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A Qualitative Examination of the Transition to Motherhood among Women with Histories of Childhood Trauma

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ABSTRACT

Objective: This study aims to qualitatively examine the transition to motherhood among women with histories of childhood trauma, exploring how their past experiences influence their journey into motherhood, the challenges they face, and the coping mechanisms they employ.

Methods and Materials: A qualitative research design was employed, utilizing semi-structured interviews to collect data from 33 women who have experienced childhood trauma and are either pregnant or have recently become mothers. Data collection continued until theoretical saturation was reached. The interviews were transcribed verbatim, and thematic analysis was used to identify key themes and concepts within the data.

Findings: Six main themes emerged from the analysis: Emotional Transition, Support Systems, Coping Mechanisms, Perceptions of Motherhood, Impact of Trauma, and Future Orientations. These themes encompassed various categories and concepts, such as anticipatory emotions, bonding experiences, partner support, self-care strategies, the impact of trauma on parenting, and aspirations for their children's futures. The study highlights the complex interplay between childhood trauma and motherhood, underscoring the emotional challenges, the critical role of support systems, and the resilience displayed by the participants.

Conclusion: The transition to motherhood for women with histories of childhood trauma is deeply affected by their past experiences, presenting unique challenges that impact their emotional well-being, parenting practices, and perceptions of motherhood. Despite these challenges, the study reveals the strength and resilience of these women, as well as the importance of targeted support and interventions to facilitate a positive transition to motherhood.

Keywords: Childhood trauma, Motherhood transition, Coping mechanisms, Support systems, Maternal well-being.



1. Introduction

Transitioning to motherhood represents a pivotal life event filled with joy, anticipation, and, for many, a series of challenges that test emotional resilience and adaptability. This transition, however, holds particular significance for a subset of the population—women with histories of childhood trauma (Flemke et al., 2014; Taylor et al., 2022). For these individuals, the journey to motherhood does not just symbolize the birth of a new life but also the re-emergence of past adversities, often casting long shadows over what should be a joyous occasion (Bosch et al., 2020).

The literature provides extensive insights into how adverse childhood experiences resurface during the transition to motherhood, highlighting the unique challenges faced by women seeking to create a nurturing environment vastly different from their own upbringing (Coler, 2018). The legacy of childhood trauma, characterized by abuse, neglect, or other profound adversities, carries the risk of transgenerational transmission, where the unresolved pain and behavioral patterns of one generation affect the next (Taylor et al., 2022). This phenomenon underscores the importance of addressing these traumas not just for the wellbeing of the mother but also for breaking the cycle of trauma that may loom over the infant's future.

Understanding the nuances of trauma's impact on motherhood is further complicated by the fact that women with a history of childhood trauma often experience difficulties in mentalization, which refers to the capacity to reflect upon and understand one's own and others' mental states. This lack of mentalization regarding their trauma has been linked to challenges in forming close relationships and adapting to the new roles and responsibilities that come with parenthood (Ensink et al., 2014). Such difficulties highlight the need for specialized support systems and interventions tailored to the unique needs of these individuals, beyond the conventional approaches to post-traumatic stress disorder (PTSD) treatment and maternal care (Bosch et al., 2020).

The ramifications of childhood trauma extend into various dimensions of maternal well-being, including maternal mental health conditions like depression and PTSD, which have been shown to influence parenting behaviors and the mother-child relationship (Muzik et al., 2017). These conditions can lead to disruptions in parental attunement—the emotional and psychological harmony between a parent and child—further complicating the transition to motherhood and potentially impacting the

child's emotional and psychological development (Iyengar et al., 2019).

Moreover, the presence of childhood trauma is associated with reduced maternal self-efficacy, heightened stress levels, and less effective coping mechanisms, contributing to emotional distress and dissatisfaction with the motherhood experience (Bentley & Zamir, 2021; Choi et al., 2015). These findings emphasize the profound need for targeted interventions and support systems designed to address the specific challenges faced by mothers with trauma histories (Akintunde, 2024). Furthermore, the impact of maternal exposure to childhood trauma on maternal-fetal attachment highlights the critical need for identifying and bolstering protective factors that can support the well-being of pregnant women with such backgrounds (Stigger et al., 2020).

