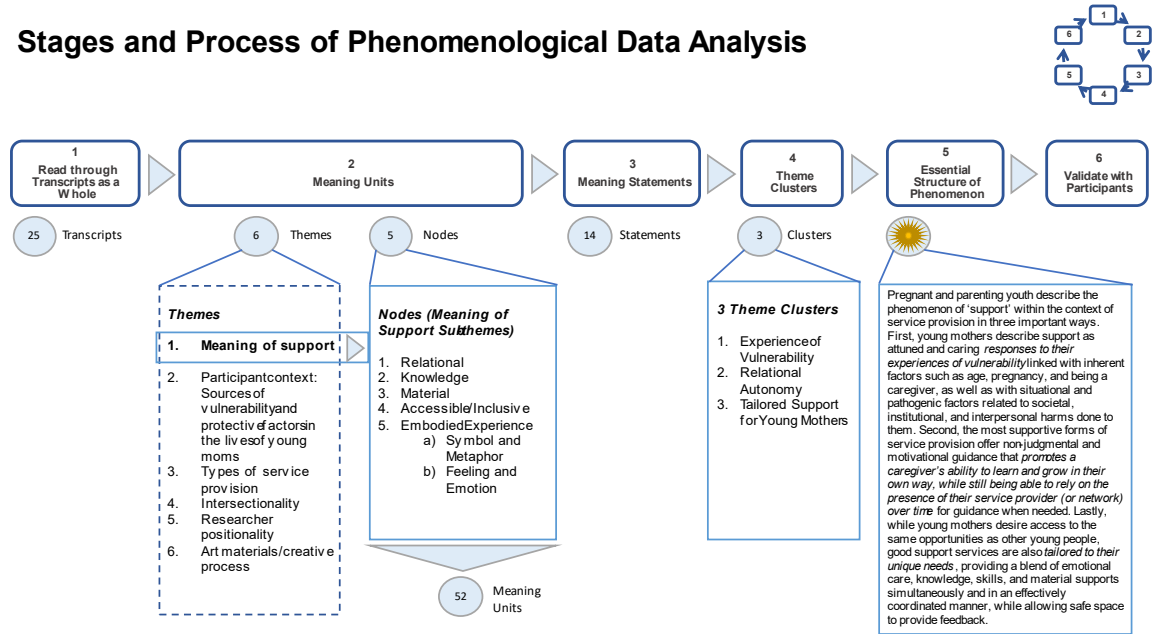
- Shared findings with young mothers who participated in the study
- Documented and incorporated feedback alongside findings

Appendix 11: Sticky Notes Symbols Example



Appendix 12: Stages and Process of Phenomenological Data Analysis- Themes

Stages and Process of Phenomenological Data Analysis



Appendix 13: Process of Transforming Meaning Units into Meaning Statements

Meaning Statements: Meaning of ‘Support’ for Young Mothers in Context of Service Provision	
Summarize groups of meaning units into meaning statements that describe how participants made meaning of support, what support means to them, how they would define support, how they described their experiences of support etc.	
Shelter/buffer from storm	Meaning Statement 1
<ul style="list-style-type: none"> • it would be like not as hard on me... • something taking care of you while you're taking care of someone else. • I don't have to worry about money... I'm not worried about my education... I'm not worried about where I live... • the umbrella represents foundations or people that are kind of shielding you from negativity um and like you know hard things in your life so that kind of shields you and allows you to grow despite all the negativity. • I think there's a lot of young moms who feel unsafe, so to be shielded from that or helped through it. • And I think it's good to have the umbrella because it kind of shelters you from things that you can't handle on your own and lets you grow beneath it until you don't need it anymore 	Young mothers in this study desire a caring and protective barrier from society's harsh attitudes and difficult life events, that allows them to continue to grow and care for their baby while feeling safe and secure.
Uncertainty, worry, need for stability/reliability	Meaning Statement 2
<ul style="list-style-type: none"> • very thorough and to the point so I liked that... It was very straight forward which was nice... • I: sidewalk, that seemed important to you... P: It's something to walk on... • When we don't have answers, you feel lost in the dark... it actually kills you inside... • like to just breathe... so like I don't know what I would do if I didn't have the option to get help... 	Young mothers in this study need clarity, stability, and transparency when they are experiencing so much uncertainty, unfamiliarity and lack of control at this time in their life.
Relational Autonomy, collaboration, over time	Meaning Statement 3
<ul style="list-style-type: none"> • you're not doing this by yourself. Knowing that you have someone... to help you... • trusting my instincts, giving me advice and not, like giving me advice when I ask for it, not trying to force your opinion on me, like, I guess like being a supportive person kind of looks like that... and that's why I really liked (doula clinic), cause like they'll give you advice but then they'll also let you follow your heart... • people who you could depend on when you most need it and when you least need it... I don't think it's really about the timing, I think it's kind of they're always there... • like something that's not so time restricted... something like yeah... so your time's up... so I kinda like programs that like once there's that attachment, they're not so quick to be like... bye... • we came up with a strategy • lactation consultant assessed the situation and she said ok, here's what you can do and... it helped, it definitely helped... • you don't be by yourself... It'll be hard, unless you're really super, super, super independent... you need people to help you whether it's workers from here or workers from the hospital, you need people to help you and I feel like it's important to me because if I didn't have my doctors, my nurses, my worker, I wouldn't know what to do, I wouldn't know how to do it, they help me, they help me and you can always use help, no matter what time in your life. 	It is necessary and important to these young mothers to feel that they can learn and grow in their own way, while being supported through gentle collaboration within a stable and long-lasting relationship or web of care.
Non-judgmental guidance, believe in you, motivation	Meaning Statement 4

