Maternal Hell: The Other Side of a Mothers Love

An exploratory study of maternal ambivalence

Gabrielle Kell

University Of Kwa-Zulu Natal

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Acknowledgements

Abstract

Parker (1996) suggests that all mothers experience maternal ambivalence, that is the feelings of love and hate directed simultaneously at one's own child. Furthermore Parker (1996) contends that this is a normal, healthy part of the development of the mother-child relationship. However due to social expectations around mothering the experience of ambivalent feelings towards one's own child is considered abnormal and even pathological. As such any normal experiences of maternal ambivalence are experienced as deeply conflictual and distressing by the mothers. Price (1988) and Parker (1996) suggest that as a result of these deeply distressing experiences, mothers feel intense guilt and desperation which, if these become unmanageable, can lead to deep feelings of depression in the mother and even possibly child abuse.

This study made use of directed focus groups and sought to explore the difficulties and tensions created by maternal ambivalence and to unpack the way in which mothers understood these experiences. The 'voice relational method' of analysis was used to deepen the understanding of the participants' stories. It became clear that maternal ambivalence was evident across these participant's narratives and was mediated by social expectations, as Parker (1996) proposed. The majority of these participants found these experiences incredibly distressing and deeply conflictual. They expressed the feeling of being alone in these experiences and interpreted these experiences as abnormal and sometimes even pathological. However, through the process of the focus groups the process of maternal ambivalence began to be normalised and reconstructed in a more enabling and supportive way.

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Introduction

Mothers! Arguably the most well-(re)presented role in our society. From Madonna to washing powder commercial mothers to our own mothering experiences, we all know who they are supposed to be and how they are supposed to act. For example when the word 'mother' is looked up in the thesaurus on Microsoft Word XP Professional the words which are provided as substitutes are; 'look after', 'care for', 'protect', 'nurse', 'tend'. These sentiments are also evident in commonly used phrases such as 'a mother's love', 'maternal instinct' or even 'a face only a mother could love'. All these words accurately capture what we associate with being a mother; someone who will care for us, protect us, love us unconditionally and be there for us no matter what. However, in reality it would appear that having given birth, all women do not magically transform into this perfect Madonna. It is suggested that this pervasive image in our minds provides us with only one aspect of what it means to be mother. It is argued, that there is another side to mothering which is not discussed but remains shrouded in silence. It is this unspoken part of mothering that this study attempts to explore.

Thus this study seeks to create a space for women to speak about and explore this other, often more negative, experience of mothering through the use of directive techniques and supportive focus groups. It is hoped that through normalising these difficult experiences the participants will feel more comfortable to delve into these usually hidden areas and acknowledge their experiences as legitimate and healthy. The voice relational method was used to unpack the participants' stories in order to create a fuller understanding of their experiences.

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Literature Review

This study is an extension of an earlier study done by Kell (2005). This earlier study examined the contradictory experiences of mothering and the tensions this created in mothers. It focussed primarily on socially acceptable conflicts; such as the struggle around whether to work or be a stay at home mom or the inherent difficulties which arise with sleep deprivation. However, all the participants in the study alluded to additional deeper, less accessible contradicting experiences of mothering. Kell (2005) utilised Parker's (1996) concept of maternal ambivalence, as articulated in her book **Torn in two: The experience of maternal ambivalence**, in order to make sense of these more obscured experiences. Attempts at exploring these experiences were met with substantial resistance, further confirming that these were particularly conflictual and difficult areas for the participants to delve into. As a result these experiences could only be accessed and explored through extensive interpretation of what had been said. This study however seeks to directly address and explore these less accessible, unacceptable experiences, which Parker (1996) terms 'maternal ambivalence'. A central aim of this study is to begin to understand and therefore normalise these difficult experiences as common, although conflictual, experiences amongst mothers.

Parker's (1996) 'maternal ambivalence' expanded the psychodynamic concept of 'ambivalence' through applying it specifically to the maternal realm. In psychodynamic theory 'ambivalence' is the term used to describe the experience of contradictory feelings, love and hate, directed at one object simultaneously (Rycroft, 1995). Ambivalence is considered a crucial aspect of childhood development, the mastery of

which allows the child to accept that there are others different and separate from herself (Higdon, 2004). Additionally, it allows the child to realise that others, including herself, can exist with both 'good' and 'bad' parts existing within themselves simultaneously (Higdon, 2004). Parker (1996) proposes that similarly, mothers must negotiate 'maternal ambivalence', that is the feelings of love and hate that a mother holds towards her child simultaneously. Parker (1996) contends that these emotions are not static but rather holds that these intense emotions are contextually bound and oscillate between the polarities of love and hate. As in the traditional view of 'ambivalence', Parker (1996) argues that these ambivalent emotions are a crucial aspect in development as it allows the mother to master the sense that her baby can be both good and bad simultaneously. However drawing from a feminist perspective, Parker (1996) suggests that there are unrealistic social expectations around mothering and as a result mothers are unable to express these ambivalent feelings. Consequently, they deny these feelings and in effect deny the crucial role maternal ambivalence plays within the development of the mother-child relationship. Parker's theory around maternal ambivalence shall be discussed in greater detail later on (p.17).

The social expectations around mothering, to which Parker (1996) refers, are neatly encompassed in the notion of the 'maternal ideal' or 'maternal myth'. The maternal myth can be found implicitly articulated in Dr. Spock's (1976) immensely popular child care manuals, which tellingly address only the mother out of the parental pair. Dr. Spock (1976) held that once the child is born, bonding and the feelings of love towards a baby are instantaneous and natural. The consequent years are envisioned as a natural, joyous

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exploration of this perfect union (Spock, 1976). Furthermore, Phoenix, Woollett & Lloyd (1991) argue that Dr Spock characterised any negative feelings more severe than 'baby blues' as unnatural and even pathological. These same manuals, and other childcare manuals, offer similar meaningless comfort to expectant mothers stating that they will simply 'know what to do' or that they should just follow their 'natural' instincts. As a result any experiences a mother has which are contradictory to the expected immediate bond or the knowing maternal 'instinct' are understood and experienced as abnormal and wrong (Phoenix et al, 1991).

The maternal myth also positions the mother as entirely self-denying, self-sacrificing and unconditionally loving (Bartlett, 1994). The image of this 'naturally nurturing' mother was popularised by Bowlby's psychological theory of the 'good-enough' mother in the 1970's. This theory emphasised the importance of the role of the primary caregiver, assumed to be the mother, in ensuring a healthy, well-adapted child (Phoenix et al., 1991). Silva (1996) argues that, as a result, Bowlby supported the notion that for a child to be healthy and well-adjusted, the mother must be ever present, always available and if need be, should give no thought to abandoning her career. Bowlby's ideology thus set up the ideal of the self-sacrificial mother who *should* surrender her own personal needs to her child's, and what's more, *should* instinctively *want* to do so or risk producing a maladjusted child (Bartlett, 1994). Thus mothers became the primary caregiver, with the sole responsibility for childcare falling on the mothers. It is often claimed that in recent years there has been a trend towards greater equality in parenting roles between men and women (Backett, 1982). Backett (1982) however contends that although there has been

considerable development in attitudes towards women roles, there is doubt as to whether there is any real change in the organisation of family responsibilities. In fact, Backett (1982) claims that any such changes are largely superficial as women still take primary responsibility for child care.

Rose (1989) argues that psychology has had a direct effect on the way in which the family, the mother and the child have come to be viewed in society. Rose (1989) maintained that society's intense analysis of mothering is a consequence of the child becoming the focus of study for 'experts'; "with the rise of a normative expertise of childhood, family life and subjectivity could be governed in a new way" (Rose, 1989, p. 149-150). This 'new way' meant that childhood and family life were constantly under the 'gaze' of the professionals who had turned their attention and 'expertise' to the child (Rose, 1989). A 'new psychology' emerged, while Freud wrote of anxiety in society, this new psychology focused on social contentment. It prescribed what constituted a 'normal family' and more importantly a 'normal mother'. Furthermore, it identified a 'normal adapted child' as the product of this 'normal family'. This meant that if a family did not fit within the boundaries set out by the 'new psychology' it would produce a maladjusted, abnormal child. Rose (1989) states:

> If the family produced conflicts in wishes or emotions, denied them expression, associated them with unpleasant feelings, or reacted in terms of their own fears, hopes, desires, or disappointments to the child's feelings what would be produced would be maladjustment (p.155).

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Consequently maladjusted children became seen as a result of bad mothering rather than a product of cultural, ethnic or economic factors. Franzblau (1999, p.7) highlighted the absurdity of this proposition through her question; "Will spending more time with children lesson the poverty rate? Eliminate violence? And improve the health care of these children?" Shockingly, society at large implies that yes, if mothers were to spend more time with their children these socio-political issues could be resolved. As a result social problems have become located in individual faulty mothering thus imposing the enormous responsibility of the next generation's moral welfare on the shoulders of individual mothers (Phoenix et al, 1991). This serves to strike fear into individual mother's hearts around the damage they may be causing and the terrors they may be responsible for (Phoenix et al, 1991). Furthermore Rose (1989) suggested that the 'new psychology' meant that "mundane tasks of mothering came to be rewritten as emanations of a natural and essential state of love" (p. 157). Thus this 'new psychology' positioned mothering, and the children this process produced, in an idealised fashion where love and caring were wholly fulfilling. When this inevitably contradicted women's experiences a space was created where "new desires and expectations, and new fears and anxieties could be inspired in parents, new administrative and reformatory aspirations awakened in professionals" (Rose, 1989, p.149-150).

Rose (1989) contends that the pressure placed on society causes women to become more vigilant and more constrained by society's expectations. In effect, Rose (1989) suggests that mothers internalize society's expectations, using it as a bar against which to measure themselves. Through internalization, the external world is brought into the internal world

and incorporated with it so that it is experienced as normal and originating from within the internal world (Rycroft, 1995). This is evident in the way that what it means to be a 'good mother' has become internalised; so much so that it is believed to be a result of an inherent, biological maternal instinct (Phoenix et al, 1991). Through this process, Rose (1989) argues, we are created through others. Our subjectivity is created by the 'other' through the internalization of social expectations, which we then use to judge and police ourselves (Rose, 1989). As Rose (1989) stated "as a result through self-inspection, self-problematization, self-monitoring, and confession, we evaluate ourselves according to the criteria, provided for us by others" (p.11).

This idea is corroborated by Foucault who claimed that all social institutions, such as marriage and motherhood, are structures of social control (Billington, Hockey & Strawbridge, 1998). Individuals internalise the identity set for them by society, in this case the identity of a 'good mother'. They then perpetuate the identity themselves as they become self-policing within the dominant ideology (Billington et al, 1998). Significantly, Backett (1982) found that men do not have the same stringent standards to which they must conform in order to be a 'good father' and therefore do not have the same pressure to adapt or change themselves when they become fathers. The degree to which mothers self-monitor can be seen in Douglas & Michaels (2004) description of the mass hysteria caused by news reports of 'mothers gone bad'. When stories first erupted of mothers who had intentionally killed their children, Douglas & Michaels (2004) argued that a dire warning to all mothers was implicit within these reports; "Mothers police thyselves. Turn the searchlight within" (Douglas & Michaels, 2004, p.141). Consequently, mothers are

constantly evaluating their own abilities as 'mother' in comparison to other mothers, to themselves, to their own mothers, to what the experts say and finally in comparison to what the media says. Therefore mothering has become characterised by 'comparison', where one inevitably falls short.

One such sphere where constant comparison is most often seen is the issue around breastfeeding. The act of breastfeeding has been brought into the public sphere and been made a public concern (Blum, 1999). Public issue with the need to breastfeed has raged from biological arguments around brain development and around HIV transmission to moral stories and cautionary tales around good mothering and bad mothering (Blum, 1999). At present, Western societies are steeped within a medically sanctioned 'breast is best' ideology. Although feminist authors have convincingly argued that this ideology is historically and socially situated it continues to dominate western society (Blum, 1999). As a result breastfeeding has been created as a mother's obligation to her child and society at large (Blum, 1999). If a mother cannot breastfeed or worse still *chooses* not to breastfeed, she must bare the weight of being labelled as responsible for stunting brain growth, causing allergies and a whole range of other possible negative consequences. Blum (1999) suggests that the amount of pressure this puts on mothers to breastfeed can be overwhelming and incredibly distressing.

Pacella (2005) argues that in any comparisons mothers make, they will almost always find themselves lacking. Hoffman's (2004) findings coincide with Pacella's (2005) view; Hoffman (2004) found that mothers will always find something in their lives that could

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stimulate the impression of themselves as bad mothers. Mother's invariably feel incompetent in comparison to their mothers or even in comparison to other mothers (Pacella, 2005). There is most often a feeling that other mothers are doing better than them and that other mother's are 'getting it right' (Pacella, 2005). As a result mothers often express concern about their mothering capacities, often feeling as if they are not entitled or 'good enough' to enter into the mothering role (Hoffman, 2004). Hoffman (2004) contends that it may be useful to consider a psychic triad when attempting to think about mothering, that of *mother's mother-mother-child*. Hoffman argues that there are three simultaneous constellations which play themselves out within the mothering experience; a mothers' discourse with her own mother, a mothers' discourse with herself as mother and finally the discourse between herself and her baby. Hoffman (2004) argues that the discourse that a mother holds with her own mother usually centres around one of two premises. A woman may aspire to be better than her own mother whom she experienced as lacking, alternatively she may fear that she is not, and never will be, as good as her own mother (Hoffman, 2004). As a result, Pacella (2005) argues that it is often very important for new mothers to be valued, supported, aided, taught, and appreciated by some form of maternal figure.

Hoffman (2004) argues that the literature indicates that the mothering role has become so regulated that mothers have become disempowered, leaving mothers feeling anxious and helpless about their capacity to mother (Hoffman, 2004). Furthermore, in the process normal psychological experiences, such as 'ambivalence', have been pathologised (Parker, 1996). New mothers come to believe that they cannot trust their own

perceptions and cannot act on their own convictions. As a result, Hoffman (2004) argues, all new mothers need affirmation of their own abilities to mediate this experience of helplessness and anxiety.

Consequently, individuals turn to 'experts' in an attempt to ease this discomfort (Rose, 1989) and through the use of 'experts' they seek to find the 'right' way to parent (Hoffman, 2004). Experts may take the form of child care manuals, doctors, psychologists, radio talk shows and magazines (Rose, 1989). However, most of these experts are schooled in the maternal myth and thus simply serve to perpetuate the maternal myth through the advice and expectations they create (Rose, 1989). An example of this is the way in which medical doctors appear to readily treat complaints, such as anxiety and depression, in relation to mothering with medication (Kell, 2005). Kell (2005) found an overwhelming presence of depression in her study, with every participant in her study being placed on anti-depressants since having given birth. Thus it would appear 'experts' do not attempt to challenge the constraining social expectations, but rather simply medicate the mothers. This, in effect, serves to pathologise those mothers who admit to difficulties, thus reinforcing the image of the maternal ideal.

Within the realm of psychology, however, there has been a shift, initiated primarily by the feminist movement. This shift seeks to problematise the naturally nurturing, perfect mother as a socially constructed ideal and therefore normalise the conflictual and difficult nature of mothering. Feminist authors highlight the socio-historical nature of the way in which motherhood is conceptualised, by tracing the way the understanding of

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motherhood has changed over time (Parker, 1996; Silva, 1996). Parker (1995) and Silva (1996) both demonstrated this through a discussion around the social and political expectations of motherhood during different historical eras. Notable is the contrast between 18th century Europe, where baby abandonment was rife and an accepted phenomenon of circumstance, to the current era of maternal mania which pervades western society (Parker, 1995; Silva, 1996). Consequently, feminist authors have demonstrated that the way in which a mother 'should' be is not cast in our biological boundaries but rather it is a changeable and therefore constructed concept. It is hoped that this awareness will lead to a reconstruction of motherhood as a skill which must be learnt rather than a natural instinct with which one is born (Phoenix et al, 1991). As a result, feminist authors argue for dissent from the maternal myth through the juxtaposition of the myth with lived experiences of mothers (Parker, 1995; Phoenix et al, 1991).

Price (1988) was one such feminist author and in her controversial work **Motherhood: What it does to your mind** she argued that depression and anger are common and understandable experiences of mothering. Price (1988) explained that it is socially understandable and acceptable to feel overwhelming sadness or anger in the face of material deprivation, psychological deprivation or a great loss of any kind. Yet, Price (1988) argued, it is rarely acknowledged that motherhood is often coloured with these very factors; material deprivation, psychological deprivation, sleep deprivation, loss of income, loss of independence and loss of time for oneself.

As Price (1988) observed:

A good night's sleep occasionally is essential for the mental health of each

of us and yet most mothers with young children see this as an

unobtainable luxury. What sort of society is this which allows young

women to endure what is basically a form of torture, to see it as normal

and even right that they should continue to endure without help? (p.130)

Welldon (1988) supported Price's (1988) argument, claiming that new mothers often experience a terrible sense of despair, despondency, and inadequacy in the face of their new role. However, these emotions are not the expected or even acceptable emotions of a new mother. Society positions mothers as being 'chosen' and 'lucky' and as such should be grateful or even ecstatic at this addition to their lives (Price, 1988). As a result, new mothers do not feel justified in their experiences of depression or anger (Price, 1988). Furthermore, even if mothers do manage to express distress, it is routinely discounted as merely a result of 'hormones' (Price, 1988). Subsequently undermining these women's lived experiences, or relegating it to the realm of biology which results in them being treated medically (Price, 1988).

Price (1988) argued that it was due to these unacknowledged emotions that depression is so prevalent amongst new mothers. Price (1988) came to this conclusion through employing the psychoanalytic understanding of depression, which posits that depression is the result of anger turned in on oneself. The turning inwards of anger occurs when it is

too difficult for the individual to direct anger at the actual cause, thus forcing the individual to unconsciously turn the anger inward (Price, 1988). Women are primarily situated in a gendered world where they are not socially allowed to express anger and as a result it is likely that they find it incredibly difficult to acknowledge the anger they feel. Additionally, mothers are situated within the constraints of the maternal ideal, making it impossible for them to acknowledge any intense anger, which may be directed at their children (Price, 1988).

Furthermore, Price (1988) suggests that this denial of feelings most likely extends beyond anger. Price (1988) argues that in fact any feelings which are experienced as contradictory to the maternal myth are experienced as shameful and thus denied. This leaves mothers feeling guilty and depressed at their perceived failure to fulfil the ideal (Price, 1988). Thus it is contended that although women's experiences fail to reach the idealised expectations set up by the maternal myth, and in many cases are in stark contrast to the maternal myth, women are so constrained by the maternal myth that they find it almost impossible to voice these experiences (Frizelle & Hayes, 1999; Parker, 1995; Kruger, 2003; Kell, 2005). Moreover, the literature suggests that this perceived failure leads to further feelings of guilt, depression and frustration (Parker, 1996; Phoenix et al, 1991; Frizelle & Hayes, 1999). These feelings are in turn contradictory to the ideal, exacerbating the guilt, anger, depression and frustration even further (Parker, 1995; Phoenix et al, 1991; Frizelle & Hayes, 1999).

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Price (1988) proposes that failure to live up to the maternal myth is, and should be viewed as, a positive experience. Price (1988) states that failing as a 'good enough' mother is good because; "it allows the fresh air of reality into the nursery previously stuffy with hallowed fantasies of perfect mothers" (p. 129). This allows the mother and the baby space within the claustrophobia of their relationship (Price, 1988). Price (1988) goes further to say that a compromise between mother and baby's needs, can be more effectively achieved if placed within real-word realities rather than within the unrealistic world of the maternal ideal.

