An exploration of the ways in which feelings of ‘maternal ambivalence’ affect some women

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Abstract

This study explores the ways in which feelings of ‘maternal ambivalence’ affect women. Through semi-structured interviews, four women spoke about their experiences that led to ambivalent feelings about their motherhood. The data gathered from these interviews was analysed using Interpretive Phenomenological Analysis. This research found that these women experienced a loss of independence, relationships and confidence when they became mothers. Together, these losses felt like a loss of ‘self’ which led to many unexpected and unwanted feelings. They were shocked and confused when they experienced feelings of resentment towards themselves, others and their children. They also experienced unexpected feelings of boredom and anxiety in relation to mothering. However, with time and perspective, these women experienced a re-emergence of ‘self’ through their ability to begin to balance parts of ‘self’ and accept their ambivalent feelings towards motherhood.

Keywords: Maternal; Ambivalence; Women; Self
Introduction

Maternal ambivalence affects some women. Almond (2011) defines maternal ambivalence as ‘that mixture of loving and hating feelings that all mothers experience towards their children, and the anxiety, shame and guilt that the negative feelings engender in them’ (p.2). Parker (2005) argues that being a ‘good’ mother is wrapped up with ideas about being a ‘proper’ or ‘good’ woman, and with cultural definitions of femininity. As such, women often ignore, bury or deny their ambivalent feelings, thus colluding with the myth and idealisation of motherhood (Brown, 2010).

Feminist empiricists argue that existing scientific knowledge of women, including birth and motherhood, is not representative of the reality of the female experience because it is largely conducted by men (Letherby, 2003). Raphael-Leff (2010) argues that many of the dominant psychological theories focus on a mother being the ‘object’ of her baby’s desires’ in order keep her child healthy - not as a person in her own right. So, it is important that women speak about their experiences so that they can reconstruct this knowledge accurately (Hughes, 2002). The subjective experiences of being a mother can only be truly known by women who are mothers and, as such, they need to be asked and listened to before we can truly understand the complicated experiences of motherhood. This research is a contribution to addressing that deficit.

Method

In answering the research question, ‘What are the effects on women of experiencing feelings of maternal ambivalence?’, the intention was to give women a platform to speak about their own experiences of maternal ambivalence, and to voice the impact that the way that they have felt has had on their sense of self, their relationships and their lives in general. One of the researchers, Emma, is herself a mother who experienced maternal ambivalence. Much in this research has resonated deeply with her own experiences of motherhood and have led to further acceptance and understanding of her own complicated experiences of motherhood.
to be “perfect enough” (Susie). Ethical approval was sought and gained through the University of Chester. It was hypothesised that the women most likely to intensely experience feelings of maternal ambivalence would be those who have had a career before they became mothers. Recruitment was purposive. Participants were advertised for in a Social Media group. The inclusion criteria required participants to be mothers: of children aged 10 – 15yrs; who had a ‘career’ before having children; who had mixed feelings about motherhood; who were fluent in written and spoken English; and who were willing to talk in depth about their experiences of motherhood and maternal ambivalence. Four participants (Susie; Janine; Kay; Anne) were interviewed using semi-structured questions:

1. How would you describe yourself before you became a mother?
2. Can you tell me what you understand by the term ‘Maternal Ambivalence’?
3. When did you start to experience feelings of maternal ambivalence?
4. Can you describe the emotions you felt when you first experienced feelings of maternal ambivalence?
5. How do you think that these feelings affected you and your life?
6. Have these feelings of maternal ambivalence changed over time?
7. Do you think you that all mothers experience these feelings?
8. How would you describe yourself now?

Care of participants was taken by interviewing sensitively and by referring to counselling support if needed. Both researchers supported each other through supervision and had external counselling support if needed. Once the interviews had been transcribed, member-checking was conducted to enable on-going consent and to allow participants an opportunity to amend the data to preserve anonymity. Any identifying data was deleted. Participants were allocated a pseudonym. The data were then analysed using Interpretative Phenomenological Analysis (Smith et al., 2009). This method of analysis is concerned with personal perception rather than with the formation of objective statement and seeks an insider perspective. A small sample size enabled the mining of an in-depth understanding of the phenomena which is presented as ‘thick data'.
Findings

The superordinate themes and subordinate themes (see Table 1) that emerged from the data represent the participants’ experiences of maternal ambivalence, and the way that they impacted their lives throughout their journey of motherhood.

