Learning to thrive through autonomy: a thematic analysis of the role of recalled parental autonomy in the transition to motherhood

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Abstract

Becoming a mother requires the continual redefinition of current self-identity. This can be challenging for women who struggle being autonomous due to unfulfilled core emotional needs from early interactions with primary caregivers. Existing literature on the impact of early experiences on motherhood is largely quantitative and focuses on adverse childhood experiences and broad parenting constructs. Informed by the findings of our quantitative study (Leong et al., 2024), this secondary predominately qualitative study explored primiparous mothers' perceptions of both adverse and positive experiences of parental autonomy, and how they draw upon those experiences in early motherhood. The sample comprised 15 first-time mothers in their first-year post-birth, aged 18–36, recruited in Singapore from a large mixed-method study which examined the impact of early experiences of being parented on postnatal mental health. Referencing specific interactions on the Positive Parenting Schema Inventory (PPSI; Louis et al., 2020a) and the Young Parenting Inventory Revised (YPI-R2; Louis et al., 2018), semi-structured interviews were conducted with the mothers on their perceptions of parental autonomy and how those experiences impacted their parenting style, sense of competence and postnatal mental health. Interview transcripts were analysed drawing upon guidelines and principles of reflexive thematic analysis. Three broad themes were generated; (i) making sense of autonomy; (ii) learning to thrive through autonomy; and (iii) striving for balance through autonomy. The findings highlight the instrumental role of parental autonomy and culture in the transition to motherhood and inform the design and implementation of postnatal mental health services, parenting programmes and future research.

Keywords Parental autonomy · Schema therapy · Transition to motherhood · Reflexive thematic analysis

Introduction

Autonomy is an essential component of human self-determination. Deci and Ryan (2000) argue that people thrive when their innate psychological needs of autonomy, competence and relatedness are met. In the authors' framework, autonomy involves experiencing choice, the feeling of being in control and engaging in behaviours for autonomous reasons. Whilst their self-determination theory is philosophically and theoretically useful (Ryan et al., 2019), a functional focus on modifiable factors beyond a theoretical understanding of autonomy is required. The schema

therapy model provides a clinically useful framework for considering how a sense of autonomy develops healthily or becomes impaired (Young et al., 2003). According to Young et al. (2003), healthy adult functioning depends on core emotional needs being met during childhood. If these core emotional needs are not met, typically because of the interaction between the child's temperament and negative early interactions with primary caregivers and significant others, then early maladaptive schemas (EMS) develop. An EMS is made up of thoughts, feelings, and bodily sensations that becomes a template or pattern through which an individual makes sense of themselves, others, and the world. For example, the EMS of dependence/incompetence is the sense of feeling and believing oneself to be unable to handle everyday responsibilities in a competent manner and without considerable help from others. Individuals subsequently develop ways of responding to, or coping with, these EMS to either avoid or alleviate the distress that arises when the

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EMS is triggered. These EMS, in conjunction with an individual's coping response, can lead to psychopathology in adolescence and adulthood such as depression (Tariq et al., 2021a) and anxiety (Tariq et al., 2021b). Schema therapy, through a combination of cognitive, behavioural, experiential, and relational techniques, seeks to identify and modify these EMS and coping responses.

According to the schema therapy model, healthy autonomy and performance is one of four universal core emotional needs (Lockwood & Perris, 2012). Unmet needs in childhood can result in impaired functioning in adulthood such as being overly dependent on or enmeshed with others, feeling vulnerable, incompetent, under-confident, and having difficulties being assertive (Lockwood & Perris, 2012). Caregivers (and to some extent other significant adults in the child's life) play a crucial role in meeting– or not meeting– these needs through nurturing (Louis et al., 2020a) or exasperating interactions (Louis et al., 2018). Nurturing interactions that promote the development of healthy autonomy and performance are purported to include the explicit granting and support of age-appropriate autonomy by caregivers (Louis et al., 2020b). Exasperating interactions such as overly-protective, overly-indulgent and/or controlling parenting that thwart the need of healthy autonomy and performance, in conjunction with a child's temperament, typically lead to the development of EMS. Most relevant to the need of healthy autonomy and performance are the EMS of vulnerability to harm, dependence/incompetence, enmeshment/undeveloped self, abandonment/instability, subjugation, and negativity/pessimism (Louis et al., 2018). Whilst these theoretical associations between parenting interactions, EMS and mental health in adulthood are well-supported by current quantitative literature, considerably less is known about how individuals draw on experiences of different levels of parental autonomy in childhood to form their sense of autonomy and competence as they transition through different phases of adulthood.

First-time motherhood is an important transitional period frequently associated with psychological and emotional distress and therefore a potentially vulnerable period for mental health and well-being (van der Zee-van et al., 2021). From a mental health disorders perspective, 15% of mothers experience anxiety symptoms in the postnatal period (Dennis et al., 2017) and 17% of mothers develop postnatal depression (Shorey et al., 2018). From a well-being perspective, a recent meta-synthesis explored what mattered most to women in this period and identified the experience of a "positive motherhood" which included feeling competent and autonomous in the parental role (Finlayson et al., 2020). A sense of competence and autonomy appear to contribute towards parental self-efficacy, whereby autonomy has been found to be related to a higher sense of competence

in mothers (de Haan et al., 2009) and parental sense of competence is closely related to the construct of self-efficacy (Coleman & Karraker, 2003).

Parental self-efficacy is defined as the beliefs parents hold about their capabilities to organise and execute tasks related to parenting a child (de Montigny & Lacharite, 2005). Factors associated with parental self-efficacy, as demonstrated in a recent meta-analysis, include child temperament, maternal parenting satisfaction, parenting stress, maternal depression, household income, perceived social support and maternal childhood development history (Fang et al., 2022). However, this research neither explicitly identified nor provided clinically useful information about how the quality of early parenting interactions in childhood can impact an individual's parental self-efficacy in adulthood. In our recent study, it was found that early negative ("exasperating") interactions with both mothers and fathers correlated with increased depressive symptoms among postnatal first-time mothers (Leong et al., 2024). These depressive symptoms, in turn, mediated the connection between negative early interactions and the mothers' sense of parenting competence. Conversely, positive ("nurturing") early interactions with mothers and fathers were associated with fewer depressive symptoms and a heightened sense of competence among these first-time mothers. This secondary, predominantly qualitative, study builds on these broader quantitative findings by delving deeper into the specific impact of parental autonomy experienced in childhood on mothers' parental self-efficacy and postnatal mental health using a schema theory framework. Due to its focus on the mental templates (schemas) individuals develop during childhood, shaped by early interactions with their parents, the schema therapy framework can contribute to our understanding of the impact of parental autonomy on first-time mothers' postnatal mental health and parental self-efficacy by exploring the specific types of early interactions that these mothers had with their own parents in relation to autonomy and how these interactions shaped their perceptions of themselves and the world in relation to their self-efficacy.

In addition, existing research on cross-cultural parenting has observed global differences in parenting styles, with a society's cultural background playing a vital role. At the same time, the effects of parenting depend on the cultural and social contexts in which it occurs. Baumrind's (1971) original parenting typology of three parenting styles (i.e., authoritarian, authoritative and permissive) together with Maccoby and Martin's (1983) additions giving rise to four parenting styles (i.e., authoritarian, authoritative, indulgent and neglectful) have frequently been used to consider and describe parenting styles. A "Western" parenting style typically adopts an authoritative stance, encouraging discussions with children, providing reasoning, and explaining rules.