<ul style="list-style-type: none"> • the way people talk and react to you • to know that someone believes you can do it • teachers at the school that were like willing to help • support is more um guidance and like acceptance for what has happened cause you know everybody's not perfect, and you know, things happen, and you kind of have to learn how to deal with them • learning how to cope with um you know, some big change in your life like being pregnant um, and being um like shown like um ways to get to the destination that you wanted to get to before even though you have the baby, knowing that um you can get that even though you have someone to take care of • I have a few teachers at the school who really helped me and helped me like... get my grades... without them I probably wouldn't have graduated... • She's like really motivating. Like before I didn't think I could do any of this. I was thinking of just doing high school but she motivated me like no, go to college. After doing some work with her she's like no, you should go to university, you're really smart. And I'm like oh my gosh, she really motivated me and now I'm going to be applying to university soon... 	<p>Young mothers in this study value non-judgmental and motivational guidance as they cope with big changes in their lives and continue to strive to meet ongoing learning goals.</p>
<p>Flexibility, accessibility, accommodation, appreciation for difference</p>	<p>Meaning Statement 5</p>
<ul style="list-style-type: none"> • (agency name redacted) the art studio at (agency name redacted) I loved it there • education is very important obviously. So being able to kind of um rely on them to motivate you to make goals and stuff like that, for something like school, um is helpful because real teachers in real class rooms do that too so, kind of having the same aspect environment in a different place, obviously under different circumstances but still providing that help that teachers give I think is really helpful. • know that everyone's different, not everybody can do things as easily as others... some people have difficulty expressing themselves... like I do... • It's important because like some people... are scared to talk on the phone... but they'll talk on the internet. • Yeah exactly, it's accessible and that's a big deal... if I need to bring my son then I can and then if I don't need to bring him I don't have to... 	<p>It's helpful to have access to the same opportunities that other young people have, to have options that encompass our differences and our needs as caregivers with infants and young children.</p>
<p>Inclusive, reduce isolation</p>	<p>Meaning Statement 6</p>
<ul style="list-style-type: none"> • programs like this where you're with other moms, other young moms, you're able to see their journey, relate to them, rather than relate to someone who doesn't really know what you're going through or what it feels like • really important... to have family support I feel like... • Something to get me out of the house, to change my thinking, to distract me kind of thing. • And they're not just open to mothers, they're open to fathers too... or people that are parenting with the mother... • Yeah, because I don't feel out of place... I: Umm hmm P: Because I'm young, and everybody else around me is young as well 	<p>Participants appreciate having programs specifically for young moms, where they feel included, they can relate to one another, and where their co-parents are welcomed as well.</p>
<p>Emotional attunement and capability to demonstrate empathy and understanding, mothers attuned to lack of emotional sensitivity</p>	<p>Meaning Statement 7</p>
<ul style="list-style-type: none"> • Someone who genuinely wants to help and you can see that, you know, and they're not just there for a cheque at the end of the day... they genuinely care about you • But... if you don't have someone who can understand you... it makes me feel like not good enough... it just... I'm just here and I'm no one... no one can like... sometimes I feel like no one loves me... • the way this lady is looking, it's like a feeling, like the way you feel when people help you. this is a young mom and she looks like everything is ok... but she could be broken down right inside of her... 	<p>Having someone who shows they truly care, and who can deeply understand you and be attuned to how you're really feeling inside is extremely important.</p>
<p>Appreciate gravity of mother's emotional experience</p>	<p>Meaning Statement 8</p>
<ul style="list-style-type: none"> • I was really scared because I didn't even tell my parents until after I got the ultrasound. 	<p>Experiences connected with</p>