Parker's (1996) theory of maternal ambivalence can be seen to augment Price's (1988) argument. Parker (1996) holds, as do Kruger (2003) and Frizelle & Hayes (1999), that all mothers have less than perfect mothering experiences. Parker (1996) argues that children evoke powerful positive and negative feelings - 'love' and 'hate' - which co-exist simultaneously within the mother. Parker (1996) understands these feelings of love and hate within the framework of the psychoanalytic concept of 'ambivalence', terming it 'maternal ambivalence'. Weingardt (2000) as cited in Bolen & Lamb (2004, p.3) provides an excellent definition of the most commonly used psychoanalytic meaning of 'ambivalence';

> Human beings often experience coexistent positive and negative affects toward the same person, object or behaviour. This experience of being "of two minds", of bipolarity, of vacillation, of the dialectical push and pull of internal conflict is commonly referred to as ambivalence.

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Parker (1996) holds that the relationship between the two polarities of love and hate oscillate. However, within our western notion of the maternal ideal, 'love' is acknowledged but 'hate' is denied, only finding expression when couched in a humorous, light-hearted fashion or in more acceptable terms such as 'dislike' (Parker, 1996). However, Parker (1996) argues that certain experiences can disturb the balance between love and hate and intensify the conflict between these two polarities, magnifying hate and subsequently provoking enormous feelings of guilt and anxiety. The experience of mothering produces intense fluctuations as the mother navigates different levels of development within the child, mother's personal and social circumstances, the nature of the mother and the nature of the child itself (Parker, 1996).

Parker (1996) maintains that maternal ambivalence is necessary for the normal development of mothering. Originally the child must necessarily be split into the good and the bad child. As the mother gains confidence in her own mothering she can take steps towards unifying these two disparate images of the child (Parker, 1996). However, Parker (1996) suggests that the bad child may be denied due to society's demonisation of ambivalence and the pervasiveness of the maternal ideal. As a result the mother cannot acknowledge hate feelings towards the bad child. Thus this unification cannot occur and the mother will resort to demonising her child or denigrating herself, being unable to create a balance between the ambivalent feelings (Parker, 1996). This can result in harmful behaviour, such as abuse towards the 'evil' child or depression due to the mother's perception of her own 'uselessness' or 'worthlessness' (Parker, 1996).

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Parker (1996) contends that ambivalence can, however, be harnessed as manageable ambivalence which can then lead to more creative and positive ways of mothering. The argument put forward by Parker (1996) is that through the necessary lessening of the splitting of the good and bad child and the balancing of the two, the mother comes to the realisation that the loved child can be harmed by hatred. Thus Parker (1996) contends that if ambivalence is entirely denied it cannot provide this necessary trigger to grapple with the reality of motherhood. This process is clearly articulated within Elissa Schappell's story **Crossing the line in the sand: How mad can mother get?** Schappell (2002, p.203-204) describes an experience she had with her two children Miles and Isadora, where as her patience wore thinner and thinner she became consumed with rage:

My blood spiked with stress, rage and guilt, surges in my veins.... I am going to take Miles down, or better, take both of them down, and I can't wait, I want to hurt him....But I am scared, too – scared of hurting my children, of not being able to protect them from myself. Scared of how much I both love them and hate them in this moment....and suddenly I have this urge to get into bed with them. I want to curl up around them; I want their arms slung across my face, their windmilling limbs pedalling dream bicycles across my ribs and shins. I want them to beat me up. I want to whisper in their ears; *'Mommy loves you. Mommy will never hurt you'*.

As can be seen in the above excerpt these impulses cause the mother to be aware of her own destructive capabilities and helps her guard against them (Parker, 1996). As a result, Parker (1996) posits, the mother seeks to know the baby's needs and respond appropriately to them. Thus it is within this irksome quality of ambivalence that the role of ambivalence can be found. As Ferenczi (1926, as cited in Parker, 1996, p.7), a psychoanalyst pioneer, so eloquently describes:

> Things that always love us…we do not notice as such….things which are and always have been hostile to us, we simply deny; but to those things that do not yield unconditionally to our desires, which we love because they bring us satisfaction, and hate because they do not submit to us in everything, we attach special mental marks, memory traces with the quality of objectivity, and we are glad when we find them again in reality, i.e. when we are able to love them once more.

Therefore it is through the distress of managing the ambivalent feelings that transformative and positive ways of interacting are created (Parker, 1996). Thus Parker (1996) contends that if the 'hate' side of ambivalence is entirely denied it cannot provide this necessary trigger to grapple with the reality of motherhood. The acknowledgement and acceptance of maternal ambivalence signifies the capacity of the mother to know and tolerate traits in herself she may not like (Parker, 1996). In addition it allows her to accept a more complete image of her baby (Parker, 1996). However, it necessitates that society accepts the existence of ambivalence, if not; Parker (1996) suggests the

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ambivalence will be experienced as unmanageable and may lead to depression, anxiety and even possible abuse of the child.

Sharp & Bramwell (2004) appear to support Parker's (1996) explanation of the experience of depression in mothers. They argue that research around post-partum depression has suggested that; having ambivalent feelings about motherhood, having inaccurate expectations of the motherhood role, perception of the self as an ineffective mother, and perception of the self as not being nurturing can all be linked to the development of post-partum depression. Furthermore they posit that literature on the developmental tasks associated with the transition into parenthood has emphasized the need for new mothers to re-define themselves in terms of self-concept, lifestyle, roles and relationships with others (Sharp & Bramwell, 2004). Thus Sharp & Bramwell (2004) argue that the minimizing of discrepancies between self-concept and the maternal ideal in relation to motherhood is essential to minimizing post-partum depression. Parker (1996) would argue that it is the unacceptable nature of ambivalence that directly impacts on the self-concept thus causing discrepancies between self-concept and the maternal ideal.

Similarly Raphael-Leff (1993, as cited in Sharp & Bramwell, 2004, p. 74) contends that postpartum distress is a function of "interpersonal, physical, economic or socio-cultural factors, conspiring to prevent each mother from fulfilling her own specific expectations of motherhood". Raphael-Leff (1991) identified the common denominators underlying post-natal depression as; the sense of being ineffectual, feelings of failure, self-depreciation, feelings of worthlessness, guilt at not living up to one's own expectations,

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fear of judgement, criticism by others and lastly shame at feeling depressed rather than feeling the expected joy and feelings of ultimate 'fulfilledness'. Notably, Parker's (1996) theory of maternal ambivalence equates to a similar conclusion. Parker (1996) holds that many of a mothers feelings of; 'being ineffectual, failure, self-depreciation, worthlessness, guilt, fear of judgement, criticism by others and lastly shame at feeling depressed rather than feeling the expected joy and feelings of ultimate fulfilledness' arise as a result of experiencing maternal ambivalence in a context where maternal ambivalence is pathologised.

Raphael-Leff (1991) proposed a model which divided new mothers in accordance with expectations of motherhood, based on their underlying views of motherhood, the baby and self-appraisal. As a result Raphael-Leff (1991) identified three distinct categories of mothers; Reciprocator, Facilitator and Regulator. Originally a linear model, Raphael-Leff (1991) reconceptualised the model as circular, where a mother's orientation is thought to be a function of the state of her internal world and the social and psychological situation in which she finds herself at that time (Sharp & Bramwell, 2004). This means a mother's orientation can alter from one pregnancy to the next. Sharp & Bramwell (2004, p. 72) argue that the three orientations "manifest as the conscious cognitive and behavioural expressions of underlying intrapsychic processes".

As mentioned above, the three orientations are Facilitator, Regulator and Reciprocator. A Facilitator most directly buys in to the expectations created by the maternal ideal. She experiences pregnancy as the "culmination of her feminine identity" (Sharp & Bramwell,

2004, p. 72). She values intuition, feeling she can and should know her baby intuitively. She devotes herself entirely to meeting her baby's needs by adapting herself around these demands, experiencing her baby as sociable and dependent on her (Sharp & Bramwell, 2004). This can be seen in the way that Facilitators' generally prefer to feed on demand.

In the *linear* model the opposite orientation to mothering was that of the Regulator (Raphael-Leff, 1991). A Regulator views pregnancy as a "tedious means of getting a baby" (Raphael-Leff, 1991: p. 67). She does not feel that motherhood is her sole role, but rather one of many she plays within her life. As such she judges maternal devotion to be an overvalued illusion. Rather a Regulator will attempt to return to her pre-pregnancy 'real life' as soon after the birth as possible (Raphael-Leff, 1991). In contrast to the Facilitators she finds her baby to be incapable of socializing and rather than seeing her baby as dependent, she experiences her infant as demanding (Raphael-Leff, 1991). She is termed a Regulator as she prefers to regulate all aspects of her baby's life by setting up routines, preferring to feed by schedule (Raphael-Leff, 1991). A Regulator believes that when babies are still very young they are incapable of differentiating between caregivers. As a result Regulators feel no qualms about sharing parenting responsibilities (Raphael-Leff, 1991). The differences between these two extremes can be summarized as such, whereas Facilitators adapt to their baby, the Regulators expect the baby to adapt to their household routine.

Raphael-Leff (1993, as cited in Sharp & Bramwell, 2004) then added a third orientation in her *circular* model, that of Reciprocator. Predictably this orientation engages in both

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Facilitator and Regulator types of behaviour, however there is a consistent focus of negotiation rather than either facilitation or regulation (Sharp & Bramwell, 2004). The baby is seen as separate from its mother, capable of forming relationships and of expressing needs (Sharp & Bramwell, 2004). A Reciprocator is constantly aware of ambivalent feelings and potential conflicts, and as a result has to maintain a high degree of flexibility in order to attempt to address everyone's needs, even including her own needs (Sharp & Bramwell, 2004). In this way, adjustments within the mothering process are made and remade continuously (Sharp & Bramwell, 2004).

Raphael-Leff (1991) suggests that Regulators, particularly after a first baby, may be at a higher risk for depression in the early postnatal period. It is hypothesised that this is due to the practical life changes and upheaval that occur in the initial transition into motherhood. A Regulator's identity as a person, and therefore their self-esteem, is likely to be compromised by the inextricable nature of their own changes in relation to the introduction of a baby into their world. In contrast the Facilitator is more likely to embrace the new changes. However Facilitators are also likely to hold idealized views of what these changes would be like, hence leaving this type of mother more susceptible to disappointments. As a result Facilitators are deemed to be comparatively more vulnerable to depression later in the infant's life due to the difficulty experienced in managing the infants' healthy need to individuate and in reaction to the disappointments of motherhood. Raphael-Leff (1993, as cited in Sharp & Bramwell, 2004) argues that even Reciprocators are vulnerable to a degree of depression in reaction to the Reciprocators inevitable recognition of her own and the baby's ambivalence.

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It is theorised that Parker (1996) would contend that the Facilitator's mothering assumptions wards off the possibility of distance and conflict. Through this mothering strategy, a mother attempts to silence her own capacity for hatred and simultaneously protects herself from being hated by her own baby. The likelihood, however, that the Facilitator will find that she can not fulfil the ideal may lead to feelings of distress, a sense of failure and even a betrayal of her child (Parker, 1996). In contrast the Regulator style of mothering means that these mothers refuse to let their baby get out of control. They strive to keep passion, love and intimacy at a safe distance and when they inevitably fail in this goal, they may feel ineffective and not 'good-enough' (Parker, 1996). Finally, Parker (1996) suggests that the Reciprocator represents the effect of manageable ambivalence. In this way this type of mother is accepting both of her own and the baby's good and bad aspects and makes use of contradictions to constantly re-evaluate and monitor her mothering experience. However, Raphael-Leff (1991) suggests that even Reciprocators are vulnerable to post-partum depression due to their recognition of their ambivalence and their baby's ambivalence. Parker (1996) would argue it is because this natural ambivalence is not normalised within society that the recognition of it becomes the cause for depression. Therefore it is not sufficient to simply acknowledge one's own ambivalence; rather this ambivalence needs to be placed within a context where it is accepted as a normal and necessary part of a healthy mothering process.

It is evident then that there is still a disjuncture between the emancipation the feminist movement has tried to bestow upon the realm of mothering and the restrictions experienced by women in their mothering. Phoenix et al (1991) and Arnold's (2003)

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concerns that the maternal ideal is still incredibly embedded and denigrated within our western society seem to be legitimate. Even with the amount of feminist writings deconstructing the maternal ideal, the myth still exists and expresses the beliefs of the majority of western society. For example, Dally (1982) argued that as a result of the feminist movement beginning to problematise the maternal ideal, women became increasingly dissatisfied with domesticity and had an increasing desire to work (Dally, 1982). However the gendered divisions of labour dictate that the husband must dedicate all his time to work rather than the family (Hopfl & Atkinson, 2000). Similarly the woman is expected to sacrifice everything for the good of the family (Hopfl & Atkinson, 2000). This, in effect, implies that if women wish to succeed in work they must then adhere to the male model of success. Ultimately, they must sacrifice home-life for work. However, a 'good mother' would sacrifice all else for her family. The incompatibility of these two models suggests that if a woman wants to enter the labour force she cannot have children, alternatively if she wants to have children, she cannot work. Furthermore, if a mother does work she must nevertheless continue to carry out her household duties as well without equal labour division between her and her partner (Backett, 1982). Hence, when a mother works she effectively takes on two full time jobs (Backett, 1982).

If the ideal of the perfect, natural, all-sacrificing mother persists, as the literature suggests it will, it shall continue to subjugate mother's feelings forcing them to deny the ambivalence they experience. Moreover, there appears to be a limited amount of recent literature available on this topic, with the bulk of the information emanating from the eighties and nineties. The decline in the research in this area seems to indicate that this

topic needs further exploration to extend the focus from the deconstruction of motherhood to include a reconstruction of mother's lived experiences.

Price (1988) concluded, women often feel strengthened when they have a supportive group of women friends with whom they can share life with. This is especially so, when it is a group with which they can be honest with, can share humour with and experience a warm appreciation of their strengths and their shortcomings (Price, 1988). Parker (1995) concurs that women find strength in sharing their experiences of mothering with other mothers. Thus Price (1988) argues that all mothers need time to acknowledge their feelings and have their feelings validated by others as reasonable and normal and as connected to the life they lead. It is due to this need to acknowledge women's own lived experiences of motherhood that the feminist author has attempted to create an arena for women to voice their less than perfect experiences in a space where they can be normalised.

Research Objective

Therefore this study aims to create a space, through directive techniques and a supportive group format, for women to speak about and explore their own lived experiences of ambivalence and acknowledge their own personal experiences as legitimate. In this way, it is argued; women can connect with other mother's lived experiences rather than being fed images of the idealised mothering experience. It is hoped that this in turn will create a more realistic picture of mothering, where the less than perfect experiences of mothers can be acknowledged as normal and acceptable (Arnold, 2003; Kruger, 2003). It is

hoped that through these stories maternal ambivalence can be normalized as a necessary and active part of all mothering experiences and will subsequently lead to more creative ways of mothering (Parker, 1996).

Theoretical Framework

As the researcher positions herself within a critical feminist viewpoint, a quantitative paradigm was decided against as it was felt that this would not allow for the same rich understanding provided by a qualitative paradigm. The aim of the research is not to measure, quantify or generalise the findings but rather seeks to explore the participants lived experiences. The overarching epistemological position within which this research is positioned is an interpretivist phenomenological approach. This approach aims to explore the research participants' world through the analysis of narratives (Willig, 2001). As this study aims to access mother's experiences of ambivalence through an analysis of their narratives, it was decided that an interpretivist phenomenological approach was particularly appropriate for this study.

The theoretical basis of this study is Parker's (1996) psychodynamic understanding of maternal ambivalence as a crucial aspect in maternal development. However, Parker (1996) critically positions maternal ambivalence within the wider social and cultural context. Furthermore extensive feminist literature has been used to further unpack Parker's (1996) theory. Thus this study makes use of the theoretical concepts of psychodynamic theory, interpreted from within a critical feminist paradigm and uses an interpretivist phenomenological framework to inform the research process.

Method

Data Collection Process

Although the stories in Kell's (2005) study alluded to maternal ambivalence, it did not manage to truly unpack the experience of ambivalence. Hence in this study it was decided that a more directive approach was necessary. It was hoped that this approach would allow the participants a degree of liberty around what they were willing to share while encouraging each participant to tell her own unique narrative (Willig, 2001). However it should be acknowledged that this process purposefully focused the participant's discussion around their difficult experiences of mothering; the hate aspect of ambivalence rather than on the love experienced in ambivalence. It was anticipated that the 'love' aspects would naturally arise as this is the socially acceptable aspects of the experience of maternal ambivalence. It did however attempt to allow for some discussion on these aspects.

The information was gathered through the use of focus groups conducted at one of the participants' house, so as to create a relaxed atmosphere where the participants felt more comfortable discussing the sensitive areas which the researcher hoped to tackle. Focus groups were chosen for the process of data collection as Farquhar & Das's (1999) contend that focus groups can be invaluable when attempting to access sensitive information. Farquhar & Das (1999) posit that focus groups can create a relatively safe space for the disclosure of difficult experiences which in other contexts may be treated as taboo. Additionally, the researcher felt that this would be especially helpful in overcoming any reticence that the participants may have felt towards talking to the

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researcher, who did not have children of her own. It was hypothesised that the participants may have felt that the researcher may not understand any views expressed that contradicted the accepted norms.

Moreover, as the researcher was working from within a feminist framework the study was acknowledged as having a possible effect on the participants in and of itself. According to Farquhar & Das (1999) the use of focus groups for sensitive topics allows these sensitive topics to be heard in a relatively public arena, opening up the possibility for new, constructive understandings to be forged. Wilkinson (1999) concurs, arguing that focus groups may act similarly to the 'consciousness-raising' sessions common within the early years of second-wave feminism. It is hoped that through this process the participants may discover commonalities within these experiences previously thought to be individual or personal problems (Wilkinson, 1999). Hence women may begin to "develop a clearer sense of the social and political processes through which their experiences are constructed – and perhaps also desire to organise against them" (Wilkinson, 1999, p. 75).

Finally, the use of focus groups is particularly fitting for feminist research. Focus groups provide a contextualised and non-hierarchical method of research (Wilkinson, 1999). Through the group process, focus groups acknowledge the feminist argument that research participants should not be viewed in isolation. Rather they must necessarily be viewed in context, through their interactions and relationships with other people (Wilkinson, 1999). In addition the hierarchical nature common in one-on-one interviews

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is mitigated within the focus group structure thus reducing the researcher's power, enabling the participants more power to assert their own opinions, voices, narratives and agendas (Wilkinson, 1999).

The study was conducted through two focus groups, each one lasting a minimum of two hours. The first focus group consisted of three participants, while the second consisted of one participant from the first group and three new participants. Thus there were six participants in total. Originally, it was hoped that the same participants would be present for both focus groups. However due to the unpredictable and demanding nature of motherhood this was impossible. The motivation for repeated focus groups with the same participants was to develop a degree of comfort and a sense of safety for the participant's stories. However, this proved to be unnecessary as each focus group provided a source of very 'thick' and open data. Thus, although this was not necessarily the original design the different focus groups provided a wider number of participants while still providing rich data which touched to the heart of the research objective.