Positive outcomes are more strongly associated with authoritative parenting in White families than in Asian minority families (Pinquart & Hauser, 2018). In Asian societies, the value of parental control may be perceived differently due to an emphasis on respecting parental authority and maintaining harmonious familial relationships (Peterson et al., 2005). Studies show that Asian and African children benefit more from authoritarian parenting in terms of academic performance and psychological adjustment (Morris et al., 2007). Authoritarian parenting is also known as "positive demandingness parenting" (McDowell et al., 2002), where harsh discipline is linked to higher warmth, indicating a caring family relationship shaped by cultural beliefs (White et al., 2009). Besides experiencing different levels of parental autonomy in childhood, an individual might similarly derive a differing understanding of parenting interactions based on their cultural background and little is known about parental autonomy in collectivistic societies and its role in a new mother's transition to motherhood.

Present study

This study aims to understand how first-time mothers draw on their experiences of differing levels of autonomy in their childhoods in the development of their parental self-efficacy and the management of their mental health in the postnatal period. The transition to motherhood was chosen as a focus because of the heightened vulnerability to mental health issues during this period and because existing qualitative literature shows that feeling autonomous and competent is important to new mothers. This study aims to build on our quantitative findings from Leong et al. (2024) that demonstrated the broad impact of early parenting interactions upon mental health and broader quantitative literature that identifies factors that are significantly related to parental self-efficacy. In doing so, this study seeks to use the schema therapy model to offer a theoretical explanation of how specific parenting interactions related to autonomy granting and support, control, and over-protectiveness might impact the development of a healthy sense of autonomy and competence in adulthood, as well as impact mental health. The use of the schema therapy model can provide clinically helpful recommendations to support mothers who are feeling less autonomous and competent.

Qualitative methodology was chosen to explore the processes by which first-time mothers draw on their experiences of differing levels of autonomy. In general, qualitative methodology is useful when an area is under-researched (Ritchie et al., 2013). Opting for a qualitative approach also allows for consideration of cultural factors, which is important given this study was conducted in Singapore and there

is a lack of research in a collectivistic, Southeast Asian context. The research questions developed for this study were:

Main Research question What role do first-time mothers' experiences of parental autonomy play in the transition to motherhood?

Sub-question 1 How does it influence their parenting?

Sub-question 2 How does it affect their perceived competence as new mothers?

Sub-question 3 How does it impact their mental health (i.e., depression, anxiety)?

Method

This article reports on a predominantly qualitative study using interview data collected as part of a larger mixed-method research project. The mixed-method project employed an explanatory sequential design (QUANT → qual) to investigate the impact of early parenting experiences on first-time mothers during the postnatal period, using the schema therapy model as a guiding framework. Data were collected in two phases: participants first completed an online quantitative survey (Leong et al., 2024), after which they were invited to participate in a 1:1 interview for the qualitative study. The qualitative data sought to offer a more in-depth understanding of specific aspects of early parenting, in this case, focusing on the impact of differing levels of parental autonomy.

A reflexive thematic analysis (TA) approach described by Braun and Clarke (2006, 2020) was used to explore common themes across the participants' perceptions and interpretations of parental autonomy, and the impact of these experiences on their transition to motherhood. This approach was conducted from an experiential constructivism position, which posits that knowledge and meaning are constructed through interactions with the world. It emphasises participants' subjective experiences whilst acknowledging that their perceptions and interpretations of parental autonomy are shaped by their unique social and cultural backgrounds. This theoretical perspective aligns with the goals of reflexive TA, which values the researcher's active role in the analytical process and co-construction of meaning between the researcher and participants.

To determine an appropriate sample size for the qualitative phase of data collection, we followed Braun and Clarke's (2021) recommendations in which they argue that sample size is often determined pragmatically such as through considering the breadth and focus of the research

question, methods of data collection and diversity within the population. Given that the qualitative data was collected secondary to a much larger quantitative sample and the population was deliberately homogenous (first-time mothers), we set ourselves an initial target of a sample ranging between 15 and 25 participants.

Participants

The qualitative sample included 15 first-time mothers in their first year of motherhood living in Singapore. The women were part of a large mixed-method research project ($N=220$; see Leong et al., 2024 for more details) examining the impact of past experiences of being parented and subsequent postpartum mental health. A subset of this larger sample went on to participate in in-depth interviews.

The participants were between 18 and 36 years old (M age $=30.6$ years; $SD=4.4$). Most participants were of Chinese ethnicity ($N=12$; 80%), while the remaining were of Eurasian ($N=1$; 6.7%) and Malay ethnicities ($N=2$; 13.3%). The relevant demographic data of each participant is listed in Table 1. It is important to note that factors differentiating mothers who volunteered and agreed to participate in the qualitative study following completion of the survey questionnaires and those who did not volunteer, declined or were unresponsive to the interview invitations were unknown, hence a potential selection bias is acknowledged.

Procedure

Ethical approval (H8272) was obtained from the university's Human Research Ethics Committee. Participants for the large mixed-method research project were recruited through a blend of snowball and purposive sampling techniques where they responded to an online survey advertised on motherhood-related social media groups, antenatal/postnatal support groups or through word-of-mouth. Participants were eligible to participate in the large mixed-method study if they were aged 18 or over, lived in Singapore, primiparous or first-time adoptive mothers with infants under the age of 12 months and able to read and write in English. First-time mothers with prior experience of parenting (e.g., with stepchildren) were excluded. Information about this qualitative study was provided upon participants' completion of the quantitative survey. Participants were informed that participation in this follow-up qualitative study would nullify the anonymity of their quantitative data responses for interview facilitation and analysis purposes. Interview invitations were sent via email to those who expressed interest and gave consent to be contacted. An interview was scheduled with those who agreed to participate. All quantitative and qualitative data were collected between March and July 2021. The individual interviews were conducted within a month of participants giving consent to take part in the follow-up study.

Thereafter, the first author conducted all 15 interviews in English, with each interview lasting between 60 and 90 min. Most of the interviews were conducted through online video conferencing ($N=14$; 93.3%) due to the COVID-19 pandemic, while one interview was conducted at the campus of James Cook University Singapore. Participants were briefed on their right to withdraw from the study at any time without explanation or prejudice, and that confidentiality was ensured by assigning pseudonyms to each participant.

Table 1 Participants' demographics

Participant Number	Participant (pseudonyms)	Age (in years)	Ethnicity	Employment Status	Religion	Participant's Primary Caregiver	Gender of Child (M/F)/ Age of Child (in months)
1	Jocelyn	27	Chinese	Employed	Buddhism	Mother and Father	F / 6
2	Si Min	33	Chinese	Employed	Buddhism	Mother and Father	M / 7
3	Qi Ling	31	Chinese	Employed	Buddhism	Grandparents	M / 6
4	Samantha	18	Chinese	Student	No Religion	Grandparents	F / 7
5	Fei	32	Chinese	Employed	Buddhism	Mother	M / 12
6	Ying Qing	34	Chinese	Student	No Religion	Foreign Domestic Worker	M / 6
7	Min Li	31	Chinese	Employed	No Religion	Mother and Father	F / 6
8	Jaime	30	Chinese	Employed	Buddhism	Grandparents	F / 11
9	Jade	36	Chinses	Stay-at-home	No Religion	Mother and Father	F / 7
10	Hazel	32	Eurasian	Employed	Christianity/ Roman Catholic	Foreign Domestic Worker	M / 9
11	Charmaine	35	Chinese	Employed	Buddhism	Mother	F / 13
12	Shu Hui	32	Chinese	Employed	Buddhism	Mother	F / 9
13	Salima	32	Malay	Employed	Islam	Mother	F / 4
14	Mei Fang	30	Chinese	Employed	Christianity/ Roman Catholic	Mother and Father	F / 8
15	Ubaidah	26	Malay	Employed	Islam	Others	M / 10

Participants received an incentive of $10 in the form of a shopping voucher for their participation. Subjective observations of each interview were documented, such as participants' level of engagement and sharing.

