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## Emotional progression of mothers with ELBW children and care services they require

— A conceptual diagram based on mothers' narratives —

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### Abstract

This study aims to analyze the narratives of mothers with ELBW children to investigate the significance of their stories or episodes within, and gain insight as to what types of cares should be provided to those mothers.

In this qualitative study, we adopted a narrative approach to examine the emotions of mothers of ELBW children. We conducted interviews with seven mothers with ELBW children who consented to participate in the study. Their stories were extracted from narrative data collected in the form of word-for-word transcripts of the interviews and closely examined. Four positive themes: [the child is alive], [the mother's harmonious relationships with others], [mother's acceptance of her child], and [the mother's learning from her child], as well as three negative ones: (feelings of self-blame), (lack of understanding by others about the mother's feelings), and (vulnerability of the child), were identified in the narratives. A conceptual diagram was constructed to show the progression of mothers' feelings and emotions. It illustrates that positive stories or episodes helped the mothers overcome negative ones, thereby encouraging them to reach the stages [of the mother's acceptance of her child] and [mother's learning from her child]. The narratives of the mothers included both positive and negative stories. Our examination of the narrative

s suggests that it is essential to help them feel that their children are alive and gain more confidence as a mother in order for them to gain positive perspectives on life. These are also significant factors contributing to maternal role attainment. The conceptual diagram illustrates the process through which mothers with ELBW children receive benefits from collaborating in the interviews with their caregivers who they feel truly understand their pain, and eventually mature as mothers by learning from their own children.

**Key words** : emotional progression of mothers, ELBW children, care, conceptual diagram, mothers' narratives

### Introduction

Owing to the advancement of neonatal care, the survival rate of extremely low birth rate (ELBR) infants has improved in recent years (Nakamura, 2002). As for their physical growth and emotional development, however, the occurrence of neurological disorders remains high, and incidents of learning and behavior disorders of the children during school years have surfaced. In the hope of promoting the healthy growth and sound development of ELBR children,

Marked efforts have been made in the NICU to improve the care provided to the children during hospitalization, support for their families, as well as continuing child care after hospital discharge. In contrast, emotional care provided to the mothers does not seem sufficient as it fails to assess and incorporate the Mothers' negative emotions about having an ELBR child. Ishida remarked: "a person holds a promise of changes as long as he or she is willing to listen (Ishida, 2003)", and Tanaka said that: "learning about experience through narratives will modify

practices (Tanaka, 2003).” They confirm our view that, by carefully listening to subjects’ narratives, a caregiver could change them, and a clear understanding of the narratives provides clues as to how clinical practice could be modified. According to Yokoo, mothers of premature babies recover from negative emotions and become more motivated to care for their children when they develop closer relationships with them (Yokoo, 1982), while Yohda identified three stages: “ambivalence”, “acceptance”, and “revolution”, in the process of a mother coming to accept her disabled child (Yohda, 1999). Based on this, we conducted interviews with mothers of ELBW children and paid close of attention to their narratives in order to gain insight into their emotions and investigate the types of care they require.

This study aimed to analyze the narratives of mothers with ELBW children to investigate the significance of their stories or episodes, and gain insight into the types of care that should be provided to those mothers.

## Methods

We conducted a qualitative study to examine the narratives of the mothers.

### 1. Definitions of term:

- 1) “An extremely low birth weight (ELBW) infant” is defined as one with a birth weight of less than 1,000 g at the time of birth.
- 2) “Narrative” means “a story based on the truth” (noun) or “in the form of or concerned with narration” (adjective).
- 3) “Care” means the act of supporting others or groups of people that need assistance in improving emotional conditions and the lifestyle by providing them with the abilities to make such improvements themselves (Tsutsumi, 1993).

### 2. Participants and selection

Of the nine mothers who delivered ELBW infants at Hospital A and consented to take part in the study, two were given a pre-test, and the actual interviews were conducted with the remaining seven for analysis.

### 3. Research methods

- 1) Data collection and methods
  - (1) The interviews were conducted at a

location where the interviewees could relax, such as participants’ homes.

- (2) Following the method described by Saito (Saito, 2000), the interviewer listened attentively to the participants, provided emotional support, and put herself in their positions so as to improve reliability. The interviewer practiced in advance.
- (3) Pre-test: We performed a pre-test with two participants and recorded their narratives. After a review of the recordings, the supervisor found it unnecessary to formulate semi-structural questions since the pre-test participants expressed their emotions without a structural framework. Therefore, ‘free-style’ interviews were conducted.
- (4) The interview length: The first interview ran for approximately 70 minutes, and the participants were asked to talk freely about their “feelings from pregnancy to the present”, “feelings during pregnancy”, and “feelings during delivery, after delivery, and after discharge”.

