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The Mental Health Impact of Intensive Mothering Ideology on Contemporary Mothers

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The Mental Health Impact of Intensive Mothering Ideology on Contemporary Mothers

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Abstract

This research explored how exposure to Intensive Mothering Ideology (IMI) may impact maternal mental health in modern mothers. Susan Hays coined the IMI term in 1996, inspiring a significant body of research around the topic which has shown that mothers generally process intensive mothering discourse contextually with consideration for unique era-specific societal challenges (Constantinou, Varela, & Buckby, 2021; Hays, 1996). To this author's knowledge, there have been no general examinations of the impact of IMI on maternal mental health since before the outbreak of COVID-19 (though there have been a few pointed examinations of IMI in relation to the pandemic). This research aims to understand mothers' experiences around intensive mothering discourse during the summer of 2022 (when seventeen semi-structured interviews were conducted) with respect to the unique social context of that time, how IMI content was consumed, processed, and internalized, and to what extent their experiences may have impacted their psychological wellbeing. Using the Auerbach and Silverstein (2003) method, interview transcripts were methodically coded and analyzed to uncover relevant text, repeating ideas (62 total), themes (14 total), and theoretical constructs (six total which were validated through study member checks) (Auerbach & Silverstein, 2003). Results showcase participant reflections on the roles that make up their identities, their values around mothering including external support systems, the pressures they feel to mother in a certain way, how they conceptualize the "ideal" mother, their relationships to social media, their experiences mothering during COVID-19, and their mental and physical wellbeing. Discussion contextualizes results within intersecting theories and sews the data together in light of these theories to craft a narrative that meaningfully represents participant experiences.

Literature Review

Introduction

The percentage of mothers diagnosed with Perinatal Mood and Anxiety Disorders (PMADs) has seen a steady incline throughout the past several years (Rizzo, Schiffrin, & Liss, 2013), fortifying maternal mental health as a significant area of public health concern due to strong associations between PMADs and adverse outcomes for mothers, children, and families at-large (M. Kimmel, 2020; Milgrom, Ericksen, & Sved-Williams, 2016). Research shows that while some mothers effectively seek help for their symptoms, many do not; presently, suicide is the reigning cause of maternal mortality, exceeding cardiac and coronary conditions (Goldman-Mellor & Margerison, 2019; Lega et al., 2020).

There is a significant body of research examining how the discourse of Intensive Mothering Ideology (IMI) may impact maternal mental health. The concept of IMI, originally developed by Susan Hays in 1996 (and referenced in countless peer-reviewed articles since) theorizes that the “ideal” mother must expend “copious amounts of time, energy, and material resources” on their children, assume primary responsibility for their children’s overall development and well-being, and prioritize their children’s needs over their own (Ennis, 2014; Hays, 1996).

Although Hays traces intensive mothering practices back to the seventeenth century, she and other researchers have noted how the presentation of IMI has shifted significantly over the years to reflect era-specific priorities and challenges (Constantinou et al., 2021; Hays, 1996). Societal stressors in the current day and age (e.g., the COVID-19 pandemic which researchers have charged with motivating notable increases in mothers’ reported symptoms of depression and anxiety), as well as constant access to social media (researchers have also attributed social

media to be the main source of exposure to unrealistic mothering which can inspire comparisons and negative self-assessments) (Davenport, Meyer, Meah, Strynadka, & Khurana, 2020; Gomez et al., 2022). The following literature review outlines each of these concepts to establish a meaningful context for the data results.

Maternal Mental Health

Maternal mental health problems do not discriminate in that all mothers in all demographic groups are vulnerable to them, regardless of the presence or absence of previous psychological challenges (Andersson, Sundström-Poromaa, Wulff, Åström, & Bixo, 2006). Mothers are particularly at risk for mental health disturbances during the 22-month period between initial conception and one year after live birth, a window generally referred to as the perinatal period (Byrnes, 2018). Perinatal Mood and Anxiety Disorders (PMADs) occur specifically within this window and the term refers to diagnoses of depression, anxiety, obsessive-compulsive disorder, posttraumatic stress disorder, and postpartum psychosis (Byrnes, 2018). The topic of maternal mental health during the perinatal period is widely studied, often with an emphasis on how it impacts the child's wellbeing since children undergo rapid and substantial neural, cognitive, and socio-emotional growth during this period (Milgrom et al., 2016).

In the year 2019, a total of 3,747,540 babies were reportedly born in the United States (Martin, Hamilton, Osterman, & Driscoll, 2019). Statistics applied from prior research would indicate that, without accounting for multiple births, over 14.5% of mothers (or 545,393 people) experienced depression during pregnancy, over 11.5% of mothers (or 430,967 people) experienced postpartum depression, and over 17.1% of mothers (or 640,829 people) experienced

postpartum anxiety (Fairbrother, Young, Zhang, Janssen, & Antony, 2017; Ko, Rockhill, Tong, Morrow, & Farr, 2017; Leung & Kaplan, 2009). Among the many social stressors which have developed since this 2019 study, perhaps the most widely studied has been COVID-19. Maternal mental health has its own specific body of literature in relation to the pandemic, and data across studies consistently reports that the pandemic brought a significant increase in mental health problems for moms (D. Basu & Srivastava, 2022; J. K. Basu, Chauke, & Magoro, 2021; Davenport et al., 2020). A specific example is Davenport et al.'s 2020 study of 900 mothers who self-reported on their depression and/or anxiety symptoms across two junctures: once as a retroactive pre-covid assessment, and then as a present-day assessment conducted after the outbreak in May of 2020. Results showed notable increases from one assessment point to the next, with subject estimations indicating that the percentage of mothers with depressive symptoms increased from 15% to 41%, while the percentage of mothers with symptoms of anxiety increased from 43% to 73% (Davenport et al., 2020).

Maternal mental health problems are considered “a significant public health concern due to the association between such problems and a variety of adverse outcomes [for the mother]...parenting distress, poor physical health, financial strain, stressful life events, low social support, and low quality partner relationships” (M. Kimmel, 2020; Webb, Ayers, & Rosan, 2018). Research also shows that children can be adversely affected if their mothers are in psychological distress (Milgrom et al., 2016), as can the mother-child relationship and the family dynamics at-large (M. Kimmel, 2020). The prevalence of major depressive disorder is estimated to be between 10-20% during the perinatal period with minor depressive disorders and minor anxiety disorders having higher estimated occurrences (Shonkoff et al., 2012). Untreated perinatal depression and anxiety are closely associated with complications during pregnancy

(e.g., pre-term birth), as well as complications after giving birth, which range in seriousness from impaired lactation to suicide and even infanticide (Palladino, Singh, Campbell, Flynn, & Gold, 2011). Additional potential consequences of untreated PMADs can include “impaired mother-infant bonding,” divorce, persistent psychiatric problems, and continued higher risk for maternal suicide (Palladino et al., 2011). As reported in the National Violent Death Reporting System, maternal suicide repeatedly accounts for more deaths than obstetric complications “including hemorrhages, obstetric embolisms, or incidents of preeclampsia/eclampsia” (Andersson et al., 2006).

While there are a variety of effective treatments for PMADs (Dunford & Granger, 2017), perinatal mood and anxiety disorders often go undetected and, therefore, untreated (M. Kimmel, 2020). Speaking specifically to perinatal depression since most perinatal research focuses on depression as opposed to anxiety or psychosis (M. Kimmel, 2020), prior research findings indicate that over 50% of mothers with perinatal depression are not being identified, and 85% of those that are identified are not receiving adequate mental healthcare (Cox, Sowa, Meltzer-Brody, & Gaynes, 2016). As a result, only an estimated 3%-5% of women experiencing perinatal depression achieve remission (Cox et al., 2016). These dire numbers align with research-based estimates that 25% of mothers with diagnosed perinatal depression will experience persistent depressive symptoms and/or depressive episodes beyond the perinatal stage and, possibly, for the rest of their lives (Cox et al., 2016).

Researchers have deduced the following to be the most common reasons why some mothers who are struggling do not seek psychological help: 1) limited access to information, 2) fear of being stigmatized (e.g., because postpartum depression has been shown to adversely impact mother-infant relationships, mothers struggling with this condition may keep their

difficulties a secret to avoid negative judgments from others) (Russell, 2006); 3) symptom heterogeneity; 4) changes in symptom presentation over time; and 5) symptoms that impair motivation and communication (M. C. Kimmel, Bauer, & Meltzer-Brody, 2020). It is worth noting that the fear of stigma has been shown not only to act as a help-seeking deterrent, but also a mechanism in the initial development (and potential persistence) of mental health problems (Russell, 2006).

There are several risk factors that have been identified for PMADs including environmental factors (e.g., quality of emotional and financial support systems); complications during pregnancy, birth, or breastfeeding; mental and physical health histories including hormonal shifts associated with pregnancy and childbirth; individual trait vulnerabilities; and maladaptive cognitive structures [e.g., preoccupation with performance evaluation, negative inferential styles, high levels of rumination, high levels of self-criticism, high dependency on others, and black-and-white perceptions of the world (e.g., parenting should be a purely enjoyable experience)] (Barnum, Woody, & Gibb, 2013). Mothers are exposed to this idea that mothering should be experienced as entirely good through dominant cultural representations of mothering which construct this expectation by depicting motherhood as an exclusively positive experience (Choi, Henshaw, Baker, & Tree, 2005). Moms who observe a gap between these cultural representations of motherhood and their own lived realities can be susceptible to feelings of guilt, shame, and/or depression (Dunford & Granger, 2017).

In 2017, Dunford and Granger sought to better understand how maternal feelings of guilt and shame are linked to postpartum depression. They first drew an important distinction between the emotions of guilt and shame from existing literature: While both states are defined as “moral, self-conscious” emotions which “involve evaluating oneself in relation to important standards,”

shame involves a negative evaluation of the entire self and is often accompanied with a fear of being exposed, judged, and rejected by others (Dunford et al., 2017). Guilt, however, involves one's negative self-evaluation of specific behaviors (as opposed to the entire self), yielding feelings of remorse or regret connected to a concern for others (e.g., one's children) and how they may be affected by one's behaviors (Dunford et al., 2017; Miettinen, Basten, & Rotkirch, 2011). Results found pre-maternal proneness to shame to be a significant predictor of postpartum depression after accounting for demographics and social support (Dunford et al., 2017).

The term "maternal guilt" is used to describe a feeling experienced by mothers who feel entirely responsible for their child or children's successful development due to socially constructed, extremely high motherhood standards; when mothers believe they are not meeting these demands, they have reported feeling "depleted, inadequate, and guilty" (Liss, Schiffrin, Mackintosh, Miles-McLean, & Erchull, 2013; Miettinen et al., 2011). Some researchers have identified that the act of engaging even in basic acts of self-care (e.g., showering) has the capacity to inspire moms to feel tense, conflicted, and guilty, all emotions which carry implications for an individual's physical and mental health (Seagram & Daniluk, 2002). This immense amount of pressure many mothers assume as "part of the job" is theoretically referred to as intensive mothering ideology (IMI) (Hays, 1996). IMI is widely regarded as the longstanding, dominating discourse around mothering which is (at times, unknowingly) perpetuated by modern society (Ennis, 2014).

The Motherhood Myth and Intensive Mothering Ideology

In 2021, Constantinou and colleagues conducted a study similar to Dunford and Granger's in which they reviewed maternal accounts of guilt and shame and attempted to uncover supported connections between these emotions and adverse mental health outcomes for

mothers (e.g., PMADs) (Constantinou et al., 2021; Dunford et al., 2017). In examining maternal guilt specifically, Constantinou and colleagues' data analysis yielded two main sources which were both found to yield negative affective experiences: 1) the "motherhood myth," and 2) "intensive mothering ideology" (Hays, 1996).

When Sharon Hays published *The Cultural Contradictions of Modern Motherhood*, a trailblazing book still frequently referenced in academic journals, she defined and critiqued a term she coined as the "motherhood myth" (Hays, 1996). The motherhood myth refers to the image of an "ideal mother" which is created and perpetuated by modern society (Hays, 1996; Lamar, Forbes, & Capasso, 2019). According to Hays, the myth suggests that (good) mothering is "child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive" (Hays, 1996). Hays goes on to theorize that, in response to the motherhood myth, society constructed the intensive mothering ideology discourse. IMI advised that, in order to live up to the "ideal" mother image, mothers had to spend "copious amounts of time, energy, and material resources" (Ennis, 2014) raising their children; they should also be constantly available (physically and emotionally) and accept primary responsibility for their children's overall development and well-being (Ennis, 2014). Liss et al. (2013) operationalized Hays' intensive mothering rules by dividing them into five main categories of expectations: 1) essentialism: mothers are the most essential parent and ultimately have sole responsibility over the children; 2) fulfillment: parents should feel completely fulfilled by their role as parents; 3) stimulation: parents should consistently provide intellectual stimulation for their children; 4) child-centered: parents' lives should revolve around their children's needs with no consideration of their own needs; 5) challenging: parents should embrace the fact that parenting is a difficult and exhausting challenge which means accepting stress as unavoidable (Liss et al., 2013).

A 2005 study conducted by Choi and colleagues asked participants to account for their experiences in relationship to intensive mothering expectations (Choi et al., 2005). The subjects identified IMI as a perceived “gold standard” of mothering, even if they believed it to make functioning in any other pocket of their identities (besides “mom”) entirely impossible. Miraculously, subjects who assessed this dominating ideology as overly intense also expressed their continued efforts to live according to IMI, stating they would rather exhaust themselves working toward the “ideal” than risk being seen as “bad mothers” by rejecting the pursuit of the expectation of perfection (Choi et al., 2005). It is worthwhile to note that most subjects in this study were pregnant with their first child at the time of their interviews which could have made them more likely to commit to IMI since they had not yet lived according to it; if the majority of subjects were not pregnant but already seasoned mothers, it is possible they may have been less vulnerable to the consumption, absorption, and pursuit of IMI.

Participants in Choi and colleagues’ study expressed a desire for “alternative motherhood discourses” to draw on outside of IMI. None were able to identify any mothering structure aside from the pursuit of the motherhood myth (Choi et al., 2005). That said, there are alternate discourses around motherhood which may not be mainstream but are certainly subscribed to by some. Examples of these are belief systems supporting working outside the home, the reliance on communal support to endure parenting pressures and challenges, and what Karen Christopher refers to as “extensive mothering,” a mothering style which “acknowledges the demands of intensive mothering, but constructs an account of a more extensive mother who is ultimately responsible for her kids’ well-being while being away from them, and also limits her work hours – “being ‘balanced and fair’ to both her children and her workplace” (Christopher, 2012; O’reilly, 2020; Quinlan & Johnson, 2020; Simpson, Collins, & Salvatore, 2011). This particular

example of extensive mothering speaks to a mother's "balanced and fair" treatment of the two specific identity roles of "worker" and "mother," however the general extensive mothering concept encompasses society encouraging mothers to nurture any non-mom identity roles so long as they can ensure their children's needs are being met. Interestingly, many mothers who expressed an internal alignment with extensive mothering ideology also said they would not publicly endorse it for fear of being labeled a "bad mom" (Christopher, 2012).

There is a significant body of literature supporting a connection between exposure to intensive mothering practices and compromised maternal mental health. Interestingly, research shows that mothers who evaluate their mothering practices as successfully aligned with IMI are subject to significant mental and physical health consequences, at least partially because a mother cannot embody IMI without neglecting her own needs (Rizzo et al., 2013). These parents who have been able to somehow "do it all" have been found subject to experiencing parental burnout, worsened mental and physical health, and increased self-evaluation which may yield mom guilt and other mental health outcomes (Liss et al., 2013).

More common are mothers who evaluate their mothering against IMI as a "gold standard" and have negative emotional reactions to any observed gaps between their ideal and actual selves (Mann, Hosman, Schaalma, & De Vries, 2004; Vogel, Rose, Roberts, & Eckles, 2014). This gap serves as a representation of cognitive dissonance and is often accompanied by feelings of guilt and shame and, at times, more severe psychological problems (e.g., depression or anxiety) (Dunford et al., 2017). Furthermore, exposure to IMI and the subsequent processing/internalizing that ensues can make it difficult for mothers to connect to – or even articulate - their values, beliefs, and instincts (Hillier, 2020; Oliver, 2011)

Valtchanov and colleagues (2016) also studied maternal mental health in the context of the IMI influence. They assessed the connection from a broader perspective than Dunford and Grander, commenting on the general human attraction to ideologies in the first place; according to Valtchanov et al., people are drawn to ideologies that help them make sense of overwhelming concepts (e.g., motherhood) (Valtchanov, Parry, Glover, & Mulcahy, 2016). What this study identifies as problematic, though, is that a strong enough desire for order amid chaos can influence an individual to subscribe to a narrow, inflexible ideology that may be inherently misaligned with their values and lived experiences, making it more difficult to achieve and/or maintain (Valtchanov et al., 2016). Valtchanov et al. referenced intensive mothering as an example of a narrow, uncompromising, potentially dangerous-to-align-with ideology, specifically with respect to its suggestion that mothers should neglect all other identity roles, even ones that may bring them fulfillment such as friend, teacher, daughter, doctor, wife, sister, sailor, engineer, etc. in service of their child or children; this limited capacity for wholistic identity care was conveyed as a severe mental health risk (Valtchanov et al., 2016).

Conception, Birth, and Nurturance of IMI

The expectation that mothers should be consumed with their maternal duties is not new. The reasoning behind this widespread rhetoric can at least partially be credited to the ways in which patriarchal structures benefit from and therefore seek to perpetuate IMI as the dominating maternal discourse despite its implications for gender inequality in homes and in the workplace (Bianchi, 2000). As noted by Hillier (2020), “Constructed gender norms are historically variable social constructs and are not natural, unchanging, or universal by-products of the ability to biologically reproduce” (Hillier, 2020). In other words, societal tendencies to assign most or all parenting responsibilities to mothers due to their “natural and universal” maternal natures has

little to do with women's biological makeup and is more drawn from arbitrary social constructs around gender which are reinforced by patriarchal parties who benefit from its maintenance through organizing institutions and rituals (e.g., marriage) (Ingraham, 1994).

Dana Berkowitz (2011) offers strong evidence in support of the point that mothers, beyond their biological capabilities to birth and feed babies, are no more innately equipped to manage the parental workload than any other individual. Berkowitz's research reveals that many gay men who become parents are forced to reckon with "prevailing assumptions about gender, sexuality, and family" as they construct their "self-as-parent identities" (Berkowitz, 2011). Berkowitz's study subjects experienced traditionally gendered roles, meanings, and attributions to be so pervasive that even as gay fathers they conceptualized their parental roles and identities within the same gendered construct as heterosexual parents, often assigning themselves the role of "identified mother" or "identified father." Moreover, many gay men who assumed the role of "identified mother" felt they were innately in possession of a "maternal instinct" despite the term's biological implications (Berkowitz, 2011). Berkowitz goes on to say that subscribing to a gender binary perpetuates an "image of the social world composed of falsely bounded dichotomies" and serves to control "identified mothers" within the prevailing hetero-gendered power structure (Berkowitz, 2011). Considering gay fathers' reported practice of conceptualizing and narrating their parental identities within the discourse of the gender binary due to a lack of alternative options, it is not surprising that mothers, especially those who may feel more tied to these role definitions if their biological makeup lends itself to birthing and feeding babies, subscribe to the similarly-limiting dominating discourse of IMI; at present, most do not have the language or contextual understanding to define their role in any other way (Berkowitz, 2011).

Hays (1996) partially attributes society's current emphasis on intensive mothering to longstanding issues of gender inequality; however, she also credits certain theories of developmental psychology which informed the mainstream dialogue around "good mothering" throughout the last century. According to Hays, IMI can even be traced back to literature from 17th century literature which references children through lenses of innocence and vulnerability, positioning them as parties requiring attention and protection from their mothers who were deemed to be more biologically inclined to nurture based on their ability to birth and feed babies (Hays, 1996). The influence of psychological theory on mothering discourses likely debuted in the mid-1900s when the concept of a "child-centeredness" approach to mothering rose to prominence as a result of Bowlby's attachment research (Ainsworth, 1978; Bretherton, 1992). Bowlby's research named the dynamics of the infant-mother dyad as crucially important for babies' optimal emotional development; additionally, he recommended mothers (or permanent mother substitutes) seek constant engagement with their infants, avoiding separation at all costs as it could damage the infant's lifelong capacity to achieve emotional wellbeing (Ainsworth, 1978; Bretherton, 1992). Because Bowlby did not proclaim the quality of the infant-father dyad to be an important developmental factor for infants, an overarching implication of his work was that, for children's sake, mothers should remain in the home "dedicating an abundance of time and energy to their little ones" (Ainsworth, 1978). Bowlby's work is believed to have influenced women who filled gaps in the workforce during World War II to make a widespread choice to abandon their jobs once men returned from war and re-embrace their pre-war roles of wife and mother (Bretherton, 1992).

In 1953, D. W. Winnicott proposed an alternate theory around mothering to promote optimal infant development which, although well-regarded in academic circles, did not reach the

mainstream as successfully as Bowlby's attachment research (Christopher, 2012; Winnicott, 1960). Winnicott's (1960) construct of the "good enough mother" outlined three phases of maternal best practices in terms of how intensely mothers should engage with their infants. First, he explained the "illusion phase" as a period when mothers should work to accurately anticipate and promptly meet their infants' needs, preventing infants from experiencing frustration. Although the illusion phase is the phase that most closely resembles Bowlby's theoretical recommendations, Winnicott posited that it was in the infant's best interest for this phase to be impermanent for a few reasons: one, a mother completely consumed by their baby's needs would in theory have to ignore their own needs which would be unsustainable, and two, it could damage the an infant's development trajectory if they are spared exposure to frustration for too long a period (Winnicott, 1961). Winnicott's second identified phase, "disillusionment," occurs when mothers begin to pay more attention to their own needs and therefore gradually become less attuned to their infant's needs. Winnicott viewed the infant experiencing frustration during the gap between the onset of their desire and their mother fulfilling it as vitally important; in other words, Winnicott's "ideal" mother *should* fail her child to teach them about frustration tolerance and to help them develop an understanding of reality (Winnicott, 1960). In considering why attachment theory became considerably more popular than the good-enough mother theory, it is interesting to explore how the former more dutifully subscribed to the gender-constructed narrative that nothing can replace a mother's ability to provide emotional nurturement for their child, and failure to do so could be detrimental for that child's development; in other words, the only way to mother successfully was to mother intensely.

Research has shown White, middle-class mothers to be the target demographic for social narratives that propagate the practice of intensive mothering, mainly due to their access to social

and economic resources that enable them to pursue an “ideal” mothering style (Liss et al., 2013). Researchers also note the intensive mothering discourse’s failure to reflect or acknowledge the comparatively disadvantaged experiences of mothers who are not White, middle-class, and/or in equipped with ample resources [e.g., mothers of color, poor or low-income mothers, working mothers, mothers who fall victim to social justice issues, and/or LGBTQ+ mothers whose distinct realities are absent from the innately hetero-gendered concept of intensive mothering (Newman & Nelson, 2021)]. That said, like gay fathers (Berkowitz, 2011), mothers who identify with one or more of these culturally vulnerable identities often lack exposure to alternative discourses which may better suit their experiences, often aiming to adopt elements of IMI despite the systemic limitations which can serve as barriers to their perceived “success” in achieving this mothering “ideal” (Newman et al., 2021).

Regardless of their demographic affiliations, any mother is likely to encounter representations of intensive mothering as a celebrated, goal-worthy practice simply by having access to social media which, according to the Center for Disease Control’s 2023 report, is utilized by 83% of mothers via Facebook and 50% of mothers via Instagram. Liss et al.’s (2013) research spoke more specifically to the idea that mothers who align with singular or intersecting vulnerable cultural identities are not spared exposure to IMI simply because they may lack the resources to effectively pursue it. This “you can look but you can’t touch” refrain can lead mothers without social and financial resources to feel as if they are not “measuring up” which can elicit feelings of shame (Dunford et al., 2017; Liss et al., 2013).

Connection and Community

Deci and Ryan’s Self Determination Theory (SDT; 2008), a sub-theory of human motivation, posits that human psychological well-being is dependent on the fulfillment of three

fundamental needs: competence, autonomy, and relatedness (or “connectedness”). SDT says that people whose fundamental needs are unsatisfied and who lack the necessary skills to cope with their unsatisfied need(s) are vulnerable to entering negative psychological states (Deci & Ryan, 2008; Tarsha, 2016). Similarly, Baumeister and Leary labeled the human desire for interpersonal attachments as a “fundamental human motivation” in the “belonging hypothesis” which proposes that “people form social attachments readily under most conditions and resist the dissolution of existing bonds...belongingness appears to have multiple and strong effects on emotional patterns and on cognitive processes...lack of attachments is linked to a variety of ill effects on health, adjustment, and well-being” (Baumeister & Leary, 1995, p. 501).

Mothers pose no exception to this rule as they, like all humans, have a fundamental desire to connect to others. Research outlines two types of social connections which are valuable to mothers: 1) connection to other moms, and 2) connection to communities that provide moms emotional and logistical support.

New mothers have been shown to benefit from the reciprocal exchange of support with other mothers who they a) are not genetically related to and b) share a motherhood stage with (Finlayson, Crossland, Bonet, & Downe, 2020). Chou and Edge’s (2012) research also speaks to the qualities mothers seek out in mom-to-mom connections, stating per their research that mothers feel most supported by peers when they engage in face-to-face interactions with other mothers who openly share both positive and negative stories about their lives. Per Chou et al., this is because when mothers are invited into other mothers’ complicated experiences, their understanding of the broader motherhood journey becomes more authentically informed and, as a result, is likely more representative of their personal experience. To be savvy to the universal maternal trait that is imperfection is believed to decrease both the number of comparisons being

made by mothers as well as any beliefs that others were better or happier than them. In terms of the perpetuation of IMI through in-person interactions, Chou and Edge's (2012) research findings suggest that the vulnerability of in-person interactions may create a safer space for mothers to question IMI and resist its concepts in a private, non-performative area.

Beyond connection through shared experience, research regarding mothers' beneficial social relationships shows that mothers and children who belong to communities (or "villages") that assist in childrearing duties are in better psychological health compared to mothers and children who lack this type of neighborhood kinship (Sear, Mace, & McGregor, 2003). Despite these research findings, however, society has moved away from days when children were raised by communities and mothers received emotional and logistical support from family members and non-family members (Emmott & Page, 2021).

The superiority of in-person interaction over virtual interaction has also been emphasized in studies about mothering during the COVID-19 pandemic. Myers and Emmott (2021) conducted a qualitative study with British mothers in May of 2020. A common theme in these interviews was the inadequacy of virtual contact which led to feelings of isolation, worry, and anxiety (Myers & Emmott, 2021).

Covid

COVID-19 introduced a variety of hardships impacting the worldly population (Racine et al., 2022). Aside from the havoc it wreaked on the physical health of so many individuals, it inspired significant consequences for all individuals such as reduced social contact, economic hardship, and confinement-to-the-home; not surprisingly, then, research has shown a widespread increase in global rates of mental illness since March of 2020 (Chen, Li, Xiong, & Zheng, 2022; Racine et al., 2022). These augmented stress levels were detectable in the general population;

however, research findings support the idea that certain members of the population shouldered disproportionate amounts of stress. One such group were mothers of children who were five years old or younger (Racine et al., 2022).

Davenport et al.'s (2020) survey of 900 subjects who were either pregnant mothers or new mothers showed notable increases in mental health problems coinciding with the pandemic outbreak: self-reports on the presence of depressive symptoms notably increased in affected subjects, from 15% pre-pandemic to 41% in May of 2020. Similarly, subjects who self-reported on the presence of anxiety symptoms indicated a marked increase, from 43% pre-pandemic to 73% in May of 2020 (Davenport et al., 2020).