Measures

Descriptive statistics from participants' responses on the following measures were collected from the quantitative data of the large mixed-method study. The Positive Parenting Schema Inventory (PPSI; Louis et al., 2020a) and the Young Parenting Inventory-Revised (YPI-R2; Louis et al., 2018) were used to measure early positive and negative parenting experiences respectively. The Parenting Sense of Competence (PSOC; Gibaud-Wallston & Wandersman, 1978) was used to measure perceived parental competence. The Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987) was used to measure postnatal depressive symptomatology. The Perinatal Anxiety Screening Scale (PASS; Somerville et al., 2014) was used to measure perinatal anxiety symptomatology. Please see Leong et al. (2024) for a detailed description of all the measures.

Semi-structured interview schedule

A semi-structured interview schedule was used and supplemented by a summary of each participant's quantitative survey scores during the interview. Developed by the first two authors, the interview schedule was refined through a pilot interview where the sequencing of questions was rearranged. This allowed for a more spontaneous flow of conversation between the interviewer and the participant and encouraged the participants to provide more in-depth responses. Interview topics included the impact of being parented (e.g., thinking back to the ways in which you were parented, in general, how has your own experience of being parented affected you as a mother; and from your questionnaire, I can see that you endorsed your parents as providing an X level of autonomy support and control, specifically what impact has this had on you as a mother), impact of being parented on sense of competence (e.g., how have the ways in which you were parented affected your sense of competence), and impact of being parented on mental health (e.g., how have the ways in which you were parented affected your mental health).

Analysis

All interviews were audio-recorded with participants' consent, transcribed verbatim and analysed with the assistance of software (i.e., NVivo).

Qualitative data collected were coded in NVivo using the guidelines and principles of reflexive TA based on a six-phase process described by Braun and Clarke (2006). The first author first familiarised herself with the data by listening to the recordings, conducting multiple readings of the transcripts and making notes of preliminary ideas. The first author then conducted general coding of initial themes by highlighting and labelling relevant passages of text with a descriptive code. Thereafter, the first two authors engaged in reflexive discussions of the initial themes where interpretations of the data were shared. Following the coding of the entire data set, all codes generated across cases were sorted into categories and refined into themes. These themes represented common patterns of shared experiences across the new mothers. Discussions took place back-and-forth between the first two authors to ensure reflexivity and coherent representation of the generated themes to the data.

The quantitative data were used in three ways within this predominantly qualitative study. Firstly, participants' individual scores were shared with them during the interview and used as a starting point for discussion. They were encouraged to reflect and elaborate on their scores and to provide examples and additional context, allowing for a deeper understanding of their perspectives and generating richer qualitative data. Secondly, descriptive statistics for the sample ($N=15$) are provided to help situate the sample. Finally, interview data were cross-referenced with scores on the questionnaires to identify any meaningful interactions between the quantitative and qualitative data. This process involved comparing qualitative insights from participants' interviews with quantitative data to identify patterns of convergence and divergence between the two datasets. For example, key themes generated during the analysis were examined in relation to participants' scores on the measures to explain or provide further context to the quantitative findings. Where there was evidence of divergence, we considered possible explanations for the divergence. These divergences often highlighted nuances or complexities that may not have been fully captured within a single dataset. By integrating these two datasets we were able to capture a more comprehensive understanding of the role of autonomy in postnatal mothers' transition to parenting and mental health.

Credibility and trustworthiness

With reflexive TA, the researchers' active analytic and interpretative roles are recognised as vital resources (Braun & Clarke, 2021). Being a clinical psychologist and a first-time mother, the first author believes in the enduring influences of early parenting interactions on a child and is constantly navigating the challenges of motherhood. The first author's

personal experiences and assumptions and how these might shape the interpretation of data were reflected upon and considered through a reflexive engagement of theory, data and interpretation. The second and third authors are also both clinical psychologists and have two children each. In their clinical work, they often focus on the impact of early childhood experiences on adult mental health, typically using a schema framework.

To ensure the study's credibility and trustworthiness, various strategies were employed (Morse, 2015). The first author engaged in journaling and bracketing as part of the reflexive process to manage personal biases throughout the study. Despite most transcripts being prepared by research assistants, the first author verified their accuracy against the audio recordings. To ensure all data were considered equally and analysed in accordance with quality reflexive TA, the first two authors independently coded the first three transcripts and then came together to discuss their impressions of the data. Research triangulation was undertaken for subsequent coding of transcripts through weekly discussions. Additionally, the second author provided guidance on the first author's interview skills to allow for richer qualitative data. Finally, the first author documented detailed records of all relevant aspects of the research to ensure transparency of the data collection and analysis processes.

Results

Descriptive statistics

A summary of the participants' means and standard deviations on the questionnaires is detailed in Table 2. Means from the EPDS ($M=8$) and the PASS ($M=22.5$) indicate a generally non-depressed but mild to moderately anxious sample. The mean of PSOC was in line with the culturally similar sample from Ngai et al. (2007). Quantitative data on all parenting interactions as measured by the PPSI and the

Table 2 Means and standard deviations of participants' questionnaire responses

Variable	Mean[a]		SD	
PPSI	Father	Mother	Father	Mother
Autonomy Granting	4.5	4.6	0.9	1.3
Autonomy Support	4.4	4.7	1.1	1.2
YPI-R2	Father	Mother	Father	Mother
Overindulgence/ Overprotectiveness	2.4	2.7	0.9	1.2
Controlling	2.2	2.1	1.5	1.2
PSOC	68.6		11.2	
EPDS	8		6.5	
PASS	22.5		21.6	

[a] Means of paternal parenting interactions were calculated based on $N=13$ due to 2 participants from single-mother families.

YPI-R2 were collected as part of the large mixed-method research project. However, only specific parenting interactions related to parental autonomy were considered in this study. These were positive interactions of (i) autonomy granting and (ii) autonomy support, and negative interactions of (iii) overindulgence and overprotectiveness and (iv) controlling. Participants' means in the study were found to be within 1 standard deviation of means available from development samples from Manila and Jakarta (Louis et al., 2018, 2020a). This finding is similar to the means found from the larger quantitative sample from which this sample was derived. This suggests the study sample of first-time mothers is representative of development samples' norms from similar collectivist cultures in these specific parenting interactions.

Quantitative data on the PPSI and the YPI-R2 were simplified as "high", "moderate" and "low" to provide an overview of the participant sample. Parenting interactions were categorised as "high" when participants perceived the specific interaction as describing their caregivers as mostly or perfectly true (i.e., scores between 5 and 6), "moderate" when slightly more true than untrue or moderately true (i.e., scores between 3 and <5), and "low" when mostly or completely untrue (i.e., scores between 1 and <3). The frequencies of participants' ratings of "high", "moderate" and "low" on positive interactions of (i) autonomy granting and (ii) autonomy support, and negative interactions of (iii) overindulgence and overprotectiveness and (iv) controlling are shown in Fig. 1.

Generated themes

Analysis of the interviews generated three broad themes of (i) making sense of autonomy, (ii) learning to thrive through autonomy, and (iii) striving for balance through autonomy. These themes are illustrated in Fig. 2 and described in subsequent sections.

Theme 1: making sense of autonomy

In this theme, participants described their receptiveness towards autonomy received as a child based on their current perception and interpretation of parental control and involvement. Subsequently, participants believed this receptivity influenced the ways they responded to parental autonomy both when they were young and in their current adult life.