## 4. Reliability and validity of the study

We established the reliability and validity of this study referring to the qualitative research methods of Holloway and Wheeler (Holloway et al., 2008).

### 1) Reliability

- (1) Prolonged involvement and persistent observation: The interviewer established a relationship of trust with each of the participants through her association with them at A University Hospital from the time of their delivery to discharge. This was demonstrated by the fact that some of the participants brought their children back to visit the interviewer after they were discharged. Each interview lasted for over 70 minutes.
- (2) Peer examination: The data analysis methods and results were evaluated by peers and graduate students with over 10 years of clinical experience in maternity, and analysis and interpretation of the narratives were performed under the supervision of a qualitative researcher.
- (3) Participants’ confirmation: Five participants were asked at the second interview to confirm the contents of the word-for-word transcripts of their first interviews.
- (4) Triangulation: Both observational data,

such as the participants' facial expressions and emotional outbursts, and narrative data obtained during the interviews were analyzed.

2) Transferability

The participant selection method is indicated as detailed as possible in accordance with the "Participants and selection" explained under "Methods".

- (1) Clarity: We made the utmost efforts to describe the research process as detailed as possible and explain the steps we took to reach the conclusion in a logical and methodological as well as analytical manner.
- (2) Confirmability: We made efforts to describe the conclusions and interpretations in such a way that readers could easily deduce they were derived emerged from the participants' narratives during the interviews.

5. Analyses

- 1) We adopted a narrative approach, After recording the mothers' narratives on their feelings associated with the three time-frames mentioned above, the narratives were transcribed word-for-word into text. The interviewer carefully read the texts while taking into account the underlying situations and contexts of each of the participants.
- 2) Stories or episodes of the mothers were extracted from their narratives and interpreted in consideration of the situation and context described in the text, and assigned to sub-themes, which were in turn, grouped into themes and appropriately named. The themes were further grouped to form broader categorizations of stories.
- 3) Facial expressions of the mothers during their narration as well as the attitudes and behaviors of the interviewer were extracted.

The atmospheres during the interviews were inferred from the participants' tone of voice and the way the interviewer talked to them. In the second interview, how each participant felt after talking about their situations, emotions, and feelings in the first interview was extracted. The conceptual diagram was constructed based on these two interviews in order to illustrate the progression of the feelings of the mothers and care they require.

**Ethical considerations**

The participants were assured that any information they provide would remain confidential and shall not be used for purposes other than academic, and that no personally identifiable information would be released in handling the data for analyses as well as in presenting the research results. Furthermore, the participants were assured in writing and explained to before each interview that they could refuse or cut short their interview at any time, and that their consent or non-consent to participation would not affect the quality of the treatment they or their children receive. We obtained the signatures and seals of the mothers who consented to take part in the study on the consent form. We also obtained permission from the Research Ethics Committee of the author's university to conduct this study.

**Results**

**Participants' background information and the interview environment**

Background information on the research participants is provided in Table 1.

The time and place of interviews were set in such a way as to help the mothers feel comfortable in expressing their feelings freely and without inhibition (Table 2).

Table 1 Participants' General Background

participants	delivery	age of infant (years)	gestation period (weeks-days)	birth weight (g)	discharge weight of infant (g)	Hospitalization period of infant (days)
tMA	cs	3.1	32-6	598	2,530	214
Mo	cs	1.7	28-6	909	2,505	109
k	normal	2	26-0	720	2,460	126
F	normal	3	24-3	665	2,820	180
M	normal	2.1	25-6	763	2,640	121
Mk	normal	2.5	25-2	655	2,530	115
O	cs	2.7	33-6	960	2,360	58

Table 2 Facial expressions and attitudes of two mothers during interviews

Name	First Interview			Second Interview		
	Beginning of Narrative	Middle of Narrative	End of Narrative	Place	Feelings about the Last Interview	Remark
MA	She began talking about pain she experienced, showing full emotions with tears pouring down her face.	Being unable to suppress heightened emotions, she began talking with occasional choking up and shedding tears.	<ul style="list-style-type: none"> <li>By reflecting on what she had talked about, she was sorting out her emotions and feelings.</li> <li>She shared photos of the child as well as her memories at the NICU and her affection toward the child who had grown after so many incidents.</li> <li>She was calm, with a smile on her face.</li> </ul>	Newly-built home of the mother	<ul style="list-style-type: none"> <li>I became forward-looking because reflecting on the past helped me sort out my thoughts.</li> <li>I wish I had opportunities to meet other mothers who are in the same position.</li> </ul>	She welcomed the interviewer together with her family at the door, just as they did the first time.
K	She began to talk with a calm voice.	Being unable to suppress heightened emotions, she began talking with occasional choking up and shedding tears.	<ul style="list-style-type: none"> <li>By reflecting on what she had talked about, she was sorting out her emotions and feelings.</li> <li>She was calm, with a smile on her face.</li> </ul>	A conference room within the facility where the interviewer works.	I was glad that I could talk to a person who really understands.	She said that "she thought there was something she forgot to say in the last interview, so she was glad she had another opportunity."

