

MATERNAL AMBIVALENCE: INTERVIEWING MOTHERS

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MATERNAL AMBIVALENCE: INTERVIEWING MOTHERS

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DECLARATION OF ORIGINALITY

I, Ayça Tuna, certify that

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ABSTRACT

Maternal Ambivalence: Interviewing Mothers

The present study was conducted to give voice to maternal ambivalence experiences of mothers. It aimed to uncover how mothers experience, express, and manage their maternal ambivalence. Also, it addressed the factors in mothers' lives that make their maternal ambivalence experiences more or less difficult. Participants were 10 first-time mothers with a preschool aged child who was enrolled in a private preschool at the time. Within the framework of qualitative design, semi-structured interviews were conducted with each mother. Thematic analysis revealed that mothers had both positive and negative feelings towards their children and motherhood roles. Negative feelings were because of the child's undesired behaviors, rapid mood swings, their own exhaustion, and times of crisis. These negative feelings included regret towards their motherhood role that put restrictions on their freedom and led to difficulties. After expressing their negative feelings, however, mothers felt regret, shame, and guilt. Mothers shared their maternal ambivalence experiences with nonjudgmental people including friends, colleagues, and family members, and utilized several strategies in order to manage their maternal ambivalence experiences. Immediate and extended family members as well as others in the social circle put pressure on mothers to fit into conventional motherhood roles despite the fact that they provided limited support. Findings indicated mothers' need to share their ambivalent feelings and the importance of social support mechanisms.

ÖZET

Annelik İkircikliği: Annelerle Görüşme

Bu çalışma annelerin annelik ikircikliği deneyimlerine ses vermek amacıyla yürütülmüştür. Araştırmada annelerin annelik ikircikliğini nasıl deneyimledikleri, ifade ettikleri ve annelik ikircikliğini nasıl yönettiklerini ortaya çıkarmak amaçlanmıştır. Ayrıca annelerin hayatındaki annelik ikircikliğini zorlaştıran ya da kolaylaştıran etkenler irdelenmiştir. Katılımcılar tek çocuklu, çocuğu okul öncesi yaşında olan ve araştırma sırasında özel bir anaokuluna kayıtlı olan 10 anneden oluşmuştur. Nitel araştırma deseni çerçevesinde her anne ile yarı yapılandırılmış görüşmeler yürütülmüştür. Tematik analizle annelerin çocuklarına ve annelik rollerine karşı hem olumlu hem olumsuz duygulara sahip olduğu ortaya çıkmıştır. Olumsuz duygular çocuğun istenmeyen davranışları, ani ruh hali değişimleri, annelerin yorgunluğu ve kriz anları nedeniyle oluşmuştur. Bu olumsuz duygular arasında, kadınların özgürlüğünü kısıtlayan ve zorluklara yol açan annelik rolüne karşı duyulan pişmanlık da vardır. Ancak olumsuz duygularını ifade etmelerinin ardından anneler pişmanlık, utanç ve suçluluk duygularına kapılmışlardır. Anneler annelik ikircikliği deneyimlerini arkadaşlar, iş arkadaşları ve aile üyeleri dahil olmak üzere yargılayıcı olmayan insanlarla paylaşmış ve annelik ikircikliği deneyimlerini yönetebilmek için çeşitli stratejilerden yararlanmışlardır. Yakın ve geniş aile üyelerinin yanı sıra sosyal çevrelerindeki diğer insanların annelere geleneksel annelik rollerine uymaları yönünde baskı uygulamakta oldukları, buna karşın sınırlı oranda destek sağladıkları anlaşılmıştır. Bulgular, annelerin ikircikli duygularını paylaşması ve sosyal destek mekanizmalarının önemine işaret etmiştir.

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TABLE OF CONTENTS

| | |
|--|-----|
| CHAPTER 1: INTRODUCTION..... | 1 |
| 1.1 Background information..... | 1 |
| 1.2 Significance of the study..... | 8 |
| 1.3 Purpose of the study..... | 10 |
| CHAPTER 2: LITERATURE REVIEW..... | 12 |
| 2.1 The concepts of maternal ambivalence..... | 12 |
| 2.2 Maternal ambivalence studies..... | 13 |
| CHAPTER 3: METHODOLOGY..... | 39 |
| 3.1 Participants..... | 39 |
| 3.2 Semi-structured interview form..... | 42 |
| 3.3 Research design..... | 45 |
| 3.4 Procedure..... | 45 |
| 3.5 Identity of the researcher..... | 48 |
| 3.6 Data analysis..... | 52 |
| CHAPTER 4: FINDINGS..... | 56 |
| 4.1 How do mothers experience maternal ambivalence?..... | 56 |
| 4.2 How do mothers express their experiences of maternal ambivalence to others?..... | 68 |
| 4.3 How do mothers manage their experiences of maternal ambivalence?..... | 80 |
| 4.4 Which factors in mothers' lives relate to maternal ambivalence difficulties?..... | 102 |
| CHAPTER 5: DISCUSSION..... | 149 |
| 5.1 Maternal ambivalence experiences..... | 150 |

| | |
|--|-----|
| 5.2 Giving voice to maternal ambivalence experiences..... | 159 |
| 5.3 Managing maternal ambivalence experiences..... | 168 |
| 5.4 Factors relating to maternal ambivalence difficulties..... | 182 |
| 5.5 Limitations of the study..... | 214 |
| 5.6 Recommendations for future studies..... | 216 |
| 5.7 Conclusion..... | 220 |
| 5.8 Reflections of the researcher..... | 223 |
| 5.9 Reflections of the thesis advisor | 226 |
| APPENDIX A: SCHOOL COUNSELOR’S INVITATION TEXT (ENGLISH)... | 228 |
| APPENDIX B: SCHOOL COUNSELOR’S INVITATION TEXT (TURKISH)... | 229 |
| APPENDIX C: MATERNAL AMBIVALENCE RESEARCH STUDY | |
| INTERVIEW FORM (ENGLISH)..... | 230 |
| APPENDIX D: MATERNAL AMBIVALENCE RESEARCH STUDY | |
| INTERVIEW FORM (TURKISH)..... | 236 |
| APPENDIX E: BOĞAZİÇİ UNIVERSITY ETHICS COMMITTEE FOR MASTER | |
| AND PHD THESES IN SOCIAL SCIENCES AND HUMANITIES | |
| APPROVAL..... | 242 |
| APPENDIX F: INFORMED CONSENT FORM (ENGLISH)..... | 243 |
| APPENDIX G: INFORMED CONSENT FORM (TURKISH)..... | 249 |
| APPENDIX H: QUOTATIONS (TURKISH)..... | 255 |
| APPENDIX I: FREQUENCIES OF MOTHER RESPONSES TO THE FOURTH | |
| RESEARCH QUESTION..... | 287 |
| REFERENCES..... | 289 |

CHAPTER 1

INTRODUCTION

1.1 Background information

Becoming parents has been regarded as the most natural process in people's lives by traditional views (Michaels & Kokanović, 2018). These views have also defined what should constitute proper parenting behaviors and practices. Since these behaviors and practices were assigned to parents based on their genders, proper ways of mothering and fathering have been prescribed in societies. This prescription has gone too far that it determines how mothers should feel about their children and about their relationships with their children (Takševa, 2017). It has been and still is assumed that mothers' love for their children is instinctual. Likewise, it is assumed that mothers have nothing but loving feelings about their children (Adams, 2014). Another common assumption about motherhood is that competency in maternal care comes instinctively (Veazey, 2018). However, there is growing evidence that motherhood involves much more complicated processes than these simplistic assumptions (Adams, 2014; Almond, 2011; Mariotti, 2012; Parker, 1997; Parker, 2012; Stern, 2005; Veazey, 2018).

Parker (1997) is one of the scholars who challenged the assumptions about mothering and maternal love. She stated that all mothers have coexisting "loving and hating feelings for children" which she named as "maternal ambivalence" (p. 17). She believed that maternal ambivalence is a result of an intricate interplay between internal and external forces. She attached great importance to external forces by stating that maternal ambivalence is positioned within a sociocultural context. She (1995a) posited that societies do not allow for flexibility in ideas regarding

motherhood. In fact, many cultures prevent discussion on this topic. In Takševa's (2017) terms, talking about maternal ambivalence is a taboo. This topic is marginalized in dominant and popular discourses of mothering. Therefore, Parker (1997) added that it is not easy to embrace the idea that mothers can actually hate their children. They feel guilty about having negative feelings for their children because they believe that it is outside the cultural norms. However, culture can be seen as the guilty party because it has a role in both producing and avoiding these negative feelings.

Culture has a role in producing such feelings as guilt in mothers because motherhood has been idealized and presented in a way that is far away from reality. Maternal ideals cause a heavy burden on mothers under which they feel overwhelmed (Adams, 2014). Having internalized those maternal ideals (Takševa, 2017), maternal ambivalence also gives rise to anxiety and shame in mothers (Parker, 2012). Along with the idealization, some scholars believed that parenthood in general and motherhood in particular is too romanticized (Johnston-Ataata et al., 2018). Adams (2014), however, emphasized that idealization and romanticization of motherhood bring detrimental outcomes.

As a psychotherapist, Parker (1997) believed that ambivalence has its roots in psychoanalytic theory. Within psychoanalytic framework, Freud (1913/2004) defined the term ambivalence as “the simultaneous existence of love and hate towards the same object” (p. 182). He asserted that everyone has ambivalence in differing degrees just like Parker (1997) argued that every mother experience maternal ambivalence. In fact, Freud (1913/2004) viewed ambivalence as an inborn tendency. According to him, if there is an intense love, there can be found a buried hostility underneath that love.

1.1.1 Object relations theorists in the background of Parker's work

As mentioned above, Parker (1997) stated that ambivalence has its roots in psychoanalytic theory. Yet, she reminded that this theory's primary focus is infant development. Although she believed that ambivalence in infants and in mothers are different and therefore psychoanalytic theory cannot fully cover the mother side of the issue, her studies and clinical practice were psychoanalytically informed. She was influenced by the works of D. W. Winnicott and Melanie Klein. She stated that both of them look at ambivalence from the child's perspective to explain infant development. Her effort, however, was to concentrate on maternal ambivalence from mothers' perspective and to explain maternal development (Parker, 2012).

Winnicott (1956) emphasized the importance of mothers' providing a good enough environment for their infants. He believed that lack of such an environment would disrupt infant development. In order to provide such an environment, mothers should be in a condition which he named "primary maternal preoccupation" (p. 61). This condition develops in healthy women late in the pregnancy and shows itself as an adaptive vigilance for the needs of the infants. Winnicott believed that some mothers cannot reach this condition and therefore cannot meet their infants' needs sensitively. He saw this as a threat to an infant's life and ego development. According to him, mothers cannot be taught how to provide a good enough environment and care for their infants. He believed that mothers "have it in them" or "do not have it in them" (Winnicott, 1960, p. 592). Here, Winnicott stressed the importance of maternal care from the infant's perspective and for infant development, just like Parker (2012) argued.

However, Winnicott (1949) did not deny the hate felt by the mothers towards their infants. Although he acknowledged the existence and power of maternal love, he identified many reasons for mothers to hate their babies. These are:

A. The baby is not her own (mental) conception. B. The baby is not the one of childhood play, father's child, brother's child, etc. C. The baby is not magically produced. D. The baby is a danger to her body in pregnancy and at birth. E. The baby is an interference with her private life, a challenge to preoccupation. F. To a greater or lesser extent a mother feels that her own mother demands a baby, so that her baby is produced to placate her mother. G. The baby hurts her nipples even by suckling, which is at first a chewing activity. H. The baby is ruthless, treats her as scum, an unpaid servant, a slave. I. She has to love the baby, excretions and all, at any rate at the beginning, till the baby has doubts about him/herself. J. The baby tries to hurt her, periodically bites her, all in love. K. The baby shows disillusionment about her. L. The baby's excited love is cupboard love, so that having got what s/he wants and throws her away like orange peel. M. The baby at first must dominate, must be protected from coincidences, life must unfold at the baby's rate, and all this needs her/his mother's continuous and detailed study. For instance, she must not be anxious when holding the baby, etc. N. At first the baby does not know at all what she does or what she sacrifices for him/her. Especially s/he cannot allow for her hate. O. The baby is suspicious, refuses her good food, and makes her doubt herself, but eats well with his others. P. After an awful morning with the baby she goes out, and s/he smiles at a stranger, who says: "Isn't s/he sweet!" Q. If she fails the baby at the start, she knows s/he will pay her out for ever. R. The baby excites her but frustrates-she mustn't eat him/her or trade in sex with him/her (p. 74).

As another important figure who influenced Parker's work, Klein (1933) stated that each child is not easy to bring up, and many children can cause suffering to their caregivers. She also asserted that the first years of life contain diverse effects and ambivalence for children. Children can be ambivalent towards their mothers or other people and this ambivalence can be decreased through psychoanalysis. Again, Klein interpreted ambivalence from the children's perspective just like Parker (2012) argued. Here, Parker (1997) emphasized another significant point about Klein's words. She asserted that the terminology of increased and decreased ambivalence is not appropriate when it comes to maternal ambivalence. According to her, not the ambivalence itself but the associated feelings of shame and guilt can increase and

decrease. Therefore, she preferred using the terminology of “manageable and unmanageable ambivalence” (p. 21). She stated that when ambivalence is manageable, it can be a great foundation for mothers’ understanding and creativity. If it is unmanageable, however, it is a great foundation of guilt. Needless to say, mothers’ capacities to manage the difficult feelings aroused by maternal ambivalence differ (Parker, 1995a).

Parker (1997) focused on maternal development in relation to maternal ambivalence. She did not propose any fixed stages of development that are universal for mothers. Instead, she stated that mothers have individual patterns of development. According to her, acknowledging maternal ambivalence is a significant and distressing step for this development. It is distressing because mothers realize that they hate their children, and they can be dangerous for their children. However, this acknowledgement brings a mother to a point where she can view herself as a separate self from her baby and gain a more realistic perspective about her baby. Maternal development is closely related to manageable ambivalence. Ambivalence becomes unmanageable based on many factors such as what it means to be a mother to a woman and how motherhood is presented in a culture. As Almond (2011) put it, a mother hating her child is seen as a monster in many cultures. These cultural norms provoke feelings of guilt, shame, and stress in mothers. For maternal development, it is essential to acknowledge the impossibility of living up to maternal ideals and the universality of maternal ambivalence (Michaels & Kokanović, 2018). Having acknowledged both loving and hating feelings, mothers can become less overwhelmed because they would know that their hate is “safely mitigated by love” (Parker, 1997, p. 21).

1.1.2 Insufficiently discussed aspects of motherhood

In Raphael-Leff's (2010) terms, "Pathologising of maternal ambivalence led to demonisation of mothers" (p. 57). This labeling, in turn, might lead mothers to hide their experiences and feelings from others, including other mothers and helping professionals. Therefore, the topic of maternal ambivalence has not been investigated sufficiently. Here, the course of action should be raising awareness about maternal ambivalence and viewing it as a normal and in fact necessary part of motherhood (Veazey, 2018).

Similarly, Stern (2005) believed that some topics around motherhood are not shared sincerely. According to him, not only do mothers hide some of their feelings but also scholars and clinicians do not mention the full range of maternal experiences and feelings. An example he gave is a mother who feels that she cannot love her baby enough. This mother starts to question herself, her abilities, and becomes preoccupied with these questions. Another example could be related to the mothers who come home after the birth. These mothers experience an intense fear of keeping their babies alive because they do not know how to do it and whether they are competent enough to do it. Unfortunately, as he argued, these fears and worries are not presented in the books sufficiently.

According to Ruddick (2005), there are some other aspects of motherhood that need to be discussed. For instance, a mother may have such objectives and desires that are not related to childcare. She may want to spend some time alone or to have adventures alone. This, however, is seen against the cultural expectations for a completely devoted mother (Takševa, 2017). Ruddick (2005) also wanted to give voice to the gender inequalities about childcare. She argued that "women still do a disproportionate amount of the work of caring for children" (p. 72). She also

highlighted the messy nature of maternal care as opposed to the ideals. Above all, she asserted that there are so many people who are seemingly experts on motherhood and are always ready to criticize mothers.

As a feminist, Snitow (1992) argued that in the second half of the 1970s, feminist movement started to focus more on motherhood and aimed to understand mothers' experiences in a realistic way. These years were the times to talk on a forbidden subject and verbalize mothers' painful experiences. According to Athan and Reel (2015), however, the literature on this topic is still in its initial stages. In fact, they believed that subjective experiences of mothers and maternal development have been among those areas that are exceptionally underdeveloped. Maternal psychology, on the other hand, has been investigated mostly to learn child outcomes. To date, motherhood experiences has been brought to attention through "feminist-informed psychology" but could only find a place for itself "in less mainstream research studies" (p. 316). As D'Arcy et al. (2012) argued mothers usually feel vulnerable and censoring this vulnerability has detrimental outcomes for them. Therefore, studies in which mothers talk honestly about their experiences are essential. Here Stern's (2005) question "Who are mothers?" becomes significant because there are so many issues around motherhood that are not verbalized (p. 3). He argued that this question should be answered first in order to change the dominant narratives on and expectations for motherhood. He also believed that only after answering this question, mothers can be supported effectively by helping professionals.

In the light of the above arguments on the status of studies on motherhood, the purpose of the present study was directed to the experiences of mothers who live in Türkiye in ways to give voice to their maternal ambivalence. Specifically, the

present study aimed to uncover maternal ambivalence within a broad framework of mothers' internal and external experiences. Secondly, the present study aimed to understand the ways through which mothers express their experiences of maternal ambivalence to others. Thirdly, it aimed to examine what mothers do to manage their experiences of maternal ambivalence. Lastly, the present study aimed to reveal the factors in mothers' lives relating to maternal ambivalence difficulties and therefore making maternal ambivalence more difficult to manage for them.

1.2 Significance of the study

Maternal ambivalence was brought to attention by Parker (1995a). Although it has been more than 25 years since her work, this topic is still seen as a taboo (Takševa, 2017) and cannot appear in popular discourses of motherhood (Michaels & Kokanović, 2018). Although it has been studied abroad in the past few years (Chapman & Gubi, 2019; Murray & Finn, 2012; Mwape et al., 2014; Shloim et al., 2020), to my knowledge, this topic has not been directly studied in Türkiye before. Turkish scholars have studied the topics such as parenting behaviors (Çalışır & Karaçam, 2011; Koç et al., 2016), motherhood experiences (Akyol & Arslan, 2020; Sarıtaş & Bozkurt, 2020), motherhood role (Coşkun & Tekdemir, 2020; Karaman & Doğan, 2018; Uğurlu, 2013), presentation of Turkish mothers in the media (Bal, 2014; Yücebaş, 2019), and voluntary childlessness (Parlak & Tekin, 2020; Yıkılmış, 2018). These topics can be related to maternal ambivalence but none of these studies put a special emphasis on it. Likewise, although maternal ambivalence has been the topic of some theses and dissertations abroad (DiStefano, 2003; Garvan, 2010; Kell, 2006; Merritt, 2018), to my knowledge, there are not any theses or dissertations on

this topic in Türkiye. Therefore, maternal ambivalence experiences of mothers living in Türkiye should be given voice.

While the majority sees it as a taboo, some people think of maternal ambivalence as a disorder to be diagnosed. For some, it is seen as a postpartum condition or continuation of an existing pathology (Adams, 2014). In fact, there are mothers who reported feelings of relief after being diagnosed with postnatal depression. They stated that they felt relieved because their negative feelings had been named and opened the way for recovery (Stone & Kokanović, 2018). Adams (2014), however, suggested viewing maternal ambivalence as “a phenomenon to be understood” instead of viewing it as “an atypical problem to be overcome” (p. 8). Many other scholars also suggested to view maternal ambivalence as normal (Parker, 1997; Takševa, 2017; Veazey, 2018) According to Parker (1997), maternal ambivalence is not problematic. Rather, the accompanying feeling of shame is a problem. From this perspective, both Adams (2014) and Takševa (2017) recommended investigating this phenomenon which the present study aimed to do. The efforts of investigating it will help this phenomenon to be seen as a normal aspect of motherhood “in individual, social, and political contexts” (Takševa, 2017, p. 164). As Mustosmäki and Sihto (2021) put it, to talk more about this subject has the power of challenging dominant beliefs about motherhood. Giving voice to negative experiences of mothers can bring recognition and eventually acceptance of what was seen as unacceptable in society. And finally, this may lead to recognition of how important it is not to leave caregiver roles only to women and task sharing with men and presence of social and institutional support are essential.

1.3 Purpose of the study

The purpose of the present study is to contribute to the maternal ambivalence literature and to fill the gap of Turkish literature on maternal ambivalence. In line with this purpose, the present study aimed to understand how mothers in Türkiye experience maternal ambivalence. These experiences were aimed to be addressed within a broad context so that accompanying thoughts, feelings, and behaviors of mothers can be better understood.

Secondly, the present study aimed to focus on how mothers express their experiences of maternal ambivalence to the people around them. It aimed to learn whether mothers find it difficult to express such experiences and whether they try to refrain from sharing all of their motherhood experiences. This study also aimed to address with whom mothers share their maternal ambivalence experiences most.

Thirdly, the present study aimed to reveal what do mothers do to manage their maternal ambivalence experiences. In other words, this study aimed to learn what kind of strategies or solutions are developed and used by the mothers to manage their maternal ambivalence experiences effectively.

Lastly, the present study aimed to learn the factors that relate to maternal ambivalence difficulties for mothers in Türkiye. That is to say, it aimed to understand the factors that can potentially turn maternal ambivalence experiences of mothers into unmanageable experiences.

Four research questions were developed in order to address the purposes of the present study.

- i. How do mothers experience maternal ambivalence?
- ii. How do mothers express their experiences of maternal ambivalence to others?

- iii. How do mothers manage their experiences of maternal ambivalence?
- iv. Which factors in mothers' lives relate to maternal ambivalence difficulties?

CHAPTER 2

LITERATURE REVIEW

2.1 The concepts of maternal ambivalence

According to Holder (1975), ambivalence is a term that has been used in psychoanalytic literature repeatedly. He stated that:

It was Eugen Bleuler who used the term for the first time in a lecture on the subject in 1910. In it, he differentiated between three types of ambivalence - voluntary, intellectual, and emotional ambivalence. In the original German version of his lecture, Bleuler used the term *Ambitendenz* with reference to the ambivalence of the will. This ambitendency essentially refers to conscious conflicts over doing or not doing something or over doing one thing as against doing another: to eat or not to eat; to attend a meeting or stay at home; to work or play. Intellectual ambivalence has reference to a high level of ego functioning... and... is the simultaneous interpretation of phenomena in a positive and a negative way... The third form of ambivalence... -emotional or affective ambivalence-... is the investment of the same object representation with feelings of love and hate (pp. 197-198).

Holder (1975) emphasized that Bleuler did not see these three types of ambivalence as separate from one another but rather interconnected. However, he highlighted the importance of emotional ambivalence because he viewed this type as having particular pertinence to mental illness. It is also this type of ambivalence that attracted Freud's attention. Freud (1913/2004) later defined ambivalence as "the simultaneous existence of love and hate towards the same object" (p. 182).

Later, Klein (1933) stated that both children and parents can be ambivalent. According to her, people can be inclined to do something consciously but at the same time can have an opposite inclination unconsciously, which shows ambivalence. Most importantly, in relation to her object relations theory, she emphasized that a person is ambivalent towards his/her object through the splitting of the object "into a good and a bad one" (p. 215). For instance, a child splits mother's breast into good and bad (Klein, 1935).

Later, Parker (1997) showed an interest in ambivalence to explain mothers' experiences. She started using the term maternal ambivalence and defined it as coexisting "loving and hating feelings for children" that is "shared variously by all mothers" (p. 17).

2.2 Maternal ambivalence studies

After Parker (1995a, 1995b) had brought maternal ambivalence to attention, this topic has not been investigated sufficiently (Raphael-Leff, 2010). Meanwhile, the topic of intergenerational ambivalence, which was defined as conflicts in older parent – child relationships that are not harmonized (Lüscher & Pillemer, 1998), was studied by many researchers (Connidis, 2015; Fingerman et al., 2020; Girardin et al., 2018; Kiecolt et al., 2011; Lendon et al., 2014; Pillemer et al., 2012; Pillemer & Sutor, 2002). The topic of pregnancy ambivalence, which was defined as contrasting wishes for becoming a parent (Higgins et al., 2012) was also studied in the recent years (Cutler et al., 2018; Gómez et al., 2019; Sennott & Yeatman, 2018; Shahoei et al., 2011). However, the number of studies that gave voice to maternal ambivalence experiences of mothers is unsatisfactory (Chapman & Gubi, 2019). This is due to the lack of studies examining subjective experiences of mothers. In fact, there were very few qualitative studies that address subjective experiences of mothers in the early 2000s (DiStefano, 2003).

On the other hand, Parker (1997) stated that maternal ambivalence can only be mentioned freely in novels and magazine articles especially if these include a humorous quality. Later, Almond (2010) gave many examples of literary work in which mothers with different characteristics experience different maternal ambivalence experiences. One popular example of this literary work that was

discussed in detail was the book *We Need to Talk about Kevin* (Shriver, 2003). With the lack of satisfactory number of empirical studies, some researchers focused on maternal ambivalence experiences of multiple mother characters as they were represented in the books, films, and TV series (Galioto, 2019; Greer, 2017; Konkle, 2019; Podnieks, 2016). In addition, Öztürk (2016) and Vicente et al. (2020) indicated that maternal ambivalence can be encountered in lullabies. Specifically, the content of the lullabies can reflect mothers' ambivalent experiences and longing for their lives before motherhood.

2.2.1 Maternal ambivalence experiences

The study conducted by Shelton and Johnson (2006) aimed to comprehend subjective experiences of mothers who chose to become mothers after the age of 30. They recruited five first-time mothers in the UK who got pregnant after the age of 30 and were working for 10 years or more before pregnancy. They interviewed mothers about first-time motherhood and recent experiences as mothers. They found that mothers' accounts revealed positive as well as negative feelings. Mothers stated the advantage of mothering in later ages as feeling ready for a baby. However, they also mentioned anger, sadness, monotone days of mothering as opposed to their goal-oriented careers, losing their freedom and control. Mothers' metaphors and terms on motherhood such as 'double-edged sword', 'upside/downside', 'there's positives and negatives to it' (p. 325) revealed maternal ambivalence within their experiences.

Sevón (2007) aimed to examine the double-edged nature of mothering responsibility. She recruited seven first-time mothers in Finland who aged between 21 and 31. She interviewed the mothers at four different time points, namely in pregnancy, one month, six months, and a year after the birth. The longitudinal

interviews allowed her to hear both recent and retrospective accounts of the mothers about their mothering experiences. She stated that mothers' accounts revealed mostly positive feelings during and right after pregnancy. However, mothers' narratives included noticeably more negativity when they were interviewed for the third time. Third interviews were the ones that mothers have higher self-doubts about being a good mother. These interviews also revealed higher levels of distress. In the last interview, mothers reported fewer negative feelings in comparison with the third interview. The analysis revealed that mothers have contrasting experiences. On the one hand, mothers talked about the tender nature of the infants and thus their concern for the infants. They mentioned breastfeeding in great detail and generally described it as joyful. On the other hand, mothers described their daily experiences as chaotic and repetitive. They emphasized feelings of incompetence, anger, exhaustion, and tendency to cry a lot. According to them, mothering responsibility is difficult because mothers' and babies' needs are not parallel most of the time.

In her case study, Wexler (2008) focused on maternal ambivalence experience of a mother, Sue, as it was shared and observed in the psychotherapy relationship. Sue was 36 and she was a mother of 17, Lily. Wexler gave psychological support to Sue for two years as part of a large research project. There were five participants in this project, and they were single mothers from low socioeconomic statuses. Wexler recorded each session and took notes after each one of them. After analyzing the transcripts of her sessions with Sue and her notes, she stressed that in the beginning of the psychotherapy relationship, Sue had difficult maternal ambivalence experiences. In fact, maternal ambivalence had become unmanageable for Sue. Sue thought that Lily was making her feel bad intentionally. She also said that Lily was trying to punish her no matter how hard she tried to adopt

an ideal mothering identity. Thus, she experienced a broad range of negative feelings including anger, despair, self-blame, and regret. The psychological support she received enabled Sue to start recognizing the unrealistic and unattainable expectations of her about her mothering role. She eventually had a healthier relationship with Lily.

Murray and Finn (2012) aimed to examine maternal ambivalence, especially with regard to mothers' thoughts of harming their children. They posited that maternal ambivalence and intentions of harming children are frequently encountered among new mothers. Although these are anxiety producing for the mothers, the researchers believed that they can be regarded as creative parts of mothering and can affect mothering practices in a constructive way. They recruited six mothers living in London whose ages ranged from 24 to 42. The inclusion criteria were having a minimum of one child younger than 18 months and reporting intentions of harming the child. They conducted semi-structured interviews. The analysis revealed that mothers talked about feeling angry towards the children, feeling stressful, and viewing the infants as intruders. Frustrated with their mothering, mothers stated that they started to perceive themselves as a source of threat for the infants. They emphasized their constant efforts to suppress their negative thoughts and feelings, including harm related ones. According to the mothers, harming intentions surface most when they are too tired, stressful, and frustrated. They mentioned such instances when the babies are constantly crying or cannot be put to sleep.

Mulherin and Johnstone (2015) aimed to give voice to the experiences of young adult mothers in comparison to adolescent mothers. They recruited 12 first-time mothers who gave birth within the past year. Their ages ranged from 15 to 24. Only three mothers were adolescents while the others were young adults. Interviews

focused on transition to mother roles as well as the first-year experiences. Analyses revealed that this transition brought identity change for all mothers. Young adult mothers, however, were in a process of shaping their careers prior to birth. Thus, they felt that they lost their career identity after giving birth. In addition, they mentioned losing their freedom after becoming mothers. In comparison with adolescent mothers, young adults stated their wishes for independence and loneliness more. Young adult mothers reported feelings of regretting motherhood. They also had ambivalent feelings toward motherhood especially because of its timing.

To address the maternal experiences of Zimbabwean women who live in Australia, Benza and Liamputtong (2017) interviewed 15 mothers. They did not specify mother's age, child's age, number of children, and working status of mothers as inclusion criteria. Most women, however, were employed part-time and had children under the age of 12. Thematic analysis of the data revealed that becoming mothers influenced women in positive as well as negative ways. They viewed motherhood experience as changing, including happy moments at times and challenging moments at other times. For instance, some mothers describe their feelings of happiness as they witness their children's success. Yet, they also described their negative feelings due to not being able to give priority to their own needs most of the time. They did not like the demanding nature of motherhood and felt lost and isolated because of motherhood responsibilities and migration.

Märtsin (2018) aimed to give voice to the experiences of working mothers. She interviewed 24 mothers whose ages ranged between 29 and 42. Most of them started part time positions after birth. Interview data that were put through thematic analysis revealed that women found motherhood as a painful experience and thought that motherhood isolated them. As a mother put it "It's a bit funny, because you're

bringing new life into the world, but you can feel lonelier than ever I think because it can be quite isolated” (p.16). They also shared that they feel shame and guilt because they cannot fulfill their competing responsibilities successfully. Lastly, mothers emphasized feelings of losing their identity with motherhood.

Chapman and Gubi (2019) aimed to reveal how maternal ambivalence affects mothers. They recruited four mothers of children aged between 10 and 15. These mothers were working full time before the birth and reported ambivalent feelings for mothering. They interviewed the mothers and analyzed the data. Analysis revealed that women felt loss of many things such as their freedom, financial independence, contact with their friends, and confidence. As a result, they felt isolated, fearful of making mistakes, and being criticized by others. Mothers also mentioned feeling angry and hostile towards their husbands, children, and society. They described staying home as boring and stated their wish to go out more frequently with their friends. Lastly, they talked about feeling anxious due to many reasons such as the heaviness of mothering responsibility, self-doubts concerning their mothering, and efforts to suppress their feelings.

2.2.2 Giving voice to maternal ambivalence experiences

In her study, Parmaksız (2012) focused on blogger mothers’ experiences in relation to what they communicate through their blogs. The participants of her study were 27 blogger mothers and more than half of them were employed. They were asked to fill semi-structured questionnaires. It was seen that mothers keep writing motherhood related blogs to share their experiences. In fact, they viewed their blogs as an outlet for expressing their motherhood experiences. They also mentioned their habits of reading other motherhood related blogs. They argued that this has a positive effect on

them because they could know other mothers' similar experiences and could have a sense of universality.

Pedersen and Lupton (2018) argued that online platforms provide a space for mothers to express their maternal experiences, difficulties, and feelings. Therefore, they aimed to analyze the content of mothers' posts on an online platform called Mumsnet. Because they wanted to focus on mothers' feelings, they searched for the posts including "the phrase 'I feel' in the title" (p. 59). They included the first 100 posts in their content analysis. First, they found that almost all mothers used the platform to talk about their negative experiences and feelings. Many women stated that they do not have anyone to share these feelings and therefore they use the platform as a medium to vent. Second, they mentioned their worries and anxieties about not living up to their images of ideal motherhood, getting mad at or being harsh to their children. Third, mothers usually compared themselves to the good mother image they had and were concerned with what such a mother figure would do in similar conditions. They thought that a good mother would be more appreciative and would not have such negative feelings. They also compared themselves to other mothers and felt inadequate and jealous. And last, through their posts, mothers searched for reassurance, wanting to know if the way they feel is justified. Some mothers also stated that they should have coped more effectively with their difficulties. It seemed that online platforms provide media for mothers to talk about the matters that they cannot share with their families and friends.

Ruthven et al. (2018) aimed to address young mothers' needs of information regarding motherhood and the way they communicate their needs through online platforms. Data were collected through two different parenting websites, including the posts of first-time mothers, 21 years or younger. Analyses revealed that mothers

lack interaction and therefore they look for it through forums. They state their feelings of loneliness and their wish to get to know other mothers in their posts. Along with lack of interaction, they frequently mentioned being criticized negatively by others in their interactions. They talked about diverse sources of criticism such as family members and partners. In addition, in many posts mothers criticized themselves and wanted to learn if they are bad mothers. Their doubts led them to post on online platforms and search for reassurance. Analyses also revealed that the least portion of feelings shared through forums were positive ones. Rather, mothers used forums as an outlet for communicating their negative feelings such as anger and frustration. That is, these forums provided mothers with the opportunity to vent. Finally, through their posts, mothers actively looked for other mothers with similar experiences so that they can ask questions.

Matley (2020) argued that women may have a broad range of negative experiences in their mothering roles and may regret becoming mothers. Since talking openly about regretting motherhood is seen as a taboo in society, mothers may choose to talk about such feelings on online platforms. Therefore, he aimed to search for women's accounts of maternal regret in an online platform called Mumsnet. He looked for all forums from 2008 to 2019 about maternal regret, found 21 forums, and analyzed the data. The analysis revealed mothers' sense of losing their identity after becoming mothers. They expressed feelings of alienation and desire to leave the children. In these accounts, they made it clear that they valued their childless identity more than their mothering identity. Mothers also expressed guilt and shame caused by maternal ambivalence and regret. Some mothers said that it is shameful to have such negative feelings about motherhood especially if a woman has a healthy child and a supportive husband. He commented that discussion titles such as "Is it possible

to regret having children?” or “Am I being unreasonable?” (p. 3) show that the issue is marginalized even if it is discussed anonymously on an online platform.