Perception of autonomy as subjective and dynamic This subtheme highlights participants' perceptions of parental autonomy as influenced by perceived levels of parental involvement and control. Participants' accounts indicated

Fig. 1 Frequencies of parenting interactions. *Note*. Frequencies of paternal parenting interactions include a category of "not applicable" to account for 2 participants from single-mother families
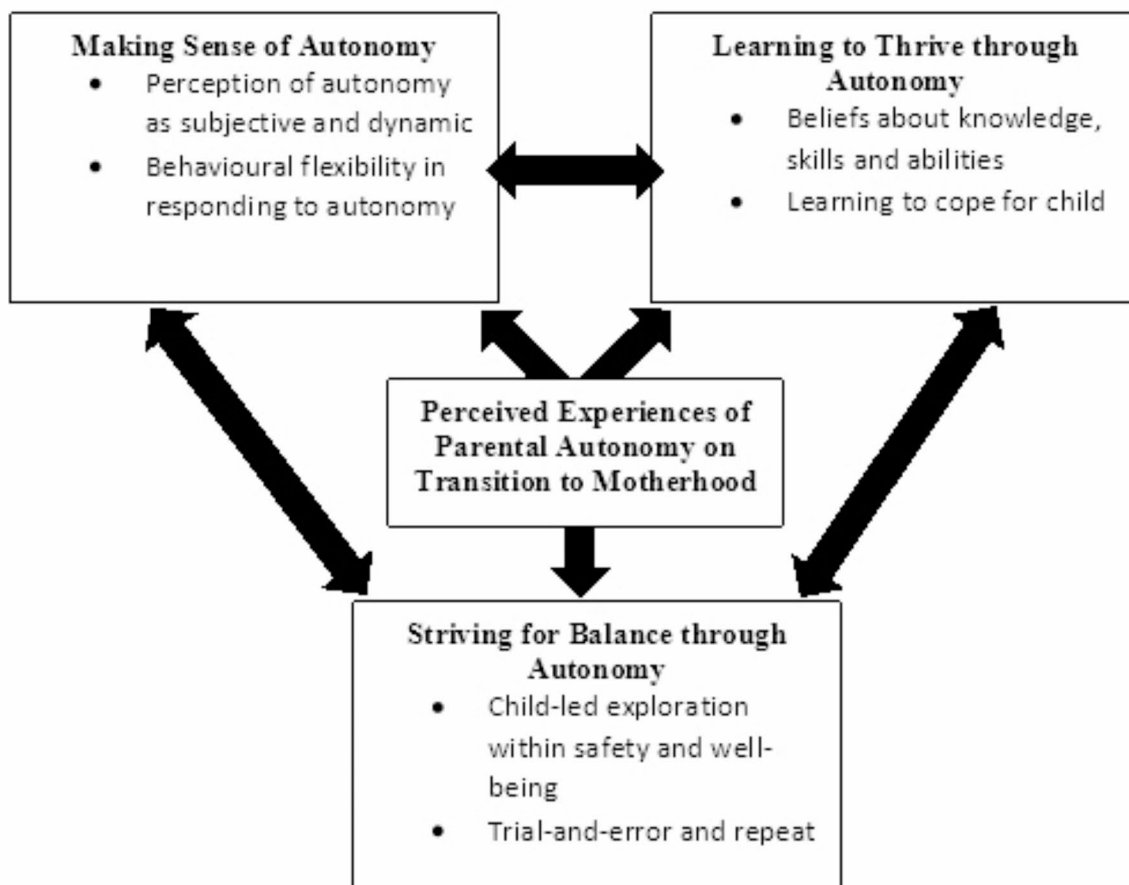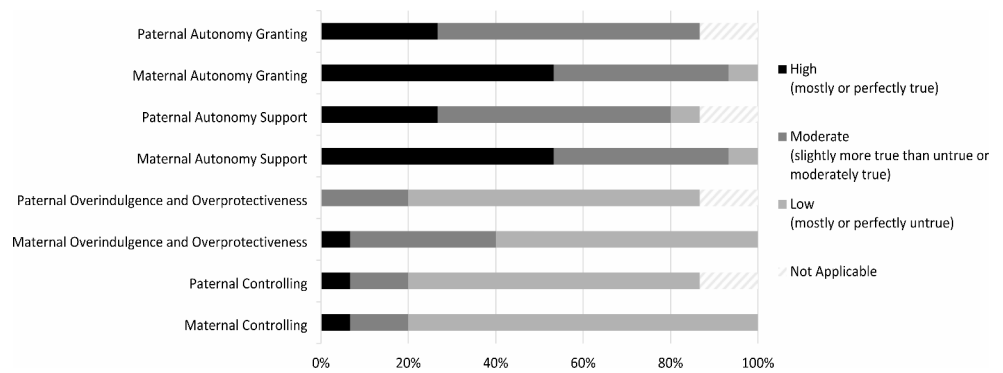

Fig. 2 Generated themes and subthemes

that receptiveness towards experiences of parental autonomy changed across life stages, differed across domains, and was subjected to reframing and rationalisation.

Most participants with a positive reception towards parental autonomy reported appreciation towards their parents for providing age-appropriate levels of freedom. Although

participants' reflections were retrospective, they recalled being welcoming of the freedom they received when they were a child to make agentic decisions on education and leisure choices. Although less autonomy was reported concerning decisions on religion, such parental involvement was generally well-received due to shared parent-child ideals about religion.

Nonetheless, results indicated that some participants' ratings of parental autonomy on the questionnaires differed from their qualitative accounts. Whilst these participants rated their parents as "moderate" or "high" on the positive parenting interaction of the "autonomy granting" subscale of the PPSI, their narratives reflected less receptiveness towards the autonomy they received as a child. From an adult perspective, participants perceived such high levels of autonomy as excessive and reported a preference for greater parental involvement instead. For example, Qi Ling rated her mother as high on autonomy granting and support and her father as high on autonomy granting and moderate on autonomy support, but experienced dissonance between having freedom and wanting more parental guidance.

> The good thing is when it comes to academics, they respect my decisions, the path I want to take. But on the flip side, they don't really talk about it, and they don't really ask me too much about it. (Qi Ling)

On the other hand, parental involvement perceived as unnecessary was viewed as an encroachment on age-appropriate limits and expectations, impeding personal volition and subsequent development of independence and self-reliance. Here, Fei described her struggles in acquiring adaptive autonomy and functioning throughout childhood, perhaps due to a combination or her mother's high overindulgence and overprotectiveness and her father's moderately controlling parenting.

> I realised I cannot make my own decisions. I don't know what to do. I don't know how to make decisions. Can I go somewhere, is it safe to go? Because in the past she would plan everything out for us. (Fei)

Participants' accounts similarly highlighted the differing stances towards perceived levels of parental control. Whilst most participants appreciated having a sense of ownership and freedom, as adults, some recognised the benefits of parental control especially when freedom was deemed as excessive. With an increased insight into the unhelpfulness of her childhood behaviours as an adult, Salima cited a change in receptiveness towards the freedom she received as a child.

> I was given a lot of freedom last time, I can watch TV until 4am and nobody will scold me, I think it has a lot of impact when you're younger. I will give my child the freedom but also going through the consequences. (Salima)

Additionally, some participants actively engaged in the reframing of negative parenting interactions as they recalled their past experiences of being parented. These participants rated autonomy granting and supportive interactions with their parents as primarily high or moderate and controlling and overprotectiveness interactions as primarily low or moderate. However, reframing and rationalising was used less as a strategy by participants who were more depressed or anxious or who perceived themselves as less competent. This suggests that engagement in cognitive reframing might have diluted the perceived impact of negative parenting interactions leading to lower ratings on these subscales for those who had better mental health. Specifically, some participants cited the transition to motherhood as a conduit for understanding their caregivers' intentions. Qi Ling reported "as a child we might have misunderstood that our parents did not care much but I could see the good side of why they did this" since becoming a mother.