The broader health implications of childhood trauma on women's health, including increased risks for depression, smoking behaviors, and cardiovascular disease, underline the pervasive influence of early life adversities on maternal health outcomes (Blalock et al., 2013; Cloitre et al., 2001; Ortiz-Llorens et al., 2022). These findings point to the intricate web of factors linking childhood trauma to maternal behaviors and mental health, underscoring the complexity of the transition to motherhood for women with traumatic pasts (Flemke et al., 2014; Lanctôt & Turcotte, 2017).

This study aims to explore the qualitative examination of the transition to motherhood among women with histories of childhood trauma, exploring the interplay between past adversities and the present experience of motherhood. By integrating the perspectives of women who have navigated this complex transition, the study seeks to shed light on the unique challenges, coping mechanisms, and sources of resilience that characterize their journey.

2. Methods and Materials

2.1. Study Design and Participants

This study adopted a qualitative research design to deeply explore the experiences of women with histories of childhood trauma as they transition to motherhood. The aim was to understand how past trauma impacts their experiences, beliefs, and practices in motherhood. This section details the participant selection criteria, data collection methods, and analysis process.

Participants were selected using purposive sampling to ensure the inclusion of women with diverse histories of childhood trauma (physical, emotional, sexual abuse, and/or neglect) who were either pregnant or had given birth within



the last three years. Inclusion criteria included women aged 18 years or older, fluent in English, and willing to discuss their experiences. The recruitment was conducted through social media platforms, support groups, and referrals from healthcare professionals. All participants provided informed consent before participation. Participants were informed about the study's purpose, their right to withdraw at any time, and measures taken to ensure confidentiality and anonymity. To protect participants' identities, pseudonyms are used in reporting findings. Emotional support resources were provided for participants if discussing their experiences became distressing.

2.2. Measures

2.2.1. Semi-Structured Interview

Data were collected through semi-structured interviews, which allowed for both guided questions and the flexibility for participants to share their narratives extensively. The interview guide was developed based on a literature review and input from experts in psychology, obstetrics, and gynecology. Interviews focused on the transition to motherhood, perceived challenges, support systems, coping mechanisms, and reflections on how their trauma histories influenced their motherhood experiences. Each interview lasted approximately 60 to 90 minutes, was audio-recorded with the participant's consent, and subsequently transcribed verbatim for analysis. Data collection continued until theoretical saturation was achieved, indicating that no new themes were emerging from the interviews.

2.3. Data analysis

The transcribed interviews were analyzed using thematic analysis, as described by Braun and Clarke (2006). This method enabled the identification, analysis, and reporting of patterns (themes) within the data. The process began with familiarization with the data through repeated readings of the transcripts. Initial codes were generated by noting patterns and features of interest. These codes were then collated into potential themes, reviewed, and refined to ensure they accurately reflected the dataset. The analysis was iterative, with themes being defined and redefined through engagement with the data and discussions among the research team. Trustworthiness and credibility were ensured through methods such as peer debriefing, participant validation, and maintaining a reflexive journal. The qualitative software NVivo was utilized to aid in the organization and analysis of the data, allowing for efficient management of codes and themes. This facilitated a systematic approach to the thematic analysis, ensuring transparency and rigor in the interpretation of the participants' experiences.

3. Findings and Results

In this qualitative study, a total of 33 women participated, all of whom had histories of childhood trauma and were either currently pregnant or had recently transitioned to motherhood within the last three years. The age of participants ranged from 21 to 45 years, with a median age of 32. The demographic composition was diverse, encompassing various backgrounds to capture a wide range of experiences. Regarding educational attainment, 6 participants (18%) had completed high school, 14 (42%) held an undergraduate degree, and 13 (40%) had attained a postgraduate degree. Employment status varied among the group: 12 women (36%) were employed full-time, 8 (24%) part-time, 7 (21%) were stay-at-home mothers, and 6 (18%) were currently seeking employment or involved in educational pursuits.