The study conducted by Chapman and Gubi (2019) also revealed that mothers were afraid of talking about their maternal ambivalence experiences. Because they believed that they would be criticized by others for having such experiences, they distanced themselves from their loved ones. They did not tell their friends and the mothers around them about these experiences. As a result, they came to believe that they are the only mothers experiencing maternal ambivalence.

Mustosmäki and Sihto (2021) focused on a blog post about motherhood and on the reactions it received. The post was written by a celebrity living in Finland expressing her fatigue and negative feelings for her mothering responsibility. Soon after, the post evoked criticism and anger in the public. The researchers wanted to analyze these reactive comments, but they could not, because the comments section of the original post was disabled by the celebrity. Therefore, they analyzed the comments about this post which were written anonymously on a different platform. Three common public reactions were found. The first group was characterized by negative feelings, judgement, and disapproval of her as an inappropriate mother figure. The second group was characterized by a more empathetic and understanding stance, trying to support her, but in a distant manner. While some people argued that online platforms can be useful spaces to talk about the difficulties of motherhood, others asserted that negative feelings around motherhood should only be opened to a few people. The third group was characterized by the most understanding and supportive comments. People shared similar difficulties and their own negative feelings through their comments. They also appreciated her for having the courage to share these feelings with the public. The researchers stressed that reactions similar to

those of the first group can discourage women to talk honestly about their motherhood experiences and negative feelings.

Through interviews with eight mothers who recently gave birth and received professional support due to their breastfeeding difficulties, Palmér et al. (2012) found that sharing their difficulties had a positive impact on mothers. Mothers named many different people whom they share their difficulties with, such as friends, husbands, and other mothers. They also shared their difficult experiences with their own mothers. Two aspects of sharing gave mothers strength; first, being listened to in a nonjudgmental way and second, realizing that there are other mothers having similar difficulties that gave a sense of universality and felt relieving for mothers.

Vik and DeGroot (2021) examined mothers' communication processes and decisions to share or not share their difficulties when they need support. In other words, they wished to have a better understanding of mothers' decisions to disclose. In addition, they wanted to learn how mothers are affected by discouraging reactions to their disclosures. Participants were 136 mothers and the majority of them had either one or two children. While the youngest child was a newborn, the oldest was 24 years old. Mothers answered open-ended questions in an online survey and the qualitative analyses revealed that mothers share their difficulties with those who have similar experiences. They mostly shared difficulties with their mothers, other mothers, and partners. They felt that it is safe for them to share their difficulties with these people. Some mothers, on the other hand, named their partners and other family members as those they do not share their difficulties with. They clarified that these people are judgmental and not understanding. They provided examples of being criticized by their partners with whom they do not share similar attitudes. Some mothers pointed out that they do not share their difficulties with mothers-in-

law for the same reason. Besides criticism, mothers did not want to hear their advice. They also frequently mentioned their colleagues and other mothers in online mother forums as those they do not disclose. When the reasons behind mothers' nondisclosure further explored, two main reasons emerged. First, mothers were concerned about how others see them and what others think of them. Sometimes they felt embarrassed and regretful of having a particular feeling or behaving in an aggressive way. They were not comfortable having negative feelings about motherhood, so they did not wish people to know this. Second, having multiple negative experiences related to their sharing led mothers to disclose less or nothing. These experiences were not being understood, being judged, and being compared with others' experiences. Overall, mothers were really careful about the content of their disclosures such that they only talked about superficial matters with certain people.

With the same group of participants, DeGroot and Vik (2021) also addressed mothers' presentation of themselves to others and the impact of other mothers on them. There were incongruities between the actual experiences and self-presentations of mothers in answers to open-ended questions. To be more specific, going through many difficulties, mothers tended to keep negative experiences to themselves and present mostly positive experiences. Thematic analysis showed that mothers wanted to establish and maintain an admirable impact on others and did not want to be seen as complaining a lot about motherhood and their children. They also stated that their social media posts included more positivity than there really is. They rationalized this by arguing that other mothers' posts reflected mainly positive aspects of motherhood, too. However, mothers admitted that these efforts were too overwhelming for them and felt as if they have double lives. Mothers also believed that most of the time

other mothers' self-presentations were not honest and realistic, either. Thus, mothers acknowledged the underlying reasons for selective disclosures from other mothers. They actually had similar reasons regarding positive self-presentations.

2.2.3 Managing maternal ambivalence experiences

Leahy Warren (2005) aimed to learn how receiving social support is related to mothers' confidence in childcare. She reached 135 first-time mothers, and they completed the questionnaires within six weeks of postpartum. She found that mothers mostly receive support from their partners and mothers. They received not only practical and emotional but also informational support from them. They also received informational support from professionals. Although emotional and practical support seemed positively associated with mothers' confidence, this relationship was not significant. Receiving informational support, on the other hand, is positively associated with mothers' confidence. This relationship was significant. It was concluded that receiving support had a crucial role in mothers' managing certain tasks better and feeling confident while carrying out these tasks. As it was the main source of support, receiving support from partners was especially important in mothers' management.

Leahy-Warren et al. (2012) also focused on social support received by mothers and how it is associated with mothers' self-efficacy. In addition, they investigated the association between support and postpartum depression. They recruited 410 first-time mothers who had unproblematic deliveries. Mothers completed all questionnaires six weeks after birth. They found that instead of professionals mothers mostly received support from informal sources who were mainly partners, mothers, as well as sisters. Mothers also reported having high levels

of support including informational, emotional, and instrumental subtypes. Informal support was positively associated with mothers' self-efficacy and both informal support and overall social support were negatively associated with postnatal depression. These findings pointed to the key role of social support in mothers' wellbeing, especially the importance of informal type of support in coping with postpartum depression.

Murray and Finn (2012) found that in order to manage their ambivalence and harming intentions, mothers generally attributed those to an external source. They tried to explain those experiences in relation to psychological illness, specifically postnatal depression, to be able to talk about them more openly. It is also understood that attributing intentions of harm to an external source such as postnatal depression gave mothers a kind of relief because mothers thought that they are actually good mothers, but they are the victims of a psychological condition. This rationalization made them feel more accepted and sympathized in the eyes of society.

Barkin and Wisner (2013) studied how mothers view the function of self-care in their daily lives and what they do as practices of self-care. Three separate focus groups were conducted with participation of a total of 31 mothers. Mothers were older than 18 and had children 12 months old or younger. More than half of the mothers had a single child. It was found that a large number of mothers were aware of the value of self-care. They viewed self-care as vital for their psychological and physical wellbeing as well as for the wellbeing of their babies. They were engaged in a number of self-care practices. For instance, asking for partners' support to take care of the child and meanwhile doing things that they enjoy was common among mothers. They stated that taking breaks make them feel good and ready to take care

of the child again. Other practices mentioned were applying makeup, taking a bath, and going out with friends and partners.

Marshall and Thompson (2014) studied mothers' postnatal difficulties as well as their unique strategies to cope. Interviews with seven mothers who had at least one child under the age of one revealed that mothers benefited from social support a lot in the face of difficulties. They described the crucial role of their partners' support in many areas; assistance in housework, putting the baby to sleep, and feeding the baby. In addition, they could spend some time alone while their partners were taking care of the baby. However, they also received support from their parents, friends, and other mothers through different groups. Mothers shared their experiences, knowledge, worries and supported one another. Mothers viewed the difficulties as transitory, explaining that certain difficulties last only for a couple of months more. Another strategy was thinking that they do their best as mothers. Although some mothers had higher expectations from themselves, they turned these expectations into more adaptive ones which was relieving for them.

Märtsin (2018) studied a group of mothers who thought of their difficulties as a transitory period of their lives. With this idea in mind, they restricted their social lives and certain activities they used to do. Instead, they focused on their childcare and work duties. They found this more practical. They also found this restricted lifestyle tolerable if they look at it as a normal and temporary period in their lives.

Chapman and Gubi (2019) found that time is a significant factor for mothers to learn how to manage maternal ambivalence. The mothers they interviewed stated that even though they still have ambivalent feelings, those feelings decreased in intensity as their children grew up. They said that they started to be calmer, more independent, and more in control of things. Over time, they became able to spend

more time only for themselves and for their hobbies. They learned to acknowledge their ambivalent feelings without shame, not to blame themselves for these feelings, and to be more realistic as opposed to the ideal mother images of society.

Shloim et al. (2020) found that some mothers they interviewed were able to manage maternal ambivalence comfortably because they viewed mothering along with their other roles. These mothers acknowledged their experiences of ambivalence and interpreted them as an acceptable aspect of their mothering. They did not talk about total devotion to the children. Instead, they mentioned their own needs, desires, and freedom outside of their mothering roles. They emphasized their efforts to find a balance between their needs and the children's needs.

Seppälä et al. (2021) aimed at a better understanding of mothers' processes of forming relationships with other mothers. They interviewed eight first-time mothers at three different time points that are six months apart. Children's ages ranged from three to nine months. Narrative analyses revealed that while some mothers formed strong relationships with other mothers, some others did not. Specifically, the three mothers felt integration and belongingness, believing that their relationships made their maternal experience more positive for a number of reasons. Firstly, they mentioned that they can share their maternal experiences and have a sense of universality. They also described receiving practical support from their mother friends and giving the same kind of support to their friends. Thus, they benefited from reciprocally supportive relationships. They added that they could receive advice from mother friends when they needed to. Overall, these mothers reported having adapted to motherhood more easily. Other mothers, on the other hand, did not feel supported and struggled to adapt to motherhood.

Ward and Linn (2020) addressed the challenging relationship between women and their mothers-in-law. They interviewed five women and their mothers-in-law. Ages ranged from 24 to 64. The mothers thought one of the main reasons for having challenging relationships with their mothers-in-law was related to boundaries. They explained that mothers-in-law do not respect their boundaries and cannot maintain a certain distance. In addition, they had disagreements over childcare practices. As a result, tension occurs within the family. In order to cope with that, some mothers started being more distant to and having less contact with their mothers-in-law.

2.2.4 Factors relating to maternal ambivalence difficulties

Hung (2006) aimed to identify the factors associated with postpartum stress. She recruited 183 primiparous mothers who had healthy infants through normal deliveries. These mothers completed the questionnaires within six weeks after birth. As expected, the analysis revealed the factors that were highly associated with maternal stress. To begin with, infants' getting ill and inconsistency in infant schedules were among the most frequent stress provoking factors for mothers. Also, there were sleep related factors, namely interruptions in sleep and overall insufficient sleep. In addition, thinking that they are not knowledgeable enough about childcare processes was associated with stress. Concerns of mothers about infants' crying and feeding were among the most salient factors. Lastly, mothers thought that their freedom was restricted, and they reported this as an important stress provoking factor.

In her case study, Wexler (2008) explained her clinical work with a single mother, whom she named Sue. As a clinical practitioner and a researcher, Wexler

(2008) emphasized certain factors relating to Sue's unmanageable maternal ambivalence experiences. First, as a single mother, Sue had financial difficulties which affected her wellbeing negatively. Second, Sue had internalized an ideal mother figure that she could not reach despite her efforts. These factors had a negative impact on her life, especially in the relationship with her daughter.

The study conducted by Murray and Finn (2012) revealed that mothers have an ideal mother image in their minds that they want to live up to. They mentioned their wishes to be perfect and competent mothers. However, their actual experiences of mothering were in contrast with those ideals. While they were expecting to do their mothering responsibilities with ease and confidence as a given ability, they found out that this was not the case for them. These expectations establish within society and become a source of adversity for mothers.

Haga et al. (2012) asserted that while the postpartum period is easier for some mothers, it is a substantial challenge for others. In fact, the latter can have depressive symptoms during this period. Thus, to have a better understanding of maternal experiences in this period, they interviewed 12 primiparous mothers who were aged between 25 and 44. Their children were aged between two months and eight months. Analyses revealed that some mothers described themselves as depressed or a little depressed. A significant factor in mothers' negative experiences within the postpartum period was holding a controlling approach. Several mothers wanted to control everything and have a sense of mastery just like they could before the birth. However, the postpartum period was full of challenges and fluctuations which was difficult to control. As a result, these mothers felt more frustrated and depressed compared to those having more relaxed attitudes. Also, these mothers were more frustrated when their births did not go as planned. Another difficulty area for mothers

was social support. They especially wished to have more support from their partners, including both emotional and practical support. Some mothers, however, did not receive any support and felt as if they were single mothers. The other postpartum difficulty was breastfeeding. First, mothers did not like the pressures of people on breastfeeding and thought that society equated breastfeeding with good mothering which was overwhelming for them. Second, mothers faced difficulties in breastfeeding, especially within the first few weeks. Some of them explained that breastfeeding was so distressing that they did not want the next time to come. It was even more difficult for them to wake up at night and breastfeed alone.

In their study focusing on mothers' self-care practices, Barkin and Wisner (2013) found that some mothers face certain difficulties which hinder them from engaging in self-care practices. Mothers mentioned their difficulties in time management that having work and housework responsibilities as well as the childcare responsibility left them with little or no time for self-care practices. They also complained about the lack of resources that, for instance, they cannot meet some of their needs due to financial difficulties or lack of support in childcare. Another difficulty that mothers highlighted was not being able to set boundaries. Some women explained that they cannot prioritize their needs to be able to engage in self-care practices.

The study conducted by Mwape et al. (2014) aimed to examine mothering experiences in Zambia. The analysis revealed that Zambian women have feelings of powerlessness due to the intricacies of motherhood. According to them, they did not have enough support which made mothering more difficult for them. They stated that their partners were not supportive, specifically right before and after the childbirth which were the times women needed their support most. They also emphasized a

sense of powerlessness because their partners did not allow them to make important decisions such as whether to have another child or receive health care. As a result, they felt ill-equipped to manage maternal ambivalence.

In the study on postnatal difficulties and unique coping strategies, Marshall and Thompson (2014) interviewed seven mothers who had reported having difficulties in their motherhood roles and who had at least one child under the age of one. They excluded mothers who had received a diagnosis of depression. Three of the seven mothers were primiparous. The youngest child was six weeks old while the oldest were 11 months old. Analyses revealed multiple areas of difficulty for mothers. To begin with, having an infant's responsibility on top of all other responsibilities was a noteworthy difficulty. Second, mothers struggled in managing infant's sleeping, eating, and crying behaviors. For instance, a mother mentioned not knowing what to do when her baby does not sleep, and another mother described her fantasies of harming the baby when it cries incessantly. Third, mothers talked about their getting tired as one of the biggest challenges of motherhood, as they put it physical exhaustion brought emotional instabilities. Then, mothers faced difficulties in their relationship with partners. They thought that having a new child altered their relationship dynamics in a negative direction, consisting of tensions. The last difficulty was self-doubts. Mothers doubted themselves most when they could not change the child's undesirable behavior, or when they did not have control over a crisis situation.

Donath (2015) also aimed to comprehend subjective experiences of women as mothers. Her interviews with Israeli mothers revealed that many mothers did not have any intention to become mothers before their pregnancy. Some other mothers expressed that they did not really think about becoming pregnant, but instead saw it

as a natural occurrence after the marriage. Therefore, they did not feel prepared for becoming a mother and understood that motherhood is not the kind of responsibility that they wanted. Here, she emphasized that the mothering image is very significant in Israel and cultural expectations and ideals have a role in mothers' struggles.

Connerty et al. (2016) studied mothers' returning home after giving birth. They recruited eight mothers who had either one or two children. The youngest child was three months old while the oldest was four years old. Mothers were interviewed on their unique processes of coming back their homes with their infants. Analyses revealed that mothers saw this process as a major shift that opened a new chapter in their lives. Some mothers felt that this was the beginning of a continuous challenge for them as they faced great difficulty in childcare with limited support. They expressed that their tasks increased after birth while the support they received decreased. For mothers with two children, the process was even more difficult. Another difficulty area was the feelings of self-doubt. Mothers had to combat this feeling because they believed that they were not good enough to take care of their infants. Mothers also described their difficulty resulting from multiple life stressors that add to their existing troubles and make motherhood and everyday life even more difficult.

Mulherin and Johnstone's (2015) study gave voice to the experiences of young adult mothers in comparison to adolescent mothers. Their analysis of the interview data revealed that both adolescents and young adults needed support in their transition period, but they could not always receive it. Mothers explained that not receiving sufficient support made their transition more chaotic. While some mothers talked about the negative impact of having insufficient support from their

mothers, others complained about unsupportive partners and the resulting difficulty in maternal tasks.

Benza and Liamputtong (2017) addressed the maternal experiences of Zimbabwean women who live in Australia and experience multiple difficulties. For instance, mothers did not have sufficient support in childcare after migration. They emphasized feeling more stressful because they were alone in performing childcare responsibilities. However, childcare was only a part of their many other responsibilities. They experienced major difficulty in managing all the tasks including housework and attending their husbands' needs. Therefore, they had to make sacrifices and mentioned that having two hands is not enough to fulfill each and every task of mothers.

Märtsin (2018) emphasized that having multiple responsibilities, namely work, housework, and childcare, was a major difficulty for mothers. Specifically, mothers mentioned trying to do too many things at the same time and their difficulty in organizing their tasks. As a woman put it, becoming a mother increased the difficulties in their lives. Based on a jigsaw puzzle analogy, motherhood increased the number of puzzle pieces in their hands. Mothers also complained about having to perform all these duties alone. Therefore, lack of support and feelings of loneliness were other difficulty areas for mothers.

Palmér et al. (2012) depicted breastfeeding as one of the difficulty areas for mothers. They interviewed eight mothers who gave birth recently and received professional support due to their breastfeeding difficulties. They found that having difficulties in breastfeeding affected mothers' self-efficacy negatively. Mothers felt lost and alienated with regards to their motherhood roles. They felt that they had no purpose other than feeding their infants. Mothers also mentioned ambivalent feelings

due to conflicting needs and expectations. Specifically, they emphasized the challenging nature of incompatibility in needs as mother-infant dyads. In addition, they complained about having to hear suggestions from many people on breastfeeding. Mothers realized that they had thought that it would be an easy and natural part of motherhood. When they had difficulty in performing it, however, they felt frustrated and worthless. They thought that they could not fulfill their own and others' expectations to breastfeed and this led them to hide their difficulties.

In their study addressing young mothers' needs of information regarding motherhood Ruthven et al. (2018) found that mothers not only lack reliable sources of interaction, but they also have challenges in their existing interactions. They complained about being criticized and pressured by others. They stated that even strangers criticize them at times. Pressures, on the other hand, mostly come from family members and partners. They generally felt pressured when a decision was made for them or when given advice to breastfeed. Mothers also mentioned many other stressful and difficult situations such as financial difficulties and concerns about housing. They also had a broad range of negative feelings which are not related to such specific difficult situations. For instance, they mentioned feeling depressed, worried, sad, and being in a low mood.

Iwata et al. (2018) investigated the trajectory of fatigue within the six-month postpartum and identified the factors related to maternal fatigue. They collected the data from 2697 primiparous and multiparous mothers at five different time points. These were at the hospital after mothers gave birth, and at one, two, four, and six months after the birth. They found that for both groups of mothers fatigue made its peak at the second time point which is one month after the birth. Although fatigue level decreased for primiparous mothers thereafter, it increased once again at the

sixth month for multiparous mothers. Among the underlying factors of fatigue, mothers' level of dissatisfaction with their sleep was the most prominent. The next strongest predictor was mothers' concerns related to childcare. Even mothers who were experienced in childcare had such concerns. Another predictor of fatigue was mothers' dissatisfaction with the support they received. In addition, financial difficulties predicted maternal fatigue. Lastly, the amount of time spent eating was a significant factor.

Constantinou et al. (2021) conducted a systematic review and analyzed seven studies to understand how mothers experience guilt and how guilt is related to intensive mothering ideals. They only included qualitative studies written in English which gave voice to mothers' guilt experiences and excluded the studies conducted on participants with clinical conditions, health and family problems. They found that mothers are strongly affected by intensive mothering ideals which go hand in hand with guilt, especially regarding difficulties in breastfeeding. They had negative feelings about breastfeeding but thought that they should not have these feelings. On the other hand, social pressures regarding breastfeeding impacted their guilt feelings. Overall, intensive mothering ideals had such a big influence that mothers tended to evaluate themselves as insufficient and thus felt guilty.

Vik and DeGroot (2021) searched for mothers' need for support as another difficulty area. Although they wished to receive more support from their husbands, family members, and friends, they did not only lack instrumental support but also emotional support from them. Mothers described the postpartum period and the first year of motherhood as really difficult. They hoped to be supported by their family members, but that was not the case all the time. In addition, some mothers stated that they lacked close friends which resulted in having less psychological support.

Another difficulty that mothers mentioned frequently was the anxiety producing nature of society. That is, mothers perceived society as a whole as discouraging, competitive, and criticizing when they sought acceptance.

2.2.5 Turkish literature on motherhood experiences

Kulakac et al. (2006) studied women's experiences of joy, contentment, struggle, and conflict with regard to their motherhood roles and jobs. They recruited 20 mothers, half of them were teachers and the other half were midwives. Mothers had maximum of two children, the youngest child was one while the oldest was 13 years old. They collected data through mothers' personal essays on what motherhood meant to them. They did not have a length restriction, but they had to complete their essays within a week. Analyses showed two aspects of motherhood which were satisfying and difficult. For the former, mothers wrote that motherhood is so beautiful that it is worth the difficulties. They also found motherhood hard to explain. They believed that those who are not mothers cannot understand what it is and what it entails. In order to explain their feelings, they used curious analogies. For instance, one mother said, "the most beautiful feeling that I can ever have felt but also the most unbearable" (p. 843). With regard to the difficulties, mothers stated that they have to bear continuous challenging situations. In fact, they realized that they could endure more than they had imagined. They described motherhood responsibility as horrible. They also talked about themselves as being constantly worried about their children and that made motherhood extra difficult for them. Another difficulty was about losing their freedom. They stated that even though they want and need to spend some time alone, they always make sacrifices for their children. And last, most mothers

felt sorry for their children because they had to leave them for work. They felt guilty when their job responsibilities did not allow them to be present for their children.

Sarıtaş and Bozkurt (2020) asserted that examining motherhood experiences has become particularly important with women's increasing participation in the workforce. Despite the increasing visibility in the workforce, however, women are still expected to be primarily responsible for housework as well as childcare. The researchers argued that these responsibilities, and thus motherhood experiences, may change based on the social class of women. Therefore, they examined motherhood experiences in relation to social class. They interviewed 40 women who have at least two years of mothering experience. Among these women, 25 were employed while 15 were housewives. The analysis revealed that mothers or grandmothers took care of the children in lower- and middle-class families while nannies were hired in upper class families. When women were asked to define motherhood, they mostly defined it with good terms. Women who defined motherhood with more negative terms such as "voluntary slavery, being restricted, and insanity" were primarily upper class (p. 44). In addition, upper class mothers complained about time management problems and not being able to spend much time with their children due to their jobs. Without any significant difference among the social classes, mothers stated that they have difficulty in raising their children. Upper class mothers, however, reported that they get support from the nannies, children's teachers, and internet. Getting support from mothers, fathers, and husbands did not show a significant difference among social classes.

Similarly, Akyol and Arslan (2020) aimed to examine subjective experiences of working mothers. They recruited 33 working mothers, most of them were academicians, and interviewed them. The analysis revealed that most of the mothers

thought that they could manage mothering and work responsibilities. However, they emphasized the importance of finding a balance between the two types of responsibilities. To find that balance, they mentioned prioritizing their mothering responsibility and receiving support mostly from grandmothers. Yet, they still reported that finding such a balance is not an easy effort which necessitated many sacrifices on the mothers' part. As a result, mothers said that they experience conflictual feelings, especially about time management.

Instead of focusing on adult mothers' experiences, Taplak and Yılmaz (2022) focused on adolescent mothers' maternal experiences. They interviewed 36 women who had become mothers during adolescence and thematically analyzed their data. Most mothers had either two or three children at the time of the interviews. The majority had a primary school diploma and were unemployed. Most of the mothers expressed that marrying at an early age was not their decision and giving birth at an early age was not something they planned, either. As a result, many mothers struggled in adapting to their motherhood roles and responsibilities. They felt depressed and isolated. One of the most salient outcomes of early motherhood was having the mothers-in-law care for the babies instead of themselves. Because they were not prepared for the motherhood role, they felt insufficient in terms of knowledge and skills. They also felt insufficient in terms of showing love and warmth to their babies. They stated that it took time to understand and respond to their babies' needs properly. In fact, a mother said that "I raised my children more by accident than by judgement" (p. 2543).

CHAPTER 3

METHODOLOGY

3.1 Participants

The participants of the present study were 10 first-time mothers of a preschool aged child who was currently enrolled in a private preschool. Before the data collection, number 10 was determined as the minimum number for participants. However, the data collection occurred during the COVID-19 pandemic which made reaching this minimum quite challenging. Mothers were extremely busy with work, household, and childcare responsibilities. Many mothers stated that they cannot participate the study because they have difficulties in time management. Most of the mothers who accepted participating in the study wanted to reschedule the interview due to unexpected work tasks, hosting overnight guests, and childcare responsibilities. As the data collection process took longer than expected, there was no time left to seek participants and the data collection was ceased to allow sufficient time to transcribe and analyze the collected data and to write the thesis.

Purposive sampling method was used in the present study. This is a widely recognized and utilized method for qualitative research studies (Palinkas et al., 2015; Patton, 2014) because it focuses on individuals who can provide rich data in answering the research questions (Etikan et al., 2016). Since most societies discourage open discussions around maternal ambivalence (Parker, 1995a), it was assumed that the participants of the present study may have difficulty sharing their maternal ambivalence experiences. With the concern that mothers may not share a great deal of their maternal ambivalence experiences and negative feelings, purposive sampling method was deemed appropriate. In order to ensure the

recruitment of mothers who would be willing to share a broad range of maternal experiences including the negative ones, an invitation text was prepared. The text stated that mothers' needs to share their difficult motherhood experiences may be increased during the pandemic. Thus, they were invited to participate in the study if they feel difficulty in their mothering role, if they have ambivalent feelings about motherhood, or if they want to talk about their maternal experiences. All mothers participated in the study voluntarily after reading the invitation text (see Appendix A for the English version of invitation text and Appendix B for the Turkish version of invitation text).

This study used homogeneous sampling which is among the purposive sampling methods to reach participants with certain similar characteristics (Etikan et al., 2016). Establishment of similarities in certain features of mothers could allow an in-depth understanding of maternal ambivalence. Three criteria were determined for the establishment of similarity.

The first criterion was the participants' being first-time mothers (primiparous). This criterion was established to ensure that all participant mothers have one child. This assumed that the burden of mothers with one child as opposed to those with multiple children would differ a great deal. In order to minimize the differences among the participants, mothers with one child were asked to participate and share their experiences in relation to their one and only child.

The second participation criterion was mothers' having a preschool aged child who was currently enrolled in a preschool. This criterion was defined for two purposes. First, a great number of studies on maternal ambivalence and many other maternal experiences recruited mothers having children younger than two (Cost et al., 2016; Murray & Finn, 2012; Sevón, 2007; Shloim et al., 2020). The maternal

ambivalence experiences of mothers with preschool aged children in the literature, however, have been less of interest. Second, not having the criterion of preschool enrollment could result in too much variability in mothers' daily routines and time management issues, therefore children's preschool enrollment provided some more similarity among the participants.

The third criterion was children's private preschool enrollment. This criterion was set to ensure that participant mothers are from similar socioeconomic backgrounds. In the present study, nine mothers considered their socioeconomic status as middle. One mother stated that it is low due to economic conditions in Türkiye that recently changed.

All participants were married and living with their husbands and children as nuclear families. There was no age, working status, marital status, and relationship status related participation criteria based on past studies (Murray & Finn, 2012; Shloim et al., 2020). Participants' ages differed between 28 and 38, with the mean age of 33.8. Their children's ages ranged between four and six, with a mean of 5.1. Seven participants were employed full-time at the time of the interview. Three unemployed participants, on the other hand, were working before the birth and seriously considering going back to work. In addition, seven participant mothers had bachelor's degrees, while two participants had high school diplomas. One participant was a university student continuing her studies through distance education. Table 1 summarizes the demographic characteristics of the participant mothers. All participants were given pseudonyms to ensure anonymity and confidentiality.

Table 1. Demographic Information of the Participants

| Participant | Age | Child's age | Employment status | Socioeconomic status |
|-------------|-----|-------------|-------------------|----------------------|
| Belgin | 35 | 5 | Employed | Middle |
| Türkan | 38 | 5 | Employed | Middle |
| Necla | 36 | 5 | Employed | Middle |
| Fatma | 32 | 5 | Unemployed | Middle |
| Gülşen | 36 | 6 | Employed | Low |
| Hülya | 32 | 6 | Employed | Middle |
| Müjde | 32 | 5 | Unemployed | Middle |
| Emel | 35 | 5 | Employed | Middle |
| Filiz | 34 | 5 | Unemployed | Middle |
| Hale | 28 | 4 | Employed | Middle |

Note. Three participants were teachers, two participants were engineers, while one was accountant, one was public relations specialist, one was coach, one was anesthetic technician, and one was university student. Professions and participants were not paired, and professions were not presented on the table not to reveal the identities of the participants.

3.2 Semi-structured interview form

The only instrument of the present study was a semi-structured interview form. To the best of the researcher's knowledge, maternal ambivalence is a phenomenon that has not yet been studied directly in Türkiye. In such cases that there are no comparable research findings, it is suggested to investigate this phenomenon through interviewing mothers and hearing their accounts (Adams, 2014). Interviews help researchers gain insight into complicated experiences (Michaels, 2018). Therefore, it was decided to use a semi-structured interview form. The form was developed for the

purposes of this study. It consisted of items addressing both demographic information of the participant mothers and a broad range of motherhood experiences.

The semi-structured interview form was developed in light of the former studies on maternal ambivalence and motherhood experiences (Akyol & Arslan, 2020; Chapman & Gubi, 2019; Cutler et al., 2018; Damant et al., 2010; DiStefano, 2003; Donath, 2015; Karaman & Doğan, 2018; Kell, 2006; Saritaş & Bozkurt, 2020; Shloim et al., 2020). Alterations were made with the help and suggestions of the thesis advisor and jury members. The last version of the semi-structured interview form was determined through a series of meetings and discussions with the thesis advisor.

The first part of the interview form consisted of demographic information questions. With this part, it is aimed to get to know the mothers better by learning their age, level of education, profession, occupation, employment status, socioeconomic status, relationship and marital status, age and sex of the child, pregnancy intentions, age of mother at childbirth, family members sharing the house with the mother, and support received in housework and childcare.

The second part of the interview form consisted of questions addressing a broad range of motherhood experiences and maternal ambivalence experiences. Specifically, these experiences were questioned under five subheadings. The first subheading aimed to learn mothers' thoughts on being a mother, what being a mother and being a good/bad mother mean to them, their relationship with their child, and the difficulties they face while raising their child.

The second subheading aimed to learn mothers' expectations about motherhood before giving birth and whether these expectations changed after giving birth. It also aimed to learn how motherhood changed them and which aspects of

their lives were affected by motherhood. Mothers were asked about the influences of motherhood on their daily activities, the time they allocate for themselves, their husbands, friends, and other family members, as well as their efficiency at work.

The third subheading aimed to learn mothers' maternal ambivalence experiences. Under this subheading, mothers were asked how they experience motherhood, whether they have negative as well as positive feelings for their children, whether they feel tired of motherhood, whether they do not know how to manage relationship difficulties with their children, whether they experience instances of maternal regret, and whether they doubt themselves as mothers. They were also asked about differences in their maternal experiences during pandemic.

The fourth subheading was directed to learning whether mothers share their experiences of maternal ambivalence with the people around them and what kind of reactions they get in turn. They were also asked whether mothers around them share similar experiences with them. Finally, they were asked about the comments they receive from their husbands, parents, and friends about their motherhood and how these comments make them feel.

Last, the fifth subheading was about mothers' thoughts on how society defines "good mother" and "bad mother" and whether these definitions are parallel with their own definitions of good and bad mother. Mothers were also asked about their thoughts on being an ideal mother and the possibility of achieving that ideal (see Appendix C for the English version of semi-structured interview form and Appendix D for the Turkish version of semi-structured interview form).

The interview form was first piloted on Belgin. She completed the interview in two separate sessions due to her busy schedule. Overall, she found the questions easy to understand and therefore no change was made in the questions or the format

after the pilot interview. Her interview took 76 minutes and 16 seconds, but she stated that she had to be quick in answering questions because she was taking the interview during her lunch break at work. Therefore, it was predicted that the next interviews could last longer than the pilot interview.

3.3 Research design

The research design of the present study is qualitative. Since this study aimed to have a thorough understanding of the maternal ambivalence phenomenon, qualitative design was the appropriate choice (Gravetter & Forzano, 2018). Specifically, the present study aimed to understand and explain how mothers experience maternal ambivalence, how they express this experience to others, how they manage this experience, and which factors relate to maternal ambivalence difficulties. To answer these research questions, mothers' real-life experiences were addressed in detail which necessitated in-depth interviews and qualitative research design (Creswell et al., 2007).

3.4 Procedure

Before starting the interviews, ethical permission was taken from Boğaziçi University Ethics Committee for Master and PhD Theses in Social Sciences and Humanities (See Appendix E for the ethical permission for the present study). In order to reach participants, the researcher contacted school guidance counselors with whom she had previous contacts. They were all working at private schools with preschool classes in Istanbul. A written invitation to study was sent to them. The invitation text stated that mothers who experience difficulty in mothering responsibility and/or who would like to talk about motherhood experiences can

participate in the study. It was believed that the COVID-19 related lockdowns might have increased mothers' need to share as they were likely to be isolated with their child at home. The counselors sent the invitations to their students' mothers if they met the participation criteria of being a first-time mother and having a preschool aged child. Participation in the study was on a voluntary basis.

The directions in the letter asked the mothers who were interested in the study, to write their contact information and send it to the researcher via e-mail. It was planned that then; the researcher would contact the mothers who shared their information to make an appointment. But instead, participant mothers wanted the school counselors to share their phone numbers directly with the researcher. After receiving the phone numbers, the researcher contacted the mothers through phone calls. At the first contact, the researcher informed mothers briefly about the purposes and the nature of the study, voluntary participation, right to decline, right to refuse answering a particular question, confidentiality, online interviewing, audio-recording, and expected average duration (120 minutes) of the interviews. Interested mothers were asked in which way they would like to receive the informed consent form. They were given two options:

- i. Receiving the informed consent form via e-mail and reading it themselves.
- ii. Listening to the researcher reading the informed consent form for them in the online meeting.

Only one mother opted to receive the informed consent form via e-mail. The other participants requested to receive the informed consent form via WhatsApp. All participants read the informed consent form themselves before the online meeting. Only one mother signed the form and sent the signed copy to the researcher via WhatsApp. Other mothers had difficulty signing the form or marking the statement

that they want to participate in the study voluntarily on their computers and phones. Therefore, they preferred giving verbal permission in the beginning of the online meetings (see Appendix F for the English version of informed consent form and Appendix G for the Turkish version of informed consent form).