Behavioural flexibility in responding to autonomy Participants' accounts demonstrated their flexibility in the ways they responded to parental autonomy received. This flexibility was observed both in their behaviours as a child and in their new role as mothers. This subtheme describes participants adjusting their behaviours towards their parents based on their perception of whether parental control or involvement was justified. Whilst some participants willingly followed rules set by parents without question as aptly described by Jaime that "whatever my parents wanted, I tried to achieve it", others attempted to resist or circumvent the perceived lack of appropriate autonomy. Mei Fang recounted covertly sidestepping her father's restrictions (she rated her father as moderately controlling) towards her choices in leisure activities by "doing first" before seeking permission from him, whilst Min Li overtly challenged her mother's excessive control (rated her mother as highly controlling).

> She'll come home and demand I shower so she can wash my clothes. But I was young then and was tired having just changed to a new school that was far away, I didn't really respond to her scolding, I retorted back instead. (Min Li)

Nonetheless, regardless how autonomy supporting or controlling they rated their parents, a majority of participants reported being able to decide how they responded to their parents. Jocelyn acknowledged that "it all goes back to me, how I want to handle" the parenting received.

The ability to respond flexibly also extended into some participants' new role as mothers, but not for those who perceived themselves as less competent or reported more

anxiety. Despite receiving varied parenting advice from parents, participants described making autonomous decisions in selecting which strategies to adopt. Hazel reported "listening but also filtering some things out" whilst Ying Qing engaged in "substantial debates" with her mother regarding parenting practices. Moreover, this flexibility in responding to parental autonomy received during childhood influenced participants' current parenting philosophies. Participants reported wanting to emulate parenting they have accepted, especially in providing a guided-approach in encouraging child-led exploration. However, they concurrently rejected interactions that were deemed unhelpful. Here, Fei agreed with certain aspects of her father's parenting (she rated him as moderate on autonomy granting and controlling and low on autonomy support) but recognised the need to adjust her parenting style. Being flexible and tailoring parenting to individual needs will be further discussed under Theme 3.

> The way he talked was damn fierce, he was angry all the time. Those are the things I wouldn't emulate. But certain things like setting boundaries, that I can learn from him. Certain things from his behaviour I can learn, but not all of it. (Fei)

Theme 2: learning to thrive through autonomy

In this theme, participants described the impact of parental autonomy on their beliefs about themselves generally and in their new role as mothers. Specifically, participants believed experiencing adequate levels of parental autonomy contributed towards the development of relevant skills, knowledge and abilities to thrive independently. Additionally, experiences of parental autonomy contributed towards participants' preferences for and engagement in certain emotional coping strategies based on internalised beliefs about themselves.

Beliefs about knowledge, skills and abilities This sub-theme describes how participants' experiences of parental autonomy influenced beliefs about their ability to manage situations independently. Many participants highlighted that adequate parental autonomy positively impacted their social skills by providing exposure to diverse life experiences. Those participants who reported low levels of autonomy granting or supportive interactions or high levels of controlling or overprotective interactions, did not express this belief in their knowledge, skills, and abilities. Nor did participants who reported feeling more depressed or those who felt less competent in their own parenting.

For Jade, being given some freedom to participate in various extra-curricular activities of interest (she rated her

mother as moderate on autonomy granting and support) facilitated her growth from "an introvert, didn't talk much in class" to an individual who was "stronger, more confident and a leader". Salima believed receiving moderate levels of autonomy contributed to her self-reliance as an adult, citing "my mom taught me to be really independent when I was young, it helped me a lot along the way in that I don't really need to rely on people". Additionally, participants perceived that their parents' belief in them contributed to their sense of competence. This included some parents' encouragement of effort regardless of the outcome. Jocelyn experienced her parents as highly supportive of her autonomy and not at all controlling, and she rated her perceived parenting competence as high. Here, she fondly recounted what her mother used to say whenever she received her academic results.

> She just wants me to do my best. She doesn't tell me "Why couldn't you score 100". She will tell me "Wow, you tried your best and this is very good". This actually brought a lot of confidence in the way I behave, the way I think and how I handle things. She believed a lot in me. (Jocelyn)

Consequently, this sense of competence extended into participants' new role as mothers. Particularly, participants who recalled their parents believing in them reported not being daunted by the challenges of motherhood. Si Min described the significant role her parents played in the development of her perceived self-efficacy as a mother via their autonomy granting and supportive parenting.

> I think my mother believed in me more than I did in myself when I was a kid. She'll be like "can one", while I'll be like "cannot". My parents instilled this sense of "I can do it" in me. (As a mother now), I never had any doubts that I can't. It's just how I learn to do this. I know that eventually, I can. (Si Min)

Conversely, excessive parental control and parents' overinvolvement limited exposure to different experiences which resulted in some participants' lack of confidence in social situations. Qi Ling believed she was unable to associate as well with people "compared to others who have interacted with more people when they were younger" and related this to her mild-moderate anxiety. These participants also reported struggling to make decisions. Fei recounted being unable to make her own decisions and "sometimes just close one eye and pick" when making choices. Subsequently, as mothers, participants reported lacking confidence in making decisions for their child, despite rating their perceived parenting competence as high. This was evident from Ying

Qing's struggles with taking charge in her new role as a mother.

> There is a lot of mental load because every day I have to think. I have to delegate. There's so much planning. It's kind of like being the leader or manager of the household, which I'm not comfortable with. (Ying Qing)

Learning to cope for my child Participants highlighted emotional experiences that accompanied different parenting interactions of autonomy. This subtheme highlights the impact of such interactions on participants' mental well-being and how participants learnt to cope with uncomfortable emotions.

Participants reported less distress in facing difficult situations when parents believed in their abilities and validated their efforts. Adequate parental autonomy also created opportunities for participants to develop adaptive coping strategies. Jaime recalled her parents believing in her ability to cope and was given "the space to manage my emotions". Although Jaime reported availability of parents for support, having a choice to decide on her preferred way of coping and knowing she had direct control over her personal circumstances contributed to her confidence in coping with emotional stressors.

In contrast, excessive levels of parental control and involvement resulted in increased vulnerability and experiences of mental distress. Fei reported being fearful of her father's excessive control. She described "feeling very depressed, like I cannot do things properly or correctly" during childhood. However, as a new mother, Fei's scores indicated that she was not at risk of postnatal depression and that she perceived her parenting competence to be high, which may be due to social support she later described. Similarly, Hazel emphasised a stressful home environment and appeared exasperated by her mother's controlling behaviours, despite rating them as only moderate.

> My mom is very, very controlling. She always wants things to be done her way. It can be very tough. It's challenging because you can feel very, very stress. It gets very stressful at home. (Hazel)

Growing up in a stressful and controlling home environment also appeared to have contributed towards Hazel's helplessness and agitation towards her baby's cries.

> I get very worked up whenever I hear my son cry. Although I work in early childhood and am used to children crying, I just can't stand my son crying. I

would be very on edge. I just don't know what to do. (Hazel)

Nonetheless, Hazel described consciously pacing herself and managing her expectations in coping with parenting stress caused by the inevitable worries that accompanied her new role as a mother.