Wu and Xu (2020) list pandemic-related, maternal-specific hardships that surfaced from their research on parenting stress during the pandemic including physical and mental health concerns, economic stress, parenting challenges (e.g., homeschooling), marital conflicts, intimate partner violence, and intensified parent-child relationships (Wu & Xu, 2020). Myers and Emmott (2021) studied mothers' feelings around virtual connection as a resource during COVID-19, concluding that most mothers considered online interactions with friends and family to be inadequate in fulfilling their social needs which led to feelings of isolation, worry, and anxiety (Myers et al., 2021). In reviewing the exorbitant demands placed on many mothers during the height of the pandemic and presuming at least some of these mothers compose the cultural majority that subscribes to IMI, reports on mothers' increased levels of psychological distress during this time are unsurprising (O'reilly, 2020).

Media and Comparison

Within the past two decades, humankind has been introduced to a new way of pursuing connection. If an individual is not having their "relatedness" or "belonging" needs met, social

media sites are but one click away (Deci et al., 2008; Tarsha, 2016). A major reason for the increase in online connection between mothers is that geographic communities are changing, leaving today's mothers more socially isolated than mothers of previous generations who raised young children together in tight-knit neighborhoods (Drentea & Moren-Cross, 2005). This isolation can be at least partially attributed to women's increased participation in the paid workforce, increased rates of single parenthood, and increased geographical distance between family members (Valtchanov et al., 2016). When local, geographical communities are failing to meet mothers' needs for connection, moms turn to the internet – and not just because of the benefits of social support and friendships, but also because virtual connections are conveniently made and maintained (Valtchanov et al., 2016).

While much of the mothering-related content on social media tends to perpetuate IMI (Choi et al., 2005), these online connections also offer “opportunities for individual mothers to resist constraining ideologies of motherhood through honest and supportive interactions with other mothers” by “revealing, rather than concealing, [their] lived realities and connecting, rather than dividing, mothers” (Valtchanov et al., 2016). In this way, social media can be a place where mothers publicly reject the pervasive culture of IMI.

One report found that, in the United States in 2021, 57.4% of Instagram users identified as women, and the age group with the largest user share was 25-34 at 32.4%; additionally, in 2019, 84% of mothers who gave birth in the United States were between the ages of 20 and 34 (*The Statistics Portal*, 2021). These numbers indicate that mothers of young children are consuming and connecting to Instagram, along with its influencing and advertising, at a high rate. While mothers have had other means of exposure to IMI before Instagram such as

magazines, that media was not as constantly accessible to moms as the SNS apps on their phones are today, likely flooding mothers with bases for self-comparison at a less-frequent rate.

During the feminist movement of the 1960s and 70s, there was scholarly acknowledgment of a blurred line between advertisements and editorial content in printed magazines, stating that “glamorous cover models, advice columns, and pages of recipes all ostensibly give readers ‘information’ to improve their lives but raise readers’ anxieties and insecurities, which are assuaged by the prospect of purchasing the products advertised” (Farrell & McCracken, 1994). This acknowledgment of the perpetuation of IMI through the content of product advertisements is surely still relevant today; the difference, though, is that women’s current exposure to intensive mothering is considerably more frequent and intense than it has ever been, as magazines are hardly close to being as accessible as social media apps on cell phones.

One of the reasons why the consumption of social media can have a negative impact on users’ mental health is because of “upward social comparisons,” or the tendency humans have to mimic comparison targets which can often lead to feelings of inadequacy (Lockwood & Kunda, 1997). Consider a site such as Instagram where users have the complete freedom to curate their images (Rosenberg & Egbert, 2011). People visiting the site, who may be seeking connection, are instead left comparing their realistic offline self to the idealized online self of others which can result in negative self-evaluations and, consequently, lower levels of well-being (Chou et al., 2012). Chou and Edge elaborate on this idea of posts being self-curated:

...users of computer-mediated communication can employ several techniques to optimize their self-presentation and promote desired relationships, such as spending more time with greater cognitive resources to edit the images, carefully selecting photographs,

highlighting their positive attributes, presenting an ideal self, having a deeper self-disclosure, managing the styles of their language...or associating themselves with certain people, symbols, and material objects (Chou et al., 2012).

One might argue that there are Instagram users who genuinely try to present their most real, imperfect selves on Instagram – perhaps even in the act of resisting IMI - but the fact is that the very nature of Instagram as a performative platform means that “any shared image is an edited, curated version of reality – even those depicting social, emotional, physical, or economic struggle” (Quinlan et al., 2020). Because of this, Instagram posters have an innate inability to be entirely authentic through that platform. The mere act of choosing how to brand one’s experience – which angle to take the photo from, which photo and/or caption to use – makes the share performative and therefore strips away much of its vulnerability.

On top of upward comparisons being made to actual posted content, research has shown that users also pose upward comparisons when evaluating someone’s “perceived social capital” (e.g., quantity of followers, comments, likes, replies, etc.) (Vitak & Ellison, 2013). Though this comparison may feel less directly personal, it can still lead to negative self-evaluations and lower levels of well-being (Vogel et al., 2014).

There are two attribution errors which help to explain the negative impacts of social media consumption on self-views as well as why self-judgment can last beyond the time spent using the app. First, the availability heuristic: People base judgments on things they can easily recall, such as photographs. On an app like Instagram that is so photo-centric, users can easily recall others’ curated images and become vulnerable to believing distorted perceptions of others’ lives (Jones & Harris, 1967; Tversky & Kahneman, 1973). For example, suppose one mother posts a picture of her toddler apple picking with a smile on their face, holding an apple in each

hand. Should another mother take her toddler apple picking and should that toddler throw tantrum after tantrum throughout the experience, this second mother is not only having to cope with the in-the-moment difficulties of toddler tantrums but may also judge her experience in relation to the easy-to-recall, IMI-compliant image of a smiling toddler holding an apple in each hand. Or, secondly, when making judgments or forming impressions, people tend to assume that others' actions and words reflect their personality or stable personal disposition, rather than their situation – this is known as the “correspondence bias” (Tversky et al., 1973).

In considering the impact of upward comparisons, Lockwood and Kunda (1997) posed the following important questions: 1) What determines whether people will compare themselves to others? And 2) if they do, what determines whether the outcome will be inspiring or discouraging (Lockwood et al., 1997)? The authors concluded that people are likely to compare themselves to others when there are similarities between the self and the other (Wood, 1989). In other words, perceived self-relevance to someone's domain of excellence contributes to comparison likelihood; if a domain is irrelevant to the self, it does not challenge “cherished aspects of one's personal identity” and therefore does not inspire comparison (Tesser, Millar, & Moore, 1988).

Lockwood and Kunda (1997) also discuss the impact of comparisons on the consumer which, they posit, depend on consumers' potential attainability of the success they observe. If the user feels that the observed party's success is attainable, they are likely to feel inspired and self-enhanced. If, however, they believe the other's success to be unattainable, they are likely to feel threatened and deflated.

Purpose of Current Study

IMI is an adaptable, chameleon-like theology in that the specific content of maternal expectations, the means through which the discourse is consumed, and the ways mothers process exposure to an unattainable “ideal” complement the nuances of modern society at any, and every, given moment in time. There is already ample research dedicated to the question of how IMI influences maternal wellbeing; however, because IMI is so inherently fluid, mothers’ experiences of IMI may also be fluid, suggesting that any grasp on the IMI influence is only as relevant as the sturdiness of societal stressors since the last time this question was (scientifically) asked.

Research shows today’s mothers to be less psychologically well than ever before. This could be due to era-specific societal stressors. For example, research has shown the pandemic to have been detrimental to maternal mental health. Or, perhaps the constant decline in maternal wellbeing is attributable to research warning about the mental health risks of social media use, a practice made more accessible by the minute and potentially serving as the primary vehicle through which moms are exposed to IMI. Whatever the answer may be, it is clear that, right now, mothers are suffering more than ever. The purpose of the present study is to qualitatively investigate how mothers are impacted by IMI within the context of modern social challenges. By interviewing modern moms and learning about their experiences, this researcher hopes to acquire a deeper understanding of modern maternal struggles with respect to how IMI presents within, or perhaps on top of, their era-specific challenges. It is the hope of this researcher that by more accurately understanding any aspects of mothers’ shared, timely experiences of the world may vitally inform future treatment and, perhaps, inspire a shift in the dominating discourse around mothering.

Personal Biases

My biases are that I am a mother, I have personally experienced benefits from learning about and, consequently, denouncing the rhetoric of IMI for the sake of my mental health, I use social networking sites like Instagram, Facebook, and TikTok daily, and I found parenting during the pandemic to be extremely challenging. To mitigate these, and to ensure I represent participant experiences as authentically as possible, I: 1) Sought coders whose biases were likely to be distinct from my own based on our differing identity components (e.g., four of the five coders were not parents, I am, all were between the ages of 25-35, I am 37 as I type this); 2) Set strict rules regarding how I would phrase interview questions so as not to let my biases influence my word choices and influence participant responses, 3) Practiced a ten-minute mindfulness meditation before each interview with the intention of grounding myself in my identity role of “scientist” and maintaining this perspective throughout the duration of the interview, and 4) conducting a member check once theoretical constructs were established to give participants the opportunity to provide feedback on whether they felt represented in the data results.

Method

Participants and Procedure

Before beginning interviews with human subjects, this researcher obtained approval from the Institutional Review Board at LIU Post. Once approval was granted, the researcher recruited study participants through a snowball sampling technique by posting an ad for the study on her personal Facebook and Instagram pages with a request for viewers to re-post the ad to broaden the diversity and inclusiveness of the potential sample. The researcher also asked The Motherhood Center to post the ad on their social media pages. The ad had information about the nature of study, details about the commitment involved (two online surveys and a one-hour interview via Zoom), and eligibility criteria. Eligible individuals were those who (at the time of

recruitment) identified as mothers, were between 18-45 years old, and had a child or children whose ages fell between one day and five years. Applicants with a child or children older than five-years-old were disqualified. The researcher included mothers of children up to five years old because of research indicating that mothers are significantly vulnerable to mental illness for up to five years after they give birth (Milgrom et al., 2016), and that children with depressed mothers who are five years old or younger have “a two-fold increased risk of [developing] affective disorders in adolescence” (Naicker, Wickham, & Colman, 2012). [A possible explanation for the lack of studies focused on mothers after the perinatal period could be that most clinical guidelines do not require OB-GYN offices and/or pediatrician offices to administer mental health screeners to mothers after their child’s first birthday (National Institute for Health and Care Excellence (NICE), 2015)].

Participant demographics are outlined here and can be viewed in Table 1. At the time interviews were conducted: study participant ages ranged from 33-41 with a mean age of 37.5; participants’ children’s ages ranged from two months to five years with a mean of two years and nine months; participants each had between one and three children with a mean of 1.6 children per participant. All seventeen interviewees identified as mothers (this was a “yes” or “no” question). Regarding race, 94.1% (16 mothers) identified as White or European American while 5.9% (1 mother) identified as Asian or Asian American. Regarding faith traditions: 35% (6 mothers) identified as Jewish, 11.9% (2 mothers) identified as Agnostic, 17.6% (3 mothers) identified as Spiritual but not religious, 5.9% (1 mother) identified with each of the following: Atheist, Christian (Catholic), Christian (Roman Catholic), Naturalism, and Jain, and 5.9% (1 mother) marked that they preferred not to respond to the inquiry. Regarding sexual orientation, 82.4% (14 mothers) identified as heterosexual or straight, 11.8% (2 mothers) identified as

bisexual or pansexual, and 5.9% (1 mother) marked that they were unsure of their sexual orientation. Regarding participants' states of residency, while the majority of participants reside in New York state (53% or 9 mothers),

Participant demographics are outlined here and can be viewed in Table 1. At the time interviews were conducted, study participant ages ranged from 33-41 ($M = 37.5$); participants' children's ages ranged from two months to five years ($M = 2 \text{ years } 9 \text{ months}$); participants each had between one and three children ($M = 1.6$). All seventeen interviewees responded "yes" in response to the "yes" or "no" question, "Do you identify as a mother?"

Regarding race, 94.1% ($n = 16$) identified as White or European American, while 5.9% ($n = 1$) identified as Asian or Asian American. Regarding faith traditions, 35% ($n = 6$) identified as Jewish, 11.9% ($n = 2$) identified as Agnostic, 17.6% ($n = 3$) identified as Spiritual but not religious, 5.9% ($n = 1$) identified with each of the following groups: Atheist, Christian (Catholic), Christian (Roman Catholic), while another 5.9% ($n = 1$) identified with each of the following groups which were written in under the "prefer to self-describe" response line: "Naturalism" and "Jain." The final 5.9% ($n = 1$) marked that they preferred not to respond to the inquiry. Regarding sexual orientation, 82.4% ($n = 14$) identified as heterosexual or straight, 11.8% ($n = 2$) identified as bisexual or pansexual, and 5.9% ($n = 1$) marked that they were unsure of their sexual orientation.

All participants were residents of the United States. Regarding their specific areas of residency, the majority of participants live in New York state (53%, $n = 9$), 11.8% ($n = 2$) live in Pennsylvania, 11.8% ($n = 2$) live in Virginia, and 5.9% ($n = 1$) live in each of the following areas: Illinois, Indiana, Massachusetts, and Washington, DC.

Regarding participants' highest levels of education completed, 82.4% ($n = 14$) earned master's degrees, and 5.9% ($n = 1$) earned each of the following degrees: associate degree, bachelor's degree, and Juris Doctor (JD). Regarding current employment status (in addition to the work involved with being a mother), 64.7% ($n = 11$) were employed full-time, 5.9% ($n = 1$) was employed part-time, 17.6% ($n = 3$) had no additional employment, 5.9% ($n = 1$) was a part-time student, and 5.9% ($n = 1$) selected "other" and wrote in: "therapist in private practice – does not match typical societal constructions around full-time vs. part-time, somewhere in between!" Regarding participant relationship statuses, 100% indicated they were married. Regarding household income brackets, 11.8% ($n = 2$) reported annual household earnings to be between \$41,000 and \$120,400 while 88.2% ($n = 15$) reported annual household earnings to be above \$120,400.

Regarding whether participants' children have special needs requirements, 11.8% ($n = 2$) responded that they each had one child with special needs while 88.2% ($n = 15$) responded that they did not have children with special needs. Regarding having received treatment for a psychological disorder (with "yes" or "no" as potential responses): 76% ($n = 12$) responded "yes," while 29.4% ($n = 5$) responded "no." Regarding having received treatment for a psychological disorder after receiving an official diagnosis (with "yes," "no," or "n/a" as potential responses), 58.8% ($n = 10$) responded "yes," 11.8% ($n = 2$) responded "no," and 29.4% ($n = 5$) responded "n/a." Regarding whether participants had been diagnosed with certain psychological conditions, the following were endorsed as follows: anxiety disorder by 29.4% ($n = 5$), attention-deficit hyperactivity disorder by 11.8% ($n = 2$), depression by 29.4% ($n = 5$), postpartum depression by 11.8% ($n = 2$), and all of the following conditions by 5.9% ($n = 1$): anxiety in pregnancy, panic disorder, post-traumatic stress disorder from childbirth, postpartum

anxiety, and unspecified mood disorder. Regarding experiences of psychological conditions which were not officially diagnosed, the following were endorsed as follows: postpartum anxiety by 52.9% (9 mothers), postpartum depression by 29.4% ($n = 5$), anxiety in pregnancy by 23.5% ($n = 4$), postpartum OCD by 23.5% ($n = 4$), baby blues by 11.8% ($n = 2$), depression in pregnancy by 11.8% ($n = 2$), posttraumatic stress disorder from childbirth by 5.9% ($n = 1$), and each of the following conditions which were written in by 5.9% of participants ($n = 1$ per unique response) under the “other postpartum mental health issue” response line: “trauma,” “anxiety related to breastfeeding,” “something less severe than PTSD from childbirth,” and “something less severe than PTSD from being pregnant during the pandemic.”

Table 1: Participant Demographics

	<i>Range</i>	<i>Mean</i>
Age at time of interview: <i>Participants</i>	33-41	37.5
<i>Participants’ Children</i>	2 months – 5 years	2.9*
Participants’ number of children at time of interview:	1-3	1.6
	<i>Percent</i>	<i>N</i>
Identify as mothers:	100%	17
Race:		
<i>White or European American</i>	94.1	16
<i>Asian or Asian American</i>	5.9	1
Faith Tradition:		
<i>Agnostic</i>	11.8	2
<i>Atheist</i>	5.9	1
<i>Christian (Catholic)</i>	5.9	1
<i>Christian (Roman Catholic)</i>	5.9	1
<i>Jewish</i>	35.3	6
<i>Prefer not to respond</i>	5.9	1
<i>Prefer to self-describe: Naturalism</i>	5.9	1
<i>Prefer to self-describe: Jain</i>	5.9	1
<i>Spiritual but not religious</i>	17.6	3
Sexual Orientation:		
<i>Bisexual or Pansexual</i>	11.8	2
<i>Heterosexual/Straight</i>	82.4	14
<i>Unsure</i>	5.9	1
Place of residency:		
<i>Illinois</i>	5.9	1

<i>Indiana</i>	5.9	1
<i>Massachusetts</i>	5.9	1
<i>New York</i>	53.0	9
<i>Pennsylvania</i>	11.8	2
<i>Virginia</i>	11.8	2
<i>Washington, DC</i>	5.9	1
Highest level of education completed:		
<i>Associate degree</i>	5.9	1
<i>Bachelor's degree</i>	5.9	1
<i>Master's degree</i>	82.4	14
<i>Other: JD</i>	5.9	1
Current employment status (in addition to being a mother):		
<i>Employed full-time</i>	64.7	11
<i>Employed part-time</i>	5.9	1
<i>No additional employment</i>	17.6	3
<i>Part-time student</i>	5.9	1
<i>Other: "therapist in private practice-does not match typical societal constructions around full-time vs part-time, somewhere in between!"</i>	5.9	1
Relationship status:		
<i>Married</i>	100	17
Total household income bracket:		
<i>\$41,000 - \$120,400 annually</i>	11.8	2
<i>More than \$120,400 annually</i>	88.2	15
Participants' children's special needs statuses:		
<i>Has one child with special needs</i>	11.8	2
<i>Child or children do not have special needs</i>	88.2	15
Has received treatment for a psychological disorder (e.g., anxiety, depression, bipolar disorder, etc.):		
<i>Yes</i>	70.6	12
<i>No</i>	29.4	5
Has received treatment for a psychological disorder after receiving an official diagnosis:		
<i>Yes</i>	58.8	10
<i>No</i>	11.8	2
<i>N/A</i>	29.4	5
Diagnosed psychological conditions:		
<i>Anxiety Disorder</i>	29.4	5
<i>Anxiety in pregnancy</i>	5.9	1
<i>Attention-deficit hyperactivity disorder</i>	11.8	2
<i>Depression</i>	29.4	5
<i>Panic Disorder</i>	5.9	1

<i>Post-traumatic stress disorder from childbirth</i>	5.9	1
<i>Postpartum anxiety</i>	5.9	1
<i>Postpartum depression</i>	11.8	2
<i>Unspecified Mood Disorder</i>	5.9	1
Endorsements of experienced psychological conditions (not diagnosed):		
<i>Anxiety in pregnancy</i>	23.5	4
<i>Baby Blues</i>	11.8	2
<i>Depression in pregnancy</i>	11.8	2
<i>Other mental health issue in pregnancy (specify):</i>	5.9	1
<i>trauma</i>	5.9	1
<i>Other postpartum mental health issue (specify):</i>		
<i>anxiety related to breastfeeding):</i>		
<i>something less severe than PTSD from childbirth</i>	5.9	1
<i>something less severe than PTSD from being pregnant during the pandemic</i>	5.9	1
<i>Post-traumatic stress disorder from childbirth</i>	5.9	1
<i>Postpartum anxiety</i>	52.9	9
<i>Postpartum depression</i>	29.4	5
<i>Postpartum OCD</i>	23.5	4

* Mean age of participants' children is approximate as participants did not report months for children above age 2

Design

Individuals who viewed the ad for the study and were interested in participating were instructed to email the primary student researcher (hereby referred to as PSR) stating their interest using the email address listed on the ad. The researcher proceeded to respond to interested parties with clear instructions regarding the two documents hyperlinked in that email: an informed consent document and a demographic screening questionnaire (both considered Part I of the interview and made available through Google Docs) (see Appendix A). The email instructions notified interested parties that: 1) they needed to electronically sign the informed consent document before they could access the demographic screening questionnaire, 2) if they were selected for Part II of the interview they would be asked to participate in an hour-long semi-structured interview via Zoom (see Appendixes B and C), and 3) per the informed consent

form, interviews would be audio-recorded for subsequent de-identified transcription, and 4) participation in Parts I and II of the interview would automatically enter them into a raffle in which one individual would win a \$75 Amazon gift card.

Three weeks after the ad was posted and/or requests for outside parties to post the ad were made, the main researcher sent all respondents who qualified for a semi-structured interview (Part II) an email stating their eligibility for a semi-structured interview, re-stating their right to withdraw their participation from the study at any point as per the informed consent they provided, and a reminder that Zoom interviews would be audio recorded and eventually transcribed for analysis (information they were privy to from the informed consent document). The main researcher and study subjects scheduled semi-structured interviews throughout the summer of 2022. Each interview followed an outline of questions which can be found in Appendix D. They were conducted until the data reached a satisfactory level of thematic saturation after seventeen semi-structured interviews (Guest, Bunce, & Johnson, 2006). To mitigate any potential emotional distress associated with their participation in the current study, each participant was offered resources and/or referrals for mental health support at the close of their interview. After the analysis was complete the main researcher contacted participants for a member check, sharing a summary of findings with them via email and inviting their feedback.

Procedural Ethics and Data Analysis

This study utilized a qualitative research design with an emphasis on theoretical implications throughout its various stages.

As each potential subject completed Part I, their informed consent forms were downloaded and saved in a password-protected folder along with a password-protected spreadsheet assigning each potential subject a number between 1-66 to thereby be used as an

identifier to secure future anonymity. Next, each demographic screener was downloaded and saved to a new password-protected folder, using pre-assigned numbers as individual identifiers in the file names (e.g., DemoScreener_1, DemoScreener_2...DemoScreener_66). Each individual who progressed to the semi-structured zoom interview phase was re-assigned an identifying number between 1-17. Each interview’s audio recording was downloaded to a password-protected folder on the Primary Student Researcher (PSR)’s computer. The PSR then personally transcribed each of the audio recordings, excluding any personal identifiers disclosed during interviews. Once each recording was transcribed, it was permanently deleted. All files were saved on the PSR’s password-protected computer, and the PSR was and remains as the only individual with knowledge of the password.

The PSR’s next step was to recruit five coders from Long Island University, C.W. Post’s PsyD Program. To increase result reliability, the PSR aimed to recruit coders who were likely to approach data with different inherent biases based on their different cultural experiences. The PSR was ultimately pleased with the relative diversity of their coding team members which is displayed in Table 2.

Table 2: Coder Demographics

Coder #	Gender Identity	Race	Parent (Y/N)	Year in Program during coding period (Fall 2022)	Age Range (25-30, 30-35)	Member of Maternal Mental Health Lab (Y/N)
1	F	White	N	3rd	30-35	Y
2	F	White	Y	2nd	25-30	Y
3	M	Mixed Black/White	N	3rd	30-35	N
4	F	White	N	2nd	25-30	Y
5	F	White	N	2nd	25-30	Y

Over the course of the coding process, the PSR conducted online training sessions with her coding team to teach them Auerbach and Silverstein's (2003) method for coding qualitative data. Once the PSR judged coders to be sufficiently trained, she shared the interview transcripts with them via password-protected Dropbox folders. Each coder had access to their own password-protected folder. They did not have access to each other's folders to prevent coders from influencing each other's work. The team, as well as the PSR, coded the transcripts in three phases: first for relevant text, then for repeating ideas, and lastly for overarching themes.

Coding for relevant text involved a careful review of interview content, transcript-by-transcript, highlighting excerpts of text that related to research concerns and discarding extraneous text. Each coder uploaded their "relevant text" documents to their password-protected individual Dropbox folder (which was only accessible to them and the PSR). Each coder, including the PSR, assigned each participant their own "relevant text" file using the participant's identifying number as well as their initials in the file name (e.g., Participant_9_AKL_Relevant_Text). The PSR then reviewed the relevant text documents prepared for each participant to create a "master relevant text" document to represent overall coder impressions (e.g., if there was an excerpt discarded by two or more coders, it was not included in that participant's master relevant text document; an excerpt that was highlighted by two or more coders was included; and excerpts that were inconsistently judged as relevant were either kept or discarded based on the PSR's best judgment with respect to the research questions).

The next step involved coding the "master" relevant text into "repeating ideas," or similar words and phrases that came up during the interviews. According to Auerbach and Silverstein (2003), a repeating idea is "an idea expressed in relevant text by two or more research

participants” (p. 54). The researcher and coders independently grouped the repeating ideas into themes, or “an implicit idea or topic that a group of repeating ideas have in common” (Auerbach et al., 2003), and then met together to come to a consensus on the identification and categorization of the repeating ideas in the transcript texts.

In the final phase of data analysis, the researcher conferred with the faculty researcher to develop theoretical constructs, which are defined as “an abstract construct that organizes a group of themes by organizing them into a theoretical framework” (Auerbach et al., 2003), which were then organized into a theoretical narrative. After combining and interpreting coding results, the main researcher collaborated with the faculty researcher to integrate themes into a theoretical narrative, generating hypotheses about the impact of IMI with respect to the modern mother’s social stressors on maternal mental health.

Results

Interviewee data was organized into six theoretical constructs, all of which are presented with supporting themes, repeating ideas, and quotes from relevant text in Tables C, D, E, F, G, and H, respectively. Coding classifications are distinguished from one another as follows: theoretical constructs are written in all caps (e.g., MOMS HAVE IDIOSYNCRATIC, SELF-ALIGNED BELIEFS...), supporting themes are underlined (e.g., Moms have idiosyncratic, self-aligned beliefs...), repeating ideas are written in italics (e.g., *Moms have idiosyncratic, self-aligned beliefs...*), and relevant text quotes are in quotation marks (e.g., “Moms have idiosyncratic, self-aligned beliefs...”).

Participants conveyed their experiences as modern mothers through the following six distinct theoretical constructs: 1. MOMS HAVE IDIOSYNCRATIC, SELF-ALIGNED BELIEFS AROUND “GOOD MOTHERING” WHICH FEEL ATTAINABLE TO THEM;

THESE IDEAS ARE ATTRIBUTED TO VARIOUS SOURCES AS WELL AS EACH MOM'S COMPLEX, EVER-CHANGING IDENTITY; 2. MOMS' CONFIDENCE IN THEIR SELF-ALIGNED VIEWS OF "GOOD" MOTHERING ARE DISRUPTED BY EXPOSURE TO UNREALISTIC IDEALS WHICH REFLECT AN INTENSIVE MOTHERING IDEOLOGY AND INSPIRE UPWARD COMPARISONS (EVEN IN MOMS WHO "KNOW BETTER"); 3. MODERN MOTHERS FACE CHALLENGES UNIQUE TO THE PRESENT SOCIAL CLIMATE, DISTINGUISHING THEIR EXPERIENCES FROM THOSE OF PREVIOUS GENERATIONS'; 4. MODERN MOTHERS CAN SIMULTANEOUSLY ISSUE JUDGMENTAL ASSESSMENTS AND COMPASSIONATE INSIGHTS REGARDING THEMSELVES AND OTHERS; 5. IT "TAKES A VILLAGE" TO NOURISH AND PRESERVE MATERNAL MENTAL HEALTH; and 6. MOMS ASSUME ONUS OVER HOW THEIR BODIES AND BRAINS RESPOND TO MOTHERHOOD EVEN THOUGH THEY HAVE LITTLE-TO-NO CONTROL IN EITHER REGARD.

Theoretical Construct #1: MOMS HAVE IDIOSYNCRATIC, SELF-ALIGNED BELIEFS AROUND "GOOD MOTHERING" WHICH FEEL ATTAINABLE TO THEM; THESE IDEAS ARE ATTRIBUTED TO VARIOUS SOURCES AS WELL AS EACH MOM'S COMPLEX, EVER-CHANGING IDENTITY.