An appropriate online meeting time was decided for each mother through phone calls. Meeting dates were set based on each mother's preferred day and time. Some mothers preferred weekends for the meeting while others were requesting nights so that their children would be asleep during the meeting. Yet other mothers requested afternoons on the weekdays to complete the interview during their lunch breaks. The researcher did her best to meet the requests of the participants.

Because interviews were audio-recorded, only the mothers who give permission for audio-recording could make up the sample of the study. All the mothers who gave their phone numbers to participate in the study also voluntarily gave permission for audio-recording. They gave verbal permission in the beginning of the online meetings because they had difficulty marking the informed consent form on their phones.

All mothers agreed to having Zoom meetings. The meeting links and other necessary information were shared with the mothers a day before the meeting. Mothers were given the chance to complete the interviews in two separate sessions in case they did not have enough time to answer all the questions in a single meeting. Four participants requested to continue in a second session which was scheduled based on their availability.

All interviews were conducted in Turkish. During some interviews, internet connection related problems occurred. Specifically, there were times the researcher and the participants had difficulty hearing each other. In such cases, the researcher

asked the participants to repeat their last few words or sentences and vice versa. Thus, it was ensured that everything said during the interviews was recorded properly and could be clearly understood while transcribing. The duration of the meetings ranged from 70 to 184 minutes. The mean duration of the interviews is 98.7 minutes.

All Zoom meetings were recorded. After the meetings, all video records were deleted completely and only the audio records were stored. The audio records were stored in the researcher's personal computer within a password protected folder. Each audio file was named with a pseudonym and these pseudonyms were used throughout the present study to protect the identity of the mothers. Then, after the audio records were transcribed verbatim, they were deleted. The transcripts were stored in the researcher's personal computer within a password protected folder and any printed data were stored in a locked drawer in the researcher's room. Transcripts and other written documents will be stored in the researcher's password protected personal computer and locked drawer for two years.

3.5 Identity of the researcher

Researchers have a particularly significant role in qualitative studies. As the researcher of the study, I have been involved directly in the process including data collection and analysis. Therefore, I should introduce myself to the readers.

I am female by gender and have a twin sister. My psychological counseling journey started as an undergraduate Psychological Counseling and Guidance student at Boğaziçi University. I am currently in my third year as a master's student in the Psychological Counseling and Guidance program at Boğaziçi University and I wish to continue my studies by pursuing doctoral training.

After completing my undergraduate training, I worked as a school counselor at a private pre- and elementary school in İstanbul for a year. I had about 100 students. Because this was not a high number, I had the opportunity to work with the students individually. Also, I had many opportunities to work closely with parents, especially with mothers. I conducted many parent meetings and witnessed the love, joy, anxiety, sadness, fear, anger, and exhaustion of parenthood.

After a year of work at the school, I started my master's studies. Although I enjoyed working with children and parents, restrictions of the school administration to allow me time to reserve my studies pushed me to resign and become a full-time student again. In the second year of the master's program, I completed my internship. Because it was during the pandemic, I conducted online individual counseling sessions with university students referred to me by Boğaziçi University Student Guidance and Psychological Counseling Center (BÜREM). In the last year of the master's program, I worked as a paid English teacher at a public elementary school in İstanbul while I was focusing on my thesis at the same time.

During my undergraduate and master's years, I have always been interested in parenting and mothering. Specifically, I enjoyed reading studies on parenting, parent-child and parent-adolescent relationships, parental acceptance, parental stress, and maternal wellbeing. Most of these studies had a focus on child and adolescent outcomes rather than maternal characteristics. But it did take me a long time to become interested in the maternal aspect of the picture as this research topic was recommended to me by my thesis advisor, Dr. Deniz Albayrak-Kaymak. She told me that she and another faculty member have been sharing difficult experiences of their motherhood as my advisor called it "dark sides of motherhood" and considering studying it. That other faculty member, Dr. Nihal Yeniad Malkamak recommended

that we read Almond's (2011) book *The monster within: The hidden side of motherhood* which introduced us to the true term, maternal ambivalence. Dr. Yeniad Malkamak accepted to be a jury member in my study. Dr. Meltem Üstündağ Budak who has done research with maternal experiences, a mother herself, kindly accepted to be my third jury member. She was knowledgeable with qualitative design and recommended that we follow a thematic analysis, and we did.

As a way of understanding people, I have always been interested in narratives mostly through cinema other than my professional and literature readings. With this book, I became interested in those aspects of motherhood that are not told freely in public. I believe that this study could be a meaningful contribution to Turkish literature because motherhood and negative feelings are not thought of together in many parts of Türkiye.

Although I am not a mother, I have a little sister who is 18 years younger than me. I witnessed her growing up closely and helped my parents a great deal in childcare. Through this experience, I was already aware that childrearing is really difficult and does not always include positive feelings. In our culture older sisters share many parental tasks, so I was not a completely inexperienced person in childrearing practices and challenges. In fact, I believe that my experiences as an older sister helped me in maintaining an empathetic stance during the interviews with mothers.

In order to better explain my personal experience as an interviewer, I want to mention the context first. Due to the pandemic, I collected data through online interviews. Online interviewing was challenging because during almost all interviews there were interruptions due to the internet. In such cases, I requested mothers to repeat what they have said, or I repeated my questions. During the

interviews, I thought that mothers were not completely open when answering certain questions. For instance, questions such as “Are there times that you have feelings ranging from very positive to very negative in your relationship with your child / towards your child? Like what?” and “Are there times that you go from one extreme to the other? Can you share a memory?” were more difficult for mothers to answer in detail. I felt that they were censoring themselves, not giving important details, or giving really short and generic answers to some specific questions. For instance, even though some mothers mentioned their difficulty of remaining calm and not showing physical violence to their children, they did not explain these instances and feelings in detail. Likewise, some mothers gave really brief answers regarding their anger towards their husbands. Therefore, I asked for clarification and examples many times, but some mothers still did not open up more. I found them more reticent while talking about their negative feelings or about a negative situation related to their children and husbands. Still, I thought that some other mothers were as open and honest as possible.

Finding participants for the study was even more challenging. Although I contacted many guidance counselors to invite mothers to participate, I did not receive a sufficient number of participants for months. I realized that time management was the biggest problem preventing mothers from participating. Most of the mothers who contacted me were working, so they could not find a proper time for the interview easily. Honestly, this process was really stressful for me.

Lastly, I believe that it is essential to mention the support of my thesis advisor. During the data collection process, she kept reminding me that it is natural for some mothers not to open up easily. She stressed that it might be difficult for mothers to talk about their negative feelings and experiences. In fact, she said, most

mothers may not even be aware of their negative feelings regarding motherhood as it is viewed as nearly sacred in our society. Also, her contribution in preparing the semi-structured interview form and data analysis was very significant. Because she is a mother, she provided a mother perspective whenever it was necessary. I felt more confident because I thought that she was there to notice certain aspects that I potentially overlooked, especially during the analyses.

3.6 Data analysis

As a qualitative analysis method, Thematic Analysis (TA; Braun & Clarke, 2006) was utilized in the present study. With this method, the most commonly mentioned parts across the data set are identified and organized. Then, these parts are turned into themes in such a way to answer a particular research question. This means that TA reveals common experiences and interpretations. It does not focus on peculiar experiences or interpretations that are not common across the data set (Braun & Clarke, 2012).

Braun and Clarke (2006) identified six phases of TA which were used as a guideline during the analysis of the present study. In the first phase, the researcher should familiarize oneself with the data. For this purpose, the data should be transcribed and read repeatedly. Although this step takes a considerable time, it is essential to know the data well. During this step, the researcher should read actively and take notes to be used in the next steps (Braun & Clarke, 2006). In the present study, all interview data were transcribed verbatim, read multiple times, and some notes were taken as suggested.

In the second phase, the researcher should start creating codes. For this purpose, the researcher should search for interesting parts which can potentially

provide the basis for the themes. Also, the researcher should make sure that codes are matched with the related data extracts (Braun & Clarke, 2006). In the present study, codes were identified after reading the transcripts and writing down initial notes. All the codes were written near the highlighted extracts and therefore there was no need to match them afterwards.

In the third phase, the researcher should work on the codes to figure out how to combine them under potential themes. The researcher should be aware that codes may be combined to make up main themes or sub themes. If there are certain codes that do not make up a new theme and cannot be placed under any existing theme, they can be put under the miscellaneous title. By the end of this phase, the researcher should identify “candidate themes, and sub-themes, and all extracts of data that have been coded in relation to them” (Braun & Clarke, 2006, p. 90). In the present study, potential themes and sub themes were identified as suggested. Related extracts were written under each theme and sub theme as preparation for the next phase.

In the fourth phase, the researcher should revise the candidate themes. Some themes can be discarded due to lack of support such as having little extracts in relation to them. Also, while some themes can be gathered to make up a single theme, some others can be divided into more themes. In this phase, the researcher should check each theme for its coherence within itself and for its accurateness with regard to the data set (Braun & Clarke, 2006). In the present study, these revisions were made with the help of the thesis advisor. Through her suggestions, some themes became sub themes, and some were divided into sub themes.

In the fifth phase, the researcher should define the themes. Defining meant that the researcher should be able to distinguish each theme from others by emphasizing each theme’s distinctive and individual aspects. Therefore, it was

suggested that the researcher should evaluate the themes' content and scope and see if it is possible to explain each theme briefly. This phase also includes choosing the extracts to be used in the report. Last, the researcher should decide the names of the themes. Names should be brief and revealing in that they can give an idea about a theme's content (Braun & Clarke, 2012). In the present study, each theme was evaluated as suggested and described with a couple of sentences. For the naming and choosing of the extracts, thesis advisor's help was received. She made some corrections in the English names of the themes. In the extract selection, those giving the heart of the themes or providing striking examples were sought, identified, and used. We had an additional phase, that is translating the extracts. Translations were done by the researcher and edited by the thesis advisor.

In the sixth phase, the researcher should report the analysis. The written report should be concise and have a logical framework. Also, it should have the power of satisfying the readers with the amount and content of the extracts. In addition, it was suggested that before the writing process the researcher should check out some publications in which TA was used (Braun & Clarke, 2006). In the present study, some publications providing TA examples were read first. Then the writing process started. Thesis advisor's feedback on the written report was utilized.

Because a high number of themes and sub themes were identified in the present study, tables with frequencies were prepared so that it could be easier to follow the findings. The tables can be viewed as a summary of the findings. To prepare the tables, each mother's interview was read again to check for the frequencies of themes and sub themes. In other words, when a mother talked about a specific theme or sub theme, it was counted as one regardless of the length of her accounts. Likewise, when a mother talked about the same thing again, it was counted

as two and it went on like this for all interviews. This way, the frequencies of each theme and sub theme were identified along with the number of mothers talked about them. In the next section, the tables which provide a quantitative and visual summary of the findings can be seen.

Determining the order of the themes and sub themes was based on several considerations. First, the number of mothers who mentioned them was considered. This number indicated how widespread the issue was for mothers. Second, when the themes were mentioned by equal number of mothers, the total number of times that a specific theme was mentioned was taken into consideration. Some themes were found to be so important by mothers that they were repeatedly mentioned. Third, the number of themes were important as they reflect the multi-layered nature of the issue. Last, relations among the themes and sub themes were important to provide a logical order across the issues brought up by mothers. These tables may help the reader view the list a kind of index of challenging motherhood experiences.

CHAPTER 4

FINDINGS

In this chapter, each theme and sub theme were presented under the related research question. Because there are four research questions of the present study, themes and sub themes providing an answer to the particular research question were placed under that research question. Also, each theme and sub theme were presented with related extracts, in other words carefully selected accounts of mothers from the interview data. The original Turkish extracts can be found in Appendix H. Because each extract was given a number from 1 to 162, Turkish extracts can be found easily based on their numbers.

4.1 How do mothers experience maternal ambivalence?

The first research question was “How do mothers experience maternal ambivalence?” In relation to the first research question, four themes were identified. These were *double-edged nature of motherhood*, *negative feelings toward the child*, *negative feelings about motherhood and regret*, and *regret and shame after feeling negative*. Four sub themes were identified under the second theme of *negative feelings toward the child*. These were *because of the child’s undesired behaviors*, *because of rapid mood swings*, *at times of exhaustion*, and *at times of crisis*.

Likewise, two sub themes were identified in relation to the third theme of *negative feelings about motherhood and regret*. These were *because of its restrictions on freedom* and *because of its difficulties* (See Table 2 for the frequencies of themes and sub themes).

Table 2. Frequencies of Mother Responses to the First Research Question

| Themes and sub themes | Number of mothers (<i>N</i> = 10) | Number of times (<i>f</i> = 140) | Belgin | Hülya | Necla | Müjde | Türkan | Fatma | Hale | Gülşen | Filiz | Emel |
|--|---------------------------------------|--------------------------------------|--------|-------|-------|-------|--------|-------|------|--------|-------|------|
| 1. How do mothers experience maternal ambivalence? | | | | | | | | | | | | |
| 1.1 Double-edged nature of motherhood | 10 | 33 | 4 | 3 | 1 | 4 | 4 | 3 | 1 | 2 | 5 | 6 |
| 1.2 Negative feelings toward the child | | | | | | | | | | | | |
| 1.2.1 Because of the child's undesired behaviors | 7 | 23 | 1 | | | 2 | 8 | 2 | 2 | | 1 | 7 |
| 1.2.2 Because of rapid mood swings | 7 | 10 | | 1 | 2 | 1 | 2 | | 1 | 2 | | 1 |
| 1.2.3 At times of exhaustion | 4 | 7 | 2 | | 1 | | | | 2 | 2 | | |
| 1.2.4 At times of crisis | 2 | 5 | | 4 | | | | | | | 1 | |
| 1.3 Negative feelings about motherhood and regret | | | | | | | | | | | | |
| 1.3.1 Because of its restrictions on freedom | 7 | 29 | | 1 | | 9 | 3 | 1 | | 5 | 5 | 5 |
| 1.3.2 Because of its difficulties | 7 | 15 | | | 2 | 3 | 3 | 3 | 1 | 2 | 1 | |
| 1.4 Regret and shame after feeling negative | 8 | 18 | | 1 | 4 | | 4 | 2 | 2 | 2 | 2 | 1 |

Note. Number of mothers represents the number of mothers who mentioned the themes and sub themes. Number or times represents the total number of time that a specific theme or sub theme was mentioned by mothers. The numbers written under each participant's name represent the times that the participant mentioned a specific theme or sub theme.

4.1.1 Double-edged nature of motherhood

All mothers explained motherhood as having a double-edged nature. They expressed that motherhood is delightful but quite difficult at the same time. Their experiences as mothers were far from being one-dimensional. On the contrary, they frequently reported contrasting experiences and feelings. Regardless of how desired and planned the pregnancies were, all mothers had ambivalent maternal experiences. For instance, Emel, Hülya, and Müjde described their overall motherhood experiences as:

It is not going as a straight line, but, umm, always as a zig zag, or maybe it isn't called a zig zag, but it is fluctuating (Emel, Appendix H, 1).

So, yes, motherhood is a wonderful thing, great thing, sacred thing, but, umm, too difficult. For instance, they ask me about the second child now. I say that the second child is madness. The one who has a second child is crazy, I say (laughs). So, it really is too difficult, very difficult (Hülya, Appendix H, 2).

So, as a result of the good things that motherhood brought me, there were clearly also things that it took away (Müjde, Appendix H, 3).

It was noteworthy that mothers described not only the motherhood but also the birth process as double-edged. They mentioned the birth process as complicated and containing a broad range of feelings. Their descriptions included physical pain during and after the labor and unexpected and uncontrollable situations related to the labor. They mostly talked about the physical pain of the labor as followed by seeing the baby for the first time and feelings of intense love for the baby at that minute. However, this was again followed by ambivalent feelings and physical pain due to cesarean section and breastfeeding. In fact, many mothers emphasized their difficulty in breastfeeding because of sore nipples. As Belgin and Türkan put it:

It is a completely different feeling. You experience pain and happiness at the same time. It's an intense pain. I mean your bones feel like cracking. This is how you feel as if during labor. But at the same time when you see her (the baby) you forget all your troubles (Belgin, Appendix H, 4).

I had a cesarean section. It was a very difficult process. Umm, I found out how much it hurts when I have sore nipples. So, is it hard? Yes, it is hard but pleasant, I don't know, being a mother is beautiful... So, yes, postpartum has been too painful. I was a mother crying day and night. Umm, the child wants the nipple, but I can't give it because she (her child) cries because she wants it, I cry to my mother because I can't give it (Türkan, Appendix H, 5).

When mothers reflected on their overall maternal experiences, they generally concluded that they did not always feel happy about being a mother or about their children. Rather, they acknowledged the instances of sadness, anger, boredom, and frustration. However, they viewed these feelings as transitory and contingent on specific situations. At other times, they acknowledged their feelings of happiness and joy. Gülşen explained this as:

Sometimes, umm, of course there are times that we get angry, get crossed, get angry at each other, and at other times we have fun together. I mean we experience every feeling. It would be a lie if I said I never get angry or get pissed. Certainly, there are times that he (her child) makes me sad, and I make him sad, but, umm, we also spend a really good time together (Gülşen, Appendix H, 6).

4.1.2 Negative feelings toward the child

During the interviews, all mothers expressed negative feelings towards their children. The most frequently stated feelings were anger, frustration, and sadness. Mothers' accounts also revealed that they felt overwhelmed by specific behaviors of their children or by specific situations. As a result, they had such feelings. Although having negative feelings toward the child was a common experience of all mothers, its reasons differed. Therefore, four sub themes were identified under this theme. These were *because of the child's undesired behaviors, because of rapid mood swings, at times of exhaustion, and at times of crisis.*

4.1.2.1 Because of the child's undesired behaviors

Seven mothers expressed negative feelings toward the child because of the child's undesired behaviors. They explained that they aim to raise their children in specific ways and want their children to have specific features and behaviors. For instance, they want their children to comply with the rules, be polite towards parents and grandparents, and be calm. On the other hand, they do not want their children to yell, scream, be stubborn, and use curse words. When the child engages in such behaviors, mothers mainly feel angry, outraged, upset, and frustrated. Most mothers admitted that they yell at their children in such situations. Some of the mothers added that they can scare the child by yelling too much and too loud. The other significant point was mothers' frustration over child's repetitive undesired behaviors. They felt as if their efforts do not work and therefore the child keeps behaving in undesirable ways. As a result, they get more and more angry toward the child. Müjde and Türkan explained this as follows:

Sometimes I try too hard to keep my temper because he (her child) pushes me over the edge. He can do something in the middle of the street that he would never do, he can insist on something that he would never insist... For instance, when he wants something, he, with his hands (to hit her) in the middle of the street... and I don't like this, he shouldn't do this... For instance, I can't stand this and I, umm, try to hold and refrain myself in this situation in order not to do something wrong to him. Because although I tell him not to do this, he does it more rigorously. Then, for instance, I get really angry. I go from one extreme to the other in the meantime (Müjde, Appendix H, 7).

When he (her child) is too stubborn with me... For instance, I say do this, let's do this that way. No, he says, first, he says, we will do the thing I want, then we will do that. So, for instance, first, umm, he should eat his meal. Then, for instance, he could eat junk food. He says no, I will eat junk food first... Umm, then, he tries my patience. He pushes my limits. Umm, then I go from one extreme to the other (Müjde, Appendix H, 8).

So, while we are chatting really well, having a conversation, all of a sudden, umm, she (her child) makes me upset at times. Umm, her shouting habit, crying habit. She has a snappish temperament. She always yells, always cries,

always snaps. This is what drives me crazy. So, the only reason that I yell at her is her crying because she cries for everything (Türkan, Appendix H, 9).

4.1.2.2 Because of rapid mood swings

Seven mothers stated that they have negative feelings toward their children as a result of rapid mood swings. They talked about not only their but also their children's rapidly changing moods. With regard to their mood swings, they mentioned feeling happy and satisfied at one minute and feeling upset, bored, overwhelmed, and angry the next minute. They have such mood swings mostly when they spend too much time with their children and undertake most of the childcare responsibility alone during the day. Mothers thought that they do not have sufficient time for themselves to get rest or to engage in their hobbies these days. As a result, they found themselves having rapid mood swings and being more negative and harsher towards their children. Some mothers also emphasized the impact of pandemic and lockdowns on their mood. Because pandemic lockdowns led families to stay at home for a long time, mothers found this situation particularly overwhelming and burdensome. They explained how difficult it was to spend the whole day together with their children. They believed that they ran out of patience more easily during lockdowns. Going to work and sending children to preschool, on the other hand, had an uplifting impact on their mood because in the meantime, they miss their children and build patience for the evening. Necla explained this as:

Being at work, umm, from the morning until the evening, the potential of being patient is much higher due to missing him (her child). However, during the pandemic, when you are with him from the morning until the evening, there can be ups and downs. You have a very good time; after a while, you get too angry at something, you try to be patient, you can't. Maybe you will get angry (Necla, Appendix H, 10).

Mothers also frequently talked about the children's mood swings and the impact of these on their own mood. They described that the children become angry all of a sudden and start screaming, crying, and even hitting the parents. This, in turn, make the mothers angry and most of the time, mothers yell back at their children. Mothers further explained that they do not know why their children have rapid mood swings. They could not understand why their children become aggressive or upset when they were calm a minute ago. In any case, they are affected by the children's rapid mood swings negatively. Türkan and Hale described such instances as:

So, she (her child) can change a lot all of a sudden. Sometimes, she even attempts to hit. I don't like it; I don't like this situation at all... I don't know what I can do about it either. But, I mean, all of a sudden while she is playing X (her child) disappears and someone else comes. You can't do this, you can't do that, this is like this, that is like that. When she shouts, I... at that moment I am out of spirits. I mean, at that moment, I can have a negative reaction to her. It is quite rare, even impossible for me to hit her, but sometimes I hardly contain myself. She drives me crazy sometimes (Türkan, Appendix H, 11).

She (her child) is being so happy at one instance, so happy, pleased with everything, but 10 seconds later she is throwing the thing she holds in her hand at the wall, and very displeased (Hale, Appendix H, 12).

4.1.2.3 At times of exhaustion

Four mothers stated that they can have negative feelings towards their children when they are exhausted. They clarified that they feel tired too often due to their jobs, housework and childcare responsibilities. Thus, they get angry easily at times of exhaustion. Mothers expressed that they show less tolerance to their children at these times. Also, they become more inclined to yell at their children. They expressed that they do not have enough patience when they are exhausted, and therefore they get angry and show unnecessarily big reactions to even the simplest mistakes of their children. While having these feelings, mothers also do not want to spend time or play

with their children. Instead, they wish to stay alone and get rest as much as possible. However, mothers' accounts made it clear that children approach and say that they want to play while mothers are trying to get rest. Mothers feel extra overwhelmed in such situations. For instance, Gülşen expressed her wishes of not being a mother in those instances and kept explaining:

Because he is a very messy child, while organizing, sometimes I can't even find a spot on the couch to sit because of the toys. Sometimes I come home tired. By pushing the toys with my hand, I open a spot for myself and sit there. This messiness, after a while... I become very distressed and when I have no energy to collect and tidy up on my own, I go into crisis. Screaming and shouting, I mean (Gülşen, Appendix H, 13).

Hale explained her experiences of exhaustion and negative feelings as follows:

Like I said, at the moment she (her child) says mommy, wraps her arms around my neck, I am glad that I am a mother. But, for example, when I am about to get rest, or I just take something to pay attention to, for example, she asks for something from me, I am like huff, like I say where did you come from now (Hale, Appendix H, 14).

4.1.2.4 At times of crisis

Two mothers stated that they can have negative feelings toward their children at times of crisis. They believed that although crisis situations arise quite often, they still have difficulty in managing these situations. If they think that they cannot manage a crisis situation effectively, they become more tense, impatient, angry at the child and at themselves. Mothers' description of a crisis situation involves children crying, shouting, and being extremely stubborn. In return, mothers described themselves as going mad and shouting at one extreme and trying to calm the child down by making explanations at the other extreme. For instance, Hülya talked about one of the crisis situations that she and her daughter had recently as follows:

In situations where I can't manage a crisis. For example, she leaves school, come to me (mother's workplace). She needs to do her homework. C'mon my daughter, do it my daughter. Umm, she isn't doing, for example, she is resisting, she isn't doing, she is resisting. Then, my voice is rising. The time to leave work is coming, we will go home, look we are yet to have dinner, you will take a shower... As my voice rises, she gets scared and cries... At these times, I feel so incompetent. I have this feeling mostly when I can't manage a crisis... So, the last time was two weeks ago, I guess. I cried a lot. It's not working, I can't do this, I can't do this motherhood... She (her child) got so upset as well, got scared, and cried. She cried, too. She was already crying. Because she was crying, I got so sad and so angry, I cried. Umm, then, my husband saw me crying. He felt so sorry that I was upset (She laughs). Then we all sat down together and talked (Hülya, Appendix H, 15).

4.1.3 Negative feelings about motherhood and regret

During the interviews, mothers' accounts made it clear that they do not have only positive feelings about motherhood. They explained that they do not always enjoy their motherhood roles and responsibilities. Rather, they expressed a broad range of negative feelings. In fact, becoming a mother comes with many difficulties, some of which mothers did not foresee at all. Facing these difficulties affected mothers' feelings and opinions about motherhood. Some mothers also emphasized their feelings of regret for becoming a mother. They said that they would prefer not being a mother or becoming a mother at a much later age. They had negative feelings about motherhood or regretted motherhood for two main reasons. Therefore, two sub themes were identified and presented under this theme. These are *because of its restrictions on freedom* and *because of its difficulties*.

4.1.3.1 Because of its restrictions on freedom

Seven mothers stated their negative feelings about motherhood or maternal regret because motherhood restricted their freedom. Although most pregnancies were planned and mothers were expecting a certain degree of restriction on their freedom,

they found their lived experiences much more difficult. Therefore, some mothers said that they would like to become a mother later and enjoy their freedom more before undertaking the motherhood responsibility. While talking about their restricted freedom, mothers highlighted many different areas of their lives that were affected by motherhood. For instance, their social lives were so restricted that some mothers reported that they did not have a social life anymore. Their activities within the home were also restricted. In fact, mothers believed that their only activity was to care for the children, especially in the first two years of motherhood. As a result, they could not spend time on themselves and their hobbies. In addition, many other practical aspects of their lives were restricted such as not being able to go shopping after work, going to the hospital although it is quite important, and assuming extra responsibility at work. Lastly, mothers highlighted the process of transition to motherhood in terms of their freedom. They explained that motherhood came with the reality of staying at home all day which was completely different than their former work lives. They did not like staying at home alone with their babies and viewed this as the major restriction on their freedom. Müjde, Gülşen, Emel, and Filiz explained their experiences of restricted freedom as follows:

You have a work life, umm, you are freer, you can come and go to wherever you want, you can do whatever you want. So, taking care of a child is too difficult. It's in no way similar to working... That's why, umm, it clearly wasn't a period that I enjoyed.... I had no social life. I mean I don't know if I had a life at all (laughs). I was like a robot programmed only to take care of a child (Müjde, Appendix H, 16).

Sometimes I resent him (her child) deep down because he restricts my freedom. It isn't his fault actually, I brought him into this world, but still my freedom is restricted because of him, sometimes I resent him deep down in terms of the things I want but I can't do (Gülşen, Appendix H, 17).

So, honestly, I want to travel. I mean I want to see as many different countries as possible with my husband... When I can't travel, when I say I couldn't go anywhere during the holiday as I wish, then yes, I say I wish I weren't a mother (Emel, Appendix H, 18).

Can't I love my child this much? Why does the idea of going out, meeting my friends come to my mind?... Umm, but when I go out, I don't feel anything. I don't feel remorse leaving her (her child) at home with my husband when I am with a friend of mine for half an hour. I wonder if this is a bad thing. Because I miss out, what I miss is a conversation, a chat with a friend (Filiz, Appendix H, 19).

4.1.3.2 Because of its difficulties

Seven mothers expressed negative feelings for motherhood because of its difficulty.

These mothers vividly explained the difficulties they faced and concluded that motherhood is the most difficult profession, or the most difficult responsibility one can ever undertake. They further explained that they have to make sacrifices constantly to make it work. Some mothers stated that although they were expecting it to be difficult, they could not foresee such a high level of difficulty. These mothers were especially shocked shortly after the labor because they started taking the full childcare responsibility and realized how difficult and repetitive their daily routines became. They compared their work lives with their stay-at-home mothering lives and reported that full time employment was much easier. Some mothers also said that they would not have a child or would have it much later if they knew motherhood is that difficult. In addition, the difficult nature of motherhood made mothers think twice before having a second child. Almost all mothers had serious concerns over having a second child and one salient reason for this was the difficulty they experienced with the first child. Müjde talked about her feelings of regret becoming a mother because its difficulty as follows:

So, it (motherhood) affected me too much, so it affected me too much. I am telling you I have never thought of going into such a process. I mean, I never thought that this process was going to compel me this much, wear me out this much. Umm, I mean, if they told me that I was going to live through this process, I wouldn't give birth honestly... I was asking (to myself) what I have done. Why did I conceive, why did I have a child?... I wish I didn't. For example, would a person say I wish it didn't happen after her child is born?

During that process, umm, I wish I didn't give birth, I wish I didn't conceive, why did I hurry this much (Müjde, Appendix H, 20).

Türkan and Fatma's accounts also exemplify the difficult nature of motherhood:

Taking care of a child all day long is really tiring. I mean I was not this tired while I was working. For example, I don't get tired at all when I go to work, but there isn't any day that I get as tired as on Saturday and Sundays. I get more tired at home on Saturday and Sunday. Because childcare is a difficult thing, entertaining (the child) is a difficult thing (Türkan, Appendix H, 21).

For instance, I, umm, used to love children like... like oh how cute. I realized that I, umm, after my son's birth, I don't love children by taking them on my lap like I used to. Because when I see a child, a pregnant woman, all I imagine is that it has night waking, gas problems, care for it. Those come to my mind. Not many oh so cute things anymore (Fatma, Appendix H, 22).

4.1.4 Regret and shame after feeling negative

As it is shown in the earlier themes and sub themes, mothers did not always have positive feelings towards their children or towards motherhood. As they felt negative, they usually show negative reactions towards the children. These reactions were mainly yelling and giving silent treatment. Some mothers also explained that they could hardly contain themselves for not using physical violence. These negative reactions, however, were followed by feelings of regret, shame, and guilt. Eight mothers in this study reported having these subsequent feelings. For some mothers, on the other hand, negative feelings were not necessarily accompanied by feelings of remorse.

While explaining these feelings, mothers emphasized how sorry they feel after realizing the children's innocence. They frequently said that it is not the child's fault, but their fault to feel and behave this way. That is to say, mothers criticize themselves a lot and sometimes conclude that they are not good mothers. Self-

criticism and self-blame were common among mothers. Necla, Hülya, Türkan, and

Emel talked about their feelings of regret and shame as follows:

After having my son, I find myself, umm, much better, umm, in terms of patience. But of course, there can be things that I get angry or mad at after a certain point, umm, even though I try my patience. In such instances, umm, sometimes, umm, thinking of X (her child) as an adult, umm, giving him the silent treatment... or saying son, I have something, let's not talk for now, let me calm down first. This time, umm, when I see his thing, his innocence if that's the right word, his sadness, I in turn have feelings such as getting angry at myself for doing this. He's not an adult after all. Umm, there can be certain points that I say I shouldn't have done (Necla, Appendix H, 23).

Let's say, umm, one day you got so angry, you shouted, you felt incompetent that day, but she (her child) is sleeping in the evening, you feel remorse right away. I wish I didn't yell; I wish I didn't get angry. I wish I didn't make her cry and so on. I mean, it's so different, motherhood is a completely different feeling (Hülya, Appendix H, 24).

Sometimes I feel too much regret. I say why did I make this child experience all this. Umm, I feel too much regret, but the damage is already done. I feel sorry, I am a bad mother. I mean right now I am not a good mother (Türkan, Appendix H, 25).

But, umm, when I yell (at her child) I feel sorry. Things like 'I mean I wish I didn't yell; I could have solved it in another way' cross my mind later on... I criticize myself like Emel, look, you've done the same thing again, why can't you improve yourself in these situations (Emel, Appendix H, 26).

4.2 How do mothers express their experiences of maternal ambivalence to others?

The second research question was "How do mothers express their experiences of maternal ambivalence to others?" In relation to the second research question, three themes were identified. These were *sharing experiences of hardships*, *limiting sharing when feeling not understood*, and *sharing with the mothers in the surrounding*. Three sub themes were identified under the first theme of *sharing experiences of hardships*. These were *relief through talking*, *exchange of ideas*, and

sharing to resist the pressures to have a second child. Likewise, three sub themes were identified under the third theme of *sharing with the mothers in the surrounding*. These were *realizing that the mothers have similar difficulties, sharing similar experiences*, and *giving advice and opinion* (See Table 3 for the frequencies of the themes and sub themes).

4.2.1 Sharing experiences of hardships

In the present study, mothers frequently mentioned that they share their motherhood related difficulties with others. These others are mainly closest friends, mothers' own mothers and sisters, and colleagues. One significant point was that mothers' purposes in sharing their difficulties differ depending on the situation. Sometimes, they just want to share the hardships and have the relief. At other times, they share in order to hear different ideas and opinions from others. Also, they often share hardships as a form of resistance to pressures. Therefore, three sub themes were identified under this theme. These were *relief through talking*, *exchange of ideas*, and *sharing to resist the pressures to have a second child*.

4.2.1.1 Relief through talking

Five mothers stated that they share their hardships because they feel relief through talking. Here, mothers clarified that they like to talk to people who can understand their feelings and offer emotional support. They also emphasized that these people are not judgmental and are able to show empathy to the mothers. These people consisted of closest group of friends who are also mothers or one closest friend, sisters, mothers' own mothers, and mothers-in-law. However, it is important

Table 3. Frequencies of Mother Responses to the Second Research Question

| Themes and sub themes | Number of mothers (<i>N</i> = 10) | Number of times (<i>f</i> = 64) | Belgin | Hülya | Necla | Müjde | Türkan | Fatma | Hale | Gülşen | Filiz | Emel |
|--|---------------------------------------|-------------------------------------|--------|-------|-------|-------|--------|-------|------|--------|-------|------|
| 2. How do mothers express their experiences of maternal ambivalence? | | | | | | | | | | | | |
| 2.1 Sharing experiences of hardships | | | | | | | | | | | | |
| 2.1.1 Relief through talking | 5 | 8 | | 1 | | 2 | | 2 | | 1 | 2 | |
| 2.1.2 Exchange of ideas | 5 | 10 | 2 | 1 | | | | | | 2 | 4 | 1 |
| 2.1.3 Sharing to resist the pressures to have a second child | 2 | 3 | | | | 1 | | 2 | | | | |
| 2.2 Limiting sharing when feeling not understood | 4 | 13 | | | | 6 | | 5 | 1 | | 1 | |
| 2.3 Sharing with the mothers in the surrounding | | | | | | | | | | | | |
| 2.3.1 Realizing that the mothers have similar difficulties | 7 | 16 | | 1 | 3 | | 1 | | 1 | 4 | 2 | 4 |
| 2.3.1 Sharing similar experiences | 6 | 6 | 1 | | 1 | 1 | | | 1 | | 1 | 1 |
| 2.3.3 Giving advice and opinion | 5 | 8 | | 1 | | | 2 | 1 | | 2 | 2 | |

Note. Number of mothers represents the number of mothers who mentioned the themes and sub themes. Number or times represents the total number of time that a specific theme or sub theme was mentioned by mothers. The numbers written under each participant's name represent the times that the participant mentioned a specific theme or sub theme.

to note that not all mothers considered their own mothers as understanding and empathetic. Therefore, some mothers cannot get relief by talking to their own mothers. Instead, they turn to their closest friends. Knowing that their hardships and accompanying feelings are listened to, heard, and validated was the key for the mothers. For instance, Fatma and Müjde talked about sharing their hardships and feelings with their friends and what kind of an impact the sharing has on them:

For example, I can express my feelings more easily. I express my feelings more easily, especially my friends whom, I think, can understand me. This, as I tell, makes me relieved (Fatma, Appendix H, 27).