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Superordinate Theme 1: Loss of ‘Self’

Each of the women described a sense of losing their ‘self’ when they became Mothers. This loss of ‘self’ had many different strands.

Subordinate Theme 1.1: Loss of Independence

Three of the women described their former self (before children) as “independent” (Janine, Susie, Anne). This independence manifested itself as a feeling of “control” for some and as freedom for others. For Kay, it was a “carefree” lightness. Janine described herself before motherhood as “unattached”, stating that she was in total control of her life, and free from any ties despite having a partner. However, after becoming a mother, all women described feeling trapped, or like they no longer had a sense of freedom or independence. “Not being able to come and go as I pleased, being quite restricted” (Kay). Janine spoke in-depth about losing her independence, and how she felt that she had to start to understand her decisions as something that were relevant to others and, as such, had to be shared. She struggled
with the idea that she had to take other people’s thoughts and feelings into consideration, particularly those of her partner. She also felt that she needed to listen to other people’s opinions because she was now responsible for somebody else. For Susie, this loss of independence centred around feeling financially dependent on her partner. She spoke about her partner having an affair when Sam was a toddler, and how this financial dependency on her partner made her feel trapped. “If your partner is unfaithful, you’re supposed to leave. How do I leave with a toddler and nowhere to go and no money?” (Susie). Anne seemed to struggle the least with this, ensuring that she did get time away from the baby when she was first born, going back to work the soonest out of the four women, and putting Jane into nursery. However, she spoke about how difficult it was to escape the dominant cultural narrative of motherhood that she ‘ought’ to have given up her independence. She described one occasion when the midwife came to her home, and she had gone shopping leaving her daughter with her partner – “the feedback I was getting from the health professional was ‘why aren’t you here with your baby?’” (Anne). Even her choice to go back to work felt, to her, to be controversial. “The feedback I was getting from other people was, ‘God, why are you going back to work when you could be off for another couple of months?’ and I was like, because I need to” (Anne).

Subordinate Theme 1.2: Loss of Feelings

Part of this loss of ‘self’ appeared to come from a loss of feelings, or a numbness that three of the four women described. For each of the women, this ‘lack of feeling’ was caused by different aspects of motherhood. Kay spoke about losing touch with her feelings altogether. It was only when she returned to work that she allowed herself to feel again. “I needed to shut down and function to get through that year, rather than access any of the feelings that I was scared might prevent me from parenting” (Kay). Susie spoke about a feeling of ‘nothingness’ after Sam was born. Due to complications with his birth, she felt that she had detached from him, and this made her feel devoid of any emotions. She spoke about suddenly getting her emotions back: “It just suddenly hit me that I’d got this baby and it was
mine and he was going to stick around - and I remember just completely sobbing and just letting go of it all" (Susie). For Janine, her feelings of love for her child were so strong, that they gave her little room for any other emotions or feelings. “I obviously expected to love my child, but I didn’t realise how overwhelming that would feel and how much that would overshadow everything else… It just obliterated everything else about me” (Janine).

