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Managing Expectations After Expecting: A Phenomenological Study of Anger and Societal Expectations in New Motherhood

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MANAGING EXPECTATIONS AFTER EXPECTING:
A PHENOMENOLOGICAL STUDY OF ANGER AND SOCIETAL EXPECTATIONS IN NEW MOTHERHOOD

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ABSTRACT

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The literature on motherhood is dominated by topics on the roles of attachment, prenatal care, and childrearing. Research on the negative effects of motherhood is typically described in terms of postpartum depression (PPD) or postpartum mood disorder (PPMD). However, anger is a prominent component in motherhood, which may not be seen through the criteria of PPD or PPMD. Additionally, angry mothers conflict with the mythos of the Good Mother. In this phenomenological study, the thematic structure of mothers' experience within the first year of their newborns' life are examined. Data from interviews with seven women who were four to ten months postpartum were analyzed for thematic similarities and variance. In this study, the four themes emerged from the mothers' experiences within the context of expectation that was evident in both the mothers' own perception as well as the perception of others' expectations. The identified themes emerged from Merleau-Ponty's existential grounds as follows: The first was the visceral nature of motherhood, both physically and mentally. Four subthemes emerged, including the *Intensive Labor of Motherhood*, *Motherhood is Hard*, *Loss of Control*, and the *Language of Anger*. The second theme noted the *Changes Surrounding Motherhood*, where ideas emerged about the temporal nature of how women become mothers, such as the suddenness of that transition and when mothers begin to "get their lives back." Three subthemes emerged surrounding *Identity, Transition into Motherhood,* and *Grief*. An interesting secondary subtheme

of *Older Motherhood* also arose around the theme of transition. The third theme emerged around the *Connection to Others* about the support systems and how those near and far supports undergird their experiences as mothers. A subtheme arose of *Loneliness and Isolation* with a secondary subtheme of *Lack of Information,* with a tertiary subtheme of *Looking for Support,* and *Comparison*. The final theme was about the *Pressure and Expectation*, which discussed the societal constructs that influence how they become mothers. Within this area, five subthemes emerged: *Motherhood During Covid, Guilt,* "*Shoulds" and Supposed To, Judgment,* and *Societal Implications of Motherhood.* The results from this study provide a unique contribution to how motherhood is conceptualized as well as how support is defined for mothers. The implications for this study are that there are a number of moments of distress often hidden in the "joy of motherhood." In their experiences, the mothers indicated that they felt episodes of anger. They directed their anger at themselves, their situation, their loved ones, caregivers, and sometimes society at large. This study is the first study of becoming a mother during COVID-19. Additionally, this is the first study to include substantial feelings of grief and loss during motherhood that does not relate to the loss of a child. In their experiences, the mothers indicated that they experienced episodes of anger. This anger emerged at themselves, their situation, their loved ones, caregivers, and sometimes society at large. Moreover, the mothers noted anger emerging when faced with the perception that discussing their struggles would ultimately mean that they would lose that support that was so necessary. This led them to censor themselves when discussing their struggles, exacerbating feelings of isolation, grief, guilt, and anger. Mothers noted an increase in isolation as they confronted a lack of information and support. The noted an increase in anger as they sought to navigate comparison, and the resulting guilt that emerged. Finally, the mothers expressed feelings of judgment, pressure from the ever present "shoulds,"

and the overarching societal implications that accompany motherhood. This dissertation is available in open access at AURA, https://aura.antioch.edu, and Ohio Link ETD Center, https://etd.ohiolink.edu/etd.

Keywords: phenomenology, motherhood, social expectations, anger, guilt, grief, loss

Dedication

I dedicate this project to Jon, Julian, and Sophia.

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Table of Contents

List of Tables

List of Figures

CHAPTER I: INTRODUCTION

> The universe is made of stories. Not atoms.
>
> —Muriel Rukeyser, *The Speed of Darkness*, originally published 1968, p. 463

> What would happen if one woman told the truth about her life?
> The world would split open.
>
> —Muriel Rukeyser, *Käthe Kollwitz*, originally published 1968, p. 470

> I was at the grocery store and, all of a sudden—I have this six- or seven-month-old—who decides, at that moment, to just have screaming cries echoing throughout the grocery store. So, I'm holding him, and he had been spitting up down my back and in my hair and I am not realizing it. My husband's away for work, and I'm just realizing that I just need to get through until Friday. I just need a few more days and then my husband is home and it's okay. Then this woman stops and just says, "I know it's hard but treasure this" and I'm thinking, "No, there's nothing about this moment that I'm treasuring," and that's where that anger came up again. At this woman, who, really, just wanted to, probably, assure me that it *would* be okay, but I was so angry with her. I was so mad that she had the audacity to tell me that somebody throwing up down my back was okay.
>
> —(Bracketing interview)

Rukeyser's poetry (2006) speaks to the dichotomy of vulnerability and the challenge of feminist philosophy, highlighting the ambiguity that exists when women tell their stories. Women revealing their traditionally oppressed perspective risk rejection for both themselves as well as those who listen. All at once, the story may serve to undermine the status quo and stability and, consequently, offer possibility. By giving mothers a voice, phenomenology challenges societal expectations for motherhood and the idea of the idealized archetype of the Good Mother (the always happy, only nurturing, ubiquitous caregiver) that mainstream western culture promotes. The Good Mother can be seen as the 50s housewife or the supermom, promoting "traditional family values." The idea of the Good Mother constructs a binary where women who are not fitting into the paradigm of the Good Mother inevitably become a bad mother (Rock, 2007).

In a June 8, 2021, article by Carolyn Hax in the *Washington Post*, Hax responded to a mother desperately struggling with the pressure of being thankful for all that she had. Upon a first reading of the mother's struggles, an immediate response may be one of judgment against her selfishness; however, her struggle frames a picture of societal expectation that mothers should be thankful for the opportunity for "childcare, necessary clean up, food prep, work, and sleep" (Hax, 2021). Without explicitly discussing societal expectations, this mother exemplified those expectations in the internalization of the self-sacrificial idealized mom. Perhaps more notable is Hax's response, which gives permission to the mother to be less than grateful—even angry—for her circumstances that "some times are really just about getting through." This response highlights that, in the United States, mothers just have to survive the newborn period. Her comment reinforces the idea that motherhood is hard, and it is a burden often borne alone. Societally, the standard is set impossibly high to achieve being the Good Mother; yet few resources are provided to mothers to help them achieve this impossible standard. Further, mothers are much more likely than fathers to take on the responsibility of childcare and household work, regardless of whether or not both have jobs (Croft et al., 2015).

A collection of articles in the popular press as the 2021 COVID-19 pandemic took hold revealed some awareness of this issue. Boorstin and Taylor (2020) for *CNBC* characterized "How Coronavirus Could Do Real, Long-Term Damage to Women's Careers." Multiple articles in *The Atlantic* highlighted the cost of mothering, especially during a pandemic. Zoe Fenson (2020), in her article, "Women's Invisible Labor Is Keeping America Going," published in *The Week*, argued that the pandemic highlighted how the invisible labor (the mental labor that is part of all aspects of childrearing and household management that nearly exclusively falls to women), holds households together. She notes that this invisible, mental labor takes a significant toll.

Jessica Grose in the April 22, 2021, *New York Times* article, "Why Women Do the Household Worrying" discusses Allison Daminger's research on cognitive labor. This article highlights the disparity between partners when carrying the cognitive labor of household management. Monica Hesse (2021), in "The Unreasonable Expectations of American Motherhood" in *The Washington Post*, notes the disparities between the US and other systems of support:

> American women are discharged from the hospital with no codified support. No free Finnish baby boxes containing all necessary baby gear. No free British midwives, dropping by your home to check on the mental and physical well-being of the new parents. No free Swedish lactation consultants, no German *hebammen*. No mandated paid maternity leave as exists throughout Europe and in other countries like South Korea, Israel, Mexico, Chile. (Hesse, 2021)

These conversations in mainstream periodicals highlight the disparity faced by women, and specifically, mothers. Areas of academic research are moving into the public discourse. It is time for these disparities to be reconciled.

This dissertation explores the intersection of gender roles, negative affect and emotional suppression, and the influence of society on both of these constructs. Motherhood does not eclipse or diminish a woman's previous role or identity. Therefore, as primary caretakers, new mothers must balance a new and abrupt experience and identity against their other daily demands and the identity with which they have constructed and relied upon throughout their lives. Additionally, new mothers may experience anger when their own expectations of motherhood conflict with the increased pressures of their multiple roles. New mothers also find that external systems inform those expectations, which can further exacerbate feelings of anger.

Purpose and Goals of the Study

Much of the previous research focuses on negative emotions that arise through postpartum mood disorder (PPMD) and postpartum depression (PPD), such as depression and anxiety. Although anger is noted occasionally, it is often described ancillary to other negative

emotions and still within the context of PPMD and PPD. This dissertation includes an exploration of the gap between how mothers experience anger and the external influences that often repress or exacerbate a mother's anger. Additionally, the literature review explores traditional gender roles for women and how the shifting perspective over the last half century has affected women and mothers. This dissertation also discusses the manner in which mothers are able to express, or repress, anger and the resulting concerns regarding psychopathology.

This current research documents the lived experience of anger in new mothers. It also examines how this ideal of the Good Mother intersects with actual experience. The advent of a child is most often a source of great joy, eclipsing the acknowledgment of most other emotions. The interviews with new mothers will explore the depth and breadth negative emotions that co-occur in this poignant period in a new mother's life.

A goal of this research will support new mothers and their families by normalizing the wide range of emotions that women experience without pathologizing those feelings and mental states. Normalizing these emotions in a therapeutic environment will gradually foster their societal acceptance and promote the development and treatment of a predictable range of expression, as opposed to identifying pathology that must be feared or cured. By providing additional clarity to the prevalence of anger for new mothers, this can further assist diagnostic specificity for postpartum depression (PPD) and postpartum mood disorder (PPMD).

By utilizing a phenomenological lens to explore anger of new mothers, participants have the freedom to unveil their experiences in a safe environment, without judgment. This exploration recognizes that these experience of joy and anger can co-exist, and both are valid. The nature of qualitative research realizes credibility through member checking, gathering rich and thick descriptions in the interviews, and bracketing to determine research bias to ensure

validity in analysis and interpretation. Reliability was assured through a critical appraisal and reading of the interviews in a multi-member research group to ensure the integrity of the findings. Additionally, qualitative research typically requires extensive time and resources for interviews and data analysis to ensure authenticity in the reporting of the findings.

The detrimental effects of anger, and other negative emotions, are well documented in new mothers (Blum, 2007; Thomas, 2006). The negative impact of a mother's anger extends to not only herself, but those around her as well, both in personal and professional contexts. The clinical implications of this study addresses questions about both the internal and external consequences of anger. These questions arise from the desire to gain insight into mothers' emotional states and to increase awareness of anger's negative impact upon new mothers, their children, spouses, families, and other relationships. This inquiry leads to further questions about whether societal pressure influences repression or suppression of anger in motherhood. This exploration has led to three questions to be explored in this dissertation:

1. Do new mothers feel an increased amount of anger?
2. Do new mothers experience societal pressure to inhibit their experience and expression of anger?
3. Does the societal pressure perceived by new mothers exacerbate and compound their experience and expression of anger?

This research has potentially broad implications for how clinicians understand and support new mothers' emotional and psychological states in the postpartum period in addition to increasing awareness of valence of emotional factors in new mothers as well as the field of psychology.

CHAPTER II: REVIEW OF RELEVANT LITERATURE

With Expanding Roles and Responsibilities, An Increase in Anger

Shifting societal structure and the emergence of a middle class through the 18th century created a shift in the nature of mothering. Emerging from the social upheaval, "the general belief of the middle and upper classes prevailed that mothering was an innate, instinctual mechanism" (Sommerfeld, 1989, p. 19). By extension, this meant that (a) this mechanism was inherent in the mother for the child's growth, development, and behavior, and (b) the mother should be blamed for any behavioral errors and problems that the child presented (Sommerfeld, 1989). Even before women assumed the mantle of motherhood, they were aware of society's perception of the Good Mother, and limitations imposed by society upon the definition and role of the Good Mother (Odenweller et al., 2020). These definitions undoubtedly influenced any negative expression in the mother's new role so that she would not to be perceived as the bad mother (Alizade, 2019).

The change in the perceptions of women's roles marked the beginning of the women's movement; from Mary Wollstonecraft's *A Vindication of the Rights of Woman* (1792) through first-wave feminism emerging in the 19th century through today informs a dichotomous understanding of motherhood. On one hand, today, women are able to choose their roles, may it be to work outside of the home, continue with their education, marry, partner, or remain single. On the other hand, the role of womanhood seems prescribed with the only outcome that exists is whether she will have children or not. The innate biology that dictates women's roles in motherhood is weighted as a stereotypically gendered role while women need to exert additional energy to navigate their role in society, work, and domesticity.

Mothers are often judged by standards that assume the "selfless, ever-nurturing, perfect mother" (Thomas, 2006, p. 38). When they fall short of these expectations it is "equal to the fall

from perfect mother to wicked witch" (Seigel, 1990, p. 95). Western culture does not, as a norm, honor the matriarch; "our male-centered, patriarchal world . . . plac[es] the lowest priority on nurturing and care-giving, while the highest priority goes to financial growth and preparations for war" (Seigel, 1990, p. 95).

With the advent of literacy through state mandated education in the last part of the 19th century in France (Gouvernement Francais, 2017), publishers capitalized on the broader literate market with periodicals dedicated to promoting the ideal womanhood. Marketing to the masses, the periodicals created the ideal female role model exemplifying the balance between convention and new emerging equalities of the "modern woman." Despite the lack of political engagement, these periodicals expanded women's roles yet promoted an ideal of fantastical women's achievement which lay the foundation for first wave feminism (Mesch, 2013).

Feminism, as it emerged in the 19th century, focused on political rights. Suffrage was the primary goal to attain equality. In *The Secret History of Wonder Woman*, Jill Lepore (2014) discusses this political movement through the lens of poetry and literature of the time. Much of feminine literature was the precursor to the Wonder Woman story; women living in a world without men and only inviting men into their world if they would be perceived as equals. These notions of equality stemmed from what was described, at the time, as voluntary motherhood, but political activist and sex educator Margaret Sanger defined this as birth control. Thus, access to birth control became a fundamental means by which the body politic would control women's bodies. Margaret Sanger and her sister Ethel Byrne established the first birth control clinic in the United States. Sanger, in her book *Woman and The New Race*, published in 1920, argued that woman "had chained herself to a place in society and the family through the maternal functions of her nature, and only chain thus strong could have bound her lot as a brood animal" (Sanger,

1920, p. 217). The image of chained enslavement was often depicted in feminist poetry and literature of the time and the work of Sanger, Byrne, and other activists "would emancipate the motherhood of America" (Lepore, 2014, p. 101).

In 1923, the Equal Rights Amendment had been introduced to Congress, but feminists of the time found it woefully inadequate. The amendment offered broad, lacking sketches of equality between men and women without addressing practical, finite concerns. Helen Glenn Tyson, an activist with a particular interest in working women, in a 1926 *New Republic* article, decried the vast dichotomy between the equality discussed in the amendment and the real-life onus that falls to women who work. These women work not only from a desire to have something of their own but also a need for additional income (Tyson, 1926). This was made more difficult due to the fact that societal shifts contributed to diminishing domestic service, and that kind of work was no longer as readily accessible as times in the past. Tyson recognized that women who worked while also responsible for managing and maintaining their home had a significantly increased burden not recognized by society. These women felt the weight of the management of their home lives that never quite left them free to focus on their careers (Tyson, 1926). Similarly, Alice Beal Parsons, in her book, *Woman's Dilemma*, (1926) noted that, because "she does as much work outside the home as her husband, there would seem to be no reason why she should in the future be responsible for all the domestic chores" (Parsons, 1926, p. 247). These were the first women to not only discuss "having it all"—jobs and family and children—but also to highlight the fact that men had never shouldered these burdens.

Simone de Beauvoir was among the first social theorists to conceptualize the different constructs of sex and gender that we see today. Her writings were a demand for equality as well as a guide for clarifying and understanding the role of women. She specifically addressed

motherhood, and her ideologies defined motherhood for a generation. She noted that the nature of how humanity was defined, was, by default, male, which necessarily rendered women "the other."

It was through choices that women could change the paradigm. This included motherhood. She defined gender as a social construct dependent upon an individual's choices. As such, women had the choice to define motherhood by their own—and not society's—standards. The choice—or more accurately, the directive—that women stay home to raise their children, perpetuated a male dominated social structure that Beauvoir rejected (Beauvoir, 2011).

First published in 1949, Beauvoir's enduring book, *The Second Sex,* is often regarded as a foundational work of feminist philosophy and the starting point of second-wave feminism, addressing women's sexuality, family, workplace, reproductive rights, and de facto and legally constructed inequalities. Simone de Beauvoir's statement that "one is not born but becomes woman" (Beauvoir, 2011, p. 267) was instrumental in the perception of second-wave feminism. She provided early outlines of the societal influence on the perception of female identity and how women fit into the world (Beauvoir, 2011). In Beauvoir's view, because women made up half of the human race, it did not make sense that they should be relegated to a secondary or subservient position to men.

Indeed, much of her writing condemns the innate roles of womanhood, specifically motherhood, in the same manner that she condemns the men who have engendered to make women secondary. This censure prefigures the ambivalence that women face today when having to choose between work and motherhood. Women work and are mothers, and while societal expectation of women in the workplace has shifted, expectations of women as mothers has not, which has left working women in an impossible position where they cannot satisfy both

expectations. Beauvoir, for example, characterized motherhood as nothing more than an advertising slogan to perpetuate the inequity of gender; “the child is the ultimate end for woman is an affirmation worthy of an advertising slogan.” (Beauvoir, 2011, p. 567). Betty Friedan developed this further in *The Feminine Mystique* (1963), which captured a growing discontent in mothers, who could love their children but, at the same time, resent motherhood. Friedan argued that if mothers were allowed to develop their own sense of self, they would be better mothers. Beauvoir stated that women had choices; presumably, that choice would include a woman’s choice to stay at home to raise their children. Yet, when feminists’ voices resound that this choice of motherhood equates to oppression, mothers can feel marginalized among women as well.

Throughout the 1960s and 1970s, the Feminist movement progressed with continued discussions surrounding the role of women, especially in motherhood. Controversy grew concerning the innate nature of womanhood and motherhood, in particular as to whether the roles of homemakers and caregivers are innate or societally bound. The advent of additional roles in the workforce during WWII added to women’s identities and many women were reluctant to revert to the restriction of mother or homemaker in the aftermath of the war (Santana, 2016). Friedan (1963) characterized motherhood as a domain that echoes with thwarted expectations, replete with living vicariously through others because they had subjugated their own identities (Friedan, 1963). Although more options were beneficial for women’s empowerment, the expectation that women would continue to be the primary caretaker never changed. Thus, women were given the choice of being caretaker without a career or having to do both.

The challenges imposed by societal expectations of motherhood are viewed through the changing perceptions of gender roles. Although the perception and expectation of women has expanded and shifted with women's expanding roles within society, perception, and expectation of women as mothers has not shifted, and as a result, new mothers are stuck in time. Historically, women's work had been restricted to the role of motherhood. The past decades have brought significant social changes that expand women's roles within society. Despite this, there is a growing frustration that the same expansion of roles has not engendered in a broadening of the perception of motherhood in the same way (Kroska, 2014).

Luthar and Ciciolla (2015) surveyed 2,247 American women between 2005 and 2010 to measure maternal adjustment, parental experiences, and support in relationships. Their findings determined that personal support was the greatest indicator for their well-being. Mothers' own investment in their children and investment in their role as a parent had less of an impact on well-being than the researchers hypothesized. This would indicate that, in their transition to motherhood, mothers had higher well-being when they felt accepted and supported in their community.

In an additional study, Ciciolla and Luther (2019) explored the impact of "invisible labor" upon mothers. In a sample of three hundred and ninety-three upper middle-class mothers with dependent children who described themselves as married or partnered, the majority of the participants described that the responsibility for the household routines fell exclusively to them. In addition to the premise that the labor of parenting includes organizing schedules and maintaining order in the home, the study explored the invisible labor that is part of, and necessary for emotional maintenance of the family. Oftentimes, the labor of parenting is described within its functional aspects, such as making dinner, laundry, and driving children to

activities. The authors explored the labor required to manage those physical tasks, as well as the labor required to monitor and manage the emotional well-being of their children. This labor was shown to fall almost exclusively to mothers (Ciciolla & Luther, 2019).

As the feminist movement expanded women's roles outside of the home, finding the balance between these multiple roles and identities increased stressors. McBride's (1988) review of the literature investigated the weight of role overload and role conflict in women's mental health and of how women experience the perception of stress. McBride noted that women balance their own needs in addition to those of their families, work, and other close relationships in a manner that is more internalized and reflective of their own worth (McBride, 1988). The duality of caring for themselves and the needs of others may have originally been conceptualized as a crisis to their psyche but has since been normalized as part of the everyday stress and strains that are just part of womanhood (McBride, 1988).

Croft et al. (2019) surveyed 74 undergraduate women to explore whether a correlation exists between a woman's attitude about assuming a non-traditionally-gendered career and the expectation of their partner's willingness to assume the nontraditional gender role (Croft et al., 2019). Based on these expectations, the researchers concluded that, "despite this evidence of women's expanding roles, family responsibilities continue to fall disproportionately to [women]" (Croft et al., 2019, p. 808). This conclusion highlights the importance of exploring to what extent internal expectations of a woman's role as caregiver are based upon societal or internal conceptualizations of women's roles: Women respond to what men dictate—because men work, women need to constrain their work to accommodate needs of the family (Croft et al., 2019).

Women recognize that, even if working outside of the home is equally split between partners, the "second shift" of childcare and household responsibilities still exists and falls

disproportionately to women (Croft et al., 2015). Croft et al. (2015) conducted a meta-analysis of existing commentary on the influx of women into stereotypically male occupations. Their findings noted that while women were moving into primarily male dominated occupations men were not reciprocating in the same manner. The results leave women managing both career and caregiving.

Reflecting on this societal power structure, new mothers often reflected an increase distress (Ross & Van Willisen, 1996). Societal inequity is perpetuated both from the reduction in economic contributions to the family and social limitations that arise from responsibilities for home and children that fall disproportionately to them. Mothers are further deemed as inferior in this environment—first, as secondary citizens by nature of being women; second, then as the inequity of responsibility that falls to them such as managing childcare, household responsibilities, and occasionally work or loss of work which results in loss of economic viability.

Eagly and Wood (2012) discussed feminist psychology where the confluence of ideology, social, and biological causes converge to form the understanding of gender. They posited that social role theory explains society's role in confining and conforming women to stereotypical gender roles (Eagly & Wood, 2012). Based on social role theory, women adopt their role in society based on their male partner’s role (Eagly & Wood, 2012). Additionally, similar feelings are seen to resonate through the #MeToo movement (McAdams, 2020). Feelings of restraint, repression, and anger evident in the outpouring of disclosures characterized women feeling powerless for too long (Eagly & Wood, 2019; Thomas, 2006).

Social role theory can also be applied to motherhood. Through this lens, motherhood is defined to include discrete roles and jobs, such as cook, cleaner, and childcare, which require

certain hours at a certain wage to calculate the value. Yet, the idea of motherhood commodified as work, "obscures the true character of mothering" (Robertson et al., 2019, p. 185). This valuation reduces the scope of what motherhood is to finite tasks obscuring the mental labor that each of those tasks entails. This increases marital stress and gender differentiation within the family that further perpetuates a societal gender divide. Women are responsible for the invisible work of planning, scheduling, organizing, and executing, including the mental and emotional work of what it means to parent well, while their male partners "help" (Robertson et al., 2019, p. 187). Women tend to be caught in the dichotomy of domestic power when dominant gender roles persist in their lives and the juxtaposition of the power that is lacking in the workplace. This maintains the social invisibility due to systemic societal oppression (Robertson et al., 2019).

New mothers manage a considerable mental labor that intersects with their previous roles (Robertson et al., 2019). This interplay can manifest alongside an individual experiencing any perceptions of external pressure to conform to a culturally prescribed idea of motherhood. Mothering is the quintessence of caring. The archetype of the mother figure is pervasive in cultures across the globe. Mothers represent the apex of the paradigm involving "empathetic understanding, interdependence, flexibility, relatedness, receptivity, responsiveness, attentive and preservative love, nurturance, and training" (Baraitser, 2008, p. 89). Having to bear the weight of so many roles will likely lead to overload of mental labor (Robertson et al., 2019). Yet, the stress attributed to that mental load is often unaccounted in daily life.

The mental labor that is coincidental to the care of children as well as domestic responsibilities can exact a larger toll than readily seen. The unseen stress can manifest as anger yet is due to the nurturing and care that are part of motherhood. A better understanding of the

mental labor and demands on new mothers and how these experiences can coexist with care and nurturing can give a better outcome to the experience of motherhood (Robertson et al., 2019).

Women with the highest functionality and mental health typically have multiple roles. Yet, each of these roles function somewhat independently, and women tend work to the highest levels of achievement for each role, rather than view their achievements as a collective success (McBride, 1988). Stress can be imparted by compounding each concern on top of each role, contributing to unacknowledged causes for stress. The increased stress results in more negative emotion, such as guilt and shame (Robertson et al., 2019). Guilt and shame are often used interchangeably with guilt referring to a more specific situation where one's self-image has been undermined whereas shame tends to refer to more diffuse affect (Lutwak et al., 2001). Even those who are amongst the highest-functioning women with good mental health nevertheless report feeling more fatigue and negative emotions because they perceive they are not fulfilling their roles sufficiently (Robertson et al., 2019). This mental load is too often unacknowledged and unseen and may be a contributor to negative motions, and specifically anger.

Efficacy and satisfaction in the role of motherhood not only affects a mother's interactions with her children but also her own well-being. Luthar et al. (2001) explored women with high ego development and the ramification for mental health. Women with high ego development typically are, "well-adjusted and have better impulse control, maturity, empathy and moral development" (Luthar et al., 2001, p. 165). While these women reported having more positive reactions to their interactions, their findings indicate that the higher levels of ego development indicated resulted in more personal distress. Luthar et al. (2001) supposes that this may be due to an increased tendency for introspection (Luthar et al., 2001). More negatively valanced emotions impact more introspection and self-aware individuals. The study concluded

that high function has an advantage in parenting but, in the presence of psychological distress, parents with more introspection have greater levels of distress when compared to less introspective parents (Luthar et al., 2001).

