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Chrissy Lacy  
“I love my kids...but I hate  
being a Mom”: Exploring  
Narratives of Maternal  
Ambivalence in Anonymous,  
Digital Spaces

## **ABSTRACT**

The purpose of this qualitative study was to explore narratives of maternal ambivalence displayed on an anonymous, digital discussion forum. This investigation based on an analysis of 341 written discussion posts shared on a message thread of a public website, which became an anonymous platform for mothers expressing negative feelings about mothering. This central questions of this study focus on how mothers’ described their maternal ambivalence, what factors impact their ambivalence, whether they discuss guilt, shame, and social stigma associated with maternal ambivalence, and what participants reported gaining from their use of the site.

The findings of this study suggest the need for a broadening of the definition of maternal ambivalence to more closely match participants’ definitions. Participants of this study defined their maternal ambivalence as loving their children, but hating their role as a mother. Their re-definition of the term is a departure from the popular definition of maternal ambivalence, and demonstrates the importance of an expansion of the term. Further, a combination of relational, intrapsychic, and environmental/situational factors were found to make maternal ambivalence more difficult or easier to manage. Feelings of guilt, shame and perceived social stigma were found to negatively impact mothers experiencing ambivalence, and inhibit them from expressing or seeking support for maternal ambivalence. Use of this anonymous discussion forum was found to provide a safe environment where mothers experienced support, relief, reduction in

isolation, and where mothers gave each other advice, encouragement, and validated one another's feelings and experiences. Lastly, a kind of critical dialogue was found to emerge on the site discussion board, in which posters began to critique social messages and cultural pressures, and to conceptualize new paradigms for womanhood and motherhood. Implications for the field of social work practice were drawn from these findings to normalize feelings of ambivalence, identify factors that impact ambivalence, and facilitate mothers in accessing support for ambivalence.

**“I LOVE MY KIDS...BUT I HATE BEING A MOM” : EXPLORING NARRATIVES OF  
MATERNAL AMBIVALENCE IN ANONYMOUS, DIGITAL SPACES**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2015

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## CHAPTER I

### Introduction

*Do I contradict myself?*

*Very well then I contradict myself,*

*(I am large, I contain multitudes.)*

- Walt Whitman

The term ambivalence describes the common experience of simultaneous and contradictory feelings or impulses towards the same person, such as feelings of love and hate (Bleuler, 1911; Freud, 1915; Bauer, 1994). Ambivalence is widely thought to pervade every human relationship, varying in intensity and in the degree to which these feelings are consciously known. Yet, there is one relationship that society exempts from ambivalence—the relationship between mother and child. Maternal ambivalence<sup>1</sup> can broadly be described as a woman's experience of simultaneous and conflicting positive and negative feelings towards her children, her position as a mother, and towards the institution of motherhood (Brown, 2011; Parker, 1995). While researchers and theorists have found maternal ambivalence to be a natural and evitable part of mothering, many mothers feel deeply ashamed about their feelings of ambivalence because of social pressures and messages about what it means to be a good mother (Chodorow, 1978; Hays, 1997; Mariotti & Parker, 2012; Sevon, 2007). As a result, many women who experience maternal ambivalence keep it to themselves, and do not seek support for it.

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<sup>1</sup> From this point forward, this writer will use maternal ambivalence and ambivalence interchangeably.



Like all other feelings, maternal ambivalence varies in the intensity, frequency, and persistence with which it is felt. While some maternal ambivalence is considered healthy and ‘normative,’ mothers who are unable to manage their ambivalence and experience barriers to seeking support can experience negative consequences, such as maternal depression, attachment issues in the child, child abuse, and child neglect (Almond, 2010; Fitton, 2008; Raphael-Leff, 2010). The ambivalence itself can be a source of depression, anxiety and confusion for mothers (DiStefano, 2003). These consequences demonstrate the need for mental health providers to work more effectively with mothers experiencing maternal ambivalence, and to contribute towards a shift in social discourse to eradicate the stigma and shame associated with it.

The field of mental health has overlooked the subjective experience of mothers, focusing instead on the perspective of the child and how maternal behavior impacts child development and relational patterns (Parker, 2005; Raphael-Leff, 2010). Further, portrayals of motherhood in the literature have historically been written from a male observer’s perspective. As a result, research on the topic of maternal ambivalence is rather limited, and mothers’ perspectives on motherhood are even more difficult to find in the literature. In recent years, a few researchers have begun to explore maternal ambivalence, mostly by interviewing mothers about their experiences (Almond, 2010; Brown 2011; Clark, 2000; DiStefano, 2003; Kruger, 2003; Parker, 1995). While other qualitative studies have attempted to explore experiences of mothers’ ambivalence towards their children, it cannot be known, measured, or underestimated to what extent the presence of an interviewer impacted the disclosures of those participants. This study offers a unique opportunity to peer into the emotional worlds of women who experience ambivalence towards their children in an unfiltered way.

This study analyzed mothers' anonymous, online discussion board posts about their experiences of maternal ambivalence in order to answer the following research questions: "How do mothers use anonymous online forums to communicate about maternal ambivalence? How can anonymous spaces be sources of information to better understand the experience of maternal ambivalence? And how can these forums inform social work practice and interventions?" The goal of this study is to further develop a greater understanding of the experience of maternal ambivalence, so as to de-stigmatize and normalize mothers' experience of ambivalence, and inform how social workers can better support healthy relationships between mothers and their children.

## **CHAPTER II**

### **Literature Review**

This chapter will review literature relevant to the questions of this study, “How do mothers use anonymous online forums to communicate about maternal ambivalence? How can anonymous spaces be sources of information to better understand the experience of maternal ambivalence? And how can these forums inform social work practice and interventions?” This literature review incorporates various contributions from psychodynamic theory, feminist thought, and recent studies on maternal ambivalence as frameworks from which to understand the historical/social/psychological context of participants’ narratives.

This literature review begins with an examination of psychodynamic constructions of motherhood, focusing in particular on how various early psychodynamic theorists constructed a dichotomous and paradoxical portrayal of motherhood: idealizing mothers while also blaming mothers for their children’s pathologies. The second section will explore feminist critiques of psychodynamic theory’s polarized constructions of motherhood, and will demonstrate the need for more nuanced and complex theories derived from real mothers’ accounts of their experiences of motherhood. The third section examines the development of ambivalence as a concept within psychodynamic theory. The fourth section defines and describes the emerging theory of maternal ambivalence. The fifth section provides an overview of empirical studies within the field of social sciences attempting to measure or understand the experience of maternal ambivalence. The sixth section discusses the literature on Internet use as a way of accessing support for

stigmatized experiences. The final section identifies gaps in the literature and provides a justification for this exploratory study on mothers' use of anonymous online discussions to communicate about experiences of maternal ambivalence.

### **Psychodynamic Constructions of Motherhood and the Mother-Child Dyad**

For the purposes of this paper, the term 'psychodynamic theory' is used to describe the theoretical writings and approach to therapy developed by Sigmund Freud and those who built upon his theory. In this paper, the umbrella term 'psychodynamic theory' is employed to broadly include theoreticians of the schools of object relations, ego psychology, self psychology, attachment theory, relational theory and intersubjective theory. This section of the literature review examines how psychodynamic theorists have historically portrayed the maternal experience and the mother-child dyad, with particular focus on the contributions of earlier theorists. Psychodynamic theory was selected for examination because it represents the earliest theoretical basis for understanding psychological and emotional life, as well as provides a historical basis for understanding the difficult relationship between the mental health field and mothers. Additionally, psychodynamic theory is the theoretical framework taught in many educational programs for mental health clinicians, including Smith College for Social Work.

Much of psychodynamic theory focuses on the internal life of the child as it navigates various developmental processes in relationship to important caregivers. Mothers become prominent in the literature when theorists consider the ways in which a mother's availability and care giving style impacts the child's personality structure, later relationships, and subsequent development of pathologies. In general, the field has paid little attention to the mother's subjective experience of motherhood and the experience of providing care to a dependent other. Jane Flax (1990) noted that even in theoretical frameworks known for their focus on the mother-

child relationship, such as object relations theory, mother and child are portrayed as having symmetrical developmental processes—the unique and internal aspect of the mother’s experience is largely overlooked.

What writings do exist about mothers and motherhood often characterize them in a simplified manner: mothers are either (1) idealized as self-sacrificing, all-giving and completely devoted to the care of their children; or (2) blamed as the origin of psychopathology in the child (Welldon, 1992). On the idealizing end, Freud (1933) describes a mother’s relationship towards her son as “the most perfect...of all human relationships.” Michael Balint (1949), a prominent Hungarian psychoanalyst within the object relations school of thought, described a mother’s need to mother as equal and perfectly symmetrical to her infant’s need to be mothered. Donald Winnicott (1956), an English pediatrician and psychoanalyst of the object relations school, termed his view of the pathway to normal mothering ‘Primary Maternal Preoccupation.’ He described the state of ‘Primary Maternal Preoccupation’ as the period of time when a new mother enters a kind of “madness” in which she single-mindedly devotes her utmost care and attention to her baby, losing sight of her own subjectivity, as well as her bodily and emotional needs.

In contrast to this idealizing portrayal of motherhood, psychoanalysis as a discipline has often been accused of mother blaming (Buhle, 1998; Raphael-Leff, 2010; Sommerfeld, 1989). A review conducted of 125 articles in major clinical journals from the years 1970, 1976 and 1982 found that whenever any causes for pathology were mentioned of the 72 different forms of psychopathology discussed, mothers were almost always discussed as at least contributing to the cause of the psychopathology, if not considered the sole origin of the illness (Caplan & Hall-McCorquodale, 1985). In 1948, Freida Fromm-Reichmann developed the term

“schizophrenogenic mother” to describe the kind of mother whose mothering caused the development of schizophrenia in her child. These kinds of paradoxical idealizing/pathologizing narratives about motherhood places mothers in a difficult bind; they are subject to both pressure to live up to the ideals and expectations of the ‘good mother,’ as well as the fear of being ‘the bad mother’ who inflicts great harm on her children.

### **Feminist Critique of Constructions of Motherhood**

As the feminist psychoanalytic thinker Jessica Benjamin (1998) wrote, “The contemporary consciousness of women’s subjugation has profoundly challenged the acceptance of authority that permeates psychoanalytic thinking.” Feminist theory has criticized psychodynamic constructions of motherhood in two major ways that are relevant to this study: it has called into question the idealizing/pathologizing narratives about motherhood, and it condemned the ways in which psychodynamic theory has simplified the complexities of motherhood and overlooked maternal subjectivity. These two criticisms will be described below.

Feminists coined the term ‘myths of motherhood,’ conveying the idea that popularized narratives of motherhood create ideals that are impossible for mothers to achieve (Douglas & Michaels, 2005; Hare-Mustin & Broderick, 1979; Hays, 1996; Rollin, 1970; Thurer, 1994). The troubling consequences of mainstream idealization of motherhood are captured by Carpenter and Austin (2007) in their qualitative, exploratory study of mothers of children with ADHD. They found that these myths of the ‘good mother’— that is, the self-sacrificing, devoted mother who puts her child’s needs before her own— isolate and segregate mothers. Furthermore, they concluded that myths of the good mother —and consequent fears of being a bad mother—make it more difficult to admit their frustrations and limitations, and inhibit mothers in reaching out for help and support (Carpenter and Austin, 2007).

In an attempt to expand the territory of what constitutes a good mother, Benjamin (1998) counters traditional psychoanalytic thinking by acknowledging the various and sundry feelings that a mother might experience. She writes:

...A new mother has a complex range of feelings, many of which are dismissed or utterly denied by the common sentimentality surrounding motherhood. She may feel bored, unsure of what she should be doing to quiet or please baby, exhausted, anxious about herself and her body, angry that baby demands so much from her, dismayed at the lack of visible gratitude or response, impatient for baby to reveal himself, afraid that her baby is not normal, that he is going to stay like this forever.” (p. 14)

Though it may seem obvious to observe that mothers have various and complicated emotional responses to their children, traditional psychoanalytic theory had largely ignored these complexities of the maternal experience.

In addressing the psychoanalytic portrayal of maternity, Joan Raphael-Leff (2010) argues that psychoanalytic theorists have overlooked the myriad ways in which the specific circumstances of each mother makes her experience of maternity entirely unique and specific to her. She eloquently outlines the numerous factors that influence a woman’s experience of motherhood:

...Specific circumstances of this particular conception; her own current internal representations of mothers and mothering; the number of other children in her household and the age-gaps between them; the degree of emotional and practical support available to her as well as the surrounding matrices of socio-cultural expectations, economic resources and restrictions, provisions of maternity care,

grants and leave, and normative considerations of age, sex, education, peers, class, race, ethnicity and so on... (Raphael-Leff, 2010, p. 3)

Raphael-Leff (2010) notes that in their generalized and idealized writings about motherhood, psychodynamic theorists have “universalized the particular” (p.3).

Feminist researchers have sought to counter these harmful characterizations of motherhood by publicizing the voices of mothers willing to share their experiences of pregnancy, birth, and motherhood (Carpenter & Austin, 2007; DiMatteo, Kahnk & Bey, 1993; Kruger, 2003). These qualitative studies have been instrumental in problematizing, complicating, diversifying, and subverting the dominant myths and ideologies of motherhood. Many of these studies and projects include narratives of mothers who voice experiences of doubt, frustration, and ambivalence with regards to their children and their roles as mothers. The present study seeks to add to this body of research, by featuring voices of mothers as they candidly express their authentic, unique, and complex feelings and experiences of motherhood.

### **Ambivalence in Psychodynamic Literature**

The term ambivalence was pioneered early in psychoanalytic history. Freud first described what would later be termed ambivalence by the Swedish psychiatrist Eugene Bleuler (1910) when he stated that a dream involving the death of a loved person represents an unconscious wish for the death of that person. He believed this unconscious coexistence of love and hate was a remnant of early infancy, where hate, originating in the instinct of self-preservation, preceded love developmentally (Freud, 1900; 1915). While Freud (1917; 1931) ultimately came to view ambivalence as something to grow out of, much of his earlier work characterized ambivalence as an inevitable part of the human experience, including his writings



on the Oedipal conflict and in *Mourning and Melancholia*. In 1915, Freud describes his understanding of the mechanism of ambivalence in human relationships:

It is indeed foreign to our intelligence as well as to our feelings to couple love and hate; but Nature, by making use of this pair of opposites, contrives to keep love ever vigilant and fresh, so as to guard against the hate which lurks behind it. It might be said that we owe the fairest flowering of our love to the reaction against the hostile impulse which we sense within us. (p. 299)

Of note, however, is that despite discussing ambivalence as an unavoidable and natural part of all human relationships, Freud (1933) contradictorily writes of the relationship between mother and son as “the most perfect, the most free from ambivalence of all human relationships.”