Umm, she is a very open-minded friend of mine. Umm, she never judges and tries to understand you by showing empathy. So, I like this habit of hers so much. I mean, I feel, umm, relieved as if I go to a psychologist and pour my everything out, explain, umm, when I talk to her, when I see her (Müjde, Appendix H, 28).

Hülya, on the other hand, explained that she always talks to her mother-in-law about her biggest struggles as a mother, which are her child's eating and sleeping problems. She keeps talking about these problems because the responses she receives from her mother-in-law relieve her. The mother-in-law's responses make her think that she is not doing something wrong as a mother. Thus, she feels validated after talking to her mother-in-law. She expressed this as follows:

I talk about this a lot with my mother-in-law. She gives me a lot of examples. She would say, for example, X -my husband's brother- was like this, too. Y (her husband) was like this, too. Don't get upset, it'll all pass, they were just like this. We have a heart-to-heart conversation very often... It's like what she tells me, comforts me (Hülya, Appendix H, 29).

4.2.1.2 Exchange of ideas

Five mothers stated that they share their difficulties in order to hear others' opinions. They want to hear what others think about the matter at hand for two reasons. First, they believe that others' opinions or ideas can be a solution to their difficulties. They

share their problems when they think that none of their prior attempts solved their problems. Thus, feeling stuck makes them look for different ideas as possible solutions for their problems. Second, some mothers stated that they always look for as many different ideas as possible because they value new perspectives. They think that new perspectives can improve their motherhood experiences in general or can contribute to approaching future problems in a more constructive and efficient way. Either way, mothers stated that they like to hear others' ideas. Here, the important point is that they do not value everything they hear about their maternal experiences and struggles. Instead, they want to hear opinions of more experienced mothers, close friends, and colleagues who are also mothers. In addition, they do not want to hear any comment that is criticizing. The other significant point is that mothers do not only seek to hear others' ideas. They also state their own ideas whenever they are asked. They believed that the exchange of ideas among mothers are invaluable.

For instance, Hülya and Belgin explained how they ask for others' opinions and how much they are open to hearing more. In fact, they believe that they benefit from the presence of other mothers in their workplace. They expressed this as follows:

Of course, there are periods when I have lots of difficulties. Umm, like I said, I was consulting this psychologist friend of mine. X teacher, where am I making a mistake? What am I going to do? Like, so on. Or from more experienced mothers... whose children go to high school, middle school. In our school, for example, from the cleaning lady to the cook. I always get opinions from people both younger and older than me. I generally do the thing that I bend to, but I listen to it. So, I am a good listener. Umm, I ask a lot. "There's this problem about X (her child). I have done this, but it didn't work" (Hülya, Appendix H, 30).

There are store managers who have children in the stores I work. I share with them. They tell me as well, I, too, share with them. I get their opinions; they get my opinion. If I have a shortcoming, I try to complete it. So, umm, I am a person open to exchange of ideas (Belgin, Appendix H, 31).

Likewise, Filiz reported exchanging ideas with friends. In fact, she found the solution to a problem of her child this way. She added that they always share those things that they benefited from among friends:

Play therapy, for example, has been thanks to her (her close friend) and then... X (her child) benefited from it a lot, we benefited from it as well... I guess I recommended it to five or six friends of mine after our experience. They very much benefited from it as well. Like this, always supporting each other, telling something that we found useful (Filiz, Appendix H, 32).

4.2.1.3 Sharing to resist the pressures to have a second child

Two mothers stated that they share their difficulties specifically to resist the pressures to have a second child. They said that they constantly face pressures to have a second child. Because they did not plan to have a second child any time soon, they started talking about their difficulties as a strategy. Specifically, they express others how much they are struggling currently in their motherhood roles. Then, they conclude that it would be really difficult for them to have and take care of a second child. By this way, they aim to stop the pressures. It should be noted that these mothers were not happy with such pressures at all. They did not respect the opinions of those people who make them feel pressured. They also did not respect society's expectations to have at least two children. In addition, these mothers complained that some people never understand their difficulties as mothers or never see these difficulties as an excuse for not having a second child. For instance, Müjde said that she explains her difficulties to her mother. She wants her mother to know that she is not ready to take care of a second child. However, she thinks that her mother does not understand her point and keeps insisting on a second child. She described this as follows:

I share, I mean, (the difficulties I had) while raising X (her child). Especially now I have pressures for a second child, like “Why don’t you have the second child?” Umm, I had too much difficulty with the first one... Because I think that I cannot take the responsibility of a second child, I explained this to them. I personally do this to my mother and she, in a very inconsiderate way (smiles) says, “We raised a child, too, we raised three of them. It was more difficult in the past blah blah. You can do it, you are more nurturing” (Müjde, Appendix H, 33).

Likewise, Fatma exposed too much pressure from her family. She told that having children is not something that women can decide in their culture. She complained about not having the freedom to choose to have a second child. As a result, she started showing resistance. She explained this as:

For example, in our culture... it’s as if having a child is not something a woman, umm, wants or not. Let’s say, when men don’t want children, “What can I do, my husband doesn’t want, if he doesn’t, that’s okay.” When I, for example, say that I don’t want a child, umm “How can’t you want?” It’s like you have no right not to want something like this. My closest relatives, family, including my mother, for example my husband, my sisters-in-law included, say “Why don’t you have the second?” I don’t want to. “Doesn’t your husband want to?” No, I said, I don’t want to. Is it normal when he doesn’t want it, but abnormal when I don’t want it? I am the one who will give birth after all... I will overcome all these difficulties on my own because of my husband’s working conditions. When I have no one around (to support), just for the sake of giving birth, having another child, you tell me to give birth. But, I mean, I said I am the one experiencing these, all these difficulties, am I also the one not having the right to not want (a child) (Fatma, Appendix H, 34).

4.2.2 Limiting sharing when feeling not understood

Four mothers stated that they limit the amount of sharing when they feel not understood by others. They want to share their difficult mothering experiences with those who can show genuine empathy and understanding. If they believe that some people in their surroundings do not have this approach, they limit sharing in two ways. First, they decrease the amount of information they would normally give to others. For instance, they do not talk about their maternal experiences in detail. Instead, their communication with these people become more superficial. Second,

while communicating with these people, they are not being completely honest. For instance, they do not tell the real reason for not having a second child, but they make some excuses which, in fact, are not the compelling reasons for not wanting a second child. Likewise, they hide their true feelings, especially the negative ones from these people. Interestingly, these people are mainly from the mothers' own families. They can be mothers' own mothers, other family members, and relatives. For instance, Müjde talked about how she stopped telling her difficulties to her mother as follows:

I was telling my mother that X (her child) does not sleep, this and that, I am having too much difficulty. My mother was always telling me... We raised child, too, you were not behaving, either... I mean my mother was always simplifying this and was always comparing this to her own life. So, honestly, I started not sharing with her because I thought that I was not being understood... You can't equate today's me with what you experienced 20 years ago, 30 years ago. The family factor you came from, the standards you had, the family factor I came from, the standards are not the same. This, for example, my mother could never differentiate (Müjde, Appendix H, 35).

Fatma was tired of the amount of pressure she faces in terms of having a second child. Although she was trying to explain her real reasons for not wanting the second child, she stopped doing this after a certain while because she realized that her family does not understand her anyway. Therefore, she started keeping the real reasons to herself and avoided the discussion as much as possible. She explained this as:

For example, I don't talk to them like I am talking to you. Because I know that they aren't going to listen to this matter. I don't talk like this because I know that they won't look at the matter this way... Shorter or if I tell with shorter words. I don't give details, instead, for example, I don't want it, why don't you want it, it would be difficult for me to go downstairs, go somewhere with two children. Let my son grow a little more. Say, I will do it (have a second child) when my son is able to walk by himself. So, I explain it like this. Not my inner feelings, but, umm, I use the physical conditions of the setting as an excuse (Fatma, Appendix H, 36).

4.2.3 Sharing with the mothers in the surrounding

In the present study, mothers specifically emphasized their communication with other mothers. They communicate with other mothers too often as a part of their daily routines. In addition to talking to their friends and colleagues who are mothers, they interact with other mothers in the parks and in multiple activities for children such as birthday parties. Also, they started interacting with other mothers through their children's school activities and WhatsApp groups. Among these, parks had a special place because many mothers stated that they go to the park with their children as a part of their daily routines. They also mentioned that they share their maternal experiences with these mothers a lot. These mothers, in turn, share their own experiences. In this study, three patterns were identified regarding mothers' communication processes with other mothers. Therefore, this theme was divided into three sub themes. These were *realizing that the mothers have similar difficulties*, *sharing similar experiences*, and *giving advice and opinion*.

4.2.3.1 Realizing that the mothers have similar difficulties

Seven mothers stated that they realized that other mothers in the surrounding have similar difficulties. They did not come to this realization through a single interaction with a mother. Instead, they talked about frequent interactions and multiple instances. This realization gave mothers the idea that they are not alone in their struggles as mothers. In fact, many mothers had this sense of universality. One significant point was that conversation topics with other mothers had become easily predictable for them because they face similar difficulties depending on the children's age. For instance, mothers with preschool aged children talk mainly about preschool related difficulties. When their children were much younger, however,

they shared sleeping, breastfeeding, and eating difficulties. Surrounding mothers were responding with their similar difficulties. Necla explained this as follows:

Because all my friends whom I see are mothers, our, umm, difficulties are similar, umm, different distresses that change constantly depending on the child's age group... If it's the period of infancy, night sleep, umm, if it's the period of breastfeeding, transition to supplementary food, those troubles, this first grade is different. Always similar sharing, similar, similar conversations take place (Necla, Appendix H, 37).

Emel and Türkan, on the other hand, mentioned that their friends were also struggling in their motherhood roles. They realized that their friends get angry at their children and yell at their children just like they do. They also noticed their friends' frustration and other negative feelings toward motherhood. They expressed this as follows:

So, I talk to them (her friends). They, too, tell me that they are struggling. They say that they get angry at the child at times. So, they say, for example, just like me, you keep explaining, explaining but it's not working. Or, let's say, there is this behavior of the child, you don't like it. So, she tries to change it, but it doesn't change right away. Umm, these are what they tell. They open up their feelings to me (Emel, Appendix H, 38).

I have this, umm, really close friend. She was a preschool teacher earlier. I would expect her to be, umm, a calm person. She is practicing this profession after all. So, she started, umm, thinking just like me after giving birth to her child. I used to think that I was a calm mother, it appears that I am not a calm mother. When I look at her, she is exactly the same. I came across a mother model that I had never expected... There are reproachful mothers in my surrounding (Türkan, Appendix H, 39).

4.2.3.2 Sharing similar experiences

Six mothers stated that they share their similar experiences when other mothers in their surroundings talk about their difficulties. They tend to respond this way because they go through similar processes, and they want to let other mothers know that they are not alone. They also emphasized their efforts to listen to other mothers and try to understand their problems as much as possible. In fact, they gave importance to

being good listeners, showing empathy, and trying to understand what the mother needs at the moment. Then, they expressed how similar their experiences are. The way Filiz responds to these mothers' sharing exemplifies this:

Yes, so, if there are things that I should tell based on my experience, I tell them. I mean, I am a bit of saying try this, in fact, I am measuring up to the person in front of me. Whether she is ready to hear, open to hear, or if she just wants to get it off her chest. She may just want to feel relieved by talking at that moment (Filiz, Appendix H, 40).

While interacting with surrounding mothers and listening to their difficulties, Müjde and Emel were careful about approaching with sensitivity and mentioning their similar difficulties briefly. Müjde prefers this because she thinks that the other mother's problem is at the core at that moment, so she should not try to bring her problems to the core. Emel, on the other hand, refrains from directing other mothers in a particular way. She thinks that no mother has to take her advice and behave accordingly because the advice comes from her unique experiences. For these reasons, both Müjde and Emel mention their similar difficult experiences briefly.

While somebody tells me something... umm, I never put myself in. I listen to her until the end, and, umm, I say yes, this and this happened to me as well, if, umm, she experiences the same process as my son does, if we experience the same process (Müjde, Appendix H, 41).

If it is something I myself experienced, I share in the same way. I mean, I don't say much, umm, I don't say do this, do that. It seems like, umm, too much directing to me. She doesn't have to do anything I say (Emel, Appendix H, 42).

4.2.3.3 Giving advice and opinion

Five mothers stated that they give advice or opinion to other mothers as a part of their communication processes. Some mothers specifically said that they give advice or opinion only when it is asked for. Other mothers, however, did not make such a distinction. Instead, they saw their advice-giving behaviors occurring naturally and

frequently. By giving advice or opinion, mothers aimed to help other mothers in their problem areas. They generally shared the things that work for them with the hope that those can work for other mothers, too. They also added that they receive advice and opinion from other mothers. They actually viewed the advice or opinion giving as a reciprocal process which is evident in Gülşen's account:

Mostly, she (her friend) says I experienced this, but I did this for example. She says it worked for me or I say it didn't work for me. She makes suggestions such as you can try that. We try to help each other this way (Gülşen, Appendix H, 43).

Türkan was one of the mothers who gives advice to other mothers in her surroundings frequently. In fact, she can insist on her advice and expect a behavior change in the other mother. This can be seen in her following account:

So, my reaction is like, umm, do this, do that, calm down, she is a child... Umm, I advise her to calm down, she is a child, she will turn out ok after a while... In fact, let her be, let her do whatever she wants, take her out... During the quarantine, her mother had never taken her out, she took her out with my pressures. Let it go, whatever will be will be, it'll be ok somehow, if we catch it, we will catch it anyway... She took the kid out, we started spending time at the park and she was a child who never went out to park (Türkan, Appendix H, 44).

One important detail about Türkan was that although she usually gives and receives advice, she does not really think that women practice the very thing they advise. For instance, she advises her sister and her friends to care less about problems. However, she thinks that she cannot succeed in caring less. She resembled this to a vicious cycle and kept explaining as follows:

I gave advice to my friend. But do I practice it? No. They give me advice, and do they practice it? No. I mean, it is like, just like a vicious cycle. Everyone gives advice to one another, but when you look at it, she too actually yells at her child. To me, her behavior is very strange, for example. My older sister has two sons. One is going to college, one graduated from high school, and will be taking the university entrance exam. They are grown people. I tell her to let it go a little bit, let them be, they are young, they are men, and will meet their friends. Maybe he smokes at times. He doesn't smoke when he's with you or you don't know. Give them a break a little bit. She questions the time they come, the time they leave. I find what she does

really strange, but the things she says to me you let it go, too, you let it go a little bit, don't bore the child. She tells me the same things; I tell her the same things. In fact, we both feel strange to each other (Türkan, Appendix H, 45).

4.3 How do mothers manage their experiences of maternal ambivalence?

The third research question was “How do mothers manage their experiences of maternal ambivalence?” In relation to the third research question, seven themes were identified. These were *sharing and consulting, attributing meaning to motherhood, doing things that feels good to oneself, getting support from husband, engaging oneself with the activities that distract negative feelings, regulating communication processes with the child, and improving oneself*. Three sub themes were identified under the second theme of *attributing meaning to motherhood*. These were *doing the best one can with realization that there is no perfect motherhood, prioritizing oneself and setting boundaries, and thinking that difficulties are transitory*. Five sub themes were identified under the third theme of *doing things that feels good to oneself*. These were *creating opportunities for and doing little things that one enjoys, socializing, enjoying the times spent with the child, sleeping and resting, and not seeing people who negatively influence mothering*. Lastly, two sub themes were identified under *regulating communication processes with the child*, the sixth theme. These were *walking away from the child and talking about feelings with the child* (See Table 4 for the frequencies of themes and sub themes).

4.3.1 Sharing and consulting

All mothers stated that they consult the people whom they trust when they face considerable difficulty. In the present study, mothers described their maternal experiences as including different types of difficulties of varying extents. However,

whenever they felt stuck, they chose to consult others to find a solution. In other words, they tried to alleviate their difficulties and the accompanying feelings of sadness, anger, self-doubt, despair, and nervousness through consulting others. When asked, mothers said that they mostly consult their mothers or other more experienced mothers. On the other hand, many mothers added that they consult professionals such as doctors, they search for different opinions on that problem area on the internet, and they read related books. Mothers mostly consulted with others when they had problems in childcare. For instance, early in their motherhood experiences, they doubted themselves a lot when it came to feeding the baby properly, putting the baby to sleep, and bathing the baby. Because these were difficult tasks to be performed by mothers, they needed others' guidance. Türkan explained what kind of difficulties she faced in the transition to motherhood and whose support she received. In fact, she still has self-doubts on the same difficulty areas. She expressed this as follows:

Umm, so, there are, in my surrounding, informed mothers, let me talk about one-two of such relatives. I used to call them, ask them... Whether I will be able to feed (her child), I had that fear. I mean, whether I will be able to do it, feed (her child), whether (her child) is going to eat, grow up? I had these fears inside of me all the time. Umm, still, for example, I am working, I wonder if I can feed (her child). I still have that fear, I mean. But I got a lot of support, thanks to them (Türkan, Appendix H, 46).

Mothers were particularly anxious when their children were sick or when children had a specific health condition which mothers were not knowledgeable about. In such instances, mothers consulted with others right away. For instance, while Müjde was consulting her pediatrician, Gülşen was asking her more experienced mother friends first.

Table 4. Frequencies of Mother Responses to the Third Research Question

| Themes and sub themes | Number of mothers (<i>N</i> = 10) | Number of times (<i>f</i> = 156) | Belgin | Hülya | Necla | Müjde | Türkan | Fatma | Hale | Gülşen | Filiz | Emel |
|---|---------------------------------------|--------------------------------------|--------|-------|-------|-------|--------|-------|------|--------|-------|------|
| 3. How do mothers manage their experiences of maternal ambivalence? | | | | | | | | | | | | |
| 3.1 Sharing and consulting | 10 | 20 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 3 |
| 3.2 Attributing meaning to motherhood | | | | | | | | | | | | |
| 3.2.1 Doing the best one can with realization that there is no perfect motherhood | 9 | 37 | 5 | 4 | 8 | 2 | 1 | | 1 | 4 | 3 | 9 |
| 3.2.2 Prioritizing oneself and setting boundaries | 5 | 12 | | | | 3 | | 1 | 1 | | 6 | 1 |
| 3.2.3 Thinking that difficulties are transitory | 2 | 3 | | | | | | 2 | 1 | | | |
| 3.3 Doing things that feels good to oneself | | | | | | | | | | | | |
| 3.3.1 Creating opportunities for and doing little things that one enjoys | 7 | 13 | | 3 | 4 | 2 | | | 1 | 1 | 1 | 1 |
| 3.3.2 Socializing | 3 | 5 | | 2 | | | | | | 2 | 1 | |
| 3.3.3 Enjoying the times spent with the child | 3 | 5 | 2 | | | 2 | 1 | | | | | |
| 3.3.4 Sleeping and resting | 2 | 3 | 1 | | | | | | 2 | | | |
| 3.3.5 Not seeing people who negatively influence mothering | 1 | 7 | | | | 7 | | | | | | |
| 3.4 Getting support from husband | 6 | 10 | | 1 | | 5 | | 1 | | 1 | 1 | 1 |
| 3.5 Engaging oneself with the activities that distract negative feelings | 5 | 9 | | | 3 | | 1 | 3 | 1 | | | 1 |
| 3.6 Regulating communication processes with the child | | | | | | | | | | | | |
| 3.6.1 Walking away from the child | 3 | 5 | | | 1 | | | | 3 | | 1 | |
| 3.6.2 Talking about feelings with the child | 4 | 11 | | | | 3 | | | | 1 | 5 | 2 |
| 3.7 Improving oneself | 4 | 16 | 1 | | | | | 1 | | | 13 | 1 |

Note. Number of mothers represents the number of mothers who mentioned the themes and sub themes. Number of times represents the total number of time that a specific theme or sub theme was mentioned by mothers. The numbers written under each participant's name represent the times that the participant mentioned a specific theme or sub theme.

We had a doctor to whom we always took X (her child) when he was little. Until he was about two and a half or three years, routinely. Umm, in general, we used to go for a checkup once a month or two-three months. When there was a question, I used to ask (the doctor) (Müjde, Appendix H, 47).

Umm, mostly when there is, umm, a health problem, umm, when we could not know what to do, I would ask (her friends) like “Did that happened to you, what did you do?” (Gülşen, Appendix H, 48).

In addition, mothers often had to deal with specific undesired behaviors of their children such as insisting on eating junk food before dinner, screaming in the middle of the street, and opposing everything that parents suggest. These behaviors were anxiety producing for mothers and they wanted to know both the reason for and solution to such behaviors. When they were not sure how to manage their children at such times of tantrums, they, again, consulted others. Both Filiz and Müjde had gone through such times and explained whom they consulted as follows:

Umm, so, umm, I have a very close friend right now, I consult her when I have something in my mind. Umm, she is so curious, she researches, and I trust her things a lot. Umm, sometimes, I consult her. There are experts, there are books, I try to benefit from those as well (Filiz, Appendix H, 49).

Umm, when I am stuck too much, umm, I ask my friend. My sister is a psychologist, my older sister is a psychologist, umm, I consult her, I ask her what I should do. Or I ask (her child’s) teacher, umm, like “We have such and such a process, umm, how should I behave?” Umm, I try to resolve it like this (Müjde, Appendix H, 50).

4.3.2 Attributing meaning to motherhood

In the present study, mothers explained how they are better able to cope with their difficult maternal experiences by attributing certain meanings to motherhood. Specifically, each mother thought that motherhood is conceptualized and presented in certain traditional ways in Türkiye. Mothers found these representations of motherhood both overwhelming and unrealistic. Over time, they started forming their own conceptions of motherhood and these unique conceptions felt relieving. They

thought that they cannot reach those standards of society and they do not need to be trying to do so. This way, they could accept themselves more and appreciate their own ways they mother their children. Their meaning attribution resulted in three distinct practices in their motherhood roles. Therefore, three sub themes were identified under this theme which were *doing the best one can with realization that there is no perfect motherhood, prioritizing oneself and setting boundaries, and thinking that difficulties are transitory.*

4.3.2.1 Doing the best one can with realization that there is no perfect motherhood

Nine mothers stated that they try to do the best they can in given circumstances, especially because they believe that there is no such thing as perfect motherhood. Some mothers clarified that they actually aspired to be perfect in their early days of motherhood. However, through experience, they started realizing that things do not go as they planned. They thought that children are not robots to be shaped in the way mothers want. In addition, their relationships with the children are not always smooth. All these experiences brought mothers to the point that they no longer aspired to be perfect. Rather, they reported that perfect or ideal motherhood is not possible, and they do not aim to be perfect anymore. Emel's accounts showed that although she once aspired to be a perfect mother, she soon realized its impossibility. She admitted that motherhood is more complicated and tiring than she expected it to be.

You know, the person thinks that she/he will do lots of things right. I mean, I won't make the mistakes this person made, I won't make the mistakes that person made. I mean, in general, you think that everything, umm, will go well. Maybe it's also because of the books you read. I mean, you assume that it is like this, but as you live it through, the person sees that, like I said earlier, I mean there is no perfect, there is no spectacular motherhood... Before giving birth, I was honestly expecting that a lot of things would be going better. I would be better. Our communication would always be good,

smooth, etc. or I would not get that tired. But it wasn't like that. I saw it (Emel, Appendix H, 51).

Emel emphasized another significant aspect of not being a perfect mother.

For Emel, motherhood includes negative feelings, anger, yelling at the child, and not spending quality time with the child at times along with all positive exchanges and feelings. Therefore, there are instances that she views herself far from being perfect and she thinks that this is only natural and humane. She explained this as follows:

I mean, I, umm, as a person who accepted that I can't be an excellent mother and nobody else can be, umm, I can say that of course I am not a perfect mother. Umm, and, umm, I mean maybe I am not very good to my child all the time. There are times that I, too, get angry, there are times that I yell, and so on. Or, umm, there are times that I can't find time, can't attend to (her child) (Emel, Appendix H, 52).

Gülşen reported similar experiences with Emel. She also mentioned that other mothers whom she knows are not perfect, either. Therefore, she came to the same conclusion that aiming to be a perfect mother is futile. Here, the important point is that mothers did not feel guilty for not being perfect. They felt good about themselves for doing their best. This can be seen in Gülşen's following account:

Let's say, I never, umm, yell at my child. Mothers who yell are bad etc. Umm, we read books every day, I mean, before going to bed (she laughs). This seems to me that it is not possible, because umm, why? Okay, I have just one child, yes, but my friends around me, at least five friends of mine and some of the five friends of mine have two children, some of each have one... child. It's never like it seems on the screens or it seems on the (social media) posts. It's not like that with them, either. That is to say, as far as I observe from what I see around me, I have nephews, they are about the same age, umm, as far as I observe not everything is really like you want it to be. I mean, there is no such thing as perfectionism (Gülşen, Appendix H, 53).

4.3.2.2 Prioritizing oneself and setting boundaries

Five mothers stated that they started setting boundaries and prioritizing themselves in order to better manage the challenges they face with their children. For these mothers, practicing boundary setting developed over time through experience. They

started realizing that they feel unhappy and exhausted if they do not set any boundaries and prioritize their children's needs at the top all the time. When feeling unhappy and exhausted, mothers reflected this negativity to their children and husbands. Such experiences taught mothers that setting boundaries and prioritizing have a vital role in avoiding bigger problems. For instance, Müjde said that her needs, happiness, and satisfaction come first because only then she is able to make her child happy. She explained this as follows:

I, umm, do the things that make me happy. Umm, I carry myself to that satisfaction, that happiness, motherhood, to me, is something that comes along with it, being a partner, to me, is also something that comes along with it. But I, umm, as an individual, first me, umm, first my needs, first my wishes, first my satisfaction, first my happiness. When I reach that satisfaction, happiness, the next thing I know is that I made (people in) around me live that happiness, that satisfaction after all (Müjde, Appendix H, 54).

Filiz had a really similar viewpoint. She explained her efforts in prioritizing her needs through an analogy. She emphasized that her life is not all about her child or being a mother:

I am trying to give myself compassion honestly... Like the oxygen masks on airplanes, it is very classic, but, I mean, let me say that I am trying to be a mother who puts on it herself first... Or the better I, myself, feel, I can approach my child with that much energy, that many good things. I can make more effort... Yes, I try for my child, I love her, but she is not my whole life. I exist, too, there is a Filiz and because I am trying to move on as being conscious of this, umm, I absolutely try to arrange my own times (Filiz, Appendix H, 55).

Fatma, on the other hand, faces social pressures to be a mother just like her parents and relatives expect her to be. However, she is also aware that she does not want to be such a mother. For instance, she does not want to give birth one child after the other as her parents urge her to do. Instead, she wants to start working and have a single child for a while more. She admitted that she cannot reject the expectations

and pressures completely, but she still shows an effort to set certain boundaries based on her own wishes and needs. She expressed this in the following way:

I don't want to be a long-suffering mother. Yes, I want to be a mother. Yes, I am a mother, I say that I am glad that I am a mother, thank goodness, but I am not taking on the mother (image) that society imposes... Okay, I know, yes, umm, that I can't be, I am not one hundred percent as they want me to be. How can I say, although I can't draw that line one hundred percent, at least I am trying to establish the boundaries of my own wishes in any case (Fatma, Appendix H, 56).

Just like Fatma, Filiz mentioned societal expectations to be a devoted and selfless mother. She explained that she cannot be such a mother and gave an example where she behaves in the opposite fashion:

I mean, in society in general, mothers are to bend over backwards, like I fed them while I was hungry or gave them water while I was thirsty. No, when I am hungry, I swear that I eat first. My hands and legs would shake. I mean, I tell X (her child), if you are not too hungry, I need to eat right away. You sit, watch a cartoon or I can give you fruit. There are times that we sit at the table together, too, but if I am hungry at the moment, umm, really let me eat first. Otherwise, I get angry (Filiz, Appendix H, 57).

4.3.2.3 Thinking that difficulties are transitory

Two mothers stated that they try to relieve themselves by thinking that difficulties are transitory. These mothers explained that every day is full of difficulties in motherhood. With the acceptance that they cannot prevent them all and the observation that not everything went horrible, they started thinking that it is just a process, and it will get easier for them. They especially try to hold on to this conclusion when they have problems with their children or when they feel exhausted by the repetitive tedious tasks of motherhood. For instance, Hale was worn out by waking up at night to feed her child and not being able to finish her meals or a cup of tea when it was still hot. She was irritated by such interruptions in her daily routine that were caused by putting her child's needs first. After a certain while, she started

thinking that these difficulties are transitory, and this thought gave her the strength and motivation to keep moving on. In fact, she believed that other mothers should share this mentality. She explained this as follows:

It would be unbearable, unbearable. Getting up at night would be unbearable, putting a plate of food in front of her (her child) would be unbearable. Let's say, if you ask this every mother, they could actually tell. There are too many mothers who don't know what it is like to have a hot meal, drink a cup of hot tea like me. But, for example, if the mother makes this a problem for herself, taking care of her child feels like a burden for her already. I mean, it is a phase, it is a phase. Just like our mothers who have gone through this phase while raising us. If we wanted to get married, if we intended to have a child, you already dared to take this chance (Hale, Appendix H, 58).

Just like Hale, Fatma stated that she needs to hold on to this thought when she has an intense negative feeling. It was a strategy for her not to think about negative feelings and instead remember that difficult situations are only transitory. She said that difficulties are always going to be there, so she chooses not to focus on them a lot. Then, she kept explaining as follows:

It happens, I mean, I think it will always be there. But thinking about a different thing, doing a different thing in order to make up for it. I try not to think about that feeling at that moment because I now realize that this will be temporary (Fatma, Appendix H, 59).

4.3.3 Doing things that feels good to oneself

In the present study, mothers mentioned many strategies they use to manage their challenging motherhood experiences, including maternal ambivalence, more effectively. Among them, doing things that feel good to mothers was salient.

Although the things mothers do vary, their reasons for doing those things were similar. They aimed to relax themselves, stay away from their children for a while, and build the energy and mental readiness to go back to their motherhood responsibilities once again. In other words, they thought of those things as a way of recharging themselves so that they can continue performing their motherhood tasks.

Although these strategies vary among mothers, five distinct patterns were evident in mothers' accounts. Therefore, five sub themes were identified under this theme.

These were *creating opportunities for and doing little things that one enjoys*, *socializing, enjoying the times spent with the child, sleeping and resting*, and *not seeing people who negatively influence mothering*.

4.3.3.1 Creating opportunities for and doing little things that one enjoys

Seven mothers stated that they frequently create opportunities for the little things they enjoy, and they perform them. Mothers mentioned a broad range of things such as watching television or movies, listening to music, going for a walk, reading books, spending time on social media, and applying nail polish. Although these things may seem ordinary or not so special, they were not easy to perform in the middle of their motherhood tasks. The reason for this was the mothers' difficulty in time management. All mothers complained about the never-ending responsibility that motherhood brought along. At first, they had difficulty finding time to engage in these little activities that they enjoyed and neglected themselves. But once they were able to find time to do these things, they realized that they felt relaxed and satisfied. For instance, something as simple as drinking a cup of coffee alone could have a huge positive impact on mothers' mood and wellbeing. Most mothers stated that they generally do these things after their children go to sleep. This results in a very limited time for these activities because mothers feel tired and go to sleep after a short while. This was especially the case for the working mothers. Hale explained this as follows:

Umm, it is very limited. The time that a working mother spends for herself is really limited. Whatever we can do after she (her child) sleeps. Because I wake up early, she wakes up early, too. So, this can be watching television, maybe watching a film, maybe reading a page or two of a book, not being able to read most of the time (Hale, Appendix H, 60).

Necla, on the other hand, emphasized that she tries to do whatever she thinks is going to feel good to her. She does not always do the same things, but she decides what to do based on her mood. In addition, she does these things after her child goes to sleep, just like Hale mentioned.

After what I should do, the process when I should take care of him (her child), umm, ends, after I put him into sleep, doing the things that'll feel good, doing the things that I want to do at the moment. Umm, sometimes, it can be making a cup of coffee, umm, drinking it as soon as I put him to sleep. Sometimes, umm, it can be picking nail polish and applying it. Umm, I want to do whatever it takes to make me feel good at that moment. I do it (Necla, Appendix H, 61).

Gülşen and Müjde, on the other hand, emphasized how simple the things they do are and yet how good those things feel to them. While Gülşen described this as therapy, Müjde said that nothing can feel better at the moment than doing this little thing. They explained this as follows:

When he (her child) is home, I give him little, distracting activities, I turn on the music, and drink my coffee. I try to do therapy like this by myself. I have a radio; I listen to it. Like this. Little things (she laughs) (Gülşen, Appendix H, 62).

I put on my earphones, I go for a walk for an hour, it makes me so very happy. During that one-hour walk, I don't spend money, I don't spend anything. The air I breathe, the one hour during which I walk, the music I listen to feel so good that nothing can give me that much pleasure (Müjde, Appendix H, 63).

4.3.3.2 Socializing

Three mothers stated that they socialize with their friends as a strategy to cope with their difficult experiences. These mothers emphasized that spending some time away from their children and with adults whose company they enjoy makes them feel good. One important thing was that being away from the children for a while makes mothers miss their children. Therefore, they can go back to their homes with greater enthusiasm and higher motivation to deal with the problems. Another important point

was being with adults. Having conversations with friends, being able to think and talk about different topics help mothers take their minds off things and chill out.

Hülya's experience was a good example for this:

Umm, you feel relaxed psychologically... Let's say that we went out with friends in the evening to have coffee or tea, or we went out for dinner. One feels like going on a week-long vacation... because you are together (with your child) 7/24 and you don't miss her because you are always side by side. But separating for a few hours... You miss more, and your love mounts up, umm, you chill out, one becomes relaxed (Hülya, Appendix H, 64).

Filiz, on the other hand, expressed how much she missed going out with her friends in the early days of motherhood. She started comparing herself to other mothers and felt guilty because she wanted to go out so much. In fact, she doubted whether she was a good mother. Over time, she realized that socializing with her friends is a good thing as it makes her feel good and that she thought, helps her be a better mother. She explained this as follows:

Why does the idea of going out a little bit, meeting my friends come to my mind? Look, she (another mother) never goes out, she does her own house cleaning, she does cooking, she works as well, she does it all. She is like "my child, my child". Umm, but when I go out, I don't feel like that. I don't feel guilty when I am with a friend of mine for half an hour, when I leave (her daughter) to my husband. Is it a bad thing? Because I miss it, the thing I miss is a conversation, conversation with a friend. My daughter is safe at the moment after all, so, I don't think about what she is doing. I couldn't tell if it was good or bad for a while. But right now, it's a good thing at least for me. I mean, because I am good, I can be good (as a mother) (Filiz, Appendix H, 65).