**Elements of the feelings of mothers of ELBW children**

Both positive and negative stories were extracted from the narratives of the participants. The positive stories were those related to personal growth mothers experienced through self-acceptance, or gratitude to people around them and positive interpretation of the situations they face, termed "stories of personal growth". Negative stories involved, suffering anxiety and grief about the vulnerability of their children, insecurity about themselves, and volatile relationships with people around them, termed "stories of bewilderment". The themes and sub-themes constituting "stories of personal growth" and those constituting "stories of bewilderment" are shown in Table 2. In the table and remainder of this paper, we denote themes and sub-themes as below:

1. Themes and sub-themes under stories of personal growth are denoted respectively by [ ] and 《 》.
2. Themes and sub-themes under stories of bewilderment are denoted respectively by < > and << >>.

Putting aside the three timeframes, statements or episodes of significance extracted from the narratives of the seven participants were grouped into four themes under stories of personal growth and three themes under stories of bewilderment. The former included [the child is alive], [harmonious relationships with others], [the mother's acceptance of her child], and the [mother's

learning from her child], and the latter included <feelings of self-blame>, <lack of understanding by others about the mother's feelings> and <vulnerability of the child>. The sub-themes are summarized for each theme below.

**1. Stories of personal growth: Themes and sub-themes**

- 1) The theme [the child is alive] included the statements such as "I was happy and relieved that I was allowed to touch my baby (after delivery) although I thought maybe I couldn't.", "My baby cried when he was born; he sounded like he was happy". The sub-themes 《grateful for the baby being born healthy》, 《grateful for the baby being alive for the time being》, etc., indicate that knowing and feeling their children were alive helped the mothers shape their identity as a mother, giving them peace of mind.
- 2) Under the theme [harmonious relationships with others], discourses such as "My husband said that there is no point in worrying any longer, we'll do our best together" and "A caregiver said that my baby was waiting for me. He has been looking forward to your visit" were extracted. Some participants expressed gratitude for the compassion and support of their husband, family, doctors, midwives, caregivers, relatives, friends and other people around her. 《Sympathy》, 《backing》, 《affirmation》, 《attentive hear-

ing), and <support> of people around the mothers provided them with positive feelings.

- 3) The theme [the mother's acceptance of her child] included statements such as "My child started to show more facial expressions, and they are adorable," and "I'm trying desperately to raise this baby." The sub-themes <pray that the baby will survive> and <determination to raise the child even if he/she has a disability> indicate that the mothers' physical contact and emotional relationship with their children after birth as well as the experience of taking care of their children deepened maternal love.
- 4) Some of the statements extracted under the theme [the mother's learning from her child] are, for example, "I always say to my baby 'let's move forward slowly like a turtle'" and "I debated whether or not to give birth, but I am so glad that I did." Under the sub-themes <The child grows, so does the mother> and <grateful for the birth of the baby>, the mothers talked about their emotional transition to gain positive ways of thinking, suggesting that mothers have grown and matured.

## 2. Stories of bewilderment: Themes and sub-themes

- 1) Under the theme <feelings of self-blame>, statements such as "if only I had noticed it earlier. It was all my fault" and "I had no clue what was happening; I was only told that they had to perform a C-section immediately." were extracted. The sub-themes such as <regret for overworking at work and at home> and <feeling of self-blame for having the small baby> indicate that the mothers talked about their regret and feelings of loss caused by giving birth prematurely by C-section. It was suggested that these feelings recur repeatedly.
- 2) The theme <lack of understanding by others about the mother's feelings> included episodes such as "a caregiver didn't hesitate to say that even such a 'small' baby will grow up" and "a neighbor asked if I ever feed my child" were extracted. The sub-themes such as <a tough hospitalization period> and <feel pain when others comment on the small size of the child> describe emotions of the mothers

who was not able to share their feelings with others or to hear words of encouragement and advice of people around them, and suffer from feelings of not being understood.