Later psychodynamic theoreticians focused on the ambivalence experienced by the child towards the mother. John Bowlby (1958), a British psychoanalyst known for his work in attachment theory, considered ambivalence to be a normal and natural part of life, stating: “all animals are constantly beset by impulses which are incompatible” (p. 7). In Bowlby’s considerations of ambivalence, the spotlight was on the child. He believed that a steady, consistent maternal presence prevented the development of too powerful an ambivalence in the child. Indeed, Bowlby believed that the mother was responsible for guarding against the inception of ambivalence in the child, and that her presence alone was capable of accomplishing this. Maternal absence, on the other hand, was seen as responsible for engendering ambivalence in the child, by overwhelming the child’s capacities and resulting in the manifestation of problematic and difficult behaviors.

D.W. Winnicott’s (1947) *Hate in the Countertransference* is perhaps the greatest acknowledgement of maternal ambivalence in psychodynamic texts. In this paper, Winnicott

examines the mother-child dyad as a venue for gaining insight into the therapeutic dyad with respect to issues of countertransference. He cites 18 reasons why an ordinary mother might hate her child, noting “the mother hates her infant from the word go... The baby is ruthless, treats her as scum, an unpaid servant, a slave... He is suspicious, refuses her good food, makes her doubt herself” (Winnicott, 1947, p. 201). However, while he does acknowledge a mother’s capacity to feel and tolerate hatred for her child, Winnicott focuses primarily on the developmental significance for the baby of the mother’s hatred. He states that the baby “needs hate to hate” (p. 202). Thus, the mother’s hatred is only recognized for its capacity to teach the baby how to hate, which Winnicott believes is a prerequisite for the baby to learn how to tolerate its own feelings of ambivalence.

Melanie Klein (1935), a psychoanalyst known for her contributions to child psychology and object relations theory, used the concept of ambivalence in her depiction of the infant’s transition from a paranoid schizoid position to a depressive position. Klein conceived of the paranoid schizoid position as the earliest stage in infant development, where the infant splits the mother into part objects, consisting of a persecuting mother and a gratifying mother. This splitting results from the infant’s inability to conceive of the fact that the mother who frustrates them is the same mother who holds, nourishes and engenders love in them. Once the infant is able to integrate these split objects, the infant achieves the ‘depressive position.’

In Klein’s depressive position, the infant learns that the mother who frustrates is also the mother who feeds, and begins to understand her as a whole object. With the integration of this realization, the infant learns to tolerate coexisting feelings of hatred and love for the mother, and learns to manage the anxiety that accompanies this ambivalence. Klein thought of the tolerance of ambivalence as a major developmental achievement, representing the child’s capacity to view

the mother as a person separate from the self, and a person who can be driven away by the infant's hatred, anger and disgust (Klein, 1935; 1940). Klein, like other psychodynamic theorists, viewed ambivalence from the child's point of view, overlooking the mother's potential for ambivalence and a subjective experience of her own. However, Klein's theory of ambivalence lays important groundwork for understanding feelings of ambivalence in a developmental context, which will later inform thinking about maternal ambivalence.

### **Towards a Theory of Maternal Ambivalence**

While theoreticians in the field of psychodynamic psychotherapy have written about the experience of ambivalence, they have focused mainly on the child within the mother-child dyad. A theory of maternal ambivalence has been developed to describe a woman's experience of side-by-side positive and negative feelings towards one's children, towards one's role as a mother, and towards the institution of motherhood (Brown, 2011; Parker, 1995). The topic of maternal ambivalence, though certainly not a new phenomena, has only appeared in the literature in the last few decades. As such, there is a marked deficit of literature on this topic.

Rozsika Parker (1995; 1996; 1997; 2012), a British psychotherapist and feminist, wrote at length about maternal ambivalence in describing her clinical work with mothers. Parker developed a theory of maternal ambivalence by applying Klein's concept of the infant's developmental achievement of learning to tolerate ambivalence to the mother. More specifically, Parker thought of maternal ambivalence as a separate ambivalent process than what the infant undergoes, but a no less important one:

Reverse the schema, placing the mother as having to negotiate entry into a maternal depressive position. Then we can see that the awareness of her coexisting love and hate for the baby can promote a sense of concern and

responsibility towards, and differentiation of self from, the baby. Maternal ambivalence signifies a mother's capacity to know herself and to tolerate traits in herself that she may consider less than admirable—and to hold a more complete image of her baby... There is a letting go of fantasies of omnipotence and perfectability, and the abandonment of representations of mother and child as a united, mutually fulfilled and fulfilling couple. But the sense of loss and sorrow that accompanies maternal ambivalence is unavoidable. Acknowledging that she hates where she loves is acutely painful for a mother. The parallel is with the loss the Klein's baby undergoes when it gives up the image of the all-perfect, all-loving mother.” (Parker, 2012, p. 87)

In this way, Parker portrayed maternal ambivalence as developmentally important for both mother and child. In contrast to dominant ideologies, which equate an ambivalent mother with a bad mother, Parker's characterization imbues the experience with potential for creative growth and development.

Parker (1995) identifies a continuum of ambivalence, and differentiates 'manageable' ambivalence from 'unmanageable' ambivalence. On one end of the spectrum, manageable ambivalence is described as “a greater trust in love,” as well as “a decrease in sadism and a better way of mastering aggression and working it off,” (Parker, 1995, p. 210). Manageable ambivalence stimulates thought about the child and concern for the child, and Parker equates it with Klein's depressive position. On the other end, unmanageable ambivalence is characterized by an increasing anxiety response, equated with Klein's paranoid-schizoid position. Unmanageable affect is associated with the mother employing defenses of splitting between good and bad, and black and white thinking about the baby and the self, often seeing the self as

persecuted and the baby as persecuting. Parker's ultimate question is: what helps maintain the affect of maternal ambivalence at a manageable level? She theorizes that:

...Social ideals and expectations, maternal psychic reality, and the contribution of the character and circumstances of the child together determine the impact of maternal ambivalence on a woman. It is the intersection of these currents that mothers find ambivalence manageable or unmanageable." (Parker, 1995, p. 266)

Joyce Edward (2003) argues that maternal ambivalence—specifically the hatred for her child that a mother experiences—is a catalyst for a woman's ongoing development. Written from a psychodynamic perspective, she uses interviews to describe the ways in which a woman's ego capacities are engaged and strengthened by the process of mediating her hatred of her child.

Frustration tolerance, impulse control, and anticipation, as well as her capacities to use defenses, such as rationalization, displacement, sublimation and humor are all exercised and made stronger in the service of managing and tolerating the ambivalence a mother feels towards her child.

Edward argues that this process results in increased ego capacities, and therefore strengthens a woman's sense of competence and mastery.

Edward (2003) also notes that a mother's hatred of her child can be useful to the process of individuation, or the letting go of the child. Edward sees this separation-individuation process as an opportunity for the mother to renegotiate and solidify an important developmental accomplishment, this time with more experience and wisdom, serving to again increase her sense of competence. Lastly, Edward sees maternal hatred as an opportunity for a mother to "revise certain distorted self and object representations that continue to exert an influence on how she experiences herself and others in the present" (Edwards, 2003, p. 254). She notes that when a person is a parent herself, it gives her a chance to realistically understand, better appreciate, and

even forgive her parents for their perceived failings. She argues that this process often generates in the mother a greater compassion for self and others, and a greater capacity for empathy.

Raphael-Leff (2010) also makes the case that maternal ambivalence is healthy. She argues that it reflects a reality that women's levels of education and career opportunities have changed dramatically in recent decades, which she regards as a great societal accomplishment. In addition to these changes in women's lives and careers, Raphael-Leff notes that their expectations of motherhood have changed, but the needs of babies are unchanged, and thus, maternal ambivalence results. Raphael-Leff argues that if mothers can tolerate and accept their ambivalence, the result is a more fluid, adaptive family who experiences the baby's needs with greater compassion, empathy, and differentiation.

### **Empirical Studies on Maternal Ambivalence**

Only in recent decades have researchers begun to inquire about the experience of maternal ambivalence. In 1978, Mary T. Westbrook studied 200 mothers during the first year after giving birth. Westbrook's goal was to explore the association between the mothers' affective reactions to having a child in the first year post-partum, their attitudes towards childbearing, and the quality of their partner/marital relationships. Her study revealed that women with supportive and positive partner relationships were more likely to express greater maternal warmth and report calmer affective reactions in the year following childbirth. Mothers with negative or less supportive relationships were more likely to report hostility towards the child and reported greater difficulty adjusting to the post-partum year. Westbrook's (1978) study demonstrates the ways in which external factors, such as quality of partner support, can impact a mother's feelings towards her child and her role as a mother.

In an exploratory study of maternal ambivalence, Deborah Christman Clark (2000) interviewed 10 married heterosexual mothers of elementary school-aged children. Interestingly, she found that all participants experienced some degree of ambivalence towards their child(ren), ranging from 'minimal' to 'extreme.' She observed that a mother's ability to manage the intense affect associated with maternal ambivalence is directly related to her self-esteem and sense of capability as a parent. Additionally, she outlined several external factors that participants said aided them in managing ambivalence, which include: availability of emotional support; an active co-parent; time and space for individual thought and reflection; an understanding of child development; and sufficient positive interactions with the child to mediate difficult interactions and feelings. Although this study had a small sample size, it is instrumental in demonstrating the commonality of maternal ambivalence, and reiterated what Westbrook (1978) found on a broader scale: that external factors play a role in mitigating and influencing maternal ambivalence.

In a rare quantitative study on this topic, Ivana Brown (2011) analyzed a national sample of 160 mothers and developed scales to measure the prevalence of maternal ambivalence along four dimensions: 1) identity; 2) attachment; 3) being good at mothering; and 4) combining work and family. In her study, Brown (2011) defined maternal ambivalence in a broader sense, encompassing ambivalence towards one's role as a mother and towards the institution of motherhood. In her analysis, Brown (2011) compared ambivalence outcomes of these four aforementioned dimensions according to mothers' social class and race, and found that ambivalence surfaces differently within different social groups. Her study found that while white middle-class mothers experience the highest identity ambivalence, mothers belonging to other social groups experience more ambivalence along dimensions of attachment and combining work and family. Brown (2011) found no class and no race differences among mothers who

report ambivalence about being good at mothering, but found that factors such as maternal employment, social support, and quality of intimate relationships were significant predictors of maternal ambivalence. Overall, when assessing the prevalence of maternal ambivalence, Brown (2011) found that a significant number of mothers experience a simultaneous combination of positive and negative attitudes about motherhood, indicating that maternal ambivalence is a quite common part of mothering.

One common finding of these three studies is worth highlighting: external factors, such as social position, availability of resources and support, quality of interpersonal relationships, self-esteem, etc., influence the way that maternal ambivalence is experienced, in terms of its degree and manageability. This finding disproves the popular narrative that there is something wrong, inherently bad, or unworthy about mothers who experience maternal ambivalence. This finding also suggests that effective interventions might be possible to support mothers experiencing unmanageable ambivalence, if the interventions are aimed at modifying some of the external factors discussed in these studies. The present analysis of mother's communications about maternal ambivalence will pay particular attention to any mention of these external factors and how they complicate or mediate the experience of ambivalence, with an eye towards understanding what kinds of social work interventions might be helpful.

**On guilt, shame, and stigma.** In a small-scale qualitative analysis, Lou Marie Kruger (2003) interviewed and analyzed two women about their pregnancies and experiences of maternity, focusing on the unique details of each mother's experience. Kruger (2003) recruited participants from different racial, ethnic, generational and class backgrounds. One similarity between the participants is that both women considered themselves to be feminists. Kruger (2003) found that when narrating their experiences, both women articulated a clear ambivalence



about their roles as mothers; however, both women ended up resolving their ambivalence by simplifying their stories in a way that reproduced dominant narratives of motherhood. Studies such as Kruger's (2003) demonstrate that despite the commonality of maternal ambivalence, mothers often censor their expression of it so that feelings expressed about motherhood reinforce dominant ideologies of motherhood. These findings speak to the sense of shame that many mothers experience with regards to their ambivalence as a result of popular constructions of motherhood, wherein the mother is portrayed as an all-loving, all-giving, self-sacrificing figure. When comparing themselves to this idealized mythic mother, real mothers may feel shameful, guilty and inadequate (Raphael-Leff, 2010). Though the experience of maternal ambivalence is common, the social conditions in which many mothers find themselves make their ambivalence too painful and difficult to acknowledge.

In her book on maternal ambivalence, Barbara Almond (2010) cites clinical examples from her work as a psychotherapist and psychiatrist to demonstrate the universality and ubiquity of maternal ambivalence. She argues that the real problem is the guilt and anxiety that stems from public condemnation of the negative side of ambivalent feelings, not the ambivalence itself, which is normal and inevitable. Parker (2012) also described the ways in which the shame and stigma associated with experiencing maternal ambivalence kept her patients in psychotherapy from discussing it, and thus unable to seek the therapist's support:

Despite my belief in the constructive potential of maternal ambivalence I found myself at times over-identifying with my patients' shame and resisting offering interpretations of ambivalence to mothers in my practice, whilst my patients denied its very existence. Shame powerfully institutes concealment. Both my patients and I myself metaphorically hid our faces. (Parker, 2012, p. 89)

When patients find difficulty speaking about their experience of maternal ambivalence within the confidential confines of a psychotherapy session, it is an indication of how difficult it must be for mothers to discuss and seek support for feelings of unmanageable ambivalence. To whom do they divulge these very common, yet painful to acknowledge feelings? And if the anxiety associated with maternal ambivalence is mitigated or made manageable by external factors, such as quality of support and interpersonal relationships, to what extent do these feelings of shame hinder mothers' ability to access the very support that could help them? What kind of space could allow mothers to cease the self-censoring that seems to be made evident by Kruger's (2003) and Parker's (1995) qualitative studies? Parker writes:

Much of the ubiquitous guilt mothers endure stems from difficulties in weathering the painful feelings evoked by experiencing maternal ambivalence in a culture that shies away from the very existence of something it has helped to produce. Only in the context of humor can it be safely acknowledged. In novels, women's magazines and national newspapers, column after column is devoted to comic accounts of maternal ambivalence. Safely cloaking their 'confessions' in laughter, mothers admit to being forever enraged, entranced, embattled, wounded and delighted by their children. (Parker, 1997)

In addition to comedic outlets, another space in which mothers can 'confess' their ambivalence safely might be anonymous Internet forums. The use of these anonymous digital spaces to seek support for stigmatized experiences will be explored in the following section.

### **The Use of Internet Forums for Support**

Many social science, medical, and mental health researchers are examining the ways in which Internet use can provide mental and physical health benefits to users. The following

studies are particularly concerned with understanding how Internet communication can provide health benefits to certain groups who might not otherwise be able to access those benefits.

Shaw and Grant (2002) conducted a quantitative study of 40 college students to examine the relationship between Internet communication and depression, self-esteem, loneliness, and perceived social support. The researchers matched participants in anonymous pairs and had them engage in five chat sessions. Measures of depression, self-esteem, loneliness, and perceived social support were taken, and results found that Internet chatting with an anonymous partner was correlated with a decrease in loneliness and depression, and a significant increase in perceived social support and self-esteem. Considering the stigma of depression and the difficulty many people have in reaching out for support, as well as taking into consideration the often new and underdeveloped support systems that college students have, internet communication appears to be an effective method of increasing support and bolstering self-esteem for this group.