In general, higher ego development is the foundation for higher functionality and affect but when there is distress, mothers tend to exacerbate distress. Higher introspection was found to coincide with higher internal standards that individuals set for themselves. Stress and coping reach a threshold where the effect is evident in the multiple roles that high functioning women may have. Luther's study counters other evidence that higher intelligence serves as a protective factor for emotional well-being. High ego development and high functioning serve as a protective factor unless there is psychological distress which, then "'sharply attenuated' the negative emotional state" (Luthar et al., 2001, p. 177).

New Mothers Perceive Societal Pressure to Inhibit the Experience and Expression of Anger

While anecdotal evidence of the angry woman abounds, the #MeToo movement identified and highlighted a significant divide (Eagly, 2018). Current events weave a complexity surrounding anger: for women, anger now seems a requirement as evinced through t-shirts and signs at women's marches stating "If you aren't angry, you are not paying attention" or "I can't believe I'm still marching about this sh*t;" yet online trolls and verbal assaults still punish women who express their anger (McAdams, 2020). In the current climate, women's anger is justified, yet they are nevertheless vilified for being angry. A further stricture is the expression of that anger in motherhood. This line of thinking is politicized by nature. Much of the idea of how women should react within society is, at its core, a question of power (Thomas, 2006).

Examining how women's anger has been viewed by society includes how anger among new mothers is viewed. The literature on motherhood and anger, tends to fall into two camps:

(a) anger discussed in terms of the mother's mental health (most often depicted this way by male researchers) and (b) the societal view of what it means to be angry and a woman (most often depicted by female researchers). A brief search of "motherhood" on PsychINFO yielded nearly 700 dissertations. A cursory review revealed only one male author, whose topic was on workplace discrimination. A similar search of peer-reviewed articles returned over 95 percent of the first authors were women. When repeating the search with "motherhood" and "mental illness or mental disorder or psychiatric illness," male authorship nearly doubled to just under 10% of the returns. A similar search for "motherhood" and "anger" resulted in nearly all of the found articles authored by women.

Alizade (2019) identified the image of woman and how both femininity and mother are linked in the idealized version of women. The role of the Good Mother is the embodiment of care and availability she offers for others, especially her children, as well as her self-sacrifice. Society cannot fathom that a Good Mother may have any emotions that run counter to these embodiments. Likewise, new mothers impose these embodiments upon themselves, whereupon feelings of anger become unpardonable (Alizade, 2019). Thus, it is likely that these societal pressures have conditioned new mothers to suppress their anger.

The constraints placed by society on mothers that limit their emotional responses are significant. New mothers report feeling anger, loss, mourning, and unfairness as well as profound guilt at having these negative feelings during a time that is often lauded as, and supposed to be, joyful (Blum, 2007). There is a lack of social support to mitigate higher levels of new mother's stress (McBride, 1998). It is unclear whether heightened stress is due to a fear of judgment and concern for appearing as a Good Mother (Kruger & Lourens, 2016; Pedersen, 2012). The role of mothers as caregivers subsumes the mother's autonomous self; consequently,

tension arises from the “sense of failure, helplessness, and despair, that arises from their awareness that they have not ‘survived’ [motherhood]” (Baraitser, 2008, p. 95).

It is natural that, given the multiple roles women undertake, women have added stress in their daily lives (Kroska, 2014; McBride, 1988). Unfortunately, this natural stress is often pathologized (Blum, 2007). Misinterpretations of maternal worry and stress often lead both mothers and partners to conclude that the mother suffers from psychopathology. The stigma of mental illness can contribute to new mother’s worry about her ability in her new role as a mother (Pedersen & Lupton, 2018). An internal conflict arises within new mothers around how best to manage the concerns about their own mental health and their ability to care for their family (Blum, 2007). A preponderance of research surrounds sadness and anxiety in the postpartum period that can result from this conflict; yet there is a dearth of research that addresses anger in new mothers. Since heightened anger can both increase distress and lower feelings of self-competency, exploration of the expression of how new mothers experience anger is warranted (Del Vecchio et al., 2017).

Anger is often the expression of an injustice, a violation of norms, or an unmet expectation. Anger too can be seen as “the breach of a perceived social contract” (Ou & Hall, 2018, p. 337). Additionally, while anger is recognized as a base emotion, there is an added complexity blending additional emotions such as sadness, jealousy, resentment, and guilt (Ou & Hall, 2018). These emotions are the effect of the perception of imbalance, injustice, unmet expectations, and loss of control, which undermine a mother’s identity and self-efficacy (Beatty et al., 1985).

Mothers are constrained to expressions of emotions that are not related to anger (Kruger & Lourens, 2016). As much as women are expected to be accommodating and pleasant (Haines

et al., 2016), it is even more so for mothers who now must incorporate the role of nurturers and caretakers into the societal view of femininity, in addition to the actual workload of being a mother (Odenweller, 2020). Anger is incompatible with this gender role and especially taboo for new mothers, who, according to society, should strive toward the ideal of femininity. When mothers impugn this standard, those that "complain, protest, and vent their anger evoke a negative stereotype of bad mother" (Thomas, 1991, p. 38). This is the culmination of socialization that begins at birth, beginning with overt gender-specific symbols of pink and blue blankets to the more subtle conditioning to accept aggressive behavior in boys but condemn that same behavior in girls (Thomas, 2006).

The patriarchal structure of society dictates that it is inherent in women's roles to be caregivers and nurturers which is at odds with the expression of anger (Fernandez & Malley-Morrison, 2016). Thomas (2006) described the expression of anger as representative of a power structure. Those that are higher in status have the freedom and right to express anger while those of lower status must restrict that expression (Thomas, 2006). On the societal ladder, women have a secondary status. New mothers' status is further impaired in that they have lost their ability to be wage earners within American society (Thomas, 2006). Allowing for the prohibition on emotional expression due to this power structure, new mothers' voice, power, and expression is further eroded (Thomas, 2006).

In her 1996 book, *The Cultural Contradictions of Motherhood,* Hays identified intensive mothering as the most prominent ideology that frames mothering in North America. The decades that have intervened have not decreased this mindset. Intensive mothering acknowledges that mothers are the primary caregivers but intensifies that role to the extent that mothers must use all their time, energy, and focus to support the child's needs. Intensive mothering is "child-centered,

expert-guided, emotionally absorbing, labor-intensive, and financially expensive" (Hays, 1996, p. 8). There is also a cultural implication in this type of mothering which notes that the purity of children must be shielded from the negative impact that the world outside the home would introduce (Hays, 1996). Hays questions intensive mothering due the negative impact that it has on the mothers who embrace the ideal. In a patriarchal society, she explains, this model continues to support the status quo to the detriment of the mental health of those mothers who continue to attempt to live up to the societal ideal of the Good Mother (Hays, 1996).

The ideology of the Good Mother prevails regardless of the maturity of the mother. Gunderson and Barrett (2017) researched mothers in midlife to examine intensive mothering and well-being. They surveyed 1,388 mothers through the 2004–2006 National Survey of Midlife Development in the United States. While their results indicate that mothers in midlife are better defended regarding the heightened thought and effort that they invest in their children, societal expectation has a negative impact on the psychological well-being of mothers in midlife to a similar extent as young mothers (Gunderson & Barrett, 2017).

Child-rearing becomes an endeavor where the mother's own identity is subservient to the needs of their children. As children grow, the demand to continue to provide a level of nurturing developmentally supportive activities designed towards the child's achievement comes at the expense of the mother's well-being (Pedersen, 2012). Several researchers have emphasized the difficulty of living up to high expectations regarding motherhood and note that the consequence of not living up to the ideal results in the label of a "bad" mother (Arendell, 2000; Gillies, 2006; Ladd-Taylor & Umansky, 1998; Stern, 2018). Pedersen (2012) identified that mothers "judged themselves against the expectations of others—their partners, families, and wider society—while at the same time acknowledging that such expectations might not be reasonable" (p. 61).

Fernandez and Malley-Morrison (2016) concluded that there is a basis for the belief that women tend to suppress anger (Fernandez & Malley-Morrison, 2016): There are elements of social desirability and impression management that underscore women's emotional responses. This creates a lesser intensity but longer duration and frequency of anger (Fernandez & Malley-Morrison, 2016).

Historically, anger was constructed in terms of passionate, emotional language devoid of reason or logic. This view focuses only on "its disturbing qualities, and overemphasizes its association with aggression, by virtue of the intensity, turbulence, and irrational connotations of passion states" (Taylor & Novaco, 2005, p. 68). However, further research has defined a more beneficial quality to anger that can be proactive when triggered by injustice or unfairness (DiGiuseppe & Tafrate, 2007). Notably, there tends to be a lingering quality to anger that can obscure the emotional response; "prevailing contextual conditions, such as worries about residential accommodation, family problems, or job demands that operate as a backdrop for identified provocations" (Taylor & Novaco, 2005, p. 70).

Frustration often is seen as the cause of anger. Being thwarted in one's goals, frustrated in one's accomplishments, or managing unmet expectations all can lead to anger (Beatty et al., 1985). Recalling Friedan's (1963) assessment that motherhood exists in the realm of thwarted expectations, some researchers have turned to generate a more robust view of the expectations that are placed on mothers. Psychology often discusses the need to change one's thinking to manage one's anger (Toohey, 2021). Managing and mitigating anger often consists of reframing an expectation from a rigid, demanding belief (Toohey, 2021). Yet, what is to be done when one is the target of the expectation? When society turns its regard to motherhood, the expectation is for mothers to conform.

Societal Pressure Exacerbates and Compounds the Experience and Expression of Anger

Societal expectations tend to negatively impact mothers through the pressure to be the Good Mother. Additionally, studies have shown the negative impact that this ideal can have on mothers. The subject is complicated by the complicit adoption that mother have in support of pursuit of the ideal (Odenweller et al., 2020). The results of the pressure to be the perfect mother have a high correlation with detrimental effects on mothers. Through intensive mothering, mothers believe they can achieve an ideal of the Good Mother role, but at a cost to their well-being.

Emotional suppression has usually been associated with negative outcomes and, often, psychopathological symptoms and aggression. Rogier et al. (2019) discuss a correlation with gender differences to the suppression of emotions. Their study noted that women tended to use cognitive reappraisal and expressive suppression more often than men resulting in psychological distress. This study highlights the greater emotional regulation strategies used by women necessary to their emotional functioning (Rogier et al., 2019). When experiencing heightened emotions, women utilized reappraisal to moderate their affect (Mikkelsen et al., 2017).

The use of cognitive reappraisal and expressive suppression as adaptive forms of emotion regulation for women were shown to be correlated with development of emotional skills along with cultural implications in emotional education and social norms. (Megías-Robles et al., 2019). Bruno et al. (2017) explored the anger experience and expression within the context of PPMD. It was indicated that the externalization of the expression of angry feelings predicts the onset of the maternal blues. Unfortunately, findings also indicated that the suppression of angry feelings presents as an increased risk for subsequent PPD (Bruno et al., 2017).

The successful management of heightened emotional experiences play a significant role in healthy early parent-child relationship development. In a 2019 study, mothers with a greater tendency to suppress their emotions disengaged from the necessary perception and interpretation of their children's behavior and emotional states (Schultheis et al., 2019). When mothers suppressed their emotions, and in particular negative emotions, there was a correlation with negative affect in infants (Edwards et al., 2017). These findings regarding the suppression of negative emotions have ramifications for the mother, her child, and other family members.

Rizzo et al. (2013) further explored the impact that intensive mothering has on a mother's mental health. They studied the paradox that previous research has highlighted between mental well-being and parenthood. They discussed that previous research had found two seemingly contrary beliefs regarding parenthood: first, parenting is associated with decreased well-being, and second, parenting is associated with increased life satisfaction (Rizzo et al., 2013). The researchers sought to explore a specific parenting style of intensive mothering through an online survey of 181 mothers with children under that age of 5. The results indicate that intensive parenting correlates with lower life satisfaction and greater depression and stress.

Keefe et al. (2018) interviewed 30 low-income mothers of color with a history of PPD to explore the stresses that these mothers face. Through the interviews, themes emerged surrounding the concepts of being strong mothers, juggling responsibilities, being self-sustaining, and taking care of self (Keefe et al., 2018). These themes resound with self-reliance and pressure to maintain the status quo without mention of external support. Additionally, Odenweller et al. (2020) explored the attitudes that mothers have towards seven empirically-derived mother stereotypes. The study asked 529 mothers to report on their attitudes, emotions, and facilitative and behaviors. Results indicated that the intensive mothering

stereotype elicited both high and low opinions and that parenting ideology had some influence in the endorsement of those constructs (Odenweller et al., 2020).

In a 2016 study that surveyed 283 mothers between the ages of 18 and 50, Henderson et al. found that mothers experience higher levels of stress and less self-efficacy due to the expectation of perfection (Henderson et al., 2016). Mothers who subscribe to an ideology of intensive mothering, the need to become the ideal mother, reported the greatest distress. Contrary to the assumptions of the researchers, mothers that did not subscribe to intensive mothering were also negatively affected by the pressure to be the perfect mother (Henderson et al., 2016).

Traditional gender roles assumed during parenthood and the pathology of the expression of negative emotions within the context of the postpartum period have been extensively studied (Baraitser, 2008; Blum, 2007; Croft et al., 2015). The expression of negative emotions falls into two categories, depression or anxiety. Most often, these emotions are defined as pathology, either postpartum mood disorder (PPMD) or postpartum depression (PPD). This sets the parameters of emotions that new mothers can express as emotions that fall within those diagnoses.

Negative emotions for mothers that fall outside of PPD or PPMD, such as anger, are taboo. This limitation only serves to exacerbate the frustration and anger that new mothers experience when they are unable to express themselves without fear of censure. This supports the conclusion that new mothers harbor increased anger because society imposes a limited response to any negative emotions. Understanding that anger, love, and commitment are part of the experience of motherhood and often concerted occurrences, can give a foundation that this emotional range is both natural and normal and offer support to new mothers in the first year.

The conflict and ambivalence surrounding anger that significantly impacts mothers, and often resulting in PPD or PPMD, affect every aspect of their lives. It affects their well-being, ability to care for and bond with their child, working relationships outside the home, and relationships with their partners (Blum, 2007). Regarding the ramifications of the postpartum period, most literature refers to negative emotions within the context of PPD or PPMD. In their research, Ou and Hall (2018) stated that anger can be present without depression, although it is also often present in women with diagnosable PPD or PPMD. As the ramifications of anger are evident not only for the mothers' well-being but, also, for the well-being of her family, a closer examination of anger will identify and define the complexities and nuances of anger as it exists outside of pathology (Ou & Hall, 2018).

New motherhood imposes immense, complex emotions. These include isolation, guilt, shame, joy, happiness, and anger. There is a duality to the relationships of new mothers; there is a dependency upon their partners or family when they have just given birth while recognizing that their infant is entirely dependent upon them. This recognition and realization can form an internal conflict surrounding this interdependency that can bring up feelings of anger (Blum, 2007).

Studies are inconsistent as to whether the presence of anger is conceptualized as psychopathology, most often PPD, or a separate and distinct occurrence that does not exemplify an illness (Ou & Hall, 2018). In DiGiuseppe and Tafrate (2007), a woman's experience of anger is experienced to a lesser extent than a man. Fernandez and Malley-Morrison (2016) found that women tend not to display their anger. Kassinove et al. (1997) further contradicted the findings, reporting that women express more anger and hostility than men, specifically by yelling and arguing more often at home and towards a person whom they love. When anger is discussed

regarding new mothers, there is often ambiguity in how it is classified (Ou & Hall, 2018). Despite the contradictions in findings, there is consistency in the prevailing idea—both within academic literature and the general public—that anger is in the domain of male emotion; men are allowed to express anger, but it is taboo for women (Thomas, 2006).

Exploring how anger exists outside of mental illness can likely normalize negative emotions for new mothers. Acknowledging the range of emotion, including taboo emotion, experienced by new mothers opens a dialogue for both mothers and psychologists to understand the weight and significance of societal constraints on mothers' roles (Pedersen & Lupton, 2018). The bias, stereotyping, oppression, discrimination, and other external factors that constrain a new mother's expression of anger impart challenges and stressors on mothers that can undermine well-being. Whether or not a woman experiences a mental illness, there remains a negative connotation regarding their expression of anger (Fernandez & Malley-Morrison, 2016). These societal views imply that women cannot express anger outside of pathology.

There is extensive literature regarding the detrimental effects of anger on children's well-being and development (Felitti et al., 1998; Kruger & Lourens, 2016; Mammen et al., 1997; Ross & Van Willisen, 1996), the consequence of which is that anger in motherhood is regarded as both socially and psychologically taboo. In order to appear as the Good Mother and avoid any assumption of psychopathological behavior, mothers are forced to suppress or deny negative feelings, including anger.

This dissertation applied phenomenological research methodology to examine new mothers' experience of anger. This dissertation also identified areas of societal influence upon new mothers' lived experience, and how that influence affects their experience. This dissertation further explored the intersection of where gender roles, anger, and the dichotomy of emotion can

simultaneously exist. Importantly, none of the participants in this study have been diagnosed with a particular pathology, yet anger was a discernible component in all of their experiences of new motherhood.

CHAPTER III: RESEARCH METHODOLOGY

This dissertation explores the experience of new mothers. It explores negative emotions, principally anger, and societal influence upon those emotions. This dissertation utilizes a phenomenological research methodology because it was the best and most reliable method to understand women during the first year of motherhood. Integral to the research question is how women are defined by both their perception and societal perception of what motherhood is. Phenomenology allows the mothers' voices to become the most important part of the story.

Phenomenology, which studies the lived experience of a phenomena (for the current dissertation, the phenomena being new mothers' experiences with anger), originated with Husserl and Heidegger, and was further developed by Merleau-Ponty. Phenomenological research seeks to describe the lived human experience within its relation to phenomena, or the ways in which things appears in our experience (Polkinghorne, 1989; van Manen, 2014). Phenomenology studies conscious experience as experienced from the subjective or first-person point of view. This field of philosophy is to be distinguished from other main fields of philosophy such ontology (the study of being or what is), epistemology (the study of knowledge), logic (the study of valid reasoning), and ethics (the study of right and wrong action) (Smith, 2018). Phenomenological research methodology applies the tenets of phenomenological philosophy to gain a thematic understanding of experience through the concepts of perception, figure, and ground: "perceived phenomena always appear to us as meaningful wholes, yet some aspects will stand out as figural" (Sohn et al., 2017, p. 126).

For this dissertation, new mothers, within the first year of their child's life, were interviewed and their stories analyzed using a phenomenological research methodology. This

section will further discuss phenomenology as a philosophy, phenomenological research methodology, selection and protection of participants, and data collection and analysis.

Phenomenology as a Philosophy

Phenomenology is about perception. Merleau-Ponty (2012) identified both figural and ground as part of the perception of phenomenon. The term figural describes what is important in the experience of the participant. Ground refers to the context in which the participant experiences experience. In *Phenomenology of Perception* (2012), Merleau-Ponty expounds on Husserl's work. In transcendental phenomenology, by focusing on the consciousness and essence of the experience, the meaning of the lived experience is revealed (van Manen, 2014). Accordingly, "phenomenology engages a radical, primal, or hyper reflection: it reflects on what is prior to reflection—lived experience. To do phenomenology one must always begin with lived experience" (Merleau-Ponty, 2012, p. 44). The contextual ground is both the internal and external world of motherhood. Defining this world through Merleau-Ponty's principles of the body, time, other, and the world, the four existential grounds of the lifeworld, reveals the context through which the women experienced motherhood. This ground is the foundation through which the mothers' experiences emerge as figural. It is the context that is necessary to understand to truly see the participants' lived experience.

Merleau-Ponty's work is based in dichotomous thought. He argues that our experience is the juxtaposition the meaningful whole of figural against ground (Merleau-Ponty, 2012). The context creates the meaning of the construct. He, on one hand, observes perception being part of the body's experience, yet also relates that experience to "being-in-the-world" with the greater understanding of context being important to meaning (Merleau-Ponty, 1982). The nature of the findings from this dissertation exemplifies that juxtaposition where the ground and what is

figural can converge, both being necessary to see the other, and, at times, the ground being subsumed into what is figural.

Additionally, Merleau-Ponty balances between rationalism and empiricism. He identifies the importance of one's experience and how perception is the basis of that experience, yet also roots much of his work, especially as it applies to the psychology, within the realm of philosophy, searching for the subjective experience, versus a more "objective" science (Jackson, 2018; Mirvish, 1983). Thus, in order to understand experience, we must understand the world in which such experience is perceived.

Merleau-Ponty (2012) describes *le corps propre* (translated as "the body that I live in as my own"), and how experience defines that body, as the basis of perception (p. xlviii). Yet, he elaborated that within a particular phenomenon, it is also the absence of perception that is equally integral to experience (Jackson, 2018). Accordingly, "our perceptual field is made of 'things' and 'gaps between things'" (Merleau-Ponty, 2012, p. 289). In this dissertation, the "gaps between things" emerged as the pressure that women experience to do, have, and be all.

Merleau-Ponty (2012) also states that, "what makes up the 'reality' of the thing is thus precisely what steals it from our possession. The aseity of the thing—its irrecusable presence and the perpetual absence into which it withdraws—are two inseparable aspects of transcendence" (p. 242). This refers to aspects of perception that are within the senses as well as those perceptions that are not—such as the way that societal constructs become ingrained in women's perception of the Good Mother.

Worthy of note, Merleau-Ponty is not without criticism from a feminist perspective. Merleau-Ponty addressed his anonymous body discounting the influence of gender (Olkowski & Weiss, 2006). Olkowski and Weiss (2006) stated that he held views within a heteronormative

and male dominant gendered worldview. For an ideology that places so much emphasis on context, not addressing the feminine perspective may overlook important data.

Despite this criticism, immersion of a mother's experience precisely within the context of society would enable a deeper understanding of a woman's experience of motherhood. Simone de Beauvoir offers an important ideology to this research and dissertation. In addition to the *Second Sex* being a foundational feminist work, it was also an important phenomenological work discussing the lived experiences of women to gain further understanding about the societal influence that shape a new mother's experience. Through Beauvoir, critical integration of philosophy and sciences allowed the former to be elevated to the public discourse. "That a change in philosophical concepts—feminist concepts, for example—leads to different research practices, which in turn can lead to different social practices since the sciences have a profound impact on the everyday lives of people" (Simms & Stawarska, 2014).

Phenomenological Research Methodology

The phenomenological research methodology that I utilized in this study maintained integrity and truth to the participants' stories. This methodology proceeded with a deliberate "emphasis on deeply connecting with and understanding the human being in their wholeness and specificity" (Thomas & Pollio, 2002, p. 7). The essence of the phenomenological interview is that the interviewer strives to see and capture phenomena through the participants' experience. Discerning the perception of the subject and object through their context is where knowledge and understanding are obtained, "since the exchange between the subject and the objects surrounding him is only possible if he first makes them exist for himself, arranges them around himself, and draws them from his own depths" (Merleau-Ponty, 2012, p. 389).

The development of the phenomenological methodology and procedures used in this dissertation was through the University of Tennessee, Knoxville. Dr. Howard Pollio formulated the methodology in the graduate program in psychology while teaching a course in existential phenomenology in 1981. As his students began their dissertations, the research steps (Figure 3.1) were developed and now hundreds of researchers have utilized this methodology. Early publications from Henley and Meguiar (1988) and Pollio et al. (1997) furthered the UT approach to phenomenological research methodology. A book aimed at the nursing discipline was authored by Thomas and Pollio (2002). By the 1990s, interdisciplinary interest grew, and weekly meetings began to discuss interview transcripts of graduate students and faculty projects in education, nursing, child and family studies, counseling, social work and other human science disciplines, in addition to psychology. Since 1994, the group (now officially named the Transdisciplinary Phenomenology Research Group) has met every Tuesday from 2:30 to 4:30. Dr. Pollio and Dr. Thomas led the group together until his retirement. Currently, Dr. Thomas chairs the Transdisciplinary Phenomenology Research Group.

This dissertation examined the relationship between society's perception of motherhood and women's anger with regard to those perceptions. It was important that the participants of the study feel free to express themselves and not feel constrained to any other ideology other than their own. Phenomenological methodology was ideal for facilitating this freedom of exchange and expression. Allowing the experience to be foremost and not necessitate findings to be constrained to any preconceived theory, served as a counterpoint of interposed ideas of possible societal repression and anger.

The fundamental objective of phenomenological research is to explore individual experiences of a phenomenon through the essence of the participant's story (Creswell &

Creswell, 2018). Phenomenological research regards “others, time, body, and world, including personal objects, [to] comprise the four major existential grounds of human existence, the contexts against which human life and experience always emerge” (Thomas & Pollio, 2002, p. 4). That the experience of someone’s story cannot be separated from the context allows the researcher to look at the individual in the context of the whole to understand the meaning the experience (Thomas & Pollio, 2002).

Through the lens of Merleau-Ponty’s phenomenology, from the experience emerges understanding that is derived from immersion within the context of those that tell their stories. We are unable to distinguish understanding one’s lived experience without understanding the world in which they live and influences them (Merleau-Ponty, 2012). He states that, “perception becomes an interpretation of the signs that sensibility provides in accordance with bodily stimuli; it becomes a hypothesis made by the mind in order to explain to itself its own impressions” (Merleau-Ponty, 2012, p. 35). Feminist philosophers have used Merleau-Ponty’s work to define feminist thought by both complementing and questioning assumptions and prejudice of both those that define the understanding and those that are telling the story (Simms & Stawarska, 2014).

Research through a phenomenological lens offers description and the original lived experience of the individual, focusing on the perception of the individual, while considering the researcher’s own biases, as the basis of scientific inquiry (Merleau-Ponty, 2012). Through phenomenology, we attempt to know, without presuppositions, the lived experience, free of judgement rendering the description of the experience, not the depiction (Creswell & Poth, 2013; Polkinghorne, 1989). It is the consideration of this description which elucidates the phenomenon. The purpose is to gain a deeper understanding of the lived experience of new mothers and, in

particular, negative emotions and any societal constraints that may be perceived. This methodology utilizes both description of the participants lived experiences, by utilizing their own words, as well as hermeneutics to understand the meaning in those words (Sohn et al., 2017).