4.3.3.3 Enjoying the times spent with the child

Three mothers stated that trying to enjoy the times they spend with their children is another strategy. That is, they know that not every time they spend with their children is enjoyable. Instead, they recognize the times of anger, frustration, and exhaustion. Whenever they have a good time with their children, however, these mothers try to notice and appreciate it. To exemplify this, mothers generally

mentioned the times in which they and their children do different activities together such as going to theaters, museums, vacation, doing handcrafts, and having dinner. Doing these activities felt like their children are their friends and they can have fun together. Therefore, mothers described these instances as good times of motherhood. For instance, Müjde stated that she enjoys having dinner with her child and described how she feels about spending time with him as follows:

Spending time together with him feels so good to me. Eating together... During the process he started preschool, our meals, he eats there, I eat at home right now. For example, he says, during his time home he says come, let's eat together. Then, he says, wait for me, let's eat together. I mean, it's like, umm, he wants to do things together when he is home. So, it's a beautiful process in which I can share with him. I mean, sometimes he is your friend, sometimes... his level, there are things that you share according to his level (Müjde, Appendix H, 66).

Belgin, on the other hand, believed that she often spends quality time with her child. She saw her child as a friend with whom she can do many activities enjoying their time. Therefore, she thought that being a mother of a five-year-old would have an energizing impact on her. She explained this as follows:

Umm, she actually taught me how I can have quality time. I mean, many times with groups of friends... as we can't do activities, such as a museum trip, umm, a theater, or, so, while we can't do such things, now I do those with my daughter. I spend more quality time with her (Belgin, Appendix H, 67).

4.3.3.4 Sleeping and resting

Two mothers stated that they prefer sleeping and resting to better cope with difficulties of motherhood. These mothers mentioned their both physical and mental exhaustion due to motherhood, housework, and their jobs. As a result, they reported that they slept or rested whenever they had the opportunity. In the early days of motherhood, they started sleeping whenever it was possible no matter how limited their time was. In fact, they said that they were so exhausted that they could not think

of anything but sleeping. Hale described her early days of motherhood, and her sleeping preference as follows:

The first time we find it when the baby is small, the first labor, the first time after labor, the first opportunity we find, if it were normal, for example, I used to do something with my husband when I was alone with him. But the first time after the baby's birth, if you have an opportunity, you want to sleep right away due to fatigue (Hale, Appendix H, 68).

The key is that these mothers still continue to sleep or rest even though their children do not require intensive care anymore. One aspect that differs their most recent motherhood experiences from their early days of motherhood is that they are employed now. It was evident that employment is quite tiring for these mothers as it adds a lot to their other responsibilities. Therefore, they continue to sleep or rest even when they have the shortest break. Belgin and Hale made similar conclusions about it as follows:

I try to sleep as much as possible because when I sleep, I feel rested physically and mentally (Belgin, Appendix H, 69).

I am resting, I put my feet up and rest (slightly smiles) (Hale, Appendix H, 70).

4.3.3.5 Not seeing people who negatively influence mothering

One mother, Müjde, stated that as a strategy she just does not see people who negatively influence her mothering experience. In fact, she mentioned this strategy and its big impact on her motherhood several times. Therefore, this was included as a sub theme. She explained that her mother-in-law negatively influenced her mothering experience. She clarified that she was uncomfortable with her mother-in-law's comments and criticisms. Because it was not easy for her to express her discomfort to her mother-in-law, she started projecting her anger towards her husband and child. After a certain while, however, she realized what she was doing to them and that they

did not deserve it. So, she started not seeing or talking to her mother-in-law too often. The key point is that she thinks that she became a much better mother after that. She explained her decision to stop seeing her mother-in-law and its consequences as follows:

Frankly, my mother-in-law was affecting me so much, that was too much. I think that I did a very good thing, umm, by getting her out of my life. I mean I think that I entered a very healthy process... I mean for me there is no such thing as a good mother, bad mother. I mean, everyone wants to be able to be a very good mother, but I realized in my motherhood that... I am taking the people who demoralize me out of my life one by one. Because this hurts my motherhood a lot, too. Because, umm, the person comes and bothers me and, umm, I, umm, there is a point that I explode. Umm, with the tiniest thing, umm, that my son shouldn't do, I spill out that anger to him. So, for me, it's not good mother, bad mother thing, but umm... when you take the bad people out of your life and keep the good ones, then you become a very good mother (Müjde, Appendix H, 71).

So, she also emphasized that her strategy was not only effective with her mother-in-law but also for others who influence her motherhood negatively. She believed that this was a healthier thing to do and as a healthy mother she can raise a healthy child. This was evident in her following account:

Umm, I discovered how to solve, umm, this for example. By limiting the communication, umm, with those people, by cutting off the communication completely, umm, (I was) being more helpful to my son... (Not) more as an unproblematic child of an unproblematic person or let's say I didn't want him to be an unhappy child of an unhappy mother, an unhappy woman. Umm, therefore for example, I started restoring myself and those around me first, if I could, if I couldn't, then I started taking them out of my life. Umm, let me be healthy, a psychologically, spiritually, physically healthy and happy individual, then I give this to my son, too (Müjde, Appendix H, 72).

4.3.4 Getting support from husband

Six mothers stated that they get support from their husbands as another strategy to cope with their difficult maternal experiences. One common experience of these mothers was feeling too overwhelmed, stressed out, and stuck before asking for help from their husbands. Mothers described that they have these feelings when they have

an argument with their children, their children behave in an undesirable way, or they cannot spend any time by themselves all day long. As a result of this, they feel like they cannot stand any further and they need their husband's immediate help. Mothers reported that they had to wait for their husbands' coming home because fathers generally come home later than mothers do. The minute they come home; however, mothers leave the children with their husbands and go out. Gülşen was among these mothers, and she stated that she prefers going for a walk after her husband comes home:

Umm, there are moments when I get tired. At such times, when my husband comes (home), I hand (the child) on to him (she laughs) and take a walk (Gülşen, Appendix H, 73).

Filiz, on the other hand, explained how unbearable it gets for her some days and how much she wants to go out by leaving her child with her husband. She believed that if she keeps going without having any time alone, she reflects her anger and tension to her child. Therefore, she thought that going for a walk alone while her husband is taking care of their child is a useful strategy. She expressed this as follows:

If it's a time when all of us are home, including my husband, if it's the weekend or if he has to work from home, in fact he doesn't have to work from home, but he works. It's not online, there's a report he has to do, there's a project. Even when he's doing it, if something bothers me, earlier, I was inclined to handle it. No matter how much the thing, how angry I get, I was trying somehow... But this time it impacted the child incredibly. Because my husband was angry, trying to get the job done, I couldn't spend time for myself, I was tense, I mean the child was there in between (me and her father). I am trying to do this there, too. I mean, we talked about these issues with my husband that I want to go out even for half an hour. I'm so stuck, I can't breathe any more. I try to do things such as let me get some fresh air, you take care of X (her child) for half an hour, then I think I will be able to keep going on more easily with X. Here, something useful happens (Filiz, Appendix H, 74).

The situations in which Emel asks for support from her husband was a little bit different. She mostly needs her husband's support when she is angry at her child,

and she believes that she cannot calmly deal with the situation. She gave the following example to explain this:

For example, in situations where she (her child) shouts, insists, umm, I get angry. There my husband gets involved a little more. He sometimes can stay calmer than me. Actually, he gets angry too, but he can talk (to her) in a calmer way. It's like I do, umm, I hand her off to him. I talk after I calm down. He can speak sooner than me (Emel, Appendix H, 75).

4.3.5 Engaging oneself with the activities that distract negative feelings

Five mothers stated that they engage with certain activities in order to distract themselves from their negative feelings. To begin with, some mothers said that going to work and being away from their children for a period of time is a much-needed distraction. They reported that working during the day takes their minds off maternal worries and anxieties. Being in their workplace and focusing on their job-related tasks relax them. When comparing motherhood responsibilities to work responsibilities, Türkan for example, thought that motherhood responsibilities are by far more difficult. Therefore, she approached going to work as if she was going to have fun. While weekdays were easier for her, weekends were so challenging that she did not want the weekend to come. Likewise, Necla thought of her job as a way to get away from her worries. She emphasized that going back to work after maternity leave felt really good because working was a way to stay away from the difficult experiences she had during her transition to motherhood. Both mothers explained these as follows:

I've been working for three months now. The best thing I can do for myself, I work to unwind myself. It has been a very big advantage for me. It was a very good, fun thing. I say this because my office is comfortable and because my job is good. Umm, it's a big thing, it's as if I go on a trip, I go to have fun. So, I go to work like this. Others wake up in the morning for work and say oh no. I wake up early in the morning, oh how good that is work. Let it not be Saturday, Sunday (Türkan, Appendix H, 76).

My baby was eight months old, umm, I started working... Starting to work was a way to get rid of those troublesome processes, umm, or let's not say getting rid of but I can say that starting to work felt good (Necla, Appendix H, 77).

Fatma, on the other hand, was unemployed at the time of the interview and she stated that when she has negative feelings, she engages in specific activities instead of focusing on those feelings. She mentioned what she does in such situations as follows:

Getting away from that thought, let's say, doing something different, I try to do something different... I may be doing housework. Then, I may be reading my books. I would be doing these. I would be studying (Fatma, Appendix H, 78).

4.3.6 Regulating communication processes with the child

In the present study, mothers frequently stated that they try to regulate the communication processes with their children. Mothers' accounts made it clear that they value communicating with their children effectively and talking about their feelings. However, they often have problems in their communication with children. For instance, they may get angry and yell at their children when the children act stubbornly, scream, use inappropriate language, refuse to eat or sleep, and refuse to leave the mother alone for a brief period of time. When there are such problems in their interactions, mothers make an extra effort to regulate it as another strategy. Because they mentioned two distinct patterns of behavior in order to regulate the communication processes, two sub themes were identified under this theme. These were *walking away from the child* and *talking about feelings with the child*.

4.3.6.1 Walking away from the child

Three mothers stated that they usually walk away from their children and do not talk to their children for a while when they have intense negative feelings towards them such as anger and frustration. They believed that this was an effective strategy for two reasons. First, walking away from the children when they are really angry prevents them from yelling at the children or saying bad things to them. Second, when they walk away, they get the opportunity to remain alone for at least a few minutes, which would allow them to reflect on the situation, their feelings, and needs, and try to come up with a solution or figure out how they should behave. Therefore, walking away gives them the opportunity to calm down and plan their next moves. For instance, Filiz reported that she gets angry when she cannot spend any time alone to meet her own needs or as a result of some behaviors of her child. In order to walk away and to be alone, she prefers going to the bathroom where she reflects on her feelings and needs. She believed that she started managing difficult situations faster and more effectively through this strategy. She expressed this as follows:

There are such moments... I can't be so comfortable at that moment, or something for which I put too much effort earlier, something that I want to happen is not happening at that moment. I can't see it. In such instances, there are times I have difficulty of course... In order not to continue that difficulty, I develop a, umm, strategy. What can I do right now?... Our nonviolent communication trainer X, dear X says, I love anger, when anger comes it lets you know about a need. I mean, when we have a feeling, it actually tells us you have a need, it lets us know. I mean if I can have contact with that right away, everything goes so well. It's a contact with myself as well. Now, I do this if nothing else. I run to the bathroom, for example. So, really, I mean when she doesn't let me go at the moment, there is my need, she doesn't want to (let me go), she sticks to me, or she throws something, I get more tense. Let me tell you that. Hitting behavior, throwing something. I know she tries to calm down as well, but I get triggered there. I take myself to the bathroom right away, about five minutes. I try to commune with myself with questions such as what you need, what can you do. Such strategies save me a little bit more actually (Filiz, Appendix H, 79).

Hale, on the other hand, uses this strategy for anger management. For instance, when her child screams and cries a lot due to wanting something obstinately, she gets too angry. In such instances, she wants her child to go to her room and not to talk to her. This way, she can control herself better. Her following account explained this:

Of course, there are times that I get angry... When I get angry, when she makes me really angry, I say please don't talk to me now. Can you please go to your room? Wait in your room until I calm down. She objects, tells this and that. I say I am so angry. For example, I try to control my anger towards her at the moment. I try not to raise my voice (Hale, Appendix H, 80).

4.3.6.2 Talking about feelings with the child

Four mothers stated that they talk about their feelings and want their children to talk about their own feelings as a strategy to overcome difficulties. These mothers believed that honest and open conversations can be solutions to problems. For instance, when they get angry at their children, they try to talk about their anger and other feelings sooner or later. Sometimes they manage to stay calm even though the situation is really compelling. In such instances, they prefer talking to their children right away and expressing how they feel. At other times, they cannot maintain their composure. They either show verbal violence to their children or walk away from them. After a certain while, however, they calm down and talk to their children. The key point was that when mothers talk to their children about their feelings, they want children to do the same. Thus, it can be said that they view this as a reciprocal process. For instance, Müjde reported that she always encourages her child to talk about his feelings openly and solve the problems through communication:

When there's a problem with X (her child), umm, I always try to solve it through communication. I mean, umm, like I said, I try to understand his particular behavior, even his anger... I tell him, that, too, look, when you are angry, when you get angry at something, umm, when you are sad about

something, always share it. Because, umm, I think that communication, umm, is very beneficial in human relationships. I think that we can solve everything through communication. That's why, I, umm, try to approach him that way... Of course, certain things happen. For example, junk food isn't eaten before the meal. This is a rule, valid for me as well, for his father as well. It's not a process that only applies to him. So, this is our home's rule. I mean when there is a problem that I can't solve, I try to explain that to him. For example, I say that he wants to eat junk food before dinner, I say, look, this is not a rule that only applies to you, this a rule that applies to me and your father as well. Because this is our home's rule. I mean, I try to solve it this way (Müjde, Appendix H, 81).

Gülşen stated that she can yell at her child when she gets too angry. After yelling at him, however, she calms down and talks to him. She tries to explain to her child the reason for her anger, specifically the behavior that made her angry. She explained this as follows:

I try not to yell that scares him (her child) as much as I can. Or if I think that something of that sort happened, of course I go to him to talk to him right away, without delay. I explain to him that I get angry, this is the reason for it etc. He says okay, I am not going to do it again, but he does it again of course (Gülşen, Appendix H, 82).

Filiz, on the other hand, reported that she gets angry when she cannot meet her need to be alone to do the things she enjoys. She believes that she shows psychosomatic symptoms in such situations. As a strategy, she talks about her feelings and wants her child to do the same. In fact, they use emotion cards to name, explain, and make sense of their emotions. She described this in her following account:

Anger. I mean it is coming slowly. Umm, something is pressing my body... Umm, I feel stuck. I feel bored, as if I can't breathe. We try to talk about these, these feelings, too. There are lovely cards, Ayben emotion cards... We not only spend good time but also make sense of... There are so many different types, there were so many emotions I didn't even know their names, I am learning there as well. There, I definitely want us to tell each other when we have a feeling... At least she doesn't suppress her feelings in a situation when she experiences something. Actually, I want her to say I am getting angry right now, I am angry. That's why I frequently say things like I am getting angry because I couldn't meet my needs, lest she takes it personally. That anger of mine, like I said, I have somatic experiences in my body. Umm, often, how should I say, I have hot flashes, there is an impatient

sensation on my body. I experience these types of things on my body, like I need to breathe (Filiz, Appendix H, 83).

4.3.7 Improving oneself

Four mothers stated that they show deliberate effort to improve themselves in order to better cope with difficult experiences of motherhood in the long run. These mothers observed that their knowledge and skills sometimes fell short to solve some problems effectively. Noticing the areas where they fall short and improving themselves in those areas were key for these mothers. In addition, they viewed self-improvement as a general requirement of motherhood. That is, they said that mothers should improve themselves in various aspects while raising their children. For instance, Belgin emphasized the value of education and learning new things. Her definition of good motherhood included efforts in improving both herself and her child. She explained this as follows:

Good mother... is the one who can improve herself and her child at the same time in terms of knowledge accumulation, as best as she can... I mean get the child educated, because I know well how beneficial education and studying are and I know how it adds certain things, values to people (Belgin, Appendix H, 84).

Filiz mentioned her efforts of self-improvement more than any other mother did. She gave importance to it because she said that she was noticing its positive impacts on her overall motherhood experience. She explained that she is the role model of her child and therefore she should model the right behaviors and attitudes to her. The only way of doing this properly, according to her, was to show constant efforts to improve herself. Her efforts included reading different sources, participating in online education and training, and changing her behaviors as she realized that some of the things she knew as right are actually wrong. In addition, she

saw the process of self-improvement as difficult, tiring, and yet rewarding. She explained this in her following account:

To me, it (motherhood) is like a journey. A journey, umm, and I mean a learning journey. I learn a lot together with her (her child), with her development. Actually, I am also taking a journey to my own childhood. Umm, I think about the instances where I get triggered or have difficulty. Just reading is not enough. There it says this and that, yes so it makes so much sense, but sometimes there are points that I can't put into practice. And there I say, why can't you practice it in your life, what is happening. This way, it is like both a motherhood journey and journey of my own childhood, and a journey to my own essence... I mean, I am her role model. Because mother is the most influential figure. Umm, what can I do for myself, what can I add to myself that she can become that?... That's why I put a lot of effort into myself. In this sense, it (motherhood) is going a little, both well and tiring of course (Filiz, Appendix H, 85).

Filiz also stated that being a mother means spending a great deal of effort for one's improvement. She did not believe that a mother could be happy unless she improved herself. Therefore, she thought of self-improvement as a challenge that all mothers should take on. Otherwise, as she believed, mothers end up really sad and blame the children for all their problems. She explained this as follows:

If we become mothers, we should be willing to take on challenges. Our self-improvement. I mean, in the first place, if it's motherhood we're talking about, for me, you should add to yourself, can I add? If we can't, we become unhappy mothers. Not knowing anything, this child is bad, poop, naughty, or hyperactive, with such labels, and whatnot. Both the child gets lost in society, umm, and we don't have anything, any use to ourselves. An unhappiness song, umm, like I work this much, I take care of him/her, I put effort but still he/she is useless. But not necessarily. Motherhood means making an effort for yourself a little bit (Filiz, Appendix H, 86).

4.4 Which factors in mothers' lives relate to maternal ambivalence difficulties?

The fourth research question was "Which factors in mothers' lives relate to maternal ambivalence difficulties?" In relation to this fourth research question, 13 themes were identified. These were *personal sacrifices, difficulty of performing multiple tasks and fatigue, inexperience in childcare, difficulty of over focusing on the child,*

father-child time, social pressures, support, managing the child, difficulties that change with time, difficulties related to preschool, interference of others in childcare, parental attitude differences, and financial difficulties. Two sub themes were identified under the theme of *father-child time*. These were *the facilitative effects of father time* and *lack of father time*. Four sub themes were identified under the theme of *social pressures*. These were *pressure to have a child, pressure to have a second child, critiques on motherhood, and negative impact of others*. Two sub themes were identified under the theme of *support*. These were *lack of childcare support* and *lack of psychological support*. Two sub themes were identified under the theme of *managing the child*. These were *the child's sleep, feeding, and gas problems* and *developmental difficulties*. Seven sub themes were identified under the theme of *difficulties that change with time*. These were *difficulty of the postpartum period, the hardest first two years, child starting to speak, child acquiring skills, childcare getting easier, motherhood getting easier, and improvement in partnership*. Two sub themes were identified under the theme of *difficulties related to preschool*. These were *the child's separation difficulty* and *the mother's separation difficulty and anxiety* (See Appendix I, Table 5 for the frequencies of themes and sub themes, as the Institute of Social Sciences requires that tables exceeding single page should be added to appendices).

4.4.1 Personal sacrifices

Nine mothers stated that they cannot do many things that they had been doing and enjoying before they became mothers. They talked about these things as the things they started sacrificing after their motherhood began. They provided multiple examples to better explain how much sacrifice they need to make as mothers.

Sleeping less, socializing less, traveling less, spending less time for self-care, and limiting the time for their hobbies were among their examples. One significant point was that during the interviews, mothers tended to compare their lives before and after motherhood and concluded that their lives before motherhood were much easier for them. Their accounts revealed that they remember their childless lives, habits, and routines with longing. They believed that they have to make sacrifices in their present lives as mothers due to time management difficulties, lack of support in childcare, and lack of energy and motivation. For instance, Belgin said that her time is too limited as a working mother and therefore she has to sacrifice many things that she could not even imagine living without before she became mother:

Going out with my friends, gallivanting, my social life, going to the hairdresser... I was a person who could never give up on these, but I learned that all of these can come to a stop... Of course, I take less time for myself. My self-care, umm, I used to go to the hairdresser more often. The style of my clothes, the match between them were much better. Now, of course, umm, my time is more limited (Belgin, Appendix H, 87).

Both Müjde and Türkan stated that they sacrifice many of the things that they like because they do not have enough support in childcare. They wanted their mothers or mothers-in-law to take care of their children while they spent some time on their favorite activities and hobbies. Having no such support for the past five years made them accept the idea that they are mostly alone in childcare, and they have to make sacrifices to take care of their children. They explained this as follows:

I used to have hobbies, playing guitar, exercising, and walking. Umm, I thought that I could do those, umm, after birth as well. Because I said that my mother-in-law might help me, my mother might help me, so I... can take time for myself as well... I thought that I could do this, but it has never been like this (Müjde, Appendix H, 88).

I can't go to a store to do shopping. What is women's only special thing, luxury? Going to a store, shopping, say, manicure, pedicure, having your hair dyed. These are great pleasures only for us. But I have been deprived of these for four-five years... I am looking for others' initiative right now (Türkan, Appendix H, 89).

Emel, on the other hand, not only mentioned the things she has been sacrificing after motherhood but also how much she misses her former life. She added that she wants to have her former lifestyle back as her child grows up and feels less need for her care and attention. She expressed her thoughts and feelings as follows:

I like reading my book. Umm, I like drinking my coffee, listening to music, going out with my friends... Going to a cinema, going to a theatre... of course these decreased. It decreased very much... Yes, we have a child. Good, but my former life was a life that I liked very much. Now, not being able to do any of these after the child... I am not going to hide but be honest here. These are like a true wound inside me... In fact, I look forward to the child growing up a little so that I can do these like I used to (Emel, Appendix H, 90).

4.4.2 Difficulty of performing multiple tasks and fatigue

Eight mothers stated that they have multiple responsibilities and have difficulty in performing tasks of work, house, and childcare. It was evident that mothers' efforts in performing all these tasks resulted in fatigue as they frequently mentioned their feelings of physical and mental exhaustion during the interviews. Although some mothers say that their husbands support them in childcare and housework, the primary responsibility of childcare and housework still belongs to mothers. In fact, some mothers complained about having the biggest portion of responsibility in all these areas. They also talked about the outcomes of trying to perform all these tasks and consequential fatigue. First, they explained that they do not give their full attention to their children when they feel too tired. For example, they prefer laying down, watching TV, or sleeping instead of playing with their children. Second, they allow children to have much longer screen time while they are resting or doing housework. For instance, Gülşen stated that sometimes she feels like she has no energy left for her child because of having too much housework or work-related

tasks. As a result of her exhaustion, she steers her child to watch TV or play with cell phone on purpose. She explained this as follows:

Umm, so, when there is so much housework or when the school tasks come one after another, umm, I think that I don't have any energy left to allocate for him (her child). Sometimes I may not pay attention, I mean I set him free. Just like they say that she gives the cell phone to his/her hand, it's just like that, I mean I do exactly that. Or I turn on the television. It's because I can't find the energy in myself, I can't see it these days. I mean the days when I am too tired (Gülşen, Appendix H, 91).

Hale, on the other hand, emphasized how busy her schedule is in order to take care of everything. Although it was difficult for her to run off in all directions, she finds it particularly difficult to pick up her daughter from school on time after she leaves her work. Regardless of her struggles and fatigue, she still had to pursue her busy schedule. She explained this in her following account:

You rush from pillar to post between house and work. You try to be sufficient to your child, to your house. Umm, the needs of the house wait for us, for me... I mean I am still having difficulty... Waking up in the morning, getting the child ready... Trying to catch up with the house, trying to catch up with the work, arranging your time, leaving on time, trying to be punctual, I mean it is difficult in that regard. There is traffic. The school calls. They ask where are you? (Hale, Appendix H, 92).

Emel also described her routine before motherhood and said that she used to find time to rest and do her favorite activities. However, she believes that motherhood has brought exhaustion with it. Feeling tired became chronic for her as she explained as follows:

It (motherhood) made me a little more tired. Because when I returned from school, like I said, we actually turned back home early. I was doing the housework. I was cooking and my husband helps very much with housework and cooking. Then, we used to sit, put our feet up, watch a film, watch a series, read a book... Now I am tired, I mean there is a general state of exhaustion, umm, on me... It's physical fatigue, fatigue of eyes (Emel, Appendix H, 93).

4.4.3 Inexperience in childcare

Eight mothers stated that being inexperienced in childcare was a major difficulty for them. They especially had difficulty in the first few months of motherhood. Mothers frequently reported that they tried to prepare themselves for the motherhood roles especially by reading books. However, they realized that their actual motherhood experience was much more complicated than the things they had read in the books. Therefore, they reported that they felt insufficient, insecure, and desperate at times. In addition, mothers mentioned that their actual motherhood experience was completely different than what they had been told by other mothers around them. Gülşen was one of the mothers who stated that regardless of how much preparation women make during their pregnancies in order to gain knowledge, they need to experience it themselves to learn. She explained her own experience as follows:

I heard from the people around that it is like this, it will be like that, you will go through these at these ages. But, of course, umm, because all children are different from one another, I had experienced different things. I too had difficulty, I learned by living... I mean it was not like anything you heard from others. So, no matter how much you prepare yourself, no matter what you read, which book you read, or no matter which expert you listen to, whatever you listen to, umm, I mean it is different to see it through living, experiencing... So, I understood that (Gülşen, Appendix H, 94).

With regard to being inexperienced, mothers also emphasized that they discovered that caregiving is not instinctual. That is no matter how many times they heard about maternal instincts, based on their own experiences they thought that motherhood and caregiving are not instinctual. They clarified that because it is not instinctual, nothing came naturally, they had considerable difficulty in adjusting their motherhood roles. For instance, Emel did not believe that motherhood has an instinctual nature. She asserted that claiming an instinctual nature of motherhood causes pressure and anxiety in mothers who build expectations of revelation. She instead believed that motherhood is learned over time through experience and there

is no wonder why women struggle in transition to motherhood. She explained this as follows:

So, I think that it (motherhood) is not instinctual. Umm, when it is said instinctual, in my opinion, it actually generates pressure on mothers. I mean it is such a pressure... Since it is instinctual, then I should be able to do this really well. Because it comes from inside after all. I mean, I can't help it, it comes from inside of me. I was already born to be a good mother. Like it's in my genes. I do not think this is true at all. I mean I don't think that it is instinctual. On the contrary, it is learned, in my opinion, many things are seen as they are experienced. Like I said, you read books, umm, and so on. You think about it... I am going to be a good mother, maybe I am not going to make my own mother's mistakes, or I am not going to do the bad things that I see on the news... But when you live it through you see that no, you can't be such a perfect mother as you thought you would be. That's why, for me, motherhood really equals living, experiencing (Emel, Appendix H, 95).

Türkan was relatively experienced in childcare compared to other mothers because she took care of her sister's babies before her own motherhood. Still however, she said that she would not consider herself experienced in childcare before becoming a mother. She believed that taking care of somebody else's baby for a brief period of time is nothing like taking care of one's own baby as it is a nonstop responsibility. She described this as follows:

I couldn't do the same to my own child because I can't. I realized that I can't take care of her as I took care of them (her sister's babies). It really requires patience. I mean, this thing is not all about loving for 15-20 minutes, for a day or two. I mean it requires patience. And there is a big difference between being a mother and being an aunt. That's why, when asked, did you take care of a baby? Now I say no, I didn't (Türkan, Appendix H, 96).

Importantly, all mothers reported that they will be much more experienced if they have a second child. They thought that they had learned a great deal over the past couple of years and that a second motherhood experience would be much easier for them. Gülşen's accounts exemplify this:

I think that I got more experienced. I mean, if I have a second child for instance, I know about a lot of things. I of course know better now how to behave (to her child), what should be done, and whom to be consulted. I was so novice (Gülşen, Appendix H, 97).

4.4.4 Difficulty of over focusing on the child

Eight mothers stated that it is really difficult to focus on and think about their children all the time. They believed that thinking about their children so much is anxiety producing for them. It also leads mothers to question themselves and their capabilities. Mothers mentioned many areas on which they think and worry about. For instance, they usually think about their child's health, nutrition, hygiene, school, behaviors, and future. As a result, they find themselves worried and anxious. One significant point is that mothers cannot prevent themselves from thinking and worrying about their children all the time. Because they cannot stop these thoughts, they become overwhelmed by them. Therefore, many mothers defined motherhood as the most difficult job they have ever undertaken. Both Türkan and Fatma admitted that they always think and worry about their children. Türkan started questioning herself and whether she is a good mother or not, because she thought that her level of concern was too high. Fatma, on the other hand, believed that her anxieties outweigh her love towards her child at times. She said that she could not love her child enough because she was too worried for him. They explained these as follows:

You try to feed a creature that has never been in your life. I wonder whether I can feed her (her child) well when she is sick. I mean, am I enough? Can I take care of a child?... Do I try to do my best?... Or, umm, I don't know if I am being a good mother. Sometimes I think about it. Do I actually harm her while I am trying to be a very good mother? I am unaware (Türkan, Appendix H, 98).

Although I have my own child, the child whom I love the most in the world is probably my older sister's child because I didn't worry about him. What will his future be like? What kind of a person does he become? What should be done? I was not the one who took the primary responsibility for him, who should have been by his side when he got fever, when he got sick. But now I approach my child with so much anxiety that I, don't wear this, don't let this happen in this weather, don't let that happen. I couldn't enjoy his most beautiful moments, for example. Because of worrying about these. I couldn't love because of being worried... You are not as at ease as you used to. You are in no way free. I mean, you are not free mentally, either... You always think about someone else other than yourself... For me, this is bad in a

way... You are always tied to someone. You also feel remorse (Fatma, Appendix H, 99).

Belgin was another mother who constantly worried about her child. She worried particularly about her child's school, education, and peer relationships. However, she also had concerns regarding her child's future. In fact, she is already worried about her child's university education and what she could do if her child leaves the city for her university education. The other significant point was that Belgin wanted the best of everything for her child. Belgin was not the only mother who wanted this. Many mothers reported the same wish during the interviews. Wanting their children to have the best of everything and trying to provide that for their children overwhelmed mothers. Many mothers stated that they question themselves about whether they can provide their children with the best of everything.

The difficulties (of motherhood) are, I mean, there is always an instinct of protection, an instinct to watch over... These are the difficult parts because you try to adapt her to life. You let her go to school, peer circle, you don't know how she is doing, I mean it is too difficult to follow these. These are the difficulties, I mean, when a person is a single body, only responsible for the issues concerning herself, starts taking complete responsibility for a part of you, her school life, work life, friends, difficulties of following all these. And the mentality of providing her with the best of everything. Assuring that she befriends with the best, studies at good schools... Of course, umm, I worry about the future. Umm, I have worries such as how I am going to coordinate her, whether I should follow after her in her university life if it is in another city and so on. Umm, that's why, I am already considering these honestly (Belgin, Appendix H, 100).

Türkan, on the other hand, explained how selfless she became after having her child. She thinks about her child so much that she believes that her mental health is negatively affected. Also, just like Belgin, she has concerns about her child's future. For instance, she wonders what her child would do if her husband died. Therefore, she plans to buy her a house as a safety measure. She explained this as follows:

I mean, I am a person who is full by eating cheese and olives. Maybe I drink a glass of water, go to bed, I used to wake up in the morning and have breakfast, but now I wake up, what should I cook for dinner or what would be healthy, unhealthy, what would make her (her child) grow faster?... I give her milk, but would it cause anemia?... I mean, I am going nuts due to thinking about her all the time. I put myself aside, I am thinking about her... My husband, may Allah give everyone a long life of course, may die. I wonder if I should save money for my child now, or get insured, if I should buy her a house as the time comes... So, I always work with her. I always live indexed to her. Being a mother is really difficult... I mean, you lose yourself. We ascribe everything to her; everything is about her... So, it is the most difficult job (Türkan, Appendix H, 101).

4.4.5 Father-child time

In the present study, all mothers frequently mentioned the key role of father participation or lack of father participation in childcare and housework. While some mothers felt lucky to have husbands who support them, the others felt unfortunate due to receiving limited, if any support. All mothers agreed that they have too many responsibilities including work, housework, and childcare. They believed that father participation is essential in order to properly fulfill all their responsibilities.

However, some mothers could not have their husbands participate no matter how much they needed and asked for their husbands' support. Because mothers mentioned two distinct patterns in relation to father participation, two sub themes were identified under this theme. These were *the facilitative effects of father time* and *lack of father time*.

4.4.5.1 The facilitative effects of father time

Nine mothers stated that father participation in childcare had a significant facilitative effect on their daily lives. Mothers mentioned a range of activities that their husbands do with their children. Chatting, painting, solving puzzles, going to a park, shopping, and doing sports activities were among the activities that fathers do with their

children. Regardless of the type of activity, father-child time was crucial for the mothers because they could spend some time alone. They use this time to finish the housework, complete an important work task, or to get rest. Either way, mothers reported feeling relaxed while their husbands were taking care of their children. For instance, Filiz talked about the activities that her husband and child do together. She further explained that when she has work related online meetings or training, her husband supports her by putting the child to sleep.

When he is home, he definitely spends time, they chat, they play games, umm, he tells stories, or when he puts her to sleep, he tells what they have experienced on that day as if a cat did it... Because we do things like that, we pass to each other when I have training or meetings in the evening. It is like one day he puts her to sleep, the other day I put her to sleep (Filiz, Appendix H, 102).

Hale emphasized her husband's support especially when their child was a newborn. She said that her husband would wake up at night when the baby cried. It meant a lot to her to see her husband waking up at night and taking care of the baby despite the fact that he needed to go to work early in the morning. She considered herself lucky in that she can leave her child to her husband, and he takes really good care of her. She explained this as follows:

My husband helped me a lot with everything. During nights when I was so sleepless, the first time. When the father is home, he would wake up most of the times, wake up earlier than I did, if she (their child) is not hungry or if she is colic, she has gas pain, he, earlier than me, although he went to work, I was home back then, he used to take care of her, woke up at night although he went to work. Like I said, he is very helpful in this regard. We could balance it well with my husband... I leave her (her child to her husband). Believe me, I, believe me, he (her husband) is more than me, more uptight. He makes her wear her vest, he makes her wear her jumper (Hale, Appendix H, 103).

Fatma, on the other hand, valued her husband's participation a lot. She included her husband in childcare tasks such as bathing their baby. She asked for her husband's support in order to make him a part of the childrearing process because

she thought that she should not be performing childcare tasks alone since they had the child together. She explained this as follows:

At first, it was difficult to give the child a bath. Umm, there were friends of mine who wanted to come and help. I was saying, no, I was saying. Let us do this with X, my husband, so that he can be part of the process. I didn't make (the child) by myself after all. My husband, too, for example, from the very first day, within the bounds of his own conditions, within the bounds of his job's conditions, he helps me (Fatma, Appendix H, 104).