De Simoni, Shanks, Mant and Skelton (2014) offer the example of stroke survivors' use of TalkStroke, an online discussion forum with over 1000 registered users. Findings indicated that an online discussion forum was particularly useful for this population who may have impairments in communication, cognition or physicality due to stroke. De Simoni et al. (2014) note that these forums are an effective way of disseminating health information for this particular population, and extrapolated that Internet discussion forums might be indicated as a dimension of treatment for populations who face special difficulties, such as stigma around their illness, difficulties with communication, or impaired social support systems due to their illness.

Brady and Geurin (2010) conducted a content and thematic analysis of anonymous message posts during a two-week period on an Irish parent support website. The results of their study revealed that the parenting website was seen as a safe, nonjudgmental, and supportive

space in which parents could gain an enhanced frame of reference and base of knowledge for their role as a parent. The study further advocated for these kinds of digital spaces to be encouraged as a substitute for the decreased social networks created by modern society.

There is a special subsection of websites and discussion forums generated for the purpose of creating an avenue for anonymous discussions. These websites and digital discussion forums represent an opportunity that did not exist before the Internet—a way to anonymously unveil a painful aspect of one’s experience or identity, without suffering the stigmatizing social repercussions of doing so. There has been very little research on what kinds of health benefits are derived from such digital spaces, yet in an interesting study that analyzed one such popular website, PostSecret ([www.postsecret.com](http://www.postsecret.com)), researchers Wood and Ward (2010) found that internet users who posted their secrets in this online community were able to decrease their sense of isolation and alienation. The study found that the website PostSecret provides a virtual space where the secrets themselves—the stigmatized and alienating experiences that people carry—bond the website users and normalize the experience of having secrets and shameful experiences. Wood and Ward (2010) noted that the website PostSecret is able to accomplish a powerful task—the same secrets that create estrangement and isolation in people’s non-digital lives are the fodder for bonding and connecting on Post Secret. An anonymous user of Postsecret noted, as captured by Wood and Ward (2010), “If it weren’t for this website, I’d still assume I had nothing in common with anyone” (p. 599). As the founder of the site describes it, the objective of PostSecret is to empower stigmatized individuals needing to remedy their alienation, to change and improve their lives in the real world by liberating themselves from their secrets in a digitally mediated environment. Secret Confessions, the website containing the discussion forum under examination for the present study, is another such digital space where users are encouraged to

unveil their secrets under the condition of anonymity (retrieved from [www.secret-confessions.com](http://www.secret-confessions.com), 2015). Here the confessions are organized by topic, and users can comment on each other's confessions, creating long threads of discussions and some semblance of a community around different issues. To this writer's knowledge, secret-confessions.com has not yet been studied, and will be examined in this study.

The results of these studies indicate that anonymous internet discussion forums can offer social support, information, and decreased isolations for groups of people, especially when stigmatization discourages or inhibits the discussion of their feelings in non-digital mediums. In particular, these findings related to anonymous internet discussion forums mirror reportedly helpful factors in tempering maternal ambivalence, such as decreasing alienation and isolation, normalizing a stigmatizing experience, sharing knowledge and resources, and the time and space for expression of individual thought (Brady & Guerin, 2010; Clark, 2000; De Simoni et al., 2014; Shaw & Grant, 2002; Wood & Ward, 2010).

### **Justification for the Present Study**

Although motherhood has historically been passed over within the context of psychodynamic theory, or flattened by reductive idealizing/pathologizing narratives, recent researchers and theoreticians in the field of mental health have begun to view motherhood as a unique developmental process worthy of scholarly study in its own right. Collectively, they acknowledge that the experience of motherhood is particular to each mother and the environment in which she mothers, but they also suggest that maternal ambivalence is a somewhat common and normal phenomenon, occurring to varying degrees on a spectrum of manageable to unmanageable (Almond, 2010; Brown, 2011; Clark, 2000; Parker, 1995; Raphael-Leff, 2008). They note that such factors as social and emotional support, time and space for individual

thought and reflection, quality of interpersonal relationships, knowledge of child development, an active co-parent and maternal employment to be significant factors in tempering maternal ambivalence (Brown, 2011; Clark, 2000). However, their studies and clinical interviews also demonstrate that feelings of shame can lead mothers to censor their experience of maternal ambivalence, which can ultimately magnify and exacerbate what would otherwise be a manageable ambivalence (Kruger, 2003). Between cultural pressures to live up to the idealized ‘good mother,’ and the stigma associated with expressing negative feelings towards one’s child, feelings of shame surround the experience of maternal ambivalence. As a result, mothers have difficulty discussing it candidly, even within the confines of a confidential therapy session (Parker, 1995).

Because of the great burden of social stigma associated with expression maternal ambivalence, the present study takes a unique approach to examining how mothers experience maternal ambivalence. How would mothers discuss their feelings about motherhood in an anonymous setting that promised no social repercussions for the candid airing of their experience? What do mothers gain from discussing their ambivalence in an anonymous, digital space? Lastly, what can the field of social work gain from mothers’ honest discussions about maternal ambivalence? The ultimate goal of this study is to gain an increased understanding of how the field of clinical social work can better support mothers experiencing maternal ambivalence. To accomplish this, the present study will build on current research to examine how mothers communicate about experiences of maternal ambivalence in an anonymous, online discussion forum. Given that the sample size of the present study will by far be the largest to date of any study on mothers who experience maternal ambivalence, particular attention will be paid

to how participants in the present study describe their feelings and experiences of ambivalence, and whether they are aligned or misaligned with previous conceptions of maternal ambivalence.

## **CHAPTER III**

### **Methodology**

This study was an exploratory, qualitative analysis of an anonymous, online discussion forum dedicated to the topic of maternal ambivalence. The purpose of this study was to gain insight into the experience of maternal ambivalence and to increase the field of clinical social work's understanding of what kinds of supports might be beneficial to mothers experiencing ambivalence towards their children. Specifically, this study seeks to answer the questions; "How do mothers use anonymous online forums to communicate about maternal ambivalence? How can anonymous spaces be sources of information to better understand the experience of maternal ambivalence? And how can these forums inform social work practice and interventions?" Considering the dearth of literature on maternal ambivalence, and since there have been no studies to date on maternal ambivalence expressed either anonymously or in digital forums, the focus of this study is the exploration of new phenomena with an eye towards what the field of clinical social work can learn from these phenomena.

### **Sample and Research Context**

This study's sample was drawn from an online, anonymous discussion forum dedicated to the topic of maternal ambivalence. The discussion forum is on a public website: [www.secret-confessions.com](http://www.secret-confessions.com). The website is advertised as a space where people can anonymously confess their secrets. When a user posts a secret, it is grouped into a category, and then other site users can anonymously respond to the original post, and to each other's posting. The effect is an



anonymous, online discussion forum where users can respond to one another freely and spontaneously. In this study, the original post of the discussion forum is titled “Hate being a mom.” The original comment states: “I am depressed. I hate being a mom. I also hate being a stay at home mom too!” This post was written on February 21, 2009, generating the beginning of a message thread that had generated 2,344 discussion posts at the time that this study was initiated. The most recent post that was included in the analysis was dated September 30, 2014. This study’s sample was selected from these 2,344 responses by conducting a systemic random sampling of the total number of posts.

The content of this research is the website Secret Confessions ([www.secret-confessions.com](http://www.secret-confessions.com)). The ‘About’ section for this site describes the site in the following way:

Secret Confessions is a place where you can confess anything. Confess your deepest darkest secret, or tell us what you really think about your boss. Confess that embarrassing secret, the one that makes you cringe every time you think about it. Confess your secret at Secret Confessions. Post your confession, reply or make a comment. You are completely anonymous at Secret Confessions. (Author Unknown. Retrieved from [www.secret-confessions.com](http://www.secret-confessions.com), 2015)

This method of data collection has built-in inclusion and exclusion criteria, which are predetermined by the research context, and thus result in sampling bias. First, all posts are written online and in English, and therefore the sample is limited to people who have access to the Internet, time to use the Internet, and can read and write in English. Second, the sample is limited to whoever spontaneously chose to share their experience on this anonymous, online discussion forum. While this increases the safeguards for participants in this study, it also introduces volunteer bias, in terms of what kind of person might choose to or has the time and

access to the Internet in order to express their maternal ambivalence in this particular way. The volunteer bias in this study might be influenced by the class and culture of the sample, yet it is impossible to assess the demographics of the sample since most posters do not volunteer their demographic information (Engel & Schutt, 2013, p. 115). In terms of inclusion criteria, the subject of this study, a publicly accessible website, might also mean that the sample has the potential to be somewhat global, provided that posters can read and write in English.

Consequently, this aspect of the study design partially limits the ability to generalize the findings of this study and makes it impossible to assess homogeneity and/or diversity of the sample.

When thinking about inclusion criteria, it is important to note that there is not one kind of mother. Motherhood is a unique experience for each woman, and experiences of motherhood can be influenced by a mother's culture, religion, class, race, geographic location, access to resources, education level, age, health status, mental health, trauma history, gender identity, support system, relationship with substances, the context in which they became mothers; and how they became mothers. All of these factors can influence a mother's experience of motherhood, as well as her level of ambivalence towards the child and her ability to manage said ambivalence. Furthermore, the child(ren) themselves can influence the experience of motherhood and a mother's experience of ambivalence. How many children are there in the family? What is the gender of the child(ren)? Does the child have special needs or require special medical care or extra supervision? Is there a mismatch in affect between mother and child? Is the mother a single parent? Does she have custody of her child(ren)? As a result of this consideration of the wide diversity of maternal experiences, no exclusion criteria was developed for the posts on this study; instead, every seventh post was included, regardless of content, to capture the range of content and interactions between participants.

It is important to note that primary caregivers of all gender identities experience ambivalence towards those that they care for. Why, then, not include fathers, or study parental ambivalence in general? Why exclude grandparents, aunts and uncles, cousins and siblings, who might also be a primary caregiver for a child? There are several reasons. For one, most of the literature focuses on maternal ambivalence and the experience of the mother-child relationship. Secondly, the narrowing process is essential to the creation of a manageable, relevant study. Further, the online discussion board under study in this project has attracted postings almost exclusively by mothers. For these reasons, the study was limited to exploring the voices of self-identified mothers and their experiences of maternal ambivalence.

### **Ethics and Safeguards**

In a typical qualitative study, much care would be taken to assure the confidentiality of participants. However, in this study, the data analyzed already exists in a public space where it was voluntarily and spontaneously posted by Internet users. The data is also already made anonymous (posters can either create pseudonyms for themselves through the website or choose the pseudonym “anonymous”). In the interest of further protecting the anonymity of participants, posters’ chosen pseudonyms were not included in the writings of this study.

When considering the ethical dimensions of this study, the main concern is that of studying a sample who does not realize they are being analyzed and studied. While it is true that this sample voluntarily and spontaneously wrote about their experiences in a public space, posters did not agree to have a researcher analyze, make interpretations or publish their writings. Therefore, there is no informed consent.

The ethical considerations of obtaining informed consent when researching public online discussion boards are complicated and nuanced. While qualitative studies of this sort on

communications published on the Internet provide unique access to the needs, concerns, and experiences of people to health care and social science researchers, many of the participants are not aware that they are participating in a study. Eysenbach & Till (2001) suggest that researchers consider the following ethical dimensions to their study of online communications: researcher's level of intrusiveness; the perceived privacy of this site; the vulnerability of the population being studied; the potential harm to the individuals or community being studied; how informed consent could be obtained if deemed necessary; and the intellectual property rights of participants. The proposed ethical considerations have been carefully reviewed, and to increase transparency of the ethical deliberations of this researcher, they are detailed below.

The level of intrusiveness of this study is minimal. According to Eysenbach & Till (2001), this study would be considered a passive analysis of postings, versus requesting that the community actively respond to questions and communications with the researcher. Thus, the degree to which this study intrudes on the participants and the online discussion is minimal. The perceived privacy of the Secret Confessions website is complex. In consulting the site's Privacy Policy, there is no registration required to post on the site, it is an open group where anyone can post and respond to posts, and, importantly, there is no policy forbidding research conducted on the site. The Privacy Policy (Author Unknown. Retrieved from [www.secret-confessions.com](http://www.secret-confessions.com), 2015) indicates that the site itself "makes use" of Internet log files to "analyze trends, administer the site, track user's movement around the site, and gather demographic information." However, it states that information tracked is not linked to any information that is personally identifiable.

In discussing vulnerable communities, Eysenbach & Till (2001) provide examples of AIDS patients and sexual abuse survivors. In consideration of the degree of vulnerability of the community under study, it has been determined that while the experience of maternal

ambivalence is largely considered taboo, and that mothers might experience shame and judgment for voicing these experiences outside of an anonymous context, this is not a particularly vulnerable community. This is mainly due to the anonymity of the study, and the fact that these participants voluntarily chose to write their thoughts and experiences on this publically accessible website.

In considering the potential harm to the participants, in the unlikely event that participants of this study read or encounter the study in some way, the potential harm could include feelings of anger, shame, and distress upon discovering that they participated in a study without their consent. Conversely, a participant could feel positive feelings of a reduction of isolation, and a sense of pride in being part of a study that seeks to help other mothers experiencing difficult feelings of ambivalence. In this study, due to the anonymous nature of the website, obtaining informed consent from participants was not possible. Lastly, Eysenback & Till (2001) note, with regards to intellectual property rights of participants that in some cases participants may actually seek publicity. In this way, the use and publication of their postings without attribution to the participants may be unethical. In the case of this study, because participants are posting in a digital space that is clearly advertised as anonymous, it is unlikely that they seek publicity. Having considered these ethical dimensions to qualitative research on Internet communications, obtaining informed consent of participants for this study was not indicated.

### **Data Collection**

The method of data collection is unobtrusive observations of pre-existing, anonymous written behavior. The qualitative inquiry approach is phenomenology, as the study attempted to understand the essence around a shared experience. A systemic random sampling of the 2,344

posts was conducted to select 341 posts for a content analysis. The message thread was printed out and every seventh post was analyzed, counting sequentially from the first post.

### **Data Analysis**

The coding process began with an initial reading of the data. After an initial reading and creation of preliminary codes, the data was reviewed continuously to assess relevance of the codes, while constantly writing memos to capture thoughts, ideas, associations and interpretations of the codes. In this continuous revision process, codes were added, narrowed, and adjusted until the code category had a clear implication about the data, and until saturation was reached. From this coding process, themes were drawn out to address either explicitly and directly stated ideas voiced repeatedly by participants, or to capture latent meanings from participants' postings (Anastas, 1999).

As this study is a phenomenological, exploratory study of mothers' voices and experiences of maternal ambivalence, there were no expected findings. Based on the literature, some themes that might reasonably surface through an analysis of the data are commonalities of experience, such as feeling shamed and judged by friends, family members and partners; feeling stuck, isolated and trapped in their role as a mother; as well as what advice and strength mothers provide to each other through this anonymous, digital format.