This research study explored the multiple facets of anger in new mothers and where this anger may originate. By utilizing qualitative phenomenological methodology, this study investigated a deeper understanding of the lived experience of new mothers' anger, particularly within the context of societal influences.

Selection and Protection of Participants

Participant Selection

One-on-one interviews were conducted via Zoom to explore the phenomenon of women in their first year with their newborn. Participants were initially recruited through programs that support new mothers on parenting and childrearing in the Pacific Northwest: hospitals, peer-mentoring parental programs, and other not-for-profit parental supports. Unfortunately, the advent of the COVID-19 pandemic closed many avenues for lengthy, in-person meeting with new moms' groups.

Most participants were enlisted through word of mouth and snowball recruitment. Solicitations were sent through social media posts to online parenting groups and listservs that focus on parenting and childrearing concerns. Additionally, colleagues who knew of this study were asked to selectively recruit from peers who recently had a child (see Appendix C).

Inclusion criteria (see Appendix D) to participate were that they must: (a) be at least 18 years of age; (b) have a living child under the age of 12 months; (c) be a U.S. resident; and (d) be fluent in English. A minimum age of 18 was selected to further the study's focus on adult mothers' experience with anger in the first year of motherhood.

Because this research focuses upon the detail surrounding the lived experience, perceptions, and understandings of the particular group more than generalizability, my recruitment method gathered a homogeneous sample, specifically pertaining to socioeconomic status (SES) and education level, through convenience sampling (see Appendix F).

Compensation

The recruitment solicitations offered participants who complete the interview a choice of a $25 Amazon gift card or $25 Starbucks gift card as compensation for their time.

Protection of Participants

The Institutional Review Board (IRB) at Antioch University Seattle granted permission to proceed with this research project. I sent solicitations to participate in the research project to online parenting groups and utilized word-of-mouth and snowball recruitment methods (see Appendix C). Interested parties were contacted via email. The informed consent was sent via email and discussed the parameters of the research study and the participants' engagement in the research (see Appendix E). Email, phone, or zoom discussions were offered to answer any questions about the research as necessary. All interviews were conducted via password protected Zoom links. All participants were notified through both the informed consent, as well as discussions during the screening interview and at the start of the interview, that the interview would be recorded. All recordings were password protected on a password protected computer. All information identifying participants was kept in a separate password protected file separate from the interviews. Each participant was emailed the Informed Consent (see Appendix E) and the password protected zoom link two days prior to the interview. Verbal consent was obtained for both the Informed Consent and for the interview to be recorded. All participants were assured that the recordings were for the purpose of transcribing only, were password protected, and

would be destroyed after one year. A period of time at the start of each interview was dedicated to answer any and all questions posed by participants regarding the informed consent, their rights, and the research process and project.

Risks

An interview about a mother's experience with their newborn, and specifically delving into negative emotions around that experience, could raise a variety of negative emotions or feelings; for instance, participants could experience stress, anxiety, loss, depression, loneliness, or anger. These feelings could emerge when participants share their experiences and could persist, after the interview, if they felt that they did not handle their emotions as well as they would have wished. Participants might express feelings of shame or anger, possibly directed toward the researcher. Similarly, the participant might wish to withdraw and discontinue the interview.

Additional concerns about privacy and confidentiality were addressed as participants were recruited through convenience sampling. Although the dissertation masks and de-identifies participant information de-identified descriptions and metaphors in the discussion section might be recognizable to the participant. This was explained to each participant, and that this was an aspect of the research methodology. Due to the potential risks associated with participating in this study, in the event of undue stress from the interview, resources were provided for mental health services (see Appendix G). I explained to each participant that they could withdraw at any point of the research project with no prejudice.

Privacy and Confidentiality

Prior approval was obtained from the IRB (see Appendix B) prior to recruitment of each participant. Due to the restrictions of the pandemic, interviews were conducted all over

password-protected Zoom meetings. As such, participants gave verbal consent to the Informed Consent to participate (see Appendix E). Participants were emailed a copy of the consent form for their own records prior to the interviews. Notice of recording in the Informed Consent (see Appendix E) and dedicated time to discuss any questions regarding the Informed Consent and recordings was offered to each participant. Participants were informed that they may leave the interview at any time, without negative repercussions. Participants were told that that they were free to disclose whatever information they are comfortable sharing. Additionally, all recordings of the interview sessions will be stored in a password protected file on a password protected computer within a locked room and will be destroyed after one year.

The data was anonymized and coded with a pseudonym all identifying information related to each participant. The sole researcher, alone, had access to the files containing participant information. This file was kept confidential and password-protected on a personal computer separate from other information pertaining to the data from the interviews.

Procedure and Analysis

Data Collection

Recruitment resulted in nine participants who contacted the researcher with interest. After the initial screening interview and the Informed Consent was sent via email and discussed, seven participants agreed to proceed. The participants were interviewed, between four to ten months postpartum, between December 2020 and February 2021. Most interviews lasted 60 minutes with the shortest interview lasting 50 minutes and longest lasting 85 minutes. After a brief discussion to establish rapport and promote an environment where the participant felt free to share their ideas about their lived experience as well as answering any questions about the project or Informed Consent, each interview began with the open-ended question, “What stands out to you

about motherhood?" Additional follow up questions were asked to gain further understanding about the participant's motherhood experiences and about what was most relevant to them (see Appendix A). Open-ended questions allowed the participant to guide the direction of the interview, speaking only to the elements that were pertinent and resonated to them. Each interview was transcribed for presentation to Transdisciplinary Phenomenology Research Group (TPRG).

The Bracketing Interview

The bracketing interview, essential to the phenomenological research approach, "is an intellectual activity in which one tries to put aside theories, knowledge, and assumptions about a phenomenon" (Thomas & Pollio, 2002, p. 33). Being able to identify those themes in the researcher's own thinking help identify areas where the researcher may hold ideas, assumptions, and biases that may interfere with the understanding of the participants' own experience (Thomas & Pollio, 2002). Merleau-Ponty notes that it is neither possible nor desirable for a researcher to be completely free of their own "belief in the world" [*le préjugé du monde*], however, bracketing allows the researcher to better understand their own beliefs and the commonality of the historic ground that will inform their understanding of their participants experiences and in turn their understanding of the phenomena (Merleau-Ponty, 2012). Merleau-Ponty (2012) states that we cannot be separate ourselves from our experience and regard it objectively because we cannot see our own perception (p. 424). As opposed to bracketing the bias as a means to remove it, the inherent knowledge of the research becomes essential to their understanding of being-in-the-world and how that understanding and experience derived the questions put forth herein (Thomas & Pollio, 2002). The bracketing interview was

conducted by a member of the Transdisciplinary Phenomenology Research Group prior to solicitation of participants.

The Transdisciplinary Phenomenology Research Group

Another essential component to phenomenological research methodology is the TPRG which is led by Dr. Sandra P. Thomas, director of the PhD program and professor of the college of nursing at University of Tennessee, Knoxville. The group is made up of individuals from differing backgrounds including nursing, education, counseling, mathematics, and psychology. It consists of students, professors, and clinicians giving a rich and varied background for interpretation of the participants' experiences.

The transcripts of the interviews were read aloud by members of the group to gain further understanding about both the thematic meaning in the interviews, but also areas where the researcher's own perspective may become an issue (Thomas & Pollio, 2002). The researcher and research group discussed the meaning of the words used by the study participants to form a description of the essence of their experience. The transcripts tell us *what* participants experienced and *how* they experienced it. Consistent with the phenomenological methodology, a bracketing interview was conducted to identify any preconceptions hold by the researcher. This exploration of the researcher's biases and assumptions allows for the experience of the phenomena to resound (Thomas & Pollio, 2002).

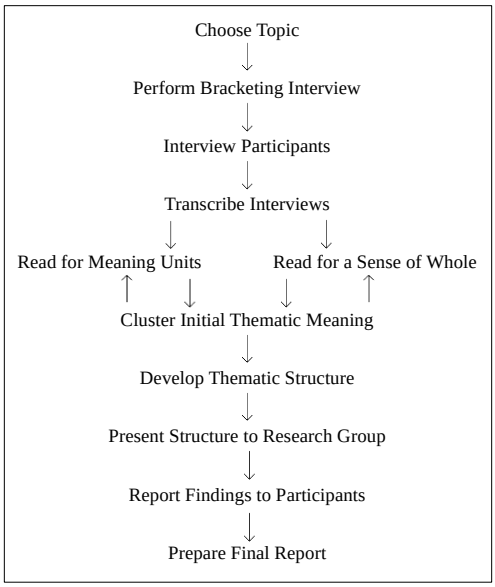
Data Analysis

The analysis followed an iterative process in which each transcript was read multiple times to establish meaning units, including the bracketing interview transcript (see Figure 3.1; Thomas & Pollio, 2002). Once preliminary meaning units are established, the interview transcript was brought to the TPRG and read aloud. The group then conducted a discussion

gleaning their own meaning units in the phrasing, metaphors, or words from the participants' descriptions that were of interest. It was not simply the number of times an idea was raised but, rather, the emphasis of that idea within the interview that indicated what was relevant or figural in the experience (Thomas & Pollio, 2002). Meaning units serve as the basis of the development of themes. This process deepened and broadened the understanding of the relationships within the participants' lived experience and gaining further rigor in that which can be interpreted (Moustakas, 1994).

Figure 3.1

Phenomenological Research Process



From Thomas and Pollio (2002).

Themes

It is through these discussions of what resonates in the interview that the themes emerge. Themes describe "patterns of description that repetitively recur as important aspects of a participant's description of his/her experience" (Thomas & Pollio, 2002, p. 52); this describes the weight of the element not merely the frequency. In addition to the themes that emerge within the

individual interviews, all the interviews are considered together to explore unifying themes. As Thomas and Pollio (2002) note, “themes describe experiential patterns exhibited in diverse situations” (p. 37). Through this research the four existential grounds of the lifeworld of body, time, other, and world were evident not only in the individual interviews but as overarching themes when viewed collectively. Accordingly, van Manen (2014) notes that the essence of the description of the lived experience is the essence of the meaning and we utilize the individual’s language to understand the collective experience. The themes that emerged in this study are reported using the mothers’ own language throughout Chapter IV.

Each of the seven interviews, the bracketing interview, as well as the practice, pilot interview were transcribed. Each interview transcript was read multiple times to highlight areas of emphasis. Of the seven interviews conducted, five transcripts and the bracketing interview were presented to the TPRG for further analysis. The research group offered a comprehensive evaluation of the interviews, which was memorialized during the discussion. The groups discussion was then compared against the researcher’s preliminary findings.

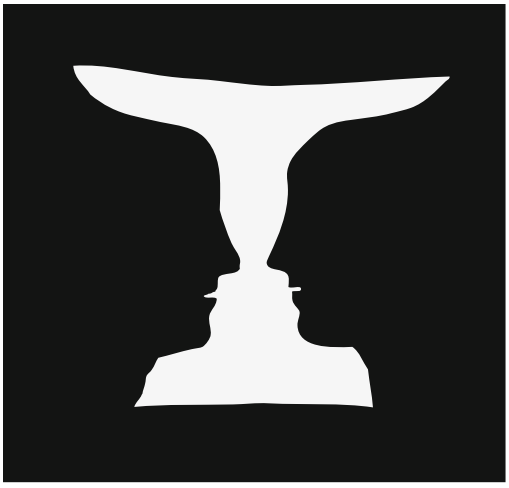
This methodology gave weight to the participants’ experience by using their own words to define the themes. Merleau-Ponty (1964) described language as inseparable from thoughts or emotions. As such, I used the participants words in the research findings so that, “language does not presuppose its table of correspondence; it unveils its secrets itself” (p. 43). I marked specific meaning units for significance and integrated them into a thematic structure for each individual interview, as well as overarching exemplifying ideas that unified each participant’s experience. This was a complex process. It was both unifying and divergent on multiple fronts. It allowed the findings to be evaluated both for similarities and where the same sentiments differed either through perception or situation of each participant.

Certain themes emerged and stood out as figural in the context of the interviews. The context, or ground, became equally important in understanding the experience. What is perceived can be understood as what is figural and what is the ground, each differing in its own right but significantly influencing the other. What emerges, according to Merleau-Ponty, is the perception of the figural against the ground (Thomas & Pollio, 2002).

The Rubin figure described by the Danish psychologist Edgar Rubin in 1915 depicts an image of a vase and faces (see Figure 3.2; Pind, 2014). This image is often utilized to exemplify the relationship between what is figure and what is ground. While the phenomenon of perception has elements that stand out against a background, it is significant that, in the same way that first one image of the vases, then the image of the faces can be seen, the ground that is determined in this research in intricately woven throughout the figural experiences. Neither the vase nor the faces are visible without one another. Similarly, the figure and ground effectuate each other, it is impossible to see the experience outside of the context.

Figure 3.2

Rubin Figure



Quality of Qualitative Research

That quantitative research designs, in their validity, reliability, and generalizability, expropriates the efficacy of qualitative work has long been an issue for qualitative researchers (Creswell & Creswell, 2018). Therefore, issues of transparency and rigor necessitate discussion. Fundamental to this end is the TPRG: This group allowed for a position as a member, observer, and participant, broadening the scope of perception. The role of participant in the bracketing processes ensured that the researcher was accountable to presumptions and biases; the role of observer, in bearing witness to the group's findings of the interviews; as well as the role of member, in both comparing researcher's findings to the group's findings, as well as being responsible to the good faith of the participants as well as the group in discerning the relevance of their words.

This dissertation is the result of over seven hours of interviews, 150 pages of transcripts, and 50 hours of meeting with the TPRG. Additionally, extrapolating the meaning units into themes and iterative review of those themes, individually and within the research group, avoided any tautological, solipsistic, or circular reasoning. In addition to utilizing the bracketing interview, phenomenological interviewing practices, and presenting iteratively reviewed data to the transdisciplinary research group, the findings were presented to the participants for member checking or a "phenomenological nod" (van Manen, 1990, p. 27). The accuracy of the data and interpretation adheres to concerns of validity and reliability that are often described as trustworthiness, authenticity, and credibility (Creswell & Creswell, 2018). To ensure that strict adherence was maintained, the researcher implemented member checking, rich and thick descriptions, and identifying biases through the bracketing interview, to ensure the validity of the analysis (Creswell & Creswell, 2018; Thomas & Pollio, 2002).

Maternity Leave

All of the participants indicated that they had taken or were taking maternity leave. All but two of the participants stated that they felt financially secure during their maternity leave. One participant, who felt financially insecure, stated that she had lost her job due to the pandemic and was working under contract. Participants were employed as a pediatrician, a social worker, a high school English teacher, a foreign service officer, a martial arts instructor, a professor and researcher, and one was unemployed at the time of the interview (See Table 3.1).

Participants

The study involved seven participants, ranging in age between 28 and 40 (μ= 37 years, 4 months, and 24 days; σ =6.425). Many of the mothers (71.4%) were considered of advanced maternal age, which is typically over the age of 35 at delivery. Their infants were aged between four and eleven months (μ=6.7; σ =2.75). This was the first child for five of the participants. All of the participants obtained secondary education with 87.5% having obtained more than college level education and 75% having obtained a master's degree or greater. The ethnic and racial make-up of the study included 43% that identified as Asian, 43% that identified as White, and 14% as Latina.

Participants in the study were assured of anonymity so all names used herein are pseudonyms.

Monica, 38, is a pediatric physician in California. She is a single mother with a five-month-old daughter. She took three months of maternity leave when her daughter was born and has her mother, who lives nearby, assisting her. She tried to extend her maternity leave, but the request was denied. At the time of the interview, she anticipated returning to work shortly because she needed healthcare insurance.

Hannah, 35, is a social worker in Washington. She is married with a five-month-old son and a three-year-old son. She was home with her son for three months. She and her husband shifted maternity and paternity leave to maximize the coverage for childcare. She noted that she was happy to return to work at the end of her maternity leave.

Adrienne, 40, currently works as a high school English teacher in New York. She originally received her JD and changed careers about three years ago. She is married and had a five-month-old via invitro fertilization. Her maternity leave was extended due to her teaching job and the coincidental shutdowns due to the pandemic.

Grace, 40, is a foreign service officer in Washington. She is married with a four-month-old daughter and a five-year-old son. Grace worked from home and moved to Washington within the year prior to the lockdowns. As such, she noted that she has noticed little change in both her work and socialization when she was on her maternity leave and when she returned to work.

Emily, 34, is a martial arts instructor in Washington. She is married with an eleven-month-old son. Emily and her husband own and run a martial arts studio. She has stopped teaching classes since the birth of her son, and she noted that much of the work for the school falls to her husband.

Mai, 28, is currently unemployed in Washington after losing her job due to the COVID-19 pandemic. Her bachelor's degree is in hospitality service. She is married with a ten-month-old daughter. She noted that her husband was injured before the birth of her daughter preventing his ability to care for her. Much of the care falls to her making her job search difficult.

Naomi, 38, is a university professor and researcher in California. She has a long-term partner and their seven-month-old daughter. Naomi noted that her work responsibilities moved online with the pandemic shutdowns which has helped her maternity leave. She lives at a considerable distance from her work, so the online structure has been a benefit.

Table 3.1

Pseudonyms and Demographics of Participants and Their Child

Pseudonym	Age	Child's Age	Education	Occupation	Relationship	Identities
Monica	38	5 mo.	MD	Pediatrician	Single	Primipara American-born; Taiwanese heritage
Hannah	35	5 mo.	MSW	Social Worker	Married	Multipara American-born; European heritage
Adrienne	40	5 mo.	JD; MA Education/Eng. Lit.	Teacher HS English	Married	Primipara American-born; European heritage
Grace	40	4 mo.	MA	Foreign Service Officer	Married	Multipara American-born; Taiwanese heritage
Emily	34	11 mo.	BA; began graduate school in Anthropology	Martial Arts Instructor	Married	Primipara American-born; Mexican heritage
Mai	28	10 mo.	BA; hospitality services	unemployed	Married	Primipara Russian-born; Vietnamese heritage; immigrated to US for college
Naomi	38	7 mo.	PhD	Professor/Researcher	Partnered	Primipara American-born; Jewish heritage (cultural, not religious)

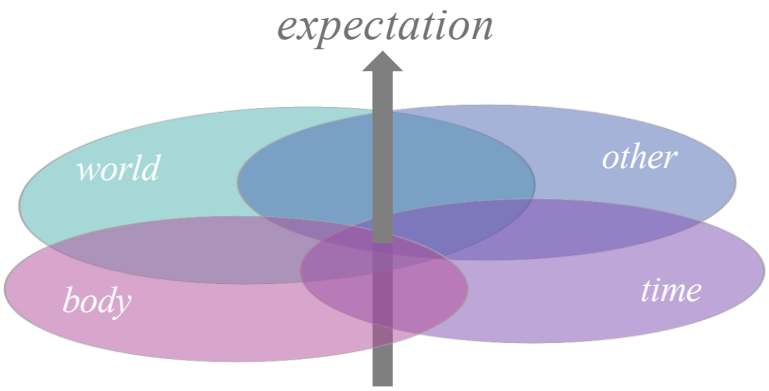
CHAPTER IV: RESULTS

This dissertation is based on phenomenological research principles. Its purpose is to develop insight into the lived experience of mothers in the first year of their newborns' life. Initial analysis of the bracketing interview allowed for further insight to the researcher's ideas, beliefs, and biases regarding the experience. This established the foundation for interviews with new mothers, which were conducted during the COVID-19 pandemic shutdowns via Zoom. All interviews were digitally video- and audio-recorded and transcribed verbatim. Through an analysis of the participants' language, I identified a thematic structure. This chapter presents the findings from those interviews from each of the seven participants. The thematic structure presented reveals a rich, complex, and descriptive spectrum of negative emotions in new mothers.

The findings from this study can be categorized into the framework of Merleau-Ponty's existential concepts of body, time, other, and world. These concepts are defined as what is figural in the mothers' experiences. These figural themes emerge against the backdrop of the contextual ground of expectation. The women in the study discussed the physicality of motherhood (i.e., body); the suddenness in which motherhood arrived and the shifting and temporal nature of having a newborn (i.e., time); motherhood as both restricting and expanding in light of both their immediate support groups and through social media (i.e., other); and introspection about how they, as mothers, sought to achieve their goals to raise healthy children (i.e., world).

Figure 4.1

Societal Expectation Emerge from the Existential Grounds



The participants voiced a ubiquitous and ephemeral idea regarding what society believes motherhood means, and how social expectations influenced them as mothers. An underlying but significant thread that emerged in the interviews related to feelings of privilege, unfairness, and anger that the role of motherhood imposed upon them, as well as the struggle with expectations, both their own and from others. Additionally, themes of expectation and unfairness arose due to the unique circumstances of becoming a mother during the time of COVID.

The Contextual Ground of the Study: The Expectation of Motherhood

In this study, the concept of "expectation of motherhood" was the contextual ground of the mothers' stories, as well as the lens through which this research sought to understand their stories. Grace noted this explicitly, stating, "I guess [this expectation] comes from a number of sources, right? So, it could be cultural. It could be societal. Maybe it's sort of a combination of all those things. It's also gender, right?" Adrienne similarly noted concerns about how she felt she needed to be, "because everywhere you look, you're supposed to be the earth mother—

working full time, and look good all the time, exercise, and have a smoothie. That's what you're supposed to be, all the time. So, expectations everywhere."

Grace described the outside influences that collectively create mothers' perceptions of who they are and how society views them as mothers. These influences were present throughout the interviews in different aspects of motherhood. Grace discussed how her expectations regarding maternity leave differed from what she, in fact experienced:

> Being away from work is liberating, right? You don't have to work. You're not obligated. You're not tied to anything. But, at the same time, being tethered to a child, its own different form of an inhibition of freedom. (Grace, interview)

The notion of expectation goes beyond the birthing experience to child rearing, breast feeding, interaction with friends, and work. In addition to their perception of external expectation, each mother expressed and discussed their own, self-imposed expectations, or how they thought they would, and should, feel as mothers. Many noted examples of where they felt an injustice in the external pressure to be to mother in a certain way: to be the Good Mother. Often the mothers noted feelings of isolation resulting from the perception of expectation or trying to be how they thought they should be. Hannah noted, "there is just so much stuff that I feel like goes on hold. Motherhood for me has been such a huge shift in my perception that I wasn't expecting." Adrienne stated that "[it is about] what I felt I was *supposed* to be experiencing . . . I think that because of the expectations that we have on women, it is hard for a lot of women, probably, to access how they feel."

Adrienne noted that this expectation changed her behavior. Despite her having the mornings to stay in bed while her husband took care of the baby, she felt guilt which prompted her to participate:

> I feel like I'm not supposed to be sleeping in, you know. It's like I'm supposed to be up doing this because that's how I will show everyone that I'm a Good Mother. Who I'm showing? I don't know . . . Expectations are floating around. (Adrienne, interview)

Some of the mothers struggled with breastfeeding. They noted that culturally, breastfeeding is an unspoken assumption that each of the mothers would attempt. Adrienne's struggles with breastfeeding resulted in her stopping—but not without an internal struggle. "[B]reastfeeding is a huge expectation. I remember feeling like I needed permission from all my friends to stop." Grace reminisced that she was driven to breastfeed despite her reservations, it is "this expectation that I have to do what I can to help her. So even if it is something that I loathe."

Adrienne felt constrained by not meeting expectations, "then you feel very isolated by these expectations." Similarly, Monica described her discomfort when she felt her actions were not meeting expectations: "[T]here's this idea that oh I need to respond a different way. I need to be different because that's what's expected." Hannah discussed how her experience was different from what she believed it would be: "[M]aybe we were expecting something different than what it was." Grace discussed the internal impact of her expectations: "[T]here are these issues with the expectations that are unspoken that are creating challenges. So, I think that it's been like an uphill battle."

Monica described "feelings that you're exhausted and tired and yet that expectation of joy and you have this beautiful baby. So, there's happiness, the expectation of happiness, around that." Notably, Monica referred to an expectation of joy rather than joy itself. Mai discussed her frustration and distress over the expectation of raising a child with limited supports:

> And I am not alone in this. All the mothers have the same value. I feel like I'm not alone in this. That my baby is my priority, and, for all mothers, their baby is their priority. We need this. It not just me. So, I don't know why this is the way we [mothers] are living right now. (Mai, interview)

Adrienne discussed the multiple layers and complexities of external expectations on her view of motherhood. She discussed how different the experience was from her expectation, namely, the expectation that motherhood should be "wonderful:"

> There is a . . . lot of expectations around what it's going to be like to give birth and have a child. The first thing that I think hit me—and I mean from the minute I was in the hospital—that was 'my God! None of my friends, none of my family, no one, tells you what really, really happens in these moments.' (Adrienne, interview)

What is Figural in the Experience

From the Expectation of Motherhood, the grounding theme in the study, four figural themes emerged. The themes described, within the contexts of Merleau-Ponty's description of human existence, are supported by verbatim quotations from the participants' interviews.

Theme One: "The Labor Intensiveness—All-Encompassing Nature of Parenthood"

Table 4.2

Theme One

Theme	***Quotation***
Intensive labor of motherhood	The labor intensiveness—all-encompassing nature of parenthood
Motherhood is hard	No matter how much you say you understand, there is no preparation for what that is
Loss of control	You can't rationalize with a baby
Language of anger	It's like cumulative triggers

This section explores what emerged as figural from the existential ground of the Body. The themes exemplified the interrelated aspects of what is figural about the bodily experience, including such elements from the visceral loathing of breastfeeding to the drudgery of care to the exhaustion of sleepless nights. The mothers characterized their "hard" laboring, both in giving birth and sustaining the new life, especially during the initial sleepless nights, difficult nursing, and balance with careers, family, and self.

The predominant emphasis of this theme was the intensive labor of motherhood. This felt like an arduous never-ending work of the body in meeting the needs of the baby. While this often referred to feeding, diapering, and the general care of the child, there is an element of the toll that physicality had on the bodies of these women, as they felt worn down. The mothers in the study described the physicality of their experience with pain, exhaustion, being physically unable to disengage due to time or the actual act of breastfeeding. The overwhelming and consuming nature of mothering was reflected as drudgery, repetition, monotony, and being "hard." Each mother expressed the statement, "this is hard" is some form.

"No Matter How Much You Say You Understand, There Is No Preparation for What That Is"

Motherhood is hard. Most participants expressed this sentiment in the first few minutes of their interviews: Monica ruminated, "But it's hard. It's hard. I think it's hard post-pregnancy. I think, you know, postpartum, like, I think it's—it's hard." Hannah expressed the same sentiment, with a long pause, "It's really hard right now."