<ul style="list-style-type: none"> • It was very shocking • Yeah, it's just scary to be responsible for a life you know, like you never really had to do that before, it's new, it's a new kind of scared • being sick when you're pregnant... it feels like you're gonna die... • like everything matters to me kind of... like every little thing... like you never know like... anything can affect you a lot so it just makes me cry... 	<p>pregnancy, birth, and parenting as a young woman can feel extremely intense, frightening, and threatening. It is important that other people understand the gravity of the participant's situation and to match their response accordingly.</p>
<p>Appreciate need for comfort and safety</p>	<p>Meaning Statement 9</p>
<ul style="list-style-type: none"> • emotional because how can I do... how can I do my best if I'm not good in my mind... if mind is full. I need to be... I need peace... I need to think about my life... how can I think about my life if I'm... I'm stressful • She just told me everything was going to be ok • they came up with a plan to listen to me and get me out safely... • I felt more comfortable... • I wasn't comfortable, I didn't understand how to be open and talk about your feelings. 	<p>Creating a safe, comforting and relaxing environment is important in order for healing, growth, and effective caregiving to take place.</p>
<p>All forms of help must come together and work together, service coordination</p>	<p>Meaning Statement 10</p>
<ul style="list-style-type: none"> • It's physical, it's emotional help, it's financial help like it's all... of that... like it comes together. If you're missing one of those things, like I don't know... • a lot of like... things that they're able to connect us with... Like when I came here they were able to connect me with a doula which is very helpful because she helped me prepare for my labour... • I looked into like housing and stuff like that. Um and once I started doing that, it opened up so many more resources, like as soon as I talked to one like counsellor or something like that, there would be like three more different places to go and it was just like I knew so much information, I had so many numbers and so many like places like this where you could go and get help and support and answers, like physical support like, with food and groceries and stuff like that, um so that was really neat. 	<p>Participants shared the importance of being able to access knowledgeable service coordination and various forms of support simultaneously.</p>
<p>Support extends to baby, when baby is supported then mom is supported</p>	<p>Meaning Statement 11</p>
<ul style="list-style-type: none"> • there for the baby • the support of knowing that my child is healthy • I guess daycare gives me the best support because they literally take my child like... it's not I don't want to be with my child... I love spending time with him and I love him but at the same time I need time for myself... 	<p>Participants felt supported when their child was cared for.</p>
<p>Material support</p>	<p>Meaning Statement 12</p>
<ul style="list-style-type: none"> • It's having like physical support, like when you need physical help like moving and stuff and actual physical support, people to be there to help you • things that you need, when you need it... • I'd say financial because without money in this world, nowadays you can't do anything at all... 	<p>Material support that is tangible or has tangible impacts is important.</p>
<p>Knowledge and skills</p>	<p>Meaning Statement 13</p>
<ul style="list-style-type: none"> • expressing that to somebody who has more knowledge and stuff • The different classes that I'm taking, how to deal with the different cries of a baby, and figuring out what he needs and... stuff... those will help a lot... and how to cope 	<p>Participants appreciated gaining practical</p>

<ul style="list-style-type: none"> The prenatal program teaches you safety for the baby... like how to use car seats and things... that was really helpful and then also... I think they need to teach girls how to budget... 	<p>knowledge, parenting and life skills.</p>
<p>Power imbalance, charity feeling, hard to express dissatisfaction</p>	
<ul style="list-style-type: none"> like she's been pretty supportive, it's just hard when like I don't want to seem like... bratty when I'm not getting everything I want... 	<p>Meaning Statement 14</p> <p>It is difficult for the participant to express dissatisfaction about the support she is receiving because she does not want to appear ungrateful or thought of poorly by her service provider who is in control of the support she receives.</p>