This study makes a unique contribution to the currently under-developed topic of maternal ambivalence, as it explores how mothers express themselves about this stigmatized and taboo experience when they are freed from the prospect of judgment from others. Thus, the study design of analyzing preexisting, public data that is not disturbed or altered by the presence of a researcher asking interview questions is a major strength of this study. This study does not rely on self-reporting or subjects' willingness to participate. In particular, with an experience such as

maternal ambivalence — one that is already neglected in the literature, discouraged from public discussion, and stigmatized — utilizing an anonymous source is a particularly useful way to get honest, authentic description of experience.

Conversely, the study has many limitations due to its design. For one, the data was limited to whatever information the posters spontaneously shared; there was no opportunity for follow-up questions, or for gathering basic demographic information. This eliminated the ability to decipher sub-group trends, clarify confusing statements, or verify poster's identities as mothers. It also eliminated the possibility to have any kind of control over the sample to assure that they were diverse or representative of the population in the U.S. Further, there is a high potential for subjective interpretation of the qualitative data.

Because the nature and design of this study created a particularly high potential to be influenced by researcher subjective interpretation, and because what is perceived and observed is always through the lens of one's own experiences and social location, it is important to acknowledge that this researcher's social position and subjectivity inevitably influenced study results.

## **CHAPTER IV**

### **Findings**

This chapter will present the findings of a qualitative, exploratory study of how mothers engaged with an anonymous online discussion forum around the topic of maternal ambivalence. The findings are the result of a content/theme analysis of a public website where participants anonymously wrote about their shared experiences of loving and hating motherhood. Analysis of participant's written remarks on the site revealed specific patterns and themes concerning how participants wrote about their maternal ambivalence, what they appeared to gain from using the site, and their acknowledgement of the guilt and shame underlying their feelings of ambivalence. The findings from this analysis are grouped into seven sections to display and explore participants' perspectives on the aforementioned themes.

The first section will explore participants' depiction of ambivalence, and the love/hate dilemma. The second section will present participants' observations about what factors make their ambivalence more difficult to manage, and the subsequent section presents what factors make their ambivalence easier to manage. The fourth section captures how participants describe the website and discussion forum, as well as what participants report they gain from their use of this online discussion forum. The fifth section displays the data on how participants interacted with one another in the context of this online discussion forum, and contains the subgroups of advice, encouragement, validation, connection, catharsis, normalization and reduction of isolation. The sixth section demonstrates how participants engaged with themes of guilt, shame



and the taboo of maternal ambivalence in their writings on the site, including both participants' descriptions of these feelings, as well as how participants responded to shaming that occurred on the site. The last section of the findings portrays a shift in the discussion forum's discourse, wherein participants began voicing critical viewpoints about social messaging around what it means to be a woman, and what it means to be a good mother. In this last section, participants shared what they believed could make their situations better, and their hopes for a better future. Illustrative quotes are featured prominently in each section to highlight participant's voices and descriptions of their own feelings and experiences.

### **Capturing Ambivalence**

This section explores how participants described their experiences of ambivalence through their writings on the discussion forum.

#### **Distinguishing between hating one's children versus hating motherhood.**

Significantly, of the 341 posts that were analyzed for this paper, 31 posts included a clarifying remark describing their ambivalence. Participants were careful to differentiate between the love they felt for their children from the hatred they felt for motherhood as a job, a role, and an identity. None of the participants defined their ambivalence as conflicting feelings of hatred and love for their children, but rather they described hating being a mother. The following quotes illustrate this theme:

On 08/10/11, one participant poignantly noted: "I love my daughter with all my heart, but I just can't take being a mother to her!" Another participant similarly describes the paradox of ambivalence this way: "I love my children, I'd give my life to save theirs. There's nothing more important to me than their future. But like many others, I hate being a mother. I wasn't made for this" (03/11/11). Highlighting the difficulty inherent in these paradoxical feelings, the following

participant emphasizes the strength of her love for her children: “Does not enjoying being a mom mean that I don’t love my son? No, absolutely not. I love my son to death...and I will willingly die for him. No one can dispute that fact” (06/14/11). Another participant struggles with the contradiction inherent in ambivalence in her post on 1/23/09, when she asks: “I ADORE my son, not enough words to describe how much I love him, but HATE being a mother. How is that possible???” In response to another poster’s critical remark, this participant clarified and defended her position, as well as those of other participants in the discussion forum: “I do not hate my child, and neither do the majority of women on this site. We are discussing the complications and hardships of being a mother in a forum that started out to be one created in a spirit of empathy. Since finding this site, it has been a comfort to know that I’m not the only one who isn’t a perfect mother-having FEELINGS (negative, positive, and otherwise) about the job of being a mother doesn’t make us horrible mothers, it makes us REAL mothers” (05/09/11).

While none of the participants described hating their children, one participant made an puzzling comment when describing her ambivalence that suggests she may be defending against feelings of hatred: “I love them of course...we all need to say that. I adore them. But...I feel like I am the most miserable person because of them” (03/11/11).

**Frustration.** Many participants included descriptions of visceral frustration as part of their descriptions of maternal ambivalence. The following participant’s post brings to life the agony of her ambivalence in her writing: “As everyone has said I love my daughter but ugh I’m on the brink of slamming my head into the wall”(01/16/10). With biting sarcasm, another participant touches on the aggravation that can come when mothers feel misunderstood with this complex set of feelings: “I love them, but I do NOT love being their mother. (which apparently doesn’t make sense to anyone I know. ‘Motherhood is such a wonderful blessing!’ STFU

[translated: Shut the fuck up])” (07/14/11). The following participant uses the discussion forum to question the ‘normalcy’ of her frustrating experiences of motherhood and the strength of her maternal ambivalence when she writes: “Is it normal to love my daughter with all my heart, to get true joy from some of the things she does, and sometimes look at her and want to cry you just adore her so much, but on the flipside want to lob her out the window (not ACTUALLY) when she’s a little brat!!!” (06/06/11).

**Experiences of guilt.** The complexity of the experience of maternal ambivalence is made apparent in these remarks which acknowledge the guilt that some feel about having ambivalence: “I love my son, but don’t love being a mom, and the guilt that comes with feeling this way is suffocating” (12/29/09). Another participant’s comment further highlights the difficulty and guilt involved in the experience of maternal ambivalence when she writes: “You are right, if you do not have children, you can not even begin to understand the love/hate and how horrible and guilty we moms feel as we do this...and how much we want to/try to enjoy motherhood” (04/14/11).

**Grief and loss.** Participants commented on the feelings of loss and grief that can come with the major life transition of becoming a mother, representing the shadow of the joy and new life that are more widely accepted and acknowledged in the maternal experience. This participant’s post painfully illustrates these feelings: “I love my daughter she’s beautiful and she’s my soul but I use to love me I use to enjoy me. And the truth is I just miss me....Yes we love our children. Would most of us go to the end of the earth for them? OF COURSE!! But at the end of the day that doesn’t change the fact that there is a dirty unshowered exhausted worn out sad resentful mother standing in her house crying inside for just one more taste of what life used to be” (07/17/11). Another participant eloquently articulates the loss inherent in the

transition to motherhood, and the close relationship to maternal ambivalence: “I have to say its 50/50 seriously, some days I hear him crying after a nap and think... ‘my God I cant take another minute of this.’ Dates are a thing of the past, eating dinner without interruption and showers that last more than 10 minutes are history, not mention the profound sleep deprivation. I mean profound and absolutely miserable! But then, moments come when they lay their head on your shoulder, or smile big at you that make your heart just melt” (12/26/11).

### **What Factors Make Ambivalence More Difficult to Manage?**

Participant’s descriptions of their maternal ambivalence on the online discussion forum often included lists of aggravating factors, or factors that make their ambivalence more difficult to manage. The factors can be conceptualized under three broad categories: environmental/situational factors, relational factors, and intrapsychic factors. The following are environmental/situational factors that were repeatedly identified by participants as aggravating or distressing factors: general stress of motherhood; being a single mother; being a stay at home mother; having children with special needs or circumstances, including twins, medical needs, or developmental delays; financial stress; references to sexism/patriarchy; and social pressures to have children or be a ‘good mother.’ The following are relational factors that were frequently identified by participants as factors that make their maternal ambivalence more difficult to manage: relationship stress with a partner; and feelings of isolation or feeling stuck. These are the intrapsychic factors that mothers listed as factors that make their ambivalence more difficult to manage: maternal mental health issues; loss of identity; a mismatch between expectations and reality of motherhood; and body image issues. Analysis of this data included quantifying how often participants referred to each of these aggravating factors in their posts. The factors that participants described as aggravating maternal ambivalence are also illustrated in Table 1.

**Environmental/situational factors.** Participants described a number of factors having to do with their external environments, and the particular, situational stressors related to the task of mothering. Of the 341 posts analyzed, participants made 19 references to what seemed to be general stresses of mothering children. The range of experiences included in this category varied from cleaning up children's messes to sleep deprivation, and feelings of being overwhelmed to the lack of time for themselves. The stress and difficulty of being a single mother was referenced 13 out of 341 times in the posts that were analyzed. It is important to acknowledge that not all participants included demographic information about themselves in their posts, so this number reflects only those posts that volunteered this information. Twenty-nine out of 341 posts listed being a "stay-at-home mother" as a factor that made their maternal ambivalence more difficult to manage. In this category, mothers tended to complain more about not having time for oneself, not having opportunities for adult conversation, and the paradox of feeling pressured to stay at home with their children yet not feeling respected by their partners, families, or society for their work.

Sixteen of the posts discussed having a child with special needs as a factor that made their ambivalence more difficult to manage. Participants' comments in this category ranged from discussing their struggles with colicky babies, to having children with cancer or special medical issues, to having children with Autism or developmental delays. Ten posts referenced financial stressors as an aggravating factor in managing their maternal ambivalence. Posts in this category frequently mentioned not having time for oneself as a result of financial difficulties, and reported feeling more 'stuck' in various situations, such as being a single mother with a job, or being a stay at home mother that would like to work but is unable to due to the expenses of childcare.

Some participants discussed socio-political factors that exacerbated their experiences of

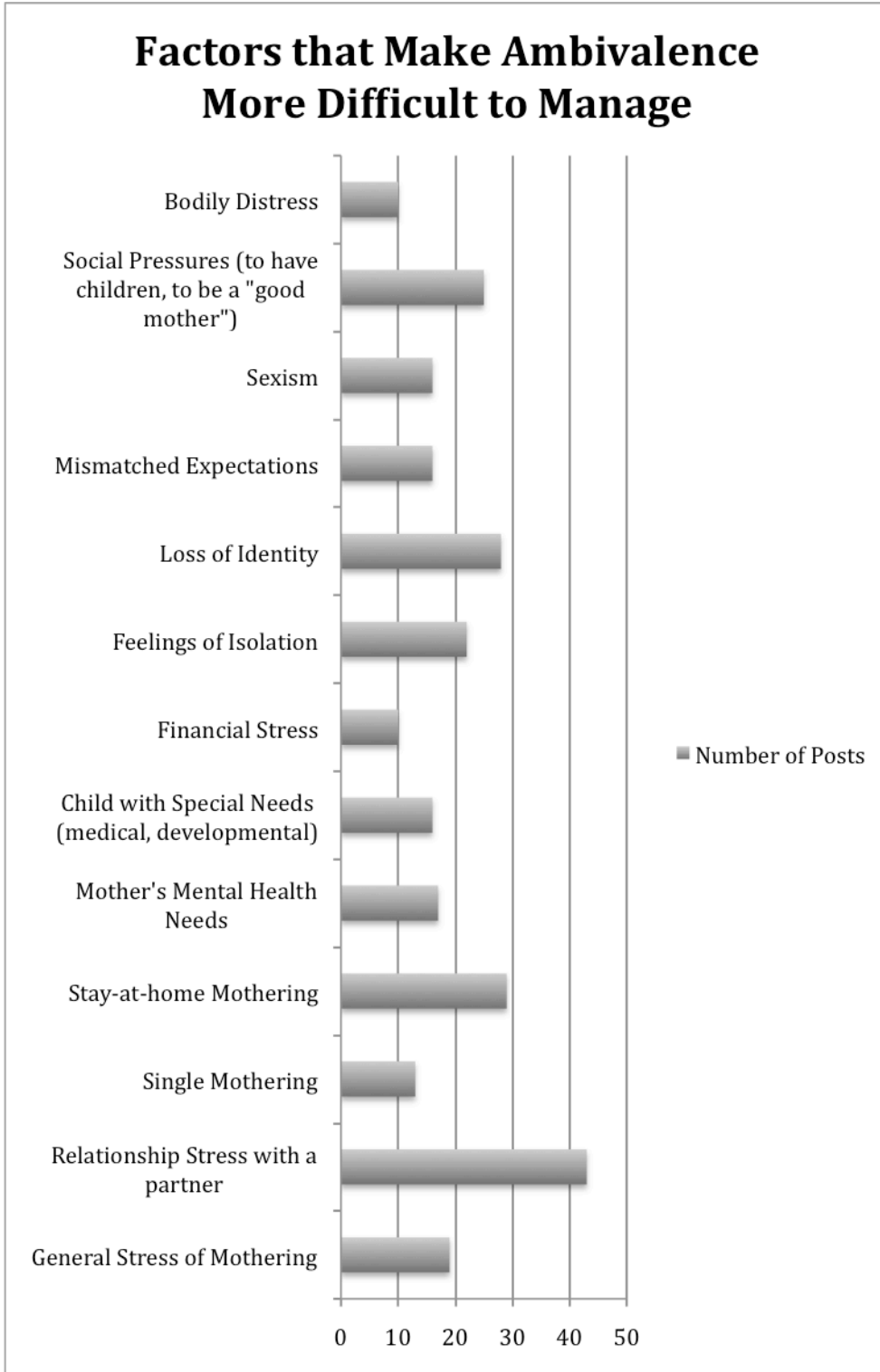
maternal ambivalence. Sixteen participants named sexism and gender injustice as a factor that exacerbated their ambivalence. In this category, the discussions ranged from identifying themselves as responsible for a disproportionate burden of the work of childcare and housework in their partnerships, to discrimination faced in their professional lives for being a mother, to receiving messages about being inferior professionally incompetent for raising children instead of having a career, or instead of doing both. Sixteen participants reported a mismatch between their expectations of what motherhood would be, and the reality that they were faced with as a mother. Many of the posts in this category also discussed feeling betrayed by the social and cultural messages they had received about what mothering entails, and how they are supposed to feel as mothers. Relatedly, 25 posts discussed feeling social and societal pressure to have children, or societal pressure about what a “good mother” looks like.

**Relational factors.** Many participants discussed factors having to do with their relationships, or lack of relationships. Although the list of relational factors has the fewest categories, one of the factors listed was by far the most frequently referenced factor that made maternal ambivalence more difficult to manage: Relationship stress with a partner was referenced by mothers 43 times. On a similar note, 22 posts acknowledged feelings of isolation or feeling stuck in their role as a mother. In this grouping, participants discussed missing adult conversations, feeling lonely, and feeling isolated from their partner, friends, or family due to childcare responsibilities.

**Intrapsychic factors.** Participants also discussed factors having to do with their own psychological and emotional responses to motherhood. Of the 341 posts analyzed, 28 participants pointed to a loss of identity as a distressing factor in their posts, discussing the rapid role shift from an individual to a caretaking mother, and the many hats one wears in this role.