As suggested by Kitzinger & Barbour (1999) video and literature were used to engender discussion around the difficult and contradictory aspects of mothering. This forum allowed the participants to talk freely and easily without strict adherence to a subject schedule. The participants were shown segments of **Desperate Housewives**, a popular television show, which depicted a number of scenes where a notoriously harassed mother loses control, or almost loses control, due to her children's exhausting behaviour. The researcher then facilitated a discussion around these clips in relation to the participants

own lived experiences. The segments raised issues of rage provoked by one's own children, the overwhelming demands placed on mothers, the feeling that one can not cope and finally the pressing need to keep up the pretences of the maternal ideal. After the discussion the participants were then given specifically chosen excerpts from the collection of stories **The Bitch In The House** edited by Cathy Hanauer (2002), about the lived experiences of a variety of mothers which highlighted some of the intense emotions motherhood creates in mothers. The participants were then asked to discuss what they had read in relation to their own mothering experiences. While this process was still semi-structured, it was much more directive then the previous study around maternal ambivalence (Kell, 2005). It was felt that this was necessary due to the difficult nature of this content and the difficulties women experience actively discussing their experiences of maternal ambivalence (Kruger, 2003; Parker, 1996).

Sampling

The objective of this study was to seek out and attempt to unpack what Parker (1994) termed maternal ambivalence. Due to the difficulty around maternal ambivalence, the sample chosen was a purposive sample of middle-class, white women who all belonged to the same post natal group. Thus they were known to each other and had children of similar ages. Erin had a five month old girl, was married and although not working was planning on returning back to work. Elle had a boy who was just less than two years old, was married and was not working. Sophia had a little boy who was also just less than two years old, was married and was not working. Rochelle had a little boy just under two years old, was married and was not working. Courtney had three young children with her

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youngest also being just under two years old and was also not working. Madison had a little girl, also just less than two years old, and was the only participant who worked full-time. All the participants had access to domestic help. This group of women belonged to a group for mothers and babies and had previously discussed amongst themselves some of the difficult issues this study wished to explore. Thus it was hoped that the familiarity, the trust and the safety of the group may relieve some of the anxiety around voicing their negative experiences of mothering (Burman, 1994; Parker, 1996).

There were six participants in total. Although this is a small number, the purpose of the study is not to search for some generalisable 'truth'. This study is situated within an interpretivist phenomenological epistemology and as such seeks to represent a narrative of the participants. Therefore the number of participants need not be greater than this.

Validity and Reliability

Due to the qualitative difference between qualitative and quantitative research Lincoln and Guba's (1985, as cited in Whitemore, Chase & Mandle, 2001) translated the criteria for assessing validity and reliability in quantitative research into qualitative terms. These translated criteria have remained the predominant criteria used in qualitative research. Lincoln & Guba (1985, as cited in Whitemore et al., 2001) translated internal validity to credibility, external validity to transferability, reliability to dependability, and objectivity to confirmability. Whitemore et al. (2001) contend that there is a problem with these criteria as although they are theoretically sound their practical application has been questioned. Furthermore Whitemore et al. (2001) suggest that validity and reliability

claims often simply appear as standardized language from research method books without necessitating that the investigator assesses the applicability of the strategies in a specific study. However exploration of past and present tensions within qualitative research indicates that there is a need for a reconceptualization of criteria for validity and reliability in qualitative research (Whitemore et al., 2001).

Whitemore et al. (2001) argue for an integrated system of qualitative research validity and reliability, and as such identify primary and secondary validity and reliability criteria. Whitemore et al. (2001) propose that the primary validity and reliability criteria refer to credibility, authenticity, criticality, and integrity. Whereas explicitness, vividness, creativity, thoroughness, congruence, and sensitivity are identified as secondary validity and reliability criteria (Whitemore et al., 2001). Whitemore et al. (2001) suggest that all of the primary criteria are necessary for validity and reliability; however specific differing secondary criteria are necessary for investigations according to their different philosophical approaches. This study is approached from within a critical theorist approach. Whitemore et al. (2001) suggests that a critical theorist approach demands that the secondary validity criteria of sensitivity, explicitness and vividness be satisfied. The following assessment questions for primary and secondary criteria for validity were taken from Whitemore et al. (2001, p. 534).

Primary Criteria

1. Credibility: Do the results of the research reflect the experience of participants or the context in a believable way?

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The researcher made a conscious effort to establish confidence in an accurate interpretation of the meaning of the data through adherence, as much as possible, to the participant's actual words. Furthermore, through the use of focus groups the participant's had more freedom around discussing those experiences that they felt were significant.

2. Authenticity: Does a representation of the emic perspective exhibit awareness to the subtle differences in the voices of all participants?

Through the process of voice relational analysis, the researcher was able to explicate and comment on common themes which appeared to occur across the participants. However, this process also allowed very specific commentary to emerge from the different participants and these different experiences were subsequently explored within the interpretation.

3. Criticality: Does the research process demonstrate evidence of critical appraisal? The research process incorporated supervision which allowed space for critical appraisal. Furthermore the Readers Response within the voice relational analysis technique allowed for the researcher to evaluate her own reaction to the participants and be self-critical of her biases.

4. Integrity: Does the research reflect recursive and repetitive checks of validity? Recursive and repetitive checks of validity were provided through the use of the supervisor as pseudo-second reader and through the acknowledgment of investigator bias.

Secondary Criteria

1. Explicitness: Have methodological decisions, interpretations, and investigator biases been addressed?

Methodological decisions have been clearly described and justified. Similarly the use of the voice relational technique as an interpretive tool has been clearly described and justified. Furthermore investigator bias has been addressed through the use of the Readers Response and through the use of a supervisor whom served as a pseudo-second reader.

2. Vividness: Have thick and faithful descriptions been portrayed with artfulness and clarity?

Thick and faithful descriptions have been portrayed; this is evident in the substantial size and number of quotes used within the interpretation. Furthermore, the interpretation is notably lengthy and explicitly detailed as a result of the need to be faithful to the descriptions.

3. Sensitivity: Has the investigation been implemented in ways that are sensitive to the nature of human, cultural, and social contexts?

The researcher was vigilant as to the effect that the research may have on the participants. A safe, supportive environment was provided for the participants where they could explore their experiences. It was hoped that this process may lead to an enabling and normalizing experience. Cognisance, however, was given to the limitations of a non-therapeutic setting. This is discussed in greater detail in the following ethics section.

Ethical Issues

As suggested by Farquhar & Das (1999) each of the participants were given a brief outline of the research and the chance to read through this before the focus groups began. After which each individual was given the opportunity to give their informed consent or the option to withdraw from the study. Additionally, the participants were informed they

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had the right to withdraw at any stage of the research process. The names have been changed in order to ensure the anonymity of the participants. Additionally, before data collection began the participants were informed about the full aims of the research as suggested by Willig (2001). Finally, each participant has been offered access to this research paper on completion (Willig, 2001).

It is important, however, for the above ethical considerations to be broadened to include the greater implications of this research. The question of the ethical validity of speaking for another is addressed through the form of data analysis chosen. In voice-relational analysis, the first reading allows for the researcher to explore her own assumptions, prejudices and reactions to these stories. Thus creating a space where the reader can review the ethical validity of the interpretations made within the research (Gillies & Alldred, 2002).

Additionally, Gillies & Alldred (2002) suggest that there needs to be careful consideration of the impact that the research may have on the participants. Thus the researcher was vigilant not to provide false consciousness, which may have been caused by laying bare the participants defences in a non-therapeutic setting. For example one of the participants held strongly to the belief that her negative experiences were the result of her post natal depression. This example is discussed in detail within the analysis section of this study, where it becomes evident that although this participant is challenged there are limits to the extent to which her beliefs can be disrupted within a non-therapeutic setting. The researcher could have elucidated Parker's (1996) theory positing that this

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participant's negative experiences were normal and she may have experienced them even without the depression. However to provide this insight at this point in a non-therapeutic setting could have been more harmful as this participant may have been unable to accept that her emotions were acceptable and normal without the supportive atmosphere of a therapeutic setting. That is the removal of the defence that her 'hate' emanated from the depression and not from within her may have been intolerable. However, this participant's unrealistic convictions around mothering were challenged when her negative experiences were normalised thus providing some level of insight.

Furthermore, the participants were informed that if they found the process disturbing in any way, there would be debriefing and therapeutic support available to them (Gillies& Alldred, 2002). The researcher also had to be aware that the participants weren't further disempowered through the research process (Gillies & Alldred, 2002). Disempowerment can occur when participants gain insight into their experiences but are unable to act on this insight, thus causing them to be further disempowered (Gillies & Alldred, 2002). It was unlikely that through this process these participants would gain any insight which they would be unable to act on as the aim was to normalise their experiences of ambivalence.

Finally, although it is relatively uncommon to voice the hopes and political aims behind one's research it is ethically important to acknowledge these (Gillies & Alldred, 2002). It is hoped that through this research, and research like this, oppressive knowledge

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structures, such as the maternal ideal, shall be deconstructed and eventually undermined and reconstructed in a more enabling and supportive way.

Research Relationship

The theory, literature and the researcher's own personal experience suggested that ambivalence would be experienced by the majority of mothers. As a result, she was vigilant for cues that would suggest the presence of ambivalence in these women's accounts. It is important to acknowledge this original position, as from a social-constructionist, critical feminist viewpoint, the researcher contend that her identity and standpoint will be fundamentally bound up within the research process and consequently her findings (Edwards, 1993). Frizelle & Hayes (1999) support the notion that it is intrinsic to the integrity of one's research to acknowledge the theoretical framework through which research is designed and conducted. Thus the telling and consequent interpretation of these narratives revolved around issues relating to maternal ambivalence which were not always overtly evident. This became clear in the way that the researcher guided the discussion to focus on the participant's on their difficult experiences of mothering, and moved the group away from the positive experiences. However, as mentioned above, the influence of the researcher was mitigated through the use of focus groups as this allowed the participants to direct the course of their own narratives and moderated the underlying power dynamics between researcher and research participants (Wilkinson, 1999).

Data Analysis

Each focus group was recorded and then transcribed in full. These transcriptions were then analysed through the use of the voice-relational method. It is generally considered preferable to perform analysis with more than one person as this is seen as useful in restricting the bias brought by one interviewer (Mauthner & Doucet, 1998). This was confirmed in the researcher's experience of working alone. There were many times where it may have been beneficial to have someone with whom the researcher could discuss the themes which started to emerge in order to structure and understand them better. However, the researcher attempted to overcome this through the use of a supervisor as a pseudo-second reader which provided another perspective on the analysis.

The voice relational method was chosen as it is particularly consistent with the feminist paradigm within which this study is situated. It provides a way for the participants to offer a varied and in-depth account of their own personal stories, as they experienced them first hand (Goodley, Lawthom, Clough & Moore, 2004). The voice-relational method first teases apart the narrative and then makes sense of it (Goodley et al, 2004). This is done by reading the same story in four different voices.

In the first reading, one reads for the plot, this entails teasing out what the stories are, the characters involved, the sub-plots and any recurrent words, metaphors or images. Reading One also requires the researcher to acknowledge him/herself in relation to the narrative, thus examining any assumptions which the researcher holds which may effect the interpretation of the narrative. This was an incredibly important step in this process

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and went some way towards countering the power dynamics that the researcher experienced when interpreting and recounting these women's stories (Mauthner & Doucet, 1998). Acknowledging one's own experiences of the research process provided a way to position the researcher within her own social, cultural and relational milieu. This consequently laid bare the way in which her position affected the way she interpreted these narratives.

The second reading reads for the voice of "I" and the way in which this shifts to the use of the words "we" or "you" when perceptions or experiences are discussed. It is argued that where there is a slip from the first person to the third person, it is suggestive of a difficult space an individual is attempting to negotiate (Mauthner & Doucet, 1998). This reading was principally relevant to the analysis, as the researcher was looking for those particular areas where participants experienced difficulty expressing themselves. These difficulties are often indicative of areas of ambivalence.

The third reading reads for relationships, where the ways in which participants speak about their interpersonal relationships and social networks are explored. This reading allowed the researcher to unpack the way in which the interpersonal relationships of these participants impacted on their personal experiences of mothering. The interpersonal relationships mothers have with their friends, families, partners and other mothers are an important area of influence highlighted within the literature. Therefore this reading provided a way in which these relationships could be explored.

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The fourth reading contextualises the participants within the wider political, structural and cultural context. This reading meant that the researcher could position the participant's narratives within the framework in which they exist, a very important step from a social-constructionist position. It is this reading which allowed the researcher to tap into what the participant's social worlds hold surrounding the expectations of motherhood. This provided an avenue to explore the personal meanings the participants held within a larger context of expectations. Therefore this reading offered an opportunity to examine how pervasive the maternal myth is within the individual participant's social and cultural worlds.

In the final overview, the key themes which emerged through an analysis of the four readings are identified and written into a coherent whole. These themes serve to link these four readings, unpacking those key areas which were recurrent and understanding them in relation to each other.

This emergent, interpretive design is particularly necessary when trying to access sensitive information, as this study attempts to do. Kruger (2003) warns of the danger of extracting sensitive information surrounding motherhood, even through the exploration of women's personal narratives. Kruger (2003) argues that personal narratives, on the surface, often reinforce dominant ideologies. This is because ideologies, such as socially prescribed roles, are so embedded in an individual's understanding that it limits what can and cannot be acknowledged and thus explored. This suggests that women's narratives

must be understood through interpretation, a view supported by Frizelle & Hayes (1999) which fits with the voice relational method.

Analysis and Discussion

The data consisted of very rich and complex accounts of the participants lived experiences. For the purposes of this analysis attempts have been made to separate these entangled areas through the use of the artificial boundaries of the four readings. However the difficulty of this process will be noticed by the reader, through the way in which the different themes within the different readings bleed across borders and do not necessarily fit clearly or solely within one particular reading. In some instances an idea may be discussed across readings in order to produce a fuller, nuanced exploration of that particular idea, as it is understood within the individual contexts focussed on in each reading. This serves to further emphasise the interlayered, enmeshed nature of this data.

Reader Response

Out of this whole paper, it is this section which the researcher found the most difficult to write. It was difficult because it demanded that she share her thoughts and reactions with the reader, just as the participants have. However, from the position of a researcher this is an uncomfortable place to be where traditionally they are the observer, pouring over other people's thoughts rather than the other way around. The researcher wrote numerous drafts but felt divorced from the cold academic explication of the 'reader's response'. She felt that the meticulousness of academic language failed to accurately capture the reactions these women's intimate stories evoked in her. Therefore, this

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section has been written as a diary entry would be, in an attempt to share her reactions openly and honestly.

I am a single woman in a committed relationship. Although I am not yet a mother, I have nonetheless experienced mothering. I have been mothered, I have watched and experienced an older sister become a mother. Finally I have often played a mothering role to my young niece and nephew.

During the focus groups I noticed that I became frustrated when the group moved away from the intense experiences into safer areas of mothering. I was concerned that I had created a space where we may end up reinforcing the maternal ideal, as Kruger (2003) warned. I became especially frustrated with those mothers, such as Elle and Erin, who were particularly uncomfortable with what we were discussing and who appeared to quickly retreat to safe ground when someone made themselves vulnerable. I thought perhaps this would make who ever had 'put herself out there' feel as if her comments were unacceptable. More practically, I was concerned that if we strayed off the topic I would not be able to fully explore the difficult areas of ambivalence which this study revolved around. I was concerned that because of this I may have been too directive, however when reviewing the tapes I found that in some ways I may have not been directive enough. For example I noticed one point where I battled to contain the group and ended up allowing a discussion around the practicalities of breastfeeding to rage for at least 20 minutes.

When writing up the analysis I noticed I identified most with Madison and Courtney, perhaps because they voiced what I was expecting and looking to hear. Furthermore they were the most vocal of the mothers and held the floor for the majority of the time. Unsurprisingly, it is their voices which come out strongest in the interpretation. In contrast I found myself frustrated at Elle's compliance to the ideal and her reticence to discuss any truly conflictual experiences. I assumed that her many comments around her seemingly 'perfect' life must be a defence as this 'perfect' experience did not fit with my theoretical framework. However, on retrospect I realised that her account may not simply, and conveniently for me, be a 'defence'. It forced me to consider that in reality women experience mothering differently, and they each manage and respond to their own ambivalence in differing ways. Additionally, I was forced to acknowledge that once Elle became more comfortable she actually did voice and explore some of the difficulties she had experienced in her mothering. I had to reconcile myself to the fact that simply because these did not reach the proportions which I had hoped to capture, these were still important and significant experiences. Therefore, although Elle's reaction may very well indicate that she was denying her experiences, I had to consider that this may not necessarily be the case. It is possible that Elle was able to navigate and manage her ambivalence in a more constructive way.

Similarly, at the time of the focus group I was disappointed by Rochelle's lack of contribution. I reacted to her in two distinctly different ways. On one hand, when Rochelle described the way in which she mothered which contradicted the ideal I found myself being shocked, and even judging her. I initially found the fact she went to yoga

everyday and went out all day, 'dragging' her child with her, to be an indication of her bad mothering. On reflection this really shocked me and highlighted for me just how prevalent the ideal is. Ironically, even after two years of studying the maternal ideal and campaigning for the reconstruction of mothering, even I, without even realising it, still bought into the belief of the maternal ideal.

On the other hand, as she did not voice any seriously conflicted experiences, possibly due to her healthy mothering which I initially judged. I assumed once again that she was simply denying her experiences and consequently became disinterested in her contributions as I suspected she may contribute nothing of relevance to the research. However after the interpretation I felt I was able to understand Rochelle's experiences better and realised that she did have a contribution to make to this research. I realised that I had to release my initial response to both Rochelle's and Elle's experiences, rather than discounting them because they did not fit neatly into my theoretical framework. I had to honour their stories by attempting to understand them within their own right.

The final mother to evoke a strong response in me was Sophia, I felt that this participant most needed to explore these difficult feelings and experiences and I found myself hoping that she in particular may find the experience beneficial. However I felt she was fragile and I was unsure of whether I could contain her responses. As a result I feel I may have been more hesitant in exploring some of the more difficult issues with her than I was with some of the other participants.

Finally, while listening to these women tell their stories I find myself reflecting back on the way in which my perceptions of motherhood have changed since I started researching motherhood. Whereas before I was certain I wanted to have a baby, I now find myself terrified at the thought of having a child. This apprehension stems from being informed and critically exploring what motherhood entails, in reality. A reality, our society has managed to almost wholly obscure with images of eternal bliss, tiny booties and cute frilly clothes. As a result, I feel that I am not as susceptible to the seduction of the maternal ideal, although evidently from my reaction to Rochelle I am not completely free from it. I do think that when, as a mother, I have some of the experiences described by these women, as I inevitably will, I will not feel as alone or as alien as they felt. I will take comfort in their stories and may even be able to free myself of some of the pressure that the ideal places on new mothers.

Reading One: Reading for the plot

This reading directs us to identify the protagonist's central and sub-plots, recurrent images, words and contradictions, which emerge from the interviews (Mauthner & Doucet, 1998).