Appendix 14: Theme Clusters

Theme Clusters: Meaning of ‘Support’ for Young Mothers in Context of Service Provision

1. Response to Experience of Vulnerability

- a) Young mothers in this study desire a caring and protective barrier from society's harsh attitudes and difficult life events, that allows them to continue to grow and care for their baby while feeling safe and secure.
- b) Creating a safe, comforting and relaxing environment is important in order for healing, growth, and effective caregiving to take place.
- c) Participants felt supported when their child was cared for.
- d) Experiences connected with pregnancy, birth, and parenting as a young woman can feel extremely intense, frightening, and threatening. It is important that other people understand the gravity of the participant's situation and to match their response accordingly.
- e) It is difficult for the participant to express dissatisfaction about the support she is receiving because she does not want to appear ungrateful or thought of poorly by her service provider who is in control of the support she receives.

2. Relational Autonomy

- a) It is necessary and important for these young mothers to feel that they can learn and grow in their own way, while being supported through gentle collaboration within a stable and long-lasting relationship or web of care.
- b) Having someone who shows they truly care, and who can deeply understand you and be attuned to how you're really feeling inside is extremely important.
- c) Participants need clarity, stability, and transparency when they are experiencing so much uncertainty, unfamiliarity and lack of control at this time in their life.
- d) Participants value non-judgmental and motivational guidance as they cope with big changes in their lives and continue to strive to meet ongoing learning goals.

3. Tailored Support for Young Mothers


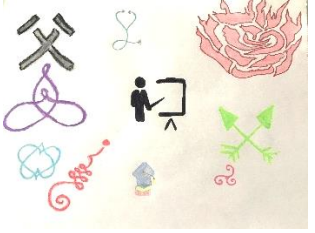



- a) It's helpful to have access to the same opportunities that other young people have, to have options that encompass our differences and our needs as caregivers with infants and young children.
- b) Participants appreciated gaining practical knowledge, parenting and life skills.
- c) Participants appreciate having programs specifically for young moms, where they feel included, they can relate to one another, and where their co-parents are welcomed as well.
- d) Participants shared the importance of being able to access knowledgeable service coordination and various forms of support simultaneously.
- e) Material support that is tangible or has tangible impacts is important.






Appendix 15: Visual Analysis Template





VISUAL ANALYSIS OF ART IMAGE	
Elements: Line, shape, form, colour, texture, space, value, symbolic suggestions	
Principles: Balance, movement, rhythm, contrast, emphasis, pattern, unity	
Materials: Pencil, charcoal, wood, metal, paper, glue, pastels etc.	
Interpretation by individual who created the visual image:	
Relationship with the research question:	
Notes (consider relationships between the qualities in the image, description and research question):	

Appendix 16: Summary Paragraphs of the Visual Analysis of Individual Images

Summary Paragraphs the Visual Analysis of Individual Images: How Young Mothers Conceptualize Support in the Context of Service Provision	
<p>P1: Mom is aware and confident of what feels good, what doesn't feel good and what she needs to thrive and care for her child. Challenges and social abuse feel significant and heavy but with support, growth and love are possible. Connection with other young moms in daily programs like school somehow mediate between the good and bad, creating a safe zone. Experiences of love and guidance can outweigh social judgement and effects of harsh life experiences.</p>	
<p>P2: It's important for young moms to feel respected and nurtured by the people who support them. It's important for young moms to have different kinds of support, tailored to their needs (like different coloured floors of the hospital). Support wrapped around this mom makes her feel more relaxed.</p>	
<p>P3: Young moms living in poverty are constantly having to juggle and source supplies to meet the demands of their own bodies and their children's bodies. Young moms are judged harshly by society, assumed to be bad mothers, placing extra pressure on them to make "good" and "right" decisions about their children's care and wellbeing. This pressure and juggling on a low budget is all consuming.</p>	
<p>P4: Young moms who have histories of trauma and mental health challenges need reliable and long-term relational support to feel safe, to feel that they can feel more in control, to feel that they can protect themselves and their baby. Some personal relationships can feel both supportive and threatening.</p>	
<p>P6: It is important as a form of support to offer young moms a space to just be in the moment, to soothe themselves, to take a break, to be spontaneous and nurture their creativity, to have no rules to follow other than the rules of the materials that they wield. Young moms have busy lives with a lot on their mind. It is nice to have a quiet space to reflect, like an art studio.</p>	