Seventeen posts referenced the mother's own mental health needs as an added challenge in managing maternal ambivalence. These references included mothers volunteering information about their experiences with depression, anxiety, suicidal ideation, Bipolar Disorder, domestic violence, and Post Partum Depression. Nine of the posts expressed some kind of suicidal ideation. Lastly, 10 participant's posts acknowledged the ways in which motherhood changed their bodies and struggling with the effects and stress of motherhood on their physicality. Table 1 illustrates the frequency with which participants listed these various factors.

Table 1:





## **What Factors Make Ambivalence Easier to Manage?**

In narrating their experiences with ambivalence or offering advice to each other, mothers described what factors made their ambivalence easier to manage. An analysis of the data revealed that participants consistently voiced the following factors as helpful: having a job; having supportive relationships; having time for oneself; and sharing difficult feelings of ambivalence with others. The following quotes exemplify how some participants described the factors that help them tolerate their ambivalence.

**Employment.** Several posts mentioned having a job or returning to work as a factor that increased their capacity to manage their maternal ambivalence. On 09/22/10, one participant wrote: “I work two days a week which keeps my sanity and income flowing...” Similarly, this participant advises other mothers about working as a respite: “ From experience: I did not have to go back to work full time, but after 18 months as a stay at home mom of twins, I chose to. Do it. Trust me...So glad I went back [to my job], its just the lesser of two evils” (07/25/11). In a similar vein, this participant discusses how planning her own business gave her the opportunity to reclaim her life: “After much thought, I finally decided to start my own business slowly and with as little expense as possible. I know what I’ll be doing, that it can be successful and am in the planning stages. I had to find a way to feel as though life wasn’t just passing me by. Researching and planning a business has done that for me,” (01/27/11).

**Supportive relationships.** Many other participants discussed the importance of having a supportive partner and a good support network to allow for breaks from childcare and time for reconnecting with oneself. The following participant advises other mothers on creating balance in their lives by utilizing their support systems: “I love my son more than any other person on earth. I will give my life for him in a heartbeat. I do not regret having him now that I have began

to work toward a fair balance in my life...use your resources. You still deserve, whether you are a wife/mother or a single mother, to have time to yourself! It is not selfish to divulge in your former interests. I enrolled in school. I put aside a couple of hours weekly when I can where I can just go and window-shop, go work out, read a book without an interruption, etc. If you have family members who are willing to help watch the kids, take full advantage!! If you have the opportunity to hire a baby sitter, do so! IF you have a husband, THE KIDS ARE AS MUCH HIS RESPONSIBILITY AS THEY ARE YOURS, WHETHER YOU ARE A STAY AT HOME MOM OR NOT!!!” (01/25/11). Another participant describes the kind of experience that helped her reconnect with herself and her support system: “The first time I’ve been happy since she was born was when I went out with a couple friends, no baby, no husband, for 4 hours. I acted like myself. I put on makeup and did my hair. All we did was go to Target, but it was PHENOMENAL” (12/02/10).

**Time for oneself.** Many participants discussed having a break from their children, or having time to reconnect with themselves as helpful in managing their ambivalence. This participant offers advice to other mothers about little ways to infuse their lives with small breaks from parenting and small pleasures: “ Do whatever you can in these difficult years to sneak some little pleasures for yourself- a bath with candles, some yummy takeout and a movie, a couple of glasses of wine and candle in the evening, a delicious book on your bedside table, and try to exercise, exercise, exercise” (05/07/11). Another participant discussed the importance of maintaining activities, such as work or classes, which she reported help her manage her ambivalence: “Why do you have to ‘give up everything’ for your children?...The variety in my life lends to my happiness and ergo, being able to be a better parent,”(09/15/11). The following

participant advises others to make time for themselves by accessing support with childcare: “If you can afford it...hire help! Good help makes all the difference” (02/26/11).

**Sharing ambivalence.** Many participants wrote that the chance to speak about their maternal ambivalence was a relief. On 08/25/10, one participant writes: “Speaking is therapeutic and it helps, god bless all of these moms.” On 07/28/10, another participant remarks: “ I think getting a break is helpful. Knowing they will grow up is helpful. Knowing other moms are feeling the same way is helpful.” Still another participant advises: “Tell someone close to you how you feel” (12/31/10). This participant shares that: “The only thing that is getting me through right now is deep prayer and blogs like this.” These posts strongly suggest that that opportunity to share these difficult feelings with someone else—especially with other mothers who feel similarly—helps mothers tolerate their own ambivalence.

### **What is This Website, and What Do You Get From It?**

This section aims to characterize the online discussion forum through the eyes of the participants, and will describe participants’ reports of what they gain from using this website. Most participants described the site as a positive space where they could get support for their feelings and their experience with the love/hate paradox of motherhood. Participants’ descriptions of the site and what they got from using it reflected themes of safety, relief, normalization, and an opportunity to de-stigmatize their experiences of maternal ambivalence.

**Safety.** Overwhelmingly, participants described the site as a safe space where they could express themselves honestly without fear of judgment. One participant characterizes the website by stating: “This is a safe place for women to feel normal and express how life and motherhood is.” Another participant’s post concurs with this description, stating: “...this is a website where women are supposed to feel comforted by speaking about their issues. That’s one of the first

steps in finding help” (08/25/10). Referring to the safety that the website offers for divulging inner struggles, one participant remarks: “This is a board for letting us write out our inner most frustrations, our inner most struggles” (08/03/11).

**De-stigmatization.** Interestingly, other participants discussed the need for this anonymous online space by highlighting the stigma that they feel around their feelings of ambivalence. On 08/31/10, one participant wrote: “This site basically amounts to an online support group. Would you prefer we keep it all bottled up inside since it’s taboo to speak of such things even to our closest friends/family? You might suggest speaking w/ a professional—I do that already. It’s not enough to just talk about it to someone that has never experienced what I’m going through. If it is the well being of our children that you are most concerned about, you are not doing them any favors by taking away one of the very few places we can speak openly & freely about how we truly feel. Venting here and reading other’s experiences helps me not to feel so alone. That in turn makes it easier for me to get out of bed & face each new day & all the challenges I know it holds.” Another participant, in defense of the website and the mothers utilizing it remarked upon the judgment and stigma that mothers experience around maternal ambivalence, highlighting the need for this anonymous discussion space: “This is a confession board for real feelings! Feelings we can’t say in every day life because of judgmental ppl like you thinking we are bad or wrong for a feeling we have no control over!! So don’t feel sorry for our children, women who feel like this DO NOT hate their children, But I can tell you we do hate feeling like this.”

**Normalization.** In articulating why they utilize this anonymous online discussion forum, and what they gain from engaging with this website, participants discussed the positive effects of reading other participants’ posts and replies, and feeling validated and normalized in their

feelings of ambivalence. This participant highlighted the website's purpose in helping mothers who are navigating maternal ambivalence feel more normal, since the feelings are difficult to discuss due to stigma: "This is a site where we can vent about our feelings to others and feel somewhat normal" (05/11/10). Another participant declares: "These honest replies are helping more than any ounce of therapy. I thank you all for helping me realize I'm not just a byproduct of a f8cking disorder-I'm allowed to secretly hate this and believe it's me talking, not this Post Partum Depression Label" (03/29/11). In describing the benefits of knowing that she is not alone in her feelings, one participant shared: "After reading these posts, and replying to many of them I feel better. It's great to know that I am not alone in my feelings about being a mother. Everything is not for everybody. Parenting is not for me!" (11/26/11).

**Relief.** Several participants described how using the anonymous, digital discussion forum to express their maternal ambivalence made them feel better and more capable of tolerating their ambivalence. This participant discusses the benefits of using this discussion forum in the following way: "this is very true...which is why I choose to vent on this site...It's actually helped, and I find myself taking out my frustration on my son less. I think the negative feelings need to be aired, recognized and validated, so that we can see where they're coming from and deal with them properly" (02/14/11).

This participant voices the relief that she gets from using the site: "What a relief it was for me to type in "hate being a mom" and find out that not only are there other mothers out there who feel similar to the way I do, but are able to articulate it in an understanding way" 09/08/11. On 06/14/11, this participant's post emphasized the support and reduction of isolation that she experiences from using this site: "I can really relate to a lot of what the mothers are saying here. This isn't necessarily about laying in the bed we made, but more importantly reaching out to

have some support. To perhaps discover that we aren't the only mothers out there that want to complain about our children. Let's be honest it's not all rainbows and butterflies all the time."

### **Site Interactions**

Analysis of the discussion forum revealed that 67% of posts on the site were responses to other posts, and 33% of posts were 'original posts,' or rather, posts that stood alone and were not a direct response to another post. Thus, a majority of posts on this discussion forum are in conversation with each other. This insight leads to questions about what kinds of interactions participants were engaging in on the website. This section describes the various kinds of interactions between participants on this website. Major interaction themes include advice, encouragement, reducing isolation, venting, normalization, and connection.

**Advice.** Many participants asked for and extended advice to one another. On 05/24/11, one participant wrote a response to another participant's post: "...my heart goes out to you. I have been there too. Take my advise, get some help. I know childcare is very expensive, but I got a lady to come in three times a week to help me...It wasn't much but it really helped. You need some support even if its just another adult to help you cut up the carrots whilst you are doing those chores." On 05/29/11, a participant advised another participant to hold onto her dreams: "Anyhow it is never too late. Do the things you want. Find time. You can still be an actor (I did auditions and people of all ages came) and whatever else you want. Just TRY. I wish you the best." On a more practical note, this participant offered advice to another mother struggling to maintain her sanity with several young children in the home. On 05/22/13, she wrote: "hang on in there--when it gets too much just leave the room make sure there safe and take a few moments to recover."

**Encouragement.** Often, participants responded to other participants' posts with encouragement and support. One participant, who identified as having older children, wrote to a mother of young children with encouraging words: "I know it sounds cliché but it does get so much easier (at least for me) now that they are older. Life gets progressively more normal and sane...ie they help out, don't need constant supervision, get their own snacks, entertain themselves, behave in stores/restaurants, bathe themselves, etc. etc. Those early years were brutal at times. All I can say is try to hang in there" (10/20/10).

In a direct response to another participant, one participant provided support and kind words: " Dear Sister – Yes, we mothers already beat ourselves up about our failings... No one, absolutely NO ONE, functions well from a place of self-loathing or low self-esteem. You are, 1<sup>ST</sup> of all, a beautiful, precious person (yes YOU are!), a person who happens to have some major struggles and hurdles (that many never know/experience) to seriously deal with" (11/28/10). Similarly, this participant directed her comments to another site participant in her response to her comments: " You are very valuable and especially unique for your sheer honesty and openness. The world needs you!...You are a trailblazer! Hang in there and there are many women here you can lean on if you need to" (01/11/11). Another participant encourages other mothers to take care of and prioritize themselves: "Ladies, it is ok to want time away, you are not a bad person for it. You may not be able to do all you used to but you can add time for fulfilling things. We have to make us the priority again. Hang in there ladies, pray, go to counseling and get the help you need because our kids need healthy parents, not perfect ones" (01/07/10).

**Validation.** Other participants appear to use the site and other participants' feedback as a sounding board, providing them each other with validation and reassurance. In this post, the participant offers reassurance and perspective to another struggling mother: "you sound like a

good mother to your child. if your child could hear you, i just doubt he or she would want the very perfect mother you are yearning about” (06/06/11). This participant responds to another participants’ post by validating her intuition and ‘gut feelings’ about a potentially life-changing situation: “Go with your feelings here...you seem to have an amazing grasp on the potential reality of the situation. Don’t cave in to the pressure...go with your gut” (03/11/11). On 07/26/10, one participant responded to several other participants who had provided her with feedback on her original comment: “OMG, I needed this too!!! You are all wonderful people. Thank you for the validation also...It is so good to admit something and try and alleviate the guilt a little and know we are good people admitting personal struggles.” In a similar post, this participant responded directly back to a participant who had given her feedback on her original comment. On 12/08/10 she wrote: “Thanks [participant name]. You seem wise. I needed an honest view from someone...You have echo-ed my conscience.”

**Catharsis.** Many participants acknowledged that this online discussion forum afforded them the opportunity for catharsis and ‘venting’ of these difficult feelings. The following quotes represent participants interacting with the site in a way that they describe as cathartic. On 11/20/10, one participant wrote: “Just thought I would vent and maybe feel better ultimately...if only for a few minutes until I have to clean up the next mess or yell at the next child.” After a long written post divulging feelings of anger, frustration and overwhelm, one participant exhorted: “God it’s good to get this off my chest!” (05/23/13). Another participant wondered about the benefits that catharsis on the discussion forum can bring to herself and other mothers: “Maybe in some ways, getting all of this out of our systems will help...somewhat. I know it won’t magically make my heart and mind become clear and finally get this motherhood crap. It wont magically make my children less annoying, but maybe, just maybe the honesty, by



allowing myself to get all of this out to someone that will not judge me, will help, even if it's just a little. Here's to hoping!" (01/30/11).

**Connection.** Many of the interactions on the discussion forum can be characterized as participants connecting with one another around difficult feelings and painful experiences. Perhaps especially because maternal ambivalence is challenging for most mothers to acknowledge to other people, connecting with others through this anonymous website is a unique opportunity for them. The following participant voices are reflective of the engagement and connection that happens on the site. On 12/29/09, one participant expressed her gratitude: "Thank you to all of the moms who shared their feelings of frustration. You made me smile and laugh when I didn't think that was possible."

Empathizing with another participant's post about an abusive partner and a history of trauma, this writer remarked to her on 12/31/10: "Oh God, my heart just broke as I read your story. You must feel like you've been controlled all your life...I just feel so awful for you." After reading an outpouring of responses to her original comment, this participant posted: "Thank you so, so much...for your comments. They mean a great deal to me. The love and respect is mutual :-)" (08/14/10). In response to another participant sharing her frustrations and struggle with motherhood, this writer was moved to gratitude: "Thank you for sharing your story. I am so glad you are here to contribute to our dialogue. So many moms are in this situation and can learn from this. Thank you! =) \*HUG\*" (04/28/11). This participant responds to another participant's comment with a true recognition of her experience and appreciation for sharing her post on 04/03/11: "Lovely [participant online name]. I could have written your posts. I am sending you so much love."

**Reduction in isolation.** Similar to engagement and connection, the interactions on this site also reflect a reduction in isolation for mothers struggling with maternal ambivalence. As these participants' quotes illustrate, countless mothers on the site reported feeling comforted and relieved that they are not alone in their experience of the love/hate paradox of motherhood.

On 07/17/11, this participant articulated: "As I sit here in my once overly adorned pillowed king size bed, rocking my 11 week old baby girl to sleep. I google "I love my daughter but hate being a mother" and poof here this pops up. To my amazement I am not alone." Another participant remarked: "I am soo happy to have come across this site. Reading your story makes me feel good to know I am not alone" (08/31/11). Echoing similar sentiments, this participant wrote: "And here I was, feeling like a horrible person for feeling the same way most of you do. I am so glad I am not alone!" (08/04/11). Referring to the benefit of reducing feelings of isolation, this mother acknowledged: "I have to say though, it helps enormously to know there are other people who feel the same, so thank you" (05/12/10).