4.4.5.2 Lack of father time

Seven mothers stated that their husbands spend little time with their children due to work hours. Mothers explained that this has a negative impact on their daily activities and moods, because they undertake much more responsibility in childcare and housework. As a result, they reported feelings of loneliness, exhaustion, boredom, and stress. They also said that being alone in childcare most of the time makes them feel tense and that gets projected to their children and husbands. Mothers were especially discontented with the amount of responsibility they had to undertake on the weekdays. For instance, Necla's husband comes home late on the weekdays due to his work. Because their child goes to school early in the morning and he goes to bed early, Necla complained that her husband and child have very limited time to see each other and to play. In fact, many other mothers complained about the same thing. Here is how Necla put it:

Because my husband is a banker, umm, their time (together with their child) is a bit limited. I am saying this for the weekdays. I mean, X (her child) sleeps at around 9.30, around 9.30 – 10 (p.m.). The time when our father comes home is at almost 8 (p.m.), at around 7.30 (p.m.). Umm, therefore, having dinner etc. They have around an hour to playthings, umm, time on the weekdays (Necla, Appendix H, 105).

For Türkan, her husband's coming home late and spending little time with their child can easily turn into a crisis situation. She explained that her husband

comes home when their child needs to go to sleep. But the child wants to play with her father even though she is tired, so Türkan intervenes telling her husband to come home earlier if he really wants to play with his daughter. She described this situation as follows:

She (her child) needs to go to bed at 9, 9.30 (p.m.). Umm, so, the child who needs to go to bed at 9, 9.30, the father comes at 10 o'clock. It's exactly close to her sleep time. Umm, now how much can the child play with you? You will either come early in order to play if you want to play. Umm, it's 10 o'clock when he comes. This time, 11, 12 (p.m.), the child is getting sleepy, she's hungry, umm, tired. Umm, what is going to happen? You can't expect output from this child? We get into a crying mood right away, umm, it's not pleasant to spend time with a crying child, he (her husband) is aware of it, too. I say you will either come early, spend time with the child then or she always cries and so on (Türkan, Appendix H, 106).

Both Fatma and Gülşen were dissatisfied with their husbands' long working hours and limited participation in childcare. Fatma reported that the first months of motherhood were especially challenging for her because her husband was working for long hours. Therefore, she could not receive his support when she needed it the most. For Gülşen, on the other hand, father participation in childcare is still very limited. In fact, she said that she alone has all the responsibility in their child's care. Then, she corrected herself and stated that she has a big responsibility in childcare. Either way, she felt under a substantial strain in her motherhood role.

Because my husband works on a seasonal basis, he was working for 12-18 hours in summer. I was alone and it was too difficult for that age (her child's age) (Fatma, Appendix H, 107).

In addition, because the whole responsibility is on me, I mean, a big responsibility, because his father (her child's father) works too hard. We, I mean, I undertake many, umm, problems, distress because of my husband (she laughs) (Gülşen, Appendix H, 108).

4.4.6 Social pressures

In the present study, all mothers mentioned different forms of social pressures that they have been facing. They believed that these pressures are among the difficulties of motherhood. Mothers' accounts made it clear that it was really annoying for them to hear the same things about their motherhood from the same people all the time. They believe that these people who put pressure on them are disrespectful and inconsiderate. Although some of the mothers tried to make sense of what they have been told and understand the logic behind the pressures, they still did not view the pressures as justifiable. Rather, they believe that some people who keep putting pressure on them lack respect for their choices and lifestyles. Among those people, mothers mentioned parents, mothers-in-law, husbands, relatives, neighbors, and acquaintances. Because mothers described four distinct patterns regarding the social pressures they face, four sub themes were identified under this theme. These were *pressure to have a child*, *pressure to have a second child*, *critiques on motherhood*, and *negative impact of others*.

4.4.6.1 Pressure to have a child

Eight mothers stated that they had been exposed to persistent pressures to have their first child. These pressures came from multiple sources including women's own families, their husbands' families, relatives, and neighbor women, especially the elderly neighbors. Importantly, many mothers admitted that they would like to have a child later, but because of these pressures they had their first child so that they could put an end to the pressures. In fact, many mothers said that they would have their first child at a much later age, if it were up to them completely. Mothers found the pressures of having a child really inconsiderate. They emphasized that these

pressures can easily upset couples who may end up not having any children even though they want to become parents. They also added that if women do not comply with the society's expectations to have children, some people in their social circles gossip about them and claim that they are sterile. Müjde was one of the mothers who faced constant pressure to have her first child. She said that people were putting pressure on every occasion she had been to. She felt that these pressures were more like manipulation and even threat. For instance, she had been told to have a child as soon as possible because she might lose the capacity to have a child at a later age. Likewise, people told her to have a child because otherwise her husband would divorce her. She explained these as follows:

In our society, it's like, umm, he (her husband) can divorce you any minute, look, be careful, you don't have a child from him etc.... They start judging you. This time you psychologically, many people may get into this idea and have a child. I'm telling you, I, for example, had a child at the end of the third year. If I knew then what I know now, umm... I mean, I would have waited until the age 30. On every occasion you are in, umm, you won't have a child, look, let me tell you, I know this person, she waited for five years (to have a child), now they try in vitro fertilization for 10 years, and so on. They influence you so much. That's why (Müjde, Appendix H, 109).

Fatma faced constant pressure from her husband and her family to have their first child soon after their wedding. She interpreted this from a broader perspective by stating that women are manipulated and encouraged to have children in society. She believed that she became a mother because motherhood is seen as sacred in society, and she wanted to achieve and embody that sacredness. However, she added that she could not become fully aware of society's influence on her only until having her child.

I wanted to be a mother, but not in the first year of my marriage. It completely resulted from my husband's and the pressure of the people around. And it resulted from the fear of not being able to become a mother... On one hand, at the beginning of my marriage, after the second month my husband was like if it doesn't happen, this is yours, it is on you... When the family wanted it too, I didn't have much right to choose regarding making or

not making it. Okay, I myself wanted it, too... but when I think of it now, I realize that I didn't have the right to choose anyway... I am saying that I am glad that I became (a mother) but I realized later that society, umm, has always encouraged me to do it anyway. I mean it is not something that I wanted. It's because it has already been praised, sanctified in my surroundings, (I did it) in order to acquire that sacred position (Fatma, Appendix H, 110).

Emel, on the other hand, complained about pressures to have her first child and how these influenced her plans and lifestyle. She explained that the age at which she always planned to have her first child was criticized by her husband's family, and therefore they put pressure on her to give birth sooner. Complying with such imposition, however, prevented her from actualizing her dreams. She felt frustrated because she thought that her dreams were blocked by her husband's family.

I was always dreaming about it in my mind like this, in between 35-40. Until that time, I mean until the age 35-40 we could travel some more etc. I mean I would like to travel more. We especially had dreams about, umm, travelling abroad... We wanted these very much, but we had pressures from my husband's family (Emel, Appendix H, 111).

4.4.6.2 Pressure to have a second child

Five mothers stated that they are exposed to persistent pressures to have a second child. Mothers face this pressure mostly from their own mothers, their parents-in-law, relatives, and neighbors. During the interviews, many mothers said that they are not ready to have a second child by considering their physical, mental, and financial condition. However, they believed that the people who pressure them are so inconsiderate and insensitive that they do not want to recognize the fact that they are not ready for a second child. Mothers added that their pressures take the form of criticisms of their lifestyles. For instance, there were some mothers who reported not wanting to have a second child under any circumstances, while some other mothers did not make a final decision regarding this, instead they wanted to wait for at least a

couple of years to make a new pregnancy decision. Meanwhile, they described many comments, advice, and criticisms they have been hearing on their decisions. For instance, they have been told to have a second child because it is a bad thing for their first child not to have a sibling. Also, they have been told to have the second child shortly after the first one so that the two children can be raised together. They have been given advice to have a second child because this is simply what everyone does, and they may later regret their decision if they do not conform. Interestingly, mothers in the present study reported that they do not hear such comments only from their families and relatives but also from people they barely know. Needless to say, all mothers were very much irritated by such comments and were trying to avoid them as much as possible. Müjde described how much her mother and society in general intervened in her decisions about having a second child. Her accounts indicate that she was very much overwhelmed by and tired of these pressures.

Right now, because I think that mentally, umm, financially and emotionally, I can be enough for just one child right now, umm, I don't think about the second (having the second child). In fact, I face too much pressure about this, umm, from my own mother. Say, you are going to regret tomorrow. Say, you are leaving (your child) without a sibling. Say, we did it as well, you grew up together (she and her sister)... It's not only my, my family circle, but umm, people who have no business with me, I mean people who I don't even know... Even people with whom I had just a superficial conversation see themselves entitled to this, umm, right. Why don't you have a child and this and that. Umm, I mean, it might be such that I could be a mother who never had a problem with X (her child). I could have been a person who raised (my child) so easily. It's a matter of choice, regarding the person's, umm, own life, or, umm, lifestyle, or, umm, own opinion... Our society is that kind of a society... For example, before marriage, (they ask) when you are going to marry. After getting married, (they ask) when you are going to have a child. Can't you have a child, why don't you have one? You have a child, (they ask about) the second, you have the second, (they ask about) the third, and so on. I mean, it goes on like this (Müjde, Appendix H, 112).

Türkan emphasized another significant point about the second child pressures. She said that her husband wants a second child, preferably a boy, with the expectation that he would take care of his sister and parents in the future. Türkan,

however, rejected having a second child based on her husband's mentality. She explained this as follows:

I mean, he (her husband) would like a boy of course. Right now, he tells me the same thing. Let us have a baby boy, a boy. Who will take care of us, who will take care of his sister? He wants a baby boy right now with this mentality (slightly smiles). But of course, I don't plan to have another child based on this thought. I mean, I don't want to have a child based on the idea that who would take care, take care of me (Türkan, Appendix H, 113).

Fatma, on the other hand, thought that taking care of more than one child would be too difficult on her part and she would waste her youth. She explained that she and her mother talked about having a lot of children and found out that her mother did not want to have many children, either. However, as Fatma stated, she could not resist the pressures when she was younger. In fact, throughout the interview, she emphasized that she is from an eastern family where women are not given the freedom to choose to have a second child or not.

Now, for example, we talk about it with my mother... For example, she didn't like this many children, she didn't want to have many children. But my father wanted to. She gave birth to six children even though she didn't want to have that many children, as it is a good thing in that social circle. Why would I (have) that many (children) although I don't want to... I told her that you didn't have a right to choose. No one offered you this right. But I don't want that many children. To waste myself just for, umm, children (Fatma, Appendix H, 114).

4.4.6.3 Critiques on motherhood

Seven mothers stated that they frequently hear negative comments on their motherhood. These comments mostly come from families, relatives, and neighbors. Overall, mothers believe that they are being criticized by family elders if their parenting styles and practices are not understood or welcomed by them. For instance, two mothers said that their own mothers criticize them all the time because they think that their grandchildren are being spoiled too much. Another mother explained

that her mother criticizes her for being too uptight. Two mothers are criticized because they yell at their children. Mothers in the present study gave importance to expressing their feelings to their children and encouraged their children to talk about their feelings as well, but even this was criticized by family elders. For instance, when their children come to them crying or expressing that they are hurt, sorry, sad, or frustrated, mothers try to listen to and respond to them sensitively. However, they believe that family elders do not understand their interaction and criticize them for raising their children too fragile, naïve, and weak. Filiz, on the other hand, emphasized a different and very significant reason for being criticized by relatives and neighbors. She said that as a mother who cares for herself and her own wellbeing, she is criticized for not taking care of her child enough or for not being a good enough mother. Likewise, she was criticized for asking for her husband's support in changing their child's diaper. She explained these as follows:

Caring for yourself, umm, let's say, drinking a cup of coffee with a friend, doing something etc. It's like look, are you seeing this, the child is ill, the woman left (the child) to her husband, went out, is walking. So, what kind of a thing is this, what kind of a motherhood? Or, umm, the father is changing the child's diaper, I requested it from the father, like X (child's father), can you change Y's (her child) diaper. Look, do you see it, she couldn't even change the diaper, umm, so, she couldn't do anything. These too are for real, things that are lived (Filiz, Appendix H, 115).

Hale mentioned yet another reason for being criticized especially by her own mother. She said that she could not breastfeed her child due to a problem. Although her mother knew what the problem was, she still made comments and hurt Hale and made her feel bad about herself. As Hale put it:

For example, it is such that you couldn't breastfeed (your child) for example. You did not give milk. I heard this a lot for example. My own mother, for example, tells me this a lot. Mother, I had a problem, this happened, I had troubles, wouldn't I want to breastfeed all the time? I mean, I had a problem, a few problems at that time for example. I mean you can't explain this (to my mother) for example (Hale, Appendix H, 116).

Gülşen said that her husband finds her too authoritarian and therefore criticizes her certain behaviors. Gülşen believed that this may be a result of being a teacher. Although her husband's comments can upset her, she tries to change some of her behaviors such as being less directive and yelling less at her child.

Umm, my child's father says that (I am) a little authoritarian. I think that this is something that, umm, being a teacher brings. I mean I try to guide (my child) too much as if he is a student of mine... I mean, my husband's evaluation demoralizes me a little of course. I am trying to be more careful... Say, I am trying not to raise my voice to the child, not to direct him, umm, to let him try to make his own decisions (Gülşen, Appendix H, 117).

4.4.6.4 Negative impact of others

Five mothers stated that they are negatively affected by the people in their surroundings. As a reaction to these influences, they found themselves getting angry, tired, or nervous and they believed they were simply projecting these negative feelings on their children and husbands. Overall, mothers believed that environmental factors seriously influence the ways they perform their motherhood roles. For instance, Müjde said that when a woman marries, she does not only become a wife and a mother but also receives other titles such as daughter-in-law and these titles bring new roles and expectations from her. Müjde believed that this is exactly why mothers are too tired. She also thought that these additional burdens negatively impact her relationships with her husband and child. She explained her views as follows:

Because I, umm, am affected by the environment too much, umm, when I am affected by the environment, (I project) my anger, umm, to my child... For example, I get angry at someone outside about something I experienced or in an event, I was reflecting this to the people around me, I mean, my closest, either to my husband or to my child... I mean, you do not only become a mother, but you also become a wife, umm, you become a daughter-in-law, then, umm, I mean, you become someone's aunt-in-law, you become someone's something. Actually, you are loaded with many missions after getting married... Everyone is expecting something from you. Umm, it, I

think, tires you out... The thing that tires a person beyond being a mother, umm, is the people around you (Müjde, Appendix H, 118).

Türkan thought that a mother needs a peaceful environment in order to perform her motherhood role properly. She also believed that husbands have a big part in creating and maintaining such an environment for their wives and children. However, she was not happy with her husband's behavior. Because she believed that her husband makes her anxious at times, she thought that she would project this to her child. As a result, she sometimes questions whether she is a good mother or not. She explained the negative impact of her environment and especially husbands as follows:

To be an ideal mother my mind should be at ease. My husband will make me happy; I too will make my child happy. My social circle will be peaceful, I too will give my child peace. Everything derives from the environment and, umm, its root derives from the mother and the father. If the father is good, the mother is also very good. If the father causes unrest, the child, the mother feels unsettled, it is projected on the child, or, umm, if we have problems financially, it is projected on the child... I think that I can't be sufficient for the child by having these feelings. I mean, like I said, everything doesn't end with the mother, it's also about the people surrounding the mother (Türkan, Appendix H, 119).

4.4.7 Support

In the present study, mothers frequently mentioned the vital role of support they received from others and how the lack of support influences them negatively. To begin with, all mothers acknowledged and emphasized that receiving support, especially in the first weeks of motherhood, was a must. While some mothers admitted that they received some level of support during this time, others thought that they were left alone with all the childcare responsibilities. They were particularly looking for support from their own mothers, mothers-in-law, and husbands, but they could not receive any. As a result, they reported having a major difficulty during the

early times of their motherhood. Mothers also stated that their need for support from others still continues in order to easily perform their multiple tasks and to take care of themselves. Being left without sufficient support leads some mothers to struggle in their motherhood roles and spend little or no time for themselves. While talking about support, mothers also mentioned the value of psychological support and their difficult experiences due to lack of sufficient psychological support. Because mothers mentioned two distinct patterns of support, two sub themes were identified under this theme. These were *lack of childcare support* and *lack of psychological support*.

4.4.7.1 Lack of childcare support

Eight mothers stated that they could not receive enough support in childcare from the people around and this lack of such support was one of their biggest difficulties. First, they mentioned the difficulty of taking care of their children in the first weeks of motherhood because they were inexperienced in childcare, and they needed support from people who were more experienced such as their mothers and mothers-in-law. Some mothers said that they could not receive this support because their mothers lived in another city and could not come to visit easily. Others, on the other hand, thought that their mothers or mothers-in-law did not support them even though they lived nearby. This was hurtful and frustrating for these mothers. Second, mothers stated that support in childcare is something that they still need. While some mothers are luckier, as they have support from their husbands, mothers, and mothers-in-law when they need it, others have difficult times as a result of not having this support. They undertake more responsibility in childcare and housework and therefore cannot spend any time on their own well-being or enjoyment and this

results in getting burnout. Belgin and Fatma were among the mothers who thought that they could not receive support in childcare during the early times of motherhood while they were too inexperienced. Belgin described her family's situation and the reason for not having support from them. Fatma felt lonely and struggled in childcare because her parents were in another city and there was no one to help her.

My father had lung cancer beginning a year earlier than the period I, umm, gave birth to my daughter. He was a seriously ill cancer patient as well. Everyone in the family was concerned with his getting well in different ways. Meanwhile, we, of course, the kid and I, raised her one-to-one, and I had to raise her which was something I had no idea about. Because everyone was taking care of the father (Belgin, Appendix H, 120).

When he (her child) was born, the first time for example, I remember that not having anyone by me was a very big difficulty... During that time, I also had a little health problem, tooth, related to my tooth. I would have liked to have someone from my family, having any kind of support, even a small one. I feel that I was too lonely then (Fatma, Appendix H, 121).

Müjde said that her mother did not support her enough in childcare although she had supported Müjde's sister a year ago when she gave birth. Müjde was really offended by this because she believed that her mother did not support her when in fact she could. When she confronted her mother about this, the mother said that Müjde was strong and could do anything on her own. Hearing this was also hurtful for Müjde because she wanted and hoped to receive support from her mother even though she did not ask for it. As a result, she felt really lonely in childcare.

My older sister gave birth a year earlier than me... For example, my mother went to her (house) every, every week, and helped her a lot. She was doing her housework, cooking, ironing, cooking, etc. And I, to me, when I couldn't see the same kind of support, I always told her, you are my, umm, you were supporting X (her sister) this much, supporting this much, I said you were going to her (house), but I, I said, I could never see this support from you. For example, she tells me you can do it after all, you are strong, you don't need anybody in any way, that's why... My sister, for example, used to call my mother, cry, I can't do this, I can't take care of (her baby), I can't, what am I going to do, and so on. My mother, in turn, would rush to her. I, on the other hand, never, umm, called and told her I can't take care of him (her child), I can't manage it, I can't do it even if I cry. Because I didn't do this, I

do not know whether my mother thought that I could do anything, I did not need anything, I don't really know (Müjde, Appendix H, 122).

Türkan emphasized another really significant aspect of getting family support. She said that the physical presence of her parents and husband did not always mean getting support in childcare. In fact, she felt quite tired, desperate, and lonely when these people were around her to “help”. She described what she has gone through as follows:

So, I would like to have someone by my side all the time. My mother stayed for a while, umm, my mother-in-law stayed, but that was not it. It's not a process of 10-15 days. They think of staying here as a holiday. Rather than staying, after giving a bowl of soup, umm, they think that they provided care, but caregiving or showing interest was not it. I had difficulty, I had too much difficulty because they eat in front of me, umm, you sit there take care of the baby. I wake up at night, I am tired, I am sleepy, this period was too difficult, it was really too difficult. Umm, I am sleepy, hungry, umm, someone (her husband) is with you but sleeping like a top (she smiles)... I was Türkan's, I helped her. No, you didn't. No one helped me, I had a very difficult period (Türkan, Appendix H, 123).

4.4.7.2 Lack of psychological support

Five mothers stated that they suffered from a lack of psychological support, especially during the first weeks of motherhood. They believed that their mental health was in danger then but people around them provided no psychological support. Many mothers said that they did not only need psychological support from their parents, husbands, and friends, but also from helping professionals. Importantly, mothers stated that they could not realize how much professional support they needed while going through that process. However, thinking in retrospect many mothers acknowledged this need. In fact, some mothers explained that they will definitely consider seeking professional help if they have their second child and go through difficult emotional processes as they did with their first children. For instance, Filiz said that in the geographic region where she gave birth, people do not

generally seek professional help after becoming a mother. Rather, parents and neighbors try to support the mothers. During the interview, however, she admitted that her social support was not sufficient, and she had considerable difficulty in transition to motherhood. She further explained that she would seek professional support if she knew any better.

I would definitely seek help if it were now, and it (seeking professional support) actually increased during this process... But because of the city I was living in, it was not known, umm, a lot there honestly. X's (her child) birth took place in Kayseri. There, it was more among the kith and kin and alike... It didn't happen with much awareness... I mean, I looked for a supporter... The first times were too difficult honestly. If I had my present awareness then, as they say, if I knew then what I know now, I would definitely get help, support. But I wasn't aware of that (Filiz, Appendix H, 124).

Türkan, on the other hand, thought that nobody cared for her genuinely after she gave birth. Instead, she believed that everyone in her family was concerned with the baby's needs. Realizing this made Türkan really upset, and she started to believe that nobody would give her the genuine attention, care, and psychological support she needed. Therefore, she said that she learned how to manage things on her own.

You already break down emotionally. They always think about the child. Of course, the child is important, but I mean, I am hurting. I am crying my eyes out here. Then, so, umm, I experienced a lot of distress there because no one was thinking about me... Umm, I experienced an emotional breakdown. Umm, because there was not much moral support, thinking that they did not care about me, I didn't go through a very happy process, but I mean, I learned to manage myself (Türkan, Appendix H, 125).

Müjde even believed that she was going through burnout, especially during the first two years of motherhood because she lacked sufficient psychological and practical support. She was sad and lonely. She could not take care of herself and spend time with her husband. Consequently, she admitted that she needed professional support during those days just like other mothers did.

I am telling you right now, right now I am saying that I was really into a very big burnout syndrome (she laughs) and I really needed to get support in that period (Müjde, Appendix H, 126).

4.4.8 Managing the child

In the present study, mothers explained that they have difficulty managing their children in certain situations. Many mothers mentioned certain situations where they cannot manage their children effectively and feel frustrated in turn. Some mothers face these situations regularly due to factors such as children's habits, developmental milestones, and daily routines. Importantly, mothers feel weak and hopeless in these situations. They also tend to criticize themselves and question how sufficient they are as mothers. They feel that they are not able to regulate the communication process with their children in these situations and they sometimes do not know what to do or how to approach their children. Because mothers mentioned two distinct patterns of situations where they experienced difficulty in their attempt to manage their children, two sub themes were identified under this theme. These were *the child's sleep, feeding, and gas problems* and *developmental difficulties*.

4.4.8.1 The child's sleep, feeding, and gas problems

Five mothers stated that they had and still suffer from substantial difficulties while managing their children's sleep, feeding, and gas problems. Some mothers could not put their children to sleep, some others could not feed them properly. One of the mothers, in particular, could not know what to do about her child's gas problems. In retrospect, mothers recalled these hardships as great challenges and emphasized that they were counting days desperately to leave these problems behind. Some of the mothers felt so desperate that they took their children to the doctors to solve these

problems. However, as mothers explained, it did not help much, and they ended up accepting that they will have to bear with these problems until their children grow up a little more. For instance, Hülya and Müjde talked about their children's sleep and feeding problems in detail. Whereas Müjde faced her child's sleep problems early in motherhood, Hülya still faces them to date. Therefore, Hülya started thinking that she must be a bad mother because she could not achieve feeding her child and put her to sleep. Needless to say, these problems lead mothers to doubt themselves and to think that they are not good as they fail in their motherhood responsibilities.

She resists eating a lot. She resists sleeping a lot. The most difficult ones are eating and sleeping among the points X (her child) compels us... Not being able to put her to sleep. I mean, sometimes I say that I am not a good mother, I am a bad mother, I can't even put my child to sleep, I say these at many points. It doesn't happen a lot, I mean, this happens every day (Hülya, Appendix H, 127).

They were telling me that back then, they were saying that his sleep would get better after six months. Six months passed; it didn't get better. (They said) his daytime sleep will get better after 12 months; it didn't get better. I visited many doctors. These, umm, things, there are these supplementary, herbal things, tea etc., the doctor gave from those... It worked one day, he slept during the day, it didn't work the second day. I took him to the doctor once again. The doctor said, said don't bring him anymore, the child doesn't have any health problems, some children grow up with difficulty, X (her child) is such a child. (The doctor) said there is nothing to do, it is going to be like this until he grows up. And thereafter I was counting the days. It's been sixth months, seven months, God, let him grow fast, please. When will I go back to my old life, when will I be able to listen to music, when will I be able to walk for an hour as I wish? I mean, I always had this thought in my mind (Müjde, Appendix H, 128).

Filiz explained that her child was colicky and therefore she had to stand her incessant crying quite often. Just like Müjde, she could not help herself but wonder when it was going to end. In fact, one common feature of mothers who faced these problems was being occupied with thoughts about the time their children would no longer have these problems. For Filiz, the gas problem lasted longer than she expected and therefore she recalled it as a long and painful process.

Also, umm, X (her child) was a colicky child, she was colic. I mean, I always counted the days. They said it'll pass after about two months, at the sources I looked at, I read, it was said that it ends within three months. X, for a year, let me say that until she walked, we suffered from that colic thing a lot. It also gave me a little, a lot of difficult times. It was such a process (Filiz, Appendix H, 129).

4.4.8.2 Developmental difficulties

Four mothers stated that they lived through their children's age-related developmental difficulties. By age related developmental difficulties, mothers mostly meant terrible twos and horrible threes. They explained that their children showed certain difficult behaviors during these periods such as intensive crying, saying no to everything, frequent objections to parents, and wanting to do everything on their own instead of receiving parents' support. In fact, mothers emphasized that children's stubbornness during these periods was the biggest difficulty. Mothers found these patterns of behavior quite challenging, and they had difficulty establishing constructive communication with their children. Therefore, they thought that they could not understand what their children needed and thus felt quite desperate. Although they were aware of the fact that these difficulties were transient, this did not help them in the process. Standing there and tolerating it was not easy. Some mothers searched the internet and consulted more experienced mothers in order to manage these difficulties more effectively. Türkan and Hale were among the mothers who faced age-related developmental difficulties. Türkan said that everything could have been much better without these periods. Hale, on the other hand, explained that her child exhibited such big behavioral changes during these periods that she felt like she did not know her child anymore. She also emphasized the importance of gaining experience in order to better cope with children's developmental difficulties.

Terrible twos, horrible threes... It would be very good without them (Türkan, Appendix H, 130).

For instance, she (her child) is being obstinate. Independent... terrible two, for example, horrible three. You know it, she is being obstinate with you. You gain experience. For example, terrible two, until she turned the age two, she was such a calm girl that, I mean, she was such a calm child. After she turned two, she had a six-month period. During that six-month period, I mean, I could not really know her. She was being so obstinate, she became whiny, she cried over everything, she objected to everything, she didn't agree on anything. After this period has passed, for example, I experienced the same thing at the age three. She attempted to do more different, independent things at the age three. She started speaking, she started opposing, she started reacting... Okay, I experienced the same thing when she was two years old, I am experiencing the same problem right now at the age three. You became experienced this way (Hale, Appendix H, 131).

Filiz was questioning herself a lot and wondering about what the problem could be while her child was two years old. She admitted that she and her husband were not well equipped and regulated to manage her child's developmental difficulties. However, this became a turning point for her. She started reading opinions of specialists and attending training programs to become more knowledgeable and understand her child's developmental needs better.

The age two period. Umm, crying jags, hitting her head to the ground, we ourselves can't regulate ourselves there to be able to regulate the child. I mean, the child will cry there. After all, she can't speak, she can't express herself completely, etc. Of course, we couldn't think of any of these then. Is there a problem, why is this child crying?... I was feeling extremely sorry for a while. I mean, during this age two period, I can say that I was beating myself up because we couldn't understand her (Filiz, Appendix H, 132).

4.4.9 Difficulties that change with time

In the present study, mothers frequently mentioned that some of their difficulties change naturally with time. In other words, when they considered time and its impact on their lives, mothers mentioned multiple dimensions that were affected by time. Difficulty in childcare was one of these dimensions. Almost all mothers stated that time had a huge impact on childcare difficulties. Time also impacted their

relationships and their overall maternal experiences. Importantly, many mothers observed that most of their experiences have become easier and relationship problems have been solved over time. Therefore, mothers generally think that time positively influences their motherhood. Because mothers mentioned seven distinct areas that were affected by time, seven sub themes were identified under this theme. These were *difficulty of the postpartum period, the hardest first two years, child starting to speak, child acquiring skills, childcare getting easier, motherhood getting easier, and improvement in partnership.*

4.4.9.1 Difficulty of the postpartum period

Three mothers stated that postpartum period was really difficult because it consisted of a heavy emotional burden for them. They described their frequent negative feelings and rapid mood swings during this period. For these mothers, the postpartum period was characterized by misunderstanding people and their intentions, taking offense at everything, getting angry easily, and thinking that they are not understood even by the closest family members. They believed that they could not maintain an emotional balance during this period. For instance, while Belgin was talking about the postpartum period, it was obvious that she could not make sense of her emotions and behaviors during this period. She thought that she did not have healthy thinking and feeling patterns at the time. In other words, in retrospect, she did not find herself normal during postpartum period. Therefore, she recommended that postpartum mothers should seek professional support. She described this difficult process as follows:

I have no idea why that was. Everything is okay, there isn't any problem, but I mean it happens in a way that a person can't understand which, I mean, although I didn't experience anything that irritates me too much, I'm saying this physically, physically. Despite this, the things everyone says are

misunderstood somehow. For example, I, personally, think about it later on... I say it couldn't have been said in that sense, I misunderstood it all. So, it is a psychological thing. Mothers should definitely get psychological support in that period if they can. I mean you get angry at everything for lame excuses. You have no anger management. Umm, you resent everything (Belgin, Appendix H, 133).

Filiz also had considerable difficulty at the time. Importantly, she emphasized that what people saw in her and how she felt were completely different. Even though she seemed like she was doing fine in her new motherhood responsibilities, she felt that she could not adapt to it. As a result, she had feelings of anger and was not understood just like Belgin.

It was a difficult process for me. I mean, in general, postpartum times, problems, umm, inexperience... I mean those first times were really distressful, but, on the other hand, I was in the mood that I should be this way. So, I was experiencing such an ambivalent situation. My psychological state was actually difficult, but everyone looking at me from outside, umm, was like Filiz is a very good mother, she adapted (to motherhood) very well. My daughter's love, smell, of course these had an impact, but actually it was much more different inside. I got too ill-tempered. I was thinking that I was not understood. I could not express myself, could not convey... A few months especially, until about the third month (Filiz, Appendix H, 134).

4.4.9.2 The hardest first two years

Nine mothers stated that the first two years of motherhood were the most difficult times. Because this period involves intensive physical challenges including caregiving, breastfeeding, and waking up at nights, mothers agreed that this was by far the most difficult time. Also, many mothers found this period difficult because they were inexperienced in childcare and trying to adjust to motherhood. Some mothers further explained that the duration of caregiving is too long during the first two years of motherhood. Therefore, these mothers had difficulties in time management and spending time for themselves. Hülya was one of the mothers who thought that the first two years were the most difficult times. She described the never

ending and exhausting circle of breastfeeding and putting the baby to sleep. She emphasized how difficult the process can become if the baby wakes up too often and does not fall asleep easily.

So, the age four-six is not an age range that is too challenging for me... Paintings, books, stories, lessons, for example activities, because the child's playmaking skills are active... For me, the difficult part was the age zero-two... I mean, the breastfeeding period, while she was in diapers, transitioning to solid food, sleeping, more difficult, I mean, it was more difficult. For example, if a two-year-old child sleeps at 12 p.m. at night and sleeps until 6 a.m. in the morning, X (her daughter) used to sleep at 12 p.m. and wake up at 12.45... She was sleeping again at 2-3 a.m. She was waking up again at 5-6 a.m. It was always breastfeed, put her to sleep, wake her up, breastfeed, put her to sleep, wake her up... It was such a difficult cycle... I mean, the age zero-two was X's most difficult period. It was her sweetest, cutest, but the most difficult period (Hülya, Appendix H, 135).

Emel also agreed that this period was the most difficult one and she gave certain reasons for that. Having sleepless nights, feeling exhausted, and the endless childcare responsibility made this period challenging for her. Importantly, she believed that the support received by others during this period never suffices because the child demands nonstop care and attention.

For me, the first times after the birth are difficult. It's difficult in terms of caregiving. You are inexperienced. You are tired, umm, you spend sleepless nights. Umm, although people around you try to support you, it is not enough in my opinion because you have a baby in your hands who requires care 7/24. That's why, I can say the first times (Emel, Appendix H, 136).

Müjde said that this period was nightmarish for her due to its difficulties. She repeatedly said that talking about the first two years of motherhood in the interview makes her remember those days and feel awkward. In fact, she did not even want to think about the first two years because she did not enjoy being a mother at all during those days.

The first two years were like a nightmare for me and that I can never forget, still, when I still talk to you about it, it's like I go back to those moments and those days flash before my eyes. I feel like I experience them one by one (Müjde, Appendix H, 137).

4.4.9.3 Child starting to speak

Six mothers stated that they started communicating with their children more easily as their children started speaking. Since children's language acquisition is a process, mothers felt that infants did not understand them, and they did not understand infants' needs in the beginning of this process. For instance, mothers said that it was difficult for them to understand why the infant was crying. They wanted to hear its reason instead of trying to sense what it could be. They also wanted the infant to understand them and stop crying when they say, "Don't cry!" Therefore, the child's speaking was a big relief for mothers. Gülşen's accounts exemplified the facilitative effect of child's speaking on mother-child relationship. She described the early times when her child could not speak and said that she was having a nervous breakdown because her child could not understand and respond to her. Therefore, she believed that a child's language acquisition had a big, positive impact on motherhood and mother-child relationships.

I used to have nervous breakdowns in the past (she laughs) when I could not explain certain things. Right now, I am trying to talk (to her child) at length. I mean it works. In the past, umm, I was feeling like I would speak, and he wouldn't understand me. I don't feel like that right now. He is just like an adult... When he starts speaking himself, I mean the child, then the relationship gets on track better. It is a big distress before he starts speaking (Gülşen, Appendix H, 138).

Müjde was another mother having difficulty due to not being able to effectively communicate with her child. She thought that what distinguishes the past and the present in terms of problem solving is communication. Now is easier for her because she can solve problems through talking to her child. However, the past was challenging because her child could not comprehend and produce verbal language.