The first theoretical construct (see Table 3) that emerged from the data was: MOMS HAVE IDIOSYNCRATIC, SELF-ALIGNED BELIEFS AROUND "GOOD MOTHERING" WHICH FEEL ATTAINABLE TO THEM; THESE IDEAS ARE ATTRIBUTED TO VARIOUS SOURCES AS WELL AS EACH MOM'S COMPLEX, EVER-CHANGING IDENTITY. The text supporting this construct displayed the various ways that different mothers apply value to the vastly complicated role of "mom." Participants attributed these ideas to

multiple sources. They also explored the many roles that make up their respective identities as well as how those roles interact with one another.

Almost every participant (16 out of 17, or 94%) spoke to their perceptions of “good mothering” with respect to their idiosyncratic values which were reportedly derived from multiple sources (Moms have idiosyncratic, self-aligned beliefs around good mothering which they attribute to various sources). Seventy-six percent of participants (13 out of 17) described their conceptualizations of good mothering (*Moms' ideas around "good mothering" are unique-to-them and multifaceted*) by highlighting their priorities. For example, one mother stated that “Good mothering means being a little bit firm and holding boundaries,” (P3) while another felt that “A good mom makes their kids feel validated and respected” (P11). Almost three-quarters of participants (13 out of 17, or 76%) traced their mothering values to their desires to emulate how they were raised by their mothers (“*I got that idea from my mom, definitely*”) (P1). Thirty-five percent (6 out of 17), however, attributed their priorities to the experience of having reflected on how they were mothered and deciding to do things differently than their moms did (*Moms try to do things differently than their moms*), for example, “I was always aware of her...propensity to be...maybe what today we would call a helicopter parent, overly-cautious; I always told myself before I had kids that I wanted to give them more of a sense of independence than I had” (P7). Ten out of seventeen participants (or 59%) did not mention their mothers’ influence at all, instead stating that their *Ideas around good mothering come from various sources and observations* (e.g., “I do have a, a strong background in child development. So, taking what I knew from being a teacher and childhood psychology in achieving like my overall goals for my kids”) (P14).

Sixteen out of the seventeen participants, or 94%, spoke to the various roles (mom and not-mom) they hold in their lives, endorsing that Moms identify with complex identities. Eighty-two percent of participants (14 out of 17) spoke to the byzantine nature of who they are as mothers (*Moms conceptualize the "mom" component of their overall identities as complicated*). For many moms, these descriptions featured adjectives reflective of a wide range of emotions (e.g., “caring, overwhelmed, conflicted, loving, joyful, um, cautious, nervous, scared”) (P2). Forty-one percent (7 out of 17) felt their “mom identities” to be fluid (*How moms view the "mom" component of their identities evolves over time*), exploring their journeys of discovery around flexibility within the role (e.g., “After five years...I'm finally coming to the point of accepting that I, I can make demands about what I need in order to be the best mother and person for myself. I don't need to, um, sacrifice myself in order to get it all done”) (P14). Fifty-nine percent (10 out of 17) expressed how deeply they value their non-mom identities (“*I love being a mom, but that can't be everything that I am*”) (P2), and 53% of participants (9 out of 17) addressed their experiences within and perceptions of the sub-mom-identities of “working” vs. “non-working.” Forty-one percent (7 of 17) communicated feelings about observing/being stay-at-home moms (*Moms think being able to be a stay-at-home mom is a privilege, and stay-at-home moms feel negatively judged*), e.g., “...with my own siblings, it's like, 'oh, but you're home with the kids all day. Like how hard could it be?’” (P14). Twenty-nine percent (5 of 17) supported the idea that *Working enriches the individual identities of moms with jobs outside of the home, and working moms feel negatively judged* (e.g., “...I love what I do. There are many sacrifices I make for that, that I think other people don't necessarily appreciate or understand...or wouldn't make the same choices...”) (P4).

Table 3: Theoretical Construct #1

<p>Theoretical Construct #1: MOMS HAVE IDIOSYNCRATIC, SELF-ALIGNED BELIEFS AROUND "GOOD MOTHERING" WHICH FEEL ATTAINABLE TO THEM; THESE IDEAS ARE ATTRIBUTED TO VARIOUS SOURCES AS WELL AS EACH MOM'S COMPLEX, EVER-CHANGING IDENTITY.</p>		
<p>Theme #1: <u>Moms have idiosyncratic, self-aligned beliefs around good mothering which they attribute to various sources.</u> (16 Participants, 94%)</p>		
Repeating Ideas	Relevant text example	Relevant text example
<p>Repeating Idea #1: <i>Moms' ideas around "good mothering" are unique-to-them and multifaceted.</i> (13 Participants, 76%)</p>	<p>"Good mothering means being a little bit firm and holding boundaries, letting them be who they are, being patient; the ideal mom is someone who kind of lets their kids grow and be who they are and learn and explore and just be kids." (T3, P3)</p>	<p>"A good mom makes sure [their kids] feel validated and respected and supported and know that, even if they failed, they're still loved." (T3, P11)</p>
<p>Repeating Idea #2: <i>"I got that idea from my mom, definitely."</i> (P1) (13 Participants, 76%)</p>	<p>"I wanna emulate that. I wanna be as good to my daughter as my mom was to me. My mom instills values in me that I hope I can instill in my daughter." (T5, P1)</p>	<p>"The way that I was raised taught me that a mom has a certain role in the household." (T1, P9)</p>
<p>Repeating Idea #3: <i>Moms try to do things differently than their moms.</i> (6 Participants, 35%)</p>	<p>"I was always aware of her...propensity to be...maybe what today we would call a helicopter parent, overly cautious; I always told myself before I had kids that I wanted to give them more of a sense of independence than I had." (T1, P7)</p>	<p>"I look back to memories of conversations with my mom and I'm like, cool, thanks. I would not say that now. You know, remembering a conversation and being like wow, I did not realize that wasn't okay." (T3, P11)</p>

<p>Repeating Idea #4: <i>Ideas around good mothering come from various sources and observations. (10 Participants, 59%)</i></p>	<p>"I think research really describes a lot of, of how I parent, because I feel like there are so many things I don't know about and I want, I wanna make an informed decision on: toddler eating and toddler foods and, and like what, and how you can make mealtime more fun or, you know, different types of parenting philosophies." (T1, P10)</p>	<p>"I do have a, a strong background in child development. So taking what I knew from being a teacher and childhood psychology in achieving like my overall goals for my kids." (T3, P14)</p>
<p>Theme #2: <u>Moms identify with complex identities.</u> (16 Participants, 94%)</p>		
<p>Repeating Ideas</p>	<p>Relevant text example</p>	<p>Relevant text example</p>
<p>Idea #5: <i>Moms conceptualize the "mom" component of their overall identities as complicated. (14 Participants, 82%)</i></p>	<p>"Caring, overwhelmed, conflicted, loving, joyful, um, cautious, nervous, scared." (T1, P2)</p>	<p>"Reflective - constantly am trying to think about how I approached that moment or how I will approach it in the future, passionate, overwhelmed, frustrated, curious – about being a mom, about trying to better myself; proud, exhausted." (T1, P11)</p>
<p>Idea #6: <i>How moms view the "mom" component of their identities evolves over time. (7 Participants, 41%)</i></p>	<p>"So much of my early parenting and early motherhood was learning to understand that ...I had been dealing with mental illness my entire life; through that acceptance, I, um, sort of shifted my, my outlook on parenting." (T5, P2)</p>	<p>"After five years (my daughter, my oldest is five) I'm finally coming to the point of accepting that I, I can make demands about what I need in order to be the best mother and person for myself. I don't need to, um, sacrifice myself in order to get it all done." (T18, P14)</p>

<p>Idea #7: <i>"I love being a mom, but that can't be everything that I am."</i> (10 Participants, 59%)</p>	<p>"I am very intentional in trying to hold onto all parts of me and not just lose everything to become a mom to my kids." (T1, P4)</p>	<p>"I teach art, yes. I do think that, the artist in me, or at least that version of my identity that was quite well-crystallized by the time I became a mom, made it hard...to align with the "mom" identity entirely. Especially 'cause the art world is not very supportive of uh, mother artists...there are very successful female artists out there, and it's like always secondary and a surprise [to discover], 'oh they have kids. Wow. Alright. How did they do it?'" (T9, P7)</p>
<p>Idea #8: <i>Moms think being able to be a stay-at-home mom is a privilege, and stay-at-home moms feel negatively judged.</i> (4 Participants, 24%)</p>	<p>"If I had had a more comfortable financial situation, it would be easier for me to be the kind of stay-at-home mother I always thought I would be." (T7, P2)</p>	<p>"Within my own family even, with my own siblings, it's like, 'oh, but you're home with the kids all day. Like how hard could it be?' And I'm like, 'oh, they'll drive you insane...and you're still supposed to get everything done!'" (T12, P14)</p>
<p>Idea #9: <i>Working enriches the individual identities of moms with jobs outside of the home, and working moms feel negatively judged.</i> (5 Participants, 29%)</p>	<p>"I was a stay-at-home mom. I think I've become a better mom [since getting a job and putting her in daycare] because I'm able to work and be happy with myself professionally, and she is able to [go to] daycare to learn and make friends." (T5, P1)</p>	<p>"I have a very demanding...career as a lawyer. I love what I do. There are many sacrifices I make for that, that I think other people don't necessarily appreciate or understand, or wouldn't make the same choices..." (T1, P4)</p>

Theoretical Construct #2: MOMS' CONFIDENCE IN THEIR SELF-ALIGNED VIEWS OF "GOOD" MOTHERING ARE DISRUPTED BY EXPOSURE TO UNREALISTIC

IDEALS WHICH REFLECT AN INTENSIVE MOTHERING IDEOLOGY AND INSPIRE UPWARD COMPARISONS (EVEN IN MOMS WHO "KNOW BETTER").

The second theoretical construct (Table 4) represents the fragility of conviction in some modern mothers in that MOMS' CONFIDENCE IN THEIR SELF-ALIGNED VIEWS OF "GOOD" MOTHERING ARE DISRUPTED BY EXPOSURE TO UNREALISTIC IDEALS WHICH REFLECT AN INTENSIVE MOTHERING IDEOLOGY AND INSPIRE UPWARD COMPARISONS (EVEN IN MOMS WHO "KNOW BETTER"). Participants reported frequent exposure to the concept of the "ideal" mother, an image which they describe as impossible-to-achieve; and yet, somehow, they still try to achieve it. When they do not achieve it, they tend to pose upward comparisons to the ideal which result in cognitive dissonance over the inconsistency between who they are and who they want to be. Moms pose comparisons others' mothering to their mothering, as well as to how their children compare to other children.

Eighty-two percent of interviewees (14 of 17) described the shared experience of feeling an ever-lurking presence of this "perfect" mother ideal which is not realistically attainable (*Many moms feel bombarded with exposure to an unrealistic, unattainable, "perfect" mother ideal*). Generally, when asked to describe the "perfect" mother, they depicted mothers with boundless energy and patience, diverse skillsets, steadfast commitments to their "mom" identities above all other identities, and time for self-care ("being a 'perfect' mom means you meet your kids' needs, but somehow do it in a way so you are still happy. Because you also can't be miserable, but at the same time, like, have them be academically and socially fulfilled, make sure that they're fulfilled in like all these ways, and preferably also cleanly fed and make sure the couch is like not destroyed at the same time") (P16). Twenty-four percent (4 of 17) felt that *Moms get mixed messages around "perfect" mothering* in that, even if someone were to try to pursue this ideal,

the rules are too contradictory to even attempt to follow (e.g., “What the right number of baths is, I don't know, because if you give them no baths, they're never going to college. And if you give ten baths every day they're also never going to college”) (P4). Forty-one percent of subjects (7 of 17) attributed their main exposure to this “perfect” ideal to media (*Moms are exposed to the mothering “ideal” by various media*). One mom referenced, “...all the ridiculous standards of like social media and the like mommy blogger movement” (P8) as their main source of exposure to the mothering ideal. Thirty-five percent of moms (5 of 17) reported being cognizant of the fact that the images of the “perfect” mom which they consume on social media are not representative of people’s real lives (*Moms know that the “perfect” mothering content they consume is not real; “...people professing their ridiculous mom lives where like everything's in white and all the kids are perfect. That's not real. What they are portraying is not real life. No one lives like that.”*) (P9). Twenty-four percent of moms (4 of 17) talked about how the myth of the “ideal” mother transcends cultural barriers (*Moms from different cultures are exposed to “ideal” mothering images in different ways*). One participant alluded to this in describing her culture’s expectation that moms prioritize their “mom” identities above all other identities: “the word you use in Russian when you have children means - in English - 'to fully occupy yourself with.' Like, that’s the word. You use the same word for 'to study,' like, 'to study a subject’” (P16).

Despite moms’ abilities to partially detach themselves from this “perfect” mother messaging by recognizing its fictitious nature, 59% of participants (10 of 17) communicated that regardless of moms’ potential savviness to the imperfect realities behind perfect-seeming content, Many moms cannot help but pose upward comparisons of their own mothering to unrealistic ideals. Forty-one percent of interviewees (7 of 17) related to the idea that *When moms are exposed to an unrealistic ideal, they lose sight of their values and pose upward comparisons.*

Considering the previous theoretical construct which evolved from mothers feeling intimately connected to their maternal values, exposure to the “perfect” mothering ideal is apparently powerful enough to make the same moms with intuitive conviction become vulnerable to self-doubt (e.g., “Kate Middleton's like walking out of the hospital the same day. And you're just like, how did you do that? And you look great too, and you're wearing, and you're wearing heels. And I, I can't even sit on a pillow right now. That was the birth experience I was shopping for. And I ended up with something from like the discount bin”) (P13). Forty-seven percent of participants (8 of 17) elaborated on their experienced repercussions of upward comparisons, formulating the idea that *Comparisons to ideal moms on social media make moms feel sad and think critically of themselves* (e.g., “I have definitely had to unfollow some mom accounts that have made me feel bad about myself”) (P15). Twenty-four percent of moms (4 of 17) felt that, despite having an awareness that “perfect” mothering content is mostly fake, they still found themselves posing upward comparisons to these ideals and trying to achieve the unachievable (*Even moms who know what they are consuming on social media is not real find it difficult not to pose upward comparisons and/or strive for perfection*; “I just see like these perfect looking moms in their perfect looking kitchens with their kids who are looking at the camera and smiling, and of course I know these are people who have hair people and make up people and someone professionally taking their photos. I know this. It's not like me snapping a picture of my kid on a swing. These are like posed, whatever, filtered and whatever, but even knowing all that, even knowing nobody's kitchen looks like that, and nobody's body looks like that, and nobody's kids look like that... it just creates sort of like a, you know, impossible comparison”) (P15). The last idea within this theme, *Moms compare their kids to other kids*, was backed by 5 of 17 participants (29%) (e.g., “I have a tendency when we have play dates, or go to the park, or like go to a party, to like

compare my kids to other kids. I just feel like I'm always like trying to like suss out if they're okay”) (P15). Although the nature of these comparisons varied in that some moms specified comparisons regarding their children’s’ developmental trajectories while other moms spoke more to comparing aesthetic presentations of their kids (e.g., them not looking at the camera for a family photo), both types of comparisons were communicated as extensions of the mother; in other words, it seemed however kids are or are not presenting is perceived by moms to be less a reflection of the child and more so a reflection of the mother and their level of self-evaluated mothering success.

Table 4: Theoretical Construct #2

<p>Theoretical Construct #2: MOMS' CONFIDENCE IN THEIR SELF-ALIGNED VIEWS OF “GOOD” MOTHERING ARE DISRUPTED BY EXPOSURE TO UNREALISTIC IDEALS WHICH REFLECT AN INTENSIVE MOTHERING IDEOLOGY AND INSPIRE UPWARD COMPARISONS (EVEN IN MOMS WHO "KNOW BETTER").</p>		
<p>Theme #3: Many moms feel bombarded with exposure to an unrealistic, unattainable, "perfect" mother ideal. (14 Participants, 82%)</p>		
Repeating Ideas	Relevant text example	Relevant text example
<p>Repeating Idea #10: <i>Moms describe the "perfect" mother as someone who can fulfill intricate series of demands. (6 Participants, 35%)</i></p>	<p>“I’m thinking about being there for drop off, being there for pickup, being there for all the activities, always being engaged and joyful and interactive with your children, and they eat balanced meals, and they have the right number of baths per week. They wear the right clothes. The clothes are the perfect amount of quirky. They picked it out themselves, but it still works together.” (T4, P4)</p>	<p>"Being a ‘perfect’ mom means you meet your kids' needs, but somehow do it in a way so you are still happy. Because you also can't be miserable, but at the same time, like, have them be academically and socially fulfilled, make sure that</p>

		<p>they're fulfilled in like all of these ways, and preferably also cleanly fed and make sure the couch is like not destroyed at the same time.”</p> <p>(T1, P16)</p>
<p>Repeating Idea #11: <i>Moms get mixed messages around "perfect" mothering.</i> (4 Participants, 24%)</p>	<p>“What the right number of baths is, I don't know, because if you give them no baths, they're never going to college. And if you give ten baths every day they're also never going to college.” (T4, P4)</p>	<p>"Everyone says to get them the expensive one, the Snoo, right? I'm like, well, if I get them the Snoo, then I'm gonna have to get them out of the Snoo. And everyone also says you shouldn't get them used to any one sleeping [device] because then they won't nap in the car. But they won't fit in the Snoo forever, so, which is it?" (T10, P15)</p>

<p>Repeating Idea #12: <i>Moms are exposed to the mothering "ideal" by various media.</i> (7 Participants, 41%)</p>	<p>"For me, a lot of the bullshit comes from social media and just like, television." (T4, P4)</p>	<p>"...all the ridiculous standards of like social media and the like mommy blogger movement." (T2, P8)</p>
<p>Repeating Idea #13: <i>Moms know that the "perfect" mothering content they consume is not real.</i> (6 Participants, 35%)</p>	<p>"A lot of it is the curation of it. Right. Like getting rid of the realism and like posting like, oh, look at this. My kid is wonderful and perfect. And I have so much time to make lunches for my kids that are a step above a baby bell cheese." (T9, P6)</p>	<p>"...people professing their ridiculous mom lives where like everything's in white and all the kids are perfect. That's not real. What they are portraying is not real life. No one lives like that." (T7, P9)</p>
<p>Repeating Idea #14: <i>Moms from different cultures are exposed to "ideal" mothering images in different ways.</i> (4 Participants, 24%)</p>	<p>"I had the Jewish mother who just like, managed the whole house. She did all the food, all the clothing, all the laundry, all the taking you here, taking you there, making sure you're prepped for school. That, that mental load was all on her. I guess I don't have to do it all, but she did it all. So I just do it all. She...did it all and she made it look easy." (T3, P9)</p>	<p>"The word you use in Russian when you have children means - in English - 'to fully occupy yourself with.' Like, that's the word. You use the same word for 'to study,' like, 'to study a subject.'" (T2, P16)</p>
<p>Theme #4: Many moms cannot help but pose upward comparisons of their own mothering to unrealistic ideals. (10 Participants, 59%)</p>		

Repeating Ideas	Relevant text example	Relevant text example
<p>Repeating Idea #15: <i>When moms are exposed to an unrealistic ideal, they lose sight of their values and pose upward comparisons.</i> (7 Participants, 41%)</p>	<p>“It’s my lifestyle that doesn’t match [mommy bloggers’], you know? Just being totally different [from them] and looking at them, being like, yeah, that would be fucking nice. I would love to have the energy (or the desire) to like wake up early and work out and do all these things, but I don't.” (T3, P8)</p>	<p>"Kate Middleton's like walking out of the hospital the same day. And you're just like, how did you do that. and you look great too, and you're wearing, and you're wearing heels. And I, I can't even sit on a pillow right now. that was the birth experience I was shopping for. And I ended up with something from like the discount bin." (T4, P13)</p>
<p>Repeating Idea #16: <i>Comparisons to ideal moms on social media make moms feel sad and think critically of themselves.</i> (8 Participants, 47%)</p>	<p>“With mom bloggers or whatever, like posting all the good stuff and all the crafts you can do...things that I'm not gonna do but I'll feel bad about not doing because this mom on Instagram is doing it.” (T16, P2)</p>	<p>"I have definitely had to unfollow some mom accounts that have made me feel bad about myself.” (T12, P15)</p>

<p>Repeating Idea #17: <i>Even moms who know what they are consuming on social media is not real find it difficult not to pose upward comparisons and/or strive for perfection.</i> (4 Participants, 24%)</p>	<p>"As an adult, I know social media is not true...I know that those are people who making their life look perfect...but it's still hard...I see stuff and instead of ignoring it, I ask myself, like, 'How can I squeeze that in? How can I figure out fairy tale ballet for her 'cause she really wants it?'" (T5, P11)</p>	<p>"I think [Instagram] creates more of like a comparison. I just see like these perfect looking moms in their perfect looking kitchens with their kids who are looking at the camera and smiling, and of course I know these are people who have hair people and make up people and someone professionally taking their photos. I know this. It's not like me snapping a picture of my kid on a swing. These are like posed, whatever, filtered and whatever, but even knowing all that, even knowing nobody's kitchen looks like that and nobody's body looks like that and nobody's kids look like that... it just creates sort of like a, you know,</p>
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		<p>impossible comparison." (T12, P15)</p>
<p>Repeating Idea #18: <i>Moms compare their kids to other kids.</i> (5 Participants, 29%)</p>	<p>"My son is in the 23rd percentile in weight. And we are really pumped about it since he was so tiny, but like, he's just always gonna be a tinier human, and that's fine. And I know that's fine now, but it, it really felt like the worst thing in the world. Especially since my best friend's kid has always been in the 99th percentile in weight and he's a month younger than my son. So having that as a comparison point was like so hard for me. Like, fuck you and your happy chubby baby." (T7, P8)</p>	<p>"I have a tendency when we have play dates or go to the park or like go to a party, to like compare my kids to other kids. I just feel like I'm always like trying to like suss out if they're okay." (T7, P15)</p>

Theoretical Construct #3: MODERN MOTHERS FACE CHALLENGES UNIQUE TO THE PRESENT SOCIAL CLIMATE, DISTINGUISHING THEIR EXPERIENCES FROM THOSE OF PREVIOUS GENERATIONS.

The third theoretical construct, MODERN MOTHERS FACE CHALLENGES UNIQUE TO THE PRESENT SOCIAL CLIMATE, DISTINGUISHING THEIR EXPERIENCES FROM THOSE OF PREVIOUS GENERATIONS (see Table 5), addresses the variety of experience between current mothers of young children compared to previous generations. Participants worked through judgments about whether mothering used to be easier, harder, or the same in terms of difficulty level. They also reflected extensively on what they perceived to be the two major cultural shifts modern mothers are grappling with (which previous generations of mothers did not have to consider): access to advanced technology and the COVID-19 pandemic.

Participants unanimously agreed (100%, 17/17) that Modern moms of children ages 0-5 face different challenges than mothers in previous generations. Twenty-four percent of participants (4 of 17) assessed their current challenges and declared *Mothering is harder now than it was for previous generations* (e.g., “I think every single thing [about mothering] is harder now than it was [for previous generations]” (P16). Forty-one percent (7 of 17) rated their current challenges as about equal to those of prior generations of mothers (“*I think [being a mom is] about as hard as it used to be*”) (P6). Twenty-four percent of participants (4 of 17) discussed the difference in social circumstances from one generation to the next (*Social stressors are different in each generation*; “I guess there was the Gulf War for the last generation, but I think parenting in a pandemic is unlike anything in this modern world”) (P2).

Twenty-nine percent of participants (5 of 17) expressed an appreciation for modern times’ emphasis on the value of parents modeling open emotional expression for their children

(The importance of recognizing and processing emotions is a more mainstream concept than it was for the previous generation). One interviewee stated, “It was always so like, don't show your feelings, it was very taboo to cry and show your feelings and your anger. And there wasn't a lot of, ‘I love you,’ and like, I probably tell my kids I love them like every chance I get, because I just, that's just me. So, like, I see like a definite difference in like expressing emotions and, um, then the dynamic of the relationships” (P5).

Eighteen percent of moms (3 of 17) described having a keen awareness of how societal expectations of mothers have been intensifying significantly over time (*“I feel like there’s more and more parental involvement and sort of expectations than perhaps there were the generation before us, and certainly the generation before that”*) (P15). One interviewee offered the example that, “20 years [ago, it] was about childcare - not ensuring your child will be entertained or anything like that” (P14). Eighteen percent of moms (3 of 17) spoke to the double-edged sword that is the modern mother’s bottomless access to information (*Moms have more information now than they used to which has plusses and minuses*; “When my first was born and my mom was here helping, I was like, mom, you can't put him on his stomach. And like, you can't have anything else in the crib and this and that and the other. And she was like, we always put you on your stomach, and you had all kinds of crap in your crib. Like you were fine. There's more information and research now, and I think it's important. I think it helps prevent babies from dying that we have this information. But I think it also creates a lot of fear”) (P15). Eighteen percent of interviewees (3 of 17) commented on their remarkably shortened hospital stays compared to the previous generation’s (*Moms used to be encouraged to stay in the hospital for longer periods of time after giving birth*). Each of the three participants who reflected on this point felt it to be a negative change (e.g., “I remember my mom saying she was in the hospital

for a while...now it's three days and you're out. That is where it starts, in the hospital. Like that is the first message you receive about how hard or easy this process should be for you..." (P14)

Although a few interviewees referenced financial hardships for previous generations (e.g., The Great Depression), 12% of subjects (2 participants) felt that, financially, it is more difficult for modern mothers to "keep up" than it has been in the past (*"It's harder financially, right? It's harder"*) (P16). One subject who subscribed to the idea that the expectation of financial resources is harder to meet than it once was explained, "It is difficult now because now women are allowed in the workforce, and inflation is so bad that like everyone has to live in a two-parent working household" (P6). In other words, everyone is working harder and yet families are still finding it challenging to afford the things they are "supposed to" afford for their children. Eighteen percent of participants (3 of 17) compared men and women in light of their work, however they specifically explored the gendered division of the parenting workload and how it has or has not evolved over time (*Moms have differing views on whether the male-female gender gap has narrowed in recent years in terms of parenting responsibility*). Participants expressed experiences ranging from "I think my partner is much more involved than my parents' generation" (P7) to "...the invisible load that the majority of mothers carry has...been consistent over time" (P8).

Forty-one percent of participants (7 of 17) expressed disdain toward an overwhelming presence of technology in their lives which they believe complicates modern parenting (*Modern moms think technology advancements have made their lives harder*; "You cannot monitor your kids' behavior all the time; who knows what the hell they're gonna find on the internet. They have smartphones, so they have the internet with them all the time. Also, the access of all that news information has just made everyone more aware of all the challenges and difficulties and

dangers that are out there. There was always a risk of your kid being kidnapped by a random, you just hear about it a lot more [now]. Another big thing for me personally...is the demand of 24/7 accessibility to work. It's just sad") (P4). Eighteen percent of participants (3 of 17) disagreed on this point, however, asserting that technology has made their lives as mothers more manageable (*Modern moms think technology advancements have made their lives easier*; "One other big, big difference with parenting and technology, Amazon is a lifesaver. I don't know how people were parents before they had Amazon") (P4). Twelve percent of mothers (2 participants) had mixed feelings about whether technology has made modern mothers' lives easier or harder ("I think social media has been the worst thing for parents...actually I shouldn't say that...it's good and bad, for sure") (P11). The last communally articulated observation in relation to this generation and the last came from 24% of participants' opinions (4 of 17) that *Moms don't send their kids outside to play as much as they used to*. One subject hypothesized this to be attributable to the modern mother's fear of being judged by neighbors as irresponsible: "I think, from the outside looking in, people would think differently about a mom [letting her kids play alone outside] now than a mom doing that in the eighties" (P14).