 Table 1

 Categories, Subcategories, and Concepts

Categories	Subcategories	Concepts
Emotional Transition	Anticipatory Emotions	Fear of the unknown, Excitement for change, Anxiety about childbirth, Hope for the future
	Bonding Experiences	Initial bonding, Delayed attachment, Impact of physical touch, Intuitive parenting
	Identity Shift	Loss of former self, Emergence of new identity, Role confusion, Searching for balance
	Fear and Resilience	Overcoming fears, Building resilience, Empowerment through knowledge
Support Systems	Partner Support	Emotional support, Practical assistance, Co-parenting dynamics, Navigating relationship changes
	Family and Friends	Social isolation, Receiving advice, Community belonging, Extended family involvement
	Professional Support	Access to healthcare, Therapeutic intervention, Educational resources, Specialized support services
	Community Resources	Local support groups, Online communities, Public health services, Childcare resources



Coping Mechanisms		Self-care Strategies	Mindfulness and meditation, Physical activity, Hobbies and interests, Self-reflection, Relaxation techniques
		Seeking Information	Parenting books, Online forums, Professional advice, Workshops and seminars, Peer learning
		Reliance on Routine	Daily schedules, Meal planning, Bedtime routines, Organizational tools
		Spiritual Practices	Religious faith, Meditation and prayer, Spiritual communities, Philosophical reflections
		Emotional Expression	Journaling, Artistic expression, Verbal sharing, Emotional literacy
Perceptions	of	Expectations vs. Reality	Unrealistic expectations, Adjusting to reality, Social media influence, Cultural pressures
Motherhood		•	
		Sense of Competency	Self-efficacy, Validation from others, Learning from mistakes, Adapting to challenges
		Joy and Fulfillment	Moments of connection, Achievements and milestones, Personal growth, Overcoming adversity
		Challenges and	Facing hardships, Problem-solving, Adaptability and resilience, Support networks
		Overcoming	
Impact of Trauma		Triggers and Flashbacks	Past experiences resurfacing, Sensory triggers, Avoidance behavior, Emotional regulation
		Healing Process	Therapy and counseling, Support groups, Personal reflection, Cognitive restructuring
		Protective Factors	Resilience building, Positive relationships, Secure attachment, Self-compassion
		Narrative Reconstruction	Reinterpreting past events, Creating new meanings, Personal growth through trauma
Future Orientations		Hopes for Children	Desire for better future, Educational aspirations, Emotional well-being, Healthy environment
		Fears and Anxieties	Worry about repeating history, Concern for child's safety, Anxiety about competence,
			Overprotectiveness
		Parenting Goals	Values and beliefs, Teaching life skills, Emotional intelligence, Setting examples, Cultural
		-	heritage
		Legacy and Impact	Creating a positive legacy, Impact on future generations, Hopes for societal change

The qualitative analysis of semi-structured interviews with women who have transitioned to motherhood, despite histories of childhood trauma, revealed rich and multifaceted insights. These insights were organized into six main themes, each comprising several subthemes and associated concepts. The narratives of the participants, interspersed with direct quotes, illustrate the complexity of their experiences.

3.1. Emotional Transition

Participants described a range of anticipatory emotions including fear of the unknown ("I was terrified of what kind of mother I would be"), excitement for change, and anxiety about childbirth. The theme of bonding experiences highlighted both immediate connections and delayed attachments, with one mother sharing, "It took time for me to feel like her mom." The identity shift was a profound transformation, often described as a loss of the former self yet the emergence of a new identity. The subtheme of fear and resilience captured the dual nature of their experiences, where overcoming fears was paralleled by building resilience, encapsulated in the sentiment, "Every day is a step towards healing."

3.2. Support Systems

The importance of partner support was frequently mentioned, with participants valuing emotional support and practical assistance. One respondent noted, "Having my partner's unwavering support made all the difference." Family and friends provided a sense of community belonging, though experiences of social isolation were not uncommon. Professional support emerged as crucial, especially in accessing healthcare and therapeutic intervention, while community resources like local support groups and online communities were vital for additional support.

3.3. Coping Mechanisms

Women employed various self-care strategies, including mindfulness and physical activity, to navigate their transition. Seeking information through parenting books and online forums was common, as was a reliance on routine to provide structure. Spiritual practices and emotional expression through journaling or artistic activities were also highlighted as coping mechanisms.