> I try to be more aware of my actions and be less controlling. As a first-time mom, it's very easy to be overly stressed, but I learnt to let go a little bit and not be too stressed over small little things. If I don't, it not only puts a lot of stress on myself but also those around me. It will also affect my child. (Hazel)

Regardless of the level of parental autonomy received, these participants learnt to cope with their infant's distress in their new role as mothers. For example, Jocelyn reported she was able to "handle the situation and fulfil the child's needs instead of putting the stress" on herself. Participants who reported having more exasperating parenting interactions highlighted the pivotal role of social support in helping them cope with the stressors of motherhood. For example, Samantha "sought help from crisis hotline" and Jocelyn described motherhood support groups as "very important", "a pair of listening ears" and "a very supportive community". Whilst some reached out to available community resources and social supports spontaneously due to having received adequate parental autonomy that acknowledged personal choices in self-management and coping, others learnt to seek external support over time. Despite having a controlling father, in motherhood Fei learnt to find comfort from friends who normalised her feelings of anxiety and distress.

> A lot of things we don't know whether is it normal? If we are anxious, is that okay? Why are we so worried? So, I would talk to my friends and realise that everyone also thinks the same, that it is actually normal. It (postnatal depression) would hit everyone to a certain extent. So I learn to manage my emotions, to balance it out and not feel as anxious all the time, by having a village or something, like friends for support. (Fei)

Additionally, some participants recognised the potential negative impacts of ruminating on negative thoughts. Fei related that "once it (negative thoughts) hits a point, it's very hard to go back so I try to catch myself early". For Min Li, who previously used avoidance as her primary coping strategy likely as way to manage the uncomfortable feelings that her mother's highly controlling parenting triggered, reminding herself of her new responsibilities as a mother motivated

her to seek more adaptive ways of coping with uncomfortable emotions.

> In the past when I experienced stressful episodes, the natural instinct was to sweep it aside. But now, I tell myself not to run away. Because there's a baby in front of me, in order not to compromise her, I can't run away. (Min Li)

Theme 3: striving for balance through autonomy

This theme describes participants' earnestness in striving for balance through autonomy in their own parenting practices. Participants highlighted intentions in providing autonomy that were concurrently guided by beliefs about allowing child-led exploration and prioritised by their perception of their child's safety and well-being. Participants believed the process of achieving balance required multiple attempts of trial-and-error to tailor a parenting style best-suited for their child's unique needs.

Child-led exploration within safety and well-being This subtheme highlights the considerations participants had in providing parental autonomy. For these participants, allowing for child-led decisions and explorations was essential. Instead of instilling parent-directed ideals and perspectives on their child, participants described acknowledging their child's active role in guiding their parenting. Viewing children as active recipients of parenting, participants opined that parenting choices would eventually cause the most impact on children. Hence, Ubaidah believed parenting should not be "what you prefer but what suits the child". Similarly, Mei Fang believed an insistence on certain parenting strategies would only backfire and result in them "doing something behind my back" as she herself did as a child to get around her father's controlling behaviour.

Participants' accounts highlighted that the emphasis on allowing for child-led decisions was influenced by their experiences of being parented. Samantha recalled that her father would "always scold me if I never do this, do that…". As a result, she was determined that she would not ask her daughter to "do stuff she doesn't want to do" and instead would "let her choose what she wants to do and help her along the way" perhaps as a way to compensate for her own controlling father. Similarly, Fei described her father as "very strict…cannot do this and that or he will get angry…". Fei reported being "too scared to do anything" as a child. As a mother now, Fei cited how she would "try not to behave like what my dad did". For these participants, their struggles with limited autonomy and fear in making personal choices

as a child contributed to their decision to encourage and acknowledge child-led explorations.

Elaborating on child-led explorations, participants described a desire to let children take the lead across different developmental stages. From allowing infants to "make a mess" and learn through play and sensory experiences, to planning to support them in their hobbies as an adolescent, participants emphasised providing children with opportunities to explore and learn from self-directed areas of interests. Learning from her experiences of being parented where she was allowed freedom to "explore what I wanted within a boundary", Hazel appreciated and recognised the importance of learning from personal choices and behaviours. As a mother, Hazel planned to let her son "explore, struggle a bit and see how he deals with it" without jumping in too quickly "to save him". Some participants also highlighted encouraging and supporting the uniqueness and achievements of each child. Jaime related that "each child has their own strengths", and believed it was her responsibility as a mother to "support whatever that would be". Having experienced her mother as unsupportive of autonomy, Min Li was one of the participants who did not explicitly talk about child-led exploration. She spoke more broadly about wanting to be more understanding towards her daughter and not make "a hoo-ha" over any mismatch in expectations having grown up with a mother who would "expect very ridiculous expectations from me" instead of seeking her opinions.

Nonetheless, participants were concerned about giving too much free rein to their children. This was highlighted by Jaime's comment that "there's always a caveat". As much as they were keen to make provisions for child-led explorations, most participants emphasised providing freedom within boundaries of safety. Min Li highlighted that "having some control is healthy and necessary" to keep children from unnecessary harm. Emphasis on safety was further influenced by the child's gender, as illustrated by Min Li's concerns for her daughter's safety.

> Having some control is healthy, it is necessary so the child doesn't suffer or take risks that can harm them. I will continue to emphasise that as a female, you shouldn't be going out late at night. It is dangerous. (Min Li)

Trial-and-error and repeat In this subtheme, participants described a process of providing balanced autonomy through trial-and-error. From their own experiences of having received autonomy support from parents who validated and encouraged efforts over results, participants reported being motivated in trying out and adjusting different parenting strategies to meet the needs of their child. These participants were unintimidated by failures or challenges

and focused on trying and learning through experiences. Comparatively, the mothers who spoke about motherhood as being more overwhelming were less likely to engage in trial-and-error parenting, which included the mothers who rated higher on depression.

Jocelyn explicitly referenced her mother's autonomy supporting parenting when she described herself as being willing and comfortable in trying out parenting strategies even if they might not work out; "just like my mom taught me, I don't need to get 100 marks, I just have to try my best". This was echoed by Jaime who reflected having learnt to "just do to my best ability, that will be enough…I don't have to perfect everything" from her experiences of being parented. Additionally, participants highlighted engaging in a continuous and repetitive process of sieving through parenting information, and deciding, selecting and implementing varying parenting strategies. This was accompanied by a constant evaluation of the effectiveness of chosen strategies against responses from their child. This process was fittingly described by Ying Qing as learning "through the eyes" of the child. Participants who described their parenting as a process of "trial-and-error" were more likely to rate "low" on both maternal and paternal negative parenting interaction of "controlling".

Although she rated her parents as being low on controlling parenting, Si Min reported being "afraid of making a mess and getting scolded" and verbally described her mother as being controlling. In Si Min's case, it is possible that she was sensitive to even low levels of control due to her temperament, which she reported being "sort of anxious by nature" since young. Si Min reflected that instead of trying, she would often ruminate about "I cannot do, I don't know" and give up easily. Ying Qing rated her parents as moderately overprotective and described how they would always "step in and help…don't give me a chance to learn". As a result, Ying Qing reported feeling a sense of "reluctance" in trying out different parenting strategies and preferred "letting my parents step in to help" instead.

Whilst participants recognised the lack of experience in parenting as new mothers, being first-time mothers did not deter them from taking ownership of their learning and trying out different parenting strategies. Even though Ying Qing doubted her abilities and was uncomfortable in trying due to a fear of "making a mess", she motivated herself by reminding herself that she was "responsible for this tiny little human being…hard also must try". Qi Ling reported "getting the hang of it" over time, whilst others displayed resourcefulness in seeking help from friends, support groups or referencing available parenting resources. For example, Fei "messaged a lot of friends" and would "do the trial-and-error thing" with their suggestions. Here, Hazel acknowledged the availability of parenting information but was cautious in applying these strategies in their entirety. Instead, she adjusted her parenting (i.e., trial) based on her son's response (i.e., error).