- 3) Under the theme <vulnerability of child>, the following statements were extracted: "the breathing tubes look so painful, and the skin is translucent. I'm anxious that my child may be gone by tomorrow." and "My child walks very slowly, and doesn't gain weight. I'm filled with anxiety." This theme, which includes the sub-themes such as <anxiety over the vulnerability of the life of the fragile child> and <anxiety and grief that the child may not grow up normally>, suggests that the mothers feel prolonged distress and anxiety about the vulnerability of their children as well as worries about their growth and sickness.

## 3. Stories of emotional transitions from bewilderment to positive feelings

From the mothers' narratives, we were able to extract significant stories leading to positive feelings.

- 1) From <vulnerability of the child> to [the child is alive]  
A mother said, "The doctor held my hand during the C-section, and was very happy for me when my baby was born." Although the mother didn't deliver the baby in a normal fashion, she didn't mention any feeling of loss. The following episodes and comments are suggestive of the change from the theme <vulnerability of the child> to positive feelings of [the child is alive]: "I felt relief when I saw such joy on my husband's face when a caregiver said the baby looked like him", "When I heard another mother say that 'her child is alive and breathing, which is much better than the alternative,' I respected her for her strength. Here, I am worried about how much the breathing tubes might hurt. It could be worse"; and "Kangaroo care is nice because it gives me warm feelings."
- 2) Emotional transition toward confidence as a mother  
The discourses under [harmonious relationships with others], such as "I was told the baby has a disorder, but I wanted give

Table 3 Narratives of mothers with a very low birth weight infant about "Personal Growth" and "Bewilderment"

Title	Theme	Contents	Subtheme
stories personal growth	[The child is alive.]	Child's vitality, growth and development made the mother truly feel that her child is alive.	{Feel fetal movements} {Grateful for the baby being born healthy} {Grateful for the baby being alive for the time being} {Feel the baby's vitality as his/her condition gradually improved} {Develop maternal feelings by seeing and touching the baby} {Grateful for the baby growing without incident}
	[Harmonious relationships with others.]	The mother's harmonious relationship with nursing staff, doctors, husbands, family (the mother's parents), other mothers with an ELBW child, her elder child and friends	{Sympathy}, {backing}, {affirmation}, {attentive listening} and {support} from her husband, family (the mother's parents and older child), other mothers in the same position, doctors, nurses, relatives, friends, and others.
	[The Mother's acceptance of her child]	The Mothers' acceptance of the child during the course of child rearing	{Pray that the baby will survive} {Pray that the baby will be born healthy} {Determination to raise the baby even if he/she has, disability} {Confidence coming from bearing a child} {Determination to help the child becomes as healthy as normal children} {I'm the only one who can take care of the baby.} {Feels love and affection toward the baby} {Pray that the baby will grow up}
	[The Mother's learning from the child]	The Mother's becomes positive as she learns from the child.	{Before I kept a distance from disability issues, but now it is not a big deal for me to talk with mothers with a child with disabilities} {Gratefulness for the birth of the baby} {Now is the happiest time} {Joy of raising the baby} {Decision to live positively keeping pace with the child} {Wanting opportunities to get together with other mothers} {Compassion for other mothers in the same position}
Stories of Bewilderment	(Feelings of self-blame)	Mothers' self-blame for giving a birth to an ELBW infant, as a result of her experience, such as emergency hospitality, premature child-birth, and a Caesarean operation.	{Regret for overworking at work and at home} {The elder child cannot play a role of a mother.} {Feeling of self-blame for having the small baby} {Feelings of loss caused by not having a normal delivery} {Lack of confidence as a mother}
	(Lack of understanding by others about the Mothers's feelings)	People don't really understand the feelings that mothers with an ELBW infant feel.	{Tough hospitalization period} {Feel indignation when cheered up by people who didn't go through the same experience} {Not wanting to worry her family} {People do not understand the difficulty of child care} {Feeling of isolation} {Feel pain when others comment on the small size of the child} {Underestimation of the condition of the child by family members} {Memory of the husband and parents (or family members) being opposed to having the baby.}
	(Vulnerability of the child)	Mother's worries and insecurities about whether their child will develop or grow up normally.	{Anxiety about and fear of premature birth} {Anxiety over the vulnerability of the life of the fragile child.} {Lack of actual feeling by the mother of carrying a baby inside} {Insecurity about raising the child alone} {Anxiety about the child's growth, development and sickness} {Anxiety and grief that the child may not grow up normally}

birth to the baby. My mother said it's probably okay, and "Every mother thinks the same things," were identified as the contents that led to positive feelings.