3.4. Perceptions of Motherhood

Participants' expectations vs. reality often diverged, with many grappling with unrealistic expectations shaped by social media. The sense of competency developed over time, as mothers learned from their mistakes and adapted to challenges. The joy and fulfillment found in motherhood, despite the challenges, were significant, as was the ability to face and overcome various challenges.

3.5. Impact of Trauma

The triggers and flashbacks related to past trauma were poignant, with sensory triggers often mentioned. The healing





process involved therapy and personal reflection, while protective factors such as positive relationships and secure attachment played a key role in resilience. Narrative reconstruction allowed women to reinterpret past events and foster personal growth.

3.6. Future Orientations

Hopes and fears about the future were deeply interwoven into the narratives. Hopes for children included aspirations for their well-being and a better future, while fears and anxieties about repeating history or concerns for the child's safety were prevalent. Parenting goals focused on imparting values and life skills, with an overarching desire to create a legacy and impact that transcends generations.

4. Discussion and Conclusion

This qualitative study explored the transition to motherhood among women with histories of childhood trauma, revealing significant themes: Emotional Transition, Support Systems, Coping Mechanisms, Perceptions of Motherhood, Impact of Trauma, and Future Orientations. The findings underscored the complex interplay between past trauma and the experiences of motherhood, highlighting the challenges related to emotional adjustment, the crucial role of support systems, unique coping strategies, and the impact of trauma on maternal self-efficacy and parenting. Importantly, the study illuminated the resilience and adaptive strategies women employ, alongside their aspirations for their children's futures, underscoring the profound need for targeted interventions and support.

The theme of Emotional Transition explored the emotional landscape of participants, highlighting categories such as Anticipatory Emotions, Bonding Experiences, Identity Shift, and Fear and Resilience. Participants expressed a range of anticipatory emotions, from fear and anxiety about childbirth to excitement for change. Bonding experiences varied, with some mothers experiencing immediate connections while others faced challenges in forming an initial bond. The transition to motherhood often triggered an identity shift, marked by a loss of the former self and the emergence of a new maternal identity. Despite these challenges, women also spoke of developing fear and resilience, illustrating their journey towards overcoming fears and building resilience through the transition.

Support Systems were crucial, with categories including Partner Support, Family and Friends, Professional Support, and Community Resources. Partner support was vital for emotional and practical assistance, while family and friends provided a sense of community belonging and advice. Professional support through healthcare and therapeutic interventions was highlighted as essential for addressing mental health needs. Additionally, community resources like local support groups and online communities offered additional layers of support, underscoring the importance of a comprehensive support network.

Coping Mechanisms emerged as a theme, with categories such as Self-care Strategies, Seeking Information, Reliance on Routine, Spiritual Practices, and Emotional Expression. Self-care strategies included mindfulness, physical activity, and engaging in hobbies. Seeking information through parenting books and online forums was common, as was reliance on routine to provide structure. Spiritual practices and emotional expression through activities like journaling and artistic expression were also identified as key coping mechanisms.

Perceptions of Motherhood were characterized by Expectations vs. Reality, Sense of Competency, Joy and Fulfillment, and Challenges and Overcoming. Participants discussed the gap between their expectations of motherhood and the reality, including the influence of social media and cultural pressures. The development of a sense of competency over time, joy and fulfillment from moments of connection, and the process of facing and overcoming challenges were central to this theme.

The Impact of Trauma theme covered Triggers and Flashbacks, Healing Process, Protective Factors, and Narrative Reconstruction. Women recounted how past trauma resurfaced through triggers and flashbacks, the healing process involving therapy and personal reflection, the role of protective factors like positive relationships, and the process of narrative reconstruction to create new meanings from past events.

Finally, Future Orientations included Hopes for Children, Fears and Anxieties, Parenting Goals, and Legacy and Impact. Participants expressed their desires for their children's better futures, concerns about repeating history or ensuring their child's safety, goals for parenting that include values and life skills, and aspirations to create a positive legacy.