Adrienne described the difficulty she had in giving birth and the weight that the hardships incurred in both her physical and mental states:

> I had a very difficult birth . . . So, I had a C-section after two failed inductions. Even the C-section, the process felt very sterile. I felt like I was a car in a car shop. It was like, 'who's next? Who's next?' I think I went into that so crushed already. It was a very difficult delivery and then this. I was really sick. I was in a lot of pain. (Adrienne, interview)

Feelings of being overwhelmed by the nature of motherhood resonated as well. Hannah said, "I felt so overwhelmed." Grace said that she felt this feeling of being overwhelmed emanating from "the labor intensiveness, this, sort of, all-encompassing nature of parenthood." Emily was aware of how other areas of her life impacted her ability to mother: "I didn't sleep well and that means I'm going to have less and less today than yesterday." Grace also noticed

how her obligations to a newborn conflicted with her role as mother to her other child, “I think, with an older child, too, wanting to spend time with him and engage with him, but not being able to disengage because this child physically needs me to feed her.”

Similarly, Monica and Mai reflected on the shifting nature of the exhaustion and labor. Mai exclaimed, “but now that I am a mom, I am—it’s overwhelming.” Monica reminisced:

> The first six weeks are kind of a blur . . . I don’t even remember how I survived getting up at 3:00 AM. I really don’t. Because I already feel like I’m exhausted right now, and I don’t even have to get up at three. (Monica, interview)

Repetition was also noted. Adrienne mentioned, “the monotony and repetition, especially with a one- to three-month old where it's just like up, diaper, bottle, bed—up, diaper, bottle, bed, there's no room there to explore any anything else.” Monica also noted feelings how repetitive this period is, “it’s every day . . . constantly, having this checklist, and you're just trying to check off five things you need to do on your 20 [item To Do List]. And then it just keeps ending up longer and longer and longer.” Grace noted conflicts in her feelings that there was “this sense of obligation and duty—there’s this sort of nonstop drudgery—an element of drudgery to it.”

Monica recalled a story from an acquaintance that struck a visceral chord about the realities of having a baby:

> One thing that my friend told me the first six weeks are dog sh*t. I liked the way that she *just* said it. It was just so blunt and frank. It was just—it was just so honest. That really stuck with me. (Monica, interview)

For Emily:

> [I]t was hard for me because I had stitches too, so between the inability to get him to get a good latch, or at least get proper sustenance from me, I was just running on fumes those first couple of days. it just made it really hard for me that . . . I was going to have to literally ask someone to help me pee.

Similarly, Adrienne noted the culmination of events that brought up these feelings:

> I guess I felt crushed that I didn't have that good birthing experience. That impacted me. Then the first couple months were very hard for me because . . . I couldn't breastfeed. But because this country is obsessed with forcing women to breastfeed. I spent two weeks with him crying all night while I was not sleeping and in pain from my own surgery. And I wasn't even giving him what he needed. (Adrienne, interview)

Emily found the process of motherhood and birth had transformed the way that she thought of herself: "[I]t was really hard because it takes a lot for me to feel hurt and now my body was damaged. It's what I do for a living [martial arts], it is how I can handle being under pressure, physical and mental." She internalized the toll that birth had taken:

> When I was training with 200-pound guys, I was fine. And now I can't get up to pee. I can't do it. I can't do it by myself . . . I don't like asking people for help. I don't like being in service to other people. It's so hard for me to ask for help. (Emily, interview)

Hannah related her story about returning to work and the multiple layers of emotion that was part of that decision:

> It was simultaneously awesome and awful. It was awesome because things were so rough at home with the baby that it was basically like, my tires left track marks in the driveway as I peeled out to get to work. I was so excited to get out of the house. But it was really hard because the baby was having a really rough time taking a bottle. My husband was having to bring him to the hospital during my lunch to nurse because he wasn't consistently taking a bottle. That was really stressful for me. (Hannah, interview)

Naomi also recognized how her behaviors as a mother seemed different from what she would have expected before she gave birth:

> I think if you had told me any of this before I actually had her, I don't know that I would have identified myself as being this way . . . it becomes the most important that you wear and it's a hat you didn't have before. (Naomi, interview)

The mothers also expressed awe when realizing their new role. Adrienne said, "I felt like, 'wow, okay, this is the moment it all changes. You know, like, something is always going to need me.'" Similarly, Naomi recognized the difference between her expectation of motherhood and actual motherhood:

> I think also, I feel like when I was pregnant or thinking about having kids, the thought of 'I will have this person that I love more than any other person' is something. But then when you actually have a baby, it's a different level of knowing versus understanding. Really, truly, thinking 'this is my favorite person in the whole world.' I would do anything for her and like really meaning that versus just saying that. (Adrienne, interview)

"You Can't Rationalize with a Baby"

This theme emerged highlighting the role conflict that exists for mothers. Often mothers are faced with the conflict of behaviors—they need to sleep to care for a newborn who does not sleep. This can be significant for women who achieved a level of success in their pre-motherhood lives, including their work and education. The juxtaposition between pre- and post-motherhood perception of success can be dramatic. Struggles arise between what the baby needs and wants from the mother's body and the mother's struggle to care for her own body. Breast milk and dry diapers conflict with sleep and showers. A mother's loss of control over their lives is highlighted by the cause of that loss—the baby. And there is no way to rationalize with the baby.

Hannah noted that her family life has been ceded to the baby: "He's doing really well with that routine but that basically means that everything runs around his schedule." Monica said that she does not feel as though she has control in her life:

> You're on-you're always on. Like you always feel post call. You never feel fully rested. You always feel behind basically. There's still 5000 other things to be done. You're always—you always feel behind. You don't have your life back. (Monica, interview)

Some mothers focused on their frustrations, caused by, for instance, lack of sleep, failing to meet their own expectations, their children's behavior, and the inability to be part of their child's care when working. Ultimately, many of these frustrations related to the inability to achieve balance:

> She is in this new environment [at daycare]. And she's not sleeping and she's not eating either. So, by the time she comes home, she's very cranky—hungry and sleepy. But there's nothing I can do because I'm at work. (Mai, interview)

> But there are times when I have been frustrated. The other night where she woke up every single hour—*at 9:30, at 10:30, at 11:30, at 2, at 5.* And by the end, it's to the point where there's like a resentfulness that's emanating from me. It isn't that I dislike her. It's just being exhausted and these feelings of not being able to balance. (Grace, interview)

Grace expressed her reaction to the feeling of being overwhelmed and how it is her nature to bear with the discomfort, to push through. Reaching out for support and help were not at the forefront of her thoughts:

> I wait until things get to a point where it's really, kind of, overboard, right? I've been thinking of finding a therapist, but I haven't actually contacted anyone yet. I think that at the point where I get completely rundown and I really need to talk to someone professionally, it's already too late, right? (Grace, interview)

Mai expressed feelings of being disconnected and her rising discontent as she tried to navigate contacting her child's daycare teacher. She found it disconcerting to drop off her young baby for hours at a time with no contact from the school. These constraints made it impossible for Mai to continue with daycare, which significantly strained her ability to work:

> [Trying to find out how my child is at daycare during the day], but nothing. There was no confirmation, information, communication. I wish I could just get to the teacher directly to know how she's doing . . . that was the other time that was super crazy, overwhelming, and stressful. (Mai, interview)

Emily was able to conceptualize that this period of her life was out of her control: "I have to think of a new way of being in my own head and not being as worried about things that are not in my control right now." Similarly, Naomi noted that the lack of control in her life is just an accepted part of motherhood:

> Having a newborn is just like a series of hiccups. It feels like that at the beginning it's all so hard . . . Those first 12 weeks were a weird blur. Then it doesn't seem that bad in hindsight . . . But then, I mean, this is why people have multiple kids, right? You forget. (Naomi, interview)

> Well, the only thing she says right now is 'mama' and that is pretty awesome. She was a real daddy's girl. There was a two-month period of time where only daddy could comfort her. And I think we've done the job rectifying *that* situation . . . 'I don't care if she *also* loves you, but she has to love me the most.' and I know that's crazy, . . . but that is the truth. (Naomi, interview)

Monica noted that becoming a mother had a negative impact. "[I]t makes you feel like you can't do everything, it makes me feel bad about myself . . . you constantly push yourself more and more and more and then you get to the point where [there's] nothing else to give." That feeling of perfectionism was evident for Monica. "[W]ith motherhood, you want everything to be perfect for your child. So, then you feel bad that's it may not be perfect." Hannah also expressed similar concerns regarding situations that arose around her child's sleep and eating:

> I'm the type of person who's kind of a perfectionist, a rule follower. I do really good with structure, so I do not go with newborns is what I've learned. I do best when there's like a clear outline and you follow it because that's what you should be doing . . . When things deviate from that, that is where I have difficulty . . . there are ideal goals set by someone, to be followed by me, and if we're not meeting those, it is hard. That's why I'm good at baking and not cooking. (Hannah, interview)

Some of the mothers noted their difficulty with not having control in their lives. In particular, they described themselves as "Type A" or having a need for control. Consequently, the same quality that served them well in their professional lives had suddenly become a liability in motherhood:

> But I think no matter what, you never really are 100% prepared. I think particularly Type A, anxious, perfectionist mentalities can go overboard on that in trying to prepare for everything. (Monica, interview)

> I'm a type-A personality, and if I forgot how hard the newborn stage is—or if our second kid was just, legitimately, more difficult—but I've had so much anger. (Hannah, interview)

> I have a very supportive partner who supported the fact that I needed to be the primary caregiver . . . I can hand her to you when she's done crying, but you can't be the one who makes her stop crying. It has to be me. (Naomi, interview)

"It's Like Cumulative Triggers"

Mothers consistently identified feelings of distress, conflict, and frustrations that would rise to anger. According to Monica, emotions were labile: "The feelings are very extreme, one minute, I'm happy, the next minute, I'm exhausted, and tired, and cranky. I feel like I'm more emotionally labile and I have much less patience." Adrienne noted: "I think it just really slams you in the face. No, you're not sleeping until 8 and having a cup of coffee and reading the paper anymore. That's just over."

Monica stated: "I'm more emotionally labile and I have much less patience for other people's issues." She also described an interaction with her boss as "it's just—it's just annoying." She described approaching her boss to request personal time off in addition to the three months of maternity leave, and her reaction when her employer refused the request. The word "annoying" arose again in describing the stresses of others' opinions. "[I]t's the unsolicited comments that can be quite annoying. It happens all the time, like, is my baby getting enough tummy time, or the right weight, or the right height, or . . . it is endless. I could go on forever." Despite the word "annoying," Monica's tone and body language indicated that she was quite irritated and upset by the interactions she described.

Emily noted elements of uncertainty that arose because she could no longer trust her body. She explained that as a martial arts practitioner and instructor, she had always relied on her strength and agility. Motherhood changed that conceptualization for her, as she raised concerns that she wasn't strong enough to do simple household and self-care tasks. "[B]efore, when I was out, I knew that I could handle myself and strangers. Now I feel like, when I'm at home, I would be putting us into unsafe situation. That was frustrating." Emily explained further:

> In that first week, it really just really hits you . . . I never really went through a depressive phase. It was really more instructional for me. I was like, 'you know what? this is a

> f*cking b*tch right now, but this is really going to help me, so I need to figure it out.' (Emily, interview)

As Grace acknowledged, and perhaps realized for the first time, that her needs were not being met, she exhibited significant emotion as she searched for the right words to capture the depth of her feelings. "I guess, I guess, I would say depression. [pauses] Not depression, but just this feeling of hopelessness." But she also noted her ability to push through this period. "Knowing that it's time bound . . . this idea of—this is awful but—I can suffer through it for a period of time, knowing that there's more of a definitive end." Grace continued, "I think I also tend to withdraw a bit . . . I sort of drop off the radar when things are too much, and I can't handle it. For better for worse, that's sort of like coping mechanism."

Grace expressed frustration with the difficulty in having her needs met. "I think the example that I gave you is probably more one of frustration and desperation because of the lack of sleep and just sort of everything coming together." Grace's frustrations were evident during discussions regarding interactions with her husband that fell back on gendered expectations of her contribution. Her role conflict came to the forefront in balancing her work with her role as a mother:

> It's rebalancing a bit. But it's through sheer force of will, I would say . . . There are these issues with the expectations that are unspoken that are creating challenges . . . I would say that I don't really [have my needs met] . . . but beyond that . . . yeah, I would say that I don't have much ability to get my needs met in any sort of meaningful way. (Grace, interview)

Mothers uniformly expressed anger and frustration with their lack of support systems. Grace expressed her frustration with her mother and her mother's friends discussing how wonderful it is to have a baby. "I just feel resentful because my mom is not physically in the same place, so she can't help. Dispensing advice about how much she loves snuggling with the baby is just irritating. It's not something I want to hear. It's not something that I appreciate."

Hannah described her disappointment in a parenting group that she joined to help foster a sense of connection. She felt the organization failed to meet her needs for information: “It was frustrating because if felt like [the organization] was asking parents, who are juggling newborns, to go find the answers to these things.” Hannah also expressed jealousy as she described her perception of the other mothers in her parenting group:

> There was just this jealousy—like, what crappy straw did I draw . . . did anybody else have it this bad? Like, do we just have bad luck? . . . So, I guess, in the scheme of things, it wasn’t—we all had difficulties—but I just somehow perceived mine as worse. But I do think my baby was harder than theirs. And I will die on that hill. (Hannah, interview)

Mai also noted frustration with organizations and resources that she perceived as fundamental in raising a baby. She said that she just needed a break, just a moment for her to have with the knowledge that her child was being cared for. She often noted discrepancies between the collectivist cultures in which she was raised and the individualistic culture where she is raising her daughter. She described the difficulties in not having support with no family and little access to daycare to find the support she needed, “I need them when *I* need a daycare. I need some time.”

Hannah was part of the parenting group whose mission is to bring together parents with similar aged children to build a peer support group. While she noted frustrations with the organization itself, she also expressed frustrations with some of the other mothers from her group:

> And my perception [through the parenting group] felt like, ‘You have this life, and you have a baby, but you just fit the baby in. Don’t let the baby make a big change to what you’re doing.’ If you love traveling, just get the baby to travel . . . I just want to punch those people and be like ‘what the f*ck are you saying?!’ (Hannah, interview)

> It’s kind of like frustration and anger kind of blurred together for me. Yeah, a lot of anger—not even directed at the baby. Sometimes, sometimes, directed at my husband, or just the general situation. (Hannah, interview)

Hannah noted how much her feelings were tied to her baby. “When he was in a good mood, I was in a good mood. But the days where he was really colicky and crying for hours on end, was when I was hitting a wall of frustration and anger.” She also described a difficult time where her emotions felt overwhelming, describing “a time I laid him down crying and went to another room and screamed so hard into a pillow that I had a sore throat through the rest of the day.” She described the depth of her anger and then consequential guilt:

> He was crying and wouldn’t calm down—just wouldn’t calm down. And, in my mind, I was, like, I can see now why people like would shake a child or throw a baby. And that freaked me the hell out. I would just get so frustrated and angry. But there was no outlet for it. It builds up and there’s no outlet for it. (Hannah, interview)

Monica described her anger using a metaphor for a cooking appliance. “When emotions are strong, I usually break down, cry, yell, or go crazy. Then I calm down and things are better. It’s a pop off valve—like on your instant pot, that valve that lets the steam out.” Hannah’s description of anger was similar:

> It was built up anger . . . If I get frustrated, or really angry, or overwhelmed, I turn inward. I withdraw. I get quiet . . . I start to feel hot. I usually have a hard time thinking straight. I can't be focused on the problem and be engaged in a conversation or try to problem-solve with my husband. I just can’t balance both things at the same time. (Hannah, interview)

Hannah also expressed a need to anchor her anger, saying she felt adrift with regards to a direction for her anger:

> I wanted to be angry at the baby, and I knew that wasn’t fair. Because it wasn’t his choice. You don’t *want* to be mad at the baby. That was really hard figuring out how to formulate and direct anger somewhere because it didn’t feel right to be angry at baby. (Hannah, interview)

For two of the mothers, emotions including anger resonated internally. Adrienne noted feelings of “frustration, depression, anger, resigned . . . I went through a process of really seeking

honest council. And then, when I felt like there really was not anybody [sharing her feelings], then I started to think it was just me." Naomi began to question what she meant to her daughter:

> I would hand her hysterically crying over to [her dad] and then she would be fine. But if I took her, she be hysterical. That made me very angry. The fact that I was not the person to comfort her, first and foremost, it was really difficult for me. (Naomi, interview)

Summary

The figural themes relating to the Body, emerging from the existential ground of expectation, was indicated through words like visceral, labor intensive, and exhausted capture motherhood's physical toll upon new mothers. Of particular significance was how "hard" motherhood was for the women.

Theme Two: "All of a Sudden, My Human Identity Has Changed"

Table 4.3

Theme Two

Theme	***Quotation***
Change	All of a sudden, my human identity has changed
Identity	More of a distinct crisis . . . this dichotomy between who I was and who I became
Transition into motherhood	All of a sudden, my human identity has changed
Older mothers	I've wondered sometimes if it's because I'm older
Grief	It's like you're literally in mourning for this old person

This section explores what emerged as figural from the existential ground of Time. In this second theme of Time, issues arose that focused on identity, grief and mourning, change, and older motherhood. Time was a pertinent theme as it addressed both the slow nature of time during the newborn period as well as the element that most of the mothers had their children later in life. Additionally, these mothers had their children in the time of COVID, which involved unique and challenging concerns. Time, and the suddenness of this transition into both birth and

motherhood became a major theme. Time is also relevant in how the mothers navigated the first few months and those difficulties that arose in having young babies. Mothers moved through the difficulties of the early days of increased stress to eventually seeing the end of the "season" of a newborn and returning to a sense of normalcy and getting their life back.

"More of a Distinct Crisis . . . This Dichotomy Between Who I Was and Who I Became"

The mothers discussed how the essence of their identity was challenged by becoming a mother. Most of the mothers in the sample were older. Thus, each participant enjoyed a comparatively longer career prior to childbirth that contributed to their identities. They perceived motherhood as an interruption or imposition upon that identity.

Grace discussed this shift in her identity: "So, I would say that [the subjugation of my needs for my child's needs] is absolutely the case for me and I know that isn't the case for everyone" and that "it's almost like subsuming the self in the interest of allowing the child to flourish and to give them everything that they need. And I find it really exhausting and draining."

Naomi discussed her awareness of increasing transience in her identity. "[I]t depends on the day that you asked me, how I'm feeling. I think that's probably true for a lot of people." Identity could be affected by the minutia of day-to-day living, as well as overarching ideas of gender. Adrienne discussed the dichotomy between who she was as a mother and who she is: "[T]here is always this sense of, like, I don't have any time, I don't feel like I can do things that I find interesting until like 7 o'clock every night, you know." Grace specifically expressed gender differentiation in the expectations that separate motherhood from parenting, reflecting "maybe it's also gendered—I feel like, for women, it's also much more time consuming." Mai also expressed similar concerns about how the expectation of being a mother defined her role, "as a mother, you just like shoulder it all, always, because it's always there."

Grace also defined how motherhood can occupy two locations at once. She described how she chose to become a mother, and yet how it was not her choice to subjugate other aspects of her identity, stating, “I’ve reconciled myself to that process, I’m able to accept it but it’s not pleasurable.”

Hannah expressed concern that her struggles defined and reflected poorly upon her. With the difficulties she faces in her postpartum, she felt the need to ration asking for help and support:

> I felt like so much of my conversations were centered around venting frustrations over what was going wrong that I just sort of stopped talking about it and then stopped participating in the conversation. I didn’t want to be *that* person. I just stopped talking about the rough time I was having because I didn’t want to burn that bridge. I didn’t want that to be all I was. (Hannah, interview)

The mothers also discussed reclaiming parts of their identity, or simply redefining it. Monica stated that it was now easier for her to focus on her concerns without feeling external pressures:

> I tend to ‘people please’ and cater to people’s needs. And now—which kind of makes me feel like a bad friend—but I realized that I don’t really need to. I can put myself first and I can put my child first and that doesn’t make me a bad person. (Monica, interview)

Naomi noted feelings of discomfiture as she realized the immediacy with which her role shifted:

> When you’re leaving the hospital and they are like letting us take her home. Just the two of us. There’s no instruction book. They didn’t check to make sure we have a home. All they did was make sure we had a car seat. That was it. (Naomi, interview)

Role conflict often played a part in these emotions. Monica described her difficulty dealing with different roles after motherhood: “[W]hen you add in family conflict, work drama, or any other conflict, it just pushes you over the edge. I used to be able to deal with things better.” When asked about the anger she expressed in the interview, Hannah stated, “there’s been

a lot. I used anger and frustration interchangeably, but I've had a ton of frustration." Grace used stronger language, specifically when discussing breastfeeding, "I think it's just another example of the physicality and, like, the need to do something that I abhor."

Naomi explained a moment when she stepped fully into the role of mother. Despite the myriad of opinions that she faced; she ultimately made the decision herself—'owning' her identity of mother in that moment:

> I had some issues with breastfeeding. And then I got really bad mastitis. And the guilt associated with realizing the best decision was to formula feed her versus breast feeding her was really big. Everyone could give us information. My dad could give a medical opinion. I saw three lactation consultants who all gave opinions. Even my fiancé had his feelings. But ultimately, it was what decision I was going to make. I think that was one of those first really big moments of deciding something for the rest of her life. (Naomi, interview)

Naomi also reminisced about the change from her pre-motherhood, and pre-pandemic life:

> Your life, all of a sudden, is not what it was before, but having a baby during a global pandemic, it is different than I imagined . . . I used to just be able to go anywhere and do whatever I wanted, and I can't do that anymore . . . Also, we can't do anything anyway, so I guess motherhood and COVID are not that different. (Naomi, interview)

"All of a Sudden, My Human Identity Has Changed"

Many mothers noted the transition into mother as a significant experience and, specifically, the world they left behind when they became mothers. Of particular significance was the perceived transition into more traditional gendered roles. Grace described this transition:

> It just happened that I'm not working, so I happen to take on more responsibility. And then it, sort of, slides down that slope. So, there's sort of an evolution of inequality, more so than there would have, I think, without children. (Grace, interview)

Many mothers explained moments where the change was most significant. Monica said, "I'm getting my life back. But then in other aspects, it's getting busier. Then, once I go back to work, probably it's going to get even worse. It's a day-to-day thing and you're just trying to stay

afloat." Grace stated: "Taking on this identity of being a mother was something that I didn't quite understand how all-encompassing it can be. It took me a while to digest what that meant." For Naomi, "it transitioned in the sense that one minute I wasn't a mom, and then I was . . . But growing into that character did take some time." Emily felt her world constrict somewhat in moving from one moment to the next: "[Y]ou're not necessarily thinking [that] this rough day is really preparing me for what's next . . . you're just really in the moment and you're thinking 'okay, can I get through this moment right now?'"

The mothers described and acknowledged the transition from their old sense of self into motherhood:

> I guess what stands out to me is that there's a lot of joy and all of that. Then there's a lot of conflicting feelings about losing parts of myself, you know. Having to change my identity so fast. I don't think I realized how quickly my identity would change and how much. There's, kind of, like, no going back, you know. I love him. He brings me tons of joy. But it's—it's conflicting. I will say that. (Adrienne, interview)

Naomi discussed the moments when she realized the depth of this transition:

> There have been moments that really feel like a mom. When she was throwing up—like throwing up everywhere—and you realize, you run to the mess. It's those moments when it feels like what it is like being a mom. (Naomi, interview)

Naomi discussed the significant evolution of her identity as a mother, including positive aspects:

> I didn't find that it happened the second she was born. I feel like that's something you hear. The second your baby is born you're like 'Oh my god, I love this thing more than anything.' I did from a visceral sense. I knew I would protect this baby at all costs. But how much I loved her on day one to how much I love her today at seven months has grown infinitely. (Naomi, interview)

"I've Wondered Sometimes If It's Because I'm Older"

It is not insignificant that many of the women who agreed to participate in this study were older at the time of their child's birth. Many of these women had successful careers before they

became mothers at a later point in their life cycle, so the timing of motherhood is notable. Adrienne stated: “I’ve wondered sometimes if it’s because I'm older. I didn’t have a kid at 30; I had one at 40. I think that has to have something to do with it because I had such a fully baked identity.” The passage of time was a concern for 34-year-old Emily: “I started thinking about a baby. We were never attached to having kids but, once we started talking about it, then I geared my mind that way since I’m going to be 40 soon.”

Grace noted that both her age and her situation were isolating. Additionally, she reflected on this isolation as she made the transition into motherhood:

> I guess it was also that I had my children late—even my [older] son I had at 35. I just had a very distinct idea of who I was. None of my friends had children . . . So, I think, this idea of being a parent was something that was unfamiliar. The idea of redefining myself so strongly, relative to another person, was something that I hadn’t had to do before. (Grace, interview)

Adrienne noted with amusement some of the actions that she took for granted as a 20-year-old woman that, as a 40-year-old mother, were now beyond her:

> I feel like I’m held captive by his schedule . . . If someone was like, ‘[Adrienne], do you want to go get a cup of coffee at 4:00 o’clock on Friday?’ I mean, I would have to be like, ‘Oh my God, there’s like a million things to do for that to happen.’ So, as a 40-year-old woman, who’s been doing that for 20 years on their own, that’s a big adjustment. It’s huge. (Adrienne, interview)

Pregnancy is difficult on a woman’s body and there are significant stressors on older mothers. Naomi discussed the physical considerations of being an older mother:

> We had to be in the hospital for a few days because of how small she was, because, basically, my placenta failed the last two weeks of pregnancy. She, essentially, was born starving which, again, is sort of one of those things. Of course, it wasn’t my fault. It’s not like I did something on purpose. It was just, you know, I’m an older mom and sometimes, older moms’ bodies fail in ways that younger moms don't. So, then there is that kind of a guilt. Thoughts that I should have done this 10 years ago. And my placenta should’ve worked. (Naomi, interview)

"It's Like You're Literally in Mourning for This Old Person"

Grief was evident in each of the interviews. The mothers described their loss in different ways, but it was always present.