**4. Facial expressions of the mothers during narration and their feelings after narration**

The participants expressed their feelings and emotions corresponding to each of the three timeframes, and summarized their own narratives at the end. F said that she realized what the child meant to her when she left him in her husband's care for the first time. All the mothers

welcomed the interviewer and had positive attitudes on being heard. After the interviews, they showed bright facial expressions (Table 3).

In the second interviews, the participants were asked to describe their feelings after the narrations in the first interview and include sub-themes [I was glad that I could talk to a person who really understands], [by looking back, I was able to start forward-looking], and [no matter what, I'm just so happy my baby was born] (Table 4).

Table 4 What mothers felt after giving narratives (stories) in the 2nd interview

What mothers felt after the first Interview	I was glad that I could talk to a person who really understands	By looking back, I was able to start forward-looking	I want my narratives to be used to help other mothers in the same position.	I'm grateful for the birth of the baby
Contents	People don't really understand how mothers with an ELBW child feel. I thought the interviewer truly understood how I felt, and I was grateful to him for listening to me.	By reflecting on the past, I gained renewed energy to do my best again for the child. (M)  When I remember how small my baby was, I feel proud that has become so big. Who knew that incredibly small baby would grow up to be such a naughty child! (MA)	I moved (to a newly-built home) I'm learning from everyone around me. My life is like an emotional roller coaster, from depression to recovery, and vice versa. People around me have supported me, so I hope I can help others who are depressed in return. I want to tell them, "It's hard, but you can do it." (MA)  My mind was cleared up after I finished talking.	Today I left my baby under my husband's care for the first time.  I'm just so happy my baby was born no matter what.  My baby is a fighter, he survived beating the odds. (F)  My only wish as a parent is that my child will grow up without getting sick. Thank you.

**Discussion**

**Emotional transitions of the mothers and the significance of care**

Akimoto explained the meaning of care as follows: "when care is provided based on sharing, compassion, support, enhancement, and respect, the recipient of the care will gain both physical and emotional stability, feel motivated to return the caregiver's feelings, and enhance their desire to seek peace of mind and recovery (Akimoto et al., 2003)." According to Okamoto, "the word 'care' has two meanings: 'taking care of others' and 'having interest in others, notice their subtle details, and care for them', and one can truly start giving 'care' when he or she pays close attention to the words of those in suffering and develops such a compassionate relationship to feel their distress. The mere removal of the suffering with the use of an effective treatment does not constitute 'care'. In its original sense, 'care' means a relationship in which the caregiver empathizes with the sufferer regarding his or her pain (Okamoto, 1999)." In this study, we were able to identify cases in which the mothers, sentiment changed by giving narratives, from feelings of bewilderment to positive feelings, providing evidence that narration serves as "care".

**1. Care to help mothers feel [the child is alive]**

Similarly to prior studies (see, for example, Araki et al., 2003; Yoshimura et al. 2004, Mercer 1985; Kajiyama 2000), the mothers had feelings of self-blame, loss, and isolation as well as anxiety about their child's future growth and development. These emotions were most often experienced

after delivery. In this study, we were able to extract from the narratives mothers' «determination to raise the baby even if he/she has a disability», which suggests [the mother's acceptance of her child]. For a mother to feel positive about giving birth, it is important to provide an environment where she can feel fetal movements, which convince her that her baby is alive, and where she and her husband or family can talk to each other about the baby soon to be born. Sincere attitudes and hard work of caregivers are essential in making mothers feel they and their unborn children are well taken care of, encouraging them to feel more positive.

Some participants who had a C-section suffered from feelings of loss because they did not give birth in a normal way, but even those who had an unconventional delivery did not express such feelings when they felt empathy from doctors. Saegusa stated that: "mothers who had viewed their delivery experience more positively adopted a maternal role more easily, and their relationship with caregivers mackedly influenced this process (Saegusa, 1997)," and Maehara said: "The more direct care and sympathetic words are given to the mother during delivery by the caregiver, the stronger the maternal identity she develops. Her maternal identity is also affected by compassionate words from her husband and other family members (Maehara, 2000)." Similarly, this study found that whether or not the mother could share her happiness with her husband, doctors, midwives, and caregivers, as well as the mother's positive feelings resulting from self-respect for giving birth to a child have significant meanings to maternity role attainment.

The mother who suffered feelings of loss because of C-section said that, thanks to the words of other mothers in the same position, she was able to discover a value in her child being alive, recognized the child's growth, and is supported by the relationships with other mothers she befriended during her hospitalization. Nakajima reported that: "We formed a group with other mothers who had a baby in the NICU. Close relationships I developed with other mothers in the same position through this group were very reassuring" and "Being able to consult the staff made me feel at ease" (Nakajima, 1999).

It is important for mothers to form a close tie with other mothers in the same position while their children are still in hospital.