One hundred percent of participants (17 of 17) spent a portion of their interviews talking about social media in terms of their various modes of engagement and the impact of those interactions on their mental health statuses (Through technology and social media, moms are exposed to content that can have both positive and negative impacts on MMH). Fifty-nine percent of subjects (10 of 17) credited virtual communities formed through social media as significant sources of comfort in their lives (*Moms feel supported by virtual communities*). Participant who positively reflected on the support provided through these communities expressed feeling most comforted by connections who validate that they are enough, who might

say something such as “it’s fine...you’re doing what you can do and it’s all good” (P3) Six interviewees, or 35%, agreed on the more specific sentiment that *Social media helps moms feel less alone in their mental health struggles*. Many moms communicated the relief they experienced learning that others share similar experiences to theirs: (e.g., “There’s an account devoted to serious intrusive thoughts, and normalizing them for people...It’s not about you being this dangerous person because you thought this thing that involved knives”) (P2). While moms who feel supported by virtual communities did not express any desire to meet up with those contacts in-person, 35% of this sample (6 of 17) said they use social media as a tool to stay meaningfully connected to non-virtual, “real-life” communities which are not always geographically accessible. One participant shared, with gratitude, that, “[Technology has] made it possible for their grandparents to stay in touch. We Zoom with them all the time and...they love it 'cause our family's outta state” (P4). Twenty-nine percent of interviewees (5 of 17) endorsed using social media as a tool to connect with other virtual communities that nourish the non-mom parts of their identity (as opposed to aforementioned participants who belong to groups that exist to support one another along the journey of motherhood). These five subjects spoke of cherished virtual communities which are grounded in their interests and keep them connected to parts of themselves that are not always detectible while they are engulfed in their “mom” roles (*Moms stay connected to hobbies and passions through social media*; “I feel catharsis singing...it is a form of self-care. When I can’t be performing, I can post a TikTok video of me singing”) (P2). When the topic of posting personal content on social media platforms came up in interviews, 59% of moms (10 of 17) expressed putting deep thought into what they post (if they post at all), bolstering the shared idea that *Moms are thoughtful about what they post*. Different participants had different reasons for their thoughtfulness: Some were concerned about keeping

their children off the internet as a safety measure, while others stated they were uncomfortable posting pictures of their families because their children lacked the cognitive capacity to give consent. Others still simply expressed a desire for privacy: “I very rarely post...I'm much more cautious because I work in a school and everyone there is working together for life. Yeah. You're trapped with these people. So, I just don't post a lot” (P16). In speaking about participant experiences with various social media outlets, 29% of interviewees (5 of 17) commented on the importance of the different apps’ algorithms, celebrating platforms that can most accurately guess what they will like and dislike (*The social media algorithms matter*). Interviewees cautioned that certain apps are less equipped to understand the intricacies of their interests which puts them at risk for exposure to potentially triggering posts (e.g., “It's funny, but the ‘mommy blogger’ posts that turn me off are not even ones that I follow. They just like arise, which is part of the annoying part. Like I have no control over that”) (P8). Related to this were the claims of eight participants (47%) who expressed the shared, more introspective outlook that *Moms consume material on social media that makes them doubt their maternal instincts*; “...not all children react the same way to stuff. So I find myself wanting to look at [influencers’] posts, and at the same time not wanting to, because these blanket recommendations don’t always apply to me and my kid”) (P17). Once again, it is difficult for moms to digest content created by an “expert” of sorts without being influenced by proclaimed “shoulds” (even if they intuitively believe this expert advice will not serve them). Interestingly, 53% of interviewees (9 participants) viewed social media as more of a concrete research tool (*Moms use social media as a source of information*; “I love social media for finding new things to do with the kids. I think it's a good source of information”) (P5). Among the multitude of positive and negative feelings moms expressed regarding their complex relationships to the content they consume on social

media were four participants (24%) who provided a shared description of their “favorite” mom accounts to follow. The criteria were quite simple for them: They reportedly derive the most pleasure from moms who post relatable moments that reflect a messy reality (*Moms appreciate “raw” accounts of the motherhood experience*). One participant said “...it’s so helpful to see...the humanity [out there]. Or like, ‘that basket of laundry has been sitting on my couch for 10 days, clean and not folded. We just pick from it.’...It’s helpful to know that’s okay!” (P17).

All interviewees agreed that moms experienced the pandemic—and its impact on their mental health—in different ways. Twenty-four percent of participants (4 of 17) expressed that they did not experience mental health problems until the start of the COVID-19 pandemic which inspired feelings of isolation, stress, and sadness (*Moms think the pandemic marked the onset of their psychological problems*); “[The pandemic] destroyed me...the physical constrains...the social constraints, the isolation... traumatizing” (P14). Four working moms (24% of participants) expressed a lack of compassion for themselves regarding how they managed to both work and parent from home: *Moms who worked from home during the pandemic judged themselves for increasing their kids' allotted screentime* (“I was literally working, and they were right there and...my kids were one and a half and three and a half in March of 2020. So, my one-and-a-half-year-old wouldn't sit and watch TV. Their screen time increased during that time. And I didn't feel good about that”) (P15). Another example of moms casting negative judgments on themselves during already-trying times is the idea that *Moms compared themselves to other moms during the pandemic*. Twenty-nine percent of interviewees (5 of 17) felt that the image of the unattainable “ideal” mother followed them into the pandemic; it looked almost the same, except its role requirements expanded to effectively master COVID-19-specific circumstances. One mom elaborated to say: “For me, the ideal mother who, you know, had kids in virtual school

or whatever, would've done all of those wonderful things I saw other moms do, like, had a nice little school room area set up for [their kid] every day. And before he even got up, they'd have all of the stuff, supplies or whatever, set up for him. They would certainly not be running around like, 'Oh, we're five minutes late. What's the password for Zoom today?'" (P13).

Ten interviewees shared memories from the pandemic indicating that, for them, *The pandemic was beneficial in a lot of ways*. This group, encompassing 59% of participants, experienced various forms of positive change while the world was in a state of chaos and disarray. One mom, for example, welcomed an “existential reckoning” (P2) during quarantine which led her to realize her desire to change careers.

Table 5: Theoretical Construct #3

Theoretical Construct #3: MODERN MOTHERS FACE CHALLENGES UNIQUE TO THE PRESENT SOCIAL CLIMATE, DISTINGUISHING THEIR EXPERIENCES FROM THOSE OF PREVIOUS GENERATIONS’.		
Theme #5: <u>Modern moms of children ages 0-5 face different challenges than mothers in previous generations.</u> (17 Participants, 100%)		
Repeating Ideas	Relevant text example	Relevant text example
Repeating Idea #19: <i>Mothering is harder now than it was for previous generations.</i> (4 Participants, 24%)	“Boomers had it kind of easy, um, in their parenting years.” (T9, P2)	“I think every single thing [about mothering] is harder now than it was [for previous generations].” (T11, P16)
Repeating Idea #20: <i>"I think [being a mom is] about as hard as it used to be."</i> (P6) (7 Participants, 41%)	"I think it's always been difficult, and I think only now are we starting as a society to really have the language and the acknowledgement of how difficult motherhood is. I think the pandemic really kind of helped jumpstart some of that conversation." (T5, P6)	"My stepson is a 12-year-old. He watches people play video games. People watch football, but they don't play the football game...it's the same...it's like what rock and roll was for our parents, like 'what is that crap?' It's the same shit just in a different box." (T11, P11)

<p>Repeating Idea #21: Social stressors are different in each generation. (4 Participants, 24%)</p>	<p>"I guess there was the Gulf War for the last generation, but I think parenting in a pandemic is unlike anything in this modern world." (T9, P2)</p>	<p>"I don't recall it being a thing for kids to commit suicide when we were young... suicide and the general self-harm rates have undoubtedly risen in recent years." (T5, P9)</p>
<p>Repeating Idea #22: <i>The importance of recognizing and processing emotions is a more mainstream concept than it was for the previous generation.</i> (5 Participants, 29%)</p>	<p>"A lot of our moms' generations were kind of like, 'Oh, you just buck up, like you just do it.'" (T1, P3)</p>	<p>"It was always so like, don't show your feelings, it was very taboo to cry and show your feelings and your anger. And there wasn't a lot of, 'I love yous' and like, I probably tell, tell my kids I love them like every chance I get, because I just, that's just me. So, like, I see like a definite difference in like expressing emotions and, um, then the dynamic of the relationships." (T3, P5)</p>
<p>Repeating Idea #23: <i>"I feel like there's more and more parental involvement and sort of expectations than perhaps there were the generation before us, and certainly the generation before that."</i> (P15) (3 Participants, 18%)</p>	<p>"20 years [ago, it] was about childcare - not ensuring your child will be entertained or anything like that." (T11, P14)</p>	<p>"In terms of like just all the things that you're supposed to do for your kids and be for your kids. I just feel like previous generations didn't necessarily deal with that. So, where I work, it's supposed to be something like 10% of kids who really need special education. And I would say, in the school I was working at, maybe 40% of kids had been evaluated and were getting some kind of support. So I do think there has been a, like a shift in this sort of hyper-focus on kids' development." (T10, P15)</p>

<p>Repeating Idea #24: <i>Moms have more information now than they used to which has plusses and minuses.</i> (3 Participants, 18%)</p>	<p>“You have to pick and choose, 'what am I gonna give my kid?' I have become a little bit more obsessed [with] organic food - we're much more aware of that now than we used to be. When we were eating Cheerios in the eighties, there wasn't glycoposphate on the box, you know? Now there is so you can't ignore it.” (T4, P3)</p>	<p>“When my first was born and my mom was here helping, I was like, mom, you can't put him on his stomach. And like, you can't have anything else in the crib and this and that and the other. And she was like, we always put you on your stomach, and you had all kinds of crap in your crib. Like you were fine. There's more information and research now, and I think it's important. I think it helps prevent babies from dying that we have this information. But I think it also creates a lot of fear.” (T10, P15)</p>
<p>Repeating Idea #25: <i>Moms used to be encouraged to stay in the hospital for longer periods of time after giving birth.</i> (3 Participants, 18%)</p>	<p>"...I remember my mom saying she was in the hospital for a while...now it's three days and you're out. That is where it starts, in the hospital. Like that is the first message you receive about how hard or easy this process should be for you..." (T18, P14)</p>	<p>"It's the 'I gave birth during COVID-19' story, right? I have my parking sticker for proof which shows I was in the hospital for 33 hours. Like I gave birth, they waited 24 hours to do the little, the test on their leg or whatever the blood test they need to discharge you, and then I got back in the car... just leave. Just go. Bye." (T9, P16)</p>
<p>Repeating Idea #26: <i>"It's harder financially, right? It's harder."</i> (P16) (2 Participants, 12%)</p>	<p>"It is difficult now because now women are allowed in the workforce, and inflation is so bad that like everyone has to live in a two-parent working household." (T6, P6)</p>	<p>"Daycare will cost me, next year, \$54,000 between two kids - and we don't have universal pre-K...I actually pay more than my mortgage in daycare. Hmm. So I think it's harder financially." (T11, P16)</p>

<p>Repeating Idea #27: <i>Moms have differing views on whether the male-female gender gap has narrowed in recent years in terms of parenting responsibility. (2 Participants, 12%)</i></p>	<p>“Generally speaking, I think my partner is much more involved than my parents' generation, um, I don't think my father's ever changed a diaper in his life whereas if my husband's home, he does all of it, you know, like I don't have, I don't do it, you know. in that sense there's like some real, uh, equalizing there. it's probably all, you know, specific to everyone's like work and life and interpersonal relationships and everything, but I think, I'm sure it has progressed more equitably in that gender respect.” (T7, P7)</p>	<p>"When you compare [motherhood] to, uh, the experience of mothers and previous generations...the invisible load that the majority of mothers carry has, I mean, obviously looks a little different based on what our society looks like and what types of things we're carrying and managing. But I would say that that is still very present...like, all of those things, those little things that are so grand when you add them all together and they are such a fucking burden and there's just no recognition or understanding of it, unless you are involved in it. I would say that has been consistent over time. What that load looks like is, is different. That being said, conversations like this are way more normalized..." (T9, P8)</p>
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<p>Repeating Idea #28: <i>Modern moms think technology advancements have made their lives harder.</i> (7 Participants, 41%)</p>	<p>“[Parenting now is] absolutely harder [than it was for the previous generation]. I think technology is a huge, huge part to do with that. You cannot monitor your kids' behavior all the time; who knows what the hell they're gonna find on the internet. They have smartphones, so they have the internet with them all the time. Also, the access of all that news information has just made everyone more aware of all the challenges and difficulties and dangers that are out there. There was always a risk of your kid being kidnapped by a random, you just hear about it a lot more [now]. Another big thing for me personally...is the demand of 24/7 accessibility to work. It's just sad.” (T9, P4)</p>	<p>“My daughter has a tablet. She's 18 months old and she has a tablet and like watches <i>Cocomelon</i> when I let her, and like would watch <i>Cocomelon</i> all day if I let her. And walks around looking for her tablet and like, that's, I, I feel like another piece of parenting that like, yes, there was television [when we were kids], but at least when I was a kid, you could only watch the shows that were on when they were on. Like you watched whatever, “Chip and Dale Rescue Rangers” or whatever, but it was on for half an hour and then it was done, and you couldn't watch 37 more episodes of “Chip and Dale Rescue Rangers.” But like she could sit for two hours and watch like 1000 episodes of <i>Cocomelon</i> and be totally happy with life. [It is a] generational issue...” (T4, P10)</p>
<p>Repeating Idea #29: <i>Modern moms think technology advancements have made their lives easier.</i> (3 Participants, 18%)</p>	<p>“Yes, technology is advancing socially, but with that, medical technology is also advancing.” (T7, P1)</p>	<p>"One other big, big difference with parenting and technology, Amazon is a lifesaver. I don't know how people were parents before they had Amazon.” (T11, P4)</p>
<p>Repeating Idea #30: <i>Modern mothers are conflicted about whether technology has made their lives easier or harder.</i> (2 Participants, 12%)</p>	<p>"The first immediate difference you think of [between then and] now is technology, and even though I immediately went to negative first, there's absolutely ways it makes things infinitely easier as well." (T9, P4)</p>	<p>"I think social media has been the worst thing for parents...actually I shouldn't say that...it's good and bad, for sure." (T4, P11)</p>

<p>Repeating Idea #31: <i>Moms don't send their kids outside to play as much as they used to.</i> (4 Participants, 24%)</p>	<p>"You can't just be like, 'okay, go have fun in the neighborhood, we'll see you at five for dinner.' it doesn't feel safe to do that anymore as much." (T9, P12)</p>	<p>"I think, from the outside looking in, people would think differently about a mom [letting her kids play alone outside] now than a mom doing that in the eighties." (T9, P14)</p>
<p>Theme #6: <u>Through technology and social media, moms are exposed to content that can have both positive and negative impacts on MMH.</u> (17 Participants, 100%)</p>		
<p>Repeating Ideas</p>	<p>Relevant text example</p>	<p>Relevant text example</p>
<p>Repeating Idea #32: <i>Moms feel supported by virtual communities.</i> (10 Participants, 59%)</p>	<p>"Those moms who are like, it's fine. Like you're, you're doing what you can do and it's all good." (T6, P3)</p>	<p>"On Instagram too, like people, I don't know who, you know, follow my stories or whatever. Like: my daughter got RSV last month, which was worse than COVID-19, by the way. I like posted something about it and like people I've never met before like flooded my DMS of like 'here's some tips, we're so sorry.' Like, you know, we had that at our house too, and here's what we did. And like that was a really nice piece too. And that's happened, you know, numerous times where I've posted a random thing and it just feels like there's, there's people out there who you even don't know who are like wanting to kind of buoy you and, and support you." (T5, P10)</p>

<p>Repeating Idea #33: <i>Social media helps moms feel less alone in their mental health struggles.</i> (6 Participants, 35%)</p>	<p>“There's an account devoted to serious intrusive thoughts, and normalizing them for people...It's not about you being this dangerous person because you thought this thing that involved knives.” (T16, P2)</p>	<p>"Also just talking to people and realizing, um, it's normal, you know, like you're not the first person to struggle [after having a baby], there are books about this." (T8, P13)</p>
<p>Repeating Idea #34: <i>Moms stay connected to their non-virtual communities through social media and technology.</i> (6 Participants, 35%)</p>	<p>“[Technology has] made it possible for their grandparents to stay in touch. We zoom with them all the time and that's great. We have one of those skylight frames. So I can just keep sending all the pictures to the grandparents that we take on our phone and they get all the new pictures and they love it 'cause our family's outta state." (T10, P4)</p>	<p>"I have a friend who recently passed at a young age leaving behind 3 children...as hard as it is to do, I...go on her Facebook page...I do care about her kids and her family...still being able to see, wow, you know, their first day of preschool. It is pretty amazing." (T10, P11)</p>
<p>Repeating Idea #35: <i>Moms stay connected to hobbies and passions through social media.</i> (5 Participants, 29%)</p>	<p>"I feel catharsis singing...it is a form of self-care. When I can't be performing, I can post a TikTok video of me singing." (T15, P2)</p>	<p>"I am really involved with like the refugee stuff and the Ukraine stuff. I use [social media] as a resource a lot. Like I answer people's questions. I do a lot of like that kind of stuff." (T16, P16)</p>
<p>Repeating Idea #36: <i>Moms are thoughtful about what they post.</i> (10 Participants, 59%)</p>	<p>“I write books for a living. This means that I have followers on Instagram who I don't know. So I don't like to say her name on Instagram, just in case?” (T4, P10)</p>	<p>“I posted to say that my children exist, but you can't see their faces...I have never posted about their existence ever since then. I very rarely post...I'm much more cautious because I work in a school and everyone there is working together for life. Yeah. You're trapped with these people. So I just don't post a lot.” (T15, P16)</p>

<p>Repeating Idea #37: <i>The social media algorithms matter.</i> (5 Participants, 29%)</p>	<p>“The [TikTok] algorithm...really matches me to people that resonate. I’m getting the videos that are like validating the fact that momming is hard.” (T16, P2)</p>	<p>“It’s funny, but the ‘mommy blogger’ posts that turn me off are not even ones that I follow. They just like arise, which is part of the annoying part. Like I have no control over that.” (T3, P8)</p>
<p>Repeating Idea #38: <i>Moms consume material on social media that makes them doubt their maternal instincts.</i> (8 Participants, 47%)</p>	<p>“I was in a Facebook group at the time when my oldest wasn’t latching. (She ended up having a tongue tie that we needed to repair before she could eat properly.) Anyway, I kept getting the message 'breast is best' on this Facebook page, and I couldn't let go of it. Even if I wasn't posting or responding to posts, I was still watching the boards kind of waiting for someone to tell me formula is okay, and no one ever did. People had very strong views which took me away from myself and my values. I really needed to be listening to myself and how I felt instinctually. Instead, I let myself get mixed up in all these messages from strangers on the internet.” (T13, P2)</p>	<p>“...But not all children react the same way to stuff. So I find myself wanting to look at their posts, and at the same time not wanting to, because these blanket recommendations don’t always apply to me and my kid.” (T9, P17)</p>

<p>Repeating Idea #39: <i>Moms use social media as a source of information.</i> (9 Participants, 53%)</p>	<p>"I love social media for finding new things to do with the kids. I think it's a good source of information." (T5, P5)</p>	<p>"The mom people that I follow...well I follow them for...scheduling things for the baby. Like, you know, what are you supposed to do? Or what is the sleep schedule supposed to look like? Or how do you, how do you introduce solids? Cause I don't remember any of those things. [It's an] informational resource." (T7, P9)</p>
<p>Repeating Idea #40: <i>Moms appreciate "raw" accounts of the motherhood experience.</i> (4 Participants, 24%)</p>	<p>"I do not look like those mommy bloggers. I don't recognize myself in them at all. Except the ones that are...real, like the 'Not Safe for Moms' group. I don't know if you're aware of them, but like [the posts are] raw, dirty, and messy. And like, that is what I identify with, and gather strength from...and validation." (T3, P8)</p>	<p>"I have been really into reading other parents' tweets of like, 'my three year old, just did this [insane thing],' and it's so helpful to see...the humanity [out there]. Or like, 'that basket of laundry has been sitting on my couch for 10 days, clean and not folded. We just pick from it.'...It's helpful to know that's okay!" (T4, P11)</p>
<p>Theme #7: <u>Moms experienced the pandemic, and its impact on their mental health, in different ways.</u> (17 Participants, 100%)</p>		
<p>Repeating Ideas</p>	<p>Relevant text example</p>	<p>Relevant text example</p>

<p>Repeating Idea #41: <i>Moms think the pandemic marked the onset of their psychological problems.</i> (4 Participants, 24%)</p>	<p>“[The pandemic] destroyed me. I have PTSD. Seriously. You know? I could never go back to what that was. The physical constraints that it placed on us, um, the social constraints, the isolation, the inability to, um, socialize and group with other moms and have play dates and meet at the park; being alone with two children all day, every day for months at a time, um, I think that's, that's what the pandemic brought for me. And that was, um, again like unsustainable... traumatizing, and terrible.” (T7, P14)</p>	<p>"She was only four months old. So, you know, for me, not that she cared I couldn't do, you know, the mommy and me classes. Or that she didn't get a first birthday. But I did...I feel like I lost out on a lot of the infant, young-toddler, you know, young-baby mommy feelings and experiences. I think made me a little depressed.” (T4, P17)</p>
<p>Repeating Idea #42: <i>Moms who worked from home during the pandemic increased their kids' allotted screentime.</i> (6 Participants, 35%)</p>	<p>“What were my kids doing when I was working/trying to work from home? They were watching TV. They were, you know, like doing lots of screen time and you feel like, oh, I'm not supposed to be doing this. Like, I'm sure that other mothers have their, you know, have everything together and, you know, have like set out activities for their kids or, you know, have, you know, a fun, safe place to, you know, play with toys that are age appropriate. And I was just like, I, I have a meeting in, you know, an hour and I need to prepare for it. So <i>Cocomelon</i>, here you go.” (T5, P13)</p>	<p>“The time where I was literally working, and they were right there and...my kids were one and a half and three and a half in March of 2020. So my one and a half year old wouldn't sit and watch TV. Their screen time increased during that time. And I didn't feel good about that.” (T4, P15)</p>

<p>Repeating Idea #43: <i>Moms compared themselves to other moms during the pandemic.</i> (5 Participants, 29%)</p>	<p>"I remember during the pandemic I followed that account the, um, 'Busy Toddler,' and like, to try and see like, oh, is this a sort of...project I can do with my kid? And the answer is almost always no, because it's gonna be messy and over in four minutes so like, not worth it. But other people do it regardless of this, and mid-pandemic...so what's wrong with me?" (T1, P10)</p>	<p>"For me, the ideal mother who, you know, had kids in virtual school or whatever, would've done all of those wonderful things I saw other moms do, like, had a nice little school room area set up for [their kid] every day. And before he even got up, they'd have all of the stuff, supplies or whatever, set up for him. They would certainly not be running around like, 'oh, we're five minutes late. What's the password for zoom today?'" (T6, P13)</p>
<p>Repeating Idea #44: <i>"The pandemic was beneficial in a lot of ways."</i> (10 Participants, 59%)</p>	<p>"I had time and space [during quarantine]...an existential reckoning. I realized that I wanted to go back to school for counseling, which I'm doing now." (T9, P2)</p>	<p>"The quarantine allowed for time that would've been stolen: all those first steps, the walk, like, you know, I mean it was only a couple months, but those are the like couple months that are so important at that time." (T9, P11)</p>

Theoretical Construct #4: MODERN MOTHERS CAN SIMULTANEOUSLY ISSUE JUDGMENTAL ASSESSMENTS AND COMPASSIONATE INSIGHTS REGARDING THEMSELVES AND OTHERS.

The fourth theoretical construct, MODERN MOTHERS CAN SIMULTANEOUSLY ISSUE JUDGMENTAL ASSESSMENTS AND COMPASSIONATE INSIGHTS REGARDING THEMSELVES AND OTHERS (see Table 6), speaks to moms' dialectical abilities to pass negative judgments on themselves and others and, at the same time, find compassion for themselves in light of how challenging it can be to mother.

Eighty-eight percent of interviewees (15 of 17) agreed that Moms negatively judge themselves and others. These judgments generally come after an upward comparison has been posed and the perceived gap between moms' lived realities and whatever "ideal" they are putting themselves up against makes *Moms feel they are not "measuring up."* Some moms blamed these feelings of inadequacy on personal choices (e.g., choosing to work when the family did not need a second income), while other moms blamed – and held themselves accountable for – limitations that were out of their control. One participant who desperately wanted to breastfeed their child but did not produce enough milk to do so recalled, "Even amid all this distress, there was this thought: 'I'm failing to breastfeed.' So, I had been a mom for like three days and already it was like, I'm failing. And then the kid's not gaining weight - so I'm failing at that too" (P8).

Reportedly, moms do not exclusively reserve negative judgments for self-evaluations; eight participants (47%) stated that they often pass judgments on other moms' performances (*Moms judge other moms*). For example, one interviewee who works as a teacher said, "Sometimes I look at people who don't know things about child development and I'm like, ugh. It hurts to watch!" (P11).

Despite modern mothers' all-too-frequent tendencies to cast negative judgments on themselves, they are not singularly evaluative when reflecting on their mothering. In fact, 53% of participants expressed that Moms feel compassion for themselves given how hard their job is. Forty-one percent of subjects (7 of 17) shared sentiments reflective of the idea that *Moms think their mental health would suffer if they were entirely consumed by their "mom" identities* ("...when is it okay to just like give them hot dogs and be done, you know? And call it a day? I think there's a lot of that in my mind...primarily around things like screen time and nutrition. It has to be okay at some point. For my sake!" (P15). A shared tendency among three subjects

(18%) which offers moms a break from harsh self-criticism is that *Moms pose downward comparisons to other moms*. Subjects spoke to the comfort they find in "...other people's stories of like, 'my kid just ate five crayons.' Those kinds of stories mean somebody else is a mess too...or their mess is worse than mine at the moment...you feel bad, but it's also like, okay, it's not my day for that crap" (P11). While downward comparisons still exercise the rarely helpful "comparing" muscle, observing a negative gap between one's reality and their perceived-as-inferior point of comparison has the capacity to boost someone's confidence and, in turn, improve the state of their mental health.

Table 6: Theoretical Construct #4

Theoretical Construct #4: MODERN MOTHERS CAN SIMULTANEOUSLY ISSUE JUDGMENTAL ASSESSMENTS AND COMPASSIONATE INSIGHTS REGARDING THEMSELVES AND OTHERS.		
Theme #8: <u>Moms negatively judge themselves and others.</u> (15 Participants, 88%)		
Repeating Ideas	Relevant text example	Relevant text example
Repeating Idea #45: <i>Moms feel they are not "measuring up."</i> (15 Participants, 88%)	"My parenting values impose a lot of feelings...I wouldn't say <i>failure</i> , but...I'm not measuring up because I deal with my own mental health issues that I can't get away from. I do the best that I can. I'm in therapy. I take medication. I am just so aware of how...my dysregulation can affect the kids." (T2, P2)	"Even amid all this distress, there was this thought: 'I'm failing to breastfeed.' So I had been a mom for like three days and already it was like, I'm failing. And then the kid's not gaining weight - so I'm failing at that too." (T5, P8)

<p>Repeating Idea #46: <i>Moms judge other moms.</i> (8 Participants, 47%)</p>	<p>“Sometimes I look at people who don't know things about child development and I'm like, ugh. It hurts to watch!” (T3, P11)</p>	<p>“I have some people in my life or in my circle who it's just like, ‘my three year old needs to see a counselor, they have so much anxiety.’ Those things kinda seem like normal, like three-year-old nervousness...especially after a pandemic. [Kids] have to learn to just...cope with regular nervousness, which is part of life.” (T10, P12)</p>
<p>Theme #9: <u>Moms feel compassion for themselves given how hard their job is.</u> (9 Participants, 53%)</p>		
<p>Repeating Ideas</p>	<p>Relevant text example</p>	<p>Relevant text example</p>
<p>Repeating Idea #47: <i>Moms think their mental health would suffer if they were entirely consumed by their "mom" identities.</i> (7 Participants, 41%)</p>	<p>“Of course [I do the] obvious things, like making sure [my] kid is fed and healthy. But I think if I were to do all the other things that I feel should make me a good mom, I would then be upset and unhappy on other sides.” (T3, P4)</p>	<p>“And when is it...when is it okay to just like give them hot dogs and be done, you know? And call it a day? I think there's a lot of that in my mind...primarily around things like screen time and nutrition. It has to be okay at some point. For my sake!” (T4, P15)</p>
<p>Repeating Idea #48: <i>Moms pose downward comparisons to other moms.</i> (3 Participants, 18%)</p>	<p>"Sometimes there's schadenfreude, and you read someone's post about some parenting disaster and you're like, 'thank God that ain't me.'" (T11, P4)</p>	<p>"It is helpful to be able to...hear other people's stories of like, 'my kid just ate five crayons.' Those kinds of stories mean somebody else is a mess too...or their mess is worse than mine at the moment. You know? Like that's the comparison part too. It's like, you feel bad, but it's also like, okay, it's not my day for that crap." (T5, P11)</p>

Theoretical Construct #5: "IT TAKES A VILLAGE" TO NOURISH AND PRESERVE MATERNAL MENTAL HEALTH.