> You're literally in mourning for this old person and then I have this person who is totally dependent on me. And I want to be there for him. I want to love him. And I do. But I'd like to just, sort of, sometimes, split myself in half and maybe half could be with him, and half could be, you know, doing something I find interesting. (Adrienne, interview)

At the time of her interview with a five-month-old baby, Monica said she "thought things would be better by now." Grace described postpartum as a "loss of autonomy, loss of identity." Mai expressed longing: "I do wish I could have a break, you know, just to completely not worry about someone else but myself for just a moment." Hannah expressed loss:

> I've been trying to remind myself, it's just like everything—It is a season, and this is just the newborn season. It is just a season, but it sucks. It's really hard . . . You have to put yourself on hold because other things are coming first. (Hannah, interview)

Grace expressed grief regarding loss of her identity. These emotions revolved around the loss of her professional experiences, as well as the loss of autonomy. Grace also noted loss in connecting with other mothers regarding the emotions around having a newborn:

> Professional growth and experiences that are just more challenging to have with a young child . . . In the first few months, it was harder because I had this feeling of just being so tied to my child. Maybe, for some people, if their identity is much more aligned with this idea of like being a mother, then it's much more pleasant, right? Having my happiness or my independence restricted is something that I understand as a necessary part of being a parent. Maybe some people wouldn't feel so much conflict, but to me, it is. (Grace, interview)

Similarly, Hannah described the stark difference between the expectation and reality of becoming a new mother: "'Oh, we're going to be flexible, we will have this baby, but we keep our life, and the baby is just going to fit in.' And then the baby comes and, 'Nope! We're just living in the baby's world.'"

Emily expressed loss of freedom after becoming a mother and how this loss affected and inhibited her sense of self and identity: “I’m used to training and now I can’t even do something simple. That’s really where the biggest gap was for me, where I was really feeling that frustration of what I couldn’t do.” Emily also discussed fear of inability to meet her baby’s needs. “There is that fear that you have that you want to make sure that this little creature is getting what he needs.” Mai shared a similar fear:

> It is a thing that moms forget. Not only because we gave birth, and that is a lot on our physical body and mind. But we have to worry about so much. We juggle so much. It’s just a woman’s nature to multitask and sometimes things fall off and we forget. And it is scary at times. I don’t remember talking about things, or where things are. That adds to the stress. Sometimes it is crazy how much you forget as a mom.” (Mai, interview)

Adrienne expressed significant grief through the entirety of her transformation to motherhood:

> I just kept getting hit from every direction. Like it was hard to have the baby. It was hard to be pregnant. It was hard to birth the baby. I couldn’t, I couldn’t. And then . . . feeling like—and it’s so ridiculous, I’m saying this . . . but I’m telling you intellectually I know this is not true—but feeling like a failure as a woman that like I couldn’t breastfeed. I couldn’t. My body wouldn’t be induced properly. I couldn’t get pregnant the normal way. And then how dare I sort of have any doubts, you know? I think all of those things, especially the first couple months, yeah, they just were—they were crushing to me. I felt very cheated, or something, out of this blissful experience. I know I’m being silly, like, I didn’t expect it to be bliss. I wasn’t like an idiot . . . I felt like nothing was going right and that nobody was really being honest about that. (Adrienne, interview)

Summary

In the themes that emerged from the existential ground of Time, the mothers described the change that motherhood brought along with the change a sense of loss and mourning. What was significant was both the temporal progression into motherhood as well as the stage that these women had their children. The latter had a significant effect on the way in which mothers assumed their new role of mother.

Theme Three: "But Am I The Only One Who Feels Really Overwhelmed?"

Table 4.4

Theme Three

Theme	***Quotation***
Connection to others	But am I the only one who feels really overwhelmed?
Loneliness and isolation	What stands out is the loneliness of it. Even though you're there with a child
Information	No one tells you
Looking for Support	It makes you feel like you're not alone. But physically you are
Comparison	You feel like you're always comparing, they do this, and I should do this too

This section explores what emerged as figural from the existential ground of Other. Merleau-Ponty (2012) suggested that the "knot of relations" (p. 483) exemplifies depth and connection with Others. The threads bind the experiences together: "perception is like a net whose knots progressively appear more clearly" (Merleau-Ponty, 2012, p. 12). These knots can also sometimes make the experiences more difficult to discern, e.g., the reference to Gordian aspect of the connection (Inkpin & Reynolds, 2017). This section describes the figural aspects of the mothers' experience, most notably, loneliness and isolation from others, comparison with others, and looking for support from others. The mothers identified a separation from and a longing for a community, the village, that would help and support them. Their perceptions of judgment and criticism from others, and feelings of betrayal by other mothers perceived to be withholding of information, or even secrets, about parenting further exacerbated feelings of separation from others.

But significantly, each shared anecdotes about supportive friends or relatives, through which a theme of comparison emerged. Each of the mothers compared themselves to women in other parenting groups, online, and on social media who were perceived to "have it together."

"What Stands Out Is the Loneliness of It. Even Though You're There with A Child"

Perhaps Mai, most succinctly captured the theme of loneliness and longing in motherhood: "I felt alone, even though you're not alone. Everybody has babies. But it's like the saying, you know, raising a baby takes a village. It is so true to me, but I feel like I'm on my own." This was echoed by Naomi, "I didn't have a place to ask," and Adrienne, "it's really tough, but am I the only one who feels really overwhelmed and, sort of, crushed by the weight of it? I can't be, but that's what I started to feel. And it feels isolating as well." Grace stated:

> I would say that there is an element of isolation—you know. It's like drudgery, obligation, and then, also, like, sort of with flashes of understanding that the person that you're nurturing is going to become a person that is engaging and worth knowing as a person. (Grace, interview)

Monica felt the isolation but sought to face it on her own: "I usually won't reach out to someone that's either gone through it or in it." Similarly, Grace would not seek support:

> [Others] recommended, 'just reach out . . . hopefully, you'll be able to find someone who's available for counseling.' But I don't know if it's partially cultural, the way that I was raised, [there was] this idea that you just take care of things, you don't need to seek help. Although, obviously, in retrospect, that was something that would have been helpful. (Grace, interview)

Hannah discussed her isolation differently, noting how she felt alone when she struggled:

> It's great that we're not alone and we have each other [parent group] to turn to, but we don't know what we're doing. I know other people are struggling but at the end of the day, we are not really helping things get better. All I know now are more people who also don't know what they're doing. So, we're like the blind leading the blind, trying to figure out how to help our kids. (Hannah, interview)

Mai also discussed the absence of familial support, noting that her only support was from a governmental program:

> No one checked in on us. No one talk to us at all about what to expect. You know, just to be there to comfort, to, like, say, 'Yeah, I get it, I see what you're going through.' Or 'I can come and help take a bit of that burden for a couple hours.' None of that, you know, nothing. That was really tough. But I appreciate some of the resources that we get, WIC

> was a great program. They did call it check on me a lot. So, yeah, there's that. (Mai, interview)

Adrienne expressed feelings of isolation, particularly when expressing negative emotions within her support group:

> When you go through IVF, you are not allowed to say that you are frustrated because the first words out of everybody's mouth is but . . . you worked so hard for this baby. He's a blessing . . . I know—but am I allowed to express what any person, I think, would feel at this moment? (Adrienne, interview)

Adrienne also expressed frustration in feeling alone in her difficulties: "[M]aybe it's because I went through somewhat extreme experiences, but I just felt very frustrated. I can't imagine, knowing what we all know, not admitting that this is not insanely difficult . . . Let's just accept that, that it is." Naomi said her feelings of isolation were mitigated by the lockdown orders due to the COVID-19 pandemic:

> I think I don't feel it as much. It's not like my friends are all going out and having fun without me. They are not going on trips that I can't go on or doing things that I cannot do. It's not as if that is happening. (Naomi, interview)

Naomi also discussed feelings of isolation—not being "in the club"—because she did not persevere through the same struggles and difficulties experienced by other mothers:

> This is one of those weird things where it's another thing to feel guilty about—because that's the theme of my life. She's been a really great sleeper, from 11 weeks on. She has slept through the night . . . I know that it's not a common experience . . . There's this weird feeling of guilt—that we do have a good sleeper and that it is so easy. It's like I'm not paying my dues . . . or something. I don't know how to explain that. To be a part of the club, you have to have all these sleepless nights. (Naomi, interview)

"No One Tells You"

The mothers expressed concern with information that others failed to divulge or share before having their baby. Monica noted, "no one tells you how much work goes into the baby. It is just really exhausting. You really can't do anything about it. If you're overworked at work,

you can just take a break but, with the baby, it's nonstop." Monica further described how she would censor herself because she did not want to be perceived negatively:

> I think about the way that people glamorize everything. People only focus on the positive things like, how cute the baby is, or how cute this outfit is, or blah blah blah. I think people don't [talk about the negative] . . . and rightfully so, like, who wants to be Debbie Downer all the time, talking about how they've been pooped on, like, 20 times a day. (Monica, interview)

Hannah discussed her frustrations regarding the lack of information from the parenting organization whose purpose, she felt, was to disseminate information:

> I guess it's why [the parenting organization] exists, so that you can see other people are struggling too, which is just only one half of the puzzle. Yeah, that's great to see that other people are struggling, but the end of the day, that's not helping us feel better. If I'm hungry, knowing my husband is hungry too doesn't fix it. We need food. That's where my frustration was. (Hannah, interview)

Mai also expressed resentment about not being given information, as if she were kept out of the circle of information, "nobody told me how much time it takes for feeding the baby, breastfeeding, and feeding, and cooking. It's a lot. So much . . . " Adrienne expressed frustration with friends and family, and fear regarding the lack of information, "it can't be that everyone thinks it's all wonderful."

Monica recognized differences in the way stories of motherhood were expressed online. She noted how she commiserated with the more negative stories: "I think people, like with anything in life, . . . just talk about the good stuff. They don't talk about the negative stuff." And further: "[I]t's refreshing when you see an Instagram post and it's showing the non-positive side, you can relate to that. You're like 'Oh, yeah, that that happened to me today.'"

Naomi also expressed frustration regarding the lack of information, "I mean the whole childbirth experience. There are just things nobody tells you. And maybe they don't tell you it because they figure you're stuck doing it no matter what. Or maybe it's that people forget."

Monica expressed a similar sentiment: “I don’t know. I don’t know what the secret is. Maybe there is no secret. . . . You only find out about it when you’re already in it.” She also expressed some understanding:

> I don’t remember how I got through it. That’s what people tell me. Even when I was about to deliver during a pandemic and the anxiety surrounding that, people would say, ‘You, kind of, just get through it. Your mind kind of forgets the negative emotions and then all you’re left with is the positive emotions.’ Which is kind of true. I don’t know, like the brain somehow does that—and that’s how people end up with multiple kids. (Monica, interview)

Hannah noted how she ultimately figured it out but expressed some frustration in how she felt that others had the information about resources, “we all had to kind of find our own way and figure out the information.” Mai expressed how vague her information was when she became pregnant: “[T]here’s a lot I did not know . . . ” Monica raised a unique perspective about the commodification of knowledge. In her interview she noted a story she remembered about women discussing episiotomies and cesarian sections with frustrations about the duality of being more open, and then the subsequent commodification of that information:

> I think we’ve come a long way but there’s more work to be done. There’s more work by women out there who’ve gone through it. I hope that continues . . . they are talking about the things that nobody wants to talk about. So, that’s good. But then, sometimes it’s a double-edged sword, because now I need to get this product. (Monica, interview)

A few of the mothers also discussed how they felt about sharing information now that their positions are reversed.

> A lot of that stuff is private, so I feel that, unless it comes up, I don’t mention it—and I don’t talk to her about that stuff because she doesn’t ask. I don’t want to bring it up . . . Like, you only talk about the glamorous stuff. Nobody wants to talk about, you know, the giant size pad you have to wear after you give birth. (Monica, interview)

Similarly, Naomi noted that she had a similar situation in her life at the time of the interview. She expressed reservations discussing these thoughts with her friend:

> I have a friend who is, this week, going to be induced because her baby is not growing properly. I offered to talk through it ahead of time, thinking about preparing her emotionally for what that's going to be like. But I don't want to put the idea in her head if there's not already there. So, trying to think of the right way to tell her it's not her fault. But I don't want to tell her that if she's not thinking it is . . . Now I'll let someone else lead the way as to what they would want to know. I don't want to introduce these new ideas, so I'll let others drive the conversation about what their fears. (Naomi, interview)

"*It Makes You Feel Like You're Not Alone. But Physically You Are"*

The mothers expressed a need for connection—connection to longstanding friendships, family, new friends in similar situations, as well as organized support groups, and online, sometimes global, communities. Monica discussed how her friend group, especially those that had children, were important to her, "I think my mom friends validate my feelings. I think they make me feel better because I realize that I'm not alone. I think we often do that through humor." Hannah discussed a similar connection to her parenting group:

> It's also helpful to me to have that group to be able to ask questions. We, moms, have all stayed in touch . . . we're talking daily . . . constantly asking, 'what are your kids doing?' and what worked for you or didn't work?" (Hannah, interview)

Some of the mothers noted supportive networks that were built through organizations, such as the peer support group that Hannah was engaged in, online communities that Mai found, or their current circle of friends that the mothers had prior to their pregnancies:

> I am fortunate to have a number of friends that I can talk to at any point . . . if I'm having challenges. They're people I've had throughout my life . . . I've also, frankly, been thinking that I need to find a therapist to have just an objective third party that I could talk to. But in general, I'm fortunate to have a good set of friends, none of whom are physically here, but that I can talk to at any time." (Grace, interview)

> But I was unbelievably overwhelmed by the support I found in the community of moms . . . I think [having a group of moms online] is helpful and make you feel like you're on the right track. It gives you some sense of care . . . And the moms' groups are actually all over the world. Moms from Australia, the UK. You know, we all have the same baby and are going through the same development which to me is beautiful . . . [Though] it was pretty sad that I have to reach out globally to feel that I'm not alone because of my beliefs, you know. (Mai, interview)

> I think a lot of that [her own negative emotions versus perceived expectations] was self-inflicted to be honest. Most of my friends that have kids are pretty real about things, and they just say it how it is, and they don't try to make it rosy. (Monica, interview)

Some mothers felt that they needed to almost ration support. Hannah explained, "I was having a hard time. But then, it felt like [sleep] was all I was talking about. So, I actually started to pull back a bit because I didn't want to be just *that* person who complains all the time." Other mothers noted similar feelings of discomfort reaching out or mentioning their struggles:

> I felt like it was very hard for people to be really open. I think it would help women so much if we could just be really open and honest about it—not the Instagram photos—knowing that's OK, you know, you still love your baby—I *love* this kid, he's adorable, he's funny, charming. I love him. But, yeah, it's a lot." (Adrienne, interview)

> A lot of [my struggle] was just feeling really overwhelmed and really inadequate. And ended up getting treatment. I don't know whether it was full-fledged postpartum depression, or if it was just Baby Blues that lasted much longer . . . I finally hit a breaking point. I just needed to get help. I called my midwife that day and got started on medication . . . And by the next day, I was feeling better. So, I know that medication doesn't work that quickly, so I don't know . . . if it was just getting a plan in place. (Hannah, interview)

Mai reflected on the juxtaposition between her more organic relationships, that are warm and supportive, and other supports, such as childcare and doctor visits. She challenged the structure of support that existed and felt as though she did not receive the support that she expected:

> When I had talked to the doctor and then I felt like I didn't do enough. My group helped me with coping with that. It helps you feel that you're not alone. So, I never thought about that, but I feel like it's supposed to be the opposite, you know. But I feel like the groups offered so much more help. (Mai, interview)

Additionally, some of the mothers expressed disappointment in the support structures that were supposed to be there to assist new mothers, such as daycare, medical providers, and lactation consultants:

> Some of [the daycares] they only invested the minimal care . . . then there are some daycares that actually pay attention to the baby's developmental stages. Those daycares

> can have years long waitlist and you can never get in. I finally got a call from one of those daycares. And they charge you $1800 a month. [laughs] I go to school and my tuition is not even that high. The care is not the same—not equal for everyone. (Mai, interview)

Emily struggled with complications after birth that made her movement and autonomy restricted. Additionally, she had difficulty breastfeeding. She struggled on her own, then, when she finally recognized that she needed help, she felt shamed for not being able to enable her son to gain weight.

> I have all these residual feelings hanging over me just because of that visit but [nurse practitioner] definitely tinged the flavor of the conversations . . . She just had that tone to her . . . I gave her an hour by hour, minute by minute account. And she's like, 'Well, this is just not enough.' She carried on like that for a month before she actually referred me to the doctor . . . It was very frustrating not being heard. (Emily, interview)

As noted above, Mai brought a unique perspective to her experience. Growing up in Russia and raised by immigrants to Russia from Vietnam, she has a different cultural context to compare the support that new mothers receive in the United States. "In Russia, they treat the baby as the basis of a human, so you have to give it all, everything. But I don't feel that way here. A baby's needs are at the bottom of the list."

Partners played an important role for some of the mothers though the perception of support varied. Some women described helpful partners and others expressed a greater need for support. Additionally, the perception of their partners was, in some cases, complicated by their partners' relationship with their children. Two mothers discussed the support they found in their partners:

> I have a really great husband. He's a great partner. He really does a lot of work. And he loves to be with our son. And he's really great. And he takes care of him during the day. So, all of that's been really positive. (Adrienne, interview)

> Even when [fiancé] is going back to work—he works from home—he's never missed a bottle with her because of that. And before, he would have been gone all day, every day.

> So, there is a lot of benefit to us both being home. But it's just very different than what I anticipated, you know? (Naomi, interview)

Other mothers expressed a desire for more support from their partners. There were differences in the level of support offered by partners, but the need for partners to be more present was evident:

> If I had a partner that was more equitable, in terms of division of labor, it might be a different kind of situation. But because he's working really long hours at this point. And I'll be working long hours starting in January. I've just taken on more of the responsibility for this. (Grace, interview)

> But it was also very overwhelming working and trying to half pay attention to baby because, you know, my husband was very new to it all, too. So, always working to a schedule: the sleeping schedule, when to put down, how to put baby down so she'll go to sleep, when to feed and when to change. For all of that, you know, he is always checking in with me. So, when I was working and having meetings and having that to do that care. And it was just crazy. I wasn't able to balance that. (Mai, interview)

"You Feel Like You're Always Comparing, They Do This, and I Should Do This Too"

Comparison, and perhaps measuring up, was a difficult theme for the new mothers. The mothers expressed a need for community to foster and develop understanding, companionship, and knowledge. However, that community often led to negative emotions arising from comparisons with other mothers.

Monica noted that comparison was pervasive in these communities and that a lot of these negative emotions were "self-inflicted." She also described how she internalized other's comments, "it happens all the time. I mean, people always compare. It's the unsolicited comments that can be quite annoying . . . I mean, it is endless. I could go on forever."

Monica discussed how social media and current events shaped her perception of the mother she should be. She commented on current events: "I mean, it's just exhausting. I'm not going to worry about the climate crisis because I have stuff to do to take care of her immediate needs." She also noted how easy it was to live life through the distorted lens of social media: "I

think social media is really toxic. It's very easy to compare and see something on social media that's picture perfect and you're like, oh I need that, or I want that for my for my baby."

Monica was also struck by the commodification of motherhood: "Right now, I think all we value in our society is capitalism, is making money. We don't think of the greater good." She related a story about a product advertised to assist women through postpartum after a cesarean section was part of a mainstream conversation. This advertisement was supposed to air during the Academy Awards but, "society was appalled:"

> Sometimes it's so frustrating. It's good to open the dialogue. But then it becomes marketable. Then that makes people think they need it. So, it goes back to the rat race and capitalism and all this stuff. It would be nice to have a place for just that discussion without them selling the goods. (Monica, interview)

Hannah recognized how this theme was detrimental to her well-being: "When I was pregnant, I read some books—not a ton but I did. A lot of reading and engaging in online communities and it just seems that other people are having better pregnancies."

Hannah discussed the feelings of inclusivity and connection that her parent group intended to foster, though she noted a contrary outcome:

> I think things like [parenting group] helped and hurt. On one hand, you're hearing from other parents that are having these difficulties and I don't feel as alone, but then, you also see these kids that are just doing it when so many of us were struggling with sleep. We had one mom who had this great schedule . . . And then she would sleep a lot at night, and the rest of us are just like, 'What the hell are you doing to make this work?' . . . It makes me wonder, 'How do they have it so together?' [pauses] The purpose is to support each other and learn from each other. And really, how good is the support going to be if my friend doesn't know how to feed their kids successfully and I don't know how to feed my kids successfully, then, at the end of the day, my kid is still not going to feed successfully. (Hannah, interview)

Hannah felt inadequate when she compared her situation with others: "This made me also feel really bad because the others did not have childcare . . . So, I kept thinking, what is it about

me that I can't handle having two kids by myself." She noted that the experiences of other mothers became part of her decision to have a child:

> All I kept hearing from these other moms was how the second baby was so chill. That the baby just loves hanging out and all he does is smile and how great it is. But I had a terrible pregnancy, I had . . . hyperemesis gravidarum. I was just miserable. And then the baby comes. All I kept hearing was how chill their second baby was and how great it was. And then I had a *very* not chill baby. (Hannah, interview)

Mai discussed areas of comparison—not necessarily with other mothers—but with other systems, structures, and ideologies that affected raising a baby. She viewed how other mothers were struggling and understood that there are different ways to address problems, but felt constrained to offer her opinion:

> What do you say if you know that there's a better way to do things, but they are already doing their best, right?—that's hard to think about. And they [American mothers] are only working so hard just to make it okay. Now they are just trying [to make it] okay for them[selves]. They need to find comfort in being okay—not to hear about a better way. Yeah, so it's hard to talk to other American moms. (Mai, interview)

Summary

The existential ground of Other exemplified themes around the mothers' search for community. They expressed the loneliness of motherhood as well as their attempts to find a source of information, resources, and support through their medical providers, friends, families, organizations, and online communities. They readily acknowledged a dichotomy in the need to community and the negative feelings that sometimes arise from that community.

Theme Four: "We're Not Superhuman"

Table 4.5

Theme Four

Theme	***Quotation***
Pressure and expectation	We're not superhuman
Becoming a mother during COVID-19	Just a big asterisk there—we are also doing this through a pandemic. All of the supports . . . None of it existed
Guilt	The number one emotion of being a mom
Should, supposed to, have to	I feel like all of parenting is just like an unrealistic list of "should"
Judgement	It was that pressure, you know, they didn't really say it, but it felt like pressure
Societal pressure to achieve archetype of the ideal mother	There is a pressure in our society that mothers are supposed to do it all

This section explores what emerged as figural from the existential ground of World. The world in which this group of women became mothers was unprecedented due to the COVID-19 pandemic. This engendered a unique situation that prevented the mothers from accessing routine and customary supports. Doctors' appointments, lactation consultants, and play groups had moved to Zoom, isolating women from the knowledge of how to be a mother and yet never relieving them from the pressure to live up to the Good Mother. The mothers felt that motherhood seemed to require self-sacrificing super-human efforts. The pressure to meet expectation and exhibit every trait of the Good Mother further isolated the mothers from reaching out to their natural support systems.

"Just a Big Asterisk There—We Are Also Doing This Through a Pandemic. All of the Supports . . . None of It Existed"

Present in each or the interviews was the effect of the COVID-19 pandemic. That a once in a lifetime event occurred at the advent of the research project had a significant impact, not only on the way in which this project was conducted but, to a greater degree, how these mothers

adapted to motherhood in this once-in-a-century atmosphere. The mothers expressed both positives and negatives that resulted.

Monica discussed specific disease-related concerns about the pandemic, "I guess with COVID, you know, I think, I don't know what day it is, they kind of blur, you know, because every day you're just trying to focus on not getting COVID." She also noted ambivalence and conflict regarding the isolation that resulted from the stay-at-home order:

> It's a double-edged sword. I think the social isolation is maybe even helping a little. You're lonely but you're not really lonely. Though, I mean, I guess you're kind of lonely. But actually, I don't feel super, [pauses] I mean, there are sometimes where I do feel lonely because I feel like all I do is baby stuff. (Monica, interview)

Grace approached her experience between pre- and post-COVID lockdowns with more fatalism, despite the similarities in her circumstances:

> I would say that maybe I'm a bit unusual because I was forced into it beforehand . . . I was abroad for many years. I moved to where we are now, for my husband's job. So, I've been teleworking for more than two and a half years. So, nothing changed for me. I've been at home. I've been isolated. (Grace, interview)

Grace noted restrictions in what she was able to do with her children due to the pandemic, "because of the virus, with my daughter, we are less—we're just not able to travel. We can't really go anywhere, other than to the park . . . or something." She also recognized the impact on how she was to give birth: "[J]ust the idea that I had to be in the hospital by myself . . . I had planned to be alone the entire time. That part was a little stressful just because of restrictions."

Hannah noted the impact on her with both her children:

> Right now, it's really hard. It's really hard to have a newborn. Sometimes it's hard to have a toddler. Lots of times, it's hard to have both. It's hard to do both with minimal family support, in a pandemic, where you can't really go and do all the things that you did before . . . Losing all of that and having to, like, stay home more. Losing being able to go meet people easily and not feel guilty about that. That adds a whole lot to our level of isolation. (Hannah, interview)

Mai noted difficulty separating her work life from her home life, “it was hard for me to work and especially working from home because of COVID . . . I supposed to just leave all the baby to my husband and focusing on work. And that was so hard with the baby nearby.” She also expressed how her isolation from her family was exacerbated during the pandemic, with both longing and sadness, “I really wish I could be with my family right now . . . It’s just so hard.”