**Subordinate Theme 1.3: Loss of Relationships**

Each of the women described feeling as though they had lost relationships with friends, or that their relationship with family and/or partners had changed in some way. Susie spoke about how frightened she was of speaking to anybody about how she felt. She feared being judged by others. This fear distanced her from her friends and other mothers and, as a result, she sometimes felt like she was the only person experiencing ambivalent feelings towards motherhood. “My best friend didn’t have kids of her own so I couldn’t talk to her about how I was feeling without feeling like I must be doing something wrong… If you tell someone how you feel, social services will come and get involved and your kids are going to get taken away… You’re not supposed to feel like this” (Susie). Susie did, however, feel lucky to have her own mother and her Nan who spoke to her about these feelings and helped her to understand that she was not alone. Like Susie, Kay felt herself drifting from her friends because their experiences of life were so unlike her own. “They’d ask me to go out and I was like ‘God, it’s the last thing on my mind. I’m knackered…”” (Kay). All of the women felt that becoming a mother impacted, often negatively, on their relationship with their partners. Susie spoke about her partner being ‘jealous’ of her relationship with Sam (her son), and how she struggled to understand how she could be both a wife and a mum. Kay spoke about the fact that her relationship with her partner became focused on the children and how it took work to come to grips with ‘where ‘we’ fit with that’ (Kay). She also spoke about how they were not able to be as intimate as they had once been due to how damaged her body felt after her second child. For Anne, motherhood put a strain on her relationship with her partner. When she shared her feelings of ambivalence with him, she felt he became
frustrated, and conversely, if he ever shared similarly ambivalent feelings towards their baby with her, she would find this upsetting. For Janine, her relationship with her partner became focused on control because she felt resentful that she had lost a deep sense of her own independence and control. She felt controlled and manipulated by him as a result. She didn’t feel able to keep friendships and a working life alongside motherhood, despite having a yearning to be out in the world with people. “I didn’t really want to be a part of the wider world, but then I was excited to be part of the wider world. But I just couldn’t get the two together” (Janine). This often left the women feeling lonely and isolated.

**Subordinate Theme 1.4: Loss of Confidence**

The women moved from feeling confident, competent and in control of their lives, to feeling frightened of being judged, or of doing things wrong when they became mothers. Anne had no confidence in her mothering abilities. “I didn’t have a clue how to put a nappy on…. It was like ‘What do I do with this baby?’” (Anne). Kay also spoke about her lack of confidence as a mother, which manifested itself in her constant comparison with other mothers. “I just wanted it to be right. Looking at and comparing myself a lot to what others do or did do. Does she get enough sleep? Do I spend enough time with her? Do I take enough fresh air? You know, just living by the book really” (Kay). Susie spoke about her perceptions of other parents, and how they made her feel incompetent. “They all seemed to be doing really well and know what they were doing, and have it sorted. Some days, I wouldn’t even know which way is up…” (Susie). This lack of confidence in parenting appeared to seep into other parts of their lives over time. This, along with other aspects of their loss of self, seemed to have a much more insidious effect on their overall confidence. “…because I was quite confident, I realised all my confidence had gone” (Kay).

**Superordinate Theme 2: Unexpected Emotions**
Due to the unexpected nature of many of the ambivalent feelings the women described, they were often left feeling shocked and confused. “I couldn’t quite figure out what had happened, if I’m honest. It felt like a real shock” (Janine).

**Subordinate Theme 2.1: Resentment**

They each experienced feelings of resentment towards themselves, their partners, society and at times towards their children. Susie spoke about resenting her partner because it was her job to look after Sam, to get up in the night, to feed him (she was breastfeeding) and to manage the mundane chores of motherhood while her husband went to work. She also spoke about resenting Sam, blaming him (briefly) for the fact that she was unable to be ‘a better wife’, perhaps causing her husband to be unfaithful. However, the resentment towards herself was also clear. “I’d be angry at myself that I wasn’t coping better... Everybody else can do it” (Susie). Similarly, Anne’s resentment towards herself grew as she realised that she wasn’t managing motherhood in the way she had expected herself. “It was those feelings of, ‘What have I done? Why did I think I’d be any good at this? Why did I think it would be a good thing? Why is she not doing what I want her to do?’” (Anne). Kay resented that she had to work so hard to look after Finlay, who was ill when he was born and needed extra care. She resented having to share her daughter, Polly, with anybody. They were all “intruding on my bond with my child”. She resented the depth of feeling she had for her daughter, and how that seemed to dictate her behaviour. She resented her husband for needing attention from her when she wanted to give all of her attention to her daughter. She resented having to “pretend I was ok”. Janine resented being at work, but also being at home, and having to choose between her career and her child all of the time.