The fifth theoretical construct derived from the data is that "IT TAKES A VILLAGE" TO NOURISH AND PRESERVE MATERNAL MENTAL HEALTH (Table 7). Interviewees who were secure in the presence of their so-called "villages" expressed how deeply they value community support both emotionally and logistically in terms of having hands-on help in raising kids. Interviewees who felt they lacked that type of community support expressed that, in the absence of villages, they believe themselves to experience higher levels of stress from feelings of loneliness and the lack of emotional and logistical support when compared to mothers with villages. Participants also reflected on how supported they feel by communities in broader (e.g., social and political entities) and narrower (e.g., co-parent dynamics within the home) contexts. Many subjects reported feeling failed by social and political systems, and having mixed feelings on whether their partners provide them with adequate support.

All study participants spoke to the thought that It feels good to have a "village" and feeling lonely creates stress. Fifteen out of seventeen participants (88%) felt most seen, understood, and supported by "mom friends" who are open about their mothering struggles (*Moms like to connect to other moms who can admit mothering is hard*). One subject elaborated on this point: "The community I built for myself is a community...of like-minded people who want to raise their kids similarly to me. Not completely the same - but like, we respect each other's differences. And we can all admit how hard mothering can be, which is important because so many moms are only willing to talk about the joyful parts" (P11). Nine participants, or 53%, stated that they do not live near family but wish they did (*Moms feel stressed about not having family nearby*). One participant discussed their beliefs that their life would be easier if their family lived closer, and/or if geographic communities still raised children communally; she felt that the cultural shift away from that tradition has put added stress on mothers: "We landed in an

area where we don't have any family, so it's not just like, 'Hey mom, can you come watch the kids for an hour so I can run an errand or go to yoga or whatever,' you know? We don't have that situation...we are already starting to be like, what's our plan for when I'm in the window where I could go into labor (I am pregnant again, by the way). I can't just like call my mom and be like, I'm in labor, come over. She lives seven hours away. I just feel like people didn't raise their kids away from community the way that they do now. So, there's more and more that lands on the parent which is incredibly difficult" (P15). The last major, shared feeling around the subject of villages was that *COVID-19 made it hard for moms to build community*, an idea expressed by 59% of participants: "I do mourn that network of moms that...I was hoping to establish early on that just never... came together because of the pandemic" (P8).

When expanding the definition of "community" to include social and political systems, 53% of participants (9 of 17) agreed that Moms feel unsupported by social and political systems. Thirty-five percent of moms (6 interviewees) opined that *Family and Medical Leave Act (FMLA) of 1993's policies do not support moms enough* (e.g., "I took 12 full weeks before I went back to work. It was FMLA and I had to use all my PTO. So, I hoarded PTO and didn't take care of myself in the months before I gave birth. Only half of it was paid") (P2). One mom posited that governmental policies influence the way society conceptualizes a mother's needs which can effectively silence a mother's intuition and exclude mothers from decisions they have every right to make for themselves: "I said to my gynecologist, and to my pediatrician, both of them, you know, 'I'm having a lot of concerns going back to work at 12 weeks. I really don't feel ready.' And I kind of got poo-pooed. It was kind of like, oh, you'll be fine. Once you get into the swing of things, you'll see. It's okay. It's all good. It wasn't all good. It was not okay for me. In my personal opinion, moms should get...maybe six months off, to really have that time to bond. It

also took about that long for my body finish the postpartum experience hormonally” (P14).

Relative to mothers’ qualms with FMLA policies were contributions from five participants (29%) who had strong reactions to the 2022 federal change in abortion law (*Moms had strong reactions to Roe v. Wade being overturned*). Some moms could not help but process this major political event within the context of their personal perspectives as women who had chosen to have abortions: (e.g., “It was devastating. Time was helping somewhat, but the Supreme Court decision totally set me back in my healing journey”) (P1). Other moms’ reflections on the subject were, though still impassioned and unanimously negative, communicated more objectively.

The third and most intimate community which prompted participants to consider their varying levels of perceived support was the community formed between two coparents (*Moms have mixed thoughts on coparenting dynamics*). Eleven subjects (65%), each the member of a male-female coparenting unit, shared how parenting jobs are divided in their homes with respect to gender. The reported dynamics varied greatly between families (*The male-female gendered division of parenting labor looks different for every family*); one participant described an equal distribution of labor in her home: “We’re 50-50, um, which I know is like, pretty unique. But that’s how we do it” (P2), while others communicated feeling they shouldered the majority of parenting responsibilities when compared to their male counterparts. Others had less straightforward descriptions of how the labor in their home is divided by gender, and occasionally reflected on how there has been “some” shift in coparenting gender dynamics in that men are expected to parent more actively now than in previous generations. Participants who acknowledged this also acknowledged that there is “still a long way to go” before men have as much expected from their parenting as women – and they were doubtful that society would ever evolve to that end. Closely related is an idea shared by six subjects (35%): *In male-female co-*

parenting units, moms experience more stress than dads. Subjects described this stress as abstract and often due to the “invisible load” mothers tend to carry. One participant described this weight with respect to her incessant connection to her “mom” identity: "I think [my husband] compartmentalizes fatherhood in a way where motherhood is like, always with me, even if I'm at work or at the gym or at the supermarket, without my kids, it is still like first and foremost, I am a mom. Where I feel like when he's at work, he's being a doctor. And then when he comes home, he switches into being a dad. Whereas I feel like being a mom is a 24/7 gig, and that's obviously exhausting” (P15).

Table 7: Theoretical Construct #5

Theoretical Construct #5: IT “TAKES A VILLAGE” TO NOURISH AND PRESERVE MATERNAL MENTAL HEALTH.		
Theme #10: <u>It feels good to have a village and feeling lonely creates stress. (17 Participants, 100%)</u>		
Repeating Ideas	Relevant text example	Relevant text example
Repeating Idea #49: <i>Mom like to connect to other moms who can admit mothering is hard. (15 Participants, 88%)</i>	"I also do have a wonderful network of friends who are moms as well. Our kids are close in age, and they really play together. We talk about motherhood all the time...I'll call her or she'll call me and she'll be like, 'being a mom sucks today.' I'm like, 'tell me about it, girl.'" (T7, P6)	"The community I built for myself is a community...of like-minded people who want to raise their kids similarly to me. Not completely the same - but like, we respect each other's differences. And we can all admit how hard mothering can be, which is important because so many moms are only willing to talk about the joyful parts." (T8, P11)

<p>Repeating Idea #50: <i>Moms feel stressed about not having family nearby.</i> (9 Participants, 53%)</p>	<p>“When your family lives close, you never have to think: ‘if there is an emergency, what do I do with my kids?’...so I think that is, you know, that is definitely a big, a big difference and source of stress. Those who have parents nearby and those who don’t...it’s night and day with the level of ease that people feel.” (T10, P4)</p>	<p>"We landed in an area where we don't have any family, so it's not just like, 'hey mom, can you come watch the kids for an hour so I can run an errand or go to yoga' or whatever, you know? We don't have that situation...we are already starting to be like, what's our plan for when I'm in the window where I could go into labor (I am pregnant again, by the way). I can't just like call my mom and be like, I'm in labor, come over. She lives seven hours away. I just feel like people didn't raise their kids away from community the way that they do now. So there's more and more that lands on the parent which is incredibly difficult.” (T9, P15)</p>
<p>Repeating Idea #51: <i>COVID-19 made it hard for moms to build community.</i> (10 Participants, 59%)</p>	<p>"We moved during the pandemic, and we don't even know our neighbors. For, me it's always been hard to make friends...I sometimes feel lonely and depressed." (T6, P1)</p>	<p>“I do mourn that network of moms that...I was hoping to establish early on that just never... came together because of the pandemic.” (T10, P8)</p>
<p>Theme #11: <u>Moms feel unsupported by social and political systems.</u> (9 Participants, 53%)</p>		
<p>Repeating Ideas</p>	<p>Relevant text example</p>	<p>Relevant text example</p>

<p>Repeating Idea #52: <i>Family and Medical Leave Act (FMLA) of 1993's policies do not support moms enough. (6 Participants, 35%)</i></p>	<p>"I took 12 full weeks before I went back to work. It was FMLA and I had to use all my PTO. So I hoarded PTO and didn't take care of myself in the months before I gave birth. Only half of it was paid." (T4, P2)</p>	<p>"I said to my gynecologist, and to my pediatrician, both of them, you know, 'I'm having a lot of concerns going back to work at 12 weeks. I really don't feel ready.' And I kind of got poo-pood. It was kind of like, oh, you'll be fine. Once you get into the swing of things, you'll see. It's okay. It's all good. It wasn't all good. It was not okay for me. In my personal opinion, moms should get...maybe six months off, to really have that time to bond. It also took about that long for my body finish the postpartum experience hormonally." (T16, P14)</p>
<p>Repeating Idea #53: <i>Moms had strong reactions to Roe v. Wade being overturned. (5 Participants, 29%)</i></p>	<p>"This whole...Roe V. Wade stuff is triggering because I actually had to have...an abortion. It was devastating. Time was helping somewhat, but the Supreme Court decision totally set me back in my healing journey." (T1, P1)</p>	<p>"I got pregnant at 29 and chose to have an abortion. Lately with all this Roe versus Wade stuff, oh man. It's such a hot button inside of me...I would not have been a good mom at that time in my life. It wouldn't have been the upbringing I would've wanted for my kid. I would've had to probably move back in with my parents. To think that moms now don't have the same options I had is really depressing." (T1, P11)</p>
<p>Theme #12: Moms have mixed thoughts on co-parenting dynamics. (12 Participants, 71%)</p>		
<p>Repeating Ideas</p>	<p>Relevant text example</p>	<p>Relevant text example</p>

<p>Repeating Idea #54: <i>The male-female gendered division of parenting labor looks different for every family.</i> (11 Participants, 65%)</p>	<p>"We're 50-50, um, which I know is like, pretty unique. But that's how we do it." (T10, P2)</p>	<p>"Part of that is just like the gendered idea of women too, and what we're expected to do as women. Um, and the benefit is I think there has been some shift in that. Like there, you know, the presence that my husband has in my son's life is incredibly different than the presence my dad had in our lives. But then in my sister-in-law's family, she does everything. Her husband is not involved at all. So I, I think it is dependent on the family, um, and the resources available." (T9, P8)</p>
<p>Repeating Idea #55: <i>In male-female co-parenting units, moms experience more stress than dads.</i> (6 Participants, 35%)</p>	<p>"My husband doesn't get stressed about most of the things that I get stressed about, but I don't know if it's because he's not managing those things and I'm managing them." (T2, P9)</p>	<p>"I think [my husband] compartmentalizes fatherhood in a way where motherhood is like, always with me, even if I'm at work or at the gym or at the supermarket, without my kids, it is still like first and foremost, I am a mom. Where I feel like when he's at work, he's being a doctor. And then when he comes home, he switches into being a dad. Whereas I feel like being a mom is a 24/7 gig, and that's obviously exhausting." (T13, P15)</p>

Theoretical Construct #6: MOMS ASSUME ONUS OVER HOW THEIR BRAINS AND BODIES RESPOND TO MOTHERHOOD EVEN THOUGH THEY HAVE LITTLE-TO-NO CONTROL IN EITHER REGARD.

The sixth and final construct drawn from participants' experiences as modern mothers is that MOMS ASSUME ONUS OVER HOW THEIR BRAINS AND BODIES RESPOND TO MOTHERHOOD EVEN THOUGH THEY HAVE LITTLE-TO-NO CONTROL IN EITHER REGARD (Table 8). Moms talked about the physical and psychological realms in which their comparing minds helplessly reside.

Forty-seven percent of participants (8 of 17) recounted their experiences of The body as a vessel, reflecting on how they physically moved through stages of pregnancy and birth and what they wish went differently (*Moms compare their pregnancies and birth experiences to others*). One mother had intentions to give birth vaginally and was disappointed to have needed an emergency C-section: "No one has ever...come up personally and said, 'Hey, you really didn't get to experience birth in its most beautiful form'...nobody ever like says that directly to you. But you hear other people's magical stories, and you make a plan, and then the plan goes to shit, and you just sort of have this sort of sense that you missed out on an important part of all this. You blame yourself, you, um, regret that you didn't get to experience something, or you feel like, I didn't have that fullness of motherhood or whatever it is that you think you're supposed to have" (P13). Moms also reflected on the messages they receive from society about breastfeeding as well as, for some, the pressure they put on themselves to breastfeed (*Moms feel pressure to breastfeed*). One mom described her devastation over her inability to produce enough milk to exclusively breastfeed her son: "Giving my kid formula felt like the ultimate fucking failure. And I grieved, and I grieved about losing breastfeeding too...when I started introducing formula

it was really, really hard for me because of that ‘good mom’ messaging, even though I am so aware and very supportive of other moms in feeding their babies however the fuck they can” (P8). Shifting from the physical to the psychological, 53% (9 interviewees) shared details on their Maternal Mental Health statuses at varying points throughout their motherhood journeys. Twenty-four percent of participants (4 of 17) said they struggled with their mental health long before they became mothers (*Women have mental health problems before they become moms*; “I have suffered from like severe anxiety...really since I was in college”) (P11). Forty-one percent (7 of 17) expressed that they did not experience mental health problems until they became moms (*Moms first developed psychological problems after giving birth*). One mom shared part of her distressing experience with postpartum anxiety which was also her first-ever experience with mental illness: “Part of like my, the postpartum anxiety that I was having is sort of this, you know, like imagining terrible things happening to the baby...like, I really wondered, 'am I am a danger to my child 'cause I'm thinking about all of these crazy things?’” (P13). In terms of treatment for postpartum psychological problems, 12% of moms (2 subjects) thought *Psychotropic medications can be incredibly helpful to moms who are struggling* (e.g., “I am grateful for the resources I have. I was able to work with someone who specializes in postpartum mood disorders, um, and work with a, a psychiatric nurse to get me on the right cocktail of meds to kind of balance me out”) (P8).

The concept of guilt was broached by seven moms (41%) whose reflections validated that *Moms experience guilt*. Guilt is a complex emotion which many interviewees reportedly grapple with on a regular basis, regardless of whether their actions warrant it. One participant gave a remarkable example of how pervasively guilt can penetrate – even for moms making objectively noble choices: “I just lost my sister a few months ago...I want to help my brother-in-law in

managing his childcare and sorting out my niece and my nephew's situations and schedules - and from the outside looking in, it's like, what a beautiful thing that I'm able to do that. But also with that comes a lot of guilt that I'm paying someone else to be with my own children, not bringing in an income because right now I, I work for free basically, um, to, to supplement for that additional childcare and I'm going off and doing all these other things. The guilt, even in this case, even with the most noble intentions, you can't win and it's like a lose-lose. The, the guilt is, you can't escape it" (P14).

Twelve percent of participants (2 of 17) spoke about substance use in mothers of young children from two polarizing perspectives (*Moms have mixed views on substance use*). One mom shared her journey to sobriety after realizing mid-pandemic that her drinking, which had become excessive, was interfering with her functioning as a mother. Being sober is now a significant portion of their identity. They actively seek out sober mom support groups and harshly criticized what they referred to as “wine mom culture.” Another participant reported an entirely different experience with an entirely different mind-altering substance: "I think one thing that has made me a better parent is that they finally legalized marijuana. Because that's the only way we got through quarantining...and knowing that that's okay. I'm a calmer human. So I'm a better mom" (P11).

Table 8: Theoretical Construct #6

Theoretical Construct #6: MOMS ASSUME ONUS OVER HOW THEIR BRAINS AND BODIES RESPOND TO MOTHERHOOD EVEN THOUGH THEY HAVE LITTLE-TO-NO CONTROL IN EITHER REGARD.		
Theme #13: <u>The body as a vessel</u> (8 Participants, 47%)		
Repeating Ideas	Relevant text example	Relevant text example

<p>Repeating Idea #56: <i>Moms compare their pregnancies and birth experiences to others'</i>. (4 Participants, 24%)</p>	<p>"Being pregnant during the pandemic was a bit stressful. [Already] having one kid at that time, I couldn't do the same kind of self-care that I did, uh, when I was pregnant the first time. I couldn't go to like, group Pilates classes, or whatever mentally healthy pregnant women on my newsfeed were doing, 'cause it just wasn't safe. You know? I was upset about that." (T5, P7)</p>	<p>"No one has ever...come up personally and said, 'hey, you really didn't get to experience birth in its most beautiful form'...nobody ever like says that directly to you. But you hear other people's magical stories, and you make a plan, and then the plan goes to shit, and you just sort of have this sort of sense that you missed out on an important part of all this. You blame yourself, you, um, regret that you didn't get to experience something, or you feel like, I didn't have that fullness of motherhood or whatever it is that you think you're supposed to have." (T3, P13)</p>
<p>Repeating Idea #57: <i>Moms feel pressure to breastfeed.</i> (5 Participants, 29%)</p>	<p>"Giving my kid formula felt like the ultimate fucking failure. And I grieved, and I grieved about losing breastfeeding too...when I started introducing formula it was really, really hard for me because of that 'good mom' messaging, even though I am so aware and very supportive of other moms in feeding their babies however the fuck they can." (T7, P8)</p>	<p>"I was not breastfed, and I knew that from a very young age, and I also knew that I thought I should have been, you know? And so it was always in my mind, like, 'I'm gonna breastfeed my children.' And then I couldn't." (T1, P13)</p>
<p>Theme #14: <u>Maternal Mental Health</u> (9 Participants, 53%)</p>		
<p>Repeating Ideas</p>	<p>Relevant text example</p>	<p>Relevant text example</p>
<p>Repeating Idea #58: <i>People have mental health problems before they become moms.</i> (4 Participants, 24%)</p>	<p>"I always had some adjustment issues. I struggled with transitions a lot as a kid." (T2, P2)</p>	<p>"I have suffered from like severe anxiety...really since I was in college." (T12, P11)</p>

<p>Repeating Idea #59: <i>Moms first developed psychological problems after giving birth.</i> (7 Participants, 41%)</p>	<p>"I like was obsessed with his weight and feeding him and knowing exactly how much he was consuming. And then when he spit up, trying to figure out how much he spit up and like the way I controlled my anxiety was with OCD, like everything had to be sterilized. [...Those controlling behaviors] were actually sort of tools that were helpful [to me] in a situation where I had very little control. It was a tool to an extent, but it was [also] incredibly disruptive to life." (T7, P8)</p>	<p>"Part of like my, the postpartum anxiety that I was having is sort of this, you know, like imagining terrible things happening to the baby...like, I really wondered, 'am I am a danger to my child 'cause I'm thinking about all of these crazy things?'" (T8, P13)</p>
<p>Repeating Idea #60: <i>Psychotropic medications can be incredibly helpful to moms who are struggling.</i> (2 Participants, 12%)</p>	<p>"I am grateful for the resources I have. I was able to work with someone who specializes in postpartum mood disorders, um, and work with a, a psychiatric nurse to get me on the right cocktail of meds to kind of balance me out." (T11, P8)</p>	<p>"With antidepressants, it's a question of like, how miserable can you be before you cross over into depression? And like, yes, it's okay to like, be miserable and that might be better, like biologically, but not too miserable because then you're like, you know, then you're getting negative feedback. So it's just like a misery index. So I was like, as long as I'm like coasting above a certain point on the misery index, I'm fine to stay off meds." (T11, P16)</p>

<p>Repeating Idea #61: <i>Moms experience guilt.</i> (7 Participants, 41%)</p>	<p>"Maybe eight months after, um, after I had my second child, um, I spoke to a therapist to sort of try to, um, release some of the guilt that I had around, um, what I, you know, still sometimes, you know, regret as the, as the missed opportunity in not being able to breastfeed." (T7, P13)</p>	<p>"I just lost my sister a few months ago...I want to help my brother-in-law in managing his childcare and sorting out my niece and my nephew's situations and schedules - and from the outside looking in, it's like, what a beautiful thing that I'm able to do that. But also with that comes a lot of guilt that I'm paying someone else to be with my own children, not bringing in an income because right now I, I work for free basically, um, to, to supplement for that additional childcare and I'm going off and doing all these other things. The guilt, even in this case, even with the most noble intentions, you can't win and it's like a lose-lose. The, the guilt is, you can't escape it." (T15, P14)</p>
<p>Repeating Idea #62: <i>Moms have mixed views on substance use.</i> (2 Participants, 12%)</p>	<p>"During the pandemic, the frequency and amount that I was drinking rose to a level that was not in alignment with...how I wanna be as a mother. It wasn't like a rock bottom situation, but it was like, this is not serving me. I was constantly feeling shame about it...so I decided to stop drinking." (T17, P2)</p>	<p>"I think one thing that has made me a better parent is that they finally legalized marijuana. Because that's the only way we got through quarantining. and knowing that that's okay. I'm a calmer human. So I'm a better mom." (T9, P11)</p>

Discussion

The purpose of this study was to acquire an understanding of how modern mothers, considering their era-specific challenges, are experiencing the discourse of intensive mothering

ideology and how it may or may not be impacting their mental health statuses. This discussion section addresses research concerns by moving through the six distinguished theoretical constructs, contextualizing and interpreting data using integrating theories, and subsequently crafting a meaningful and dynamic narrative representative of participant experiences. To the author's knowledge, this is the first qualitative study to explore the impact of intensive mothering ideology on maternal mental health since before the COVID-19 pandemic.

The six theoretical constructs extracted from the seventeen participant interviews were: 1. MOMS HAVE IDIOSYNCRATIC, SELF-ALIGNED BELIEFS AROUND "GOOD MOTHERING" WHICH FEEL ATTAINABLE TO THEM; THESE IDEAS ARE ATTRIBUTED TO VARIOUS SOURCES AS WELL AS EACH MOM'S COMPLEX, EVER-CHANGING IDENTITY; 2. MOMS' CONFIDENCE IN THEIR SELF-ALIGNED VIEWS OF "GOOD" MOTHERING ARE DISRUPTED BY EXPOSURE TO UNREALISTIC IDEALS WHICH REFLECT AN INTENSIVE MOTHERING IDEOLOGY AND INSPIRE UPWARD COMPARISONS (EVEN IN MOMS WHO "KNOW BETTER"); 3. MODERN MOTHERS FACE CHALLENGES UNIQUE TO THE PRESENT SOCIAL CLIMATE, DISTINGUISHING THEIR EXPERIENCES FROM THOSE OF PREVIOUS GENERATIONS'; 4. MODERN MOTHERS CAN SIMULTANEOUSLY ISSUE JUDGMENTAL ASSESSMENTS AND COMPASSIONATE INSIGHTS REGARDING THEMSELVES AND OTHERS; 5. IT "TAKES A VILLAGE" TO NOURISH AND PRESERVE MATERNAL MENTAL HEALTH; and 6. MOMS ASSUME ONUS OVER HOW THEIR BODIES AND BRAINS RESPOND TO MOTHERHOOD EVEN THOUGH THEY HAVE LITTLE-TO-NO CONTROL IN EITHER REGARD.

Moms have idiosyncratic, self-aligned beliefs around “good mothering” which feel attainable to them; these ideas are attributed to various sources as well as each mom’s complex, ever-changing identity.

The data within the construct MOMS HAVE IDIOSYNCRATIC, SELF-ALIGNED BELIEFS AROUND “GOOD MOTHERING” WHICH FEEL ATTAINABLE TO THEM; THESE IDEAS ARE ATTRIBUTED TO VARIOUS SOURCES AS WELL AS EACH MOM’S COMPLEX, EVER-CHANGING IDENTITY is concerned with interviewee conceptualizations around two main points: “good” mothering and the origins of those associations, and their experiences embodying the multiple roles composing their wholistic identities.

Study subjects’ characterizations of “good” mothering reflected diverse value sets between participants. Though all participants described “good” mothering in terms that would be acceptable to mainstream society, they undoubtedly have different priorities. For example, one participant believed “good mothering means being a little bit firm and holding boundaries” (P3) while another believed “a good mom makes sure their kids feel validated” (P11). In interpreting how and why beliefs around “good mothering” are so idiosyncratic, it is helpful to consider the intersection between Albert Bandura’s (1986) social cognitive theory and Aaron T. Beck’s (1976) cognitive theory.

Participants attributed their values around mothering to information acquired from various sources: “I basically just do what my mom does” (P9), “reading tons of books” (P3), “looking at a lot of people’s relationships from the outside” (P6), “gentle parenting on TikTok” (P6), “taking time to...evaluate...relationships...what works, what doesn’t work” (P6), “having my two older sisters being parents before me, watching them” (P11), “taking what I knew from being a teacher” (P14), “research” (P10), “from television” (P4), “from social media” (P13). What all

referenced informants have in common is that they absorbed information from each source before deciding how that information would impact their mothering behaviors. Bandura efficiently articulated this learning style in his social cognitive theory, hypothesizing that individuals learn through observing and modeling their behaviors from others' (Bandura, 1986).

While Bandura's work proposed a means through which people learn, Beck was concerned with how lessons learned were utilized by the brain; particularly, how they influence people's beliefs, information processing, thoughts, feelings, and behaviors. Beck developed cognitive theory in 1976, helping to explain why individuals process objectively identical information differently from one another. Beck conceived that each individual brain contains multiple cognitive structures about the self, the world (including others), and the future, known as "schemas." It is through these schemas that individuals process information and make meaningful interpretations of their experiences. Beck theorized that schemas are formed without effort or attention ("automatically") based on early social learning experiences; however, he also warned that the content of an individual's historical social experiences cannot predict what that individual learned from these experiences or what schema(s) were subsequently formed (A. T. Beck, 1976). Considering the work of Bandura and Beck, it is understandable why mothers' priorities are so personally nuanced: If each mother has an extensive social learning history based on their differing social experiences, the schemas formed based on those experiences will inevitably be different for each individual.

When Beck explained schemas, he identified that some schemas are pathological in nature (e.g., "the world is a dangerous place"). He warned that when a pathological schema is activated by a stressful event that "matches" or supports its content, individuals experience psychopathological symptoms as emotions, cognitions, and behaviors that directly reflect the

content of the pathological schema (Beck, 1976). Nelson and Hayes referred to the descriptive details of overt symptoms as the “topography” of a case and the pathological schemas as “underlying mechanisms,” aligning, in their own vernacular, with Beck in saying topography is a reflection of the content of the underlying mechanisms (Dorsey, Nelson, & Hayes, 1986).