Adrienne identified some positive aspects of the pandemic. The shutdown allowed her to have more time at home than just her three-month maternity leave: “I was lucky, in a sense, that the pandemic happened, and I could work from home for the first few months. But I’ve been back at work since September.” Naomi noted that she imagined she will have difficulties when she returns to work as she has become accustomed to being so close to her daughter:

> Now, I’m a mom first. I think I would feel that a lot more than I do now because, even when I’m working for a few hours, I’m just 30 feet away in a different room. I could get up and be present immediately versus being 80 miles, as I was [at work]. (Naomi, interview)

Naomi remarked upon how the pandemic elevated the relationship between mother and child because lockdowns restricted outside influence:

> This is different than I had anticipated when I first got pregnant . . . She would be in full-time childcare because I work full time normally . . . I think some of that guilt would have been lessened because that was the reality of my life. But, because the reality of my life is that the only thing I have to do right now, is hang out with her. It feels really hard when I don’t. (Naomi, interview)

“The Number One Emotion of Being a Mom”

The mothers all expressed feelings of guilt in some form. It often resulted from feelings of not doing enough for their child. Guilt, and sometimes shame, arose when the mothers could not achieve a certain standard, either imposed or perceived to be imposed by others. Naomi

stated: “I’m realizing this is just that I will always, forever feel like I could do more and do better for her.” Adrienne felt guilt regarding her struggle to become pregnant, “I really wanted kids—he’s an IVF baby—but you don’t realize [how hard raising a child is] . . . then you feel guilty that you even feel this way because you went through so much to have this baby.” Emily expressed chagrin that there were things that she could not do yet she believed that she should be able to do this all by herself. “It almost made me embarrassed [to ask for help], like, how can’t I do this.” Mai recalled feelings of conflict when she took time for herself: “[S]ometimes, you do want to take a break but then, when you do take a break . . . when I, for instance, sent baby to daycare . . . that [took a lot], trusting someone, you know.” Mai ultimately withdrew her baby from daycare after one week.

Naomi expressed guilt when she did something for herself: “I went on a couple of runs. And try to think what else I have left the house for . . . But I feel guilty every time I’ve left. It’s so crazy.” Additionally, Naomi had conflict feelings and guilt around breastfeeding:

> Because I grew her, I was supposed to be the one who fed her. This is where the guilt comes back in. I think I’ve mostly made my peace with, but I feel, sometimes, that I’m not her immediate most favorite person because anyone can feed her. The one thing I’m supposed to definitely have, I didn’t. (Naomi, interview)

Naomi also felt disillusionment regarding how she internalized circumstances that were beyond her control:

> Those moments are hard because it feels like I was the person who was supposed to grow her certain way and then I didn’t. My logical brain can mostly override that feeling of guilt about not providing for my baby the way I thought I was supposed to. At the end of the day, she’s healthy . . . but she is very, very small. She was in the hospital for four days because of she was small. That was kind of hard. That feels like it was my fault. But, again, logically I know it wasn’t my fault from a purely biological standpoint, but emotionally . . . (Naomi, interview)

Mai felt similar feelings of shame and guilt when she went to her three-month check-up for her daughter:

> I thought that was good. Then our two-month checkup came around . . . She was in the lowest tier. And that made my heart sink. I felt like I didn't do my job. I didn't feed her enough. My milk didn't . . . I didn't eat enough, so my milk didn't provider her enough nutrients or something, you know, something I'm doing is not enough. (Mai, interview)

Hannah expressed guilt regarding taking time to do something for herself, being unable to breastfeed, going back to work, and guilt as well as early feelings of regret, that she had given birth: "I felt really guilty going back to work . . . I like what I do . . . But at the same time, I am thinking, 'what am I doing? Am I making a mistake?' . . . Because it is so rough at home." She identified significant guilt and shame regarding coping with a colicky child, "Him crying, and not being able to do anything about it, and thinking, I know why people do this [shake a baby]. And then, immediately, feeling really guilty and ashamed for having that thought." She described feelings of anger and guilt concurrently:

> One of the hardest for me was this anger . . . like, guilt. I would get so frustrated when he wouldn't be sleeping. There are so many times where I just literally was thinking, 'What the hell did we just do?' . . . Then I felt super guilty. How could anybody regret having a kid? And so, it's taken awhile . . . to get to the point where I feel, 'OK, I don't regret this.' (Hannah, interview)

The mothers also expressed guilt over perceived or actual external expectations regarding what they should be doing for their children. Monica told a story of a friend who said that she did not need as much baby paraphernalia as the baby books suggested. Monica expressed negative feelings around making so many unnecessary purchases: "I remember buying so much crap that I ended up not even using. So that was good advice, but I didn't even follow it."

Naomi also felt guilt about things she thought she was supposed to be doing, "that . . . brings up a weird guilt, [that] I should be making my own baby food. I'm home from work. Why am I not making my own baby food?" She felt negative feelings that arose when moments of being the ideal mother did not manifest as she would have wished, "I felt guilt for not being able

to be the provider. There is this thing that I was supposed to do and that was going to be the thing that bonded us. Then we didn't have that . . . And so, the guilt . . . "

Naomi holds a doctorate in nutrition sciences and actively works as a professor. Nevertheless, she discussed how her education and training, and research with which she was familiar, did not shield her negative thoughts about her capabilities as a mother when she stopped breastfeeding:

> It was a question of my health, of course [to stop breastfeeding]. Everyone was advising me not to continue breastfeeding, but it felt, like, I'm in the nutrition science field and we tell people breast is best. Here I am, not doing that for my daughter. What kind of mom am I? (Naomi, interview)

Naomi succinctly expressed how intensely and pervasively guilt affects and is a part of motherhood: "[M]aybe that's where the dissonance is, right? I knew, from a standpoint of reason, that this was not something that was my fault. But emotionally, you still feel like everything is your fault when you're someone's mom."

"I Feel Like All of Parenting is Just Like an Unrealistic List of 'Shoulds'"

Similar to how the mothers described the prevalence of guilt, the external pressures of what they should or have to do as mothers was present throughout the interviews. Monica juxtaposed her positive feelings in anticipation of becoming a mother with the negatives feeling she, in fact, experienced:

> Because I really did feel like it was dog sh*t. But I didn't want to say that because I'm supposed to say that I love my baby and blah blah blah . . . I mean, in theory, I know I'm supposed to say, 'Oh, enjoy the moment and blah blah blah.' But, honestly, I'm just so tired and there's just so much stuff to do and so much work. It's just really hard to do that. I think I just try to . . . I just try to . . . just, I don't know I, I just try to. (Monica, interview)

Monica noted her desire and tendency to meet expectations with respect to her schooling and career, and that it made sense that she would do the same with motherhood:

> I don't think I've ever stepped out of it. I've always been just go–go–go–go. After school, go to medical school, then go to residency. After residency, get a job. After job, you know, do this. It's just never ending. I don't really feel like I stepped out of it. I feel like I'm still in the race, in this hamster wheel. (Monica, interview)

Similarly, Grace discussed how her decisions in motherhood were rooted in feelings of obligation:

> It's an obligation in some ways. And I don't know if it's, well, maybe, it is tyrannical if it drives everything you do. So again, I'm not, I'm not sure if there's a good way to balance everything . . . It's mostly just in the interest of the child. Like, understanding, objectively, you know, that breastmilk is more nutritive. You know, there are immune benefits. For all the reasons that—and I understand at a logical level—that as long as the child is fed that it doesn't matter. But, again, on this other level, like, there's sort of this feeling of 'I should do this because I can,' and 'I should give her the best that I can.' (Grace, interview)

Naomi related her anger surrounding her need to be the primary caregiver for her daughter, as if it were another imperative—a should—that was expected because she was the mother:

> I didn't want to misdirect it at anyone, but it was infuriating! I'm supposed to be the one who does all these things, not him. I'm glad he can *also*, but it can't be—it has to be me first . . . I feel, here's my favorite word, I feel guilty saying that to him, to say 'I need you to step back and let me be *the* person.' (Naomi, interview)

Hannah discussed how parenting books tended to dictate a course of action so restrictively that she was unable to move to a solution with her husband:

> I was getting so fixated on [what I] *should* be doing . . . For me, I was so focused on the *should* . . . I couldn't just solve the problem—I couldn't solve it because of what I *should* be doing. (Hannah, interview)

Hannah also noted how significantly the weight of her choices and decisions impacted her family, "[T]hen I felt like I should be at home. *Should*. [air quotes] I should be at home taking care of this. I need to have my house in order. How can I be at work? My house is not in order." She understood what she should do to make her life easier but said she was unable to ignore the idea of what she should be doing: "[B]ut then, I ignored all of my own advice. I was

still fixated on the stuff we really *"should"* be striving for—because there are all these *shoulds* I need to do."

"It Was That Pressure, You Know, They Didn't Really Say It, But It Felt Like Pressure"

Resentment was present during the conversation regarding external perception and judgement. The mothers felt judged by others and felt the presence of a broader and ubiquitous societal judgement. Monica noted how the interjection of other's opinions undermined her feelings of efficacy as a mother, "I mean it makes you feel inadequate, and it makes you anxious. You think, maybe they're right, you know, maybe, maybe I should do this or that . . . but it shouldn't be between me and 5000 opinions." She also noted that interactions with her mother would elicit feelings of judgement, "Often times, it comes from my own mom—who is helping me a lot. My mom will say, 'I fed you juice' and then I have to explain to her . . . a lot has changed in 40 years."

Monica felt guilt when she had to return to work after her three-month maternity leave. "I feel like, 'why are we having daycares and nannies raise our kids?'" Monica discussed the difference between the choices that her mom was able to make and how she feels she does not have those same choices, despite greater economic freedom:

> My mom took 18 months off to have me and, at that time, she made way less, even with inflation. She had to be so frugal. She was an immigrant. She still took 18 months off from work with no pay to take care of me because there was no way she could get those years back. When I told my mom, I need to go back to work after six weeks because that's what everyone in my department has done. My mom really put her foot down and said, 'You're an idiot. You know you need to take longer. And furthermore, there's a pandemic.' So, now, looking back, . . . I'm really glad that I ended up following my mom's advice because now I even want to spend longer with her. (Monica, interview)

Mai expressed her displeasure regarding the lack of support and the societal implications regarding her role as a mother:

> I feel like my part is not honored. My baby is important but then, to the society, it doesn't seem like the system, or the world, is set up for that, you know. It doesn't support that. 'Oh, your baby is your worry. You worry about that.' I just I felt alone. (Mai, interview)

Mai also discussed how differently American culture shapes motherhood and childhood compared to both Vietnamese and Russian cultures:

> I grew up in a culture where we would have grandparents around. We lived with our parents or parents are normally close by. They are always very helpful. But then coming here [U.S.], I felt like, it's a normal thing to send a baby to daycare. In Vietnam, we will have the parents, grandparents to watch baby until baby is around three or four and then they go to kindergarten. So, I learned that that's not the expectation here. Here, you are on your own with your baby. And you have to send baby to daycare around three months when your parental leave ends. And that was really tough. (Mai, interview)

Mai rejected the idea that the expectation is to struggle. She suggested that no one was thinking that something should be done to make motherhood a better experience:

> I guess, I feel like having a child is not something new. It's something that has been around for, I mean, the whole human race. Our reproduction is supposed to be a norm. But then the norm, here, is different. Everybody is expecting this, expecting to be on your own, expecting to struggle on your own. It's hard to talk to other Americans about these problems because they already settle in the acceptance that this is my life now. They don't want to hear that there is a better way to do this out there. (Mai, interview)

Grace struggled with being told how to feel. Her mother and her mother's friends were a source of strife:

> My mom will constantly bring things up. Or her friends will say, 'Oh, it's so nice to snuggle with the baby.' I just don't have any of that attachment. And maybe that makes me unusual or a little bit of a Grinch or something, but I don't enjoy it. (Grace, interview)

Hannah expressed frustration about receiving a private message from one mother in her group that mirrored the difficulties that Hannah had previously shared: "That's the part of that dual thing of helpful / hurtful. It's helpful to have this group of moms but I also didn't feel like I could totally be authentic to how things were going." She wondered if the delay in acknowledging the difficulties was due to stigma against not achieving the ideal of the Good Mother:

> I'm glad that [my friend] told me but, at the same time, part of me is asking, 'Why didn't you say something sooner?' It would have been really helpful to know . . . I'm trying not to do as much comparison but it's hard . . . it is not helpful—and I know that, but it's hard to not do that. In those early stages, everything feels so high stakes for some reason. (Hannah, interview)

Mai and Emily expressed difficulties working within the medical system. Both of their babies struggled to maintain their weight and both mothers described the medical system as judgmental and isolating. Emily recollected her interaction with the nurse practitioner at her pediatrician's office, "I felt the backlash [of asking for help], I felt like she was admonishing me every time after those first few weeks, just because I had to see her weekly." Mai described a similar experience:

> And going to the doctors and finding out the baby was a bit underweight compared to other babies. And it was that pressure that, you know, they didn't really say it, but it felt like pressure. They wanted to know if there was something we can do to help baby gain more weight. So that put a pressure on us to try to feed her more even though she doesn't want it . . . But then there was pressure to wake her up on a feeding schedule to make sure she is gaining enough weight. I was pumping around when she was eating. She did not breastfeed directly from me. She took a bottle. So, I had to pump. And then I was not pumping enough. That was stressful." (Mai, interview)

Emily expressed guilt and self-doubt regarding the way in which she was treated, and how the information was shared regarding her son:

> My interactions with her left me feeling very frustrated with how I was being treated and how I was being given the information with regard to my son's health. I felt like they were frustrated with me, but you take for granted that these are professionals and you taking everything they say to heart because I don't know. They're the professionals. (Emily, interview)

Naomi had a different story about her medical team when she was struggling with the need to stop breastfeeding. She had expressed desire to continue that was tied to the idea of bonding with her daughter, her own health factors, and overarching societal constructs. Her doctor used humor to allay her concerns: "[A]nd the pediatrician said, 'When she doesn't get into

the college that you want her to go to, then you could blame yourself about that.' He was joking, just trying to put it all in perspective."

Mai and Grace also noted negative feelings when interacting with their friend groups. Mai felt separate from her friends when she first had her baby. Then more so when she began to struggle: "So, they don't want to talk about it—like, this is not a race conversation, you know, but it feels that way with a lot of people. I feel like an alien." Grace noted the cost of being direct with her friends when describing her true feelings regarding the negative aspect of motherhood:

> This is not a component that's discussed. I think that I would be more likely to tell my friends with kids, 'this is a terrible experience.' I mean when my friends ask me, 'How has it been?' I will tell them, 'It's so hard having a baby. I don't enjoy having a baby.' Even for people who are considering having kids. But I do tell them, 'This is my own experience, you know, and other people love it.' . . . I'm pretty straightforward about my own experience. (Grace, interview)

Monica discussed her disappointment when her request for more time off was denied as well as alternative working arrangements so that she could have more time with her daughter. Ultimately, because of the pressure, she returned to work full-time, "I feel pressure to go back to work so fast. I recently asked my boss if I could go part time, but she said no." Monica characterized that the perception of judgment has a toll on her mental health, "I mean, you feel sad, low, and inadequate. You just don't feel good."

"There is a Pressure in Our Society That Mothers Are Supposed to Do It All"

Many of the mothers expressed sentiments that surround the archetype of the ideal mother. They expressed both an aversion to the idea as well as desire to achieve it. Grace discussed the source of the pressure: "It comes from a number of sources, right? It could be cultural. It could be societal. Maybe it's a combination of all those things. It's also gender, right? This expectation that I have to do what I can." Monica noted a similar sentiment, but with more

resignation: “I think there is a pressure in our society that mothers are supposed to do it all—go back to work, take care of their kids, blah blah blah.”

Grace also discussed the shift into motherhood and how it affected her role, and noted where a similar shift was absent for her husband:

> I think [motherhood] also sort of heightens awareness of gender roles. Or it just makes them that much more dramatic. Whereas, in a situation where you have just a couple, both of whom are independent professionals, there’s a degree of autonomy. But then there’s sort of these tropes, or . . . cultural layers that come to play when you have a child involved. There’s sort of the division of responsibility and labor and emotional work, you know, that is kind of a different sort of gendered way of living as a parent. (Grace, interview)

Grace also further articulated concerns about the societal obligations of motherhood. She depicted a sense of duty in fulfilling her responsibility towards her child:

> It just seems to me to be very clear; like all of these things that I have to do, I have to breastfeed her, I have to make sure that she’s physically comfortable . . . Whether or not my needs are getting met are sort of irrelevant because I’ve agreed to like take care of this person, and make sure that she is cared for and loved to the best of my ability like what I can do for her. I don’t really see it as necessarily a conflict, but just sort of a delay in what I’m able to do for myself. (Grace, interview)

Monica mentioned an expectation to align with cultural norms. She recalled pressure from friends to send Christmas cards, despite the fact that she does not celebrate Christmas: “I don’t want to send Christmas cards to people that I talked to once a year . . . Why do I need to spend money and kill a tree and then stress myself out getting this perfect picture done?”

Mai recognized specific barriers that shaped her decision to have children. Mai noted concerns about the lack of attention and focus that society gives to families: “Babies aren’t the focus. Somehow, they do not come first, which is a very strange thing for me.” She recognized how her experience growing up in a vastly different culture with a more collective societal conception of raising children and family had colored her perspective: “I do feel this I felt it is so backward here, right now. But then again, I grew up with a totally, completely, different

expectations." She struggled when she disclosed how significant the lack of support had been and the impact that it had on her decision to begin a family:

> We've been married for seven years. And I didn't want to start a fa . . . I—I mean, I was delaying . . . because I—I was hoping, I could . . . [pauses] . . . you know, I was hoping that some help would show up. Something would come up or change, maybe a law or something, to support us being parents. But then nothing happened." (Mai, interview)

Monica expressed similar concerns when she reflected on the society where she now raises her daughter:

> I just feel like, the values that we once had, they just don't exist anymore. I feel like our society values the name brand you are wearing, what kind of house you live in, what kind of school your kids go to, this perfect vacation . . . I worry, and my friends also worry, about our kids, and society, and the world, and global warming, and the price of housing, and the cost of living, and, you know, societal problems, like the homeless. It's just never ending. All of these issues. (Monica, interview)

Despite her desire to stay home for a longer period, Monica went back to work for health insurance. She noted how little support there is in the country for mothers: "I need to go back to work because I need health insurance, but I wish we lived in a society, like Germany, for example, where you can take maternity leave up to two years and there's support for that." Also expressing her opinion of how wrong the lack of support is:

> I think, as a society, centuries from now, we're really going to look back on that it be like, 'Wow, we really screwed that one up.' . . . Now that I've gone through it, I really actually worry about our society because we don't value women and having kids. There are educated, professional women who either choose not to have kids or just have one. (Monica, interview)

Mai discussed her discontent and possibly despondency on the situation of raising her child in a culture that is so different from one in which she had believed she would raise a child:

> But I feel like having a baby is not a norm here. It's not a part of life. It's done over here [on the sidelines] and why would you do that to yourself. Because nobody is backing you up. Because, I guess, because where I came from with the support you have, it becomes easy. You know, it's a beautiful thing and something that is joyful. You enjoy it instead of spending time stressing about it or it becomes a burden, like here. I feel like having a baby such a burden. And why would you want to do that to yourself? (Mai, interview)

Summary

The themes that emerged from the final existential ground of World explored how the mothers perceived the context in which they became mothers. COVID added another layer of difficulty for new mothers, which some participants felt raised societal expectations to the level of superhuman. The archetype of the Good Mother has long existed. The mothers remarked on feeling the need to live up to some prescribed ideal by fulfilling a list of should, supposed to, and have to. Threaded through much of the interviews were feelings of guilt that arose in multiple aspects of motherhood. The perception of judgement leads to decreased well-being of these mothers. The result is that this decreased well-being and joy during motherhood is expected.

Participant Differences

While it was the intent of this phenomenological research study to identify the commonalities within these new mother's experiences, it is worthy of note that their differences played an important role in analyzing their experiences. In reviewing the individual interviews, distinct themes arose for each. In Monica's postpartum period, the theme of "constant comparison" emerged through social media and even with her own mother who provided additional care. Elements of consumerism became prominent in her experience. Hannah felt that her experience was "not what we expected" as a theme for her postpartum experience. The trajectory did not follow any of her ideas or expectation of what would happen with a second child that she herself believed or that she had assumed from conversations with her parenting group. Adrienne reflected feelings of frustration and disappointment, searching for "honesty" as a theme. She struggled to find a source of support that understood her ambivalence in both being frustrated at the changes that motherhood brought and also loving being a mom. Grace relied on her "perseverance" to get her through the difficult newborn stage. She noted that she looked

forward to the older years where she felt more of a connection to her child and how isolating her present circumstances felt with the expectation that mothers would be in love with their newborn. Emily showed “discomfiture with weakness.” As a martial arts specialist, strength, self-efficacy, and independence was important, and Emily found that motherhood had stripped some of those aspects of her identity. Mai felt “there is another way” was the theme that resonated as she navigated the loss of the ways she imagined how she would raise her child. Her need to connect to a village as a support system went unmet as she raised her daughter. Naomi was conflicted believing, “as the mom, I should be first, but I cannot do the things mom do.” The idea of guilt underscored many of Naomi’s experiences as she navigated through work, her relationships, and motherhood.

Conclusion

This research was conducted during the winter of 2020 and 2021, nine months after the COVID-19 lockdown. Most of the mothers had their children during the late winter to summer of the lockdown. As the mothers stated, motherhood is hard. COVID-19 made it harder. Historically, women have had a community to help raise their children. American society today eschews that community for independence. Mothers now are expected to raise their children without the supports that are necessary and doing more, domestically and through their careers than most women historically ever had to do.

The thematic structure of the lived experience of mothers during the first year of motherhood includes four figural themes emerging from the ground of expectation. Becoming a mother contravened their expectations, beginning with a difficult childbirth experience for some. Following Merleau-Ponty’s existential grounds, first referencing the Body, the first theme depicted the labor intensiveness of motherhood and the powerful emotions that build up in the

body. The second theme emerged against the existential ground of Time, involving the suddenness of the profound identity change required of mothers and temporal nature of change in both the newborns and their mothers over the first year. The third theme, pertaining to the existential ground of Others, captured both the mother's support systems and their longing for more adequate support. Theme four, emerging from the existential ground of World, included mothers' descriptions of the World of the COVID pandemic, which prevented mothers' access to customary societal supports and complicated their struggles to meet societal expectations regarding the ideal of the Good Mother, the resulting guilt when this is not achievable, and striving to gain self-efficacy in raising their children.

CHAPTER V: DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

The purpose of this study was to explore the experience of new mothers who are within one year postpartum. New to motherhood, these women were educated, accomplished, strong, and, at the same time, struggling. This study focuses on their struggle and examines their experience as they become mothers within the context of society and the archetype of the Good Mother. Specifically, the study sought to examine and yield deeper insight into how new mothers experience anger; the extent to which motherhood heightens and, perhaps, exposes deeply seated anger; the impact and consequence of societal pressure that inhibits the experience and expression of anger, and the societal pressure experienced by new mothers that exacerbates and compounds their experience and expression of anger.

Mercer (2004) notes a needed shift in the language describing new mother's identity acquisition from Maternal Role Attainment to Becoming a Mother, emphasizing the transitionary manner in which motherhood continues to evolve (Mercer, 2004). Motherhood is not a point where women arrive, but a more amorphous shift in who they are, regardless of the onset of that role due to childbirth. Though the transition into motherhood is near-universally viewed as positive, there are significant aspects that have a negative impact on mothers' mental health and well-being. Becoming a mother affect women's social community and there is an experience of loss associated in their professional identities and social life (Seppälä et al., 2021). Transition into becoming a mother is best accomplished when mothers retain elements of their old role as they assume the mantle of motherhood (Seppälä et al., 2021). Additionally, engagement in Becoming a Mother is best achieved with active and involved preparation that comes from caring for themselves as well as their infant (Mercer, 2004).

A significant impact to women's identity occurred when after they became mothers their identity was that of mother which subjugated all previous identities in both their social group and, more importantly, their professional identities (Bowyer et al., 2022). Not inconsequential is the balancing act that highly educated women used to evaluate their own self efficacy. The nuances between caregiver and their own professional identity outside the home both conflict and exacerbate feelings of inadequacy (Pridham et al., 1991). That is to say that the fact that motherhood is hard undermine women sense of accomplishment both in childcare as well as other aspects of their life. While previous research showed to varying degrees, elements of women's role as mothers and their identity both within motherhood and in their professional pre-motherhood lives, this research projects brings together the multiple facets of their identity showing significant grief and loss surrounding these elements as the women work to integrate into the new person the mother has become.

These findings can improve understanding of the experience of motherhood and the lives of mothers. The findings indicated a level of distress in the women's lives that was significant for their functioning in their careers, in their relationships, and as their roles as mother. Focusing on the source of the distress can be the first step in improving outcomes for families navigating this time and accessing necessary support. Seven mothers with a child under the age of 12 months were interviewed using a phenomenological research methodology based on the work of Merleau-Ponty. The question, "What stands out to you during motherhood?" began each interview, including the bracketing interview. The question sought to initiate exploration of each mother's individual experience with motherhood. Through the interviews, both commonalities and differences were identified in each experience, as well as the broader implications within the context of expectation that significantly affected, if not defined, each mother's lived experience.

A phenomenological approach to the mother's lived experience permitted a nuanced understanding of complex stressors, elusive and layered emotions, and societal pressures during the first year with their newborn. Each participant regarded their experiences as "hard." The information that emerged from the open-ended interviews yielded insight into the subtlety of each individual narrative, which ultimately revealed a common, synthesized perception of motherhood constrained by American societal expectation. This chapter details findings of this study, especially as it reflects on the relevant research and concluding with a discussion of implications.

New Mothers Feel an Increased Amount of Anger

The labor of motherhood was the arduous never-ending work required to meet the needs of the baby. Motherhood significantly taxed each mother's physical and mental well-being. "Drudgery," "never-ending," and "always on" described the mothers' feelings during of the first few months of motherhood. Monica experienced a physical and emotional drain similar to "always feeling post call" [referencing the typically 30-hour overnight shift residents do in their hospital training]. This led to questions such as "who am I?" and "what kind of a mother am I?"

For many mothers, these questions elicited a feeling of a lack of control. On average, the participants were older than the average age of motherhood which, in 2014, ranged from 23.7–29.5 depending on ethnicity (Mathews & Hamilton, 2016). They were also highly educated, ambitious, driven, and held themselves to high standards and expectations which often caused conflict in their belief in their abilities and self-efficacy. Several mothers described themselves as "Type A" personalities. Both Monica and Hannah described themselves as such, in part to emphasize how any lack or loss of control would be particularly problematic for them

compared to less self-directed women. For them, this lack of control undermined their sense of worth and self-efficacy.

Each mother expressed a significant loss in freedom, choice, quality of life and, fundamentally, personal identity. This loss, and the accompanying sense of grief, was significant. The suddenness of these changes affected the mothers' well-being. Most notably, the mothers remarked upon changes in their relationships. For example, when they became mothers, they suddenly transitioned from equal partnership to primary caregiver and manager of household affairs. The minutia became overwhelming, in stark contrast to their pre-motherhood identity defined by capability and accomplishment. Motherhood was abruptly, and unforgivingly, all-encompassing.