	
<p>P7: Young moms can feel rejected and scared, bullied and judged by peers and society. Young moms can be happy, fulfilled and successful at meeting their goals when surrounded by a variety of relationships that share welcoming, accepting, and caring attitudes. Relationships should be reliable, long-term, and designed to meet different goals.</p>	
<p>P8: Life can be full of both painful (pointy) and enjoyable experiences. It is important for moms to be cared for, to have time to meet their own physical and emotional needs, to be present to enjoy time with their children. Moms need to still have a sense of self, in addition to their roles as caregivers.</p>	
<p>P9: Support for this young mom means having caring, reliable, dependable, and loyal relationships surrounding her. These people love and honour her and centre her needs. Being surrounded by positive messages and attitudes makes mom feel cared for, important, big and strong.</p>	
<p>P10: In a patriarchal and ageist society that can make young women feel small, disempowered, and incompetent, good support means being surrounded by services and relationships that can meet your needs in a manner that honours your autonomy as an individual and as a caregiver. Young moms can be supported to feel wise, confident and whole.</p>	

<p>P11: With support through different stages of life, young moms escaping violence can work through hard ships, can gain freedom and confidence to take up space, to experience beauty, to feel free and bold, to feel centred and grounded. Such support offers both a soft place to land and to launch from.</p>	
<p>P12: Life for young moms is unpredictable at times and scattered. Services that recognize the importance of extended family and connection with community is important. Also important is accommodation due to age and life stage. Provision of subsidized childcare and food is helpful and necessary. Health care providers that listen and recognize that mom anticipates she will be treated worse than other mothers due to her age is important. Health care providers must be sensitive to social context and accepting of young moms as care providers.</p>	
<p>P18: Young moms are confident in knowing their needs and what feels good about support. Mom feels supported when her physical and emotional needs are met, and those of her baby. Mom is both self-reliant and also appreciates additional support due to her life-stage, relating to housing, subsidized childcare, food and clothing. Programs that support peer connections with other young moms is important. Emotional support that she can rely on and feels backed up by is crucial in building trust and confidence as a new mom.</p>	
<p>P19: This young mother has experienced childhood trauma and many transitions over the past 5 years leading up to her pregnancy. For young moms engaged in the child welfare system, the future may be hard to predict and moms may not feel they have a choice about their living circumstances with baby. This mother expressed a desire for stability and peace, something solid and predictable to rely on. Life feels chaotic. Perhaps peace and quiet lay in the distant future. The months to come, when baby arrives, feel unpredictable.</p>	
<p>P21: Mom relies on relational support, services and strategies to cope with mental health challenges, ultimately positioning her and baby for success. Although she knows what she needs, support feels tentative and fragile. The future is unpredictable and unknown beyond the present state of coping and survival.</p>	

	
<p>P22: This young mom feels isolated and cut-off from her support and future as a mother. She feels the court system cut her off from her first child and hopes to parent her second child, but also cannot foresee the future after birth. Birth for this young mom was described as painful with a large baby, perhaps feeling like her body was being torn in two. She described a history of sexual violence, perhaps speaking to the protective bold outlines, fragmented body parts separated by bold lines, and cut off altogether from the mid-thighs down. Helpless in her situation, protective of her baby/belly with her hands holding/shielding, the figure makes eye contact with the viewer with a calm and flat expression and open eyes, perhaps pleading for help or recognition, to be seen.</p>	
<p>P23: Young moms have a lot to be responsible for and have to maintain an appearance of "keeping it all together", even though so much about parenting a newborn is unpredictable and requires flexibility. Practical support such as food, diapers, and stable housing are important as well as taking the time to get to know young moms, earn their trust and provide emotional support in recognition of all that they are juggling. Support providers must recognize the weight of what young moms feel responsible for.</p>	
<p>P24: Young moms sometimes have complex histories that involve trauma and violence they have experienced in their families of origin or intimate partner relationships. Services geared toward trauma, gender-based violence, and mental health need to be accommodating to caregivers with young children. Moms shouldn't have to choose one part of their identity over another in order to get their needs met. Life experiences and aspects of identity blend together. Society also can't assume that all moms are cis-gender. Service providers need to make space for moms to express themselves while feeling accepted and connected with other young moms.</p>	