The qualitative examination of the transition to motherhood among women with histories of childhood trauma sheds light on the profound interplay between past adversities and present experiences of motherhood. The findings of this study are resonant with existing literature, providing nuanced insights into the challenges, coping



mechanisms, and sources of resilience among these women. The discussion below situates our findings within the broader context of relevant studies, further elucidating the impact of childhood trauma on the transition to motherhood.

Our analysis identified emotional transition, support systems, coping mechanisms, perceptions of motherhood, impact of trauma, and future orientations as key themes in the narratives of women transitioning to motherhood. These themes highlight the complexity of experiences among women with trauma histories, emphasizing the intergenerational transmission of trauma, the importance of mentalization, and the need for tailored interventions (Ensink et al., 2014; Taylor et al., 2022).

Adverse childhood experiences were found to resurface, impacting maternal self-efficacy and the mother-child relationship, aligning with findings by Bentley and Zamir (2021) and Muzik et al. (2017), who reported that unresolved trauma complicates parental attunement and behavior (Bentley & Zamir, 2021; Muzik et al., 2017). Our findings underscore the necessity of addressing these unresolved traumas to prevent their transgenerational transmission and to support the development of a healthy parent-child relationship.

Furthermore, our study corroborates the evidence that childhood trauma can significantly impact health outcomes and quality of life, as described by Bosch et al. (2020) and Blalock et al. (2013). The unique responses to PTSD treatment among women with childhood trauma histories necessitate a tailored approach to interventions, as generic approaches may not adequately address the specific challenges faced by this population (Blalock et al., 2013; Bosch et al., 2020).

The role of support systems emerged as a critical factor in our study, with participants highlighting the importance of partner, family, and professional support. This finding is consistent with research by Barros et al. (2022) and Choi et al. (2015), who emphasized the impact of social support on psychological well-being and coping strategies among individuals with trauma histories (Barros et al., 2022; Choi et al., 2015). The need for specialized support services is further supported by Akintunde (2024), who found that adverse childhood experiences contribute to emotional distress and dissatisfaction with motherhood (Akintunde, 2024).

The themes of coping mechanisms and future orientations illustrate the adaptive strategies employed by mothers with trauma histories and their aspirations for their children's futures. These findings resonate with the research by

Kizilkurt et al. (2021) and Li et al. (2022), highlighting the mediating roles of psychological resilience and creative coping strategies in mitigating the effects of childhood trauma (Kizilkurt et al., 2021; Li et al., 2022).

The journey to motherhood for women with histories of childhood trauma is fraught with challenges that extend beyond the normative transitions associated with becoming a mother. This study emphasizes the enduring impact of childhood trauma on this critical life stage, highlighting the nuanced ways in which past adversities shape maternal experiences, behaviors, and expectations. By bringing to light the resilience of these women and their capacity to navigate complex emotional landscapes, the study advocates for a more empathetic, informed, and supportive approach to maternal care, tailored to the needs of those with trauma histories.

5. Limitations and Suggestions

This study is not without its limitations. The reliance on self-reported data and the qualitative nature of the study limit the generalizability of the findings. Additionally, the sample size, though adequate for thematic saturation, represents a specific demographic, which may not encompass the full spectrum of experiences among all women with histories of childhood trauma. Future research would benefit from a more diverse and larger sample to explore cross-cultural and socio-economic variations in the transition to motherhood.

Future research should aim to diversify the populations studied, including a broader range of cultural, socioeconomic, and trauma backgrounds, to enhance the understanding of how different contexts affect the transition to motherhood. Longitudinal studies could provide insights into how the impact of childhood trauma on motherhood evolves over time, from pregnancy through the early years of a child's life. Additionally, quantitative studies could complement qualitative findings, offering a broader perspective on the prevalence and intensity of the issues identified.

The findings from this study have important implications for healthcare providers, social workers, and policymakers. There is a clear need for the development and implementation of trauma-informed care practices within maternal health services to adequately support women with histories of childhood trauma. This includes training for healthcare professionals on the nuances of trauma's impact on motherhood, integrating mental health support into prenatal and postnatal care, and creating supportive

environments that foster open communication and trust. Tailored interventions that address the specific emotional and psychological needs of these women can significantly improve their motherhood experience, ultimately benefiting both the mother and child.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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