Silence: 'You see this happiness in someone's face, and you can't say just prepare yourself for a nightmare session'

Possibly the most overwhelming theme which emerged across all the participants stories was the feeling that any difficult experiences, especially any negative feelings directed towards one's child, must be silenced. The literature in this area suggests that this silence

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is the result of the maternal ideal as women feel constrained by the expectations created by the ideal, unable to voice any experiences which contradict this (Parker, 1996; Kell, 2005; Frizelle & Hayes, 1999). This is confirmed in Reading Four. It is suggested that the supportive setting and the directive media used to elicit difficult narratives may have enabled these women to discuss these experiences more openly within the context of these focus groups (Farquhar & Das, 1999). However, the participant's stories implied that outside of this setting all confessions are stifled by the sanctity of motherhood. The participants admitted that even though they were close friends and all new mothers of children around the same age, they felt the need for silence pervaded their interactions for an extensive period of time before the 'spell' was broken. Furthermore, the spell was only broken because Madison felt that she could no longer cope with the pressures of lying about her experiences:

Madison: That is definitely the truth; you need to tell each other... like...
Elle: We talk
Madison: Ja, I think along the way it's got better, but in the beginning, we
           met once a week. And everyone's all hunky dory 'I'm just
           sitting there on cloud 9 with baby'. Meanwhile deep down
           inside...er...I was really battling. But you wouldn't talk about it
           then...over time more and more comes out.
Elle: It's because you've been stuck in the house all day and all night
           with baby...and then to get out and talk to people...

Interestingly, it appears Elle tries to object. In her interjection 'we talk' it appears she is attempting to deny that there are certain experiences in mothering that are not easily shared nor easily heard. Elle's next reply is even more perplexing as it appears she is attempting to justify why they, as friends, did not talk before. Her justification denies any larger social or even personal explanation for feeling unable to do so; rather she

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suggests that it was circumstantial. Her argument appears to be that when mothers

eventually find they have time and someone to talk to, they would not 'ruin' the time by

discussing these difficult issues. What is implicit in this statement is that if a mother was

to discuss any problematic experiences these would damage the interaction as these types

of confessions, as Parker (1996) would argue, are unacceptable. The above excerpt also

illustrates Rose's (1989) argument that mother's are self-policing. They are painfully

aware of what is acceptable and what is unacceptable. In the above example the

participants explicitly knew that "sitting there on cloud nine with baby" was acceptable

whereas "really battling" can be firmly placed within the realm of the unacceptable. The

reticence around admitting to the silence can be seen even in some of Madison's later

comments where she contradicts herself. At one point Madison says "Mother's only

really talk to each other" however later she states:

> Madison: But then I thought I'm not going to talk [to the other mothers in
> the post natal group] about it [postpartum depression], and I
> never did because everyone was so happy...you keep it to
> yourself (pause) even to other mothers, because everyone does
> look happy and you think everyone is coping.

Madison's comments highlight the isolation felt by mothers because of this silence.

There is often the overwhelming feeling that they are the only one feeling this way, the

only one experiencing these emotions towards their children. This idea that they were the

'only one' was raised repeatedly:

> Sophia: I was scared to join at first because I didn't know anybody and I
> was last in the group. And, I'm really opening up here now...
> (pause) ...it seemed like everyone else was coping and I wasn't.

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The power of the silence is clearly seen in this participant's caution around confronting and confessing her own difficult experiences, illustrated by the long pause before her 'confession'. Furthermore, this excerpt shows how this silence is mediated by this participant's comparison of herself to other mothers and the conclusion that the other mothers are 'coping' whereas she is not. Similarly, other participants echoed the sentiment that they felt as if they were the only one not succeeding as a 'good mother' whereas all the other mothers were:

> Madison: I was battling with breast feeding and everyone else was breastfeeding beautifully or they all seemed to be coping fine.

> Courtney: I cried all the way home and I just thought 'I can't cope', my husband goes away for a few days and I can't cope, what's wrong with me?

The silence even appeared to pervade the participant's interactions with their families, so much so that they described feeling incapable of discussing their difficulties with their families. As one participant states:

> Elle: Like my only moans and gripes have been to you guys, like not even to my family or anything, irritation, some has slowly come out

The extent of the silence maintained by individual mothers is evident in their feeling that they can not even discuss the difficulties and contradictions of mothering with expectant mothers who are their friends. Interestingly, a similar finding also emerged in Kell's (2005) study suggesting that there is sense of concern that other mothers need to be

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'warned', while simultaneously feeling incapable of voicing these contradictory experiences:

> Madison: It's terrible because, like seeing you pregnant, like so happy to have a baby, and I've got Chelsea whose got colic or whatever. And you see this happiness in someone's face, and you can't say 'just prepare yourself for a nightmare session' (agreement from the group). You can't say that (sigh) not nightmare but it's, you can't say it's just going to be so hard, you don't want to burst their bubble, so you also torn then, do you tell someone the truth, burst their bubble and make them depressed before they've even had the baby?"

Furthermore, one can see in the above quote the way in which this participant resisted her own negative experiences. At first she states "nightmare" and then even in the face of agreement and support from the group she still feels the pressure to retract the comment through saying "not nightmare". The pressure to retract this negative comment can be seen as a function of this participant policing herself (Rose, 1989). Even though she is in a supportive environment, she has internalised what she is and is not allowed to say about mothering. In this case it is not acceptable to describe mothering as a "nightmare", but rather this phrase is softened to the inoffensive "so hard".

Significantly, in direct contradiction to the pervading silence, an underlying desperation around the need to talk emerged across all the participant's stories. The participants suggest that talking openly about their difficult experiences is healing within itself. Parker (1996) would argue that this healing occurs as a result of the acknowledgement that these experiences are part of a *normal* experience, thus immediately lessening the unmanageability of ambivalence. This is borne out by the following observation:

Madison: Definitely, it at least helped when I started talking about it, I realised, with the help of my husband, because they're such a communicative family and mine isn't, he sort of sucked it out of me. And I started talking about it, and I've never stopped talking about it. Because it was so bad, I didn't talk about it. I'll talk about it now to anyone because I feel like I have to and you should talk about it (agreement from the group) So, ja, it definitely helped...it got me out of it... As soon as you start talking about it to mom's who are in the same boat, it's not like they, y'know have it easier, but like other friends, they'll start pouring their heart out to you. And sometimes it's worse than yours or just the same, and they wouldn't have spoken about it until you actually started talking about it. And it's amazing, it is, a lot of them are in the same boat...

Desperation: 'I can't cope, what's wrong with me, I can't do this! But the thing is that there's no way out'

There is a sense of desperation that permeated all the participant's stories, extreme moments which appear inextricably linked to the experience of ambivalence and the silence this is cloaked in. In the following passages one can see how this sense of desperation appears to arise out of the overwhelming responsibility placed on mother's to be the sole caregivers:

Courtney: So that's kind of why of you have a meeting with a teacher from school because your child has kind of done something wrong, they always phone the mom, they don't phone and say can mom and dad please come in for a meeting.

Sophia: You are the sole person responsible for them, getting that nap and getting that meal, if he doesn't get a good meal, he's distracted, he'll wake up in the night 2 or 3 times...

Madison: And then you have a bad day

Erin: So I just know that when I go back to work, I know that I'll be fetching my little girl from day care, coming home, bath her, feed her, put her to bed, cook supper, then finish my marking and he'll just come in for his meetings, so even though we both

have full-time jobs, he wont be able to...
Madison: You have to do that full-time job, on top of your full time job!

The above passages demonstrate the way in which the prevalent view of mother is still that she is first and foremost a mother and caregiver (Backett, 1982). The first two paragraphs describe how the responsibility of child rearing is still primarily that of the mother's. In Courtney's story it is evident that she alone is expected to take sole responsibility for her child, in this example when referring to the schooling system the school inevitably interacts with the mother without even the request for the father's presence. Similarly, Sophia story illustrates how care for the child becomes solely the mother's responsibility (Phoenix et al, 1991). Madison's remark "And then you have a bad day" further highlights this point, when she indicates if her child has a bad night it is her as the mother that will have to get up and care for the child. This is particularly interesting as it came from Madison who is a married, full time working mother. However as Backett (1982) would suggest, despite the fact both her and her husband work full time, it is Madison, as mother, who must bear the brunt of a 'bad night'. Erin's story also serves to demonstrate this point as she, as Backett (1982) suggests, will have to take on two full time jobs as she is a working mother.

In the next passage the participant presents a picture of almost being under siege, as she describes how merely her presence, as mother, results in an overwhelming effect on her environment:

Courtney: I mean if I come home and I drive into the garage and I get out the car and I lock it with the key as opposed to making the bleep-bleep go and I walk around and there's just like this calm

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in the house, and nobody's fighting and nobody's panicking and
then somebody sees me and it like erupts.

The image Courtney creates of her having to sneak into her own house illustrates the

enormous pressure placed on mothers to provide all of herself for her children. As soon

as her presence is known to her children, they all clamour for her undivided attention, and

as the self-sacrificial, all loving mother she should acquiesce (Bartlett, 1994).

This next passage describes the participant's feelings of intense desperation; the

experience of mothering is so intense she questions how anyone can possibly cope with

it:

Sophia: How can one person deal with so much? But everyone does?
There's so many mothers out there...you know what I'm trying to
say...

This passage further highlights the ever-present sense of comparison with other

mothers, with the inevitable conclusion that the other mothers are 'getting it right'

as they can cope whereas she feels as if she cannot (Hoffman, 2004).

Therefore an unrelenting sensation of being overwhelmed can clearly be seen across most

of the participant's discussions. This appears to culminate in an impression of

claustrophobia at the enormity and finality of becoming a mother. This sense can be seen

to be illustrated in the various passages below taken from the different participants:

Sophia: No one else is going to look after your son, for me, that's...
Elle: Ja, it's the responsibility that you have for the rest of your life...
you responsible for someone now.

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This exchange between Sophia and Elle reinforces the image of mother as holding sole responsibility for her child (Phoenix et al, 1991). Interestingly, in this exchange there is no suggestion of the father caring for his child even though in both of the above cases there is a father present. This indicates that even when there is a father present, the mother must take primary responsibility for her child (Backett, 1982). This exchange also alludes to the realisation of the finality of becoming a mother. In the following excerpts this sense of finality and the effect this has on the participant's is more evident:

Sophia: I can't cope, what's wrong with me, I can't do this! But the thing is that there's no way out.

Elle: No, no, I always just looked at him like he's got no one else, I'm it, there's no other choice.

Madison: I cried a lot because there's nothing else you can do, like they say, you're a mother now you can't give it back

Elle: There's no other choice
Sophia: That's the thing
Madison: You do it
Elle: There nothing else to do, except get on with it

These participants use terms such as; 'there's no way out', 'there's no other choice', 'you can't give it back'. These are powerful phrases which illustrate the seemingly pervasive experience of mothering as being, at times, characterised by a sense of desperation and of being trapped. This experience can be seen as referring to the losses which Price (1988) refers to; material deprivation, psychological deprivation, loss of independence and loss of self. It could be

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argued that this sense of being trapped stems from these many losses a mother must endure to be considered a good mother.

In the following passage Sophia tentatively explores what would happen if these feelings of being trapped were acted on:

> Sophia: I can understand why some women just pack their bags and go (brief pause where there is silence from the group, quickly followed with), to a point because like sometimes I think, 'well, how can you?' but if things get really, really bad, you do think about those things, like I'd love to get in a car and just drive off.

Thus Sophia confronts the 'worst' part of her, the part of the 'abandoning mother'. However, she resists this through questioning herself 'Well, how can you?' This could be understood as a moment of Parker's (1996) notion of ambivalence. At one point Sophia emotions are so intense that she imagines abandoning her child, however this is counteracted by the loving voice 'how can you?'. The difficulty she experiences disclosing this is evident in the way in which she pauses, possibly looking for support from within the group. It is likely that Sophia is concerned that she may be judged by the others within the group hence she qualifies her controversial comment with 'to a point' which in effect serves to disconnect her from the previous statement. Sophia appears to find this experience of ambivalence particularly distressing, in particular the 'hate' aspect which allows her to think about 'packing her bags'. It appears that in reaction to the apparent abnormality of this thought Sophia experiences guilt. This can be seen in the questioning of herself 'well, how can you?' and her reticence to disclose this thought, evident in her pause and the disconnection from her first statement. However Parker

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(1996) would argue it is exactly this experience which helps motivate the mother to develop a healthy and complete understanding of her baby. Parker (1996) holds that if it was normalised it would not elicit these reactions of guilt, but rather allow for more creative and enabling experiences of mothering. For example, Sophia may realise that the sole responsibility of childrearing need not necessarily or 'naturally' rest with the mother. With the normalising of her extreme emotions, she may even be motivated to manage these feeling through actively pursuing an engagement of the father in the process, thereby placing 'father' back into the parenting dyad.

Another aspect which contributes to the desperation of these participants is the pressure placed on them, as mothers, by society. Below one can see how the participants have internalised these expectations to such a degree that they take responsibility for those aspects of their children which are far beyond their control (Phoenix et al, 1991). Furthermore, they react in this way as though this is a natural response (Rose, 1989). In the example below one participant suggests that if she does not stimulate her baby in the 'right' way she may become 'a cabbage'. Thus she is taking responsibility for the possibility of her child becoming 'a cabbage', based on her not playing or stimulating her child enough:

> Madison: You thinking everyday, have I done colours, have I
> done this (Elle agrees), have I done the feel thing, have I done
> this, because otherwise the sensors are not going to develop, and
> it's all on you. Hah, if I don't do this my babies going to be a
> cabbage.

Although this participant refers laughingly to the matter, she touches on an issue which was raised time and time again by the participants with regard to their mothering. These women closely monitor what activities they have engaged in with their child, whether they have stimulated them enough and what particular toys they have used for fear that they have not stimulated them enough. This aspect will be discussed further in Reading Four with regards to the role that experts play in constraining the mothering experience.

The final excerpt below describes a feeling of inevitability. This participant describes how her feelings of desperation oscillate to points which feel intolerable and then back to the realm of manageable feelings. Additionally, she describes how these feelings are ever-present, a never ending cycle of desperation and managing. It is evident how closely correlated this notion is to the hate aspect of maternal ambivalence as described by Parker (1996). It is suggested that because the desperation these participants have described is not normalised it becomes a source for depression and guilt. Thus this sense of desperation creates a space where mothers feel as if they have to battle to survive the experience of mothering each day, just to do it all over again the following day:

> Madison: You'll have bad days (agreement from the group) you'll drown
> and come up again and drown and come up again. I mean I'm
> so exhausted I get a splitting headache, my brain wants to
> explode because my daughter pushes me to the limits, I've said
> 'No' so many time and she's still going on. My brain just wants
> to explode, until she goes to sleep at 6 o'clock and then you
> breath and then you wait for the next day to start all over.

The participant uses very compelling phrases in the above passage which clearly portrays the sense of desperation she feels. Some of these phrases are; "drown and come up again,

drown and come up again", "exhausted", "explode", "pushes me to the limits" and "brain just wants to explode". In these words the reader can see the extreme emotions surrounding this experience, this participant feels as if she is only barely managing to contain these experiences. However, the unacceptability of these feelings threaten to push this relentless, daily experience beyond that which can be coped with. It is likely that Madison has begun to manage these experiences more effectively since she has started to challenge the maternal ideal in her own social world and consequently started normalising these experiences within her personal context.

Disappearing Self: 'I mean I do not exist anymore, I'm Kade's mom'
Across all of the participants with only one exception, the participants expressed the notion of their 'self' being forever changed by the mothering experience. The underlying shared experience suggested that the participants felt as if they had lost themselves in the process of becoming somebody's mother rather than incorporating and adapting their understandings of self to include the role of mother. Raphael-Leff's (1991) distinction of Facilitator, Regulator and Reciprocator may be helpful in unpacking the way in which these participants orientate themselves and how this impacts on their experience of being a mother and their experience of themselves.

The majority of the participants appeared to orientate themselves towards a Facilitator role, where the mother sees 'mother' as her new and sole role and adapts herself to her baby's needs. The following observations clearly represent an image of self where these

participant's now identify themselves as only 'mother'. They appear to feel as if they no longer even exist anymore (Raphael-Leff, 1991):

> Sophia: No one is really interested in you first, they always "oh, hello little one, how are you?" Even family when they come round, *you're just a shadow now*.

Sophia's statement also demonstrates the way in which this experience of themselves as 'disappearing' is mediated by social expectations. Even Sophia's family reinforces the idea that she no longer exists as anything more than her son's mother. Similarly Madison and Elle can be seen as acting from within the ideal of the wholly self-sacrificial mother (Bartlett, 1994). They feel as if they merely exist to serve and fulfil their baby's needs (Raphael-Leff, 1991). Madison feels as if she is not justified in taking five minutes to put make-up on and Elle, even more extremely, completely sacrifices her 'hopes and dreams' for her child:

> Madison: It's like you don't exist anymore, I mean to put make-up on I think 'should I put make-up on this morning, who cares?' Got to get my daughter dressed and whatever, so if I get five minutes then fine, but no one really cares about me anymore, so it doesn't matter!

> Elle: I mean I do not exist anymore, I'm Kade's mom, who I am, what my interests are, and what I want to do with my life, my hopes and dreams are like....it's not about me anymore, it's all about Kade...is Kade going to go to a good school? Is he going to have this? da da da da...I just think about him the whole time, do we want to live in SA?... because of him, y'know.

These participants also clearly adapted their own needs around the realities of their children's needs in detriment to their own, a characteristic of the Facilitator role. This adaptation of their own needs can be seen in the following excerpts. These illustrate how

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basic needs, such as sleeping or buying a loaf of bread, through to social needs, such as going to the beach or even just leaving the house, are adapted in order to accommodate their baby:

> Courtney: It doesn't matter how much people tell you that [rest when they rest] Ja, when my second one came along and I thought, this time, when she sleeps I sleep. Then when Courtney came along, I thought THIS time I'll sleep when she sleeps...

> Madison: You think when you driving, I need a loaf of bread but how can I do it where I can leave my daughter in the car and just run in and they've just fallen asleep, and you don't want to wake them up... should I ask someone to watch her, no, I can't ask someone to watch her. Should I just leave her – no one will know... and you can't and you feel so guilty and you drive home and you've got no bread... and your husband comes home and craps all over you... 'what have you done all day? There's no bread?' Meanwhile you fought with yourself for like an hour and then gave up on it... And the whole thing is that your life has changed so much that you can't even buy a loaf of bread.

> Elle: My husband will be like 'let's go watch wade jet skiing at the beach' and I'd be like 'ok, but I've got to pack Kade's cooler box, and then babes he's going to need like a sleep at 9:30, so er, I'll stay and you go'

> Courtney: To get two kids out the door, to get two of them who are doing different things, and then you have to think, 'ok, you're going to need to eat at 10 o'clock and you're going to need to eat at 12 o'clock and oh, hang on then you going to need to eat at 1 o'clock, and that just kind of ... you sit there and you think... ok, we'll just stay at home.

As a result these women appear to sacrifice all they knew, all who they were for their child. Therefore these participants; Elle, Madison, Courtney and Sophia appear to be orientated as Facilitators. The experience of this is eloquently captured in the following participant's lament:

Madison: It's [previous life before childbirth] separate, it's that life and
this life, it's not one life, it's two completely different lives, that
life didn't become, it's just totally different, that life stopped,
it's gone. This is a new life, and no one tells you that! You
know, they say 'life will change, it's a big change', NO- your
life is over, it's not a change, it's finished! (laughter)

In contrast one participant, Rochelle, appeared to hold a different orientation from the
other participants. Rochelle was the only participant whom viewed motherhood with
trepidation from the outset 'I never wanted children, I was absolutely terrified and in
denial and stuff'. It would appear that Rochelle best subscribes to a Reciprocator role
where the mother attempts to meet her baby and her own needs rather than simply
sacrificing her own needs or expecting her baby to adapt to her lifestyle (Sharp &
Bramwell, 2004). It is clear that she felt that one should not adapt one's own life entirely
to suit one's baby but rather should attempt to find a balance:

Rochelle: I would never say, oh you have to breastfeed… I did it, because
it suited me, to me the whole bottle thing seemed like a
nightmare, so it suited me and that's why I did it, but I would
never be, say you needed to breastfeed because I believe you
must do what best suits you, and your baby and your life.