The transition to motherhood was also accompanied by both grief and loss. Upon becoming mothers, these women lost valuable pre-motherhood, or even pre-pregnancy, freedoms. Consequent negative emotions arose from their grief, further highlighting their perceived failure to meet expectations of being the ideal mother (Blum, 2007). Their loss was defined by wishing for other outcomes, and possibly even regret, and wanting to find moments to themselves. One mother described splitting herself in two to simultaneously be present with her infant and reclaiming her pre-motherhood identity. Loss was often linked to demands upon time: time required by their infant; inability to find time for restorative activity; and time to further focus upon and develop their careers. Two mothers described themselves as a "failure as a woman." The sole reported cause was becoming a mother. This was perhaps the most significant expression of loss among the participants.

Perceived failure to satisfy external expectation to perform and overcome challenges of motherhood gracefully and without help manifested as guilt. The ideal mother, or Good Mother,

is patient and nurturing. Thus, to express or even feel anger, frustration, or annoyance was proof positive to these women that they would never attain the ideal and, in the present, were not Good Mothers. Guilt was, therefore, an ever-present burden directly resulting from the imposition of an ideal that did not reflect reality, and that, in all likelihood, no mother has ever attained.

Kroska (2014) found that, although the role of motherhood was supposed to fit simply and seamlessly into all the woman's prior roles and identity, integration of the mother identity was not an easy or simple fit, and negative feelings increased as internal and external expectations went unmet. Monica had an "expectation of joy" but never mentioned the joy itself. Both Monica and Grace felt a never-ending sense of duty and requirement, "the 5000 things to do," that was part of motherhood. Naomi, Hannah, and Adrienne experienced guilt and sometimes resentment. This establishes that motherhood engenders a host of complex emotions, including emotions diametrically opposed to the societal, preconceived expectations of joy, such as sadness, jealousy, resentment, guilt, anxiety, and depression. These emotions proved difficult to disentangle, let alone manage (Ou & Hall, 2018).

These emotions build to anger. Anger is often related to an unmet or mismatched expectation (Beatty et al., 1985). Ideas of how mothers should be—encapsulated within the Good Mother—is often internalized by a new mother. The objective reality of how difficult it is to do this alone rather than with a village (McBride, 1988) offers no solace to mothers, even well-educated and self-aware mothers, who perceive themselves as falling short of the idealized archetype of the Good Mother.

New Mothers Perceive Societal Pressure to Inhibit the Experience and Expression of Anger

Long before a woman's first consideration or conceptualization of themselves as a mother, the stage has been set to reach for the ideal of the Good Mother. Feelings of separation

emerged even as the mothers tried to connect with their community undermining their own sense of achievement in their new identity. Critical emotions emerged as mothers felt that their peers, including more experienced mothers, would not communicate openly regarding much-needed parenting advice. Although many mothers shared anecdotes about supportive friends or relatives, the mothers often felt unprepared and unduly reliant upon support systems that often proved unreliable. This gave rise to frustration and anger. The overarching theme of loneliness contributed to the interconnected subtheme of isolation and lack of necessary information. Associated with the mother's loneliness and isolation were subthemes involving failure by comparison with peers, and guilt.

One of the most significant areas where anger was seen was in the sense of lack of information from friends and family about the process of birth and motherhood. Linkage between the perceived withholding of information by trusted friends and family about the birth process (e.g., "you should have told me") and anger was profoundly evident. Some mothers had resigned themselves to the perceived reality that critical information had been and perhaps would always be withheld. Adrienne felt that peers were not sufficiently honest when discussing motherhood. Mai was frustrated by lack of sharing regarding how to overcome the logistical challenges of childcare. Most mothers identified one person who shared information but, even in such cases, mothers felt that critical information was offered as an aside or an afterthought. This led some subjects to speculate that, like them, their confidantes feared that only positive expressions were acceptable, and that negative expression—or any expression other than joy and happiness—was taboo.

When seeking help, or expressing opinions, the mothers felt judged by peers, friends, and family. Often, as the mothers worked both outside and inside the home, the realization that they

shouldered primary responsibility for childcare compounded their fear of judgment, for not appearing to be the Good Mother (Kruger & Lourens, 2016; Pedersen & Lupton, 2018). This fear of judgment was compounded by thoughts that they no longer controlled or had power to frame their own experience (Thomas, 2006). Naomi could logically understand and rationalize her struggles with breastfeeding; nevertheless, fact, logic, and objective analysis offered no solace, protection, or relief from feelings of failure, which manifested emotionally, not logically. Adrienne felt as though she expressed her concerns in a vacuum, which led her to speculate if—and why—she might be the only one experiencing such difficulties. Again, this was complicated by previously discussed themes involving isolation and lack of information.

American society and idealism have long promoted individuality and self-sufficiency. This, however, is antithetical to the notion that "it takes a village" to raise a child. And even though American society (including women) may pay lip service to such notions, acceptance of and tolerance for mothers in need still appears a ways away. The participants responded to this incongruity with feelings of annoyance, frustration, and even betrayal—emotions that are largely and directly linked to anger. Significantly, although American women have the capacity to express anger with the same ability and intensity as American men, societal structures more often inhibit a woman's expression (i.e., a woman's "right") to express anger, which is consistent with the idea that women's anger is taboo (Thomas, 2006). Women will, therefore, suppress and internalize anger, including anger surrounding motherhood.

The Societal Pressure Experienced by New Mothers Exacerbates and Compounds Anger

Expectation significantly affected how the participants conceptualized their experiences of motherhood. The expectation of a joyous experience was, in all cases, quickly confronted and diminished by a loss of identity, which often led to grief, a perceived loss of control, and feelings

of isolation. This isolation was linked to a lack or perceived withholding of critical information, and comparisons with peers perceived to be more poised, successful, or just better mothers. Additionally, long-held and deeply ingrained societal expectation regarding the idealized mother—the Good Mother—affronted and undermined the mothers' sense of efficacy and accomplishment. This was accompanied by perception of judgment by family, peers, and the medical community, which, ironically, arose when mothers sought much-needed support and relief from isolation.

The timing of becoming a mother was significant to understanding how women process the changes they experience in motherhood. Several of the subjects had successful careers before they became mothers. These women perceived and conceptualized motherhood differently from women who became mothers at the average age for American women, in the mid- to late-twenties. As opposed to being a foundation of experience and confidence, the comparatively greater professional success and life experience of older mothers emphasized their crisis of identity, which, in turn, rendered their transition to motherhood all the more difficult. In short, these women felt that they had more to lose, more to leave behind, more of their lives that had to be put on hold (Robertson, 2019).

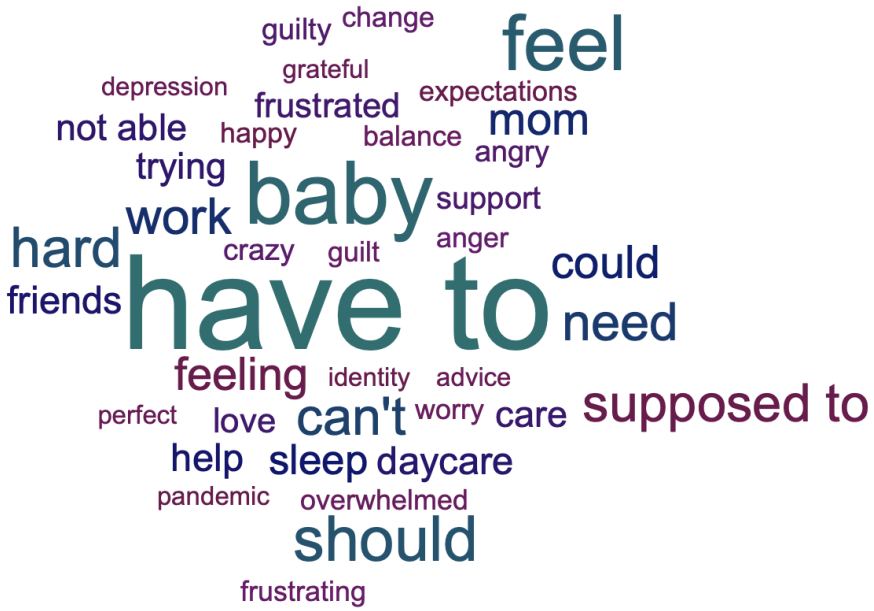
The participants were generally high-achieving and driven, which appeared to conflict with their new role as mother. The onset of their new identity was abrupt and unexpected, if not severe. Assuming the role of mother appeared to require relinquishment of core identity. Some mothers, like Emily, embraced the role of motherhood but nevertheless felt the shift in her identity that undermined their own self-efficacy. Many participants could no longer identify with the person they had become—a woman less independent, less self-sufficient, in need of help, and

who was not “strong.” All participants wanted to be recognized for their new role which they regarded as largely thankless. One mother stated that, as mothers, “we are not honored.”

Additionally, mothers felt that parenthood imposed an exhausting and unachievable list of “shoulds.” Societal expectation often directly interfered directly with attempted execution. The idea of how mothers are supposed to raise their children, making certain that children are put down when tired but not asleep, don’t use pacifiers, make certain your children can self-soothe, make certain mothers are able to sleep eight hours, take time for self-care, etc., can easily overwhelm new mothers. Though phenomenological research focuses on the essence of the interviews to find meaning and not the number of times an idea is mentioned, it is notable that throughout the interviews, the mothers mentioned the word “should” seventy-four times and the words “supposed to” forty-four times.

Figure 5.1

Participants’ Most Frequently Used Words



Several mothers longed for “the village” for support; however, “the village” was not there. Support systems, including those near and far, were nevertheless a significant factor in each mother’s experience. As most of the mothers had children later in their lives as well as having achieved a higher level of average education than most first time mothers (Luthar & Ciciolla, 2015), their sense of community and connection was more interrupted as they struggled to find how they now fit into their well-established community. Luthar et al. (2001) found that women often reported internalized reactions to their distress manifesting as depression and anxiety. This study found that the mothers identified external factors which directly affected their anger.

Mothers compared themselves to their peers. Through the lens of social media profiles, which typically contain only curated, polished, stylized, and, ultimately, idealized images of motherhood, these comparisons universally are shown to have a negative impact on well-being. Consciously or subconsciously, mothers thus juxtaposed positive feelings associated with personal connection (albeit through online presence or social media) with negative feelings of arising from comparison (again, notwithstanding the comparison’s inherent imbalance and unfairness). The lens of social media was typically the only contact that most of them had to their larger community through the COVID-19 lockdown. Often social media offers the “snapshot” of an idealized life. When the mothers compared the snapshot to their lives (covered in literal and proverbial excrement) the result was increased negative feelings. Additionally, one mother was particularly affronted and concerned with consumerism’s impact upon motherhood, and how the commodification of motherhood influenced directly and significantly how mothers “should” be mothering.

The mothers noted that the lack of information (as discussed earlier) intensified feelings of isolation. Hannah was concerned that, by sharing her struggles, she might alienate or otherwise lose her support; consequently, she self-edited or withheld experiences that she would have otherwise shared, creating an emotional barrier to her community. This was consistent with the perceived expectation that an ideal mother must overcome adversity without seeking help, which was particularly present in mothers with demanding, full-time careers. Although otherwise successful in other aspects of their lives, these mothers regarded satisfaction of societal expectations, and attainment of ideal motherhood, to be unattainable.

Many of the mothers felt the weight of significant expectation imposed upon them without permission or authority. This was accompanied by the mothers' fear that their peers, families, and medical supports resented them for failing to meet those expectations. Grace sought to identify and classify the cultural, societal, and gendered bases for these expectations, in an effort to gain perspective on the significance of failing to meet them. Monica simply noted that she lived with "an expectation of joy." Collectively, these expectations imposed upon new mothers a set of ideals that would render the mother a self-sacrificing "supermom." Elements of what "could have been" or "should be" largely defined their motherhood experience. The sense of "thwarted expectations" was palpable. And although the early newborn phase of their motherhood was complicated by the COVID pandemic, which isolated the mothers from other mothers and support groups, COVID was not solely culpable for these accounts of motherhood in 21st century America.

Motherhood During COVID

These women experienced motherhood during a global pandemic. This affected the mothers' support systems and structures, which were largely, if not entirely, absent because the

pandemic so significantly limited personal human contact. Parenting groups, libraries, museums, play dates, and even playgrounds were no longer available for these mothers, including as an organic means by which to build relationship and connection. These mothers were forced to raise their children in a vacuum.

This affected and diminished the mothers' support systems and structures, which were largely, if not entirely, absent because the pandemic so significantly limited personal human contact. This absence of opportunity for personal connection, growth, and even intimacy through friendship, support, and sharing of common experience was interrelated to the sense of comparison, including through social media, which created tension within the mothers.

Many of the mothers noted a wide range of difficulties regarding societal influence in their experiences in motherhood. Some of the mothers, such as Monica, Grace, and Naomi also noticed concepts such as gender norms, capitalism, and comparisons about how society constricts their experience which influenced their experiences. Mai offered a unique perspective: she grew up in a different country with parents from yet a third culture. Her insight was significant in bringing into relief how motherhood is conceptualized in America. She noted how little support is given to mothers in the United States compared to other countries and how it had become acceptable for mothers to accept and assimilate to that lack of support. Compared to other subjects, her input offered a stark distinction that corroborated previous findings that the juxtaposition of the mothers' own expectations against their perception of societal expectations causes tension which undermines the mother's well-being (Alizade, 2019; Arendell, 2000; Gillies, 2006; Ladd-Taylor & Umansky, 1998; Stern, 2018).

Hannah understood what "should be done," the right way to do it, and how that feeling interfered with actually solving the problem or overcoming the challenge. The other parents

noted an expectation of how it was supposed to be when they became a mother and how that reality differed. Mothers strove for the ideal archetypes of motherhood. Odenweller (2020) noted mothers' complicity in striving towards that ideal. The notion of complicity, as Odenweller (2020) states, places the onus on mothers for any difference between expectation and reality which left mothers with few options beyond being the "bad mother."

Implications

Each mother experienced significant loss, most significantly, loss of identity or sense of prior self. Any shift in identity—both as a mother and outside of motherhood—significantly affected well-being. Disparity between societal expectation and execution of performance can undermine a new mother's belief in her abilities (Pedersen & Lupton, 2018). As a result, many mothers opted to censor themselves rather than seek support and counsel. This reluctance to seek support was grounded in the fear that they might be perceived as less than the "ideal mother," or worse, a "bad mother" (Kerr et al., 2021; Moore, 2020; Vik & DeGroot, 2021). The extent to which the mothers internalized negative or critical judgement significantly restricted their access to much-needed support and understanding.

Role strain and role conflict also play a part in the negative emotions that are evident in motherhood (Ciciolla & Luthar, 2019; Erdwins et al., 2001; Ruppanner et al., 2019). Role strain refers to the difficulty in fulfilling obligations of a certain role, such as a mother caring for multiple children with differing obligations which occur on the same schedule. Role conflict refers to when multiple roles conflict. Inherent in the Role Strain Theory (Goode, 1960) is societal implications in the demands of the role which are perpetuated and reinforced through cultural norms.

The concerns surrounding role strain and role conflict are complicated by the socialized expectation that mothers must be caregivers. The mass egress of women from the workforce through the COVID pandemic is an example. Meanwhile, women remaining in the work force are disproportionately impacted when working from home, managing children's homeschooling while still maintaining the household as before (Kulik, 2019). To be clear: even if COVID's broader effect upon women's societal roles remains an open question, in this study, COVID's impact revealed that women are still subject to traditional, if not anachronistic, cultural expectations regarding their roles and performance in the workplace and in the home. Until the rights bequeathed are secure and the pay gaps closed, access to health and childcare and, more broadly, women's equality in society, shall remain unrealized.

Protecting mothers against the toll of role strain and role conflict would foster stronger families. A 1995 study through the CDC and Kaiser Permanente found a direct correlation between adverse childhood experiences and future health concerns (Felitti et al., 1998). The psychological and physical ramifications of an adverse childhood have a significant impact on the quality of the individual's life. There is also a consequent negative effect upon long-term societal contributions, health care costs, and general quality of life for society in general. Again, these studies establish that society should offer and promote structures of support for families to raise healthy children to grow into healthy adults (Shonkoff et al., 2012). Political agendas that include universal childcare and healthcare are a start to offering the support that mothers, and families, need to raise children.

The experiences detailed in this research have direct ramifications for women's health. The difficulty in maintaining and achieving a balance, compounded by feelings of injustice and inequity, led to feelings of anger. Anger, as is true of other unmanaged negative emotions, can

have devastating results on long-term health. Increased stress has ramifications on mental health, such as depression, and also on physical health, with increased risk of hypertension, diabetes, chronic pain, and other chronic illnesses (Kendall-Tackett, 2010).

Feelings of marginalization can cause mothers to further withdraw from their own identity, their families, their children, and society in general. Additionally, working mothers who have do not have support in child rearing either through daycare, family leave, or other systems, may find it easier to leave the work environment. For women who remain in the workplace yet face role conflict, burnout is a common concern.

Additionally, concerns surrounding mothers' mental health, particularly heightened because of the isolation they faced during the COVID-19 pandemic, should be at the forefront of their health providers' attention and support systems. All change offers an increase in stress and, most notably, in motherhood (Blum, 2007; Cohen & Hoberman, 1983; Francis & Meaney, 1999; Luthar & Ciciolla, 2015). Additionally, the mental health concerns that have been evident throughout the pandemic make mothers particularly sensitive to increased mental health distress (Esterwood & Saeed, 2020; Fusar-Poli et al., 2020). During the interviews and analysis, questions arose regarding the mothers' rumination over their parenting and whether the mothers may have had more time, imposed by the lockdowns, to be more reflective and introspective about their mothering abilities. This may have an implication about the nature of time and introspection on mothering which may be beyond the specifics of the COVID-19 pandemic.

This study highlighted the confluence of differing, interrelated ideas. Isolation and negative emotions can cause mothers to withdraw from the responsibilities of motherhood (Field, 1994). This study opened an area of comparison and difference in the impact of culture on child rearing and maternal mental health; we are at a time in history where many American mothers

are on their own in raising their children alone and in isolation. Ironically, American culture accepts and, indeed, promotes this.

Modern education and employment have introduced, in many ways, higher mobility that often physically distances people from familial support systems. Meanwhile, technology has revolutionized work and productivity expectations, while the basic tenets of infant care, sleep monitors notwithstanding, remain largely unaffected by technology. It is, therefore, imperative for American innovation to focus upon and assist new mothers in building their 21st century "village" as they embark on motherhood because the traditional "village" is no longer built into their societal structure or otherwise accessible.

All of this has occurred within a shifting societal framework. Historically, the structure of the family unit has shifted from our 1950s version of the idealized American family. Yet while the physical structure has evolved, cultural expectations have not. Though now both parents often work, the division of labor remains similar in expectation as that of the 1950s family. Although the physical labor may be more evenly divided as American men share more of the domestic upkeep than their fathers tended to, studies suggest that that sharing has not extended similarly into the invisible mental labor parenting imposes significantly if not solely upon the mother. In short, the mother still carries the emotional labor of the family and is responsible for its success and failure.

Families and communities, when working in conjunction, increase the health and well-being of children and families. Collectivist societies measure success by attention to and well-being of the child (Davidov, 2021). It is the raising of that child to become a healthy adult that will contribute to the society at large, and that becomes paramount. This mentality, of all working for the child who, in turn, will work for the whole is contrasted by individualistic

societies, where the child is part of the family structure that is largely isolated and strives to serve their own ends. The adage, “it takes a village” to raise a child, was often repeated in this dissertation because it was often repeated throughout the individual interviews. As noted, most of the mothers, despite their deep and common understanding of the sentiment, were still in search of their village.

These mothers discussed and internalized an “expectation of happiness” and a “joy of a newborn.” But those words and those feelings often were separate. As the mother’s noted, there exists a discrepancy between having that “village” for support and care and the isolation that so many of the mothers experienced. Women are told of the likelihood that these negative experiences can occur; the mothers in this research study discussed their own feelings of guilt, shame, and frustration, yet were often reluctant to mention the topic with their friends, families, peers, and healthcare providers. Women are often regarded to have “survived the fourth trimester,” the first few weeks after birth. The repeated collective wisdom drummed into mothers by the pediatricians, obstetricians, breastfeeding consultants, mental health providers, parents, friends, friends without children, and even passers-by is that if you survive the first few months, life will get better. But this begs the question (or questions): why must mothers be relegated to survival? Why cannot we, as an American society, elevate motherhood to a status and standard of living that allows mothers to flourish, rather than just survive? Perhaps the most likely answer is that American society’s conceptualization of motherhood is wrong and must change.

Recommendations

Based on the review of literature and findings of the current study, the recommendations are as follows:

1. Provide New Mothers with Universal Childcare

There are many ways in which new mothers can be supported and yet, before those recommendations are put forth, there is one systematic method in which mothers, and their families, can benefit: universal childcare and healthcare. Research suggests that children benefit from starting in a structured learning environment at a much earlier age. High-quality childcare promotes strong relationships both with peers and adults. Early childcare supports vocabulary development, early literacy skills, and healthy behaviors (Belsky et al., 2007; Duncan, 2003; NICHD, 2006; Ruzek et al., 2003). Yet access to high-quality childcare often is unavailable.

The average cost of annual childcare in America is nearly $11,000 per year. This is the national average and within various states the types of childcare can differ greatly. For example, in the state of Washington, it is more expensive to have an infant in childcare ($14,554) than the average cost of housing ($13,768; Economic Policy Institute, 2021). The U.S. Department of Health and Human Services maintains that childcare expenses should not exceed 7% of a family's budget, yet one in three families spend over 20% of their income on childcare (Child Care Aware of America, 2019).

2. Provide Childcare to Support New Mothers' Return to the Workforce

In America, the burden of childcare disproportionately falls to women. Despite women earning more college degrees than men and accessing more advanced career opportunities, their careers are stymied by the lack of access to affordable childcare (Cheeseman Day, 2019). A 2012 article in *Slate* magazine explored the impact of universal childcare in France versus the United States. In France, there is an 80% maternal employment rate whereas only 60% of mothers are employed in the United States (Lundberg, 2012). As women are more likely to stay home and care for their children in response to childcare needs, expanding childcare is significant for

women who seek to remain in the workforce after having children (Parker, 2015). This is particularly significant for women of color who are more likely to be their household's primary breadwinner (Schochet, 2019).

3. Provide New Mothers, and All Americans, with Universal Healthcare

Universal healthcare also would impact maternal care and support. The weeks and months following delivery, mothers are immersed in physical, mental, and emotional challenges that affect their own and their child's health. Access to care creates the foundation for long-term health and well-being (Declercq et al., 2014; Haran et al., 2014). Yet, within the month of delivery, that care ends. For many new mothers, their last official postpartum visit with maternity care providers occurs between two and six weeks after delivery. Often, postpartum care is absent or incomplete, with particularly low rates in rural areas or urban areas (medical deserts), as well as for mothers of color (Theil de Bocanegra et al., 2017). More concerning is that one-third of pregnancy-related deaths occur between one week and one year after delivery, and nearly 12 percent occur past the six-week postpartum visit (Petersen et al., 2019; Tully et al., 2017). The management of chronic conditions, breastfeeding support, screening for mental health disorders, and contraception planning are fundamental for women's health and well-being. In 2018, the American College of Obstetricians and Gynecologists recommended extending postpartum care into the "fourth trimester," the three months after delivery, including those key postpartum services (Committee on Obstetrics Practice, 2018).

4. Change the Dialogue Around New Mothers' Emotional Health and Well-Being

In the absence of an American society that appropriately considers and values the lives of mothers and their children, steps can be taken to support mothers in the first year of their child's life. During their interviews, mothers discussed physical hardships, lack of resources, loss of

identity, grief, isolation, guilt, anger, and societal pressure. Clinicians thus have an opportunity to normalize the mothers' struggles. Perhaps first and foremost, clinicians can normalize new mothers' experiences. The mothers in this study stated that the lack of information was distressing yet they were reluctant to share their own experiences. This cycle of self-censorship perpetuates distress.

Encouraging efficacy can have a profound effect. Mothers can be Good Mothers—or good enough mothers—and be struggling. Therapeutically, it incumbent on clinicians to create a space that is free of stigma so mothers can find and inhabit a space not to be okay. Having the freedom to admit that one may not be in love with motherhood may be precisely what a new mother needs. Additionally, building efficacy in themselves can help navigate their community. Community is an important component to mental health, but as many of the mothers' experienced, a sense of judgement and comparison can arise that undermines well-being.

5. Recognize That the First Four Recommendations Are Not Sufficiently Available and That Mothers Will Need to Build Their Own Support Systems

This study highlights an area of prenatal care that demands greater attention: impart upon mothers how important it is for them to build their village, through classes, communities, play groups, or online communities. By imparting this knowledge while concurrently recognizing and acknowledging the discrepancy between the expectation of mothering and how little is given to mothers in the pursuit of this ideal, care providers will mitigate if not neutralize useless comparisons or feelings that one should limit their need or request for support. This would explain why the United States lags behind most developed countries of the world in its support for mothers and newborns. Additionally, it would reaffirm and establish that American culture, as is true of all cultures, would benefit from embracing the idea that communal support is

necessary for raising healthy children by healthy mothers. Support mothers in building their village.

Strengths and Limitations

While the study explored an in-depth understanding of seven women's experiences in motherhood, the nature of qualitative research, and specifically phenomenological research methodology, prevents generalizability. These findings pertain to the seven women who participated. Nonetheless, the common themes that arose from their stories suggests a broader significance for motherhood.

This study would have benefited from a greater number of participants. The COVID-19 lockdown cancelled many group meetings and classes which would have been instrumental in recruitment. Due to the necessary use of snowball sampling, many participants had one or two degrees of separation from the researcher which may have altered or limited their responses.

The participants in many of the studies in the literature review were white, middle-class women, which is typical of much research within psychology (Heinrich et al., 2010). Here, the majority of the participants in the study identified as a minority group. This is atypical of most psychological research that is not specifically targeted to the study of minoritized groups. Of these participants, several were first generation Americans raised by an immigrant. Additionally, it bears noting that the majority of women in this study enjoyed a higher socio-economic status than the American average. Because the representations of the participants in this study differ from those use in previous studies, comparisons between the current study and previous literature requires careful consideration.