Nakajima remarked that: "the mothers with prematurely born babies who practiced Kangaroo care became aware of their children's zest for living, built a close relationship with them, and developed a strong identity as a mother (Nakajima, 1999)." Similarly, this study found that all participants who practiced Kangaroo care developed close ties with their children and underwent healing from this experience.

## 2. Care to help mothers feel confident

Being able to share with others the joy of watching her child grow has a significant meaning for a mother of an ELBW child. It makes her feel accepted and respected, and contributes greatly to her confidence. Mothers who also have older children try to find evidence of the ELBW children's growth by comparing them to their siblings as yardsticks. Therefore, rejoicing in the growth of ELBW children together with and expressing feelings of respect toward the mothers are very important parts of maternal care.

In this study, we observed the mothers who initially felt confused or bewildered, as described in the themes <vulnerability of the child> and <feelings of self-blame>, which reached the stage of [the mother's acceptance of her child] as their love for their children deepened, and later further progressed to the stage of [the mother's learning from her child] in which they accept their children as they are and try to move forward together. It is considered that through this process, one becomes a mother who does not feel an inferiority complex about having an ELBW child, considers her child valuable as a person, and accepts them as they are. Furthermore, we consider it critical that the care offered to the mothers should promote and enhance this process. The feeling that [the child is alive] helps mothers form a close

mother-child relationship, leading them to [the mother's acceptance of the child]. They gain confidence by accepting their children and become able to arrive at the stage of [the mother's learning from the child], in which they can put themselves in the children's position and develop positive feelings about watching them grow. Support should be provided for the mothers in each of these steps.

## Significance of mothers' narratives

The participants described episodes and emotions they experienced in the three different timeframes. The time they spent narrating their live experience had a significant meaning to them in moving forward. The interviewer was also a caregiver who watched the children grow alongside the mothers from their birth to discharge. The mothers, who felt understood by the interviewer, were able to sort out their feelings by talking about their experiences freely and without inhibition, and become motivated to move forward. Collaborating with the interviewer, the mothers were able to look at their situations and feelings more objectively and gained positive perspectives about the future of both themselves and their children. The narrative approach provided the researcher with the tools to gain insight into the mothers' emotions and feelings as well as giving the mothers a chance to heal themselves by talking freely about their problems.

When asked to state their feelings about the interview afterward, the mothers responded that they "want the research to be used to help other mothers in the same position." Such statements as well as the mothers' active attitudes during their narration suggest that they accepted themselves and others, and achieved personal growth and maturity to such an extent that they are willing to share their personal experiences to help others. The mothers who received emotional care developed positive feelings, and achieved self-realization and maturity as mothers through taking care of their own children.

We suggest that the path of a mother's personal growth is by no means a linear or step-wise progression toward improvement; in fact, it involves twists and turns. The mother encounters numerous unforeseen crises and loses off her way many times before developing new, positive attitudes. The same can be said about mothers trying to raise ELBW children; they feel ambivalent at all times and encounter one crisis after another before they form new attitudes and grow as mothers. The conceptual diagram of the



mothers' emotional journey to the destination of maternal role attainment is presented in (Figure 1).

The subjects of our study were mothers of ELBW children aged two or three years old.

Although children of such ages are the most common victims of child abuse, the mothers in this research were raising their children with much love and care despite their anxiety about their growth. Without a doubt, they will encount-