Appendix 17: Visual Analysis: Meaning Statements to Theme Clusters

Meaning Statements to Theme Clusters	
(I thematically grouped 12 meaning statements into three theme clusters. I gave a title to each theme cluster that sought to capture the content of each group of meaning statements)	
Meaning Statements	Title Given to Each Theme Cluster
<ul style="list-style-type: none"> • Young moms sometimes have complex histories of trauma and violence, compounded with social judgement and assumptions that they will be bad mothers. • Child birth can be traumatic and painful, compounded by histories of sexual violence and exploitation, contributing to a fragmented sense of self in connection with body. • For young moms living in poverty, the pressure to juggle and source supplies on a low budget can feel all consuming. • Choices feel limited and the future can feel unpredictable for young moms engaged with the child welfare system. For these moms, good support requires flexibility, reassurance, sensitivity, and predictability. 	<i>Difficult life experiences</i>
<ul style="list-style-type: none"> • Negative experiences and influences such as social judgement and harsh life events have a significant impact on young moms, however when mom is surrounded by accepting and positive relational support, growth, love, and feelings of joy and fulfillment are possible. • When mom feels centred and surrounded by support, she feels important, cared for, confident, whole, and that her autonomy as a caregiver is honoured, positioning her to meet her goals. • Support means recognizing and creating relational peer space for young moms to be themselves, to care for their own emotional and physical needs, and to experience respite from the demands of caregiving. • Good support is inclusive and fosters connection with respect to diverse aspects of identity and diverse family compositions in the lives of young moms. 	<i>Surrounded by support helps mom and baby thrive.</i>
<ul style="list-style-type: none"> • Young moms have a wide-range of needs and goals. Good support must be tailored both to their needs in connection with their life stage, as well as their needs as caregivers of young children. • Good support combines both material support and relational support in a long-term and reliable manner, sensitive to the social and caregiving pressures that young moms face. • Good support recognizes that young moms are aware and knowledgeable of what feels good, what doesn't feel good, and what they need for themselves and babies to thrive. • Good emotional support feels reliable, stable, predictable, and the service provider demonstrates loyalty and sensitivity to social context- these elements help mom to build trust and confidence in herself and the world around her. 	<i>Tailored, reliable, and sensitive support</i>

Appendix 19: Synthesis of Findings and Analytic Themes Chart

(Adapted from Bloomberg & Volpe, 2019)

Synthesizing and Interpreting Findings Across Data Sets: Creating Analytic Themes			
Research Question	Finding Statements that Respond to Question	Outcome/Research Problem (so what?)	Analytic Theme
How do young mothers experience, perceive and conceptualize positive support within the context of service provision?	<ul style="list-style-type: none"> • Response to experience/impacts of vulnerability, difficult life experiences. • Attuned and caring responses to experiences of vulnerability linked with inherent, situational, pathogenic sources • Non-judgemental and motivational guidance promotes capability to learn and grow in own way. • Experience/feeling of being surrounded by support helps mom and baby thrive. 	<ul style="list-style-type: none"> • Support is conceptualized as both a response to effects of exposure to sources of vulnerability and as efforts made to build relational autonomy. • Society and social services are shaped by traditional and dominant conceptualizations of autonomy and vulnerability. This influence results in the in a tendency to perceive a binary between autonomy and vulnerability, with an overvaluation of invulnerability in connection with notions of strength and action. Sometimes approaches framed as strength-based are viewed in opposition to trauma-informed approaches to care because the first is associated with strengths and the second is associated with weakness. 	Vulnerability and relational autonomy entwined: Dissolving the binary in support services for young mothers
What are ways that societal notions of vulnerability and autonomy may be shifted to offer improved quality of support to young moms and marginalized communities?			
What aspects or parts of support are important to young mothers at this time in their lives?	<ul style="list-style-type: none"> • Tailored, reliable and sensitive. • Tailored to unique needs. • Non-judgemental, motivational guidance that support mom to grow and learn in their own way with support. 	<ul style="list-style-type: none"> • Important that services are tailored to the unique needs of both young people and caregivers. • Services must be delivered in a non-judgemental manner, motivational (non forced), reliable and sensitive. 	Bridging support responses that address vulnerability and relational autonomy
How would you describe these parts or aspects of support?			
What parts/experiences of support matter most as young mothers plan for expanded independence?	<ul style="list-style-type: none"> • Experiencing or feeling/being surrounded by support helps mom and baby to thrive. • Non-judgemental guidance promotes caregiver capabilities. • Attuned and caring responses, existential 	<ul style="list-style-type: none"> • The experience of being surrounded by different kinds of support help grown confidence and feelings of importance as a caregiver. • Attuned and caring responses, non-judgemental guidance help to build a strong sense of self and positive capabilities as a caregiver to learn and grow in their own way. 	"I can do this": Building positive capabilities and sense of identity as a marginalized caregiver.