Excerpts from one participant’s transcript effectively demonstrate Beck’s theory in context. At one point in her interview, she articulated what can be interpreted as a schema in saying “You’re supposed to breastfeed your child” (P8). She went on to share that her son “never, ever successfully latched,” an event related to schema content, therefore activating it, causing psychopathological symptoms since the initial schema was pathological in nature. Symptoms were expressed via behaviors (“I already had OCD tendencies...this circumstance brought them out...I would check the oven knobs, like obsessively check the electrical outlet, check, check”); automatic thoughts or cognitions such as “I’m failing,” and emotions such as “severe postpartum anxiety.” Beck would consider this example to be external since the activating event was her son’s inability to latch, however Beck posited that internal events are equally capable of activating pathological schemas; for example, if this participant was unable to produce breast milk, this “internal” event could have been equally capable of activating a pathological schema, causing psychopathological symptoms (Beck, 1976; Linehan, 1993).

Study subjects were consistently willing—eager, even, in some cases—to explore their self-identities, particularly in terms of the roles they play in the various compartments of their lives. Participants spoke to the complex nature of their “mom” sub-identities using descriptions laden with contradictions: “Caring, overwhelmed, conflicted, loving, joyful...cautious, nervous, scared” (P2), “passionate, overwhelmed, frustrated, curious – about being a mom, about trying to better myself; proud, exhausted” (P11), “forgiving, though maybe not of myself” (P13). They

remarked on how their “mom” identities evolved over time with observations such as “I feel like now I am getting more relaxed” (P7) and “I’ve learned ways to manage the care...more effectively” (P14). Reflections on the role of “mom” organically shifted to reflections on roles that are “not-mom” in terms of how not-mom roles are/are not valued, neglected, judged, and either complimentary of or conflicting with perceived “mom” role requirements. The theme of participants having complex views of the self remained persistent across all identity discussions.

It is interesting to view the inconsistencies embedded in mothers’ attempts to articulate how they see themselves using the framework of Relational Dialectics Theory (RDT) (Baxter, Scharp, & Thomas, 2021). Baxter et al.’s (2021) research, which also happened to use mothers as subjects, mirrored the present study findings by showing that mothers view themselves as multi-layered, often identifying contradictions both within and between their various identity roles. Relational Dialectics Theory conceptualizes conflicting and co-existing truths as opportunities to practice acceptance of every experience’s inevitable promise of dialectics; RDT celebrates contradictory spaces, identifying benefits in “discursive tensions” including the opportunity for meaning making through a perspective that embraces grey area and rejects all-or-nothing binaries (Baxter et al., 2021).

An RDT lens innately challenges intensive mothering discourse which tends to assess maternal performance as black or white, good or bad, with minimal flexibility. One participant conveyed an understanding of how to make meaning from conflicting roles and demands as opposed to abandoning roles or role demands that conflict with intensive mothering messaging:

“I...am a big believer that I'm a better mom if I take care of myself...and I feel like...the yoga...and addressing the food issues...allows me to be a better mom. I kind of think of them as connected.” (P15)

Another way to theorize around identity contradictions is the theory of role strain which suggests that individuals cannot successfully fulfill competing demands of multiple roles, framing any attempts to do so as futile (Goode, 1960). Subjects from the current study reported experiences aligned with Goode's predictions in that many expressed either a) feeling pressure to choose between obligations of one role vs. another, and/or b) trying to renegotiate role demands to increase their likelihood of fulfilling them. One participant's experience corroborates these theoretical claims in expressing that the fulfillment of two identities did not feel possible to her:

"I teach art, yes...the artist in [me], or at least that identity...was quite well-crystallized by the time [I] became a mom...[this] made it hard...to align with the "mom" identity...especially because the art world is not very supportive of uh, mother artists...if you are one, then it's like you make work about it, which I'm not interested in doing." (P2)

This mindset can be problematic in that it denies allowance for dialectics, therefore denying role integration into one's self-concept. An ability to merge multiple roles into a cohesive understanding of the self is important for mental health; many researchers have linked a clear sense of identity to strong self-esteem, and strong self-esteem has been shown to be positively correlated with mental health quality (Mann et al., 2004; Stets & Burke, 2014).

Moms' confidence in their self-aligned views of "good" mothering are disrupted by exposure to unrealistic ideals which reflect an intensive mothering ideology and inspire upward comparisons (even in moms who "know better").

The data within the construct MOMS' CONFIDENCE IN THEIR SELF-ALIGNED VIEWS OF "GOOD" MOTHERING ARE DISRUPTED BY EXPOSURE TO UNREALISTIC IDEALS WHICH REFLECT AN INTENSIVE MOTHERING IDEOLOGY AND INSPIRE UPWARD COMPARISONS (EVEN IN MOMS WHO "KNOW BETTER") reflects on the tenuous nature

of maternal confidence which, according to this study's participants, is extremely vulnerable in the presence of stimuli that spark upward comparisons.

It is human to compare oneself to another. People naturally seek high self-esteem in relation to their various identity roles, and one instinctive way to attain that is to assess their abilities favorably in relation to others. In 1954, Leon Festinger proposed the social comparison theory which explains this inherent drive for individuals to compare their lived realities to their perceptions of others,' and use the resulting conclusions as evaluative bases for self-worth (Festinger, 1954).

Upward comparisons are less benign. Upward comparisons occur when an individual compares themselves to another individual who they perceive to be superior in some way (Gilbert, Giesler, & Morris, 1995). Research has shown that upward comparisons can lead to negative self-evaluations which can cause feelings of low self-worth (Chou et al., 2012). Several participant experiences reflect this theorized trajectory suggesting that comparing one's lived reality to their perception of another's superior lived reality can cause negative self-evaluations and low evaluations of self-worth.

Data from the previously discussed construct illustrated participant perceptions of "good" mothering which were gathered from social observations used to form beliefs, or schemas, around mothering. These ideas were expressed without any reference to comparisons or self-evaluations aimed at measuring one's performance according to their highly personalized rubrics. However, when participants were prompted to think about how their self-perceptions compare to their impressions of the "ideal" mother, subjects inevitably posed upward comparisons of their realities against "motherhood myths" reflective of intensive mothering principles, leading to negative self-evaluations (Hays, 1996).

One participant described their understanding of the “ideal” or “perfect” mother while speaking to the mixed messaging they consume around “perfect” mothering:

“Being there for drop off, being there for pickup, being there for all the activities, always being engaged and joyful and interactive with your children, and they eat balanced meals, and they have the right number of baths per week. What the right number of baths is, I don't know, because if you give them no baths, they're never going to college. And if you give ten baths every day they're also never going to college. They wear the right clothes. The clothes are the perfect amount of quirky. They picked it out themselves, but it still works together” (P4).

Still another participant described the “ideal” mother as:

“Somebody who, you know, does feel joy in each moment and is like so grateful for their child and, um, you know, looks past the difficult things and says ‘oh, but I love them so much. This is all worth it’ ...drops off and picks up from school, has activities, um, cooks a nice nutritious meal for breakfast, lunch, and dinner...is always making sure, you know, they're being challenged and they're learning and they're growing in appropriate ways.” (P8)

These descriptions were among many which accurately represented Hays’ explanation of IMI which requires mothers to spend “copious amounts of time, energy, and material resources” raising their children while offering constant physical and emotional availability and accepting primary responsibility for their children’s overall development and well-being (Ennis, 2014; Hays, 1996). Most participants, regardless of their differing cultural backgrounds, endorsed having completely separate ideas around “good” mothering, which is personal to them and does not inspire comparison, versus “ideal” mothering, which was described in a more standardized fashion and based on widespread societal expectations.

Most moms attributed their exposure to this superior, “ideal” mother profile to “all the ridiculous standards of social media” (P8). This participant’s reference to maternal standards as being “ridiculous” was not an opinion unique to her; rather, many participants remarked on the unrealistic expectations to which mothers are being held. Some spoke more directly to an impossibility of achieving “perfect” mom status by refusing to believe “perfect” mom content in the media to be representative of any mother’s truth: “...people professing their ridiculous mom lives where like everything’s in white and all the kids are perfect. That’s not real. What they are portraying is not real life. No one lives like that” (P9).

Other mothers shared the sentiment around social media depictions of motherhood being fabricated and difficult to believe. That said, many also articulated that, despite their beliefs that the “perfect” mothering content they are consuming is not “real,” they are unable to stop themselves from posing upward comparisons, unable to shake the feeling that they should be striving for this unattainable standard, this impossible-to-achieve ideal. One participant presented this dichotomy clearly:

“I know social media is not true...I know that those are people who are making their life look perfect...but it's still hard...I see stuff and instead of ignoring it, I ask myself, like, ‘How can I squeeze that in? How can I figure out fairy tale ballet for her...?’” (P11).

This puzzling concept of logic-based criticisms of “ideal” mothering content being overpowered by stimuli reminiscent of IMI can be interpreted in a few ways. Beck’s cognitive theory, for example, acknowledges that schemas do not easily change, even in the presence of information that can disconfirm or invalidate a pathological schema (J. S. Beck, 2021). Another potential explanation can be traced to perceptive attribution errors such as the availability heuristic, which says that people base judgments on information they can easily recall such as

photographs which make up a large portion of social media content, and/or to correspondence bias, which says people tend to assume others' actions and words reflect their personality or stable personal dispositions rather than their situation when making judgments or forming impressions about others (Jones & Harris, 1967; Tversky & Kahneman, 1973). Social media platforms invite these biases which can cause mothers to label others' mothering as "superior" to theirs despite their beliefs that "perfect" mothering content is a false representation of another person's life. This becomes problematic when upward comparisons to others' fake realities yield negative self-assessments: "I have definitely had to unfollow some mom accounts that have made me feel bad about myself" (P15).

Not only did participants speak about comparing themselves to other moms, but they also reported propensities to compare their children to other children. This tendency can be meaningfully and multidimensionally interpreted through Holly Blackford's theoretical conceptualization of "playground panopticism" (Blackford, 2004). Blackford's (2004) theory is derived from Foucault's (1995) Theory of Panopticism. Foucault's theory came from his analysis of an architectural structure designed by Jeremy Bentham in the late eighteenth century called a "panopticon." The panopticon was a "windowed, central tower in which a supervisor can survey the people in prison cells or rooms that occupy the periphery...prisoners, patients, schoolboys, or workers in the cells can be perpetually seen by the supervisor in the tower, while those that are watched cannot actually see the person watching them" (Blackford, 2004). Foucault interpreted this design as a technological revolution in surveillance and, consequently, disciplinary power (Foucault, 1995; Luxon, 2019).

Blackford related this concept of surveillance to her observational research on suburban playground dynamics, describing how children play in the center and "the parents, usually

mothers...circled around the children on the park benches” (Blackford, 2004). Blackford related the children’s general awareness that they are being watched to that of the prisoners in Foucault’s analysis, further stating that both examples of “watched” parties tend to “internalize discipline” and engage in self-monitoring in response to the suggestions associated with the presence of “watchers.”

Furthermore, however, Blackford argues that this structure of surveillance ultimately becomes less about evaluating the compliance of the watched, and more about evaluating the effectiveness of the watcher. “The panoptic force of the mothers around the suburban playground...[gazing] at the children only to ultimately gaze at one another...seeing reflected in the children the parenting abilities of one another” (Blackford, 2004). Through a panoptic lens, while mothers may believe they are comparing their children to other children, they are likely not actually doing that; rather, mothers are ultimately surveying their own success as a parent through their children’s behavioral performances. Blackford writes, “the panoptic structure of the suburban playground actually objectifies...mothers and allows mothers to objectify themselves, because they participate in the...community that is watching and measuring the behavior of the children to assess the mother’s mothering” (Blackford, 2004). If children are considered to be the product of their parents’ parenting, mothers may attempt to control their children’s behavior—not to keep them safe as they may claim or even believe, but as a means of regulating their own confidence and public image.

Intensive mothering expectations are, according to statistical demographics, most attainable for White middle-class mothers due to their heightened access to social and economic resources (Elliott, Powell, & Brenton, 2015). This can be viewed as a subjective privilege: on the one hand, having the resources to pursue IMI does not guarantee positive effects for the mother or the

child, with research actually showing that mothers with unlimited resources who successfully adhere to intensive mothering principles report low levels of confidence while their children often present as overly-dependent on others to get their needs met (Obradovic, Sulik, & Shaffer, 2021). On the other hand, the opportunity to pursue IMI and reap whatever wisdom comes from that journey can be considered a privilege, regardless of the reaped wisdom's content. Because IMI reigns as the dominating social discourse around motherhood, mothers who lack social and economic resources to live according to its tenets are at risk of feeling inadequate in ways that are difficult to change due to the limitations of their life circumstances (Lamar et al., 2019; Rizzo et al., 2013). It is similar to the idea of someone remarking, "The hotel room at The Plaza was quite small." While their assessment of the hotel room at The Plaza (one of the most expensive hotels in the world) was not necessarily positive, the mere fact that their life circumstances afforded them the opportunity to stay there is a privilege, despite the outcome of any assessments of their experience. Or, as lyricist Robert Lopez put it, "You never now 'til you reach the top if it was worth the uphill climb." In other words, the journey is part of the privilege.

Many mothers identify with one or multiple intersecting vulnerable identities which hinder their abilities to mother according to intensive mothering principles. These groups include but are not limited to mothers with low socioeconomic statuses, mothers of color, LGBTQ+ mothers, mothers whose minority identities leave them vulnerable to social injustices, and mothers who work outside of the home (Finlayson et al., 2020; Rizzo et al., 2013). Blackford's (2004) research not only focused on her observations of mostly middle-class mothers surrounding their children in suburban playgrounds, but also on her observations of socioeconomically diverse mothers at a McDonald's Play Place. Blackford (2004) describes the scene at the McDonald's Play Place as such:

“...children disappear from their mothers’ gazes into networks of tunnels, enclosed slides and cages of balls... the children pass one another in tunnels as...anonymous subjects, while mothers socialize with one another instead of watching or talking about their children”

(Blackford, 2004, p. 242).

Blackford partially credited this absence of maternal vigilance to commercial play zones’ broader approaches to surveillance, allowing mothers to “relax their panoptic responsibilities and experience...[a] moment of freedom from disciplinary concerns” and, theoretically, from concerns about what their children’s performances might say about their mothering (Blackford, 2004, p. 239-240). It was within these commercial play spaces, not the public playgrounds, where Blackford observed more child-led play and peer socialization; it was in the absence of adult interference disguised as, or misunderstood to be, safety surveillance that children – and mothers – were observed to thrive.

Modern mothers face challenges unique to the present social climate, distinguishing their experiences from those of previous generations.

The data within the construct MODERN MOTHERS FACE CHALLENGES UNIQUE TO THE PRESENT SOCIAL CLIMATE, DISTINGUISHING THEIR EXPERIENCES FROM THOSE OF PREVIOUS GENERATIONS speaks to current stressors for mothers which are unique to the present day in relation to stressors of the past. Stressors are individually regarded as either having evolved favorably over time, unfavorably over time, or with mixed favorability. This construct also speaks specifically to the two most referenced challenges during interviews: the COVID-19 pandemic and social media access.

Generational stressors are inherently unprecedented; even if past eras faced similar challenges, the makeup of society is ever-changing, meaning that mothers are constantly

experiencing challenges in different ways. When asked to compare their experiences of motherhood to those of previous generations, eleven out of the seventeen participants were inclined to rank the difficulty of their stressors in comparison to stressors of the past. Their assessments yielded split verdicts between the general ideas of “I think every single thing [about mothering] is harder now than it was” (P16) and “it’s the same shit but in a different box” (P11).

Beck’s cognitive theory lays important groundwork for understanding how individuals process, internalize, and respond to environmental stimuli (A. T. Beck, 1976). That said, in the context of this construct, his theory is more aptly applicable with the added nuance of Hazel Markus’s (1977) theory of self-schemata. This sub-theory of Beck’s cognitive theory offers a more suitable lens through which to view participant abilities to compare their experiences to prior generations’ experiences which they themselves have not lived through. Markus’s theory operates under the same general principles as Beck’s cognitive theory, but with a few distinctions.

Markus defines self-schemata as “cognitive generalizations about the self, derived from past experience, that organize and guide the processing of self-related information contained in the individual’s social experiences” (Markus, 1977, p. 64). “Self-schemata” differ from the “schemas” in Beckian theory in that they are applicable only to beliefs about the self (not about the world or the future); self-schemata are formed from any past social experience (not just early learning experiences), or, in the absence of social experiences, from an individual’s assessment and adoption of ideas they deem to be socially desirable; and Markus breaks down the stages and functions of cognitive processing to account for schemata as selective mechanisms. Markus designates three selective tasks to self-schemata: 1) self-schemata decide which stimuli are most closely aligned with them before deeming a stimulus to be worthy of processing; 2) once

information is absorbed, self-schemata decide what level of significance to assign the stimulus, and 3) self-schemata determine how an individual might respond to an internalized stimulus (e.g., by producing specific thoughts, feelings, or behaviors) (Markus, 1977). These distinctions are relevant to the material within this construct because they provide participants a means through which to develop schemas around the hardships they imagine previous generations to have experienced despite not having personally experienced them. Additionally, the distinctions explain how participants can selectively process information from past eras in a way which does not threaten the beliefs they have about themselves.

If information is processed selectively, though, then how and why do many mothers, even mothers who are opposed to the messaging behind intensive mothering constructs, continue to internalize intensive mothering discourse as the “gold standard” they “should” be working toward? Markus’ theory of self-schemata may inspire this type of question, and it may answer it. Suppose an individual is first exposed to the arguably oppressive discourse of IMI long before they become a mother. Per Markus, at first exposure to IMI, this individual would likely lack the relevant social experiences required to build a cognitive structure around mothering through which they would effectively process new information. However, because the tenets of intensive mothering are generally celebrated by society, stimuli related to the “motherhood myth” are likely to be processed as favorable and would therefore inform the individual’s developing self-schemata around mothering. By the time this individual becomes a mother, instead of first building cognitive structures based on their lived social experiences in this role, their self-schemata around mothering have long-been constructed, founded on maternal presentations which they assessed to be socially desirable. Because Markus hypothesizes self-schemata to be extremely difficult to restructure, any new stimulus this individual encounters which is

reminiscent of a mothering “ideal” is likely to be processed as information that will strengthen their intensive self-schemata around mothering despite potential cognitive dissonance between the individual’s lived experiences and the expectations they unconsciously set for themselves (Markus, 1977).

Participants reflected on a variety of mothering topics which have evolved since their mothers were mothers. Interestingly, the only topic which subjects exclusively acknowledged as an advantage for mothers in its modern form was how conversations around emotions are more commonplace than they used to be, offering opportunities for mothers to connect more deeply with their children, help their children navigate the world in an emotionally intelligent way, and find compassion for themselves. Otherwise, comparisons were either nostalgic of simpler past times or communally undecided in terms of whether shifts in certain cultural trends have made mothering easier or harder.

A few mothers spoke to an observed increase in the intensity of maternal expectations and how that has made their jobs as mothers comparatively challenging:

“I feel like there’s more and more parental involvement and sort of expectations than perhaps there were the generation before us, and certainly the generation before that” (P15)

“20 years [ago, it] was about childcare – not ensuring your child will be entertained or anything like that” (P14).

Participants also spoke to their understanding that mothers used to be encouraged to stay in the hospital for longer periods of time after giving birth whereas now, and even before COVID-19, hospitals try to limit the amount of time mothers stay after giving birth, even for mothers recovering from cesarian section surgeries. A few moms linked this trend back to the observed increased intensity of maternal expectations by naming the hospital as the institution responsible

for the first message a mother receives about the amount of support she “should” or “should not” require, potentially invalidating a mother who feels she would benefit from extended medical care.

There were a few topics that inspired conflicting viewpoints from participants. These issues were either celebrated, begrudged, or regarded neutrally in terms of how they may have changed through the years leading up to modern times. Interpreting contradicting participant opinions using the frame of Relational Dialectics Theory provides the opportunity to make meaning from subjects’ dichotomous viewpoints as an alternative to perpetuating discourses such as IMI which subscribe to black-or-white binaries (Baxter et al., 2021). That said, what was most apparent in participants’ inconsistent and, at times, ambiguous commentary on modern stressors was an absence of consideration for relevant social contexts in their processes of self-reflection.

P. Kaufman (1997), a professor of sociology, developed the theory of sociological imagination as a way of viewing the self within a context beyond the self. Per Kaufman, to occupy a sociological imagination is to “recognize the intersection between personal biography and history” (Kaufman, 1997, p. 309-310). He theorized that individuals do not experience the world in a vacuum of their experiences; rather, they are situated in, and consequently influenced by, the particular time and place in history they are occupying. Kaufman encouraged his students to process new information first by describing it as they experience it, then considering local analysis, then global analysis, then historical analysis. Kaufman went so far as to advise people against assessing their experiences outside of a broader social context. It is remarkable to imagine how the current study participants may have reflected differently on their experiences if they possessed more of a critical awareness of how their “lives, choices, and opportunities are influenced by the society in which they live” (Kaufman, 1997, p. 313).

At times, participants had difficulty assessing the implications of modern mothering features as positive or negative. One such complicated topic was having unlimited access to information, a reality which simultaneously helps mothers make more informed decisions *and* can be anxiety-provoking since mothers now are more aware of certain risks which, in the past, were not factors in parenting decisions. One participant (P11) provided an impeccable example of this: “When we were eating Cheerios in the eighties, there wasn't ‘glycophosphate’ on the box, you know? Now there is, so you can't ignore it.”

Another issue participants expressed contradicting feelings around was whether, in heterosexual coparenting units, the male-female gender gap has narrowed in recent years in terms of parenting responsibilities. One participant remarked nonspecifically that, over time, they are “sure [gendered division of parental labor] has progressed more equitably” (P7), while another was less assured, remarking:

“the invisible load that the majority of mothers carry has, I mean, obviously looks a little different based on what our society looks like and what types of things we're carrying and managing. But I would say that that is still very present...like, all of those things, those little things that are so grand when you add them all together and they are such a fucking burden and there's just no recognition or understanding of it, unless you are involved in it. I would say that has been consistent over time. What that load looks like is, is different. That being said, conversations like this are way more normalized...” (P8)

While participant comments on this issue were deeply thoughtful and important to consider as part of the modern mother's experience, participants shared perspectives with seemingly little-to-no consideration for the history of gendered parental labor divisions. Per Hays (1996), these

origins are rooted in age-old intensive mothering dialogues theorized to benefit the patriarchy, leaving mothers at a loss for alternative discourses to help them make sense of the enormous responsibility that is mothering. While access to a sociological imagination may not change the content of mothers' experiences, it could, ideally, change how mothers process, internalize, and respond to their social experiences, perhaps even allowing them to let go of some intensive mothering pressures.

The last two issues which aroused coexisting, conflicting reflections were the two most-referenced hardships encountered by modern mothers: the pandemic and widespread social media access. Statistical evidence shows that the COVID-19 pandemic has had an overall negative effect on worldwide mental health, particularly in consideration of certain vulnerable populations including the mothers who had to cope with general pandemic stress while also managing new responsibilities such as having to work from home and/or having to coordinate home schooling for their children. In speaking about the pandemic, however, the current study's participants portrayed a series of dialectical experiences.

Some moms spoke to the isolation they experienced during the height of COVID-19 while the world was on lockdown, both in terms of their personal loneliness and in terms of their lacking out-of-home emotional and/or logistical support in raising their children. Some moms felt that they "missed out" on certain aspects of the motherhood experience due to COVID-19: Imposed restrictions meant that they were unable to provide their children with the social experiences they otherwise would have wanted for them during such prime developmental years. One participant recalled the dark depths of her multi-layered pandemic-related stress:

"[The pandemic] destroyed me. I have PTSD. Seriously. You know? I could never go back to what that was. The physical constraints that it placed on us, um, the social constraints, the

isolation, the inability to, um, socialize and group with other moms and have play dates and meet at the park; being alone with two children all day, every day for months at a time, um, I think that's, that's what the pandemic brought for me. And that was, um, again like unsustainable... traumatizing, and terrible” (P14).

It is possible that part of the reason why many mothers had such a difficult time during pandemic is because there were no pre-existing self-schemata through which they were able to process the enormous amounts of unprecedented stimuli they were being exposed to. Particularly at the beginning of the pandemic, if people lacked cognitive structures which specifically matched the content of their environmental stimuli, the state of the world may have been extremely challenging to process. As time went on and people had pandemic-related social experiences and/or could identify society's favorable viewpoints to build self-schemata from, the realities of the pandemic may have become more manageable. Even if the events being processed caused psychopathological symptoms, there could have been comfort in the shift of COVID-19-related information becoming recognizable to new schemas as worthy of processing, applying value to, and influencing thoughts, feelings, and behaviors.

Participants who shared positive reflections around the pandemic linked those observations to self-schemata which had more than likely been established before the outbreak of the pandemic. For example, one of the moms who relished having unplanned time at home with her child during lockdown remarked that “quarantine allowed for time that would've been stolen” (P17). A pre-existing schema along the lines of “work causes me to miss important moments” might have selectively processed and organized lockdown restrictions in a way that positively impacted that individual's mental health. The ability to make meaning from a time which did not

make sense to so many individuals can be considered healthily adaptive in the context of COVID-19.

Participants felt that society's maternal expectations have increased significantly since their mothers and their mothers' mothers had young children. It is worth asking the question, though, whether the expectations have indeed increased, or whether it is the probability of encountering these expectations as information with processing potential which has increased? It used to be possible to materially "escape" opportunities for comparison and self-judgment merely by not being in public, or not purchasing the finite number of media outlets that promoted the "ideal" mother image as attainable. Mothers could decide to unsubscribe from *Home & Garden* magazine to protect their mental health, and other aspects of their lives would not necessarily suffer. Of course, times have changed. The main source participants credited their exposure to IMI messaging to was social media, and social media has become a resource that follows mothers to their most intimate spaces, occupying their pockets by day and, by night, lighting up their nightstands.

That said, social media is an area one participant referred to as a "double-edged sword" (P1) in terms of the benefits and stressors it poses for modern mothers. Many participants acknowledged the positive aspects of social media access during the pandemic, including finding support from virtual communities (particularly for mothers who were able to connect with people who shared their mental health struggles) and being able to stay connected to family, hobbies, and passions while the world was on lockdown. Although not necessarily COVID-19-related, participants also spoke about using social media as a source of information and seeking out accounts to follow which represent the "real" motherhood experience. One participant shared:

"I have been really into reading other parents' tweets of like, 'My three-year-old just did this

[insane thing],’ and it’s so helpful to see...the humanity [out there]. Or like, ‘That basket of laundry has been sitting on my couch for 10 days, clean and not folded. We just pick from it.’...It’s helpful to know that’s okay.” (P11)

Participants acknowledged the negative aspects of social media such as frequently consuming material that makes them doubt their performance as mothers and pose upward comparisons to unrealistic ideals. They also commented on technology’s power to impact their mental health positively or negatively in terms of the superiority of certain app algorithms compared to others; several moms referenced moments when they were offput and/or triggered by exposure to content which they never would have sought out (most likely because it aligned with a pathological schema causing unpleasant responses) due to inferior algorithms.

Participants also had various outlooks on how, if at all, they represent themselves and their families through the content of their social media posts: “I’ve definitely posted many questions” (P4); “I love posting pictures of my kids” (P5); “I’m one of those people that never posts anything about myself” (P13). Despite differing habits, each mother who spoke to this point did so with a nod to their keen awareness that posts are subject to judgments by others. This knowledge can be particularly stressful considering Kruglanski’s self-presentation theory which posits that individuals offer dynamic presentations of themselves via behavior (or, in this context, via posted content that can be used by others to assess their value) in efforts to consciously and unconsciously control how others perceive them in consideration of various settings and audiences (Kruglanski & Mayseless, 1987).

Modern mothers can simultaneously issue judgmental assessments and compassionate insights regarding themselves and others.

The data within the construct MODERN MOTHERS CAN SIMULTANEOUSLY ISSUE JUDGMENTAL ASSESSMENTS AND COMPASSIONATE INSIGHTS REGARDING

THEMSELVES AND OTHERS highlights moms' abilities to pass negative judgments on themselves and others and, at the same time, find compassion for themselves and others.