### **Dealing with Taboo, Guilt, and Shame**

This section addresses how the themes of guilt and shame, as well as the taboo and stigma of maternal ambivalence are discussed and played out on the site. It features participants' voices to illustrate participants engaging in shaming of one another on the site, participants responding to shaming, and participants discussing the taboo of expressing maternal ambivalence.

**Guilt.** Many participants acknowledged feelings of guilt about their maternal ambivalence. The following quotes are examples of these feelings of guilt described by participants. One writer remarked: "I knew something was wrong with me when I never felt that 'pregnancy bond' :( I feel sooooo guilty for the way I feel. Some nights I just wanna get in my

car and drive away and never come back! I HATE feeling this way!” (08/31/11). Another participant questioned: “How do you rid yourself of the guilt you feel for hating being a mom? I never wanted a child, but now I have one. How do I accept that I am? Will this feeling ever go away or will I always resent this? I feel suffocated too...I’m scared of this feeling and I don’t know how to deal with it!” (09/28/11).

Remarking on the silence and suppression surrounding the experience of maternal ambivalence, the following participant shared: “I feel terrible about feeling this way, and I realized there must be other people who feel the same. There is such a conspiracy of silence about this, so we all feel horrible about it” (07/26/1). Another participant disclosed: “I already feel horrible about the crappy job I am doing as a mom, and would like to do this whole parenting thing well, even enjoy it. Why? Because I do care about them, about my home, my marriage, my physical and emotional health...and I am trying, looking for anything that helps even a little bit...anything that helps me know I am not crazy (just exhausted, sleep deprived, overwhelmed, lonely, broken) and helps me play the next game with a smile, read the next book with a pleasant tone” (05/18/11).

**Shaming on the site.** Several site participants engaged in shaming other mothers for expressing their ambivalence on the discussion forum. Their comments ranged from sarcastic, to insulting, to pleading with participants to feel differently. The following are a few examples of posts that participated in shaming mothers using the site to discuss the love/hate paradox of motherhood.

One site participant wrote: “You ‘mothers’ are the reason someone invented adoption. Think about it. You self centered wenches” (07/23/10). Seeping with biting sarcasm, this participant remarked: “Maybe you all should have thought about this before you got pregnant,

huh?” (10/18/10). On 12/04/10, this participant shared: “I have lost my partner in life, but I have NO regrets...my children are everything to me. So f\*^& you for “secretly confessing” that you hate being a mom! What if your mom felt the same...take responsibility for where you are in life. It’s not their fault!”

**Taboo, stigma and self-defense.** The kinds of shaming comments described in the above section elicited a range of responses from site participants. Interestingly, the most impassioned defenses of mothers experiencing maternal ambivalence were articulated in response to a shaming comment. In this way, shaming on the site appeared to afford site participants with a unique opportunity to safely and anonymously defend themselves and other mothers. Additionally, many of the responses to shaming acknowledge the stigma and taboo of expressing maternal ambivalence. The following are examples of such comments.

In response to one participant’s shaming comment, this writer remarked: “News flash, LOTS of mothers feel this way but because it’s taboo most just keep quiet. Seriously, who isn’t going to hate their job at some point when it’s 24/7 of exhaustion for years on end. I love my child but I hate my job right now and venting is cathartic. It feels good just to admit it and have others understand instead of reacting in horror and shunning you for it...” (06/19/10).

In a reflection about a previous post in which she had vehemently defended herself and other mothers expressing maternal ambivalence, this participant wrote: “I don’t think I would ever lash out at someone face to face like this, and it felt good to be frank. ...I was truly spouting off at the judgmental, “perfect” mothers and childless women on here. I could also relate and wanted to expound a bit on what the other real moms had to say. All these women should not feel horrible, and it is normal to feel the way they do...We are not crazy, ungrateful, or lazy. We are moms plain and simple, and this comes with the territory” (05/07/10).

In response to a post that criticized participants for “bitching” about their children on the discussion forum, this writer retorted: “ Believe it or not this ‘BITCHING’ is THERAPEUTIC for some of us-so, we are ‘dealing with it’ and ‘taking responsibility’ for our choices by admitting that we are not perfect and sharing ways to cope, grow, and be better-In spite of the hateful, holier-than-thou crap that is being spewed by people...well, like you,” (05/09/11). In a separate response to a critical remark, another participant acknowledged the taboo of maternal ambivalence and questions the criticizer: “Don’t judge people because they are different, feel different about motherhood than you. This stuff is REAL. Reality is that no one talks about this stuff in the open, in mommy support groups, within families. This job wears down my soul. Who are you to judge me?” (03/02/11).

**Questioning of taboo.** The defense of the right to express maternal ambivalence in a safe setting at times went a step further, when some participants began to turn the criticism around and question the validity of the stigma and taboo of expressing the love/hate paradox of motherhood. These participant quotes are reflective of the kind of collective questioning that the online discussion forum generated.

On 06/14/11, one participant declared: “I believe that EVERY mother SHOULD complain...[Child free] people complain about jobs, bosses, significant others, etc. Why is it so wrong to complain about our children?” In response to another participant’s post, this writer wonders why mothers can only admit their ambivalence in the anonymous digital world: “ I understand how you feel, being resentful and bored because you’re a mum is the greatest taboo. When my husband goes to work, i’m envious as I know my day will be filled with the same tedium and demands as the day before. Whilst he gets recognition in the work-force and hanging out with his colleagues. I remember the days when I could just gaze into space uninterrupted, or

read a book without making bribes with my child. I love my child but you are definitely not alone. It's just sad that people can only admit this stuff on a computer" (07/28/10).

### **Wishes, Hopes and Collective Searching for New Paradigms of Motherhood**

The online discussion forum spans several years; from its inception in 2009 to this analysis in the fall of 2014. Over time, the posts on the discussion seemed to begin to shift from 'venting' or bemoaning the difficulty of motherhood to wondering about how to make things better for themselves and other mothers and women. This section explores these shifts in the discourse of the site to underscore participants voicing questions and criticisms about society's treatment of women and mothers, and reflecting on their wishes, hopes and desires for new ways of conceptualizing of motherhood and womanhood. This section brings to light participants' voices that portray how this online forum has potential to raise the collective consciousness of it's users, by providing a platform for discussions about the decision to have children, and what kinds of supports could make motherhood better. The following quotes illustrate this theme.

In reference to the online discussion board, one participant voiced: " I hope it helps all women, with children and those without. I hope and pray that the LIES about the 'joys of parenthood' or the 'bundle of joy' will be silenced, or at least balanced with the facts about people with out kids being much happier, than those with kids. I hope and pray that women will be truly free to choose their own child-free path, without being questioned and having judgment cast on them (03/26/11). Another participant points out the irony of the stigma around expressing maternal ambivalence, and shares her vision for the future: "Its so easy for you to freely express how much you love being a mom-the 'joy of parenthood' story. My dream is that those of us who do NOT love parenting, to be able to express that just as freely-without being judged...Then both sides of the experience can be EQUALLY available to women considering having kids."

In reflecting on the societal pressure some women feel to have children, this participant remarked: “I wish everyone- mothers, grandmothers, sisters and friends would be more honest about having children and being a mother. I wish there wasn’t this damn conspiracy to never tell the truth and pretend that it’s the most exciting and meaningful thing in the world and what any normal woman should do. The main and only true purpose in a woman’s life. As one highly intelligent, married and child-free female French politician said: ‘just because we have the equipment doesn’t mean we have to use it’ (08/14/10). One participant writes: “I believe we all love our kids without questions but the responsibilities of caring for them is daunting and challenging. Society has this norm that give up your life for your children and that is not true. We have to put ourselves on the list and demand our time. Don’t get on the guilt cycle because its hard to get off... We have to make us the priority again” (01/07/15).

In thinking about what kinds of supports would make the experience of motherhood more manageable, this participant mused: “Maybe if we didn’t get so far away from the village. It would be so much better if we all knew that there would be a real support system. No one in spirit but people physically there (09/01/11). Another participant connected to the shared experience of maternal ambivalence and writes a galvanizing message to other mothers: “Thanks to all the posts here. It’s really therapeutic. I think part of our sadness is we all don’t want to feel this way...but we do...and it makes us feel like crap and we don’t realize that...I say, we take this forum as a way to reclaim our lives. Yes, we hate our lives right now all the time or sometimes and know we are not alone in the ‘evil’ thoughts we have. We are human. I say let’s all find a way that we can feel better now that we all agree how motherhood can be so taxing in every way,” (08/30/10). Finally, this participant extends a message to others with a request to use

the online dialogue to think about ways of improving their situation: “I would love to brainstorm with others about how to make it better and not so HARD!” (05/17/11).

## **Summary**

This chapter presents and summarizes the findings of an exploratory, qualitative analysis of 341 written discussion posts on a public, anonymous website addressing the theme of maternal ambivalence. The analysis revealed that participants’ discussion posts defined and explained their experiences of maternal ambivalence, and detailed a range of relational, intrapsychic, and external factors that impact ambivalence.

The analysis also revealed that participants discussed how they conceived of and/or imagined the public, anonymous space of the discussion forum and what they got out of posting on it and reading other participants’ posts. Another key finding was that of the 341 posts analyzed, 67% of posts on the site were responses to other posts, and 33% of posts were ‘original posts,’ or rather, posts that stood alone and were not a direct response to another post. Thus, a majority of posts on this discussion forum were found to be in conversation with other participants. The kinds of interactions taking place between participants on the site (which included observation and participants’ reports) included seeking and offering advice, a reduction in feelings of isolation, catharsis or ‘venting,’ validation and normalization of feelings and experiences, extending encouragement to one another, and connecting with one another.

Issues of guilt, shame, and taboo around the experience of maternal ambivalence were frequently discussed on the site, and that the site appeared to offer a space for mothers to question, criticize and defend against the experience of stigmatization. Lastly, the site was found to offer participants a space for critical thinking, participants’ questions and criticisms about



society's treatment of women and mothers, reflection on their wishes, hopes and desires for ways of conceptualizing motherhood and womanhood.

## **CHAPTER V**

### **Discussion**

The objective of this qualitative study was to explore how maternal ambivalence is expressed by mothers on an anonymous, digital platform, and to use information gleaned from this study to inform social work practice. Written discussions about maternal ambivalence posted on a public, anonymous website were analyzed to answer the questions, “How do mothers use anonymous online forums to communicate about maternal ambivalence? How can anonymous spaces be sources of information to better understand the experience of maternal ambivalence? And how can these forums inform social work practice and interventions?” The following chapter will review key findings of this study, compare the key findings to relevant research on the topic, examine the study’s strengths and limitations, discuss the implications for social work practice and policy, and make recommendations for future research.

#### **Summary of Key Findings**

The key findings from this qualitative analysis include: participants’ descriptions of maternal ambivalence and mitigating factors; how participants interacted with the online discussion forum; how they conceived of this anonymous digital space; what they got out of their use of the site; their discussions of guilt, shame, and taboo; and the discussion forum as a critical space for reflection and ideas for how to improve the experience of motherhood. These findings will be reviewed and described in greater detail in this section.

Analysis of 341 participants' discussion posts revealed that participants defined and described their experiences of maternal ambivalence as loving their children, yet hating the experience of motherhood. This definition of maternal ambivalence generated by the participants of the present study is a clear departure from the way that the majority of theorists and researchers define maternal ambivalence, and points to the need for an expansion or re-definition of the term. A new definition of the term is proposed based on the definitions of participants in this study.

Another significant finding of the present study was that participants detailed the factors that make ambivalence more difficult to manage, and easier to manage. These factors, when looked at together, can be organized into three types of factors that impact maternal ambivalence: environmental/situation factors, relational factors, and intrapsychic factors. The significance of these factors will be examined further in this section. See Table 2 for a presentation of these factors.

The analysis also revealed that participants tended to characterize the online discussion forum as a safe and therapeutic space, where they could speak honestly about their feelings and experiences and receive support, relief, and connection. Another key finding was that of the 341 posts analyzed, 67% of posts on the site were responses to other posts, and 33% of posts were 'original posts,' or rather, posts that stood alone and were not a direct response to another post. Thus, a majority of posts on this discussion forum were found to be in conversation with other participants. The kinds of interactions taking place between participants on the site included seeking and offering advice, a reduction in feelings of isolation, catharsis or 'venting,' validation and normalization of feelings and experiences, extending encouragement to one another, and connecting with one another.

In addition to the above findings, the qualitative analysis of the discussion forum also revealed that issues of guilt, shame, and taboo around the experience of maternal ambivalence were frequently discussed on the site, and that the site appeared to offer a space for mothers to question, criticize, and defend themselves against feelings of guilt, shame, and stigmatization. Lastly, this analysis found that the site offers participants a space for critical thought and discussion about the paradox of society's pressure on women to have children, and the lack of social support for, and social valuing of, child rearing. They also revealed their wishes, hopes and desires for new paradigms of motherhood and womanhood.

### **Findings in Relation to Current Body of Research**

**Capturing ambivalence.** Perhaps the most notable finding of this study is that participants described their ambivalence in terms of loving their children, but hating their role and position as a mother. Importantly, the way in which participants in this study defined their ambivalence is not aligned with the way that most theorists or researchers on maternal ambivalence define the term. The most prolific theorist on maternal ambivalence defines it: "the experience shared variously by all mothers in which loving and hating feelings for their children exist side by side" (Parker, 1995. p. 1). Another theorist defines maternal ambivalence as the simultaneous desire to nurture and violently reject their children (Adams, 2014). Yet another writer on the topic defines it as "that mixture of loving and hating feelings that all mothers feel towards their children" (Almond, 2010, p. 2). A fourth researcher on the topic defined it as co-existing yet contradictory impulses and that a mother has towards her child, such as love and hate (Clark, 2000). Given these definitions, it is curious that not one of the 341 participants' posts in the present study acknowledges hatred for their children, and barely any express the wish to violently reject them. Again and again, participants went to great lengths to state that

they did not hate their children, that they in fact deeply loved their children, but that they hated being a mother, and all that motherhood brings with it. This finding is more consistent with Ivana Brown's (2011) definition of maternal ambivalence, of conflicting negative and positive feelings towards one's role as a mother and towards the institution of motherhood.

There are several ways in which this phenomenon might be explained: (1) Perhaps Parker (1995), Adams (2014), Almond (2010) and Clark (2000) defined maternal ambivalence too narrowly, excluding those mothers who hate only the role of motherhood and not their children; (2) the guilt, shame, and societal repulsion for mothers having feelings of hatred for their children is so great that even on an anonymous, digital discussion forum mothers are unwilling to admit these feelings for fear of the reaction it could generate; or (3) that participants are unable to acknowledge to themselves the conflicting feelings of love and hatred that they have for their children, but prefer to discuss instead a more general hatred of their role as a mother.