Also, he doesn't understand you. Now, X (her child) is five years old now and... because I can communicate, because we can understand each other, umm, right now just through communication, right now, for example, we can even communicate about the things he should and shouldn't do. However,

back then, umm, he didn't understand. Even if you say "don't cry" to the child, it is a baby, I mean, he doesn't understand. This, for example, was very difficult for me (Müjde, Appendix H, 139).

Türkan, on the other hand, had a simplified formula in her mind. Specifically, she believed that everything is going to be much easier after the point at which her child says she is cold.

She (her child) can make herself understood. If a child will say, "I am cold mom", it's over, done already (Türkan, Appendix H, 140).

4.4.9.4 Child acquiring skills

Four mothers stated that children's acquiring certain skills over time had a facilitative effect on their motherhood. Mothers generally explained the skill acquisition process in relation to preschool. Specifically, they started realizing that their children learn many skills at school and practice those skills at home. For instance, mothers believed that their children show improvements in following their instructions, tidying their rooms, putting their toys in their places, engaging in activities that require use of fine motor skills, eating alone, and going to the toilet alone. Most importantly, they concluded that their children gained more independence. Mothers felt that their burden had been reduced considerably as their children acquired such skills. For instance, Emel was one of the mothers who observed the facilitative effect of her child's skill acquisition on her motherhood tasks and said that caregiving became easier for her.

Right now, the things she (her child) learned at the school are transferred to home... They do an activity there; she wants to do it at home as well. Umm, she is more, umm, she became a child who does things on her own more and does more beautiful things at home. I mean, television, instead of watching television more, it's like wanting to do more activities... She is becoming independent. That's why, for me, now is much easier (Emel, Appendix H, 141).

Hale, on the other hand, explained that it was exhausting for her to tidy her child's room and organize her toys all the time. Since her child gained that skill at school and started practicing it at home, Hale tells her to do it instead of doing it for her. Again, Hale thought that her child's acquiring certain skills over time partly reduced her motherhood burden. She explained this as follows:

If need be, she (her child) knows how to tidy... She improved this more at school. When it is evening at the school, she gathers with all her friends, their teacher says, "Come on then, we tidy our toys, our space." Because she learned this thing more, she does not object to it at home. I say, "Come on, tidy your toys, tidy your room." As best as she can, she puts things here and there, but she tries to tidy (Hale, Appendix H, 142).

4.4.9.5 Childcare getting easier

Four mothers stated that childcare has become easier for them over time. While talking about childcare, mothers emphasized multiple areas that got easier such as feeding the child, putting the child to sleep, giving the child a bath, going out with the child, and doing certain activities with the child. They said that taking care of a preschooler is much easier than taking care of a newborn because the former does not require intensive care anymore. Yet, these mothers expressed that motherhood is still too difficult for them. In fact, some of the mothers defined motherhood as the most difficult job. However, they acknowledged that childcare tasks get easier to handle with time. Among the many reasons were not having to breastfeed anymore and not having to wake up multiple times at night to feed the child. They also believed that childcare got easier because their children can move independently, eat alone, and go to the toilet alone. Hülya gave an example to explain how childcare got easier for her. She compared the past and the present in terms of going out with her child. She concluded that she does not have to consider many of the things she had to

consider in the past like changing the diaper and carrying food for her child in her bag.

When we go out, for example, in the simplest terms, you don't change diaper at the age four-six (slightly smiles). She says, "I have to go to the toilet", you take her to the toilet. Food, you don't have to carry extra food in your bag. She can sit and eat with you. It has such conveniences (Hülya, Appendix H, 143).

Hale also believed that childcare is easier for her now. In her experience, this was because she has become an experienced mother over time. In other words, she improved her skills at certain childcare tasks. As a result, it takes much less time to perform these tasks for her. She also believed that getting used to her child and learning her temperament better over time made childcare easier for her. She explained these as follows:

One gets more experienced as time goes by. Umm, the duration of the things I do, we do, gets shorter. For example, the duration of feeding gets shorter. The duration of us giving baths gets shorter. It is through experience after all, because over time the child, you get used to your child, you learn her temperament, you get to experience... In every matter of caregiving, in communication rather than caregiving (Hale, Appendix H, 144).

4.4.9.6 Motherhood getting easier

Five mothers stated that their overall motherhood experience has become easier over time. These mothers did not merely talk about childcare tasks that get easier over time, but rather, they referred to motherhood experience in a broad sense which contained both practical and emotional aspects. They believed that they now feel more comfortable and at ease in their motherhood roles. Although mothers had different reasons for feeling this way, they all agreed that they feel more experienced, confident, and less anxious. For instance, Emel said that her motherhood experience is easier now for two reasons, namely her child's going to school and speaking. For Hülya, on the other hand, motherhood experience became easier after her child

gained more independence and started playing alone. As a result, Hülya started spending more time alone or with her husband.

I can say this exactly, it (motherhood experience) got easier. Here, like I said, I see the impact of both her (her child's) going to school and her speaking, I mean, that communication (Emel, Appendix H, 145).

It's so easy right now dear, right now it is festive air. Right now, because X (her child) can entertain herself, for example, she sits, watches television, goes to her room and play there, or even when she is up and when we are sitting on the balcony, she doesn't come and bother anyone (Hülya, Appendix H, 146).

Müjde described her motherhood experience as consisting of more anxiety in the past and more gratification now. For her, the motherhood experience was a process, and she left some difficulties behind. As a result, she admitted that she enjoys being a mother now while motherhood was not a pleasurable experience for her in the first years. Müjde believed that spending two years unemployed allowed her to spend more time with her friends and hobbies. This not only brought physical and mental recovery to Müjde, but also made her a more motivated, understanding, and giving mother. She explained these as follows:

Getting rid of that anxiety when he (her child) was first born, I mean, I let that process pass. Actually, for me, motherhood is a process that I entered into a process of enjoying... Right now, I am telling you, I save more time to be with my friends, myself, my social circle, my hobbies, I spend much better time on everything. This one and a half year unemployment process of mine maybe, umm, I think of this as my psychological and physical recovery process (Müjde, Appendix H, 147).

4.4.9.7 Improvement in partnership

Six mothers stated that their relationships with their husbands have improved over time. Specifically, these mothers explained that they became cold and distant towards their husbands after giving birth. Because they felt extremely exhausted and sleepless, especially in the first year of motherhood, they could not enjoy their time

with their husbands. This period was also characterized by a lack of sexual interest for these mothers. Even though their husbands wanted sexual intercourse and expressed their desire, mothers were not into it. Some mothers reported that they even had serious arguments with their husbands because their husbands complained about not having sex. While some mothers explained this lack of sexual interest through motherhood instincts, the others explained this through their feelings of exhaustion and burnout. In any case, most mothers admitted that they had a distant relationship with their husbands in the first year of motherhood. However, as their children grew up, their relationships started to improve. Over time, childcare has become easier for mothers, and they have started feeling more comfortable in their motherhood roles. Also, they started spending more time on themselves and paying more attention to their appearance. They gained their sexual interest back. As a result, their partner relationships have improved. Interestingly, all mothers explained this as a natural process such that they did not do anything on purpose to improve their partner relationships. Rather, they thought that things worked out by themselves as a natural process. For instance, Gülşen and Müjde explained how distant they became towards their husbands after birth. However, they both stated that this period has come to an end for them.

In the first years something occurred, I felt coldness towards my husband. Sometimes, I couldn't even stand seeing him, couldn't endure, I don't know. I think it is derived from hormones... A few people told me that estrogen hormone increases, so motherhood instinct increases more, while I was investigating around. I thought that it originated from this. The first time, umm, I felt so distant that I couldn't stand him standing next to me. Umm, I used to feel disgusted when I saw (him) and so on. While I was breastfeeding though. Then, I thought that it was not going to end, but it went away naturally. So, our former, umm, intimacy, relationship returned to where it was left. It was a temporary process (Gülşen, Appendix H, 148).

I didn't want to share anything sexual; I mean I didn't want to do it, I mean I didn't want sexual intercourse to happen. So, I was running away step by step. I am telling you, I didn't want him to hug, to kiss, because I knew that

that hug and kiss would go in that direction. I was running away, umm, not to let that happen... But fortunately, we got over that process, too. Umm, that process had passed, too (Müjde, Appendix H, 149).

Filiz, on the other hand, did not talk about any distance between her and her husband with regard to their sexual life. Instead, they experienced a psychological distance after the birth because they did not share common perspectives and solutions to problems in childrearing. However, Filiz reported that they started to have more common grounds over time and that improved their relationship.

Sometimes, I can't help myself in a discussion, in a situation between themselves (her child and husband), I intervene right away. I really have to sit back there. It's a father-daughter relationship. They will improve there. Umm, I listen to him (her husband) for example. "Don't interfere with us too much there, I am making it up afterwards anyway, I am talking, I am doing this" etc.... As we get used to X (her child), actually, umm, it is more like thinking that we can be parents, the child is safer, feeling that she is safer with us, as we started speaking a common language, umm, it started to improve actually (Filiz, Appendix H, 150).

4.4.10 Difficulties related to preschool

In the present study, mothers frequently mentioned difficulties related to preschool. To begin with, many mothers stated that it was difficult for their children to adapt to preschool. Mothers had difficulty throughout their children's adaptation process because they had to support and guide their children. Also, they had to manage situations in which the child does not want to go to school and cries. These were anger and anxiety inducing situations for the mothers, and therefore they usually did not know how to respond, or they were unsure if they responded properly. Secondly, some mothers said that they had anxiety about preschool since their children were going to go to school for the first time. They had many questions regarding preschool in their mind. Therefore, these mothers found it hard to separate from their children and leave them at school while they were working. Because mothers mentioned two

distinct patterns of preschool related difficulties, two sub themes were identified under this theme. These were *the child's separation difficulty* and *the mother's separation difficulty and anxiety*.

4.4.10.1 The child's separation difficulty

Five mothers stated that their children had difficulty separating from them and going to school. Mothers said that they frequently faced situations in which the child cried and told the parents not wanting to go to school. While some children asked their parents to come to the school early and pick them up, others complained about stomachache before going to school. After arriving at the school, some children kept hugging the mothers and did not let the mothers go and leave them at the school. This was particularly the case for the children who started going to preschool at an early age. One important point is that some children did not want to go to school even though they liked their school, teachers, and friends because they did not want to separate from their mother. For instance, this was evident in Hülya's accounts. Hülya's child still has difficulty separating from her and going to school. Although she likes the school and says pleasant things about the activities she does at the school, she still does not want to go to school. Hülya reported that she talked to the school guidance counselor about this difficulty, but it has not been resolved yet.

It has just been four months. I mean it happens from time to time. For example, she hasn't cried every day during these four months. But, for example, as the weekdays are five days, she cries twice a week. Fixed. She says, "My stomach aches, I don't want to go to school." However, the teacher is content, her relationship with her friends is very good. I mean, she is with her, umm, friends whom she met and knew beforehand. But still, she is an anxious child (Hülya, Appendix H, 151).

Türkan's child, on the other hand, resisted going to school for a month and Türkan had to wait at the classroom's door during this period. She wanted her mother

to stay at the school so that she could see her any time she wanted to. Her child had anxiety and fear about being at the school. In fact, she asked Türkan many questions about the school which indicated how anxious and fearful she was.

She says, “Mom, I don’t want to go.” “Why don’t you want to go?” “I miss you so much, I don’t know these.” It was a really difficult process. Yes, we waited in front of the door for a month. She didn’t go, (she said), “I won’t go”... She told me, she said “Mom, I don’t know anyone, will they treat me well, will they hit me?” (Türkan, Appendix H, 152).

4.4.10.2 The mother’s separation difficulty and anxiety

Five mothers stated that they had anxiety about preschool and difficulty separating from their children. To begin with, these mothers felt uncertainty and were worried about their children’s going to school for the first time. They had many questions in their mind regarding the school atmosphere and facilities. They did not know if their children would adapt to the school, and this would be fast enough. Although they left most of their worries behind after their children’s transition process, they still recall those days as challenging. Second, it was particularly difficult to separate from their children for some mothers. Because their children were crying and clinging to them at school, mothers had difficulty leaving and continuing their days and work as usual. Rather, they kept thinking about their children all day. Necla was one of the mothers who worried about her child’s transition to preschool. She explained this as follows:

There was too much excitement in me of course just like any other parent. The child will, umm, enter a social environment with his peers for the first time in the end... I wondered if he would be able to manage (Necla, Appendix H, 153).

Türkan admitted that she was very worried about the preschool and therefore she did not want to separate from her child. She was wondering if her child was going to be safe and happy at school. Her child also worried about the school and did not want to separate from her mother. As a result, Türkan had to wait by the

classroom door for a long time. She reported that transition to preschool was difficult for both of them.

What kind of people are there at the school? Would they upset my child? So, I experienced this fear... I don't know anyone after all. I am being prejudiced a little bit, but is there a man entering and leaving?... How does she go to the toilet? Is there anyone there when she goes to the toilet? So, does she eat?... On the one hand, I want her to go so much, on the other hand, I don't want her to go at all, but I know that she has to go. For one month, I waited in front of the door, it was winter in fact, I waited there... One day she went for an hour, after a month. One day for two hours, one day for three hours, then she waived at me one day, she said "Come on mommy, you can go now." I started crying on the day she said that already. I said, so okay, our first separation is done. Then she went. Is it difficult? Yes, it was too difficult for her, it was too difficult for me, too (Türkan, Appendix H, 154).

Gülşen, on the other hand, emphasized her difficulty to separate from her child for a different reason. Her child had to go to school at an early age due to lack of support in childcare from her family. She said that leaving her child at the school while he was crying had a big and negative impact on her wellbeing. She was thinking about her child at work. In fact, she reported that she was not feeling mentally well.

I had to enroll him in a private preschool when he was two and a half years old. We couldn't find a caregiver... My mother-in-law and mother managed, umm, by taking turns, each for a year. Then, they couldn't come. They had difficulty due to their husbands. That's why I enrolled him in preschool, umm, when he was two and a half years old. Of course, that period was too hard both for the child and for me. He didn't want to go. He was crying all the time. I was leaving him while he was crying like that and going to work, working. I mean, I was psychologically disturbed, umm, it was a little like that because my mind was left there. I was upset because, umm, I left him crying. I kept thinking continuously about what else I could do. However, taking unpaid leave was not an option for financial reasons (Gülşen, Appendix H, 155).

4.4.11 Interference of others in childcare

Five mothers stated that people around them usually interfere in their childcare practices and this is one of the major difficulties of their motherhood experience. The

interference began right after the birth and continued thereafter. Mothers said that people who interfere in childcare are mostly from the members of their large families, relatives, and neighbors. Needless to say, mothers do not like interference because they have their own, unique parenting styles and preferences to raise their children. They explained that the interference usually takes the form of criticism of their parenting style or caregiving practices. Hearing criticism from others both overwhelms and upsets the mothers. In addition, mothers often hear criticisms of their children's certain behaviors. They find these criticisms irritating because they assert that people do not really know why the children behave in the way they do. Rather, mothers know the underlying reasons for certain behaviors of their children. Some mothers also emphasized that people interfere in childcare during the early times of motherhood when the mothers are still quite inexperienced. Mothers felt confused and overwhelmed by numerous suggestions they heard from the people around after giving birth. These suggestions covered a broad range of caregiving practices such as putting the baby to sleep, breastfeeding, and not holding the baby too much. While everyone kept giving different suggestions, mothers were confused and did not know which one to follow to get the best results. Therefore, most of the time, people's interference in childcare left inexperienced mothers puzzled instead of feeling helpful. For instance, Fatma and Filiz were confused due to hearing different suggestions from everyone, especially during the first weeks of motherhood. Importantly, as Fatma emphasized, these suggestions were just delivered not as a response to the questions asked by the mothers. Rather, mothers were showered by them against their wishes. Fatma and Filiz explained these as follows:

I didn't know anything in terms of taking care of a child in those days. Umm, the classical methods in the environment, different methods of science, all of these were keeping me so trapped that I was feeling helpless for this reason. Everyone would say a different thing... I was exposed to too many, umm,

suggestions. It wasn't my choice, I mean. I was made too many suggestions without my own wishes... For example, to me (they said) don't hold (him) too much, (or else) he will get used to it, put him to sleep this way, at this hour (Fatma, Appendix H, 156).

A different voice would come out from every head; that is, do this, do that, mothers, kith and kin (Filiz, Appendix H, 157).

Müjde, on the other hand, said that her mother interferes in childcare a lot and criticizes her parenting. While Müjde shows physical affection to her child by hugging and kissing, her mother views this as if she is spoiling the child. Therefore, she criticized Müjde by saying that her child is so spoiled that he cannot separate from her.

My mother would say things like, "this child won't be able to start preschool, he won't be able to separate from you, you spoil (him) this much." However, that was not spoiling, I mean, it is making the child feel the love to his bones. However, they perceive it as spoiling, for example (Müjde, Appendix H, 158).

4.4.12 Parental attitude differences

Four mothers stated that they had difficulty in their motherhood roles because they did not hold the same parental attitudes as their husbands. They believed that this started shortly after the birth, and still continues to be a problem except for one mother. During the interviews, mothers gave many examples that they cannot have the same parental attitudes as their husbands. Certain childcare practices were among the most common reasons for disagreement between the couples. For instance, mothers say that they cannot reach a common ground with their husbands when it comes to dressing up the children, putting them to sleep, and deciding when to put them to sleep. They also cannot agree with each other in terms of whether to do the things the child wants in general, and whether to buy the things the child wants in particular. Mothers reported that they have arguments over these with their husbands

and they sometimes argue in front of their children. Overall, mothers' accounts revealed that not having the same childrearing attitudes with their husbands is quite exhausting. For instance, in her following accounts, Türkan provided multiple examples showcasing different parental attitudes of her and her husband.

Importantly, she believed that her child does not like her because she has a stricter attitude compared to her husband. It was obvious that she felt really resentful about her relationship with her child, but she did not want to change her attitude because she believed that she had the right attitude.

For example, I don't buy a toy of 400, 300 liras, I mean, I can't give (that amount). But the father goes and buys an Elsa toy for 600 liras. It has no special quality, it just sparkles, that's all... I don't buy, he does, I don't, he does, I never flex... "You will go to school in the morning, you need to get enough sleep, you need to go to bed at nine." And she follows this very well. But when the father is home, the father says, "I will tell, you can't make me go to bed, no, I am not going to go to bed." We snap into crying mode this time. I mean, when there is the father, all of those rules are called off... Her dialogue with me is not very good. That too is based on these, I mean, father's doing everything she wants, me not doing everything she wants. By the way, she is very good with me until the father comes. But I am also aware of this, she is handling me until the father comes. But after the father comes, she crosses me off completely (Türkan, Appendix H, 159).

Filiz said that she and her husband could not meet on common ground in the first years of parenthood and therefore had frequent arguments. One distinguishing point between Filiz and other mothers was that Filiz believed that they resolved this problem to a large extent. For her, the training she attended taught her how to communicate her ideas to her husband more effectively.

We couldn't use a common language until about X (her child) turned age three. I mean, it was happening too much, we had too many arguments about X... Or when we went on vacation, when she cried in her age two period, my husband's, umm, trying to shush X, why doesn't she shush, he's going out, he will come after she shushes, because people here came on vacation, they are being disturbed. But this is a child, we can't shush her, if the people here are disturbed by a child, we have nothing to do, we used to have such things happening too much. Or like this, we used to have too much tension like this (Filiz, Appendix H, 160).

4.4.13 Financial difficulties

Four mothers stated that they faced financial difficulties which made their motherhood experience more difficult and stressful for them. All these mothers admitted that becoming a mother brought financial burdens. Although they knew that they were going to make many purchases as a normal part of parenthood, it still increased their anxiety. They reported that the first times of parenthood were harder, but they started improving their financial conditions over time. Mothers explained that this was due to their reentering the workforce. One mother, on the other hand, emphasized that having a child is always an additional financial burden because although the things parents buy change over time, the act of purchasing for the child is always there. She also added that financial difficulties have become a bigger issue in the recent economic situation of Türkiye. Belgin was one of the mothers who faced financial hardships. While the early times of motherhood were more financially burdensome, it started getting better after she turned back to her job. However, it took about a year to sustain a stable financial status for her.

Of course, we also, umm, had difficulties financially because, umm, the burden of childcare is high. I mean, diapers, wet wipes, formula, etc. etc. It was a difficult process both financially and spiritually. Up until I turned back to work and again after about a year, I started working when she was three months old, but it took almost a year to recover etc. I felt more relieved after that period (Belgin, Appendix H, 161).

Müjde faced a different and really difficult situation in which both she and her husband were unemployed during her pregnancy. While her husband was unemployed, she experienced high levels of anxiety and stress. She kept thinking about their future and whether her husband was going to find a new job or not. In fact, during the interview, she repeated a number of times that her pregnancy was not a delightful process at all due to her financial concerns.

In the process of finding out that I was pregnant, my husband's unemployment period began. Dismissal. He remained unemployed for about six-seven months. During that period, I had a little anxious, distressed, stressful pregnancy... "I wonder what is going to happen, I wonder if he can find a job, umm, what are we going to do now?" Umm, because we are living in a rental house right now, it was like a dead-end thing, umm, period (Müjde, Appendix H, 162).

In the next section, the purpose of the present study, research questions, research design, participants, data collection method, and analytical method were reminded first. Then, in order to summarize the findings of the present study, the most important aspects of each theme and sub theme were outlined. Next, these findings were discussed in light of the findings of former research studies.

CHAPTER 5

DISCUSSION

The present study was mainly an attempt to open space so that mothers can voice their maternal experiences, especially ambivalent ones that are harder to share. The study also inquired whether mothers share their difficult experiences and if they do, for what reasons they share, and with whom they share. Third, the study explored what mothers do to manage their maternal ambivalence experiences; what kind of strategies they use to cope with their difficult experiences. Lastly, the present study highlighted what factors mothers perceived as relating to their maternal ambivalence difficulties; things that can potentially ease maternal ambivalence experiences or turn them into unmanageable situations.

This research followed qualitative design as it aimed to have a thorough understanding of the maternal ambivalence phenomenon (Gravetter & Forzano, 2018). Since we failed to find published research that directly relate to this topic in Türkiye, it was important to address mothers' experiences in detail. This required in-depth interviews and qualitative research design (Creswell et al., 2007).

The participants of the present study were first-time mothers of a preschool aged child who was then enrolled in a private preschool. As the COVID-19 pandemic conditions imposed limitations on being in the same room face-to-face, the data were collected through online (Zoom) interviews. A semi-structured interview form was developed specifically for the purposes of this study, consisting of questions related to maternal ambivalence experiences and a broad range of motherhood experiences. Therefore, interviews covered a wide range of lived experiences, thoughts, and feelings of mothers.

As a qualitative analysis method, Thematic Analysis (TA) (Braun & Clarke, 2006) was utilized in the present study. Due to the comprehensive and deep nature of each research question, analyses were conducted in relation to the specific research questions. Therefore, as the findings related to each research question were presented under distinct subheadings in the previous chapter, discussion of them followed the same order by taking the findings of the former studies into account.

5.1 Maternal ambivalence experiences

The first research question was “How do mothers experience maternal ambivalence?” In relation to this question, four themes were identified, namely *double-edged nature of motherhood*, *negative feelings toward the child*, *negative feelings about motherhood and regret*, and *regret and shame after feeling negative*. Four sub themes were identified under the second theme of *negative feelings toward the child*. These were *because of the child’s undesired behaviors*, *because of rapid mood swings*, *at times of exhaustion*, and *at times of crisis*. Likewise, two sub themes were identified in relation to the third theme of *negative feelings about motherhood and regret*. These were *because of its restrictions on freedom* and *because of its difficulties*.

The first theme, *double-edged nature of motherhood*, was the most frequently mentioned difficulty of mothers, representing their contrasting feelings regarding their motherhood roles. While mothers found motherhood delightful, they also thought that it was quite difficult and exhausting both physically and emotionally. Importantly, this double-edged nature of motherhood was experienced by each mother regardless of how desired and planned their pregnancies were. In fact, mothers’ descriptions of motherhood with such terms as “it is fluctuating, you

experience pain and happiness at the same time, and madness” revealed mothers’ ambivalent experiences. Similar to these findings, Shelton and Johnson (2006) found that mothers described motherhood as a double-edged natured experience. Just like the mothers in the present study, those mothers’ metaphors such as “upside/downside and there’s positives and negatives to it” disclosed their experiences of maternal ambivalence (p. 325). Likewise, the study conducted by Kulakac et al. (2006) presented similar findings that the mothers they studied acknowledged having both positive and negative feelings related to motherhood. The experience of maternal ambivalence revealed itself once again through these mothers’ accounts such as “love and pain and the most beautiful but also the most unbearable” (p. 843).

The findings of the present study were also in line with the findings of Marshall and Thompson (2014) and Mwape et al. (2014). Specifically, Marshall and Thompson (2014) gave voice to mothers’ broad range of feelings including happiness, anxiety, fear, and exhaustion. These mothers explained that motherhood involves both rewarding and horrible times, and these two extremes balance themselves somehow. Some mothers also thought that in general their positive experiences outweigh the negative ones. Mothers in Mwape et al.’s (2014) study expressed similar thoughts in that although they have negative feelings related to motherhood, their positive feelings create a balance and make their difficult experiences manageable. The authors also stressed that motherhood experience is really intricate and therefore often make women feel vulnerable.

In the present study, mothers described not only motherhood but also the birth process and transition to motherhood as double-edged. They found these processes complicated due to unexpected situations related to the labor, physical pain, fatigue, and mood swings. However, they added that they felt an unprecedented

love and concern for their babies right after the labor. During the postpartum period, on the other hand, having difficulties in breastfeeding and childcare was a common experience of the mothers. They talked about their mixed feelings in combination with these difficulties. In parallel with this finding, Mulherin and Johnstone (2015) emphasized that transition to motherhood is not a positive process for all mothers. Some mothers in their study stated that they had ambivalent feelings and regret during this process. In relation to the difficulties of breastfeeding and the ensuing ambivalent feelings, Sevón's (2007) findings were similar to the findings of the present study. Her study revealed that some mothers struggle with breastfeeding too much and talk about it in ambivalent terms. They consider breastfeeding as a perfect way to be close to their babies as well as a major difficulty that they do not enjoy.

Overall, in the present study, mothers explained that they have both good and bad moments in their motherhood roles. It is significant that they acknowledge their negative experiences and accept them as the realities of motherhood. Also, they are aware that they experience simultaneous multiple positive feelings in their motherhood roles and enjoy being mothers quite often. Similar to this finding, Benza and Liamputtong (2017) found that mothers in their study acknowledged having both good and bad moments. Trying to meet the children's needs all the time and trying to fit in societal expectations were draining for these mothers. Nevertheless, there were times when they found motherhood quite satisfying.

The second theme, *negative feelings toward the child*, represented mothers' most frequently stated negative feelings towards their children such as anger, frustration, and sadness. Mothers often felt overwhelmed by specific behaviors of their children or by specific situations. As a result, having negative feelings toward the child was a common experience of all mothers. Because the reasons of having

negative feelings toward the child vary for the mothers, four sub themes were identified under this theme. These were *because of the child's undesired behaviors, because of rapid mood swings, at times of exhaustion, and at times of crisis.*

Children's undesired behaviors were one of the main reasons for mothers' negative feelings. Although the mothers wanted their children to comply with the rules, be polite towards parents and grandparents, and be calm, children often yelled, screamed, became stubborn, and used curse words. As mothers faced these behaviors of their children, they felt angry, outraged, upset, and frustrated. If these behaviors are encountered repeatedly, mothers' frustration and anger get more intense. Another reason for mothers' negative feelings towards their children was rapid mood swings. Here, mothers mentioned not only their own but also their children's changing moods. They explained that while they are feeling happy and satisfied at one minute, they suddenly feel upset, bored, overwhelmed, and angry the next minute. This was mostly due to not being able to spend sufficient time alone. They especially had these mood swings during the pandemic lockdowns and realized that they lost their patience. Therefore, they found themselves being more negative and harsher towards their children. Likewise, mothers explained that their children become angry all of a sudden and start screaming, crying, and even hitting the parents. Children's mood swings make mothers angry, and they often yell back at their children.

Mothers also had negative feelings towards their children when they were exhausted. Because they usually felt exhausted due to their jobs, housework and childcare responsibilities, they often had less patience towards their children. They believed that they could get angry really easily and show intense reactions to the simplest misbehaviors of their children when they were too tired. Lastly, mothers stated that they had negative feelings towards their children in times of crisis. If they

thought that they cannot manage a crisis situation effectively, they became more tense, impatient, and angry at the child and at themselves. In these situations, children generally cried and shouted while the mothers went mad and had difficulty in refraining from physical violence.

These findings of the present study were consistent with the findings of Marshall and Thompson's (2014) study. First, mothers in their study reported that they feel negative when there is a problem behavior of their children that they cannot change or stop. Because they think that they cannot control these behaviors, they also doubt themselves and their motherhood skills. In any case, their negative feelings are amplified. Second, these mothers expressed that their exhaustion leads to a broad range of negative feelings. They complained that they cannot sleep or rest enough, and therefore, they are often in a bad mood. The findings of Connerty et al. (2016) also showed that mothers do not associate their children with only positive feelings and that some mothers in their study reported feelings of discomfort, apprehension, and regret when they are with their children. This was mostly due to their belief that they are not competent enough in childcare.

Murray and Finn's (2012) study, on the other hand, presented interesting findings that some mothers admitted that they did not feel love towards their children after labor. They did not want the children in their lives and felt like the children were intruders. This finding was not consistent with the findings of the present study where all mothers reported that they felt an intense love when they first saw their babies and thereafter. However, they also acknowledged that they often have negative feelings towards their children. In addition, Murray and Finn (2012) found that mothers have harming intentions with regard to their children. Although over time these intentions faded away to a large extent, mothers admitted that having such

intentions was dreadful for them early in their motherhood. Again, this was not consistent with the findings of the present study in that mothers did not mention having any harming intentions. On the contrary, they reported that they are concerned with their children's safety and wellbeing all the time. However, they still could not prevent themselves from having negative feelings towards their children. Mothers' ambivalent feelings exhibited themselves in a number of negative reactions towards their children. As opposed to Murray and Finn's (2012) findings and in line with the present study's findings, Mwape et al. (2014) stated that mothers mentioned experiencing an immediate love towards their babies. Once again, this was not the whole story for the mothers as they also reported experiencing many negative feelings.

The third theme, *negative feelings about motherhood and regret*, pointed out mothers' negative feelings, including regret, about being mother. Mothers' accounts revealed that they do not always enjoy their motherhood roles and responsibilities. Some mothers said that they would have preferred not being a mother at all or becoming a mother at a much later age. They have negative feelings about motherhood or regret motherhood for two main reasons and therefore, two sub themes were identified under this theme. These were *because of its restrictions on freedom* and *because of its difficulties*.

First, mothers stated their negative feelings about motherhood or maternal regret because motherhood restricted their freedom. Although most pregnancies were planned and mothers were expecting a certain level of restriction on their freedom, they found their lived experiences much more difficult. Therefore, some mothers said that they would have liked to become a mother later and enjoy their freedom more before undertaking the motherhood responsibility. In addition, they emphasized that

transition to motherhood was really difficult as their freedom was truly restricted because motherhood came with the reality of staying at home all day.

Second, mothers expressed negative feelings about motherhood because of its difficulties such as difficulty in breastfeeding, waking up multiple times at night, and meeting the child's needs all the time. They concluded that motherhood is the most difficult profession, or the most difficult responsibility one can ever undertake. They particularly mentioned the difficulties that started shortly after the labor as they had to take full childcare responsibility. They compared their work lives with their stay-at-home mothering lives and reported that full time employment was much easier. Also, because of the difficult nature of motherhood, some mothers said that they do not consider having a second child.

These findings of the present study were in line with many studies. To begin with, Shelton and Johnson's (2006) study revealed that some mothers found the transition to motherhood difficult after the work life. They did not like their new routines and repetitive tasks at home. Also, some mothers stressed that they lost their freedom after becoming mothers. They believed that these were the aspects of their lives that changed in a negative direction with motherhood. Likewise, Hung (2006) and Kulakac et al. (2006) found that mothers thought of motherhood as limiting their freedom. In fact, Hung (2006) reported that this was one of major stressors of mothers during the postpartum period. Young adult mothers in Mulherin and Johnstone's (2015) study also complained about losing their freedom with motherhood. Just like the mothers in the present study, these mothers stated that they would have liked to have a child at a later age to be more independent while they were still young.

Donath's (2015) study showed that some mothers experience maternal regret because they feel that they give up their lives after labor. They believed that their lives had changed forever and therefore regretted their decisions. In relation to their regret, they asserted that overall, the drawbacks of motherhood exceed its positive aspects. Likewise, Mangeli et al. (2018) found that becoming mothers at a young age leads maternal regret because mothers think that they lost many opportunities. Specifically, they believed that they lost their independence and therefore their social lives, education, and career opportunities. Other mothers shared similar feelings in Chapman and Gubi (2019) and Shloim et al.'s (2020) studies. These mothers admitted that they lost their freedom after motherhood as well. Some of them further explained this by stating that they feel imprisoned. Others said that motherhood is so absorbing that it does not allow for independence.

Having negative feelings about motherhood because of its difficulties was also evident in many former studies. To begin with, Marshall and Thompson's (2014) study revealed that mothers find motherhood responsibilities too difficult. They talked about the most challenging aspects of motherhood such as putting the children to sleep, trying to calm the children while they are crying, and feeding the children. With regard to having difficulty in breastfeeding, Palmér et al. (2012) stated that struggles in breastfeeding can cause ambivalent feelings in mothers. They may feel that they are unable to properly feed their child and as a result, experience feelings of rejection and self-doubt that in turn lead to ambivalent feelings regarding their child. This can add to the overall difficulties of motherhood and turn motherhood experience into a burden. Lastly, a group of mothers in Shloim et al.'s (2020) study expressed that they are burdened with the incessant responsibilities of motherhood. These mothers did not like to satisfy the child's needs all the time.

The fourth theme, *regret and shame after feeling negative*, represented mothers' feelings of regret, shame, and guilt after they felt negatively about their children. As mentioned before, mothers did not always have positive feelings towards their children. As they felt negative, they usually showed negative reactions such as yelling and giving silent treatment. Some mothers also explained that they could hardly refrain themselves from using physical violence. After these reactions, however, their negative feelings are replaced with regret as they think that it was not the child's fault, but theirs to feel and behave this way. They criticize and blame themselves and conclude that they are not good mothers.

Many past studies presented similar results regarding the feelings of regret, shame, and guilt after having negative feelings towards the children. For instance, Shelton and Johnson (2006) found that some mothers feel angry at their children. The interesting part is they are surprised by how angry they can get at times. They explained that they were not expecting to experience intense anger in their motherhood roles. Therefore, they are usually shocked by their own angry reactions. Likewise, some mothers in Sevón's (2007) study reported that they feel guilty right after getting angry at their children. One mother explained this by stating that because she is the mother, she should maintain her composure. When she cannot, however, she feels guilty and frustrated. She also believes that her child senses her negative feelings and gets agitated. This makes her feel even more guilty. Guilt feelings were common among mothers even when they do not show negative reactions towards their children. For instance, Kulakac et al. (2006) found that many mothers feel guilty because they cannot spend sufficient time with their children. They usually feel really exhausted due to their work and think that they cannot attend to their children's needs. This makes them feel sorry and guilty.