	presence- "always there"	<ul style="list-style-type: none">• An internalized process of combined positive attitudes, motivation, attuned and caring presence culminates in mom feeling "I can do this".	
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Appendix 20: Conclusions and Recommendations Alignment Chart

(Adapted from Bloomberg & Volpe, 2019)

Conclusions and Recommendations			
Findings (from visual art and transcript data sets)	Interpretations (synthesized from findings from visual art and transcript data sets)	Conclusions	Recommendations
<ul style="list-style-type: none"> • Response to experience/impacts of vulnerability, difficult life experiences. • Attuned and caring responses to experiences of vulnerability linked with inherent, situational, pathogenic sources • Non-judgemental and motivational guidance promotes capability to learn and grow in own way. • Experience/feeling of being surrounded by support helps mom and baby thrive. 	<ul style="list-style-type: none"> • Good support is conceptualized as both a response to effects of exposure to sources of vulnerability and as efforts made to build relational autonomy. • Historical conceptualizations of vulnerability and autonomy shape current social understandings of these concepts. • Society and social services are shaped by traditional and dominant conceptualizations of autonomy and vulnerability. This influence results in the in a tendency to perceive a binary between autonomy and vulnerability, with an overvaluation of invulnerability in connection with notions of strength and action. • Social justice groups focused strategies to distance from traditional perceptions of vulnerability • Neoliberal capitalism shapes support-overvalues invulnerability. • Relational autonomy requires vulnerability • Traditional understanding of vulnerability and autonomy shape support service design/delivery. • Sometimes approaches framed as strength-based are viewed in opposition to trauma-informed approaches to care because the first is associated with strengths and the second is associated with weakness. • Alternative interpretations <ul style="list-style-type: none"> - Everything is good - Gap due to service provider/management/organization factors - Traditional welfare system no longer feasible/priority. - Support services don't work when moms are too young and immature to engage. 	<p>Historical and traditional conceptualizations of the notions of vulnerability and autonomy shape the way current forms of support are designed and delivered to young mothers. Understanding the concepts of vulnerability and autonomy as binary and oppositional do a disservice to young mothers who experience the impacts of various sources of vulnerability while striving to become autonomous caregivers in relationship with networks of support. Young moms in this study described good support as a combination of both response to vulnerability and efforts made to build relational autonomy.</p>	<p>Critical theory about the concepts of vulnerability and autonomy should be introduced into government policy initiatives, service provider curriculum (social services, healthcare, legal etc.) and in service staff training, from front-line to board level administration, funders and researchers. This could occur within the current social push to ethically engage in social justice based, cultural humility training across various sectors, in alignment with current social justice movements and calls to action. Course instructors and program administrators to include overview and critique of conventional understandings of vulnerability and autonomy within social service course curriculums. Encourage reimagined forms of support that dismantle the binary. Review programs for young mothers and ensure that both responses to impacts of vulnerability and efforts to build relational autonomy are offered at both micro and macro levels (for example through training for individual support staff, but also across group programming, and engagement with community and government stakeholders. Attention to these practices should be built into program evaluations</p>