That mothers are at times unable to, or unwilling to, acknowledge their ambivalence is documented in a few qualitative studies. In reviewing the findings of her qualitative study on maternal ambivalence towards adolescent children, DiStefano (2003) writes that mothers appeared to defend against the expression of the hate side of their ambivalence by sacrificing their own needs to preserve the relationship. She acknowledges that while mothers may think about self-sacrificing as coming from love, it may be psychologically born of their unmanageable guilt for having frustration. Relatedly, Kruger (2003) describes qualitative interviews with participants who at first partially acknowledged some of their negative feelings of ambivalence, but then re-told their stories of motherhood in ways that censored these negative aspects of their feelings as mothers. In Parker's (1995) account of her work as a psychoanalytic

psychotherapist working with mothers who experience maternal ambivalence, she describes one of her patient's difficulty conceptualizing of her love and hatred for her child:

Behind the contradiction in Lynette's view of her capacity to mother—as either too angry or incapable of being angry—lies the tension of maternal ambivalence. She does not 'see' her ambivalence; instead she understands herself as being either too nasty or too nice. She cannot conceptualize the co-existence of her hating and loving feelings. She simply feels inadequate and guilty. (Parker, 1995, p. 139)

The ability to acknowledge the co-existence of two powerful and potentially conflicting feelings is a psychologically difficult and complex task. Perhaps the added social stigma around maternal ambivalence, and the pressure to live up to ideals of 'the good mother,' intensify the complexity of this task, and make it more difficult for mothers to recognize their coexisting feelings of love and hate for their children.

It is impossible to ascertain the reasons behind why participants in the present study defined their maternal ambivalence in this way, given the limitations of this study design. However, perhaps the justification behind their collective definition is not as important as the definition itself. Regardless of the reasons why, participants of this qualitative study defined their maternal ambivalence again and again as the contradictory feelings of loving their children but hating being a mother.

To this researcher's knowledge, the sample size of the present study is exponentially larger than any study to date on the topic of maternal ambivalence, seconded by Brown's (2011) quantitative study. Given this large sample size and the unfiltered nature of participants' voices in the present study, the broadening of the definition of maternal ambivalence to more closely

match participants' definitions is an important and necessary step forward in developing a better understanding of the experience of maternal ambivalence.

**What factors make ambivalence more difficult to manage?** This study found that when discussing factors that make their ambivalence more difficult to manage, participants tended to discuss 13 different factors, each of which was mentioned at least 10 times throughout the discussion forum. The list of factors can be characterized as relational factors, intra-psychic factors, and external factors. The present study's finding that relational factors, intra-psychic factors, and external factors impact maternal ambivalence is supported by the literature.

The present study's finding that 43 participants wrote that relationship stress with a partner, or having an unsupportive partner, made maternal ambivalence more difficult to manage is substantiated by two studies. Westbrook's (1978) study of 200 mothers found that mothers with a negative or less supportive partner relationship were more likely to report hostility towards the child and difficulty adjusting to their new post-partum reality. Additionally, Clark's (2000) qualitative study of 10 mothers found having an active co-parent was helpful in mitigating maternal ambivalence.

The present study's finding that intra-psychic factors can play a role in making maternal ambivalence more difficult to manage is also supported by the literature. Participants in the present study wrote that feeling isolated, feeling a loss of identity, navigating their own mental health issues, and struggling with body image issues made their ambivalence more difficult to manage. These findings are corroborated by the findings of DiStefano's (2003) qualitative study, in which participants reported and explored how their own developmental history as children impacted their mothering and ambivalence. Clark's (2000) study found that a mother's self-esteem, her sense of competence as a parent, and her internal object world directly impacts her

ability to manage her ambivalence. Similarly, two sources provide in-depth clinical analyses of their therapy patients' maternal ambivalence and the various and sundry intra-psychic factors that compound and exacerbate it (Almond, 2010; Parker, 1995; 2012). While Almond (2010) explores themes of unconscious memories, fear, and anxiety, Parker (1995) explores themes of maternal self-esteem, unobtainable parental ideals, and mothers' sense of powerlessness and powerfulness as it relates to ambivalence. Adrienne Rich (1976) remarks that "for mothers, the privatization of the home has meant not only an increase in powerlessness, but a desperate loneliness" (p. 53).

In addition to intra-psychic and relational factors, the finding that external factors impact maternal ambivalence is also supported by the literature. Almond (2010) discusses the multitude of biological, psychological, and social strains on women during pregnancy, childbirth and mothering, and how these might compound or influence her ambivalence. The leading theorist on maternal ambivalence elucidates this idea in her book *Mother Love/Mother Hate*:

...the expectations confronting mothers at this specific historical moment are deeply contradictory...They are superwomen who are expected to fulfill the fantasies associated with the maternal ideal, fantasies of unproblematic maternal unity and plenitude. And they are scapegoated for the anxieties and disturbances generated by rapid social change and poverty...I have sketched in the social and political position of mothers—blamed, undermined and economically disadvantaged—to suggest that external reality really does militate against maternal ambivalence remaining manageable. (Parker, 1995, p. 218)

Participants' discussion posts in the present study would seem to agree with Parker's assertion that external realities make their maternal ambivalence more difficult to manage, as evidenced by



their descriptions of their struggles with financial stressors, being a single mother, being a stay at home mother, having a child with special needs, social pressures, and sexism. More literature related to external factors which impact maternal ambivalence will be discussed in the following section.

**What factors make ambivalence easier to manage?** The present study found that participants listed several factors that make their ambivalence easier to manage, including: a healthy support system; having help with child care; a positive relationship with a partner; financial resources; time for oneself; and being able to speak about and share with empathic others the experience of maternal ambivalence. The existing literature is limited with regards to what factors are helpful in mitigating ambivalence. However, one study supported the present study's findings that having a healthy support system, talking to other mothers who feel similarly, and having time to pursue interests, activities and pleasures that promote a sense of self aided mothers in managing their ambivalence. In interviewing 10 mothers about their experiences of maternal ambivalence, Clark (2000) found that the following factors aided them in managing their ambivalence: availability of emotional support, an active co-parent, time and space for individual thought and reflection, an understanding of child development, and sufficient positive interactions with the child to mediate difficult interactions and feelings.

Another study on mothers involved with child protection services found that acknowledging their maternal ambivalence was helpful in alleviating unmanageable anxiety in the mothers, and set the stage to minimize maternal guilt and promote maternal capacities (Davies, 2008). This finding supports the participants' reports from the present study that speaking about their ambivalence is helpful, and that participating in "blogs like this," where

mothers can anonymously discuss their ambivalence and experience normalization and a reduction in isolation, can alleviate the anxiety and discomfort associated with ambivalence.

**A synthesis of factors that can impact ambivalence.** The previous two sections discussed in detail factors which participants listed as making ambivalence more difficult to manage, or making ambivalence easier to manage. The content of these two sections, when put together, can be summarized as a list of 20 factors that impact ambivalence, either negatively or positively, and can be organized along the lines of environmental/situational factors, relational factors, and intrapsychic factors. These factors are synthesized and illustrated below in Table 2.

Table 2

Factors That Can Impact Maternal Ambivalence

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**Environmental/Situational**

*Financial Stress*  
*Single Motherhood*  
*Stay at Home Motherhood*  
*Societal Pressures (to have children; to be a “good mother”)*  
*Sexism*  
*General Stress of Mothering*  
*Having Child with Special Medical/Developmental Needs*  
*Employment*

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**Relational**

*Quality/Presence of Supportive Partner*  
*Having a Network of Support*  
*Feelings of Isolation*  
*Talking about Ambivalence with Understanding Others*  
*Having Help with Childcare*

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**Intrapsychic**

*Loss of Identity*  
*Bodily Distress*  
*Mismatched Expectations*  
*Mother’s Mental Health Needs*  
*Time for Oneself*  
*Prayer*  
*Feelings of Guilt/Shame*

**What is this website, and what do you get from it?** Another key finding of this study was that participants found the online discussion forum to be a safe, supportive, and therapeutic space, and that utilizing the website allowed participants to feel less alone, more ‘normal,’ get relief, vent intense feelings, and ultimately, feel better. The finding that people can give and receive critical emotional support through Internet interactions is substantiated by the literature. For example, Shaw and Grant (2002) found that chatting on the Internet with an anonymous partner was correlated with decreased levels of loneliness and depression, and an increase in self-esteem and perceived social support. Another study found that users of a parents support website found the site to be a safe, nonjudgmental and supportive space that was very helpful to parents (Brady & Geurin, 2010). Both of these studies recommended that more supportive digital spaces should be created and made accessible to people who could benefit from them, a recommendation which could be echoed based on the findings of this study.

The finding that an online discussion forum has the capacity to reduce feelings of isolation in participants is reminiscent of the research conducted on the Postsecret website. Researchers Wood and Ward (2010) found that participants using the Postsecret website were able to reduce feelings of aloneness and isolation by posting their secrets on the site. The finding that participants report a sense of relief and an increased ability to tolerate their negative feelings after expressing feelings of ambivalence on the site is substantiated by literature that indicates acknowledgment and expression of ambivalence is the key to learning how to manage it.

DiStefano (2003) writes:

The mother will have to acknowledge that she psychologically hates where she also loves. She will need to be able to face the sadness along with the joy, the loss

along with the discovery, the anger along with the love that she has for herself, her other, and her relationship. It would be so much easier, albeit unrealistic, to have only one side of the ambivalence or the other. While living in the confusion might be painful at times, it is listening to the very confusion that helps the mother know that new meaning constructions must be created. It is the hate side of ambivalence that causes enough discomfort to move her to a new developmental balance. (p. 154)

As mentioned above, Davies' (2008) article on working with mothers involved with Child Protection Services reinforces the importance of acknowledging maternal ambivalence in order to alleviate the unmanageable anxiety and guilt it can bring.

The finding of the present study regarding the multitude of benefits participants reported gaining from their use of the site suggests that the act of connecting around a shared and stigmatized experience, and speaking honestly about it, can be a powerful intervention for people, regardless of whether the individuals ever see each other, know each other, or have in-person conversations.

**Site interactions.** Evidence in the literature and this study suggest that digital, anonymous spaces can provide critical emotional support and enhance site users' sense of overall wellbeing (Shaw & Grant, 2002; Brady & Guerin, 2010). Participants in the present study reported and were observed to engage in the following interactions on the online discussion forum: advice, encouragement, validation of feelings, reduction in isolation, catharsis, and connection to others. That participants in this study were able to get a breadth and depth of emotional support from their interactions with this anonymous, digital space is a crucial finding, especially given that widespread societal idealization/blaming of mothers makes it more difficult

for mothers to admit their frustrations and limitations, and makes it more difficult for mothers to reach out for support and help (Carpenter & Austin, 2007). Thus, this kind of anonymous, digital interaction appears to create a space for mothers to access emotional support without the fear of judgment.

Furthermore, the finding that participants reported getting emotional support from the site, and the fact that writing about one's experience on the site can be seen as time spent in self-reflection, means that this online discussion forum affords mothers two of the five factors that Clark's (2000) study found to help mothers manage their ambivalence: accessibility of emotional support, and time and space for individual reflection. Evidence in the literature and findings of this study support the idea that this anonymous digital discussion forum helps mothers manage their ambivalence.

**Dealing with taboo, guilt, and shame.** The present study's finding that mothers experience a significant amount of guilt and shame, and that they self-censor because of the social stigma associated with maternal ambivalence, is supported by empirical studies on maternal ambivalence, as well as the feminist critique of psychodynamic theory's portrayal of motherhood now integrated into popular discourses about motherhood. Feminist theory has been critical of the ways in which psychodynamic theory and popular culture split their portrayals of mothers—on the one hand, idealizing them and creating ideals of 'the good mother' that are impossible for mothers to live up to, and on the other hand, blaming them for societal ills and their children's pathologies, instilling in mothers fears of being 'the bad mother' (Douglas & Michaels, 2005; Hare-Mustin & Broderick, 1979; Hays, 1996; Rollin, 1970; Thurer, 1994). This split portrayal within psychodynamic literature and popular culture keeps mothers from

discussing their frustrations and fears, and inhibits them from seeking support (Austin & Carpenter, 2007; Kruger, 2003).

Other sources discuss the societal stigma around maternal ambivalence as a factor that makes ambivalence more difficult to manage, by silencing mothers about their taboo feelings and preventing them from seeking support (Almond, 2010; Parker, 1995; 2012). Almond (2010) writes of an acquaintance whose mother's group once discussed "the dark side of motherhood" (p. 234). The acquaintance told Almond that afterwards, "we all felt so guilty, we never could go back to it" (p. 234). This story highlights the isolating effects of guilt and shame associated with maternal ambivalence. The very thing proven to help alleviate unmanageable guilt and anxiety—acknowledging and expressing their ambivalence—is inhibited by the guilt, shame, and social stigma felt in our society around maternal ambivalence. This point, and the findings of this study, highlights the significance of anonymous spaces for women to acknowledge these feelings—as least as a temporary improvement until social and cultural discourses around the guilt, shame, and stigma of maternal ambivalence are shifted to allow more safety and freedom for mothers to express the full range of their feelings towards their experiences of motherhood.

An interesting dynamic played out on the anonymous discussion forum around guilt, shame, and stigma: some participants became the voice of societal judgment on the site, shaming and vilifying other mothers who expressed their ambivalence. Yet, instead of shutting other participants down out of shame and fear, these instances of shaming on the site appeared to offer an opportunity to participants to defend themselves and other mothers experiencing ambivalence in a way that they might not have felt comfortable doing in person. In this way, the anonymous, digital discussion forum seemed to offer a unique benefit to mothers—a space to practice self-defense and questioning of taboo. This kind of truth-telling around stigmatized experiences is

also found on the popular website Postsecret. Wood and Ward (2010) found that Postsecret enabled individuals to gain a sense of empowerment and community around an otherwise shameful ‘confession’ about their lives or an aspect of their identity. These findings, as well as the findings of the present study, suggest that anonymous, digital spaces created for sharing secrets or confessions have the potential to create opportunities for individuals to experience healing by connecting with others around painful aspects of their lives.

**Wishes, hopes and collective searching for new paradigms of motherhood.** An additional important finding of this study is that the interactions of participants on the online discussion forum showed significant shifts over time. A new kind of dialogue began to emerge that distinguished itself from the venting, sharing of experiences, advice giving, connecting, encouragement, etc. Some participants began to question the social stigma associated with maternal ambivalence, and began critically examining the social messages specific to women and mothers. Some participants expressed their hopes for the future and began to think creatively about new ways of being women. Increasing amounts of childless women began posting on the site, expressing their misgivings about having children, complaining of the societal pressure they felt to have children, and asking for advice and guidance. Mothers wrote posts in support of childless women’s decisions not to have children, and encouraging women with misgivings or doubts about having children to “follow their gut” and not be pressured into mothering by partners, families, or friends.