The freedom with which this participant makes this comment directly contrasts with the
way in which the other participants viewed breastfeeding. This is discussed in greater
detail in Reading Four. Briefly however, whereas the other participants voiced
experiences where they put themselves under extreme pressure to breastfeed, Rochelle
voiced that a balance between what is good for both the baby and the mother should be
found. This suggests a Reciprocator orientation (Sharp & Bramwell, 2004). A
suggestion which is further supported in the following excerpt:

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Rochelle: I could never stay at home all day everyday with her, so I go
out! So, I plan, generally, my days, I go to yoga every morning,
I've got a maid so that helps, so I leave her with her in that time.
Then I'll quickly do grocery shopping or whatever, go home try
make supper before she wakes up and then I always plan
something for the afternoon. For example this afternoon I met
with a friend for coffee, her little girl and my little girl play, and
um, tomorrow I'm also taking her to a friends house to play, but
I'm going to leave her there and I'm going to go off. And
Thursday mornings is Moms and Tots so that takes up the whole
morning and then in the afternoon I'm tired. And then on Friday,
I'm going to visit my sister, she's got three boys. But then it's
quite tiring because then you're never at home, but I can't stay at
home, I get frustrated and irritated.

Rochelle appears to suggest here that her child must adapt to her schedule, however her

schedule is made with her child's needs as well as her own in mind. Thus Rochelle

attempts to address the needs of herself as well as her child's, as does a Reciprocator

(Sharp & Bramwell, 2004). Furthermore, the above excerpt demonstrates Rochelle's

resolve to allow some space for herself where she is not being self-sacrificial and where

she is being 'Rochelle' rather than 'Lauren's mother' which is in direct contrast to the

other participants. Parker (1996) would suggest; it is through this balancing of both one's

own and one's baby's needs, that one learns to tolerate and accept both her own and her

baby's good and bad aspects. Therefore tolerating and accepting the maternal

ambivalence. Moreover it is through the tolerance of her ambivalence that Rochelle has

found creative ways of mothering (Parker, 1996). For example it is evident that Rochelle

is aware that she would be unhappy staying at home all day with her daughter. However

instead of attempting to conform to this expectation, she structures her day where both

her and her daughter's needs will be met.

Significantly, as suggested above it would appear that from the outset Rochelle had different opinions and expectations about mothering, in comparison to the other participants. As such it is suggested that Rochelle did not subscribe to the maternal ideal in the same way the other participants did. It is not by chance that the reader may notice that Rochelle's name does not appear often across this paper. Throughout the focus group Rochelle voiced very few of the same difficulties and contradictions that the other participants described. Parker (1996) would argue that it is possibly due to the very fact that Rochelle did not subscribe to the maternal ideal and did not have these unrealistic expectations that meant that she was better able to manage her ambivalence effectively. Rochelle expected motherhood to be absolutely 'terrifying' therefore when it inevitably proved to be this difficult experience, she did not experience the same guilt, disappointment and horror that the other participants had when their experience failed to live up to their expectations. Similarly, Rochelle did not feel the same amount of guilt and desperation the other participants felt around breastfeeding or leaving her child with someone else to baby-sit or even taking time for herself in the form of daily yoga classes.

Raphael-Leff (1991) suggests that those woman who subscribe to a Facilitator role, as did the majority of the participants, are more likely to experience disappointment around their lived experiences of mothering in relation to their expectations. This is supported in the above discussions as those participants identified as Facilitators experienced a sense of disappointment and disillusionment. Whereas Rochelle, the only mother identified as a Reciprocator experienced less of a disappointment, being surprised that the experience was better than she anticipated. Furthermore Raphael-Leff (1991) suggested that those

identified as Facilitators are more likely to experience postpartum depression. This was supported in these focus groups as of the four identified as Facilitators, two had been treated for postpartum depression. While the other two participants voiced very difficult experiences which suggested depressed mood, voicing sentiments such as feeling "unable to cope".

Ambivalence: 'I uh, wanted to hit him and shake him...um...and there are voices going on inside me, like what are you doing?'

During the discussions, the participants started describing experiences of the less often explored aspect of maternal ambivalence as elucidated by Parker (1996), namely experiences of 'hate'. They predominantly highlighted the horror of these experiences. Part of the focus group process allowed for Parker's (1996) theory to be explained to them with the aim of defining and disrupting the maternal ideal and the unacceptability of maternal ambivalence, thus providing an emancipatory experience where they were allowed to acknowledge these experiences. However, as expected when the term 'hate' was used there was a high degree of resistance from almost all the participants; "I wouldn't use the word hate though" and "I wouldn't say that I felt the whole hate side". These reactions were expected; even Parker (1996) attempted to find other words less problematic than 'love' and 'hate' due to the reaction that these words evoked. However she concluded that no other words truly captured the intensity of emotions experienced in mothering. After having the theory explained to them the participants engaged in a process of negotiation in an attempt to describe the experience of hate in a more manageable form:

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Sophia: I wouldn't use the word hate though, I would say frustration or resentment.
Madison: But I know what she's saying she's just using the word hate to show it's the total opposite of, y'know, love.
Sophia: Ja, I can appreciate that, ja.
Madison: Ja. I would say, I would use the word 'hate' in the experience, I'd be happy. I would 'hate' where I was being a mother, having a child.
Elle: Ja, but I don't blame my son for anything, it's me.
Madison: Ja, it's the experience you're in, motherhood, everything, you're hating that situation, I'd hate being there.

In this dialogue, it is clear how even this more manageable form is difficult for the participants to discuss, especially Elle who immediately feels the need to take responsibility for her negative feelings, protecting her son from any negative connotations "I don't blame my son for anything". A similar difficulty was discussed in the second focus group where once again Madison attempted to negotiate a meaningful description of these intense moments of emotion:

Erin: I...I wouldn't say that I felt the whole hate side, I mean I adore my child, I just find more like, it's so hard sometimes...
Madison: Sorry, what I said in the last focus group about the whole hate thing, is that you don't hate the child but you hate the situation, you hate that moment, you'd never hate your child but that moment you are hating yourself, you are hating having a child or whatever.
Erin: Ja, I find that...like also, like the whole pressure to be the perfect mom or whatever, but even like, I know this sound really corny, but even like with breastfeeding, I found it really hard.

Significantly, immediately after Erin accepts and accedes to Madison's description of 'hate' she changes the discussion to a safer discussion, minimising her association with the concept of hate in relation to her baby. Despite this 'conversion' process, the participants repeatedly gave voice to experiences of ambivalence throughout their

discussions. In the following excerpts not only is the experience of ambivalence evident, so too is the regulatory mechanism of ambivalence. One such example has already been discussed in relation to Sophia desire to get in her car and drive away. However the process is discussed in greater detail in the following stories. One can see the way in which the extreme emotions experienced cause the participants to become more vigilant in their mothering (Parker, 1996; Price, 1988):

> Courtney: The whole time I find myself telling myself, they don't know that, they're just exploring, but you're an adult and you crack and you've had no sleep and your patience is worn thin and they just this little thing, just trying to explore ...and you want to give them a smack because you're so frustrated so you constantly trying to tell yourself 'don't do this, don't do that, don't do this, don't do that' putting pressure on yourself the whole time, you feeling guilty the whole time, it's a constant battle in your head of what to do and what not to do...

In the above excerpt the ambivalence is evident in the difficult thoughts of wanting "to smack", feeling as if you are about to "crack" and having your patience "worn thin". Along with the more acceptable loving thoughts of "they don't know they are just exploring" and "they just this little thing". The regulatory mechanism of these ambivalent, contradictory feelings can be seen in the constant battle in the participant's head. Therefore this ambivalence results in this participant being vigilant to her mothering style (Parker, 1996). However, as this experience is not normalised this participant experiences this battle as conflictual, distressing and guilt-inducing.

Therefore in the above example the participant's experience of ambivalence resulted in her becoming aware of her potential danger to her child. If this experience was

normalised, it could create a space where she could then start to guard against her own destructive abilities (Parker, 1996). Consequently, leading her to find new creative ways of mothering (Parker, 1996). An example of how normalising the conflicts of motherhood can result in a more creative, healthy and enabling experience can be seen in the following passage. This participant felt unable to allow her child to be babysat by anyone, even when she felt as if she could no longer cope with her child. However in the following passage she makes use of new creative ways of mothering through releasing the unrealistic expectation of mothering with no support or help. In relation to having a second child she says:

> Madison: I've learnt from my mistake and I wish someone had told me then, but you can't you have to experience it to know, I *have* learnt from my mistakes and I *will* leave my new born baby with someone to baby sit.

Parker (1996) argued that the intense feelings of love and hate oscillate throughout the mothering experience. This oscillation between good and bad periods, love and hate, can be seen playing itself out in the following comment:

> Madison: My periods have just been... my good periods just get longer, but you always go back into 'I'm not coping this is a difficult patch'. Then you have a good patch for a little longer and then another bad patch. But it always comes back to the not-coping thing.
> Sophia: I'm a failure; I'm a bad mom, ja...
> Madison: It just catches up to you, and then you cope and then it catches up to you again and phew, you feel like you drowning.

Out of all the participants, Madison appeared most comfortable with her ambivalent emotions. When it came, however, to her discussing an identifiable event of 'hate' one

can see that even this participant finds it exceedingly problematic to disclose this difficult experience of 'hate':

> Madison: I'm different because in the beginning with my post natal depression, and I know I keep saying that and people think it's a loose word but I seriously did have it, I was on medication and everything, my not coping was that I wanted to like hurt my daughter, like strangle her or not , er, uh, I didn't want to jump off a building I wanted to just walk away and leave her there crying, and you can't really do that, THAT to me in the beginning (clear throat), and I was like she'd have a tantrum on the bed and I'd walk away knowing that she'd probably fall and hit her head, and she did, but I knew that she would probably do that, and like you think, gasp, I know that she would hurt herself, it's like horrible things, and you know you are not coping because you know you are not in control, you're out of control.

Madison spent three lines qualifying her negative experience through reference to her postpartum depression. Additionally, she did not only feel the need to emphasise that she had suffered from postpartum depression but also felt the need to defend this diagnosis. She paused a number of times and finally cleared her throat before admitting to being responsible for her daughter getting hurt through her actions. Her role in her child getting hurts makes it even more difficult to articulate these experiences in a relatively public arena (Parker, 1996).

Significantly, Madison states "I didn't want to jump off a building I wanted to just walk away". This comment strongly suggests that post-partum depression is not a 'personal' or 'private' issue of depression but is rather a function of what it is like to be a mother in a context that so pervasively (re)produces the maternal ideal.

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The next participant was visibly anxious around disclosing information about her experiences of 'hate', even when in a supportive group where Madison had already disclosed a similar experience. It is evident in the way that her statement is punctuated by pauses and 'ums' and 'uhs' just how difficult this participant found it to describe this experience which is so contradictory to the 'norm' (Price, 1988; Parker, 1996).

> Sophia: No, I *uh*, wanted to hit him and shake him... *(pause)...um...*and there are voices going on inside me, like what are you doing? And it's just like, it's so fast, so fast, the whole range of emotions.

Parker (1996) suggested that when ambivalence becomes unmanageable it could eventually culminate in child abuse. The following participant picked up on this connection, identifying the way in which moments of intense emotion, when not managed in a useful way, could lead to such desperation as to result in child abuse.

> Courtney: I remember when my son was 6 weeks old, and he had such terrible colic, and he screamed, and he screamed for two and a half hours... And you know what, for the first time in my life, I'm not saying I agree with it, but I understand child abuse. Because if you're a single mother, whose seventeen years old or 18 years old, and you have a baby and you haven't slept for the first 6 weeks because it's up and down, up and down because it's feeding and whatever. And it just screams, and screams and screams and you've had no sleep, you've got no support, and you eventually get to the point where you think 'enough is enough', you just want to shake them and screech "JUST STOP CRYING!" and they kind of, they so little, they not crying because they want to annoy you, and you just kind of sit there and when you've got nobody who you can say, 'have a baby, I'm going for a walk', it's understandable.

This mother, however, clearly delineates herself from this phenomenon by first qualifying her statement with a discursive technique; "I'm not saying I agree with it".

Both Courtney and Madison's earlier comment had this pre-emptive quality; Courtney's

"I'm not saying I agree with it" and Madison's "I'm different because in the beginning

with my post natal depression". The need to distant themselves from the unacceptable

indicates the ever present eye of the judging masses (Rose, 1989).

Another story appears to describe a time when maternal ambivalence was experienced as

unmanageable. One of the participants describes throwing her child into her car chair,

and alludes to other "terrible things" she has done to her daughter:

> Madison: I've plenty of times thrown my daughter into her chair, and you
> think she's just one and a half, like how can you do that? How
> can you let your emotions get the better of you, they so small.
> But you can't help it, you do, you feel so bad afterwards, but at
> the time, I've thrown her into it, I've done terrible things, not
> often but...

The above excerpt appears to illustrate the outcome of a culmination of maternal angst

which has not been normalised. If these negative feelings were to become pervasive, it

may limit the mother's ability to create room for creative mothering which could

subsequently lead to severe abuse (Parker, 1996).

Throughout the focus group, Elle in particular appeared to experience difficulties around

confronting any experiences which contradicted the maternal ideal, especially in relation

to ambivalence. Furthermore, there were many contradictions in Elle's statements

perhaps indicative of the internal struggle she felt around discussing these intense

experiences. At one stage she comments:

> Elle: I just always tell myself that I'm doing my best, I always like, I'm doing the best I can do, and he's great, he's hysterical, I just laugh all day with him, I don't ever like really, give myself too much of a hard time.

However earlier in the focus group Elle had said:

> Elle: I didn't have anyone, my mom works all day, so does my husband's mom, I sat by myself all day, you're the only person I ever saw, all by myself. Like the maid, if I was upstairs, the maid was downstairs, if I was downstairs, the maid was upstairs, and I think, geez all I want is Busi to offer me a cup of tea. I don't want to look after Kade, I don't want anything. I can hear her clanging her tea spoon against the cup and she'd be downstairs and I'd be like, I wish she'd offer me a cup of tea. I've been in this room, feeding this child all morning and I'd kill for a flipping cup of tea.

The image presented by Elle in the second excerpt is one of a much more desperate experience which dramatically contrasts with the easy presentation of the self who "just laughs all day with him". Elle also approached the researcher when the tape had been switched off and said that although she knew she had some bad experiences, she felt she may have "blocked them out". The importance of the timing of this disclosure; when the tape was no longer running and the other participants were not around, suggests that this may be an area Elle finds particularly difficult to acknowledge or discuss.

This difficulty is once again reflected when Elle tells a story of when she felt pushed beyond her limits 'Ja, ja, I was so close to loosing it, I was so close to like uh, er I don't know...'; Elle appears to be unable to complete the sentence about what she would have done had she lost control in this situation.

In another passage she confesses to loosing control:

> Elle: I've smacked him before I've realise I've actually smacked him
>   (agreement from group), before I've had a chance to say to
>   myself, some parts of the world, this is actually illegal (agreement
>   from group), I've like belted him and he's like looked at me and
>   just been besides himself.
> Sophia: I've also done that.
> Elle: And I'm like but 'you can't stick a pair of scissors in the plug
>   socket' (laughter)

In the very next phrase after admitting losing control, Elle qualifies her statement by suggesting the loss of control was in concern for her child's safety. Hence she places this expression of rage within a socially acceptable context rather than suggesting the rage was a result of personal frustration, as this would be an 'unacceptable' cause. The above excerpt also demonstrates the relief in another mother's confession (Pacella, 2005). As soon as Sophia hears that Elle has done something which Sophia herself has done, she lays claim to her similar behaviour, finding solace in the fact that she is not alone in her experiences.

The difficulties of experiencing and enduring the hateful emotions of ambivalence can be seen in one participant's touchingly poignant closing comment:

> Erin: I think sometimes that the more problems you have, the intensity
>   of your feelings, that you probably love them even more because
>   you feel like…sometimes I feel like it's just me and her against the
>   whole world, because there's like kind of nobody else to help us
>   through it.

This comment proposes that it is not only the grappling with the complexities of ambivalence which is important to the mothering experience. It suggests that the intensity of feelings actually serves to strengthen the bond between mother and child connecting them in their passion and in their difficulties.

Reading Two: Reading for the voice of 'I'

Mauthner and Doucet (1998) propose that this reading allows the reader to find an approximation between how the participants view themselves and how the researcher, views what they say. This is done through analysing how they see themselves, by tracking the way in which they locate themselves within their narratives by following their use of the personal pronouns. The analysis of shifting pronouns is helpful in pulling out those threads which the participants find most distressing or difficult to reconcile. This information was used to identify certain predominant points of conflict; these have been discussed under the other readings. Therefore it was decided, in an attempt to reduce repetition, that this section would be reserved for a discussion of the dynamics which can be seen through different uses of the 'Voice of I'.

What became clear when analysing the participant's reactions to discussing their ambivalence, was that the participant's often used two voices when explicating their ambivalence. When discussing their experiences of hate they invariably switched to the third person as in the example below:

> Courtney: *your* instant reaction is 'you stupid child, you know, what the
> hell are you doing?' *you* do, *you* kind of get that feeling of
> 'what the hell are you doing?

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Significantly, throughout most of the discussion Courtney very rarely switched to the third person and appeared comfortable and able to own the majority of her experiences, even if they were contradictory to social expectations. For example, when she discussed the birth of her third child she commented that when "they brought her...I thought, eeeuw, she's gross, covered in blood and white stuff and all that". However in other places in the discussion she switched to the third when she spoke of her ambivalent reactions to her child. This suggests that she found the experience of 'hateful' feelings towards her child particularly difficult to reconcile, even more so than other experiences which contradicted social expectations. Confirming, as the literature suggests, that this is a particularly distressing experience amongst mothers (Price, 1988; Parker, 1996; Kell, 2005). Tellingly however, when Courtney switched over to the mediating, positive voice of ambivalence she switched back to the first person, owning the positive aspect of ambivalence:

> Courtney: Now *I* feel terrible because when *I* actually think about it in a
> calm situation, he is only three and a half.

A similar experience was found in other participants testimonies, the negative feelings are distanced by the third person pronoun:

> Elle: *You* crack and *you've* had no sleep and *your* patience is worn thin
> and they just this little thing, just trying to explore ...and *you* want
> to give them a smack.

While the positive aspects are owned through use of the first person:

> Elle: *I* find myself telling *myself*, they don't know that, they're just exploring.

Therefore, this reading of the shifting pronoun clearly illustrates the way in which the love aspect is socially acceptable, whereas the hate aspect is denied and rejected (Parker, 1996).

Additionally this reading reinforced the overwhelming sense of responsibility that these participants felt. It is clear from the following passages that this sense of responsibility is a function of the pressure on mother's to be the sole caregivers, to be totally self-sacrificing (Bartlett, 1994) and to be primarily responsible for their child's wellbeing (Phoenix et al, 1991). In the following passage one gets a sense of the immense pressure these participants feel through the repeated use of the personal pronoun:

> Madison: *I* have all this pressure and it's all on *me*, *I* have to do …you know… give *my* baby a good brain (agreement), and *I* have to do this and stimulate that. So, it's true *I'm* thinking everyday, have *I* done colours, have *I* done this (Elle agrees), have *I* done the feel thing, have *I* done this, because otherwise the sensors are not going to develop, and it's all on *me*.