**Subordinate Theme 2.2: Boredom**

One of the aspects of motherhood that made it more difficult and added to their feelings of resentment was the fact that they felt bored often when they first became mothers. “I was very bored” (Kay). Anne felt the same, stating that she was sick of people just talking to her
about babies. “I want them to do something. It’s like, ‘God, this is a bit boring’” (Anne). Susie found herself yearning for adult conversation. She found the mundanity of motherhood frustrating, “watching Peppa Pig for the seventy millionth time!” Janine also found aspects of motherhood boring and was unable to ask for help or support with these boring aspects of mothering, because she also valued them, again highlighting the ambivalent nature of her feelings towards motherhood. “I’ve spent all day doing this boring, stuff. I’m not prepared to let anybody else do it, but actually if I continue to do it, I’m going to go out of my mind with boredom!’ But ‘I love you and I’m glad, and I look at you and I think it’s amazing’” (Janine).

Subordinate Theme 2.3: Anxiety

Fear played a big part in the minds of the participants. They feared doing a bad job of motherhood and somehow damaging their child, and the weight of this responsibility caused them anxiety. “What if she’s choking? What if this happens? What if that happens?’ and I was very anxious a lot of the time” (Anne). Susie lived with the fear that her child might die for the first few months of his life. It was only when he started putting on weight that she believed he would live. “I was scared that he was going to die on me” (Susie). Like Sam, Kay’s child, Finlay, required extra care after he was born, and Kay lived with a constant fear that he might get sick: “He went through a phase of holding his breath all the time, and then he’d faint. So, I lived on that every day, and how I was going to deal with that” (Kay). Janine felt that the fact that she had so many conflicting, unexpected and “wrong” emotions, combined with her pushing these emotions away, caused her feelings of anxiety. When she was pregnant with her third child, she feared that she would experience all of these emotions again, and this made her incredibly anxious. “I got to the point where I didn’t want to leave the house. I wouldn’t sit next to people on the sofa, couldn’t have people touch me, couldn’t have people give me a hug. I thought I’d just abandon my child. I thought that’s what I’d do” (Janine).
Superordinate Theme 3: Gradual re-emergence of ‘Self’

Each of the participants were asked if their feelings of ambivalence changed over time, and how they felt about themselves at this present time. All still expressed some feelings of ambivalence towards motherhood. However, these feelings no longer appeared to be as intense or damaging. They all spoke about how they came to find themselves again, and the positive impact that this had on them.

Subordinate Theme 3.1: Re-connecting with ‘Self’

All of the participants spoke about a process of re-connection with their ‘self’. Janine described feeling calmer and getting some of the control and independence that had been such an apparent part of her pre-mothering self, back. “I feel like I’ve been unable to make decisions about my life. I am making decisions about my life now that mean that I can have the bits of what I want” (Janine). Anne also found it easier when she gained more control of her life, explaining that as Jane (her daughter) got older, she was in a better routine, and this helped. Anne was then able to make some time for the things she enjoyed doing. “I know I have to take myself off, but I’ll say to Jane, ‘I am just going to go and read for a bit.’ Because I know, for me, I can’t sit a play with her for hours” (Anne). Kay was able to see parts of her ‘self’ gradually coming back to her as she started to re-introduce old hobbies. “I could almost see myself re-emerging over time” (Kay). As Susie’s son got older, she also started to get parts of her old life back. “I started to be able to take up hobbies again and do things like that and have a life that isn’t just about Sam back” (Susie). Susie also described finding her “confident”, “feisty” and “independent” side again.