Similar to Construct 2, much of the data in this construct lends itself to Festinger's social comparison theory; the difference, however, is that data from the present construct is less reflective of specific, concrete, conscious comparisons made by participants (for example, comparing current stressors with stressors of the past) and more so a collection of relevant interview text which alludes to social comparisons in a way that might be imperceivable to the participant but still mimics the upward comparison trajectory in terms of the act of judgment yielding negative self-assessments and feelings of low self-worth. Fifteen of the seventeen participants endorsed the feeling that they are not "measuring up" to a standard of motherhood, potentially because they unintentionally internalized messaging that influenced their self-expectations based on a perceived superior other's reality. One participant noted:

“[My] parenting values impose a lot of feelings...I wouldn't say *failure*, but...I'm not measuring up because I deal with my own mental health issues that I can't get away from. I do the best that I can. I'm in therapy. I take medication. I am just so aware of how...my dysregulation can affect the kids.” (P2)

Though she does not frame these thoughts as having come from a comparison, she does reference a gap between the ideal amount of control she would have over her emotional dysregulation and her lived reality and expresses how the ensuing cognitive dissonance led her to the cognition “I'm not measuring up.” When subjects reported cognitive dissonance, they also reported guilt. Some mothers felt guilt over choices they have control over (e.g., choosing to miss bedtime go out with friends), while others felt guilt over limitations that were out of their control (e.g., they didn't produce enough milk to exclusively breastfeed their child).

The other side of these somewhat automatic enactments of Festinger's social comparison theory manifest in the form of downward comparisons which can have an opposite effect on the comparing party who assesses their performance against the performance of a perceived-to-be-inferior party, resulting in high self-assessments and high self-worth. One participant shared:

“I have some people in my life or in my circle who it's just like, ‘My three-year-old needs to see a counselor, they have so much anxiety.’ Those things kinda seem like normal, like three-year-old nervousness...especially after a pandemic. [Kids] have to learn to just...cope with regular nervousness, which is part of life.” (P12)

This downward comparison is, ostensibly, not necessarily a conscious cognitive effort, however her consideration of other parent practices posed next to her own is likely to yield judgments of others; some people might call these opinions; however, they can also be manifestations of the human need to assess where their role performances stand in relation to others in their social environments.

It was promising and refreshing to find excerpts from transcripts which showed more straightforward efforts of mothers to garner self-compassion, such as one participant's expressed suspicion that there must be a grey area between right and wrong with respect to prioritizing her own needs at times:

“And when is it...when is it okay to just like give them hot dogs and be done, you know? And call it a day? I think there's a lot of that in my mind...primarily around things like screen time and nutrition. It has to be okay at some point. For my sake!” (P15)

It “takes a village” to nourish and preserve maternal mental health.

The data within the construct IT “TAKES A VILLAGE” TO NOURISH AND PRESERVE MATERNAL MENTAL HEALTH includes maternal reflections on the importance of community support—both emotional and logistical—in raising children. Mothers without

community support expressed feelings of loneliness and the belief that their lives were more stressful than the lives of mothers with community. Subjects discussed the support they are receiving or lacking from broader communities (e.g., society and the government) as well as smaller-scale communities (e.g., their parenting partners). Most mothers expressed feeling disappointed with social and political systems and having mixed feelings on whether they feel adequately supported by the division of labor between parents in their households.

Participants each find extreme value in support from their “villages” and are highly aware of its absence when they lack a sense of community. Participants identified multiple types of support from various providers including peer support (fifteen of seventeen mothers specified a preference for mom-peers who do not pretend to be “perfect” and can admit that mothering is hard) and support from family, specifically family that is geographically close. They repeatedly emphasized how detrimental COVID-19 was to their plans of village-building with their young children (or, as one participant profoundly stated, “it takes a village to raise a child...and that village got torched by COVID” (P4)).

Mothers’ cravings for connection are explained by Deci and Ryan’s self-determination theory: without connectedness, psychological well-being is unachievable (Deci et al., 2008). Gelabert et al. (1959) speak to the two types of support which most benefit mothers which were both directly referenced by study subjects: emotional support and functional support. Gelabert et al. (1959) define the latter as having people who can help with the logistics of childrearing, e.g., cooking meals or offering transportation to school. Their study showed functional social support to be more beneficial to maternal mental health than emotional support (Gutiérrez-Zotes et al., 2016). It is a wonder then, and a shame, that community structures of the past in which children

were raised by villages and mothers experienced less pressure to perform across an expanse of demands has become obsolete.

Mothers spoke to feeling only minimally supported by their broader communities, including their workplaces and local/federal government bodies. Participants expressed concern over the institutional power to practically dictate a mother's needs, potentially silencing moms' intuitive capacities and excluding them from highly personal decisions they should be entitled to make for themselves. One participant spoke to their invalidating experience:

"I said to my gynecologist, and to my pediatrician, both of them, you know, 'I'm having a lot of concerns going back to work at 12 weeks. I really don't feel ready.' And I kind of got poo-pooed. It was kind of like, 'Oh, you'll be fine. Once you get into the swing of things, you'll see. It's okay. It's all good.' It wasn't all good. It was not okay for me. In my personal opinion, moms should get...maybe six months off, to really have that time to bond. It also took about that long for my body finish the postpartum experience hormonally." (P14)

This feeling of invalidation and/or lack of control over postpartum planning due to cultural, legal, or financial limitations was frequently referenced by participants as distressing.

The smallest microcosm of the "village" explored in interviews was that of the coparenting dyad. References to the gendered division of labor in construct 3 spoke to the evolution of how the division of labor has evolved over time; the data in this construct, however, speaks to how mothers may or may not feel adequately supported by their parenting partners. Consistent with the complexity of many issues around motherhood discussed in this study, participants shared differing reflections on co-parenting dynamics in the home, ranging from "we're 50-50" (P2) to "my husband doesn't get stressed about most of the things that I get

stressed about, but I don't know if it's because he's not managing those things and I'm managing them" (P9). Mothers expressed extremely divergent experiences regarding how much their coparents contribute to the parenting workload. Among the most interesting comments was one participant's acknowledgment of her husband's paternal privilege of being able to compartmentalize fatherhood in a way she does not feel she is able, or permitted by society, to do:

"I think [my husband] compartmentalizes fatherhood in a way where motherhood is like, always with me, even if I'm at work or at the gym or at the supermarket, without my kids, it is still like first and foremost, I am a mom. Where I feel like when he's at work, he's being a doctor. And then when he comes home, he switches into being a dad. Whereas I feel like being a mom is a 24/7 gig, and that's obviously exhausting." (P15)

Moms assume onus over how their bodies and brains respond to motherhood even though they have little-to-no control in either regard.

The data within the construct MOMS ASSUME ONUS OVER HOW THEIR BODIES AND BRAINS RESPOND TO MOTHERHOOD EVEN THOUGH THEY HAVE LITTLE-TO-NO CONTROL IN EITHER REGARD speaks to moms' reflections on the physical and psychological experiences of motherhood.

Study participants clarified that mothers begin to engage in upward comparisons long before their babies are born in areas that are not necessarily within their control. Subjects reported experiencing significant distress due to their bodies' inability to perform according to their expectations (which were, likely, based on their perceptions of others' experiences). Mothers shared the unsettling cognitive dissonance they sat with around the ways their bodies responded to pregnancy, the birthing process, and the perinatal period. One participant spoke to

the discrepancy between how she hoped her birthing experience would pan out versus how it actually went:

"No one has ever...come up personally and said, 'Hey, you really didn't get to experience birth in its most beautiful form'...nobody ever, like, says that directly to you. But you hear other people's magical stories, and you make a plan, and then the plan goes to shit, and you just sort of have this sort of sense that you missed out on an important part of all this. You blame yourself, you, um, regret that you didn't get to experience something, or you feel like, I didn't have that fullness of motherhood or whatever it is that you think you're supposed to have." (P13)

She then went on to share a rather traumatic birth story; however, she seemed to lack insight into the value of her own experience, instead devoting her emotional attention to this preoccupation with what she "missed out on." This could be another instance where Markus' theory of self-schemata helps to explain why this mother viewed birth as an event that could go "right" or "wrong" with an emphasis on process over product (her child was born and remains healthy, however she put little-to-no weight on this outcome when reflecting on and assessing her birth experience). Having never given birth before, this participant's self-schemata around the event of birth was constructed from "other people's magical stories." This left little room for her to accept her reality and make meaning from that because she was only capable of processing the event of her birth through the filter of this "birth should be magical" schemata. Suppose her schemata was other-natured, however; suppose she had a close friend whose baby died during childbirth and that event helped to form and shape her schemata? In that case, she would likely view her own experience differently and with less regret. This point is not meant to invalidate the human experience of disappointment by attributing the feeling to approval-seeking schemata built from

observations assessed to be socially desirable, but rather meant to emphasize the power that “other people’s magical stories” can assume in different contexts, inviting comparisons and perpetuating maladaptive thought patterns (Markus, 1977).

Another way to view why mothers set expectations for their bodies before knowing how they will physically respond to pregnancy, birth, and early motherhood demands such as breastfeeding is through the lens of gender theory. Gender theory has, for centuries, labeled mothers as designated primary caregivers of children within heterosexual dyads because of their biological predisposition to become pregnant, give birth, and breastfeed (Ingraham, 1994). This longstanding expectation of women’s bodies to function in very specific ways, as well as the implication that they should therefore be primarily responsible for the children paves the way for decreased perceptions of self-worth in mothers whose biological capabilities misalign with these deeply ingrained expectations.

In terms of participants’ psychological compositions, once again they reported having varying relationships to and assessments of their mental health statuses. Some moms expressed having had mental health problems since before they became mothers while others developed problems upon becoming mothers. One participant shared a memory of a postpartum concern: “Part of like my, the postpartum anxiety that I was having is sort of this, you know, like imagining terrible things happening to the baby...like, I really wondered, am I am a danger to my child 'cause I'm thinking about all of these crazy things?” (P13). For someone with no existing self-schemata through which they might be able to organize irrational thoughts, these types of musings have the capacity to cause significant distress. Luckily, this participant found support in an online community, however it is disturbing to think about how many mothers experience

these thoughts and either do not seek help for fear of being stigmatized or because they lack resources to do so.

Many moms spoke to their experiences with guilt. One participant provided the most profound example of “mom guilt” which highlights how pervasive and inescapable it can be:

“I just lost my sister a few months ago...I want to help my brother-in-law in managing his childcare and sorting out my niece and my nephews’ situations and schedules - and from the outside looking in, it’s like, what a beautiful thing that I’m able to do that. But also with that comes a lot of guilt that I’m paying someone else to be with my own children, not bringing in an income because right now I, I work for free basically, um, to, to supplement for that additional childcare and I’m going off and doing all these other things. The guilt, even in this case, even with the most noble intentions, you can’t win and it’s like a lose-lose. The, the guilt is, you can’t escape it.” (P15)

The last idea referenced in this construct discusses moms’ mixed views on substance use. Two participants spoke at-length about their opposite experiences with mind-altering substances since becoming moms: One shared her mid-pandemic realization that she had been drinking “more than [she] wanted to” (P2) and that her drinking was impacting her ability to function as the type of mother she wanted to be. She has since become sober and developed a strong connection to a sober mom identity and community. Another (P11) spoke almost-as-proudly about her increased substance use since the COVID outbreak with reference to an entirely different substance: marijuana. She expressed feeling that she was a better mom with access to now-legalized marijuana.

Merton’s strain theory (1957) examines the behavioral manifestations of cultural constraints, suggesting that behavioral responses to these cultural constraints can be categorized

as either conformity (people keep societal standards even when they experience failure), deviance (people give up on goals but adhere to socially acceptable activities); retreating; innovating (people want to achieve socially-approved success but not in a traditional way); or rebelling (people reject societal goals and aim to replace dysfunctional cultural constraints) (Naeyele & Merton, 1957). Participation in “wine mom” culture (a space where mothers are encouraged to bond, over alcohol, about the unrealistic expectations society sets for them – alcohol is considered a form of deserved self-care so they can temporarily escape their seemingly endless responsibilities) is a strong example of the application of strain theory (Naeyele et al., 1957; Newman et al., 2021). Although wine mom discourse is often branded as an act of rebellion against “perfect” mothering, in the context of strain theory it is more closely aligned with conformity or deviance. This is an important distinction because it only gives the illusion of rebellion when, in fact, it perpetuates problematic narratives and can foster substance abuse, doing nothing to shift mothering discourse to a space where mothers are not so overwhelmed that they need an “escape.” Much more useful than wine would be a rebellion that seeks to rewrite the standards of mothering to be realistically attainable, culturally inclusive, institutionally supported, and systemically achievable (Naeyele et al., 1957; Newman et al., 2021).

Merton’s strain theory can also be applied to the idea mentioned in Construct 3 around mothers craving connection to other mothers who are “messy” and/or “honest” about mothering hardships without pretending to be perfect. Superficially, moms may be drawn to these “raw” narratives because they find them to be relatable and, for some, they may represent a rebellion of sorts against unattainable mothering standards. Much like “wine mom” culture, though, the moms who post pictures of their kids looking messy on social media are, per Merton, conforming (or, at best, innovating). These presentations are not genuine attempts to rewrite the

dominating narrative around mothering, rather, like “wine mom” culture, they can perpetuate potentially harmful discourses despite any implied claims that they diverge from intensive mothering expectations.

Participant Responses to Theoretical Narrative

Once the six theoretical constructs were articulated and bolstered by thoughtful themes, repeating ideas, and relevant text, the primary student researcher emailed each study participant to share this narrative derived from their interview data. The email invited their general feedback as well as a statement on whether they saw their experiences represented in the final narrative. Eleven of seventeen mothers replied, each indicating that, yes, they recognized their personal experiences as accurately reflected in the theoretical narrative. A few participants also provided more detailed feedback which is (anonymously) shared below.

- Respondent A: “Reading your findings (and not that it's not obvious in society in general), there is A LOT of pressure put on mothers to be perfect and do it all without complaining. It puts unnecessary burdens and negativity onto mothers, not allowing us to feel like we or our feelings matter to society anymore because we had children. The nature of the political system in this country more than anything (and those who agree with what is happening) are incredibly detrimental to the health & well-being of mothers (and all women) in our society. I didn't think about politics when we met, but I'm glad someone in your discussions did.”
- Respondent B itemized their feedback under each construct including the below points:
 - “Moms compared themselves to other moms during the pandemic”: “Actually no, this is when I stopped comparing as much.”

- “It takes a village to nourish and preserve maternal mental health”: “Yes, and that village got torched in COVID.”
- “Psychotropic medications can be helpful to moms who are struggling”: “Legally prescribed psychotropics and legal OTC psychotropics when actively managed by professional and not abused, sure. Love me my Prozac. No parent should be watching their child while tripping on LSD though.”
- “Moms experience guilt”: “Yes”
- “Moms have mixed views on substance use”: “Not sure what you’re driving at here—substance use by the mother, or by the kid? Like, parents who do hardcore drugs and neglect their kids? I don’t think anyone really thinks that’s okay or a good thing, even while we can simultaneously have empathy for the addict and his/her disease. ‘Mom juice’ and Mom wine culture? Makes me roll my eyes, but I don’t care. I do judge parents who smoke cigarettes, they have no excuse anymore. But I wouldn’t say that I’ve experienced any judgment in relation to my being a mother who is on Prozac and Adderall, who drinks alcohol moderately, who abuses caffeine, and does not vape/smoke in any sense. I guess what I am saying is ‘no, I don’t think moms have any sort of views on mom substance use that are any different than the population at large or colored by being a mother.’”
- Respondent C: “A resounding yes! Oh, and baby X joined our family in September--it's been a wild ride having three tiny humans :)”
- Respondent D: “I’ve recently been binging Dr Becky, bc that’s the Parent Therapy I can schedule at the moment!”

The natures of these more detailed replies varied from reflective to grateful to constructively critical to connection-seeking. Most excitingly, they reinforced the very constructs they were responding to. The primary researcher incorporated Respondent B's request for clarification regarding the idea "Psychotropic medications can be helpful to moms who are struggling" into the discussion section.

Clinical Recommendations

Mothers were willing and eager to engage in study interviews with considerable vulnerability, yielding data that authentically represents their experiences and may therefore provide clinically relevant information for mental health professionals. Maternal mental health care is a widespread concentration for practitioners, however even therapists who do not brand their foci as such are bound to encounter a mother, a mother's spouse, a mother's friend, a mother's coworker, or at the very least a mother's child (i.e., the entire worldly population) at some point in their careers, and their work may benefit from a deeper understanding of this wide-reaching population. Below is a list of clinical recommendations which aim to benefit modern-day mothers and are based on participant experiences and existing literature:

- **Psycho-educate moms:** Several study participants referenced feeling that society holds mothers to unrealistically high expectations. They reported consuming this messaging mostly through their engagement with social media and many consider it to be unavoidable content which often yields negative self-judgments. It could be helpful for mothers to learn about the sociological and psychological constructs which inspire the development and maintenance of IMI. With a deeper understanding of the context behind the content of their cognitive structures, they may find space to engage in cognitive restructuring while distancing themselves

from unrealistic expectations applying personal values to their mothering practices. Psychoeducation around upward comparison theory may also be a useful component of therapy for mothers: though it is not likely to stop them from comparing all together, it may offer them the possibility of mindfulness around the comparing process, which would effectively move them closer to mental wellness. Lastly, should clients have the cognitive capacity to appreciate psychological theory and its influence on societal opinion, introducing Winnicott's research as an alternative to the more well-known attachment research of Bowlby might relieve some of their perceived validity around IMI (Ainsworth, 1978; Bretherton, 1992; WINNICOTT, 1960). (Psychoeducation could be administered in a variety of therapeutic settings, however because of subjects' references to the comfort they find in community and connection, it could be extremely useful for mothers to learn about these constructs in a group therapy session.)

- Actively learn about modern-day maternal stressors: Interviews in the current study were conducted in the summer of 2022 when the most talked about era-specific problems for mothers were: 1) having to mother during and after the peak of COVID-19, and 2) having to grapple with constant access to social media which can serve as a stimulus for negative self-judgment and/or a preoccupation with others' values and pursuits therefore losing touch from their own. While these particular struggles may continue to be brought into mothers' therapeutic conversations for the foreseeable future, as time moves forward there will always

be new stressors, and they are worth naming, bringing into the room, and treating accordingly.

- Encourage change by sharing research: If mothers seek to move away from intensive mothering practices in support of their mental health, they may be concerned about how the shift could impact their children who have, understandably, grown accustomed to being mothered in a certain way. Although mothers may have received psychoeducation on the roots of intensive mothering ideology which are structural and not necessarily based on what is best for children, it could further encourage mothers who are contemplating change to learn about recent research indicating that parental over-engagement with their young children is shown to be a predictor for poorer self-regulation and executive functioning skills in kindergartners (Obradovic et al., 2021). The researchers explain this apparent counterproductivity of intense parenting by noting that children benefit from opportunities to practice being their own interactional agents (during appropriate social situations); intensive mothering does not necessarily leave space for this type of development (Obradovic et al., 2021). Mothers may be comforted by scientific evidence that their choosing to nurture their non-mom identities and/or support their children in ways that are not all-consuming will benefit both mother and child in the long run.
- Expand mental health screening protocols for mothers: Presently, the American College of Obstetricians and Gynecologists recommends OB-GYN offices screen mothers for depression and anxiety symptoms at least once during the perinatal period using a standardized, validated assessment tool. It could benefit mothers if

these screenings were “requirements” instead of recommendations, and if they were issued more frequently and throughout a longer period of time; PMADs and associated symptoms may not correspond with an OB-GYN office’s arbitrary assessment date; additionally, because existing research shows mothers and children to be highly vulnerable to mental health stressors up until five years postpartum, it could benefit families at-large if routine screenings were administered for at least that long.

Study Limitations and Directions for Future Research

When interpreting the results of this study, several limitations should be considered. Firstly, due to the small sample, the data is not widely generalizable. Per Table 1, despite the primary investigator’s efforts to recruit diverse participants, many demographic groups are not represented in the current data set. This includes mothers outside of the 33-41 age bracket, mothers with more than three children under five, and mothers who are not White or Asian (a significant 94.1% of participants identify as White). Absent from the subject pool are mothers who are unmarried, mothers who do not identify as women, and mothers whose geographical residency is outside of areas indicated in Table 1.

These limitations should be considered particularly significant for this research topic since intensive mothering ideology is consumed across races, ages, socioeconomic statuses, educational histories, cultures, and gender identities; yet exposure to IMI has the potential to be more harmful for non-White, non-middle-class mothers. Research has shown these more vulnerable minority groups to lack the social and financial resources necessary to pursue mothering aligned with IMI. This could put them at greater risk for negative self-judgments and decreased psychological wellness on top of any stress that may come from added biases and

challenges associated with the intersectionality of more than one minority group composing a mother's identity. Future research should seek to understand these vulnerable subpopulations' experiences of IMI in the context of modern-era stressors from both isolated and intersectional maternal minority representatives, particularly with respect to mothers of color who research places at an increased risk to develop postpartum depression, die from pregnancy, or die from childbirth related causes.

Aside from study generalizability being compromised due to the small number of subjects and their limited demographic characteristics, it should be noted that there are likely notable differences between mothers who volunteered to participate in this study versus those who did not. All seventeen mothers who were interviewed for this research study either expressed gratitude to the primary investigator for providing them space to explore their experiences of motherhood and/or remarked on the importance of this research topic for maternal empowerment. On the contrary, possible reasons why eligible mothers who saw the ad did not volunteer to participate in the study could include: 1) maternal mental health is of neutral or minimal importance to them; 2) they attach a stigma to mental health problems and did not want to align themselves with any negative associations; 3) their mental health is compromised, and they were reluctant to describe their experience due to feelings of shame and/or the desire to keep their experiences private; 4) they did not have time to commit to the study. If the primary researcher were to re-publish the ad seeking study participants, she may add a link to a short, anonymous survey for mothers who were eligible for the study but did not care to participate to learn their motivation behind rejecting the opportunity. While it would fulfill this researcher's curiosity in terms of their reasoning, it could also inform future treatment and/or research

directions since all mothers, including ones who are for one reason or another unwilling to participate in this research, could benefit from having their experiences represented.

While all the above factors impact the generalizability of study results, because the study's overall aim was to acquire mothers' subjective experiences, the results are valuable and should be incorporated as is appropriate into future modes of treatment and future research.

Another limitation to note is that these interviews were conducted in the summer of 2022, over two years after COVID-19's official US outbreak in March of 2020. Many subjects spoke to the ways in which the pandemic impacted their mothering experiences, however if these interviews had happened earlier or later along the virus' novel trajectory, mothers may have communicated different experiences. Future research may seek to understand how maternal mental health improves or declines in the years following the pandemic through a longitudinal design studying mothers who had children younger than five when the pandemic inspired a worldwide lockdown. This data could inform whether the mental health problems described by so many interviewees as having been instigated or worsened by the pandemic tend to change over time.

Conclusion

This study sought to capture the experiences and assess the psychological health of people who identify as mothers of young children during a particular point in time with consideration for social aspects of the mothering experience including IMI and era-specific stressors. Worldly circumstances during the summer of 2022 (when these interviews were conducted) prompted maternal stressors which were (as they always are) unique to that moment in time. What was not unique to that summer was the dominating discourse around how mothers "should" be mothering; this discourse, grounded in IMI, has been permeating the consciences of

mothers for centuries, influencing the expectations they set for themselves and often resulting in mothers' negative self-judgments. While intensive mothering expectations are no gentler than yesterday or the day before, there may a glimmer of hope for modern mothers in the mere existence of discourse about the discourse. Modern mothers are starting to question societal expectations and pose alternate ways to conceptualize "ideal" mothering which do not take as heavy a toll on their mental wellbeing. While these conversations may not in themselves affect change, they are undoubtedly foundational in composing and spreading new discourses around "ideal" mothering.

In other words, this study begged the question, "Are moms okay right now?" The answer this researcher has derived from these bold participants' stories is a loud, tired, overwhelmed, confused, self-deprecating, resounding "NO." While participant stories contained several dialectical accounts of mothering experiences, the most common dialectic within interviews may also be the most tragic: Moms care deeply about their children and generally put forth a near-constant effort to set them up for success across multiple realms, and, moms are judging their motherly performances (no matter intensely they may mother) to be inadequate while concurrently losing track of who they are as wholistic human beings. IMI hovers over mothers like a dark, dense cloud that is demanding they dance in the sunshine while simultaneously blocking the sun. Mothers need understanding, compassion, and support from the people in their lives, therapeutic professionals, and small- and large- scale institutional bodies. It is the hope of this researcher that, if her daughters ever choose to become mothers, they will be able to dance in the sunshine (so long as dancing in the sunshine aligns with their idiosyncratic mothering values).

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Appendices

Appendix A: Recruitment Ad

RESEARCH ASSISTANT
Allison Klevine, PhD
2023-2024

SEEKING MAMAS FOR DOCTORAL PSYCHOLOGY RESEARCH STUDY



ELIGIBLE PARTICIPANTS SHOULD:

- Identify as mothers.
- Be between 18-45 years old.
- Have a child or children whose ages fall between 1-5 years (sorry, participants with older children do not qualify).

PROCEDURES AND TIME COMMITMENT

- Phase 1: 2 online surveys- 15 minutes total
- Phase 2: One-hour Zoom interview (to be audio recorded) with a doctoral student therapist to talk about mothering young children today

CONTACT

If you are interested in participating, or for more information on the study, please email allisonklevine@gmail.com



AS A THANK YOU...

Aside from the opportunity to verbally explore your experience of motherhood, participants will be entered into a raffle in which one individual will win a \$75 Amazon gift card via email by May of 2023

WOULD PEOPLE IN YOUR NETWORK BE INTERESTED IN PARTICIPATING?

If so, please share this ad!



Appendix B: Informed Consent

Date: March 13, 2022
Faculty Investigator: Dr. Linnea Mavrides

IRB Protocol #: 22/01-009
Approval: March 23, 2022
LIU Sponsored Projects

**LONG ISLAND UNIVERSITY
INSTITUTIONAL REVIEW BOARD (IRB)**

RESEARCH PARTICIPANT INFORMED CONSENT FORM

Study Title: The mental health impact of intensive mothering ideology on modern mothers

Faculty Investigator: Linnea Mavrides, Psy.D.
Adjunct Professor at LIU
Clinical Psychology Doctoral Program
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Student Investigator: Allison Levine
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You are being asked to join a research study. Participation in this study is voluntary. Even if you decide to join now, you can change your mind later.

1. Why is this research being done?

This research is being done to gain a deeper understanding of how mothers of young children in the current day and age are impacted by intensive mothering ideologies, particularly considering the mothering challenges potentially posed by the Covid-19 pandemic as well as how mothers interact with technology and social media. Using interview findings, the investigator hopes to contribute to a larger body of research seeking to articulate the most useful forms of emotional support for mothers of young children.

Eligible individuals will identify as mothers, be between 18-45 years old, and have a child or children whose age or ages fall between 1-5 years (applicants with a child or children greater than 5 years old will be disqualified).

We anticipate that about 12 people will take part in this study.

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 Faculty Investigator: Dr. Linnea Mavrides

IRB Protocol #: 22/01-009
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2. What will happen if you join this study?

If you agree to be in this study, we will ask you to do the following things:

- Fill out two online surveys (an informed consent document and a demographic questionnaire)
 - Both can be completed in about 15 minutes
- Selected participants will then be asked to participate in a one-hour interview over Zoom (to be recorded) with a psychology doctoral student to talk about their experiences as mothers of young children in the current day and age

Photographs/Video recordings:

As part of this research, we are requesting your permission to create and use recordings from interviews. While the zoom interview will be audio and video recorded, only the audio recording file will be downloaded and used for transcription purposes. Video recordings will be deleted immediately after the interview is complete. Any interview recordings will not be used for advertising or non-study related purposes.

You should know that:

- You may request that the recording be stopped at any time.
- If you agree to allow the recording and then change your mind, you may ask us to destroy that imaging/recording. If the imaging/recording has had all identifiers removed, we may not be able to do this.
- We will only use audio recordings for the purposes of this research. We will not use video recordings for this research and will delete those files immediately after the interview is complete.
- The audio recording will be transcribed by Allison Levine, MS, student researcher and doctoral candidate in clinical psychology, who will keep all data confidential.