> Courtney: *I* wake up in the mornings, and get kids ready for school, then *I* take them to school, then *I* fetch them from school, and then *I* take them to swimming, *my* whole life revolves around these children, if somebody falls off the jungle gym, no one phones him [Courtney's husband] at the office and says 'hi, Connors fallen off the jungle gym, please come and fetch him, they phone *me*, so wherever *I* am, or whatever *I* am doing…

Moreover, the voice of I also demonstrated the degree to which these participants felt as if they do not qualify as good mothers through the way in which they divide mothers into

all good and all bad. Significantly, the 'good mothers' are treated as 'other' through the use of the third party pronoun 'they', effectively alienating mothers from all those around them. This could be thought to extend Parker's (1996) understanding beyond a purely *psychodynamic* experience as this alienation manifestly contributes to the angst that these women feel as part of the mothering experience. This is noticeably illustrated in the following passage:

> Madison: *I* can't change, *I* know *I*'ve got no patience and *I*'ll throttle her, like *I*'ll feel like it. So mines' awkward because *I* know *I*'m not going to change, and *I* feel like *I* should to be a mother, you know, mothers aren't like *me*, *they're* not impatient, *they* like to spend all day long with their babies, *I* can't do that.

Finally, this level of analysis allowed the researcher to fully explicate the way in which this group supports each other and attempts to help guide each other through the unmanageable experiences of mothering. It is unlikely that such rich data with such frank and sometimes painful stories would have been disclosed if these individuals were within a less supportive environment. As suggested by Hoffman (2004) new mother's take refuge in the comforting supportive experiences of mother's who have gone through similar experiences. The discussion demonstrated how damaging it can be for new mothers to be in a group which simply serves to perpetuate the maternal ideal and deny the difficult experiences of these mothers. This was illustrated when the group reminisced about how they interacted when they first met:

> Madison: But in the beginning, we met once a week. And everyone's all hunky dory "I'm just sitting there on cloud 9 with baby". Meanwhile deep down inside...er.. *I* was really battling. But you wouldn't talk about it then.

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However, when the group started discussing their difficulties and discovering that others were experiencing the same thing, they became much more of a support system, as one participant described it "a life support system". The power of the support can be seen in an analysis of the use of pronouns. In the following passage, Elle supports Sophia's difficult experience by suggesting that she would have done the same thing. Then she goes even further to argue that all of them would have reacted in the same way. Thus through the use of inclusive pronouns Elle normalises this experience for Sophia. It is clear that Elle's concern was particularly comforting for Sophia as it came from someone she could relate to and identify with:

> Sophia: *I* blew up in front of everybody, and *I* started screaming at them in the restaurant... *I* was so embarrassed to face everybody... and Elle actually texted me and said 'I hope you ok' and that meant the world to me. That really made such a difference.
> Elle: Well, *I* would have done exactly the same thing, *we* all would.

The use of the inclusive pronoun 'we' also allowed individuals to voice difficult experiences in a safe way. In this way they could voice these experiences without fear of becoming isolated from the group. In the comment below Madison answers another, newer member in the group who asked if she was going to have a second child:

> Madison: *We* can't think about it, none of *us* are in that stage where *we* can think about it and analyse it because otherwise it wont happen.

This comment was made near the beginning of the focus group before, perhaps, the solidarity and trust of the group had been established. Furthermore, this answer contradicts the expected, normal response constructed by the ideal.

Therefore it is not insignificant that Madison chooses to use the words 'we' and 'us' when answering. It is suggested that through the use of these inclusive pronouns Madison felt able to voice these experiences more safely.

Reading Three: Reading for relationships

In this reading the reader seeks to unpack the effect of the participant's interpersonal relationships on their experience of motherhood, especially with regards to ambivalence. Throughout these women's testimony there was a clear sense of isolation and a sense of being all alone without much help from their close interpersonal relationships. This can be seen by the following excerpt:

Sophia: So I didn't get any help. She [Sophia's mother]didn't cook supper, she didn't, she did nothing, absolutely nothing, So, I always get very frustrated when I hear of others peoples help, because Why me? Why don't I have support?

Madison: Oh, ja, I'm the same. Everyone else has a baby and they just have floods of people,

Elle: I didn't have anyone, my mom works all day, so does Marks mom, I sat by myself all day.

It is suggested that the sense of desperation these participants felt, as discussed in Reading One, may have been escalated by these feelings of being alone in their misery without any understanding or support from those closest to them. The relationships which appear most important in this respect were that of their own mothers, their husbands and their relationship with their baby.

Mother's Mother

Hoffman (2004) argued that when a woman becomes a mother she enters into a new psychic triad of 'mother's mother-mother-child'. Thus each mother has a particular discourse with her own mother, a discourse with herself and a discourse with her child. Parker (1996) predominantly focuses on a mother's discourse with herself and with her child, that is the way she understands herself and her child in relation to her experiences with her child. However these focus groups bear out the importance of the third prong, which Hoffman (2004) proposes is that of the mother's mother. The importance that the participants place on the presence of their own mothers can be seen in the following statement.

> Erin: I must admit, also, I found when I had her, I felt for the first time in my life that I really felt like I needed my mom. Like having my mom living overseas was like really hard.

Across the participants there appeared to be two types of mother's mother-mother relationships operating. That of the supportive mother who was readily available to help minimise the stresses of caring for a new born child and the unsupportive mother who was not. The nuances of these two opposite roles can be seen in the differences between Elle's account of her mother and Sophia's account of hers:

> Elle: I was very lucky, and then my mom came back from overseas, like whenever, I mean we don't go out often, but if we ever did, my parents don't go out so they're like 'oh, we'd love to have him, don't rush in the morning' and ja, Mark's folks are great and she'll always help me, Mark's mom, if she can and my folks, when they're here, but they're not here, are great. Ja, it's nice to have the two families.

The impact that the orientation of a mother's mother has on a new mother is clear by the sheer number of responses in which the participant's referred back to their mothers in relation to their mothering experience. The participants need for their mothers at this time also supports the notion that mothers need instruction or guidance and that mothering is not simply innate, natural instinct (Phoenix et al, 1991). In these participant's stories it became evident that a supportive role from a mother's mother can serve to function to help manage maternal ambivalence. This functions beyond the merely supportive role, as in being available to baby sit. It appeared that a mother's mother who acknowledged the intense difficulties around mothering, and in effect normalise these experiences, had a large positive impact on their daughter's management of maternal ambivalence. This is most likely explained by Pacella's (2005) argument that new mothers desire to be valued, supported, aided, taught, and appreciated by a maternal figure who can confirm their mothering abilities and experiences. However, the majority of mother's mothers belittled the stressors their daughter's were facing, further strengthening the belief that the fault lay within, that there was something wrong with them:

> worst child in the whole world so my mother can never say
> that I'm having it hard because I'm actually having it quite
> easy in comparison to what she had.
>
> Researcher: And does that also feed into the feeling of 'other mothers can cope
> and I can't'?
>
> Madison: Definitely, everyone else can cope except me.

Another participant shows how her mother's stance restricted her from exploring her difficult experiences, her 'bad day'. Parker (1996) would argue this can lead to ambivalence becoming unmanageable which in turn can lead to depression or even abuse. One can see how strong this restriction may be when it is being propagated through one's own mother, someone who has gone through the mothering process and it treated as a role model and confidante:

> Erin: When I'm having a bad day, my mom will call and I'll say, this
> that and the other thing and my mom will say 'ja, but this is like
> your miracle baby'. You don't have the space to have a bad day
> because everyone's like, saying this is the baby that you wanted.
>
> Madison: And you actually want them to say; I'm really sorry, I know, it's
> a pain in the butt (agreement from the group) or its hard work.

It is unclear as to whether this stance taken by the majority of the mother's mothers in this study is due to their own subscription to the ideal or whether it stems from an "I managed and so will you" ideology as can be in the following comment:

> Madison: I just kept finding my mother kept saying 'we've all done it' and
> she'd tell me "you used to hold your breath, you used to hit your
> head up against the wall, you held your breath until you went blue
> and passed out". My mother had it ten times worse than me, so
> she just kept reminding me of how bad I was. Cos in comparison
> my daughter's good, y'know.

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This reaction by the mother's mother could be interpreted as a function of the mother's mother protecting themselves from acknowledging what for them was, or possibly still is, an unacknowledgeable experience. The 'uncomfortableness' that the mother's-mother experience in relation to their daughters ambivalence, may be due to their own 'uncomfortableness' with their own ambivalent emotions.

Another issue which arose repeatedly was the effect the participant's mother-in-laws had on their mothering experience. In the following passage Courtney discusses how her mother-in-law was an invaluable support. Thus it appears likely that in many instances mother-in-laws may replace, or form part of the 'mother's mother' role as identified by Hoffman (2004). It is possible that perhaps being slightly removed from the direct situation allows for this more empathic response by the following participant's mother-in-law:

> Courtney: I remember my son being 6 weeks old, and he had such terrible colic, and he screamed, and he screamed for two and a half hours. And I picked up the phone and I phoned my mother and I said 'Mom, I need your help." And she said "well, I can't come now, I'm busy, what's your problem?" And I said, if he doesn't stop screaming, I'm going to throw him over the balcony, and she said "Humpf, that's ridiculous, pull yourself together man! He's fine and he will stop crying". And I put the phone down and I thought, well, thanks for that. Phoned my mother-in-law and said "you gotta help me here" She was there in like, by the time I put the phone down and walked to the door she was there. And she walked in, she said, just go for a walk, I'll see you when you come back.
>
> Madison: You need that (agreement from the group)

However Sophia had a very different experience with her mother-in-law which had a dramatic impact on her experience of being a new mother. Thus Sophia does not appear to receive support from any maternal figure; neither her mother nor her mother-in-law plays a supportive role in her mothering:

> Sophia: I'm in a very bad situation in that way. Um... Uh, myself and my mother in law just do not get on, so we have huge...I mean I blame her for me going into labour even though it was due, we have huge fights... When we announced, we told them that we were having a baby, he was 5 weeks old, the size of a poppy seed, she came through with the meal, we were having a meal at her house, and she said 'I just want to know, am I going to have access to my grandchild?' And I was so nauseous I didn't really put her in her place, I just said 'don't start', and I had to say it three times. And she's saying 'well, I just wanted to know...' and she's flustering, but that's the type of women she is. And her only son is my husband. And we have a very, very bad relationship.

Hoffman (2004) suggested that mother's orientate to their own mother's in one of two ways. They either strive to be better mothers than their own or they fear that they cannot ever be as good a mother as their own. One such sentiment was voiced by Sophia, she feels she does not want to be like her own mother. This consequently informs her mothering and she takes a strategy to try and rebel against her mother's mothering style:

> Sophia: I'll snap, then I'll start screaming. I think I mean, I really, I sound like my mother, and if I broke a glass it was a huge big deal. I've been crying to my husband I don't want to be like that, like my mother because my mom was highly stressed. I only learnt to cook when I left home, when I got married because it was easier not to be in the kitchen with her, she was so stressed out. Now I pick up Nick, I make a conscious effort to get him involved with the cooking and he loves it and I want him to be more relaxed around me, I don't want to be like my mother like everything was an issue.

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Husbands

Two clear themes emerged when the participants discussed their husbands. The first was the feeling that their husbands simply could not understand what they were experiencing. The second was an underlying sense of resentment towards their husbands for not understanding. In the following passages it is clear that the participants consider their husbands to be incapable of understanding the extremes of the mothering experience. This is hardly surprising when one considers the silence around the ambivalent experiences and the predominant maternal ideal (Phoenix et al, 1991; Parker, 1996):

Erin: I just couldn't stop crying and even my husband was like, are you going to stop crying soon? I think he didn't know...

Courtney: You actually have to understand that they (their husbands) will never understand, you can't make them, they different, so you once again have to deal with it...you just have to!

Madison: I've never fought so much in my whole life with my husband because you are trying to make them understand how you feel, but you don't want to sit there and have an hour long feeling conversation, you want them to look at you and know.

The following excerpt acutely illustrates just how much the following participant felt her husband could "never understand" how she felt. She felt she could not even tell him that she was on anti-depressants. This also serves to highlight the silence which pervades difficult experiences of mothering:

Courtney: I was on them (anti-depressants) for two weeks before I told anyone I was on these things and one day, my husband, I'd probably been on them for three or four days and he said to me 'what's different? Because you like chilled', I said 'nothing'.

The second main theme which emerged was the underlying feeling of resentment towards

their husband for not understanding what they were experiencing. Moreover, there was

another layer of resentment directed towards the price they had to pay as mothers in

contrast to the price their husbands had, had to pay. In the following two excerpts two

participants voice the feeling that they 'do not have a life' whereas in contrast they feel

their husbands do:

> Elle: That's what I said to Mark, because me and mark were fighting 'just maybe I need to get used to the fact that I don't have a life anymore' and he's like 'well, neither do I, I don't do anything either, I don't do anything I want to do, all I do is work' and I'm like 'ja, fine but mine is from 5:30 in the morning till 7:30 at night, you get up at 7 and your day finishes at 4, and you come home and I cook and I do everything. So, my days like 14 and a half hours, whereas yours is like 8, but I don't do anything all day apparently, Ja, so, anyway.

> Courtney: We were having this discussion, my husband and I tonight, because I made the comment, 'but you have a life'... So he looked at me and he said 'sorry, who goes out in the evenings more than me?' So, I said, well, who goes out to work everyday where you have other people to talk to? I wake up in the mornings, and get kids ready for school, then I take them to school, then I fetch them from school, and then I take them to swimming, my whole life revolves around these children.

It is clear from the above passages that having 'no life', refers to more than simply social

outings. A more nuanced reading of these participant's comments could suggest that it is

the relinquishing of one's self in order to become a mother that these women are

lamenting, whereas men do not appear to undergo a similar experience (Backett, 1982).

This was confirmed in Reading One. It would appear that men do not need to undergo an

entire transformation of self in order to fit into the father role (Backett, 1982).

Child

The final relationship in Hoffman's (2004) motherhood constellation is that of the
discourse between a mother and her child. It is suggested that the way this is experienced
will have a dramatic impact upon a mother's experience of maternal ambivalence. As
has been discussed a mother is supposed to have an instant bond with her child, feeling
an immediate glow of love and affection as soon as her eyes light upon her infant (Spock,
1976). However as can be seen in the following excerpts, this immediate bond is not a
common experience to all mothers. Below Madison explains how she failed to feel this
instant connection, and only recently could she describe herself as having developed that
'bond':

> Madison: I could never say that in the beginning, I could never say that, 'I
> love my child to bits. We bonded' because I never did, it took
> me ages to bond with her and for the first time I'm relaxed
> around her.

Courtney describes a similar experience, where far from feeling an immediate
glow of love and affection, she felt revolted by the sight of her new baby,
describing her as "gross":

> Courtney: That's the thing that bugged me, you know in all these baby
> magazines you hear 'instant bond' and all that, but for me, for
> my third it took ages – she was early, I was rushed to hospital
> and had to have her out and they brought her and I thought,
> eeeuw, she's gross, covered in blood and white stuff and all
> that.

Courtney's comment introduces the role the media plays in structuring how you should
behave and feel at this most intimate moment. This point is discussed in greater detail in

Reading Four. In the following passage Courtney goes on to explore an even more difficult experience:

> Courtney: She would just scream every time she saw me, I promise you she hated me.
> Madison: Ja, I've heard a lot of mothers say that.
> Courtney: But she did!
> Madison: But why?
> Courtney: She was allergic to breast milk, so obviously she could smell the milk on me or whatever, but every time she saw me she'd scream? I was shattered, absolutely devastated.

It is likely that the impact of this on this mother was particularly 'devastating' because her experience was interpreted through the maternal ideal. Her expectations resulted in her being horrified by her child's reaction as it was so 'abnormal'. Another participant experienced a completely opposite experience with her new baby, however found this experience equally distressing:

> Erin: My little one has got separation anxiety, and it's not supposed to kick in till like seven months and she's ridiculous, with everyone, if my husbands parents come, they just have to look at her and she flips out. The other day, I thought I'd leave her at Sunday school because they started a babies group, and I hid around the corner and she screamed hysterically for half an hour until she vomited all over the teacher... When I go to work, I don't know what I'm going to do, people just have to take her and she screams, I mean they just have to have her for like 2 second and she screams.

Both of the above examples illustrate how the relationship between mother and child will mediate the way in which ambivalence is experienced (Hoffman, 2004). In Courtney's case it may have been easier for herself to denigrate herself or her child because the relationship was so beyond that which is *expected*. In Erin's case the pressure placed on

her is intensified by her inability to have any time or space away from her child. It is

likely that she will experience her child as incredibly demanding, this will necessarily

impact on the way in which she manages her ambivalent experiences. It also serves to

highlight that the expectations created by the maternal ideal are not supported by mothers

lived experiences. Erin also discusses her disillusionment around breastfeeding:

> Erin: Feeding her can take like an hour sometimes, or because of the
> reflux she hates feeding, me holding her on, she's screaming
> pulling her head back, I mean we battle with every feed... You
> think it's going to be so wonderful breastfeeding, it's going to be
> relaxed, its going to be bonding...meanwhile its like 'damn it's
> feeding time' (agreement, laughter). Let me get my strength up.

This is a very different image to those portrayed in baby books and the media. Parker

(1996) would suggest that this contradictory experience, if not normalised, can only serve

to make a mother's ambivalent experiences more difficult, possibly leading to

unmanageable ambivalence.

Finally, Rochelle, the participant who was identified as operating from within a

Reciprocator orientation, described a very different relationship to her daughter than that

of an all fulfilling relationship (Bartlett, 1994). It was noted earlier that this mother keeps

herself and her daughter occupied continuously, in explanation she exclaimed "I could

never stay at home all day everyday with her, so I go out!". This indicates Rochelle's

acceptance of the type of relationship she has with her daughter, suggesting that she

would manage ambivalence with greater ease.

Other Mothers

Lastly, Pacella (2005) suggested that women feel incompetent as mothers particularly in comparison to other mothers. This was borne out time and time again within the participants' discussion. One way in which mothers constantly compare themselves, noted in the literature, is around the issue of working (Dally, 1982). In the next passage it is clear that Madison associates stay-at-home moms with good moms:

Madison: I mean like, you guys don't work, you like the perfect moms.
Sophia: Not perfect
Elle: I'm looking very forward to playgroup starting (laughter) 3 mornings a week, 4 hours, it'll be fantastic.

As Madison is a working mom this exchange suggests that she may find the fact that she does not stay at home with her daughter problematic. It is evident that she measures herself against Sophia and Elle and finds herself wanting.

As discussed earlier another heated issue where mothers are in constant conflict with each other is around the issue of breastfeeding (Blum, 1999). Many of the participants had, had difficulty around feeding and thus vehemently argued against the dogmatic assumption that one has to breastfeed. In the passage below it can be seen how the following individual rejected the ideal and constructed a new reality for herself, in order to make her rejection of the social norms more bearable:

Courtney: Well, my sister-in-laws little one was fed for two years and two months and this child has had more diarrhoea, and pneumonias and bronchitis's and whatever else. And she always used to say to me, you know, you are going to have very sickly children

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because you don't breastfeed and I just used to say to her, you know what 'you CAN, I CAN'T!' simple as that.