Subordinate Theme 3.2: Balancing parts of ‘Self’

For all of the participants, feeling back in control and having their independence appeared to have a huge impact on their confidence. However, this was not just about finding their old self; it also appeared to be a process of learning to balance the new parts of ‘self’ with the old, existing parts. When their children were young, it seems that the participants spent all of
their time tending to them, feeding them or worrying about them. However, they all spoke about being able to give themselves more time to do things for themselves as their children got older. “I can actually have a bath in peace. He’s old enough to understand that I actually need some ‘me’ time” (Susie). Anne and Kay also found that as their children got older, they were able to have the time and space to even consider what they needed and then tend to their own needs. When their children were young, being a mother appeared to consume all of their identity. However, that changed for them over time. “I’ve got the Mum-bit and the Susie-bit and the partner-bit; and all of them feel like they get a bit more attention now, rather than all the attention going to the mum-bit” (Susie). Janine also felt that she was able to start to let go of that intensity of feeling that she felt as a new mother and become passionate about other aspects of her life again. “It’s taken me a long time to be able to go, ‘Work’s important to me’. I’ve got to feel passionate about what I’m doing outside being a mum” (Janine).

**Subordinate Theme 3.3: Perspective of time as a Healer**

Each of the participants found that distance and time helped them to process their feelings and move towards a level of acceptance of their ambivalence. Two out of the four women had other children following their experiences of strong ambivalent feelings, and both spoke about how having these other children helped them to gain perspective and heal. Janine stated that when her son, Callum, was born, she was able to start to understand her feelings and emotions again. Before this point, she felt that her feelings were just pregnancy and birth creating imbalances in her hormones. She recalls going to the GP and asking him to take some tests because “there’s something in my blood”, that she was convinced hadn’t gone back to normal following the birth of Polly. Kay spoke about understanding her experiences with her youngest child, George, through a different lens. After the intensity of two young children, one of whom was ill, she was able to enjoy George without the worry of being judged, losing herself, or doing it wrong. George gave her the opportunity to enjoy motherhood. For Susie, seeing her son grow up, and feeling like she has done a good job
has helped her to see her feelings of ambivalence in a different light, without shame or guilt. “It feels easier to say sometimes it’s not been fine, because I guess it feels a bit more like we’ve come out the other side now” (Susie). Anne also felt that time and distance was healing. She was able to be kinder to herself as Jane got older, and understand that she had lost some perspective, giving aspects of mothering more importance than they needed to have. However, for Anne, time hasn’t healed all, and she still holds on to some regrets from Jane’s early days. “I still look back to when I first had her. ‘Why didn’t I pick her up? That nibbles at me a bit… But it is what it is. I can’t change it” (Anne).

Subordinate Theme 3.4: Self-Acceptance
Part of healing and forgiving themselves for these ambivalent feelings appeared to come from an acceptance of them. This perspective came with time which allowed these women to feel that these feelings were ‘normal’, or ‘acceptable’, and often came from unrealistic pressures they placed on themselves because of cultural ideals. Anne realised that her need to be a perfect mother was about control and was not an achievable goal. “It took me a while to get there” (Anne). Susie spoke about her own therapy helping her to come to terms with, and accept, the ambivalent feelings that she had, and how they had made her feel less than perfect as a mother. “Being in therapy with counselling really helped. I’d say that helped to get rid of some more of the little niggly bits that were still there that... good enough, I was perfect enough, that good enough is okay” (Susie). Like Susie, Kay found that talking about the way that she felt helped her to accept herself and she encourages other mothers to do the same in her work now. “I try and promote that honesty with people around me” (Kay). Kay spoke about how being more honest and “less harsh” on herself helped her to move towards an acceptance and healing of the damage that the stigma around these feelings of ambivalence had done. For Janine, accepting that she even had ambivalent emotions and feelings was hard, but it was a step towards understanding and accepting those feelings. “I think it’s only six to eight years after having Polly that I actually can own the fact that they were emotions” (Janine). She needed some distance from those intense feelings that she
experienced with Polly so that she could understand how she could balance her ‘self’ with those emotions, and accept them, without guilt or shame.