> I research on what's the best way of doing things. But I am also very mindful that whatever has been said on the internet could be very general. I look at my son and see if he is okay to accept it or not. (Hazel)

Nonetheless, some participants recognised the unintentional continuity of unhelpful parenting practices despite their efforts to parent with the best intentions. Here, Ying Qing described the uncertainty of being flexible in tweaking her parenting style.

> When it comes to 5, 10 years down the road, am I like my mom or am I a better version of her? I really don't know. It's easy to say, "we don't want to do this and that", but what exactly do we want to do and where does it come from? Habits pass down from generations, those are the very unconscious things. (Ying Qing)

Discussion

This study followed a quantitative study by Leong et al. (2024) and examined the role of recalled parental autonomy and its impact on first-time mothers' transition to motherhood. Through reflexive TA, the generated themes demonstrated the nuances in which participants received and responded to parental autonomy both as individuals and in their new role as mothers, and the ways in which their experiences of autonomy impacted their beliefs about themselves, their mental health, and their parenting preferences. The generated themes appear to reflect bidirectional and transactional processes as shown in Fig. 2 that maintain a cycle of perceiving and interpreting events based on an interplay between an individual's internal (e.g., sense of competence, temperament, mental well-being) and external factors (e.g., parenting received and parenting provided). These are discussed in the following sections.

Subjectivity in the perception of parental autonomy

The study findings highlighted parental autonomy as perceived differently based on the meaning of parental control and involvement to an individual's well-being. Additionally, the results suggested the pivotal influence of culture on the perception of parental autonomy and highlighted changes in perception across life transitions. Cross-referencing

qualitative and quantitative data revealed both consistencies and inconsistencies between the two. While some participants' ratings on quantitative measures aligned with their interview narratives, others did not. Based on verbal descriptions during interviews, some participants seemed to overrate nurturing interactions with their parents and underrate exasperating ones. This could be attributed to feelings of loyalty or attachment to their parents, idealisation of parents, internalised guilt or shame, or denial of negative past experiences. Regardless of the reason, this highlights the strength of qualitative research in exploring underlying processes at the individual level, offering a more nuanced picture of subjectivity than quantitative scores alone.

Parental control and involvement in collectivist societies

With parental supervision in Asian/Southeast Asian societies found to facilitate the perception of genuine care and parental control seen as an expression of love (Cheung & McBride-Chang, 2008), participants given high levels of autonomy might have perceived greater parental involvement as an indication of more interest towards their well-being. As anticipated, findings from the present study suggested that the meaning of parental control and involvement was not interpreted the same universally but influenced by cultural beliefs and backgrounds. Although participants in this study appreciated the freedom to make autonomous choices, they preferred their parents to provide more attention and guidance, behaviours that might be deemed as dictatorial or controlling in a more individualistic society. Unlike participants from Western cultures in Caetano et al.'s (2019) study who were less receptive towards parental authority concerning decisions such as educational choices, some participants in this study appeared more tolerant and noted benefits in having their parents involved. Given that Chinese adolescents with higher levels of conformity to their parents were found to have better school engagement and academic achievements (Shen, 2011), participants in this study might have similarly observed such benefits for their peers and interpreted parental involvement as a form of support rather than a violation of autonomy. Additionally, collectivist societies are influenced by traditional values that emphasise interdependent relationships with one another (Peterson et al., 2005), including the relationship between parent and child. Hence, strong parental involvement might be perceived as normal and a way for parents to show care and concern. With reference to the SDT that posits the need for personal autonomy as universal (Deci & Ryan, 2000), findings from this study suggested the importance of considering cultural influences in the appraisal of parenting practices and their impact on individuals in adulthood.

Changes in perception across life transitions

The study findings corroborated with existing research on the subjectivity of parenting interactions across an individual's developmental stages. Similar to Hannigan et al.'s (2016) study which focused on perceptions of parenting across the developmental transition from childhood and adolescence, participants in this study described changes in their perceptions of parenting across life transitions. Since parent-child discrepancies in the interpretation of past parenting experiences are common (Hannigan et al., 2016), taking on a caregivers' perspective in their new role as mothers likely resulted in greater receptivity towards interactions previously assumed to be negative. Specifically, the findings showed how participants reframed their experiences to adapt to their circumstances positively since becoming a mother. This was seen in the negative parenting interactions being rated lower by participants who concurrently reported engaging in reframing and rationalisation, and qualitative reports of these participants believing their parents had good intentions regardless of the ways in which they parented. It appears participants developed a more sophisticated understanding of the balance between autonomy and control in their new role as mothers, in contrast to previously skewed views on autonomy when they were children.

Parental autonomy and development of schemas

The study findings highlighted the active role individuals played in the interpretation of parenting received. Rather than an objectively determined set of parenting interactions, individuals' subjective perception becomes their reality and contributes to their development outcomes. Participants in the study similarly reported a greater sense of competence both as an individual and in their new role as mothers when they perceived having received adequate parental autonomy. This finding is in line with the schema therapy model (Louis et al., 2020b; Young et al., 2003) where nurturing parenting interactions facilitate the fulfilment of core emotional needs and promote adaptive functioning in adulthood. Based on participants' reports of increased confidence in making decisions and overcoming challenges of motherhood without over-reliance or dependence on others, this study contributed towards the understanding of the potential impact a satisfied need of "healthy autonomy and performance" has on the transition to motherhood for primiparous mothers in terms of beliefs about competence.

Resistance due to autonomy

Additionally, participants displayed flexibility in their behavioural responses towards parental autonomy. Whilst

some participants accepted and complied with parental control, others were more resistant and rejected negative parenting interactions. Kuczynski et al. (2018) suggested such resistance reflects a healthy process of assertiveness and social skills development as it provides a platform for children to learn to express their autonomy with others. Particularly, parental acquiescence to children's resistance when appropriately expressed supports children's development of healthy autonomy. In this study, participants were found to have responded flexibly towards parental control. With reference to Darling and Steinberg's integrative model (1993) that the parent-child relationship is not dictated by only one member of the dyad, participants were likely able to engage in such assertive behaviours with their caregivers in the first place because of antecedent parenting interactions that led them to believe they had control over and could make a meaningful impact on significant elements in their environment. This flexibility in responding appeared to pave the way for coping with the potential distress associated with not having core emotional needs met and subsequent resilience in terms of mental well-being.

Temperament and coping

Some participants reported an increase in mental health vulnerabilities due to need-thwarting parenting interactions whereas others did not report any significant impact. According to the schema therapy model (Young et al., 2003), the presence of need-thwarting parenting interactions does not directly contribute to the development of EMS. Instead, EMS arise from the interaction between parenting experiences and the individual's temperament. In their exploration of temperament in schema research, Ke and Barlas (2020) focused on the role of emotion-related dispositions and found that specific types of trait emotional intelligence are associated with different schemas and coping styles. Specifically, lower levels of trait emotional intelligence were found to contribute towards the schema domain of impaired autonomy, perhaps because individuals struggle to separate themselves and their emotional experiences from their caregivers, consequently experiencing greater distress due to excessive worries about future harm or failure. Similarly, certain traits of participants in this study might have also contributed to their inability to separate their emotions from their infants, leading to them feeling more distressed and more worried when their baby cried. The functional influence of an individual's endogenous characteristics would have been neglected if studies examined autonomy solely through the lens of the SDT.

Furthermore, participants in this study recognised the impact their emotions and coping styles might have on their children. Similar to Christie et al.'s (2017) scoping review

on parents with a history of maltreatment, this study found that participants who reported maladaptive parental autonomy exhibited determination in protecting their children from similar negative parenting experiences. Whilst longitudinal studies have frequently identified the intergenerational transmission of parenting interactions (Kitamura et al., 2009), this finding provided insights into participants' conscious efforts in discontinuing unhelpful parenting practices in a non-clinical sample.