As discussed earlier Madison similarly attempted to reject the belief in the need to breastfeed, however in the following exchange it can be seen in her reaction that she has not managed to entirely reject the 'breast is best' ideology:

Courtney: How long did your baby breastfeed for?
Rochelle: Oh, no, forever!
Madison: And this is my GROUP! (exasperated tone, implying that her group is perfect)

This passage also serves to highlight most powerfully how women even, or perhaps especially, compare themselves with their friends who are mothers (Pacella, 2005). A similar occurrence can be seen in the following passage, albeit couched in humour:

Elle: My son is good, he sleeps, he slept through the night from four months
Madison: And we all curse you (laughter, agreement from group). I always say – don't even talk to me about Elle and her boy, he's just chilled and he just sleeps (laughter)

Due to the regulated nature surrounding motherhood (Rose, 1984) women are constantly aware that they are under scrutiny, constantly being compared to the maternal ideal. This is evident in the way that underlying many of the participants' comments was the impression of being watched or judged, their mothering skills constantly being evaluated. It appears as if these women live under constant fear of being branded with the 'bad mother' label:

Elle: You definitely do always worry about what others are thinking of you, like how's her child, ooh, he's got a dirty face, his shirts dirty. You always do think, like, ok, that shirt he's got on is dirty, I'll quickly change it before we go anywhere else. (Agreement from group).

Sophia: I think, I think for me is that if I started talking about it [the difficult experiences], I think nobody would join in and suddenly the lights on me

Elle: Ja

Sophia: And then there's this awkward silence and then there's like...you a bad mom.

In the last excerpt, a second theme emerges which suggests that even mother's baby's behaviour is constrained by social expectations and are compared to other babies:

Sophia: Then you get some mom, I went to the beach once when my son was 8 months down the coast, for the day. And there's Sophia go the picnic blanket, sun block, toys, the food, the cooler box, hat, nappies whatever. And this other women comes with her husband, no nappy nothing, who was also 6 months or something, and my didn't want to touch the sand, like he still doesn't like the sand, here's my son, and this child is naked in the rock pool, my child's screaming doesn't want to touch anything, I spent two hours packing and she's looking at me like 'look how much stuff you brought down, I can't believe it just for like two hours'

Madison: Ja, what are they doing right

Sophia: Ja, that you not.

In the above passage the participant compares her son unfavourably "here's my son, and this child is naked in the rock pool, my child's screaming, doesn't want to touch anything". The implicit reasoning is that a mother's baby is considered a direct reflection on the mother herself, thus as can be seen in the above passage the participants conclude "what are they [other mothers] doing right?" Thus children are even part of the comparison, in as much as they represent how their mothers are succeeding as mothers.

Another participant voices a similar comparison between her child and her husband's sister's child:

> Erin: My husband's sister has just had this baby that just sleeps all day and I said to my husband I just want to pinch him so he screams. I'm so tired of him being the favourite grandchild, who is like, look how cute I am, I never cry, and my one is 'Waaaah!!'

Reading Four: reading for cultural contexts and social structures

This reading attempts to explore how cultural and structural forces construct our participants' attitudes, beliefs and behaviours. Through this analysis we are able to uncover these influences which are usually so embedded, that the participants are mostly unaware of their effects themselves (Mauthner & Doucet, 1998).

Maternal Ideal

It was clear from both focus groups that the maternal ideal as described in the literature is instrumental in shaping all the participants expectations around motherhood. The participants expressed traditional views around mothering focusing on the importance of breastfeeding, the need to be self-sacrificial and the expectation around an immediate bond between mother and child. Additionally, each of the participants' perspectives suggested that to be a 'good mom', one must live up to this ideal. Significantly, the parameters of the ideal emerged through the participants stories of how they had failed to live up to these expectations.

From the moment a mother's baby is born the effects of the maternal ideal immediately begins constructing the experience of her mothering experience in the form of the expectation around the 'bond' between infant and mother (Phoenix et al, 1991). As discussed above however, the emergent theme around the maternal ideal across the participants suggested that the notion of an instant maternal bond is far from universal. Yet the expectations of the bond confirm that the participants had been well schooled in the idea of the bond and had expected it.

In addition, the maternal ideal positions women to eagerly anticipate motherhood with little critical exploration of what it means in practice to be a mother (Parker, 1996). It appears that this build up and excitement, informed by the maternal myth, results in positioning mothers to be terribly disappointed by the reality of motherhood:

> Courtney: Ja, I thought it was going to be a breeze, I was thinking 'I can't wait for this little thing to arrive'
>
> Erin: I must admit I always wanted children big time and I took, I took 3 years to conceive, so it was a very long time. And I'd also nannied and I'm a teacher so I thought it would be a walk in the park... meanwhile (laugh).
>
> Madison: I took a year, and you just so excited to be pregnant with your baby, at long last... so that's even worse... because I was so excited and I finally got my baby.

This appears to be confirmed by the one participant which voiced a different experience to falling pregnant, who did not experience the same disappointment as the other participants:

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> Rochelle: Well, I had a sort of entirely different take on it. I never wanted children, I was absolutely terrified and in denial and stuff, so it was better than I expected. I mean I hadn't bought anything, I remember leaving it till the eleventh hour and I still bought the bare minimum thinking, 'well, we'll just see.'

Tellingly, the other participants who presented such excitement at the prospect of their first baby held very different opinions about the prospect of a second child. This demonstrates that the lived experiences of these participants are entirely contradictory to that *expected* due to the maternal ideal:

> Rochelle: A baby? Ja...., I actually am thinking about it but once again I'm terrified, I can't bring myself to actually do that again.
> Madison: We all at that stage, they all turning two and we are all saying, maybe try next year but we can't think about it, none of us are in that stage where we can think about it and analyse it because it wont happen

Another participant states:

> Courtney: When I found out I was pregnant with my third child I was horrified, my friend and her mom were the first ones I told, I was besides myself, I was completely and utterly devastated, I just thought I can't do it again, it's just not going to happen...

Notions such as being 'devastated', being unable to 'bring yourself to do it' or being 'unable to even think about it' are not what would typically be associated with the experience of motherhood, as it is represented socially. It seems reasonable to assume that this depth of emotion and the horror that the prospect of having another child evokes in these participants supports Parker's (1996) idea of the experience of maternal ambivalence.

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These participants clearly support the maternal myth in their belief that as a mother, one should be self-sacrificial in every way. As one participant commented "so you get two seconds and then the rest you give to your child". The following participant discusses her frustration at her daughter's demands to choose her own clothes. She feels this frustration is unjustified as, as a good mother, she should sacrifice her time and any of her other responsibilities to help her daughter "learn how to choose her own clothes":

Courtney: My daughter at the moment is at this 'I'll do it, I can do everything, I must choose my clothes, and it, it just gets up my nose because you need to get dressed and you need to go somewhere. Let me just grab the clothes and put them on and she says 'no, me do it!' and she stands there and she 'umms' and she will stand at her cupboard for 45 minutes if I let her.

Another participant explains how her own needs, even as fundamental as feeding herself, must be denied in order to serve her child's needs:

Elle: I used to go to the clinic and she'd say well what have you fed your boy today, and I'd say "well, he's had a piece of toast, had fruit, had yoghurt he's had dah, dah, dah, dah" and she'd say "Oh, I'll bet you he's eaten more than you have today, and she would be the only person that would actually say stuff like that to me. And I'd say "actually you right hey, actually I managed to wolf down a piece of toast this morning but that's all I've eaten all day (agreement from the group). Where my son has had like 5 awesome healthy meals, and I've just been like preparing food for him and not even thinking about myself.

Furthermore, it is also evident that the expectation on the mother to be the sole carer is still prevalent:

Erin: So I just know that when I go back to work, I know that I'll be fetching dinner from day care, coming home, bath her, feed her, put her to bed, cook supper, then finish my marking and

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he'll just come in for his meetings, so even though we both have full-time jobs, he wont be able to...

Courtney: You have a meeting with a teacher from school because your child has kind of done something wrong, they always phone the mom, they don't phone and say can mom and dad please come in for a meeting.

Finally, a consistently significant experience which is heavily constrained by the maternal ideal is the emphasis placed on breastfeeding (Blum, 1999). The incredible pressure that each of these participants feels to breastfeed is evident in the following accounts:

Erin: That's the way it (being breastfed) should be, so for four months she's never ever had a formula bottle, and then the paediatrician wanted me to put her on one because it's heavier for her to like vomit up and I was 'no, no, no – I can't do that!' And I kill myself like trying to express because she has two bottles a day where I try put medicine in or whatever, so trying to find time to express, and that's like, I hate that kind of thing but then I think this is what I have to do, because it's my child and this ...

Courtney: And she always used to say to me, you know, you are going to have very sickly children cos you don't breastfeed and I just used to say to her, you know what 'you CAN, I CAN'T!' simple as that, you know when I went to the doctor and I said you know what? I tried for 8 weeks and I hated every single minute of it.

Madison: I decided, I eventually decided, I tore myself up about it after 4 weeks, I could have stopped way earlier but the guilt was horrific. I will carry on, I will carry on, 12 weeks, 12 weeks, I literally couldn't go another day without crying so much, without being so depressed because I wanted to stop so badly, but my head wasn't allowing me too, eventually the clinic said, I am so glad you stopped, I can now go onto antidepressants, we can get your life back into order and I was a different person, literally overnight, but it took 4 weeks, literally with the depression so bad, because you tearing yourself up inside, the guilt was so bad, and then you think it took 4 weeks and 1 night and I'm a different person, that's how it can effect you.

Also evident in the above excerpt are the recurring terms used to describe their experience of breastfeeding. Examples of these powerful, recurring words are 'hate', 'kill myself', 'nightmare', 'damn', 'tore myself up about it', 'crying', 'depressed' and 'guilt'. These are compelling, meaningful words which these women have chosen to use when discussing what is *supposed* to be a beautiful and natural experience of mothering. These words serve to highlight the very tangible, nightmarish, lived experience that this can be for many mothers. However, significantly this experience only reached nightmarish proportions as the participants felt pressured by society to breastfeed. The torment comes from attempting to feed under circumstances which were not conducive to breastfeeding. If there was no expectation to breastfeed, has been the case previously in history (Blum, 1999), these participants most likely would have stopped feeding and, as a result, may have experienced less maternal angst.

Significantly, Madison was very vocal about how one need not feel pressure to breastfeed and how it is not as important as society portrays. However in the following exchange it is evident that Madison still felt the need to defend her choice to stop breastfeeding, taking refuge in the fact that 'experts' had suggested that she *had* to stop breastfeeding:

> Erin (to Madison): How long did you feed for?
> Madison: 10 weeks
> Erin: 10 weeks?
> Madison: But I had to go onto anti-depressants so I had to stop because otherwise I would have jumped off of a balcony with Chelsea, but...

Thus it is clear that the participants were well schooled in the maternal ideal, from the ideology of 'breast is best' to the unwavering belief in the instant maternal bond to the conviction that mothers must necessarily be wholly self-sacrificial.

Experts

Rose (1989) and Hoffman (2004) both argued that women have become increasingly insecure around their own mothering expertise and as a result have turned to 'experts' for guidance. Within the focus groups it appeared that it was predominantly media and medical staff that were considered 'experts'. Although the participants relationship with their doctor could possibly rather have been discussed within Reading Three, it was decided to discuss the doctors role along with the role of the media under this reading as these are both forms of 'experts' and are both closely related in the predominant message that these sources propose. Hoffman (2004) suggested that women rely on 'experts' to tell them the 'right' way to raise their child. In the excerpt below one can see how the participants are constantly evaluating whether they are doing it 'right':

Madison: Nowadays, in the magazines and the clinic and everyone
telling you, your babies brain in developing the first few years
are so crucial for you to stimulate them, you must do it, you
must teach them that, so you got all this pressure…hah, if I don't
do this my babies going to be a drop out
Elle: A drop out in Std 8
Madison: A drop out, he's not going to have a brain (laughter) You have
all this pressure and it's all on me, I have to do …you
know…give my baby a good brain (agreement), and I have to do
this and stimulate that. So, it's true you thinking everyday, have
I done colours, have I done this (Elle agrees), have I done the
feel thing, have I done this, because otherwise the sensors are
not going to develop, and it's all on you. In the olden days they
didn't know about that, they let you play with one balloon the

> whole day and they didn't know they weren't stimulating the
> brain, and we do. (agreement from the group)

In the following passage it is evident that 'they' refers implicitly to experts who contend

how and why one needs to stimulate one's child:

> Rochelle: I'm not good with playing with her, I'm very bad actually, I
> can't play with her. You know *they* say, sit down and do
> painting with her or whatever.

Furthermore, the effect that these 'experts' instructions have on mother's can be seen in

the comments below:

> Madison: That's the thing- you've always read, everything is wrong and
> you don't know if you doing the right thing, and this is right
> and that's right.
> Courtney: The way a lot of the editorials and that sort of thing are written
> are kind of to make you feel like you are a bad mom because
> you can't cope, how can you not cope?
> Madison: Those mags ask you what you want to hear more of, on all of
> them I've said post natal depression, moms being depressed,
> write more about it, tell people about it, not even just PND, but
> just suffering with emotions, like what we talking about, write
> more about that.

Significantly, Madison's response indicates that there is a paucity of the information on

the negative aspects of mothering in the popular literature. The power of the expert's

opinion can be seen in the following exchange where Madison tries to convince Erin that

she need not put so much pressure on herself to breastfeed. Erin's response indicates that

even an expert's opinion is not enough to counteract societies prevailing view around

breastfeeding:

Madison: Surely, the clinics told you that expressing is far more stressful and that you should rather go on to formula than to try and express.

Erin: I suppose, they have in a way... but I still just don't feel right.

In another similar exchange Madison tellingly draws on another expert's opinion in order to strengthen her argument:

Madison: You know what my GP told me, he was breastfed for a day, I was breastfed for six months – he's far brighter than I am (laughter) he's a blimming doctor, it's not going to make a difference when they're our age whether they've been breastfed for four months or two days.

However, it appears as if the influence of experts can have a positive influence on mothers. This can be seen in the following passages describing the participants' experiences with their postnatal clinic. In the first passage the 'expert' in the clinic gave 'permission' to Elle to think about herself and her own needs. In the second passage the clinic gave Madison 'permission' to stop breastfeeding as she was diagnosed with postnatal depression:

Elle: Oh, I'll bet you he's eaten more than you have today, and she would be the only person that would actually say stuff like that to me. And I'd say "actually you right hey, actually I managed to wolf down a piece of toast this morning but that's all I've eaten all day"

Madison: She actually put me on antidepressants, she said stop breastfeeding, you need stronger medication, if it wasn't for her I would have cracked, lost the plot.

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However, although the diagnosis gave Madison permission to stop breastfeeding, it confirmed the belief that there was something wrong with Madison as it located her difficulties internally. It became clear through the way in which Madison repeatedly referred to her postnatal depression throughout both focus groups, especially when talking about her ambivalent experiences, that this diagnosis was incredibly significant to her. The diagnosis of post partum depression explained Madison's experiences within a socially acceptable convention. Hence Madison could disconnect herself from these difficult experiences as being 'not her' but rather the 'depression'. Possibly, as a result of this, it appears that the legitimacy of her postnatal depression was very important to her, as is clearly illustrated in the following passage:

> Madison: I'm different because in the beginning with my post natal depression, and I know I keep saying that and people think it's a loose word but I seriously did have it, I was on medication and everything.

Lastly, the above excerpt suggests that her postpartum depression was given particular validity as she was treated with medication. This introduces the way in which depression in new mothers is treated and understood. The experts, in this case the medical doctors; treat the depression as if it is an individualised problem which lies inherently with the mother. This serves to further promote the image of the maternal ideal, as it implies that anyone who finds the experience difficult and contradictory is considered sick and in need of medication.

This final reading attempts to provide a summary and integration across the four readings. These focus groups provided very rich, powerful data that allowed for an in-depth look at the experiences of mothering that are not often 'allowed' to be discussed. The imagery that emerged in these women's narratives presented a picture of individuals who felt overwhelmed by the finality of becoming a mother and who felt their 'self' had been overwhelmed by their role as mother. Furthermore, there was an intense sense of isolation. These individuals expressed feeling utterly alone in the difficulties they experienced within their mothering. They also felt utterly alone in the pressure to be primary, and in many cases, sole caregiver for their child.

It would appear that this sense of isolation was propagated by the silence which shrouds any discussion of the difficulties mothers' experience. It was clear that these participants found it very difficult to discuss their intense negative experiences of mothering. It has been suggested that these stories were only accessed because of the supportive frame of the focus group and the use of directive media. Furthermore, Parker's (1996) suggestion that this silence is due to the constraining nature of societies expectations is borne out in these findings. Significantly, all but one of the participants strongly adhered to the expectations entrenched within the maternal ideal.

As Rose (1989) suggested these women were incredibly unsure of their own mothering and did seek help and guidance from the 'experts' around them. These appeared to be their general practitioners, the nurse at the post-natal clinic and baby and child-care

magazines. It became clear that these 'experts' were also schooled in the maternal ideal and served to perpetuate the unrealistic expectations proposed by the maternal ideal. For example, many of the participants had been placed on anti-depressants because they were experiencing difficulties. Thus the 'experts' reinforce this understanding that if mothering is difficult and sometimes feels unmanageable, there is something pathological about the mother. Often these mothers are then treated for post partum depression. However, as discussed above, all the participants in this study found the experience of mothering to be *characterised* by difficulties and feelings of being 'unable to cope'. The denial of these difficulties appeared to be further mediated by their experiences with their close support structures. The expectations set up by the maternal ideal were reinforced in almost all of the participants close interpersonal relationships. Furthermore, almost all of the participants felt that their experience were, and could not be, understood by those closest to them.

As these 'difficult' experiences were explored it became evident that the most conflictual experiences appeared to stem from maternal ambivalence. The participants described intense moments within their mothering where they felt both love and hate towards their children. Furthermore they described the subsequent feelings of guilt and depression which accompanied these experiences because of the perceived abnormality of this experience. Therefore Parker's (1996) suggestion that this is a normal experience which is experienced as being unmanageable because it has not been normalised, was supported in these findings. Furthermore, one of the participants expressly stated that once she had

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started telling people about her experiences and discovering that she was not alone in these experiences she found the guilt and depression much more manageable.

It also became clear that the different participants experienced their ambivalence in different ways, finding it less or more distressing and hence less or more manageable. It appeared that this was strongly mediated by the participants' expectations around mothering. Raphael-Leff's (1991) mothering orientation was used to explicate the participant's expectations around mothering. It became clear that most of the participants were positioned within a Facilitator orientation, as such they most closely identified with the maternal ideal and hence these participants found the experience of ambivalence most distressing and unmanageable. Parker (1996) suggested that if ambivalence remains unmanageable it can manifest as feelings of guilt, depression and sometimes abuse. This was evident in these participants testimony's where all of these participants appeared to experience guilt and some level of depression. Furthermore, Madison described times where it appeared as if she had not been able to manage her ambivalence and had acceded to the hate aspects. At these times she described throwing her child in her car chair or leaving her child to fall off the bed. It is possible that if these experiences had not started to be normalised for her, these actions may have escalated into abuse.

Conversely, Rochelle appeared to be situated within the Reciprocator orientation, thus she did not have the same unrealistic expectations around mothering as the other participants. As a result she appeared to be better able to manage the intense emotions of ambivalence and understand them as part of a normal, healthy mothering experience.