**Discussion**

The data suggest that the predominant feelings associated with maternal ambivalence are those of loss - in particular, a loss of their previous self. This loss was made up of a number of different perceptions of loss that were further explored in the subordinate themes: a loss of independence, relationships, feelings, confidence, and control. These feelings seem to have taken the participants by surprise. This is evidenced through Janine’s statement that she had expected motherhood to be an “added extra” - something that would enhance her life, not take away from it. As such, this loss was felt deeply. They described the weight of the responsibility of motherhood as ‘heavy’ on their once “carefree” (Kay) shoulders. They felt trapped by motherhood, and the financial and other interdependencies that came with it. These findings correlate with McMahon’s (1995) and Shelton and Johnson’s (2006) research, which suggests that women who have had careers, and a level of independence before having children, often experience feelings of ambivalence more intensely because their independence defined their pre-mothering self. Despite her attempts to resist giving up her ‘self’ (i.e. her independence), Anne spoke about how she was unable to shake off the expectations of society that she would stay at home with her child, putting her daughter’s needs before her own at all times. This reflects the dominant cultural narrative that women will be ‘selfless’ when they become mothers (Sevon, 2007). Anne spoke about her feelings of guilt and judgement when she left her baby with the baby’s father and went back to work before she had to, again demonstrating how difficult it can be to keep hold of aspects of ‘self’ when becoming a mother.

Three of the participants also experienced a loss of their feelings. Kay described this as a shutting down in order to function as she felt she needed to as a parent. Although not diagnosed with Post-Natal Depression, some also felt ‘disconnected’ from their feelings and their children. They ‘disconnected’ in order to protect themselves and their children from their
negative feelings about motherhood. Homewood et al. (2009) also describe a disconnect from friends and family which is also evident in this study. Fear of judgement was demonstrated by Susie, who said that she was unable to speak to her friend, or to her GP about how she felt, through fear that they would think she was a bad mother. They experienced this as another loss, and this often left them feeling very isolated and often lonely. This constant fear of judgement also contributed to a loss of confidence.

As the dominant cultural narrative of motherhood is one of fulfilment and contentment (e.g. Almond, 2011; Douglas and Michaels, 2005; Oakley, 1980; O'Reilly, 2010; Parker, 2005, 1997; Nicolson, 1999), it is unsurprising that the feelings of resentment, boredom and anxiety experienced by the participants were unexpected and confusing. They generally felt that their ‘mothering identity' was a positive one and expected their life to change for the better (e.g. Janine). However, perhaps because of raised expectations with regard to motherhood, the participants experienced a high level of resentment. In trying to live up to the unattainable characteristics of a ‘contemporary western patriarchal motherhood’ (O'Reilly, 2010, p.369), the participants attempted to put their children’s needs before their own at all times. However, this made them resent their children, and their partners. Kay, Susie and Anne describe resentment towards their children for needing so much of their attention and taking away parts of their identity. Janine and Susie also described resentment towards their partners because they not only maintained their independence. They also, at times, seemed to be in control of, or own, these women's independence. Their partners also, at times, demanded a piece of them when they felt unable to give any more of themselves, which added to their resentment, and reminded them of how much of themselves they had lost.

Kay described the ‘intensive’ and often obsessive mothering that Douglas and Michael's (2005) depict, “completely forgetting about me” (Kay). She, like Susie, obsessively compared herself to others, wondering if her daughter was getting enough fresh air, enough sleep, and questioning themselves constantly. This led to Kay, Susie and Janine, having little room for anything else, both physically and emotionally, forgetting to fulfil her own
needs. The impact of this on the participants was feelings of boredom and anxiety. Their lives had become consumed by ‘baby’. It could be argued that this demonstrates the ongoing legacy of psychological theories, such as Bowlby’s (1952) report, on the dangers of ‘maternal deprivation’. Perhaps because of the intensity of societal expectations of motherhood which led to ‘intensive mothering’, they developed an anxiety that they were responsible for everything that happened to their child. This anxiety usually centred around fears that the baby would be hurt or damaged in some way if they did anything wrong or neglected their ‘responsibility’ to be with their child. These anxious feelings left the participants feeling even more exhausted, and less likely to ask for help, or rely on others, adding to their feelings of loneliness.