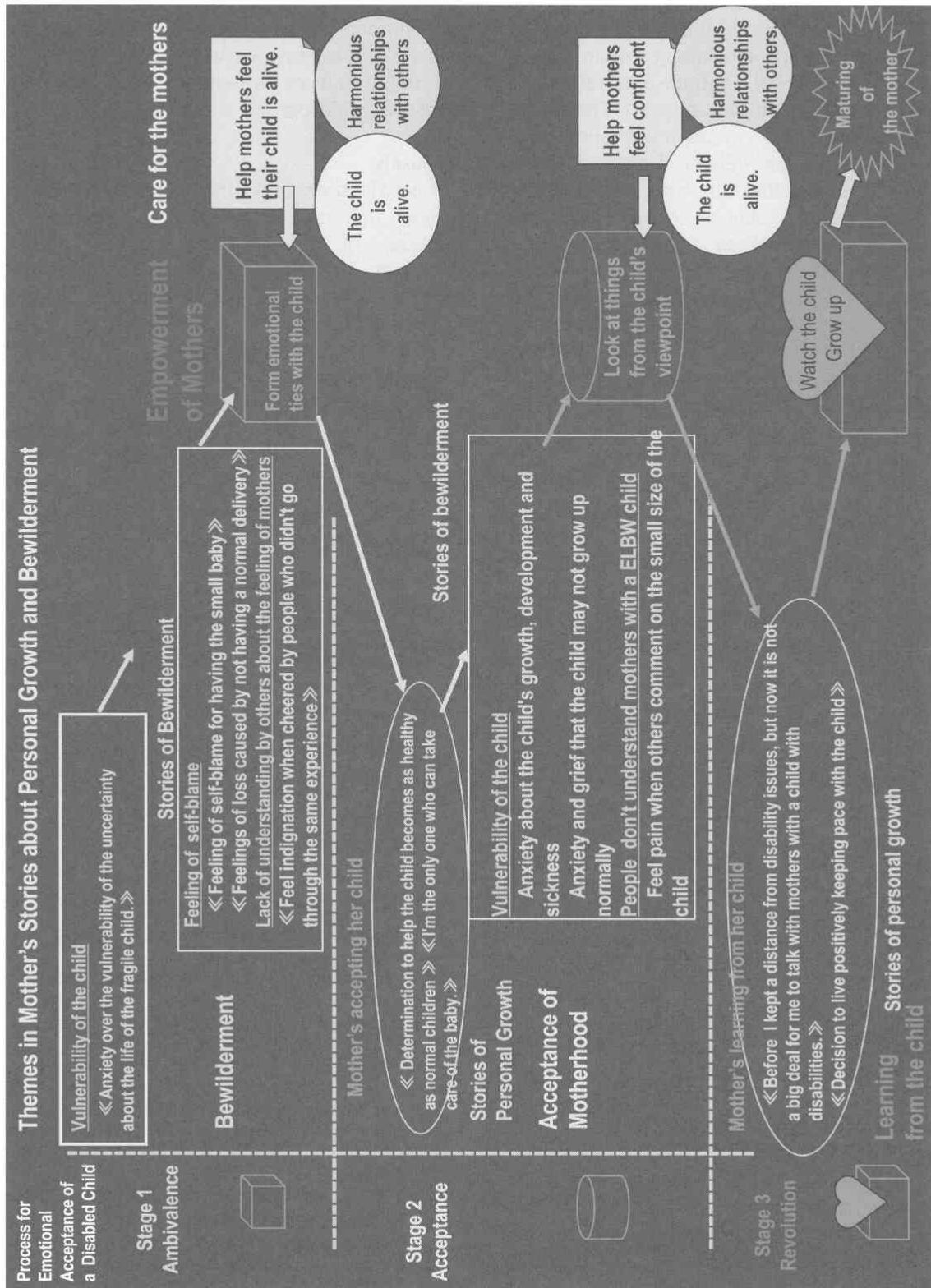


Figure 1 Conceptual diagram of the sentiment of mothers with an extremely-low birth weight (ELBW) children

er many more difficulties in the future, but they seem well-prepared to overcome them as they realize the values of their children and are backed up by compassion and support from their husbands, families, and friends.

#### Limitation and outlook of the research

The small number of participants (seven) naturally limits the scope of the generalization of this study, and we will continue our efforts to make improvements in the future. The interviewer is a midwife and a member of hospital staff where the mothers had delivered their children, and had a relationship of trust with them. Nevertheless, the likelihood of the mothers hesitating to express their emotions freely is unknown. Moreover, the effect of the mothers' personalities and family relationships on the level of maturity they achieve is unclear. Yamanaka stated in his recent paper that: "when nursing experiences are seen from the viewpoints of relevance, such as thematic relevance, analytical relevance, and motivational relevance, the standpoint of the caregiver becomes clear (Yamanaka, 2014)," and Tsuruoka stated that: "from narratives, caregivers can clarify stories and senses of value of people involved, while the subliminal consciousness of the caregivers themselves also becomes exposed in the process (Tsuruoka, 2013)." We will continue to investigate the meaning of nursing care in the future.

#### Conclusions

From the narratives of the feelings of the mothers of ELBW children, we were able to extract four stories leading to personal growth to realize that [the child is alive]; [harmonious relationships with others], [the mother's acceptance of her child], and [the mother's learning from her child]. Also extracted were three stories of bewilderment: (feelings of self-blame), (lack of understanding by others about the mother's feelings), (vulnerability of the child). Over time, the mothers feelings of bewilderment gradually resolved as they achieved more personal growth, and they came to accept their children ([the mother's acceptance of her child]), and eventually become able to learn from them ([the mother's learning from her child]). Helping them feel that their children are alive and encouraging harmonious relationships with others play important roles in promoting their personal growth. The mothers' negative feelings were healed in the process of attaining the positive feelings, leading to confidence as a mother.