Parental autonomy and subsequent parenting style and self-evaluation

In the transition to motherhood, participants utilised their knowledge from early experiences with their own parents to shape their parenting behaviours in their new role as mothers. Whilst Hennekam (2016) found that a lack of role models resulted in less successful transitions, participants in this study remained undeterred and proactively sought social support for alternative parenting references and emotional guidance. Specifically, social support has been described as a barrier that protects people against the potential effects of stressful life events and facilitates new mothers' transition to motherhood and increases their maternal competency through the provision of encouragement and resources (Leahy-Warren, 2005).

Finally, participants' subjective perceptions of interactions with their parents were likely viewed through and maintained by their schemas. Likewise, participants' experiences with their children were possibly evaluated through a similar lens. This could explain why some participants readily engaged in trial-and-error approaches to their own parenting and believed in doing their best whilst others continued to experience distress and believed they were not doing enough. Furthermore, assuming the role of providing parenting in the parent-child dyad instead of being the recipient likely influenced participants' initial receptiveness towards parenting received. This was seen in participants' reported changes in perception towards parental control and involvement since becoming a mother.

Strengths and limitations

This study adds to the limited published literature on examining the role of parental autonomy and its impact on primiparous mothers' transition to motherhood. Whilst various studies have explored autonomy through the lens of the SDT, this study examined a more functional and comprehensive overview of autonomy from the context of Young et al.'s (2003) schema therapy model. The study utilised a reflexive TA approach which allowed a more nuanced understanding of the subjective and dynamic ways in which participants

received, interpreted and responded to parental autonomy, and what these experiences meant to participants in their new role as mothers. To the knowledge of the author, this study is the first that used established measures of specific parenting interactions (i.e., the PPSI and the YPI-R2) as an anchor for discussion into the role these interactions play in women's transition to motherhood. This enabled participants' subjective experiences of parental autonomy to be triangulated against objective self-reports.

Despite the study providing an insightful overview of experiences across participants, several limitations could impact the transferability of study findings to other mothers. Firstly, this was a community sample and findings may not be transferable to a clinical sample. Research has shown poorer mental health and impaired functioning in adulthood when core emotional needs are not met (Pilkington et al., 2021). Hence, a clinical sample might present with more exasperating interactions and different ways in which the parenting interactions were interpreted or perceived, as well as different ways in which individuals in the clinical sample draw from these experiences in their transition to motherhood. Secondly, there might be a potential bias in the participant sample which self-selected to take part in this study, limiting the diversity of the sample. With the study advertised on social media groups, participants in this study might differ from mothers who were not on social media or chose not to join such groups. Furthermore, participants in this study were all married and predominantly Chinese. Most of them grew up in intact families and had similar educational backgrounds. Even within a collectivistic country such as Singapore, mothers of different ethnicities or religions might have different experiences of being parented. Despite a shared endorsement of group harmony, interdependence and filial piety, Chinese parents may be more likely to use controlling and restrictive strategies as influenced by Confucian beliefs of self-discipline, knowledge acquisition and conformation to social norms (Xu et al., 2014), while Muslim parents may show more warmth and affection towards their children due to influences of Islamic parenting values (e.g., love and compassion) (Hossain, 2014). Additionally, the majority of participants in this study were in their early 30s. The study was limited in the recruitment of mothers from a more diverse age range. Nonetheless, the ages of the participants were an accurate representation of primiparous mothers in Singapore, with 31 years old being the median age of first-time mothers in 2020 (Tan, 2021). Finally, given the significance of social support in buffering the stressors of motherhood, mothers from non-nuclear families or who have different marital statuses might have a different attitude or outlook towards their motherhood journey. With the present study being conducted during the COVID-19 pandemic, the findings might have also been affected by

national regulations leading to a potential loss of autonomy for the participants. Nationwide lockdown measures might have contributed towards a sense of isolation from social support with the limitation of essential services and home visits, and work-from-home arrangements meant first-time mothers having to work remotely while simultaneously taking care of their children with limited help, potentially having a more negative impact on their mental health.

Implications and further research

Findings from this study have several practical and theoretical implications. Firstly, the study's exploration of parental autonomy through the schema therapy model allows for the identification of specific modifiable parenting interactions that might contribute towards the development of impaired autonomy. Additionally, the predominantly qualitative design of this study provides valuable insights into how these objective interactions were interpreted and how unhelpful perceptions could subsequently be addressed. Findings can inform practitioners and organisations in the design of parenthood preparation courses and postnatal mental health services to help women achieve a smoother adjustment to motherhood. Besides addressing early maladaptive schemas of mothers, the study findings emphasise the value of parenting programmes such as the Good Enough Parenting (GEP) programme (Louis et al., 2021) in helping parents meet their child's core emotional needs to prevent the development of psychopathology and contribute towards the discontinuity of intergenerational unhelpful parenting practices. Additionally, the study findings provide useful information for healthcare professionals to not only develop more effective postpartum mental health care and follow-up, but also provide anticipatory pre- and perinatal guidance and support. For example, screening questionnaires can be used from the beginning of a woman's pregnancy journey, such as at initial antenatal appointments. Such services could provide a platform for the early detection, prevention and management of postnatal mental health disorders, especially for mothers at risk of a more challenging transition due to early need-thwarting experiences with primary caregivers. Future research should also examine the impacts of other parenting interactions and core emotional needs from the schema therapy model in influencing women's transition to motherhood.

Often perceived as the primary caregivers, this study focused on women and their transition to motherhood. Future research could explore the perspectives of fathers given research on gender differences in the preparation and needs of fathers in their transition to fatherhood. With some participants highlighting greater concerns over the safety of their daughters and verbalising intentions in being more

protective towards them, further research could also extend beyond a focus on parental characteristics to the other member of the parent-child dyad pair, such as exploring the impact of gender and age of the child on parents' parenting style. Moreover, this study has highlighted potential differences in perception and interpretation of parental autonomy within a Southeast Asian society. Compared to Western societies, women in a collectivist culture might expect and value more parental control and involvement and continue to seek parental support even in their new roles as mothers. To further increase the diversity of the present study, further research could compare findings across different cultures within Singapore to reflect cultural specificities and nuances, and to allow for the tailoring of services to meet the needs of both cross-cultural commonalities and specificities. In addition, a longitudinal study would further illuminate mothers' experiences at various stages of motherhood. Finally, future research could conduct a screening and extend interviews to individuals who scored within the clinical ranges to allow for more meaningful interpretations and use of the findings with a clinical sample, as well as provide an opportunity for cross-referencing of parenting experiences between community and clinical samples to inform modifiable factors in parenting programmes.

Conclusion

The study extended the current understanding of how early parenting interactions, particularly parental autonomy, influence the transition to motherhood. Congruent with existing literature, the study findings highlighted the importance of adequate levels of parental control and involvement in developing a healthy autonomous self. Additionally, the findings underscored the need to consider cultural context, especially in collectivist societies, when evaluating parental autonomy. In addressing the research questions, the results suggested an integrative role of parental autonomy and the bidirectional interactions of themes generated in the transition to motherhood. Specifically, subjective interpretations of parental autonomy facilitated the development of an individual's separate identity as an adult initially and subsequently as a mother. This in turn impacted how participants viewed themselves in their new role and how they planned to fulfil their perceived roles and responsibilities of a mother. Consequently, their receptivity towards childhood parenting interactions continued into adulthood and became a frame of reference to which they evaluated their performance as mothers. Finally, findings from this study point to how participants cope with need-thwarting parenting interactions and challenges of motherhood through reframing of experiences and seeking social support to compensate for

lack of role models which has practical implications in the provision of parenting programmes and postpartum mental health services.

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