This dissertation was originally conceived to investigate the societal influence on anger in new mothers, subsequently refined to explore mothers' experiences in the first year of their

infant's life. As research on the methodology progressed, it became clear that phenomenological research methodology was an ideal choice to explore this topic. As much of the literature describes, many mothers feel disempowered in their roles, much of the early research was done by white men, further disempowering women's voices. Phenomenological research allowed women to own their stories. Thus, a strength of this study is its ability to capture these moments of distress often hidden in the "joy of motherhood."

Future Directions

There are many potential future directions for examining the experience of new motherhood. One area of opportunity is to repeat a similar, larger study with participants of varying demographics. One such study could be with younger mothers, those who are more typical of the average age of motherhood in the United States. The study could address the question suggested by these interviews, and to what extent age and/or career development/commitments correlate with negative emotion and their impact on motherhood. Another opportunity for study would be to recruit mothers of a different socioeconomic background. This area could examine how socioeconomic factors impact motherhood. Additionally, exploring the experience that these mothers have as their children grow to assess if time and experience might mitigate negative emotions is worthy of consideration. Also, completing this study with mothers with children at different stages of development would explore the impact of a mother's maturation into her role.

Further areas of study would be to explore, both quantitatively and qualitatively, specific areas that arose in the findings such as guilt, isolation, or the need to be a superwoman. Additionally, examining coping skills or protective factors for these feelings would be beneficial for psychoeducation and interventions. Also, exploring if a correlation exists between the

increased time that the mothers had to themselves due to the COVID-19 lockdowns and the introspection where the mothers question their parenting would be an interesting area of study.

Additional opportunities could arise from an exploration of negative emotion in motherhood in both collectivist societies compared to individualistic societies. The insight from Mai's participation raises many questions about the support structures that can be involved in motherhood. Exploration specifically in contrast to American culture might lead to insights in to how best accommodate families to support the first year of childhood.

Conclusion

The intention of this research is to enlarge and deepen our understanding of mothers, their struggles, and societal culpability in those struggles. The themes in the mothers' experience emerged against the context of expectations. The mothers noted that both their own expectation and the expectations of others became significant in their conceptualization of motherhood. Expectation underscores many of the themes that emerged in this study: the physicality and labor intensiveness of motherhood; the temporal nature of motherhood, especially with newborn care; situating motherhood in terms of the other as seen in the mother's support systems; and the idea of the world, or mothering in the contemporary world, where the societal ideals of the "ideal mother" undermine self-efficacy in raising their children. The first wave of feminism focused on political power. The second wave turned to of sexual power and reproductive rights. The third wave of feminism was more inclusive with the concept of intersectionality emerging. The fourth wave of feminism focused on each woman's individual struggle. Despite this progress, stereotyped, gendered roles, specifically around the family, persist. This suggests that, regardless of choices a woman makes, societal expectation surrounding motherhood remains strongly

entrenched, and imposes significantly upon each and every woman's identity, choices, and well-being.

In their experiences, the mothers indicated that they felt episodes of anger. They directed their anger at themselves, their situation, their loved ones, caregivers, and sometimes society at large. Moreover, the mothers felt emerging anger when they believed that discussing their struggles would lead to a loss of support that was so necessary. This led mothers to censor themselves when discussing their struggles, exacerbating feelings of isolation, grief, guilt, and anger. Mothers noted an increase in isolation as they confronted a lack of information and support. The noted an increase in anger as they sought to navigate comparison, and the resulting guilt that emerged. Finally, the mothers expressed feelings of judgment, pressure from the ever present "shoulds," and the overarching societal implications that accompany motherhood.

The results of this study yield greater understanding of how motherhood is conceptualized and how support is defined for mothers. Evinced in their words was the need for greater societal recognition of their emotional labor that accompanies the transition into motherhood. A continued and unmitigated strain can negatively impact a mother's well-being, but the very support that can address and mitigate this strain is often subjugated due to the need to achieve the archetypal ideal mother. With the necessary support for children and families that inevitably comes from the emotional and physical care from mothers, it is possible to envision a better way for women to become mothers where they do more than just survive but thrive.

Mothers are held responsible to produce healthy and happy children to grow into healthy, happy adults that can contribute to society. Mothers must currently do so without the necessary support from a societal level. Ideally, the work of this dissertation will lead to better supports, preferably from societal and institutional systems that protect mothers, children, and families.

The responsibility to implement change rests upon everyone: partners, families, friends, clinicians, and medical providers. It does take a village.

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APPENDIX A: SAMPLE INTERVIEW QUESTIONS

The following questions are merely a sample of some prospective interview questions. The overarching question is "What stands out to you about being a mother?"

Researcher may ask variations of the following questions:

- What was the experience of anger like?
- What was your experience like the first time you became angry?
- What stood out to you in [a specific] situation?
    - Can you think of another situation in which you became angry?
    - Was your reaction in that situation similar to the incident with previous anger?
    - What was similar/different?
- How did that affect you? (Your family? Others?)
- What seemed to cause it? Were there more/other things?

If the circumstances warranted:

- *How do you think society feels a mother should experience that [anger]? Why?*
- *Have you experienced a dissonance with your mothering and the idea of the archetypal Good Mother?*
- *What has your experience been if those do not match?*

APPENDIX B: IRB

1. **Name and mailing address of Principal Investigator(s)**:
Jennifer Monahan DeMella
Seattle, WA
For faculty applications, Co-Principal Investigator(s) name(s):

2. **Academic Department**: Clinical Psychology, PsyD

3. **Departmental Status**: student

4. **Phone Number**: (a) Work: XXX-XXXX

5. **Name & email address of research advisor**:
a) **Name of research advisor**: Michael J. Toohey, PhD
b) **E-mail address of research advisor**:

6. **Name & email address(es) of other researcher(s) involved in this project**:
a) **Name of Researcher(s)**: Jennifer Monahan DeMella,
b) **E-mail address(es)**:

7. **Project Title**: A Phenomenological Exploration of Anger in New Mothers

8. **Is this project federally funded**: No
Source of funding for this project (if applicable):

9. **Expected starting date for data collection**: 12/01/2020

10. **Expected completion date for data collection**: 3/31/2021

11. **Project Purpose(s)**: (Up to 500 words)
Within the intersection of gender roles, pathologized anger, and emotional suppression, new mothers experience anger that is elucidate through various channel both internal and external. Often, societal pressure can influence repression of anger in motherhood (Ou & Hall, 2018). The advent of their new role as a mother does not diminish their previous roles, therefore, as primary caretakers, new mothers work to balance this new experience within the context of their other demands (Croft et al., 2019). Additionally, new mothers can experience anger when they are confronted with the disparity between with their own expectations of motherhood and the increased pressures of their multiple roles (Luthar & Ciciolla, 2015). New mother's also find that there are external systems informing those expectations which can further exacerbate feelings of anger.

The detrimental effects of anger are well documented. The negative impact that it can have goes beyond impacting the mother to affect children, spouses, and other relationships as well. The innate nature of womanhood, and motherhood in particular, as homemakers and caregivers, was generally accepted but the additional roles, both within the home and in the workforce, added a

plethora of identities that women could own expectations (Friedan, 1963). Much of the idea of how women should react within society is, at its core, a question of power (Thomas, 2006). Much of this power dynamic can be seen in how new mothers internalize the ideal of the Good Mother (Alizade, 2019; Odenweller, 2020).

Typically, the advent of a child is a source of great joy, eclipsing the acknowledgment of most other emotions (Blum, 2007). There are elements of social desirability and impression management that underscore women's emotional responses. This creates the need for women to express a lesser intensity of anger which, in effect, produces a longer duration and frequency of anger (Fernandez & Malley-Morrison, 2016). The interviews with new mothers will explore the depth and breadth negative emotions that co-occur in this poignant period in a new mother's life.

This research can support new mothers and their families by normalizing the wide range of emotions that women experience without pathologizing those feelings. Normalizing these emotions in a therapeutic environment will gradually help society view them as a normal and predictable range of expression rather than a pathology that needs to be feared or cured. By providing additional clarity to the prevalence of anger for new mothers, this can further assist diagnostic specificity for postpartum depression (PPD) and postpartum mood disorder (PPMD).

12. **Describe the proposed participants- age, number, sex, race, or other special characteristics. Describe criteria for inclusion and exclusion of participants. Please provide brief justification for these criteria. (Up to 500 words)**
Participants shall be: 1) at least 18 years of age; 2) must have had a live birth within the last year; 3) must have a living child under the age of 12 months; 4). must not have any additional children that are older or younger; 5.) U.S. residents; and 6.) English should be their first language, or they should possess fluency.

Exclusion criteria includes: 1) under 18 years of age; 2) did not have a live birth; and 3) have a child(ren) older than 12 months, 4.) have additional children that are older than the 12 months old, 5.) Are not US Citizens, and 6.) Fluent English speakers as the researcher is limited to interviewing in English. Given the desire to explore at adult new mothers' experience in their first year, women with multiple children in their care are excluded.

In order to determine if individuals are appropriate for this study, an initial screening will be conducted over the phone to see if individuals meet the inclusion criteria (see Appendix E).

13. **Describe how the participants are to be selected and recruited. (Up to 500 words)**
The primary source for recruiting participants would be through the Program for Early Parental Support, Swedish Hospital, Seattle Children's Hospital, Perinatal Support Washington, Parent Trust for Washington Children, and other area not-for-profits whose focus is on parenting and childrearing. Additional solicitations will be sent through online parenting groups and listservs that focus on parenting and childrearing concerns. A flyer, email, and social media post will be disseminated to not-for-profits and hospitals to send to their members as well as to solicit potential participants through listservs and online parenting groups (see Appendix C).

14. **Do you have a prior or current relationship, either personal, professional, and/or**

financial, with any person, organization, business, or entity who will be involved in your research?

Yes

14a. **If yes, describe the situation that presents a potential personal, professional, and/or financial conflict of interest in the proposed research study, (e.g., if you are or have been employed at the research site, have received compensation from a participating organization, have a personal or professional relationship with any participants).**
The researcher previously volunteered at one site identified to recruit participants, Program for Early Parental Support. This volunteer work occurred over ten years ago. The research was also a student in the parenting courses offered at Swedish over 14 years ago.

14b. **Describe how you will mitigate the bias caused by any conflicts of interest in your study and how you will protect the participants against real or potential bias (e.g., you will not recruit anyone who works directly for you or in your direct team, results will be reported in the aggregate so that participants will remain anonymous, any compensation received is independent of the study and its results).**
All data collected during the course of the study will be analyzed and coded by researcher in a way that maintains anonymity for participants. This will include changing names and locations that may identify participant. Also, particular attention will be paid to language that the participants use. While participant information will be de-identified, particular quotes, de-identified descriptions, and metaphors may be included in the discussion section which might be recognizable to the participant. All interviewed participants will receive a $25 gift card for their time, regardless if interviews are complete.

15. **Describe the process you will follow to attain informed consent.**
Participants are required to read and execute an Informed Consent Form prior to beginning the study. The Informed Consent Form is attached as Appendix A. The Informed Consent Form will be reviewed with all participants at the beginning of the interview. Due to the COVID-19 pandemic, the informed consent will be emailed to participants prior to the interview, once they have met inclusion criteria and oral consent will be obtained prior to beginning the interview. Each participant will have the opportunity to ask questions about the informed consent prior to conducting the interview.

16. **Describe the proposed procedures, (e.g., interview surveys, questionnaires, experiments, etc). in the project. Any proposed experimental activities that are included in evaluation, research, development, demonstration, instruction, study, treatments, debriefing, questionnaires, and similar projects must be described. USE SIMPLE LANGUAGE, AVOID JARGON, AND IDENTIFY ACRONYMS. Please do not insert a copy of your methodology section from your proposal. State briefly and concisely the procedures for the project. (500 words)**
Interviews. Interviews will be conducted through zoom. The start of the session will be dedicated to reviewing the informed consent which was sent via email prior to the session. The participant will be informed that the session will be recorded and security procedures for maintaining confidentiality will be discussed. After the interview, a demographic questionnaire will be asked of each participant (see Appendix B). The researcher will define some time at the

start of the session to promote familiarity and trust to put the participants in at ease. Interviews will be conducted using open-ended questions (see Appendix F). This is done to promote an environment where the participant is free to share their ideas about their lived experience with anger. After, each interview will be transcribed by the researcher and de-identified. Participants names will only be known by the researcher and kept in a password protected file separate from the other information and data from the interview.

The Bracketing Interview. The bracketing interview is essential to the phenomenological research approach. It is imperative to conduct this as the researcher to identify any preconceived ideas about the phenomenon of anger and motherhood that this researcher might hold. Being able to identify those themes in the researcher's own thinking will help produce a less biased reading of the transcripts of the participants (Thomas & Pollio, 2002).

The Research Group. Another essential component to phenomenological research methodology is the Transdisciplinary Phenomenological Research Group (TPRG). The transcriptions will be read aloud amongst TPRG to identify themes. While the names of the participants will not be linked to their individual interview, each member of the research group will also sign a confidentiality agreement prior to their participation in the reading of the interview and the discussion of themes.

Themes. It is through these discussions of what resonates in the interview where themes are discovered. It is beyond simply the number of times an idea has been raised but the emphasis of that idea within the interview itself (Thomas & Pollio, 2002). After the individual interviews have been read and areas of interest have been noted, the collection of interviews are reviewed to discover theme that occur throughout all the interviews.

17. **Participants in research may be exposed to the possibility of harm—physiological, psychological, and/or social—please provide the following information: (Up to 500 words)**
a. Identify and describe potential risks of harm to participants (including physical, emotional, financial, or social harm).
An interview about one's experience with anger may bring up a variety of negative emotions or feelings, such as stress, anxiety, depression, loneliness, or anger. These feelings could be brought up when participants talk about their experiences and may persist if they believe that they may not have been handling their emotions as well as they would have wished. The participant may express feelings of shame or anger, possibly directed toward the researcher. Similarly, the participant may wish to withdraw and discontinue the interview. Discussions about anger have the potential to evoke a range of emotions. The researcher expects that the voluntary nature of participation will limit the potential risks of harm to participants from such discussions. As is made explicit in the consent form, the participants may discontinue participation at any time.

Concerns about privacy and confidentiality may also arise, as participants will be recruited through convenience sampling from area not-for-profits. While participant information will be de-identified, comments, de-identified descriptions, and metaphors may be included in the discussion section which might be recognizable to the participant. Due to the potential distress associated with participating in this study, this researcher will have a handout of mental health resources (see Appendix D) available for participants if necessary.

b. **Identify and describe the anticipated benefits of this research (including direct benefits to participants and to society-at-large or others)**
There are multiple potential benefits to the participant for being a part of this research project. The interviews will offer a safe place to discuss their experiences and the discussion may prove rewarding at being able to talk about their personal experiences. Participants may experience fulfillment and meaning at contributing to research on anger and the possible treatment considerations these discussions may bring to light.

This study's clinical implications are twofold: First, it aims to help clinicians understand mother's emotional states. Second, it seeks to increase awareness of the negative impact that anger has on new mothers, their children, spouses, families, and other relationships. This research has potentially broad implications for how clinicians understand and utilize new mothers emotional and psychological states in the postpartum period in addition to increasing awareness of valence of emotional factors in new mothers as well as the field of psychology.

The foreseeable benefits of this study are for the expanded understanding of how new mothers are affected by anger. By improving understanding of mother's experience with anger through interviews like this, clinicians, researchers, and educators may be better able to serve individuals and populations with concerns about anger in their experience of motherhood in the future. There may be no immediate personal benefits from your participation in this research.

c. **Explain why you believe the risks are so outweighed by the benefits described above as to warrant asking participants to accept these risks. Include a discussion of why the research method you propose is superior to alternative methods that may entail less risk.**
While the depth of interview needed to capture meaningful experiences of anger in motherhood may be distressing to participants, rich data enhances the potential for understanding the complex emotions of new mothers. By enhancing understanding of the emotions during the postpartum period and how society may influence the expression of those emotions, this research supports the field of psychology in improving human wellbeing through gaining insight into the facets and factors that contribute to stressors in new mother's lives.

d. **Explain fully how the rights and welfare of participants at risk will be protected (e.g., screening out particularly vulnerable participants, follow-up contact with participants, list of referrals, etc.) and what provisions will be made for the case of an adverse incident occurring during the study.**
By asking open-ended, non-directive questions the researcher allows participants to steer the conversation in the discussion of their experiences. Participants may stop the conversation or request to stop recording at any time during the interview. Interviews will be held in a safe environment agreed upon by both the researcher and the participant. The researcher will offer a list of support resources should the interview lead to unmanageable distress for the participant (see Appendix D).

Names and other information sufficient to identify participants will be excluded from the recordings. Demographic information (see Appendix B) such as geographic location, age, socioeconomic status (SES), race, gender identity, marital status, education status, and mental

illness will be encrypted and stored separately in a password protected document. Recordings will be destroyed no more than a year following transcription.

18. **Explain how participants' privacy is addressed by your proposed research. Specify any steps taken to safeguard the anonymity of participants and/or confidentiality of their responses. Indicate what personal identifying information will be kept, and procedures for storage and ultimate disposal of personal information. Describe how you will de-identify the data or attach the signed confidentiality agreement on the attachments tab (scan, if necessary). (Up to 500 words)**

Participants will be asked to sign a consent form or give verbal consent to participate (see Appendix A). Participants will be given a copy of the consent form for their own records. Notice of audio-recording is included in the informed consent (see Appendix A) and discussion of recording and permission to record will be obtained prior to each interview session. Participants will also be informed that they may leave the interview at any time, without negative repercussions. Participants will be acknowledged for the time. This researcher will also inform participants that they free to disclose whatever information they are comfortable sharing. All signed consent forms will be stored in a locked file in a locked room by the researcher. Additionally, all recordings of the interview sessions will be stored in a password protected file on a password protected computer within a locked room.

All identifying information related to each participant will be anonymized and coded with a participant number. Only this researcher will have the participant number coding list, which will also be kept confidential and password-protected on a personal computer. It will also be in a file separate from the data from the interviews.

19. **Will audio-visual devices be used for recording participants? Will electrical, mechanical (e.g., biofeedback, electroencephalogram, etc.) devices be used? (Click one)**

Yes

If YES, describe the devices and how they will be used:

Each zoom interview will be recorded for the researcher to transcribe later. Both the transcriptions and the recordings will be saved in a password protected folder on a password protected laptop.

20. **Type of Review**: Expedited

Please provide your reasons/justification for the level of review you are requesting.

The researchers are requesting Expedited review status for the current study. The research is studying group characteristics and behaviors. Minimal risk to participants is expected. Participants will be asked to conduct an interview with the researcher to discuss their experiences of anger during motherhood. During the interviews, participants may feel vulnerable when discussing their emotions and motherhood. Their participation in this research is voluntary. They have the right to decline or withdraw from the research at any time without consequence or penalty. Therefore, psychological risk is expected to be minimal.

This research has been approved for submission by my advisor and by others as required by my program (e.g., my departmental IRB representative, thesis or dissertation committee or course instructor as applicable).

Yes

21. **Please attach any recruitment flyers, letters, recruitment scripts, or other materials used to recruit participants. Attach informed consent, assent, and/or permission forms. If a consent form is not used, or if consent is to be presented orally, state your reason for this modification below. In cases when oral consent will be used, include the text to be used for the oral consent. *Oral consent is not allowed when participants are under age 18.**

Participants will be recruited through a flyer, email, and social media post will be disseminated to not-for-profits and hospitals to send to their members as well as to solicit potential participants through listservs and online parenting groups (see Appendix C). After a screening, participants will be emailed the Informed Consent Form (Appendix A) before participating in the interviews. Oral consent will be obtained at the start of the interview meeting. Prior to conducting the interview, an opportunity to ask questions will be offered. The form signed by the researcher acknowledging the oral consent to participate in the interview would be the only identifying link between participants and their interviews.

22. **If questionnaires, tests, or related research instruments are to be used, then you must attach a copy of the instrument at the bottom of this form (unless the instrument is copyrighted material) or submit a detailed description (with examples of items) of the research instruments, questionnaires, or tests that are to be used in the project. Copies will be retained in the permanent IRB files. If you intend to use a copyrighted instrument, please consult with your research advisor and your IRB chair. Please clearly name and identify all attached documents when you add them on the attachments tab.**

No copyrighted material will be used in this study. A copy of the guiding interview questions is included in Appendix F.

I have agreed to conduct this project in accordance with Antioch University's policies and requirements involving research as outlined in the IRB Manual and supplemental materials.

I certify that I have attached documentation confirming completion of the CITI Modules.

Yes

APPENDIX C: FLYER, EMAIL, AND SOCIAL MEDIA POST FOR DISTRIBUTION

As a part of my dissertation research, I am interested in learning more about experiences of anger in the first year of motherhood. If you are 18 years or older, and currently are within one year postpartum with your first child, I would appreciate the opportunity to interview you. Participation includes a telephone or video-conferencing interview lasting approximately 60 minutes.

Thank you for your willingness to share your experiences. If you know of anyone who may be interested in participating, please feel free to forward this information. Your participation could contribute to changes in the way that the first year of motherhood is perceived and further the understanding of the wide range of emotions that new mothers experience.

Participants will be eligible for a $25 gift card for their time.

Thank you.

APPENDIX D: INCLUSION CRITERIA

- Are you the mother of a child under the age of 12-months?
- Do you have any additional children? What ages?
- Are you an English-speaker? (will become evident through the screening conversation)
- Are you located within the United States?

APPENDIX E: CONSENT TO PARTICIPATE IN RESEARCH

Purpose, duration, procedures

You are invited to participate in a research study. The purpose of this research study is to gain an understanding of the range of new mothers' experiences with anger. The goal of this research is to deepen the awareness of the experience of anger or new mothers for use in research, educational, and clinical settings. You are being invited to participate in this study because you are a mother of a child under one years of age. If you participate in this research, you will be asked to give personal demographic information related to age, gender, ethnicity, race, religious affiliation, sexual orientation, and socioeconomic status. You will also be asked to share your experience with and understanding of anger. The research will have a few questions available to guide conversations. Your participation in an interview will last approximately an hour, at your convenience. Interviews will be audio recorded and encrypted on a password protected device and stored for later analysis. You are encouraged to leave out any information identifying you or others. Such information spoken during the interview will be excluded from the analysis.

Participant rights

Your participation in this research is voluntary. You have the right to decline or withdraw from the research at any time without consequence or penalty.

Participation consequences and benefits

Discussions of the experience of anger for new mothers has the potential to be distressing. If at any time you wish to discontinue the interview, please let the researcher know. Interviewers have a list of resources if you wish to seek support for any discomfort that comes from the interview. The foreseeable benefits of this study are for the expanded understanding of how new mothers are affected by anger. By improving understanding of mother's experience with anger through interviews like this, clinicians, researchers, and educators may be better able to serve individuals and populations with concerns about anger in their experience of motherhood in the future. There may be no immediate personal benefits from your participation in this research.

Limits of confidentiality

The amount and type of information you provide in this interview is voluntary. We request that you not use your own name or the names of others in the recorded interview. All information you provide for this study will be treated confidentially, and all recorded data will be kept on an encrypted and password protected device by the researcher. Audio recording will be deleted no more than a year following the interview. There is a risk of compromise with any digitally stored data. All participants will be informed of the unlikely event of a breach of confidentiality. Research results will be reported with direct quotations with an anonymized attribution. Quotations by individual participants with the least amount of corresponding demographic information needed for the purposes of the research may be included in the final report. Themes from the aggregate data will interpreted with as much adherence to the interview as possible. Your signature on this form will be the only information identifying you as a participant in this study, and it will not be linked to your interview recording or transcript.

Research contact information

The researcher will contact you after the analysis to review interpretations of your interview and request your input in the veracity. You have the right to review the results of the research if you wish to do so. If you would like to obtain a copy of the results, or if you have questions regarding the research, please contact the primary researcher.

This research study has been reviewed and Certified by the Institutional Review Board, Antioch University, Seattle. For research-related problems or questions regarding participants' rights, you can contact Antioch University's Institutional Board Chair, Mark Russell, PhD at mrussell@antioch.edu.

Consent

I have read and understand the information explaining the purpose of this research and my rights and responsibilities as a participant. I have had an opportunity to discuss this information and any questions I may have about my participation in research with the interviewer. My signature below designates my consent to participate in this study according to the terms and conditions outlined above.

Print Name of Participant: _____

Signature of Participant: _____ Date: _____

Participant Phone Number: _____

(You will be contacted by phone if any confidential information has been breached.)

Is it OK to leave a voicemail message on this phone? Yes ☐ No ☐

In addition to agreeing to participate, I also consent to having the interview audio recorded.

Participant Signature: _____ Date: _____

To be filled out by the researcher ----------

I confirm that the participant was given an opportunity to ask questions about the study, and that I have answered these questions to the best of my ability. I confirm that the individual has not been coerced into giving consent, and consent has been given freely and voluntarily. A copy of this Informed Consent Form has been provided to the participant.

Print Name of Interviewer: _____

Signature of Interviewer: _____

_____ Date: _____

APPENDIX F: ADDITIONAL INFORMATION GATHERED

Demographic Questionnaire

- Age
- Gender identity
- Biological sex
- Country of residence
- Country of origin
- Race
- Ethnicity
- Number of child(ren)
- Ages of children
- SAHM-Working Outside Home
- Level of education
- Socioeconomic status
- Marital status
- Mental health diagnoses

APPENDIX G: LIST OF MENTAL HEALTH RESOURCES

⇒ PEPS
connecting new parents through peer-support groups
https://www.peps.org

⇒ Swedish Hospital
Center for Perinatal Bonding and Support
206-320-7288

⇒ Perinatal Support Washington
https://perinatalsupport.org/for-parents/
warm line: 888-404-7763

⇒ Psychology Today offers a search engine for finding a therapist in your area
https://www.psychologytoday.com/us/therapists/

⇒ Crisis Connection
- 206-461-3222

Local
- 866-427-4747
866-4CRISIS

⇒ National Suicide Prevention Lifeline
800-273-8255 or dial 911.

APPENDIX H: RESEARCHER'S CONTACT INFORMATION

If you have any questions about the study, you may contact Jennifer Monahan DeMella, the primary investigator at xxx or via email at jxxx; Michael J. Toohey, Dissertation Chair at xxx.

If you have any questions about your rights as a research participant, you may contact Dr. Mark Russell, Chair of the Antioch University Seattle IRB, at xxx or via email at xxx.

APPENDIX I: PERMISSIONS

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