This study also found that the mothers receive therapeutic benefits from collaborating during the interviews with their caregivers who they feel understand their pain. The interviews gave the mothers the opportunity to review and make sense of their experiences, which motivated them to move forward in their lives with their children. The mothers received care in this process and became able to provide care for their children, and eventually mature as mothers by learning from their own children.

#### Proposals

It is extremely important that caregivers have a deep understanding about the feelings and emotions of mothers with ELBW children. Caregivers are encouraged to be prepared at all times to give mothers sufficient and adequate care to encourage them to think positively. In order to achieve this, caregivers should always be prepared to listen to mothers attentively, make efforts to arrange meetings, albeit short, so that they can talk about their feelings freely and without inhibition, make home visits to mothers whom they took care of during their hospitalization, and pay attention to their discourses during regular doctor visits.

#### Acknowledgement

I wish to express my most sincere gratitude and appreciation to the mothers who gladly consented to participate in this study despite their busy schedule of working hard day and night as a mother, wife, homemaker, and professional.

This paper is a revised version of part of the author's master's thesis for the School of Nursing in the Graduate School of Medicine at Kagawa University. Part of this paper was presented at the 2005 Meeting of the Japan Academy of Midwifery and the 2007 Meeting of the Japan Academy of Neonatal Nursing.

#### References

- Akimoto N, Tanaka M: Lean experiences through narratives. *Japanese Nursing Association Journal* 23(2): 57-59, 2003 (in Japanese)
- Araki T, Wada E: Methodological foundation for phenomenological approach to narratives. *Japanese Nursing Association Journal* 27(3): 131, 2004 (in Japanese)
- Holloway I, Wheeler S: *Qualitative Research in Nursing* Second Edition 198-261, Igaku Shoin; 2008
- Ishida T: "Power" to believe in the "power" of the Subject—Thoughts "What I gained from encounters—after reading "Supporting power to give birth, power to be born." *Jyosan Zasshi* 57(10): 20-24, 2003 (in Japanese)
- Kajiyama Y, Nomaguchi C, Kobayashi A: Developmental and childcare support for extremely low birth weight infant. *Japanese Journal of Research in Family Nursing* 5(2): 119-124, 2000 (in Japanese)
- Maehara S: Life cycle and support for rewarding child-

- rearing. *Japanese Journal of Research in Family Nursing* 5(2): 114-117, 2000 (in Japanese)
- Mercer TR: The Process of Maternal Role Attainment over the First Year. *Nursing Research* 34(4): 198-203, 1985 (in Japanese)
- Nakajima T: Experience of mothers who practice Kangaroo care. *Japanese Journal of Research in Family Nursing* 32(5): 57-65, 1999 (in Japanese)
- Nakamura H: Current status and future challenges of the neonatal care system in our country *Shuseiki Igaku* 32 (5): 585-589, 2002 (in Japanese)
- Okamoto H: Women's lifetime growth and their identity. 3rd ed. Kyoto: Kitaoji Shobo; 1999 (in Japanese)
- Saegusa K: Influence of mothers' perception of childbirth experience on their self-respect. *Journal of Chiba Academy of Nursing Science* 13(2): 91-98, 1997 (in Japanese)
- Saito S: Introduction to medical interviews. 1st ed. Tokyo: Igaku Shoin; 2000 (in Japanese)
- Tanaka M: Lean Experiences through narratives. *Japanese Nursing Association Journal* 23 (2): 56-64, 2003 (in Japanese)
- Tsuruwaka M, Asahara K: Nursing ethics seen in narratives. Tokyo: Nankodo; 93-103, 2013 (in Japanese)
- Tsutsui M: Concepts in Care and Caring. *Kaigo Kenkyu* 26(1): 2-11, 1993 (in Japanese)
- Yamanaka Y: A Methodological Study on the application of Alfred Schutz's theory of relevance in nursing research: a comparison with grounded theory approach (GTA). Doctoral Program, Graduate School of Sociology, Ritsumeikan University 50(2): 105-119, 2014 (in Japanese)
- Yohda H: Sociology of disability discrimination. Tokyo: Iwanami Shoten; 84-90, 1999 (in Japanese)
- Yokoo K: Mother-child relationship of extremely low birth weight infants: parents' psychological and emotional changes during the child's hospitalization. *Bosei Eisei* 26(1): 110-116, 1982 (in Japanese)
- Yoshimura M, Naitoh N: Study of narratives by old patients under nursing wherein narrative approach is introduced. *Journal of Japan Academy of Nursing Science* 24(4): 3-12, 2004 (in Japanese)