Few of the previously published studies into maternal ambivalence, however, have explored the experiences of women beyond early motherhood, in order to understand how their feelings and identity continued to adapt and change. The participants in this study had children 10 years ago or more, and they found that although ambivalent feelings towards motherhood remained throughout this time, these feelings lost their power. Gradually, these women began to find themselves and their confidence again through a ‘re-emergence of self’. Homewood et al. (2009) describe this re-emergence as a process of ‘individuation’; they began to see themselves as separate from their children, through a ‘re-connecting of self’. The participants began to engage in old hobbies or take up new ones as their children became older and less dependent on them, which enabled them to feel like they were getting an element of ‘self’ back. Darvil et al. (2010) conclude that the difficult and confusing time of ‘maternal transition’ doesn’t end until women feel that they have re-gained control over their environment. For the participants, this did not happen until they felt that they could experience time away from their children without feelings of guilt or anxiety. As their children gained more independence, and they felt the weight of responsibility lift slightly, it seems that they were able to think more clearly and rationally about what they gave/give to their children. As Susie states, she realised as her son grew up and was ok, that she had been “perfect enough”. A change in perspective over time helped to heal these women. Douglas
and Michaels (2005) argue that when their children were young, women struggle to get this perspective, or even to understand their own feelings and needs as separate from their child’s because they are ‘in the thick of it’; they are too busy to get any perspective. This is evident in the data with Kay’s description of simply moving from one child to the other, meeting their needs and neglecting her own, to the point of shutting down her emotions and feelings to get through it.

The participants spoke about a process of learning how to balance parts of themselves with their identity as ‘mother’. It was only as their children grew more independent, and they had time and space away from the intensity and anxiety of mothering young children, that they were able to give parts of themselves back to their ‘self’ and others. Self-acceptance also played a vital part of this ‘re-emergence of self’. They started to understand that their feelings of ambivalence were not damaging for their children. Raphael-Leff’s (2010) model of manifestations of maternal ambivalence states that women have not only developed a sense of themselves as a person with separate needs from their child, but also accepted that their ambivalent feelings are just a normal part of motherhood. These participants were able to balance motherhood with ‘self’ successfully. Ambivalence in motherhood is ‘manageable’ when women can accept the feelings without shame and guilt (Parker, 1997).

**Limitations**

This study focuses particularly on working women who consider themselves to have had careers because they appear to be most likely to have been impacted by the pressures of what Douglas and Michaels (2005) call ‘new momism’. These will generally be educated, middle class women (Takševa, 2017). As such, it is important to acknowledge that any conclusions or patterns found in analysis do not represent *all* mothers. Due to the small-scale nature of this research, generalisations across cultures or communities are arguably limited.

**Conclusions**
However, although these findings are largely in keeping with some previous research and theories of motherhood, identity and ambivalence (e.g. Asher, 2011; McMahon, 1995; Shelton and Johnson, 2006), what they have failed to consider in-depth, is the ongoing experience of motherhood, identity and ambivalence. These feelings of ambivalence are not in themselves problematic; rather it is their culturally dependent interpretation of them that causes difficulties and leads to women feeling judged and judging themselves as ‘bad’ mothers. As a result, some mothers are too ashamed to talk about these feelings which leads to more loss and further perpetuates the myth that ‘good’ mothers are contented and fulfilled by motherhood. However, the data indicate that over time, perspectives should change and acceptance and re-connection with ‘self’ will enhance healing.

Having a deeper understanding of the way in which some women feel about their journey into motherhood, and beyond, is essential for those in ‘helping’ professions as it enables empathy to be more informed. This study highlights not only the feelings that these women found difficult to accept and understand, it also outlines how these feelings of ambivalence became ‘manageable’ for participants and are ‘normal’. Counselling helped some to accept their feelings and reach a place of self-acceptance. Through counselling, women experiencing feelings of maternal ambivalence can be offered an opportunity to experience unconditional affirming acceptance, at a time when they are judging themselves against unrealistic cultural expectations. It is this acceptance, gained through empathy, that can promote self-acceptance and healing.

References


Organisation.


Author Biographies

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