Will research test results be shared with you?

This study involves research tests that may produce information that could be useful for your clinical care in terms of providing bibliotherapy, which involves the reading of specific texts with the purpose of healing. Please note: the final research test results will not contain specific information about individual participants, but rather a picture of interviewees' shared experiences and thematic commonalities. If you are interested in receiving study results via email, please communicate this desire to the researcher and they will ensure that you receive a copy of the results via email by May of 2023.

How long will you be in the study?

Participation in the study will take approximately 75 minutes throughout the course of one month (15 minutes for two online surveys, 60 minutes for an interview on Zoom).

4. What are the risks or discomforts of the study?

The risks associated with participation in this study are no greater than those encountered in daily life [or during the performance of routine physical or psychological examinations or tests].

It is possible that the interview might elicit reports of participants feeling like less than the "ideal mother," which could bring up distress. In this case, the researcher will make treatment recommendations and referrals based on participants' individual needs.

If it is discovered through the interview process that a participant may have more severe psychological difficulties such as postpartum depression, the researcher will administer a crisis assessment to better understand the issue at hand, and then make treatment recommendations and referrals based on participants' individual needs. The researcher, being the student investigator, is indeed experienced

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enough to conduct these types of assessments as she administers them on a regular basis at her externship sites and will be under the close supervision of her faculty advisor.

The assessments that will be used as deemed necessary by the researcher will include the Beck Depression Inventory, the Edinburgh Postnatal Depression Scale, and the Columbia Suicide Assessment. If mild-moderate distress is detected, regardless of diagnostic specifics, referrals will be made to the Psychological Services Center at the LIU Campus for therapy as well as The Motherhood Center in Manhattan for psychiatric consultations. If severe distress is detected regardless of diagnostic specifics and/or if there is any indication that the interviewee is in danger of harming themselves or someone else, the researcher will call 911 to have the interviewee evaluated and treated in a hospital setting.

Although your IP Address will not be stored in the survey results, there is always the possibility of tampering from an outside source when using the Internet for collecting information. While the confidentiality of your responses will be protected once the data is downloaded from the Internet, there is always the possibility of hacking or other security breaches that could threaten the confidentiality of your responses.

Identifiers might be removed after which the information might be shared for future research or distributed to another investigator without additional consent.

5. Are there benefits to being in the study?

You may or may not benefit from being in this study. Any benefit would come from a positive interview experience that offered participants an opportunity to explore their mothering journeys.

This study may benefit society if the results lead to a better understanding of maternal mental health needs in our current culture.

6. What are your options if you do not want to be in the study?

Your participation in this study is entirely voluntary. You choose whether to participate. If you decide not to participate, there are no penalties, and you will not lose any benefits to which you would otherwise be entitled.

7. Will it cost you anything to be in this study?

No.

8. Will you be paid if you join this study?

No.

In compensation for your time, you will receive (or be eligible to receive) an automatic entry into a raffle for a \$75 Amazon gift card being delivered via email by May of 2023. You understand that you may stop participation at any time. However, you also understand that you will only receive the research compensation opportunity if you complete the research protocol and your participation is deemed adequate.

9. Can you leave the study early?

Yes.

- If you wish to stop, please tell us right away.

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- If you want to withdraw from the study, please email allisonklevine@gmail.com with as much notice as possible prior to pre-scheduled interviews.

10. Why might we take you out of the study early?

You may be taken out of the study if:

- Staying in the study would be harmful.
- You fail to follow instructions.
- The study is cancelled.
- There may be other reasons to take you out of the study that we do not know at this time.

11. How will the confidentiality of your data be protected?

Any study records that identify you will be kept confidential to the extent possible by law. Please note: the researcher is mandated to report any incidence of child/elder abuse and/or suicidal or homicidal risk to oneself or another.

The records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the Long Island University Institutional Review Board (IRB) (The IRB is required to keep your identity confidential.) Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

The primary investigator will transcribe each interview, remove any personally identifiable information about the interviewees, and assign each transcript a number between 1-12 (or the highest number of interviews conducted). This researcher will train two coders from Long Island University C. W. Post's Clinical Psychology Doctoral Program. The two selected coders will likely be members of the Maternal Mental Health lab, a group led by the faculty researcher and of which this student researcher is also a member. The researcher will share the **private, de-identified**, numbered transcripts with the coders via Google Docs. The three-person coding team will then code the transcripts using the Auerbach and Silverstein (2003) method whereby relevant text from each transcript will be highlighted, repeating ideas across transcripts will be identified, and overarching themes will be uncovered and labelled. Working with the faculty researcher, the themes will then be constructed into a theoretical narrative to generate hypotheses about the relationship between maternal mental health and intensive mothering ideology.

12. What other things should you know about this research study?

What is the Institutional Review Board (IRB) and how does it protect you?

This study has been reviewed by an Institutional Review Board (IRB), a group of people that reviews human research studies. The IRB can help you if you have questions about your rights as a research participant or if you have other questions, concerns or complaints about this research study. You may contact the IRB at 516-299-3591 or osp@liu.edu.

What should you do if you have questions about the study?

Contact the student investigator, Allison Levine, at (516) 526-5580 or the faculty investigator Dr. Linnea Mavrides, (347) 620-4318. If you wish, you may contact the principal investigator by letter. The address is on page one of this consent form. You can also contact the department chair, Dr. Paul Kwon, at paul.kwon@liu.edu. If you cannot reach the investigators or wish to talk to someone else, call the IRB office at 516-299-3591.

You can ask questions about this research study now or at any time during the study.

If you have questions about your rights as a research participant or feel that you have not been treated

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fairly, please call the Institutional Review Board at Long Island University at (516) 299-3591.

13. What does your signature on this consent form mean?

Your signature on this form means that: You understand the information given to you in this form, you accept the provisions in the form, and you agree to join the study. You will not give up any legal rights by signing this consent form.

Participants can either sign this consent form with an electronic signature and email the signed and dated copy to the researcher, or, if they prefer, they can print the form, sign it manually, and scan and email the signed and dated copy to the researcher.

WE WILL GIVE YOU A COPY OF THIS SIGNED AND DATED CONSENT FORM

Signature of Participant	(Print Name)	Date/Time
		
Signature of Person Obtaining Consent	(Print Name)	Date/Time

NOTE: A COPY OF THE SIGNED, DATED CONSENT FORM MUST BE KEPT BY THE PRINCIPAL INVESTIGATOR; A COPY MUST BE GIVEN TO THE PARTICIPANT.

1. Do you identify as a mother? Y/N _____

2. Gender:
 - a. Female
 - b. Male
 - c. Transgender
 - d. Other (Please specify) _____

3. Age: _____

4. Race/Ethnicity:
 - a. African American/Black
 - b. Asian American/ Pacific Islander
 - c. Caucasian/White
 - d. Latino (a)/Hispanic
 - e. Native American
 - f. Biracial/multiracial
 - g. Other (please specify): _____

5. Religion (if no religion, leave blank): _____

6. Relationship status:
 - a. Single

- b. Married/Partnered
 - c. Divorced
 - d. Widowed
 - e. Other (please specify): _____
7. Sexual Orientation:
- a. Bisexual
 - b. Gay or Lesbian
 - c. Heterosexual
 - d. Other (please specify): _____
8. What is the highest level of education you have completed?
- a. High school
 - b. College
 - c. Associate degree
 - d. Bachelor's degree
 - e. Master's degree
 - f. Doctorate
 - g. Other (Please specify) _____
9. What is your current employment status?
- a. Stay-at-home Mom
 - b. Full-time working mom

- c. Part-time working mom
 - d. Full-time student
 - e. Part-time student
 - f. Other (Please specify) _____
10. What is your current relationship status?
- a. Single
 - b. Single and dating
 - c. Unmarried but cohabiting
 - d. Married
 - e. Widowed
 - f. Divorced/separated
 - g. Other (please specify) _____
11. What is your zip code? _____
12. Which household income bracket best represents your socioeconomic status?
- a. Low income: less than \$40,100 annually
 - b. Middle income: \$41,000-\$120,400 annually
 - c. Upper income: More than \$120,400 annually
13. How many children do you have, and how old is each child? _____

14. Do any of your children have special needs? If so, what are they? _____
15. Have you ever received treatment for a psychological disorder (e.g., anxiety, depression, bipolar disorder, etc.?) Y/N
- a. If so, and you had a diagnosis, what was the diagnosis? _____
 - b. If so, and you did not receive a diagnosis but believe you have or have had a psychological disorder, what diagnosis do you think best encapsulates your symptoms? _____
 - c. Have you ever experienced or been diagnosed with any of the following?
 - a. Depression in pregnancy
 - b. Anxiety in pregnancy
 - c. Other mental health issue in pregnancy
 - i. If so, describe:
 - d. Baby Blues
 - e. Postpartum Depression
 - f. Postpartum Anxiety
 - g. Postpartum OCD
 - h. PTSD from childbirth
 - i. Other postpartum mental health issue
 - i. If so, describe:
16. Is there anything else you would like to mention? _____

1. When thinking about yourself as a mother, what words, including attributes or characteristics, come to mind?
 - Follow up prompt: Explain each in more detail (as needed).
2. What are some of the messages you receive about mothering and expectations of you as a mother?
 - Follow-up prompts as needed:
 - Where do these messages come from?
 - What do they bring up for you?
3. How does the image you have of yourself as a mom compare to what you think of as the “ideal mother”?
 - Follow-up prompts as needed:
 - What do others around you share about this comparison?
 - How has the pandemic impacted this, as well as how you feel and behave as a mother?
 - How would you compare your experience of motherhood to that of previous generations?
4. A. What relationships, activities, or experiences help you feel supported as a mother?
 - 4. B. What relationships, activities, or experiences lead you to feel badly about yourself as a mother?
5. Tell me about your relationship with social media in relation to motherhood.

Appendix E: Theoretical Narrative

Mothers who participated in this study had a young child or young children (under 5) at the time they were interviewed for this study. Each shared their experiences navigating contemporary social stressors (e.g., COVID-19 and constant access to social media) and endorsed a feeling that they “should” be pursuing an “ideal” mother image, even if they assess these expectations to be unattainable and misaligned with their values. The intersection of these challenges and standards has had a generally negative impact on their mental health statuses. The following combines their stories into a cohesive, meaningful narrative. Theoretical constructs are written in all caps, supporting themes are underlined, and repeating ideas are written in italics.

Mothers in the present study reported MOMS HAVE IDIOSYNCRATIC, SELF-ALIGNED BELIEFS AROUND “GOOD MOTHERING” WHICH FEEL ATTAINABLE TO THEM; THESE IDEAS ARE ATTRIBUTED TO VARIOUS SOURCES AS WELL AS EACH MOM’S COMPLEX, EVER-CHANGING IDENTITY. The text supporting this construct displayed the various ways that different mothers apply value to the vastly complicated role of “mom.” Participants attributed these ideas to multiple sources. They also explored the many roles that make up their respective identities as well as how those roles interact with one another.

They spoke about their perceptions of “good mothering” with respect to their idiosyncratic values which were reportedly derived from multiple sources (Moms have idiosyncratic, self-aligned beliefs around good mothering which they attribute to various sources). Many described their conceptualizations of good mothering by highlighting their priorities (*Moms' ideas around "good mothering" are unique-to-them and multifaceted*). Many mothers traced their mothering values to their desires to emulate how they were raised by their

mothers (*I got that idea from my mom, definitely*), while some attributed their priorities to the experience of having reflected on how they were mothered and deciding to do things differently than their moms did (*Moms try to do things differently than their moms*). Some interviewees did not mention their mothers' influence at all, instead indicating: *Ideas around good mothering come from various sources and observations*, citing observed relational dynamics and/or media.

The majority of participants spoke to the various roles (mom and not-mom) they hold in their lives, endorsing that Moms identify with complex identities. Many spoke to the byzantine nature of who they are as mothers (*Moms conceptualize the "mom" component of their overall identities as complicated*). These descriptions featured adjectives reflective of a wide range of emotions. Moms felt their "mom identities" to be fluid (*How moms view the "mom" component of their identities evolves over time*), exploring their journeys of discovery around flexibility within their conceptualization of the role. Many moms expressed how deeply they value their non-mom identities (*I love being a mom, but that can't be everything that I am*). Each mom categorized themselves within a sub-mom-identity group of "working" vs. "non-working." Many communicated feelings about observing/being stay-at-home moms (*Moms think being able to be a stay-at-home mom is a privilege, and stay-at-home moms feel negatively judged*), while others reflected on observing/being moms with careers (*Working enriches the individual identities of moms with jobs outside of the home, and working moms feel negatively judged*).

The second theoretical construct represents the fragility of conviction in some modern mothers in that MOMS' CONFIDENCE IN THEIR SELF-ALIGNED VIEWS OF "GOOD" MOTHERING ARE DISRUPTED BY EXPOSURE TO UNREALISTIC IDEALS WHICH REFLECT AN INTENSIVE MOTHERING IDEOLOGY AND INSPIRE UPWARD COMPARISONS (EVEN IN MOMS WHO "KNOW BETTER"). Participants reported frequent

exposure to the concept of the “ideal” mother, an image which they describe as impossible-to-achieve; and yet, somehow, they still try to achieve it. When they do not achieve it, they tend to pose upward comparisons to the ideal which result in cognitive dissonance over the inconsistency between who they are and who they want to be. Moms pose comparisons others’ mothering to their mothering, as well as to how their children compare to other children.

Moms described the shared experience of feeling an ever-lurking presence of this “perfect” mother ideal (*Many moms feel bombarded with exposure to an unrealistic, unattainable, "perfect" mother ideal*). Generally, when asked to describe the “perfect” mother, they depicted mothers with boundless energy and patience, diverse skillsets, steadfast commitments to their “mom” identities above all other identities, and ample time for self-care. Some felt that *Moms get mixed messages around “perfect” mothering* in that, even if someone were to try to pursue this ideal, the rules are too contradictory to even attempt to follow. Some subjects attributed their main exposure to this “perfect” ideal to media (*Moms are exposed to the mothering “ideal” by various media*), and many reported being cognizant of the fact that images of the “perfect” mom which they consume on social media do not accurately represent people’s real lives (*Moms know that the "perfect" mothering content they consume is not real*). Some interviewees spoke about how the myth of the “ideal” mother transcends cultural barriers (*Moms from different cultures are exposed to "ideal" mothering images in different ways*).

Despite moms’ abilities to partially detach themselves from this “perfect” mother messaging by recognizing its fictitious nature, the majority of subjects communicated that, regardless of their savviness to the imperfect realities behind perfect-seeming content, Many moms cannot help but pose upward comparisons of their own mothering to unrealistic ideals. Participants related to the idea that *When moms are exposed to an unrealistic ideal, they lose*

sight of their values and pose upward comparisons. Considering the previous theoretical construct which evolved from mothers feeling intimately connected to their maternal values, exposure to the “perfect” mothering ideal must be immensely powerful if its consumption causes otherwise-confident individuals to become vulnerable to self-doubt with respect to their performance in this role. Participants articulated their experienced repercussions of upward comparisons, formulating the idea that *Comparisons to ideal moms on social media make moms feel sad and think critically of themselves.* Participants acknowledged the puzzling-yet-fascinating premise that, despite their hunch that “perfect” mothering content is mostly fake, they still pose upward comparisons to ideals, trying to achieve the unachievable (*Even moms who know what they are consuming on social media is not real find it difficult not to pose upward comparisons and/or strive for perfection*). The content within the last idea of this theme, *Moms compare their kids to other kids*, varied between participants in that in that some moms specified comparisons regarding their children’s’ developmental trajectories while other moms spoke more to comparing aesthetic presentations of their kids. Both types of comparisons, however, were communicated as perceived extensions of the mother; in other words, it seemed that however kids are or are not presenting is believed by moms to be less a reflection of the child and more so a reflection of how successfully their mother mothered.

The third theoretical construct, MODERN MOTHERS FACE CHALLENGES UNIQUE TO THE PRESENT SOCIAL CLIMATE, DISTINGUISHING THEIR EXPERIENCES FROM THOSE OF PREVIOUS GENERATIONS’ (see Table 5), addresses the variety of experience between current mothers of young children compared to previous generations. Participants worked through judgments about whether mothering used to be easier, harder, or the same in terms of difficulty level. They also reflected extensively on what they perceived to be the two

major cultural shifts modern mothers are grappling with (which previous generations of mothers did not have to consider): access to advanced technology and the COVID-19 pandemic.

Participants unanimously agreed that Modern moms of children ages 0-5 face different challenges than mothers in previous generations. What these challenges are, though, and how they might compare to challenges of the past, varied somewhat between interviews. Some participants assessed their current challenges and declared *Mothering is harder now than it was for previous generations*. Others rated their current challenges as about equal to those of prior generations of mothers (*I think [being a mom is] about as hard as it used to be*). Some discussed the difference in social stressors from one generation to the next (*Social stressors are different in each generation*). A few participants expressed an appreciation for modern times' emphasis on the value of parents modeling open emotional expression for their children (*The importance of recognizing and processing emotions is a more mainstream concept than it was for the previous generation*).

Mothers described having a keen awareness of how societal expectations of mothers have been intensifying significantly over time (*I feel like there's more and more parental involvement and sort of expectations than perhaps there were the generation before us, and certainly the generation before that*). They spoke to the double-edged sword that is the modern mother's bottomless access to information (*Moms have more information now than they used to which has plusses and minuses*). Another difference discussed was modern mothers' remarkably shortened hospital stays compared to the previous generation's (*Moms used to be encouraged to stay in the hospital for longer periods of time after giving birth*).

Interviewees did reference financial hardships for previous generations (e.g., The Great Depression), however they also acknowledged that it is more difficult for modern mothers to

“keep up” financially than it has been in the past (*It's harder financially, right? It's harder*).

These conversations led to explorations of the economy, and how many families are two-income households. This inspired reflections on the gendered division of parenting labor and how it has or has not evolved over time (*Moms have differing views on whether the male-female gender gap has narrowed in recent years in terms of parenting responsibility*).

Some subjects expressed disdain toward an overwhelming presence of technology in their lives which they believe complicates modern parenting (*Modern moms think technology advancements have made their lives harder*). Others disagreed on this point, however, asserting that technology has made their lives as mothers more manageable (*Modern moms think technology advancements have made their lives easier*). A few moms expressed having mixed feelings about whether technology has made modern mothers' lives easier or harder (*Modern mothers are conflicted about whether technology has made their lives easier or harder*). The last communally articulated observation in relation to this generation and the last came from the belief that *Moms don't send their kids outside to play as much as they used to*.

All participants spent a portion of their interviews talking about social media in terms of their various modes of engagement with it, and the impact of those interactions on their mental health statuses (Through technology and social media, moms are exposed to content that can have both positive and negative impacts on MMH). Many mothers credited virtual communities formed through social media as significant sources of comfort in their lives (*Moms feel supported by virtual communities*). Some agreed on the more specific sentiment that *Social media helps moms feel less alone in their mental health struggles*, communicating the relief they experienced learning that others shared similar experiences to theirs. Some subjects said they use social media as a tool to stay meaningfully connected to non-virtual, “real-life” communities

which are not always geographically accessible to them. Others endorsed using social media as a tool to connect with other virtual communities that nourish the non-mom parts of their identity (as opposed to virtual groups that exist to support one another along the journey of motherhood). Moms also value virtual communities which are grounded in their interests and keep them connected to parts of themselves that are separate from their “mom” roles (*Moms stay connected to hobbies and passions through social media*). When the topic of posting personal content on social media platforms came up in interviews, most moms expressed putting deep thought into what they post (if they post at all), bolstering the shared idea that *Moms are thoughtful about what they post*. Different participants had different reasons for this thoughtfulness including safety, privacy, fear of judgment, and stating their children were too young to consent to their photos being publicly shared. In speaking about participant experiences with various social media outlets, moms emphasized the importance of the different apps’ algorithms, celebrating platforms that can most accurately guess what they will like and dislike (*The social media algorithms matter*). Interviewees cautioned that certain apps are less equipped to understand the intricacies of their interests which puts them at risk for exposure to potentially triggering posts. Perhaps partially due to algorithm failures, many moms talked about the negative impact social media consumption can have on their self-views (*Moms consume material on social media that makes them doubt their maternal instincts*). It is, apparently, difficult for some moms to digest content created by an “expert” of sorts without being influenced by proclaimed “shoulds” (even if they intuitively believe this expert advice will not serve them). Interestingly, several participants conceptualize social media as a concrete research tool (*Moms use social media as a source of information*).

Among the multitude of positive and negative feelings moms expressed regarding their complex relationships to the content they consume on social media were participants who described a similar profile when discussing their favorite “type” of mom account; the criteria was for content to represent relatable moments that reflect a messy reality (*Moms appreciate “raw” accounts of the motherhood experience*).

All interviewees agreed that moms experienced the pandemic—and its impact on their mental health—in different ways. Some expressed that they did not experience mental health problems until the start of the COVID-19 pandemic which inspired feelings of isolation, stress, and sadness (*Moms think the pandemic marked the onset of their psychological problems*). A few of the participants who identify as working moms expressed a lack of compassion for themselves regarding how they managed to both work and parent from home (*Moms who worked from home during the pandemic judged themselves for increasing their kids' allotted screentime*). Another example of moms casting negative judgments on themselves during already-trying times is the idea that *Moms compared themselves to other moms during the pandemic*. This is reflective of many mothers’ observations that the image of the unattainable “ideal” mother followed them into the pandemic; it looked almost the same, except its role requirements expanded to suggest mothers should effectively master COVID-19-specific circumstances and limitations. Interestingly, a large portion of interviewees shared memories from the pandemic indicating that, for them, *The pandemic was beneficial in a lot of ways*. This group experienced various forms of positive change while the world was in a state of chaos and disarray.

The fourth theoretical construct, MODERN MOTHERS CAN SIMULTANEOUSLY ISSUE JUDGMENTAL ASSESSMENTS AND COMPASSIONATE INSIGHTS REGARDING THEMSELVES AND OTHERS (see Table 6), (speaks to moms’ dialectical abilities to pass

negative judgments on themselves and others and, at the same time, find compassion for themselves in light of how challenging it can be to mother.

Most mothers agreed that Moms negatively judge themselves and others. These judgments generally come after an upward comparison has been posed and the perceived gap between moms' lived realities and whatever "ideal" they are putting themselves up against makes *Moms feel they are not "measuring up."* Moms reported negative assessments of their mothering concerning issues within and issues outside of their control – for example, choosing to go out with friends instead of putting the kids to bed versus not being able to make breastmilk. Reportedly, moms do not exclusively reserve negative judgments for self-evaluations; many subjects stated they often pass judgments on other moms' performances (*Moms judge other moms*).

Despite modern mothers' all-too-frequent tendencies to cast negative judgments on themselves, they are not singularly self-deprecating when reflecting on their mothering. In fact, many participants endorsed the idea that Moms feel compassion for themselves given how hard their job is. An example of this compassion was in the shared sentiment that *Moms think their mental health would suffer if they were entirely consumed by their "mom" identities*. Another shared belief between interviewees which suggests an alternative to harboring harsh self-criticism is that *Moms pose downward comparisons to other moms*. While downward comparisons still exercise the rarely helpful "comparing" muscle, observing a negative gap between one's reality and their perceived-as-inferior point of comparison has the capacity to boost someone's confidence and, in turn, improve the state of their mental health.

The fifth theoretical construct derived from the data is that "IT TAKES A VILLAGE" TO NOURISH AND PRESERVE MATERNAL MENTAL HEALTH (see Table 7).

Interviewees who were secure in the presence of their so-called “villages” expressed how deeply they value community support both emotionally and logistically in terms of having hands-on help in raising kids. Interviewees who felt they lacked that type of community support expressed that, in the absence of villages, they believe themselves to experience higher levels of stress from feelings of loneliness and the lack of emotional and logistical support when compared to mothers with villages. Participants also reflected on how supported they feel by communities in broader (e.g., social and political entities) and narrower (e.g., co-parent dynamics within the home) contexts. Many subjects reported feeling failed by social and political systems, and having mixed feelings on whether their partners provide them with adequate support.

All study participants spoke to the thought that It feels good to have a “village” and feeling lonely creates stress. Most felt most seen, understood, and supported by “mom friends” who are open about their mothering struggles (*Moms like to connect to other moms who can admit mothering is hard*). Many stated that they do not live near family but wish they did (*Moms feel stressed about not having family nearby*). The last major, shared feeling around the subject of villages was that *COVID-19 made it hard for moms to build community*, an idea expressed several mothers.

When expanding the definition of “community” to include social and political systems, many subjects suggested that Moms feel unsupported by social and political systems. Mothers opined that the *Family and Medical Leave Act (FMLA) of 1993’s policies do not support moms enough*. Relative to mothers’ qualms with FMLA policies were interviewee’s shared strong reactions to the 2022 federal change in abortion law (*Moms had strong reactions to Roe v. Wade being overturned*). Some moms could not help but process this major political event within the context of their personal perspectives as women who had chosen to have abortions, while other

moms' reflections on the subject were, though still impassioned and unanimously negative, communicated more objectively.

The third and most intimate community which prompted participants to consider their varying levels of perceived support was the community formed between coparents (Moms have mixed thoughts on coparenting dynamics). Many subjects who composed half of a male-female coparenting unit shared how parenting jobs are divided in their homes with respect to gender. The reported dynamics varied greatly between families (*The male-female gendered division of parenting labor looks different for every family*); one participant described an equal distribution of labor in her home, while others communicated feeling they shouldered the majority of parenting responsibilities when compared to their male counterparts. Others had less straightforward descriptions of how the labor in their home is divided by gender, and occasionally reflected on how there has been “some” shift in coparenting gender dynamics in that men are expected to parent more actively now than in previous generations. Participants who acknowledged this also acknowledged that there is “still a long way to go” before men have as much expected from their parenting as women – and they were doubtful that society would ever evolve to that end. Closely related was the shared idea that *In male-female co-parenting units, moms experience more stress than dads*. Subjects described this stress as abstract and often due to the “invisible [emotional] load” mothers tend to carry.

The sixth and final construct drawn from participants' experiences as modern mothers is that MOMS ASSUME ONUS OVER HOW THEIR BRAINS AND BODIES RESPOND TO MOTHERHOOD EVEN THOUGH THEY HAVE LITTLE-TO-NO CONTROL IN EITHER REGARD (see Table 8). Moms talked about the physical and psychological realms in which their comparing minds helplessly reside.

Many subjects recounted their experiences of The body as a vessel, reflecting on how they physically moved through stages of pregnancy and birth and what they wish went differently (*Moms compare their pregnancies and birth experiences to others*). Moms also reflected on the messages they receive from society about breastfeeding as well as, for some, the pressure they put on themselves to breastfeed (*Moms feel pressure to breastfeed*). Shifting from the physical to the psychological, mothers shared details on their Maternal Mental Health statuses at varying points throughout their motherhood journeys. Some participants said they struggled with their mental health long before they became mothers (*Women have mental health problems before they become moms*), while others expressed that they did not experience mental health problems until they had babies (*Moms first developed psychological problems after giving birth*). In terms of treatment for postpartum psychological problems, a few moms thought *Psychotropic medications can be incredibly helpful to moms who are struggling*.

The concept of guilt was broached by several participants whose reflections validated that *Moms experience guilt*. Guilt is a complex emotion which many interviewees reportedly grapple with on a regular basis, regardless of whether their actions objectively warrant it.

A few mothers spoke about substance use from two polarizing perspectives (*Moms have mixed views on substance use*). One mom shared her journey to sobriety after realizing mid-pandemic that her drinking, which had become excessive according to her assessments, was interfering with her functioning as a mother. They now identify as sober, and actively seek out sober mom support groups, offering harsh criticisms of what they referred to as “wine mom culture.” Another mom reported an entirely different experience with the entirely separate substance of marijuana, stating that the drug made her a better parent, especially in terms of how it helped her to deal with the stressors of COVID-19.