			<p>by funders and program administrators, carried out and monitored by program staff and program administrators. Further research should focus on ways that the combination of both response to vulnerability and efforts to build relational autonomy may benefit young families and other marginalized groups, as well as examine barriers to implementing such responses.</p>
<ul style="list-style-type: none"> • Tailored, reliable and sensitive. • Tailored to unique needs. • Non-judgemental, motivational guidance that support mom to grow and learn in their own way with support. 	<ul style="list-style-type: none"> • Important that services are tailored to the unique needs of both young people and caregivers. <ul style="list-style-type: none"> - History of being judged/ socially excluded/ bullied. - Unmarried mothers stigmatize, viewed as immoral and delinquent youth. • Services must be delivered in a non-judgemental manner, motivational (not forced) <ul style="list-style-type: none"> - Older people in positions of authority judgemental, corrodes self-worth. - History of social stigma - Adolescence is ambiguous. • Services must be delivered in a sensitive and reliable manner. <ul style="list-style-type: none"> - Past disappointment/ abandonment/ powerless in service context. - Past abuse/ neglect/ rejection/ in caregiver or intimate partner relationship. - Caregivers preoccupied with impacts of poverty, mental illness, substance use. - Caregiver rejection re: social stigma - High occurrence of gender-based violence towards girls and young women. - Young dads also struggling. - Mothers oppressed and abandoned by society. - Young moms want to feel accepted and cared for in a non-paternal way as a means of learning to become mothers. • Alternative Interpretations <ul style="list-style-type: none"> - Some moms mistrust services due to past experiences of deprivation and instability, they may then sabotage engagement with services in alignment with preconceived expectations. - Some moms not motivated - Some moms exhaust support staff with too many expectations, they expect more than what is possible given the limitations of the service. 	<p>Young moms have unique needs as individuals, as young people and as caregivers. They face a legacy of stigma against them due to multiple intersectional forms of social oppression. It is important therefore that services be offered in a non-judgmental, motivational manner. Sensitive and reliable services meet the needs of young mothers who have experienced adversity and rejection in their lives, supporting them to feel accepted and cared for in a reparative, non paternal manner, helping them become mothers who are also sensitive and reliable toward their children.</p>	<p>Ensure services are inclusive and accessible to diverse aspects of identity such as race, ability, class, size, and gender, particularly geared toward youth and caregivers. Inclusivity and accessibility can be reflected in program availability, marketing materials, language, reflection in visible minority support staff, and location/space considerations. Collaborative program planning with young moms is recommended as a means of ongoing power-sharing and ensuring programs remain relevant to shifting needs of the community.</p> <p>Service design and implementation can be engaged with in a non-judgmental and motivational manner through language used, topics focused on, and collaborative efforts with young moms who engage in the programs.</p> <p>Sensitive and reliable services are important to consider in the service provider relationship, but also at the level of funding advocacy and program design to ensure that support staff have the resources needed to provide support in this manner. Clinical supervision and/or mentoring through</p>

			<p>sensitive/reliable relationships are imperative in offering support to front-line staff as well as a means of supporting work place cultures that value these relational qualities.</p> <p>These recommendations must be considered at all levels of an organization, supported by funders, administrators, policy and research.</p>
<ul style="list-style-type: none"> • Experiencing or feeling/being surrounded by support helps mom and baby to thrive. • Non-judgemental guidance promotes caregiver capabilities. • Attuned and caring responses, existential presence- “always there” 	<ul style="list-style-type: none"> • The experience of being surrounded by different kinds of support help grow confidence and feelings of importance as a caregiver. <ul style="list-style-type: none"> - Young moms require some additional support due to life stage and caregiver needs. - Bulk of caregiving responsibilities placed on female caregivers by society due to oppression of women and devaluing of caregiving, therefore need to build positive identity as moms. • Attuned and caring responses <ul style="list-style-type: none"> - Internalized self-concept - Internalized sense of security to feel confident to grow and explore - Sometimes a disconnection in services, influence of neoliberalism. • An internalized process of non-judgemental guidance, combined with positive attitudes, motivation, attuned and caring presence culminates in mom feeling “I can do this”. <ul style="list-style-type: none"> - help to build a strong sense of self and positive capabilities as a caregiver to learn and grow in their own way. - Process of interdependence, intra-action, impression - Relational autonomy 	<p>Young moms internalize confidence and a positive self-concept as a young female caregiver when surrounded by a support network that recognizes and meets her needs in relation to her life-stage and caregiver role within a society that oppresses her as a young person, as a female and as a caregiver. Attuned and caring approaches to support help mom to internalize a sense of security that allows her to grow and expand in an interdependent manner with her support network.</p>	<p>Support services and government policies that young mothers engage with must take into account a diverse range of needs and how meeting these needs are coordinated for young mothers in a collaborative manner. Program evaluation must attend to the experience of young mothers with respect to how various forms of support centre around her in a attuned and caring manner that support capabilities as a young caregiver who is marginalized by society.</p> <p>Support staff, administration, funders, policy makers and researchers must incorporate values of interdependence with support services, acknowledging that relational autonomy occurs over time and is necessary for young moms to expand their potential as more independent and confident individuals and caregivers.</p>

Appendix 21: Infographic