In this way, this anonymous, online discussion forum has interesting parallels with the consciousness-raising groups that emerged out of the 1960s Women’s Liberation Movement. Consciousness-raising groups were developed by radical activists as a way to decrease isolation and increase interactions between women (Brodsky, 1973). Similar to the site, consciousness-



raising groups provided a forum wherein women could discuss their experiences and perceptions, explore gender identity issues, and share in the difficulties of being a woman in a patriarchal society (Israeli & Santor, 2000; Joel & Yamiri, 2014). Several social theorists and psychological researchers have explored the subversive and healing power of gender-specific collective spaces. Adrienne Rich (1976) writes, “I believe increasingly that only the willingness to share private and sometimes painful experience can enable women to create a collective description of the world in which will be truly ours” (p. 16). A study using consciousness-raising groups as an intervention with women experiencing clinical depression found that the groups ultimately helped women increase their self-esteem and reduce their depression (Weitz, 1982). The groups also increased the women’s sense of control and helped them to externalize their attributions of blame. It is important to note that there are several significant distinctions between the online discussion forum and consciousness-raising groups; namely, that participants in the present study were anonymous, and that there were no in-person interactions. Despite these differences, the kind of critical, thoughtful, exploratory and empowered language that emerged on this online discussion forum around issues of gender is in many ways reminiscent of consciousness-raising groups, and a reduction in feelings of isolation for participants was achieved in both settings.

Participants’ exploratory and critical voices are reinforced by Parker (1995), who wrote about the social pressures impressed upon women to have a child, and discussed possible solutions and explorations of new realities:

A solution—perhaps a utopian one—would be to unravel maternity and femininity... The linking of femininity and maternity has implications for all women—not just mothers. For it equates becoming a mother with the

achievement of full biological and psychological femininity. You are not a real woman until you have had a baby. Women who might in other circumstances prefer to be child-free feel subtly impelled into pregnancy...the time is ripe for a disentangling of femininity and maternity...their association has meant that maternal ambivalence has become equated with unnatural aggression in women.

(Parker, 1995, p. 164)

Parker's commentary coincides with several themes that participants touched upon in their discussion posts. For one, she is critical of the ways in which maternal ambivalence is a stigmatized experience, due to it being equated with 'unnatural aggression.' Secondly, she voices concern about the ways in which women are pressured to have children. On these two points, Parker has echoed the sentiments that many participants expressed in the discussion forum as it began to take on a more reflective, critical and empowered tone.

### **Considerations for Social Work Practice**

The findings of this study yield important information that can guide clinical social work practice. Because maternal ambivalence is a socially stigmatized, and infrequently discussed topic that bears heavily on the lives of mothers and their children, social work clinicians should be trained think about maternal ambivalence when working with mothers. Care giving for children is a demanding and consuming experience. The more supported caregivers feel, the better they are able to care for their children. If clinicians can be attuned to caregivers' experiences of maternal ambivalence, they can provide critical emotional support, normalize a frightening and isolating experience, aid mothers in modifying key factors to manage their ambivalence, and provide referrals for additional support, ideally in a group setting. These key interventions can help mothers manage their ambivalence.

First, clinical social workers should be aware of the biases embedded within psychodynamic theories that paradoxically led to both the idealization of mothers, causing mothers to feel inadequate in comparison, or the blaming of mothers, causing mothers to feel guilty and responsible for their children's pathologies. Due to this complicated history, and the present study's findings that mothers experience intense shame, guilt, and fear around their maternal ambivalence, clinicians should approach this topic with extreme sensitivity.

The clinical goals in discussing maternal ambivalence should be to 1) help normalize the experience, 2) provide critical emotional support, 3) provide referrals that can reduce the isolation of mothers navigating this experience, and 4) assist mothers in identifying and modifying key relational, intrapsychic and environmental/situational factors to help them manage their ambivalence. In considering factors to help mothers manage their ambivalence, the findings of this study strongly suggest that the creation of groups for mothers with ambivalence would be a beneficial intervention. Mothers in this study discussed the importance of the group aspect of the discussion forum, in that it helped normalize their experience, provided mutual support, reduced their isolation, allowed space for catharsis, validated their feelings, and helped them find new ways to cope. If clinicians are unable to create group therapy spaces specifically for mothers experiencing maternal ambivalence, they could consider referring them to anonymous, digital spaces that can provide the emotional support and space for individual reflection that is known to aid in managing their ambivalence.

Clinicians should also be trained to know about factors listed by participants in this study that tend to make ambivalence more difficult to manage (unsupportive partner/relationship stress, single motherhood, being a stay at home mother, mother having mental health issues, having a child with special needs, feeling isolated, feeling a loss of identity, financial stress, having body

image issues, and the impact of societal pressures and sexism) so that they can be more attuned to mothers' experiences. For example, a clinician might work collaboratively with a mother to reduce her financial stress (environmental/situational), provide couple therapy to improve partner support (relational), and support any mental health needs of the mother (intrapsychic).

Additionally, clinicians should also be trained to discuss with mothers factors that might help them manage their ambivalence. For example, a clinician might work with a mother to gain access to a support group (emotional support/space for self reflection), to access child-care assistance (time for self), and to enroll in educational or enrichment courses (reinforce sense of identity).

Lastly, social workers can engage in and provide outreach, psycho-education and advocacy, which is necessary to de-stigmatize this experience. Access to support is a crucial factor in managing ambivalence, yet the guilt, shame, fear and stigma associated with maternal ambivalence inhibits mothers from reaching out for support. Social workers can play a key role in creating environments where mothers can seek support in navigating their ambivalence, by engaging in outreach, advocacy, and psycho-education that de-stigmatizes this experience.

### **Strengths and Limitations of This Research Study**

This study's analysis of preexisting, publicly accessible data in an anonymous, digital environment to explore mother's discussions of maternal ambivalence yields as interesting mix of strengths and limitations to its findings. For one, the stigma and taboo surrounding the experience of maternal ambivalence means that the same participants who posted freely on an anonymous website about their feelings might have been unwilling to discuss their experiences with a researcher in a more traditional face-to-face interview format. Thus, the anonymity of this study's design allowed participants to share honestly and unreservedly, allowing the study to

explore patterns in participants' experiences of maternal ambivalence without the participants needing to self-censor or worry about the researcher's judgment. Further, accessing data that is publicly available meant that participants shared spontaneously, without the pressure of a researcher's questions to influence them to share more than what felt comfortable with this sensitive topic.

Utilizing data that is publicly available also allowed the study to access participants' narratives without influencing what information they shared by asking questions. This meant that the information available was greater in breadth than had been anticipated, whereas if the researcher had been conducting interviews, the questions themselves might have influenced what information participants shared, thereby influencing the findings. This study's design was free from this kind of researcher bias usually implicit in qualitative interviews. Additionally, accessing data from a public website allowed the researcher to cast a much wider net than would have otherwise been possible for a qualitative study; the volume of discussion posts analyzed was exponentially greater than it would have been in other qualitative studies.

While this study has many strengths, it is also limited. Firstly, this study's findings are dependent on the information participants spontaneously chose to write about in their discussion posts, which are undoubtedly influenced by a number of external factors: time, the surrounding events of the day, their access to internet, etc. Additionally, most discussion posts did not include demographic information, and did not necessarily cover the same issues and themes of others posts. For example, the findings indicate that of the 341 participant posts that were analyzed, 43 of them wrote about some kind of relationship stress with a partner, or that their partner was unsupportive. Yet, these 43 were only those participants who spontaneously and voluntarily discussed this in their post. How many participants on the discussion forum might have indicated

that relationship stress with a partner or an unsupportive partner made their maternal ambivalence more difficult to manage? This important question is unanswerable in this study due to its design.

A further limitation is that most discussion posts did not include demographic information, and consequently the ability to make generalizations about the data, or to decipher sub-group trends is limited. Analyzing preexisting, voluntarily shared data also means that there was no opportunity for follow-up or clarifying questions. This left the participants' written posts particularly vulnerable to researcher interpretation and bias, as the researcher drew themes and uncovered patterns that appeared to be in the data. However, if participants were given the chance, they might have been more explicit in describing their feelings and experiences, which could have influenced the data analysis process. Again, it is impossible to know what kind of information would have been available if the participants had been asked questions outright.

A further limitation of this study is an ethical consideration. Though previously mentioned, it bears repeating that the participants of this study did not elect to be a part of a research study. Although the site is publicly accessible, and the participants are anonymous, they wrote and shared their discussion posts in the spirit of contributing to the online discussion forum with other mothers experiencing maternal ambivalence, not with a researcher interested in analyzing and drawing conclusions about their experiences and feelings. This study seeks to contribute to the body of research on the experience of maternal ambivalence, normalize this experience and make recommendations for social work practice that would aim to increase support for mothers navigating maternal ambivalence. However, the fact that participants were unable to make a choice about contributing to research in this way remains a significant limitation of this study.

Finally, this study was specific to mothers and their experience of maternal ambivalence, yet all kinds of caregivers of children, not just mothers, experience ambivalence towards their children. As a result of this limitation, the findings of this study cannot be generalized to other care giving relationships.

### **Areas for Future Research**

Given the dearth of research on this topic, and how that contributes to many mothers feeling isolated, abnormal, and alone in their experience of maternal ambivalence, it is imperative that more researchers engage the topic of maternal ambivalence. More studies exploring this topic are needed to better understand the experience of maternal ambivalence, and how to better support mothers in navigating it.

Future studies should attempt to measure the prevalence of maternal ambivalence, with the hope of normalizing what is currently an isolating experience. In addition, future studies should attempt to better understand the mechanism of maternal ambivalence, in terms of what kinds of experiences it stems from and what kinds of feelings are central to it. Studies should also address the question of whether there is a profile of affective experiences that are common to this experience, or whether mothers' experiences of maternal ambivalence are as unique as their experience of motherhood.

In addition to exploring mothers' internal experiences of ambivalence, studies should attempt to further explore external variables that correlate to maternal ambivalence. Researchers should attempt to learn about the ways in which various intersecting aspects of a mother's social identity influence her experience of maternal ambivalence. Studies should explore variables described by participants in the present study and how they impact ambivalence, including financial stress, partner stress, being a single mother, being a stay at home mother, maternal

mental health issues, etc., as well as variables not explored in this study, such as maternal attachment style, family's social class, family's racial/ethnic identity, mother's age, family history of trauma/current exposure to trauma, mother's conception of motherhood, mother's education level, mother's access to information about child development, etc. These studies should attempt to understand the relationship between these variables and maternal ambivalence, and whether modifications or supportive interventions would be more effective if aimed at particular factors.

In seeking to understand what kinds of social work interventions would be supportive to mothers, future researchers should design studies that interview mothers who are navigating maternal ambivalence. Researchers should ask mothers questions to understand what kinds of systemic changes or environmental modifications could make it easier for mothers to manage their ambivalence. Future research should explore the developmental trajectory of maternal ambivalence to understand whether, and in what ways, ambivalence changes throughout their child(ren)'s life and throughout the mother's experience of motherhood. Further, studies should explore whether certain developmental stages of a child's life intensifies or ameliorates the experience of maternal ambivalence.

Additionally, future studies should continue exploring the use of digital spaces as a supportive tool for mothers navigating the experience of maternal ambivalence. Due to the time constrictions imposed on this study, only one third of the discussion posts on the anonymous discussion forum were analyzed. A more thorough analysis of all discussion posts from this website would be a useful proposal for a future study. Additionally, the exploration of other digital spaces, either anonymous or not, devoted to the experience of maternal ambivalence would contribute greatly to this body of research. In this vein, future research should compare



and contrast the benefits and outcomes of in-person support groups versus digital support groups for mothers experiencing maternal ambivalence.

Finally, this study was specific to mothers and their experience of maternal ambivalence, yet all kinds of caregivers of children experience ambivalence towards their children. More studies should address and seek to understand ambivalence from a broader, more inclusive framework, and explore whether there are unique similarities and differences among different populations of caregivers. For example, how does a grandmother experience ambivalence towards her role as a caregiver or towards the children she is caring for? How might her experience be different from a father's experience, or a gender non-conforming parent, or a foster parent?

## **Conclusion**

The experience of conflicting feelings towards motherhood appears to be a common experience for mothers, though to varying degrees. The societal pressure to live up to ideals of the 'good mother,' and the consequent fears of being a 'bad mother,' however, paralyze and inhibit mothers from discussing their maternal ambivalence and seeking support for it. The result can be an isolating, agonizing, and guilt-ridden experience. In an effort to better understand the experience of maternal ambivalence, to understand how mothers communicate about their experiences of ambivalence in anonymous, digital spaces, and to guide and inform social work practice, this study analyzed the discussion posts from an anonymous, digital discussion forum dedicated to the theme of maternal ambivalence. The key findings were as follows: 1) that mothers' definitions of maternal ambivalence in this study challenged the popular definition of maternal ambivalence, and broadened it to include loving feelings towards one children, and contradictory feelings of hatred for one's role as a mother; 2) that a range of relational, intra-

psychic and external factors impact mothers' ability to manage their ambivalence; 3) that mothers experience guilt, shame, fear and grief around their maternal ambivalence; 4) that the use of this anonymous, digital discussion forum provided mothers with critical emotional support, a safe place to voice their feelings, as well as much needed reassurance, validation, reduction in isolation, and normalization of their experience; and 5) that a kind of critical dialogue was found to emerge on the site discussion board, in which posters began to critique social messages and cultural pressures, and to conceptualize new paradigms for womanhood and motherhood.

The broadening of the definition of maternal ambivalence, proposed based on the findings of the present study to better align with participants' descriptions of the complex and contradictory feelings of loving one's children, but hating being a mother, represents an important step forward in the understanding of maternal ambivalence. For one, it is generated by the largest study to date on the experience of maternal ambivalence, which means that it was developed by the greatest number of mothers' voices describing their own experiences. Secondly, a greater number of mothers are likely to identify with this expanded definition, which will have the probable effects of de-stigmatizing and normalizing the experience. Ultimately, the definition of maternal ambivalence that is proposed by this study has the potential to increase the visibility, understanding, and social acceptance of maternal ambivalence.

When working with mothers, social workers should be sensitive to approach the topic of maternal ambivalence, in order to: 1) help normalize the experience; 2) provide critical emotional support; 3) provide referrals that can reduce the isolation of mothers navigating this experience; and 4) assist mothers in identifying and modifying key relational, intra-psychic and external factors to help them manage their ambivalence. A treatment approach to working with

mothers experiencing ambivalence that does not address and engage these multiple areas and systems in mothers' lives will be less than effective. Outreach, psycho-education and advocacy are also needed to de-stigmatize this experience, and create environments where mothers can seek support in navigating their ambivalence. Social workers in hospitals, schools, community health clinics, and in child welfare service agencies have the opportunity to provide compassionate and informed care to mothers that can help them manage their maternal ambivalence and have healthier and more satisfying relationships with their children.

Although the experiences and feelings expressed by participants, and explored in the present study, represent the darker aspects of motherhood, acknowledgement and acceptance of this shadow side of maternity is a necessary and important step forward in allowing for the fullness and complexity of the human experience to be recognized and appreciated. The poet, Mary Oliver, eloquently captures this reality when she writes: "Someone I loved once gave me a box full of darkness. It took me years to understand that this too, was a gift." The hope is that this study moves the research community, practitioners, and ultimately, social discourses one step further towards embracing the darker sides of motherhood. Only then, will we have a more accurate picture of motherhood, which will serve to normalize and de-stigmatize maternal ambivalence, as well as inform more empathic and effective ways of supporting mothers.

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