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Parker (1996) held that if ambivalence is managed effectively it can lead to new, creative mothering experiences. This appears to be supported by Rochelle's apparent healthy and creative mothering were she accepts that she will be unhappy if she were to stay at home all day with her child. Therefore she organises her daily schedule where her and her daughter's needs will both be met. Furthermore, she maintains a separate sense of self. For example through her daily adherence to her yoga practice, she provides a time for herself each day where she is not being self-sacrificial but is looking after herself.

Conclusion

In conclusion, these findings suggest that due to the expectations set up by the maternal ideal, an almost impenetrable silence is created around experiences which contradict the ideal, such as experiences of maternal ambivalence. This silence is then further propagated through mother's interpersonal relationships, relationships with experts and their wider social context. As such the maternal ideal precludes the opportunity for women to explore or manage their ambivalence experienced towards their child. Thus mothers experience maternal ambivalence as something terrible, something pathological, something which only they, as 'bad mothers', experience. However, it is argued that if these experiences can begin to be normalised through other mothers' stories, this experience will become more manageable.

It is suggested that the intolerable nature of these experiences consequently lead to feelings of guilt, frustration, desperation and depression and can lead to denigration of the child which can lead to abuse. Furthermore, when these experiences become so

intolerable that these mothers seek help, they inevitably are diagnosed with post-natal depression and medicated. This results in confirming the belief that there is something pathological about these individual mother's experiences. As a result mothers are simply sedated while the inherent social structures which contribute to these unmanageable experiences remain unchallenged. Thus, it is suggested that post partum depression should not always be considered an individualised psychological problem. Rather it is suggested that post partum depression could be considered to be a function of the difficulties of managing a normal, healthy psychic experience, that of maternal ambivalence, in a context which does not allow for it, and in effect demonises it.

Recommendations

It is evident that the experience of maternal ambivalence needs to be normalised in our society. It is suggested that these findings highlight a useful form of intervention with new mothers. It became clear that the setting of a focus group was a particularly useful structure for this type of exploratory work. This is possibly due to the fact that the focus groups provided a safe space for the participants to voice their 'unacceptable' experiences. Furthermore they provided a supportive environment where they could have their experience normalised by other mothers in similar situations in a way which would not be possible in a one-on-one therapy setting. There is support for this as similar work is being done by the Parent Child Groups at The Pacella Parent Child Centre (Pacella, 2005). In this context mothers are made aware of the universality of ambivalence and are helped to understand that this experience need not be destructive but can be understood as a healthy part of the development of the mother-child relationship. In this way mothers

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are assisted to openly acknowledge their own conflicted experiences and can then feel more in charge of their own feelings and as a result feel more competent in their mothering abilities.

Furthermore, there is a suggestion in the study that the participants interpersonal support structures also play a significant role in the management of ambivalence. Hence there appears that there is a space for fathers and other close family members to be educated around these experiences. Furthermore, the need for approval from a maternal figure (Pacella, 2005) could be implemented in the form of support groups or group sessions where an older woman who has successfully gone through the process can acknowledge, accept and normalise new mothers experiences of ambivalence.

In addition, it is clear that medical doctors need to be made aware of this type of research and be made aware of the distressing and conflictual nature of mothering. It is hoped that in this way, doctors may choose to rather first refer mothers experiencing difficulties to support centres before just medicating them. For example, this would have been particularly helpful in Madison's case where she refused to take anti-depressants because she was breastfeeding. Significantly, the impression she had was that her only option was to be medicated. If Madison had been made aware that supportive therapy was an option which may have alleviated much of her distress she could have embarked on this course even while she was breastfeeding.

Lastly, it is evident that there is a paucity of research in this area, and more research around this topic is demanded. Possible research focus could explore the role of the gender of the child on ambivalence. Alternatively, in the South African context it is imperative that further research is needed explicating how maternal ambivalence is experienced in other cultures. Furthermore, there needs to be an exploration to discern if there are possibly other healthy psychic experiences of mothering which are experienced as problematic due to the constraining nature of any other cultures.

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Appendix A

Consent Form

"One of the reasons it's hard to express satisfaction with your life when you have children is that everywhere, every day there is anger...the quick summer storm kind of anger, the slow burn of anger, the underground anger that sometimes affects what you do or say without your even knowing that it was there. There are the terrible twos when a child asserting independence refuses to wear mittens on a freezing cold day and for a moment your frustration turns you into a wild thing. There's the other kind of anger that comes when you need to soak in the bath and the child wants you to see his block tower...Anger is everywhere in the rough-and-tumble of child rearing as you find out what you can't tolerate, what kind of demon witch you really are, what causes you to flare, to stifle fury or to stuff it back down the throat, to let it out all of a sudden...None of this is simple. Domestic squalor is dark and serious. It leaves behind guilt or sadness. Anger bestows on you a portrait of your soul. It is often followed by guilt. The portrait is more detailed if you have children."

- Anne Roiphe, *Fruitful: A Real Mother in the Modern World*

This research project is a continuation of an earlier project which focussed on the exploration of mothers lived experiences in contrast to the experiences mothers are commonly described or are expected to have. The literature suggested that the majority of mothers do not have as blissful experience of motherhood as the baby magazines and parenting books would suggest. In fact the literature suggests that women find mothering an intensely difficult, ambivalent and conflict-ridden experience. This was indeed supported in the previous study, however what was even more overwhelming was the extent to which women battle to openly discuss or rather 'admit' these difficult experiences. It has been hypothesised that women struggle to admit these experiences, both to themselves and to others around them, due to the socially 'unacceptable' nature of these experiences.

Therefore this research project aspires to create a space where women can feel comfortable and safe enough to share their own difficult experiences. It is hoped that by opening up these dialogues women will begin to understand their experiences as normal

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and thus begin to release any guilt and fear around, what the literature suggests, are normal, healthy and necessary mothering experiences.

In order to ensure anonymity the names of all participants will be changed. The study will make use of focus groups, the information will be tape-recorded and transcribed by the researcher and only the researcher will have access to the material covered within these focus groups. This is an interpretive study thus the structure of the study will make use of two focus groups. The second focus group will enable the researcher to report back on the interpretations of the first focus group and will provide the participants with an opportunity to provide feedback on these findings. The participants are welcome to access to the final research paper once it is completed. Please note that all the participants are free to withdraw from the study at any stage of the process. Lastly, the participants should be aware that there is counselling staff available at the university clinic free of charge, should they at any stage after the research process feel they would like to make use of these services.

I...............................(full name of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw form the project at any time, should I so desire.

SIGNATURE OF APPLICANT   DATE

....

Interviewer: Gabi Kell   Supervisor: Kerry Frizelle
               Gabi_kell@hotmail.com   Frizellek@ukzn.ac.za

Please provide a pseudo-name which you would like
used in the write up of this study: ....

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Focus Group Questions or Areas to Explore

1. Previous experiences of mothering?

2. Previous experiences of being mothered?

3. Support system?

4. Expectation of mothering before birth, pregnancy?

5. Describe self as mother
   - basically the same as before?
   - basically a mother?

6. How do women account for maternal ambivalence in their narratives of motherhood?

7. Will women find it difficult to voice their experiences of ambivalence?

8. Where will they place the blame for the experience of maternal ambivalence?

I slam down the cookie tray, the chicken nuggets leaping as if alive. I cannot bear it when they hurt each other. "Stop it!" I say, grabbing Isadora by the shoulder, and, to Miles, "No taking Izzy's food—"

"But, Mommy—"

"Do you understand? Jesus!" I'm yelling now.

These days, not only does it seem as though I am constantly shrieking in frustration, I am boggled by the banality of what I am yelling about. *Don't hug the cat that way! No, you can't have beef jerky for breakfast! Did I hear a thank-you?! Barbie's head doesn't go on Ken's body! Get up! Sit down! Are you trying to kill me?! Do you want my head to explode?! And who do you suppose is going to clean it all up! Huh? Don't look at me, pal!*

But when they refuse to hear me, when they refuse to turn off the TV in favor of a painting project or building with Legos, the effort to keep from screaming "Barney is Satan!!" is sometimes beyond me. I ought to wear one of those bracelets that say WWMBD on them. *What would Mrs. Brady do?*

The first thing, of course, would be to sell a kidney so I could afford my very own live-in Alice, who would not only run our house like a fancy hotel, but also lovingly dress and deliver Isadora and Miles to school on time, freeing us from rumors that we're carney folks living out of tents by the East River. At school she would greet the Class Mother and happily agree to fashion a three-foot statue of the school mascot out of ladyfingers, then accompany the entire first grade to an outing at the local prison. After school, she'd provide a tasty snack not concocted in a lab and help them with homework; then they'd all construct a baking soda volcano.

Thus, when Mr. Brady came home, I would not be tired and stressed, having worked, bathed, perhaps had coffee with a friend, and maybe even changed the leather pants (a mother's best friend, as they wipe clean) I've been wearing for three days . . . so I'd be able to see him not as the bastard who got me into this mess, but as my lover whom I am thrilled to have home again. I would be capable of sparks, of lively flirty adult conversation, and—over a sumptuous turkey-frank-free dinner—I might even run my stockinged foot up the back of his calf, causing him to wonder if I am truly his wife or, in fact, the robot love slave he asked Santa for.

. . .

Despite the noisy cracker-licking debacle, Rob, unshaven and bleary-eyed, comes up from his basement office, where he has spent the day reading page proofs. So much for the Brady fantasy.

Though he looks tired and cranky, I know he's not likely to lose his head, except as a somewhat understandable (at least to me) response to an unbearable situation. *Daddy broke the kitchen window with a flying fork/threw the chicken carcass off the table and into the dishwasher because, Isadora, you again swore you'd never read when you plainly can, upset your milk, and declared the wild rice yucky; and, Miles, you jumped out of your chair for the thirteenth time, raspberried your mother, and, finally, stuck the filthy spoon you'd artistically spackled with modeling clay into your juice.*

With me, in contrast, so often what sets off my anger is pure stress and fatigue. Likewise, sometimes I am just too damned tired or lazy to discipline my children calmly and effectively (unless, of course, they are being unlawful or are in danger of, say, *losing an eye*). But my exhaustion is coupled with my guilt that I am one of the lucky ones. I shouldn't complain. I have money (usually), a partner (always), and child care (generally when I want it). Unlike so many husbands, mine is a true partner; I can always tag him to take over when I am about to grab the folding chair. My kids are happy, safe, and healthy, and I get to do the work I want, more or less. How many people can say that? I am rich beyond words.

And yet, where once seeing a mother dragging a kid down the street like a wildebeest would have made me shake my head in horror, I now sigh in sympathy—for the *mother*, not the child. I can relate to the pure adrenaline—and fireman's carry—it sometimes takes just to get your kids from point A to point B.

. . .

Have I said yet that I've never hit my children? I have not. What I have done: grabbed their wrists and yanked their arms. Dressed them roughly and pushed them out the door. Let the brush catch and pull their hair

when they squirmed. On occasion, let them fall when I could have caught them. Thrown things—near them, but not—never—at them. I have swatted Miles's bottom (somehow, I don't really consider this hitting), hard enough so that he turned to me, hurt and surprised.

I can live with this. I can even live with the fact that someday I might spank them, if they deserve it and I am under control. The key is control. Which is why I find it harder to live with the experience I had not so long ago, one that has—I think—changed the way my children look at me, if not the way I look at myself.

On this night, my husband was out seeing a band. The kids and I had dinner at a friend's, so we segued into our bedtime routine later than usual. They were coming down from spending time in a house with different rules: people eat chocolate bars; people jump from the sofa to the chairs playing hot lava and alligators; no one says *please* or *thank you.*

Reentry was hell.

It was all I could do to get them into their pajamas without a whip and a shoehorn. Mouths had to be pried open to brush teeth. They battled bare-fannied to see who could slide onto the john first. A bloom of wet toilet paper spread out on the floor like a squashed corsage.

Finally, they toddle off toward their room. "Get into bed," I call out to them from the bathroom, where I'm on hands and knees cleaning up the mess. "Go to sleep, and have pleasant dreams." *Goddammit,* I add, sotto voce.

As I finish rinsing the sink, I realize it's actually quiet. But when I enter their room, they scream with laughter and scurry up to the top bunk. Playing Pirate Ship.

"Guys," I say. *They're just wound up,* I think, *having a little fun.* "Come on, scallywags."

Up in the crow's nest, Isadora accidentally elbows her glass of water off the top bunk, showering the bean bag chair, magazines, paint sets, puzzle pieces.

"Dammit!" I yell.

Isadora bites her lip.

I count to three again, trying to chew my anger into swallowable bits. "I know it was an accident," I manage. Even as I praise myself for being so generous, it isn't lost on me that permitting a child to have an open container in bed is not a stellar practice. And whose fault was it that their floor was such a colossal mess?

Still.

Isadora looks peeved, then upset. She hates doing anything wrong; it embarrasses her, which in turn makes her bratty. Of course, I relate to this, but I still can't stand it.

She stares at me, and for a moment I am afraid she's going to start bawling or pitch a fit. When Isadora was small I was determined to teach her it's okay for girls to get mad—that it's normal, human, and not gender-specific. Together, with the assistance of a few well-chosen "How to care for and maintain your child" manuals, Isadora and I learned the language of anger. And while it seems goofy and makes me feel self-conscious to hear myself parroting, *Use your words to tell me why you are angry. It's fine to be angry, it's good to express your anger, anger is poison, don't swallow it* . . . well, embarrassing or not, this actually works for us. Admittedly, she is better at it than I.

"I am allowed to be angry about the water spilling without being angry at you," I say now.

She is visibly relieved.

"Jesus!" I can't help adding.

I go get a towel and mop up the water. "Now, in your bunks, pirates," I say. "Please don't make me tell you again, mateys."

I glance at my watch: 9:30. Already 9:30. And I still have work I want to do tonight. No, *ought* to do—because clearly the message from my control tower is, *Darling, relax! Recline! You've got magazines on the sofa, Halloween candy in the freezer, Independent Film Channel on TV!*

Wringing out the towel in the bathroom sink, I look at myself in the mirror. *Count to ten, ha-ha. I ought to make 'em walk the plank. Yo-ho-ho, I want a bottle of rum.* Anger makes me look old. My young handsome husband is out listening to music, talking with our friends, childless friends,

so the conversation is perhaps topical! Philosophical! Any opical! Not that he doesn't deserve it, but still, here I am in the domestic wasteland turning more and more shrewish by the moment.

Isadora and Miles are giggling over a book in the top bunk now when I return. It is as though I don't even exist. I'm in no mood to count to ten. I am inching closer to the line. "What did I tell you?" I say, loud but not quite a yell yet. "Get in bed, *now!*"

Miles grins. He picks up the book they're reading and, like a midget supervillain in a Bond movie, turns and hurls it at my face, clocking me, with great accuracy, right on the brow bone.

Flashbulb of agony. Brought to my knees, I scream like the freaking Cyclops.

Then, for a moment, I just stand there, holding my eye. Miles is staring down at me, smiling. Amused. Waiting to see what I will do next. He doesn't know that the line of acceptable/unacceptable behavior—*my line*—has just been kicked into invisibility.

"My God, you hit me in the face!" I scream. *"What the hell is wrong with you?"*

My blood, spiked with stress, rage, and guilt, surges in my veins, and I feel almost dizzy. In a fury, I jump up on the ladder and make to grab Miles around the throat. He and Isadora both skitter backward, bolting to the wall to get out of my reach. Now they know: I can see it in their faces. I am going to take Miles down, or better, take both of them down, and I can't wait. I want to hurt him. An otherworldly bellow of hell and doom swells in my gut, and a terrible sound rises up out of me, as though this ugliness has been boiling in my bowels for years. I roar at them.

In slow motion, I watch my children's faces draw into masks of fear and shock. Miles yelps. Isadora presses her face into the crook of her arm. "I'm scared!" she cries, her voice breaking.

"Good!" I scream, meaning it. "I'm *glad* you're scared! You *should* be scared!"

But I am scared, too—scared of hurting my children, of not being

able to protect them from myself. Scared of how much I both love them and hate them in this moment.

Miles grabs hold of Isadora, and she throws her arms around him and pulls him close, sheltering him with her body. He shakes and sobs. "Mommy," Isadora whimpers, her face wet with tears. "Please stop. Please. You're scaring us."

Mommy, please stop!

My daughter's pleading is like taking a knife to an elevator cable, snap! And my rage goes into free fall, leaving this great emptiness, this hollow ring of silence, and all I want, all I *need*, is to morph into a daisy or a doormouse. I want to be impotent and innocent. I want the whole thing never to have happened.

My children tremble and cling to each other on the lifeboat of the upper bunk. *Thank God they have each other.* I step down from the ladder. I can't believe how I am shaking, as if I'm coming down from some thrilling and terrifying high. "Miles," I say. "Isadora." My voice is hoarse and foreign.

They watch me closely. Are my eyes wild, pupils dilated? Is my hair electric?

"You hurt Mommy," I say. "That really really hurt." I can feel the bump rising on the ridge of my brow; my whole eye socket aches. At least there is evidence. I hope it hurts for a while.

"We're sorry, Mommy . . ." Isadora says. Miles says, "Sorry, Mommy." They look at me as if I am a stranger they must be polite to. Neither of them moves, not even to wipe their noses, now running from their crying.

"It's late," I say, finally. "Let's get into bed."

There is a second's hesitation as they turn their backs on me, as though they no longer trust me. And why shouldn't they be suspicious? Miles shinnies down the ladder, keeping an eye on me; Isadora pulls up her knees and slides between her sheets. What are they thinking? I kiss her good night. Her face is hot.

"I am sorry we made you so mad," Isadora says again.

I swallow hard. I feel unworthy of her apology.

In his bunk, Miles lies on top of his blankets, in the baby pose of tummy down, fanny in the air. He lets me cover him with his quilt and hug him, then he rolls on his back and his T-shirt rides up so I can see his smooth white stomach, his navel a delicate whorl where once we connected.

"*I love you*," I say at the door. *Neither of them says a word.*

I want to cry. They are so small. How goddamn small are they? It doesn't seem fair that anyone so small should have a mother like me.

It's not like I hit them, I tell myself. I stopped myself in time, didn't I? Isadora is fine. And Miles has to know there are consequences to his actions, and better me to teach him than somebody else, a sadistic gym teacher, or, God forbid, a cop.

Upstairs, I pour myself a glass of red wine and sit on the sofa, still shaking. *But still, I lost it. It wasn't what I did, or didn't do, it was what I could have done. And the truth is, it felt so good to scream, so very good. Even now, after all the books, all the therapy.*

After a few minutes, I get up and go downstairs to check on them. They are both fast asleep, fingers of moonlight touching their faces. They are perfect.

And suddenly I have this urge to get into bed with them. I want to curl up around them; I want their arms slung across my face, their windmilling limbs pedaling dream bicycles across my ribs and shins. I want them to beat me up. I want to whisper in their ears, *Mommy loves you. Mommy will never hurt you.* I want to wake them up now, letting not another minute pass, so they can see in my face that I mean it when I say, *You are safe. You can trust me. I could never not love you.* I want this for their sakes, but also for mine.

But to wake them or climb into their beds would be intrusive and unfair. I do not deserve, nor do I have, the right to demand their forgiveness.

So instead, I crack the door, letting the hallway light illuminate the corners of their room. I stand outside the door for a minute, then walk away.

And I draw a new line in the sand.