Mothers in Murray and Finn's (2012) study reported mothers' thoughts about harming their children. As they have difficulty in soothing their children or putting them to sleep, these thoughts come to their minds. However, they feel guilty for having such thoughts in the first place. They cannot simply believe that they have a capacity to have harming thoughts, so they feel ashamed. Also, mothers reported similar feelings in Vik and DeGroot's (2021) study that they reported feeling really angry at times. Some of them admitted that they could not manage their anger effectively and yell at their children. Importantly, they think that this is something to be ashamed of. Due to their feelings of shame and guilt, they do not talk about their anger to anyone.

5.2 Giving voice to maternal ambivalence experiences

The second research question was "How do mothers express their experiences of maternal ambivalence to others?" In relation to this research question, three themes were identified, namely *sharing experiences of hardships*, *limiting sharing when feeling not understood*, and *sharing with the mothers in the surrounding*. Three sub themes were identified under the first theme of *sharing experiences of hardships*. These were *relief through talking*, *exchange of ideas*, and *sharing to resist the pressures to have a second child*. Likewise, three sub themes were identified under the third theme of *sharing with the mothers in the surrounding*. These were *realizing that the mothers have similar difficulties*, *sharing similar experiences*, and *giving advice and opinion*.

The first theme, *sharing experiences of hardships*, represented mothers' tendency to share their motherhood related difficulties with others. They usually share with their closest friends, their own mothers, sisters, and colleagues.

Importantly, their reasons to share vary. For instance, they sometimes want to share the hardships and feel relieved. At other times, they share in order to hear different ideas and opinions from others. Also, they often share hardships as a form of resistance to pressures. Therefore, three sub themes were identified under this theme which were *relief through talking*, *exchange of ideas*, and *sharing to resist the pressures to have a second child*.

First, mothers tend to share their hardships because they feel relief through talking. The important point is that mothers prefer talking to people who can understand their feelings and offer emotional support without being judgmental. These people are generally the closest group of friends who are also mothers or other closest friends, sisters, mothers' own mothers, and mothers-in-law. However, some mothers cannot feel relieved by talking to their own mothers because they find their mothers judgmental. Overall, being listened to, heard, and validated is the key for mothers.

There are multiple studies which demonstrated that mothers tend to share their difficulties with others for a number of reasons. For instance, parallel to the findings of the present study, Palmér et al. (2012) found that mothers share their difficulties and ambivalent feelings related to breastfeeding. Receiving nonjudgmental responses from others makes mothers feel much better. They feel relieved and thus much less stressed after sharing. Similarly, Matley (2020) found that mothers choose to share their difficulties and feelings of regret on online platforms. Because these platforms offer anonymity, mothers can talk about marginalized topics of motherhood more easily. When they share their feelings of ambivalence, regret, and shame, they mostly receive understanding and empathetic responses which have the potential to relieve them.

Second, mothers tend to share their difficulties in order to hear others' opinions. They want to hear what others think about the matter at hand for two reasons. First, they believe that others' opinions can be a solution to their problems. Therefore, they share their difficulties when they think that none of their prior attempts solved their problems. Second, they look for as many different ideas as possible because they value new perspectives. They think that new perspectives can improve their motherhood experiences in general or can help them in approaching future problems in a more efficient way. Importantly, they do not value everyone's opinions regarding their difficulties. Rather, they want to hear opinions of more experienced mothers, close friends, and colleagues with whom they share similar maternal attitudes.

Many past studies were also in line with the present study's finding that mothers share their difficulties with others in order to exchange ideas and receive information from others. For instance, Leahy Warren (2005) and Leahy-Warren et al. (2012) found that mothers frequently look for information from their surroundings. They reported that they benefit from the information received from their mothers, friends, and sisters. In addition, Leahy Warren (2005) revealed that mothers feel more competent in childcare as they receive higher amounts of information from these trusted people. Mothers in Kulakac et al.'s (2006) study also stated that they disclose their struggles in order to hear their colleagues' opinions. Because they have many colleagues who are mothers, they value and benefit from their opinions. In addition, in her study, Parmaksız (2012) addressed the role of mother blogs on mothers and found that they mostly use these blogs to share and receive information. Also, reading these blogs makes them realize that other mothers experience ambivalent feelings as well.

Third, mothers tend to share their difficulties to resist the pressures of having a second child. Because they constantly face pressures to have a second child although they do not plan to have a second child any time soon, they started talking about their difficulties as a strategy. Specifically, they express to others that they are already struggling in their first motherhood roles, so it would be really difficult for them to take care of a second child. They think that some people never understand their difficulties or never think of these difficulties as real or good enough reasons for not wanting a second child. Therefore, mothers in the present study do not respect people who keep insisting as well as the societal expectations to have at least two children. Interestingly, no prior research study that directly relates to this finding of the present study was found. This may be because the majority of the research studies on this topic were conducted in the United States, European countries, and Australia where mothers may not be facing environmental pressures to have a second child unlike mothers in Türkiye.

Some mothers in Marshall and Thompson's (2014) study reported that they make use of community resources in order to interact with other mothers. Specifically, they visit community centers regularly where they can meet and talk to many mothers. They believed that this is a significant type of support for them because they exchange ideas, information, and skills. They also share their worries and receive emotional support from these community groups. Likewise, some mothers in Seppälä et al.'s (2021) study mentioned using community resources and meeting new mothers who live nearby. These mothers explained that they make friends, exchange knowledge, and support each other in a number of ways. Also, using community resources makes these mothers feel more confident and validated during transition to motherhood. The mothers in the present study, however, do not

benefit from community resources. They did not even consider searching for what opportunities could be there for them. Not surprisingly, some mothers in the present study reported that they lacked knowledge and skills during the early times of motherhood. Some of them were not happy with the amount of information shared with them by the surrounding mothers. Therefore, they could have really utilized community resources for their information needs.

The second theme, *limiting sharing when feeling not understood*, represented mothers' tendency to limit the amount of sharing when they feel not understood by others. They want to share their difficult mothering experiences with those who show empathetic understanding. If they believe that certain people do not respond to them this way, they limit sharing in the following ways. First, they decrease the amount of information they would normally give to others, such as talking about their maternal experiences in a superficial manner. Second, while communicating with these people, they avoid becoming completely honest, instead they hide their true feelings, especially the negative ones from these people. Mothers believe that the people who do not understand them are generally their own mothers, other family members, and relatives.

There are many former studies which demonstrated that mothers limit disclosing their difficult experiences to others if they feel not understood or if they think that society in general would never understand and respect their difficulties. For instance, Benza and Liamputtong (2017) found that although Zimbabwean mothers experience many difficulties in their motherhood roles, they do not feel free to share them with others. They refrain from sharing because they think that people in their community would criticize and judge them. They believed that they would be labeled as poor mothers right away in their culture and society. Likewise, mothers in

Aston et al.'s (2018) study reported that they show extra caution in choosing with whom they share their motherhood difficulties. They explained that they want to be respected and validated when they disclose their problems. Since they know that they cannot receive this understanding attitude from everyone, they prefer sharing with only a limited group of people. Similarly, some women in Chapman and Gubi's (2019) study expressed that they are afraid of talking about their maternal ambivalence experiences with others, because they believe that people will judge them. Most importantly, these mothers isolate themselves not to disclose their difficult maternal experiences. As a result of this isolation, they start thinking that other mothers do not struggle with ambivalent feelings as they do.

The study by Vik and DeGroot (2021) had significant findings which were also in line with the findings of the present study. To begin with, mothers reported that they refrain from sharing their difficult experiences with others in order to keep away from criticism. They only share their difficulties when they feel safe. Some mothers added that they do not even share with their husbands because they approach mothers in a judgmental way and criticize mothers' parenting practices. Also, some mothers said that they do not share their difficulties on online mother platforms since they find other mothers' responses unempathetic. Many mothers, on the other hand, do not share their difficulties with their own mothers and mothers-in-law. They do not consider these people as comforting to share due to their judgmental responses. In fact, they explained that their mothers and mothers-in-law think that their own parenting practices were the best and thus to be followed. But mothers do not agree with them and do not want to follow everything their mothers or mothers-in-law say about childcare. Contrary to the findings of the present study, many mothers reported that they do not share their motherhood difficulties with their colleagues because

they care about maintaining a professional identity at work. In the present study, however, mothers see their colleagues as one of the main sources to share and exchange ideas. This could be due to the fact that mothers in the present study mostly have women colleagues who are also mothers. Thus, they may think that their workplace is a safe environment to share. Overall, Vik and DeGroot (2012) found that mothers are cautious when it comes to sharing their difficulties and ambivalent feelings. They make careful choices regarding the content of their disclosures as well as the people to disclose.

The third theme, *sharing with the mothers in the surrounding*, represented mothers' tendency to communicate with other mothers quite often as an inseparable part of their motherhood experiences. As mentioned above, they mostly talk to their best friends, colleagues, and mothers about their difficulties. Also, they usually interact with other mothers at the parks and at other settings where multiple activities take place for children such as birthday parties. Talking to mothers at parks is especially common among mothers because taking their children to parks is a part of their daily routines. Importantly, sharing difficult motherhood experiences is not one sided. When mothers share their difficulties, other mothers share their own difficulties as well. Because three patterns were identified regarding mothers' communication processes, this theme was divided into three sub themes. These were *realizing that the mothers have similar difficulties*, *sharing similar experiences*, and *giving advice and opinion*.

First, mothers realized that as they share their difficulties, other mothers in the surroundings disclose similar difficulties. They started realizing this through frequent interactions with many mothers. As a result, they understand that they are not alone in their struggles as mothers. Also, mothers stated that the content of their

conversations is predictable depending on the children's age. For instance, as mothers of preschool aged children, they mainly talk about preschool related difficulties. When their children were much younger, however, they were sharing sleeping, breastfeeding, and eating difficulties. Most importantly, over time, mothers in the present study realized that other mothers also struggle in their motherhood roles emotionally and behaviorally as they get angry, and yell at their children. They all experience a broad range of negative feelings towards their children and their motherhood roles.

There are multiple research studies which revealed similar results with these findings of the present study. For instance, Palmér et al. (2012) found that mothers share their difficulties with other mothers and this sharing is empowering for them. They think that it is empowering and relieving because they find out the fact that other mothers experience similar hardships. Overall, the idea that they are not alone in their struggles is reassuring. This was also true for the mothers in Marshall and Thompson's (2014) study. They reported that they spend time with other mothers and share similar difficulties with each other. They think that this is a source of support for them. A significant finding came from the study by Vik and DeGroot (2021). They found that mothers feel the most protected when they share their difficult motherhood experiences with other mothers who face similar difficulties. So, the researchers found out that mothers make calculated decisions when it comes to sharing their motherhood struggles.

Second, mothers in the present study tend to share their similar experiences when other mothers talk about their difficulties. They choose to respond this way because they go through similar processes, and they want to let other mothers know that they are not alone. In addition, they show extra effort in listening to and

understanding other mothers' problems without making quick judgments. They give importance to being good listeners, showing empathy, and trying to understand what the mother needs at the moment. Then, they express their similar difficulties. However, they try to be as brief as possible because they think that the other mother's problem is at the core at that moment.

This finding was also in line with the findings of the study of Vik and DeGroot (2021) who found that mothers highly value approaching one another's disclosures with sensitivity. They did not want to say anything discouraging and condescending to other mothers as they would not like to receive such responses regarding their difficulties. In fact, they frequently complained about receiving such responses from many people and stated how disrespectful and annoying it is. Overall, they valued empathy and emotional support in their interactions. They also believed that similarity of motherhood experiences brought more empathetic understanding among mothers.

Third, mothers give advice or opinion to other mothers as a part of their communication processes. Some mothers give advice or opinion only when it is asked for. The others, however, believe that advice giving behaviors occur naturally and frequently in their communication with other mothers. By giving advice or opinion, they aim to support other mothers in their problem areas. Their advice generally consists of the ideas and solutions that work for them. Importantly, mothers not only give but also receive advice and opinion from other mothers. They believe that this is a reciprocal interactive learning process to help each other in difficulty areas.

Findings of some past studies were also parallel to the findings of the present study regarding mothers' sharing in order to give advice and opinion. As mentioned

above, mothers give each other advice and opinion in order to broaden their knowledge and solve some of their problems. Similarly, Leahy Warren (2005) found that mothers receive information from their mothers and friends quite often. In fact, receiving information from other mothers is associated with higher levels of confidence in mothers. Aston et al. (2018) found that mothers constantly look for information or advice from others. However, before practicing what they are advised, they want to make sure if it is the right thing to do. Most of the time, they synthesize all the advice and information and then decide what course of action they are going to take.

5.3 Managing maternal ambivalence experiences

The third research question was “How do mothers manage their experiences of maternal ambivalence?” In relation to this question, seven themes were identified. These were *sharing and consulting, attributing meaning to motherhood, doing things that feels good to oneself, getting support from husband, engaging oneself with the activities that distract negative feelings, regulating communication processes with the child, and improving oneself*. Three sub themes were identified under the second theme of *attributing meaning to motherhood*. These were *doing the best one can with realization that there is no perfect motherhood, prioritizing oneself and setting boundaries, and thinking that difficulties are transitory*. Five sub themes were identified under the third theme of *doing things that feels good to oneself*. These were *creating opportunities for and doing little things that one enjoys, socializing, enjoying the times spent with the child, sleeping and resting, and not seeing people who negatively influence mothering*. Lastly, two sub themes were identified under

the regulating communication processes with the child. These were walking away from the child and talking about feelings with the child.

The first theme, *sharing and consulting*, represented mothers' strategy to consult with the people who they trust as they face difficulties in their motherhood roles. They specifically choose to consult others when they feel stuck. They try to better manage their difficulties and the accompanying feelings of sadness, anger, self-doubt, and despair through consulting others. They mostly consult their own mothers and other more experienced mothers as well as the professionals such as doctors and teachers. They also search for different opinions on the internet, and they read books. In addition, mothers generally consult others in either of the three conditions. First, they consult others when they have difficulties in childcare such as not being able to feed the child properly and put the child to sleep. Second, they consult others when their children are sick or have a specific health condition they do not know about. Lastly, they often consult others when they cannot deal with specific undesired behaviors of their children. All these conditions are anxiety producing for mothers, so they aim to manage them more effectively with the help of knowledge and opinions of others.

Many past research studies emphasized that mothers usually share their difficulties with others and consult them. For instance, Palmér et al. (2012) pointed out that mothers feel empowered as they share their difficulties and consult. Thus, sharing is a coping strategy for them. Parmaksız (2012) reached the same conclusion about the impact of sharing difficulties on mother blogs. Specifically, mothers in her study reported that they feel empowered through sharing and consulting and thus they evaluated the impact of blogs positively. Ruthven et al. (2018) also found that mothers use online platforms to ask questions about a number of areas. They consult

other mothers through these platforms and aim to learn more about childcare practices and child behaviors. Specifically, they inquire about feeding, putting the child to sleep, and toilet training. Marshall and Thompson (2014), on the other hand, stated that mothers not only consult their own mothers and friends but also professionals. They usually use this strategy when they have difficulty in performing their motherhood responsibilities. In addition, Aston et al. (2018) found that mothers consult as many sources as possible in order to get the most useful information. They consult other mothers, doctors, nurses, and websites. Lastly, Pedersen and Lupton (2018) revealed that mothers consult other mothers on online platforms in search of validation and reassurance. They want to know if the way they feel about and respond to their children is normal and how “good mothers” would react to their children under similar circumstances.

The second theme, *attributing meaning to motherhood*, represented mothers’ strategy to better cope with their difficult motherhood experiences by attributing certain meaning to motherhood. Mothers think that motherhood is conceptualized and presented in traditional ways in Türkiye which they find unrealistic and overwhelming. Therefore, they started conceptualizing motherhood in their own unique ways. Specifically, they started thinking that they cannot reach the ideal motherhood standards of society, so they should not try to do so. Instead, they started showing more acceptance of themselves and the way they perform their motherhood roles. Because their meaning attribution leads to three distinct practices, three sub themes were identified under this theme. These were *doing the best one can with realization that there is no perfect motherhood*, *prioritizing oneself and setting boundaries*, and *thinking that difficulties are transitory*.

First, mothers try to do their best as much as they can, especially because they believe that there is no such thing as “perfect” motherhood. Some mothers admitted that they aspired to be perfect in the early days of motherhood. However, through experience, they started realizing that things do not go as they wish. They now know that children’s behaviors cannot be shaped the way mothers want to. They also know that their relationships with their child cannot always be unproblematic. Overall, they no longer aspire to be perfect because they think that this is impossible. In addition, mothers now acknowledge that motherhood includes negative feelings, yelling at the children along with positive feelings and experiences. It is important that some mothers think that not being perfect or ideal is natural and humane.

Many former research studies presented similar findings. To begin with, Haga et al. (2012) found that mothers with more relaxed attitudes towards motherhood and childcare experience less frustration in their motherhood roles. Mothers with more controlling attitudes, on the other hand, aspire to be ideal in their motherhood roles. When they think that they cannot reach their ideal image, they feel bad about themselves, and they feel dissatisfied with the way they perform their motherhood roles. Therefore, it was concluded that not being able to control everything results in lower levels of wellbeing for these mothers. Marshall and Thompson (2014) found that as mothers had considerable difficulty in their motherhood roles, they started changing their approach to motherhood. Specifically, instead of being too uptight and having high expectations all the time, they try to perform their motherhood roles as best as they can. Therefore, instead of judging themselves, they try to remind themselves that they are doing just fine. Moreover, Pedersen and Lupton (2018) presented similar findings regarding posts of mothers on online platforms. They found that mothers support each other on their posts by

stating that the good mother concept is not straightforward. Because motherhood includes bad moments and negative feelings for everyone, these cannot make them bad mothers. Instead, they view their experiences as natural aspects of motherhood. They remind each other that they are good mothers and ideal mother images should be reconsidered and changed.

This finding of the present study was also closely related to the findings of Chapman and Gubi (2019). Mothers in their study reported that they started feeling better as they showed more acceptance of themselves. They realized that they were being too hard on themselves as a result of societal expectations and ideals. However, they admitted that these ideals are not realistic. They started accepting the fact that they are not perfect mothers. Now, they accept their maternal ambivalence experiences and think that it is enough to try to do their best as mothers. Consequently, they reported that they feel as if they are healed.

Second, mothers often set boundaries and prioritize their needs in order to better manage difficult times of motherhood. Again, they started setting boundaries and prioritizing themselves over time and through experience. They realized the importance of setting boundaries when they felt extremely exhausted and unhappy due to prioritizing their children's needs all the time. As a result of their exhaustion and unhappiness, they projected their negativity onto their children and husbands. Setting boundaries and prioritizing their needs helped mothers feel better and prevent such projections. Overall, realizing that their lives are not all about their children or being a mother had a positive impact on mothers' wellbeing. Some mothers also mentioned society's expectations that mothers be devoted and selfless. They believe that although they cannot isolate themselves from these expectations completely, they still can set certain boundaries.

Similarly, some mothers in Shloim et al.'s (2020) study explained that they are good enough mothers and they do not have to strive for more. They acknowledge that motherhood includes ambivalent feelings, and this is not anxiety producing for them. Most importantly, they acknowledge their own needs, and they try to fulfill them instead of prioritizing children's needs all the time, which gave mothers strength in their motherhood roles. The researchers argued that having this attitude had a protective effect on mothers' wellbeing.

Third, mothers try to relieve themselves during difficult times by thinking that challenges are transitory. They accept that they cannot prevent all difficulties from happening and think that it is just a process, so it will get easier for them. They especially try to bear this idea in mind when they have problems with their children or when they feel exhausted by repetitive tasks of motherhood. Importantly, thinking that the difficulties are transitory gives mothers the strength and motivation to move on. Mothers also remind themselves that the difficulties are only transitory when they have intense negative feelings. This strategy allows them not to focus on their negative feelings for too long.

Parallel to this finding, Marshall and Thompson (2014) found that as mothers had considerable difficulty in their motherhood roles, they started changing their approach to motherhood. Now, whenever they feel stuck, they try to remind themselves that they will have certain difficulties only for a brief period of time. Believing that the difficulties are not permanent gives them acceptance and patience. Likewise, mothers in Märtsin's (2018) study reported that motherhood brought a new life and routine to them that they cannot do many of the things that they enjoyed before. Again, they preferred to view this as only a phase in their lives.

The third theme, *doing things that feels good to oneself*, represented mothers' strategy to do things that feels good to them in order to better cope with their difficult motherhood experiences, including maternal ambivalence. Although the things mothers do vary, their reasons for doing those things are similar. They aimed to relax, stay away from their children for a while, and build the energy and mental readiness to go back to their motherhood responsibilities. Because mothers choose to do different things in order to feel good, five sub themes were identified under this theme, which were *creating opportunities for and doing little things that one enjoys*, *socializing*, *enjoying the times spent with the child*, *sleeping and resting*, and *not seeing people who negatively influence mothering*.

First, mothers frequently create opportunities for the things they enjoy. These are little activities such as watching television or movies, listening to music, going for a walk, reading books, spending time on social media, and applying nail polish. Although they seem ordinary to most people, they are not easy to perform for mothers due to their difficulties with time management. Therefore, mothers usually do these things after their children go to sleep, which is especially the case for working mothers. Importantly, mothers realize that these little activities have a huge impact on their wellbeing because they feel relaxed and satisfied as they engage in these activities.

Past studies also showed that mothers use certain strategies in order to better manage their difficulties. For instance, Barkin and Wisner (2013) found that self-care is essential for mothers' wellbeing. Mothers in their study reported that they do small things like doing exercise, taking shower, and putting on makeup that they enjoy just like the mothers in the present study.

Second, mothers socialize with their friends as a strategy to cope with their difficult experiences. They believe that spending some time away from their children and being with adults make them feel better. Also, being away from the children for a while makes mothers miss their children, so they can go back to their homes with higher motivation to deal with their difficulties. Having the company of adults while socializing allows mothers to take their minds off their difficulties and enjoy adult conversations.

This finding is consistent with the findings of Barkin and Wisner (2013) who found that self-care was essential for mothers' wellbeing. As a self-care practice, mothers preferred socializing with their friends or husbands. Mothers' need to socialize as a part of their self-care was emphasized in Chapman and Gubi's (2018) study as well. Mothers in their study stated that they get bored of staying at home all day while taking care of their children. They said that they need to go out more often and engage in conversation with adults.

Third, mothers try to enjoy the times they spend with their children as another strategy. In other words, because they know that not every time they spend with their children is enjoyable, so they usually feel angry, frustrated, and tired. Whenever they have a good time with their children, however, they try to notice and appreciate it. They enjoy having dinner, going to the theater, museums, and doing handcrafts with their children. During these moments, they feel like they are friends with their children, so they can have fun together. They also believe that these are quality times that they spend with their children.

Parallel to this finding, Shloim et al. (2020) revealed that some working mothers started to appreciate the times they spend with their children after going back to work. Now, they enjoy being with their children after work. They feel the

emotional bond between them and their children and enjoy that bond well.

Importantly, they not only appreciated their time spent with the children but also their time at work because they were happy to experience both of them.

Fourth, mothers need sleeping and resting in order to cope with difficulties of motherhood. Because they experience both physical and mental exhaustion due to motherhood chores, housework, and their jobs, they sleep or rest only when they have the opportunity. They especially preferred sleeping and resting as a strategy quite often during the early times of motherhood. They continue using this strategy since then although their children do not require intensive care anymore. Because most of them are employed and has to perform multiple duties now, they feel that they lack sufficient sleep or rest. They believe that this gives them the strength to keep performing their motherhood responsibilities.

With regard to mothers' exhaustion and self-care, Hung (2006) found that inadequate sleep was one of the most salient difficulties of primiparous mothers. Therefore, she suggested that mothers should give importance to their sleep. Planning their daily practices in order to prioritize their sleep and resting was an effective strategy for mothers' self-care and wellbeing.

Fifth, one mother shared that as a strategy, she stays away from people who negatively influence her mothering experience. She believes that her mother-in-law had a really negative impact on her motherhood experience, and she was especially uncomfortable with her mother-in-law's comments and criticisms. She used to get really tense and angry around her and project her negative feelings towards her husband and child and over time, she decided not to see her instead. Importantly, she thinks that she is now a much healthier mother, and she can raise a healthier child.

After a while, she expanded her strategy and started not seeing many other people who influence her motherhood negatively.

In relation to not seeing people who negatively influence mothering experience, Ward and Linn (2020) found that some mothers distance themselves from their mothers-in-law on purpose. They choose to do this as a strategy or as a solution for their already chaotic relationship. In fact, just like the mother in the present study, one mother in their study reported that she does not talk to her mother-in-law at all. It seems that mothers do whatever they believe they need to do while trying to have a more peaceful motherhood experience.

The fourth theme, *getting support from husband*, represented another strategy that mothers use to cope with their difficult maternal experiences. Mothers generally ask for help from their husbands when they feel very much overwhelmed and stuck. Also, they usually need the help of their husbands when they have an argument with their children, their children behave in an undesirable way, or they feel extremely exhausted. In addition, mothers sometimes need their husbands' support when they are really angry at their children. They believe that their husbands can manage these situations better than they can, so they ask their husbands to intervene. Importantly, in order to get support, they often have to wait for their husbands until they come home from work. When they come home, mothers generally leave the child with their husbands and go out or meet their own needs.

Getting support from husbands as a strategy to cope was emphasized by the findings of several studies. To begin with, both Leahy Warren (2005) and Leahy-Warren et al. (2012) stressed the importance of support received by husbands. They found that husbands offer the highest level of support to mothers along with mothers' own mothers. Likewise, Barkin and Wisner (2013) reported that mothers

receive support from their husbands in childcare and therefore they feel less burdened. Marshall and Thompson (2014) revealed that mothers usually receive support from their husbands in feeding the child, putting the child to sleep, and housework. They emphasized that with the help of their husbands, they can spend some time alone and meet their needs.

Haga et al. (2012), on the other hand, revealed that mothers need their husbands' active support in childcare practices. However, mothers do not only want their husbands' support in practical matters. They also want and need emotional support from their husbands. Specifically, they want their emotions to be validated by their husbands. Vik and DeGroot (2021) presented a very similar finding. Mothers in their study wished their husbands to provide them with both emotional and practical support. Importantly, they wanted to receive assistance from their husbands without asking for it. Mwape et al. (2014) presented a different and important Zambian finding related to the support received by husbands. They found that even though mothers need their husbands' support very much, they do not receive it. In fact, many mothers reported that their husbands have affairs with other women while they are taking care of their children alone. This finding was not similar to the findings of some other studies because being abandoned by their husbands was quite a common experience for mothers. This may be explained through the cultural differences between Zambian society and European or American societies.

The fifth theme, *engaging oneself with the activities that distract negative feelings*, represented mothers' strategy to focus on different activities in order to distract themselves from their negative feelings. For some mothers, going to work and thus being away from their children during the day is a wonderful distraction. In fact, some mothers viewed their work related responsibilities as fun compared to

their motherhood responsibilities. They think that they get away from their maternal worries while they are at work. Also, some mothers do housework and study in order to distract themselves. This way, they try to avoid being occupied with negative feelings.

This finding of the present study was not frequently mentioned in past studies. However, some mothers in Marshall and Thompson's (2014) study explained that they prefer working and therefore being engaged in something else other than their motherhood responsibilities. For instance, one mother reported that she started remote working because she needed this distraction that come with responsibilities that stimulate her intellectually. Another mother, on the other hand, preferred working part-time for similar purposes.

The sixth theme, *regulating communication processes with the child*, represented mothers' frequently used strategy to solve their problems by communicating with their children more effectively. Mothers admit that they often have problems in their communication with children. For instance, they get really angry and yell at their child as their child shouts, uses inappropriate language, and refuses to eat or sleep. When faced with such problems, mothers put extra effort into regulating the communication process with their children. Because they use two different strategies to regulate the communication process, two sub themes were identified under this theme. These were *walking away from the child* and *talking about feelings with the child*.

First, some mothers usually walk away from and do not talk to their children for a brief period of time until their intense negative feelings towards the children are alleviated. To begin with, doing this prevents them from yelling at their children or showing verbal and physical violence. Second, walking away gives them the

opportunity to stay alone for at least a few minutes to calm down and reflect on the situation, their feelings, and needs. Meanwhile, they can try to find a solution as well. Mothers generally use this strategy for anger management. They either go to another room or want their children to go to their rooms. They believe that this is really effective in maintaining their composure and deciding what to do next faster.

Similarly, one mother in Shelton and Johnson's (2006) study talked about these strategies by giving vivid examples from her motherhood experience. First, she admitted that she wants to hit her child at times. She added that it was a result of spending the whole day with her child and repeating this every single day. She also believes that every mother must feel this way every now and then. When she really wants to show physical violence to her child, however, she walks away from her child and goes to another room. She thinks that this strategy is very useful because it prevents her from being physically violent. Likewise, Hoffman (2013) found that mothers use strategies such as "taking adult 'time outs' and walking away from an 'out of control' child" (p. 84) in order to better manage difficult situations.

Second, mothers prefer talking to their children about their feelings because they believe that honest communication can solve their problems. They also want their children to talk about their own feelings. For instance, when they get angry at their children, they try to talk about their anger. If they cannot stay calm and yell at their children, they usually wait until they calm down and then talk to their children. They try to explain why they were angry and how sorry they felt afterwards. Also, because they believe that this is a reciprocal process, they encourage their children to talk about their feelings.

Parallel to this finding, Saritaş and Bozkurt (2020) reported that some mothers try to solve their difficulties through initiating communication and talking

about the problem areas. This was also consistent with the findings of Hoffman (2013) who found that mothers assisted their children in talking about feelings. Sometimes, they utilized tools such as pictures which depicted different feelings in order to encourage their children to open up their feelings.

The seventh theme, *improving oneself*, represented mothers' strategy to improve themselves in order to better cope with difficult experiences of motherhood in the long run. These mothers think that their current knowledge and skills may not be enough to solve certain problems. Therefore, they believe that they should put extra effort into learning and improving their skills. Also, they think that a mother should try to improve herself as a requirement of motherhood. They explain that because they are the role models of their children, they should model appropriate behaviors and attitudes. They realize that although self-improvement can take much time and energy, it is also rewarding for them.

The findings of Aston et al.'s (2018) study were in line with this finding. They found that mothers constantly seek information from multiple sources in order to broaden their knowledge. If they read or hear inconsistent information, they aim to search for more information and decide which one is right for them. They usually do this through comparing all information to one another. The important point is that mothers refuse to do what they are told to do right away. Instead, they show agency in their learning process and self-improvement. Likewise, mothers in Saritaş and Bozkurt's (2020) study think that they should improve themselves in order to become more intentional in their motherhood roles. They value efforts of questioning and searching for new information and view these behaviors as assets of good mothers. Also, they stated that they use social media, TV programs, and books as tools for their self-improvement.

5.4 Factors relating to maternal ambivalence difficulties

The fourth research question was “Which factors in mothers’ lives relate to maternal ambivalence difficulties?” In relation to this question, thirteen themes were identified. These were *personal sacrifices, difficulty of performing multiple tasks and fatigue, inexperience in childcare, difficulty of over focusing on the child, father-child time, social pressures, support, managing the child, difficulties that change with time, difficulties related to preschool, interference of others in childcare, parental attitude differences, and financial difficulties*. Two sub themes were identified under the theme of *father-child time*. These were *the facilitative effects of father time* and *lack of father time*. Four sub themes were identified under the theme of *social pressures*. These were *pressure to have a child, pressure to have a second child, critiques on motherhood, and negative impact of others*. Two sub themes were identified under the theme of *support*, which were *lack of childcare support* and *lack of psychological support*. Two sub themes were identified under the theme of *managing the child*. These were *child’s sleep, feeding, gas problems* and *developmental difficulties*. Seven sub themes were identified under the theme of *difficulties that change with time*. These were *difficulty of the postpartum period, the hardest first two years, child starting to speak, child acquiring skills, childcare getting easier, motherhood getting easier, and improvement in partnership*. Two sub themes were identified under the theme of *difficulties related to preschool*. These were *the child’s separation difficulty* and *the mother’s separation difficulty and anxiety*.

The first theme, *personal sacrifices*, demonstrated that mothers can no longer do many things that they had been doing and enjoying before motherhood. Instead, they have to sacrifice these things. For instance, they sleep less, socialize less, travel

less, and spend less time on their beauty and hobbies. While talking about their experiences, mothers tend to compare their lives before and after motherhood and conclude that their lives were much easier before motherhood. Therefore, they tend to remember their childless lives with longing. In fact, some mothers want to go back to their former lives back as soon as their children grow up. Importantly, they think that they have no choice but to make such sacrifices due to time management difficulties and lack of support in childcare. This is especially the case for working mothers.

The findings of Hung (2006) were parallel to this finding of the present study. Specifically, when mothers were asked to report their biggest difficulties, one of the most frequently stated difficulties was being restricted. In other words, mothers thought that they could not do many things that they were doing before birth and therefore they felt restricted. Similarly, Saritaş and Bozkurt (2020) found that some mothers define motherhood as being restricted and resemble it to slavery because their former lifestyles changed dramatically after giving birth. Mothers in Akyol and Arslan's (2020) study stated similar experiences, because finding a balance among their work, housework, and childcare responsibilities is too hard, they usually make sacrifices and prioritize their children. This was also the case for some mothers in Mulherin and Johnstone's (2015) study where mothers stated that they sacrifice their jobs and careers for their children and as a result, they feel like they lost a significant part of their identity. Mangeli et al. (2018), on the other hand, focused on experiences of young mothers and found that these mothers think that they sacrificed a lot of things as they became mothers. Education, career, and social life were among their sacrifices. Importantly, they have feelings of regret due to sacrificing these things. Lastly, Benza and Liamputtong (2017) revealed that because mothers always

try to meet the needs of their children, they constantly make sacrifices from their own needs. Interestingly, some mothers view this as a positive thing, as prioritizing children's needs is expected and encouraged in society. Others, however, find this overwhelming because sacrificing their own needs all the time makes them feel like they have lost their identity.

The second theme, *difficulty of performing multiple tasks and fatigue*, represented mothers' difficulty in performing childcare, housework, and work tasks. Trying to perform all these tasks leads to physical and mental exhaustion in mothers. Although their husbands support them in childcare and housework tasks, mothers still have the biggest portion of responsibility in these areas. Therefore, they reported experiencing fatigue all the time. Mothers admit that they usually do not give their full attention to their children as a result of their fatigue. Instead, they prefer laying down, watching TV, or sleeping. Likewise, they often let their children have prolonged screen times while they are laying down or doing housework. Although they feel guilty for doing this, they think that they do not have a better option. Overall, busy schedules and feelings of fatigue are extremely common among mothers.

Having difficulty in performing childcare, work, and housework tasks and the accompanying feeling of fatigue were commonly mentioned in past studies. To begin with, Marshall and Thompson (2014) found that fatigue is among the biggest difficulties of motherhood. Mothers in their study reported that they cannot rest or sleep enough because there are so many things that they should take care of. As a result of their fatigue, mothers usually experience negative mood states. Mothers in Connerty et al.'s (2016) study stated that it is too difficult to deal with all the responsibilities of motherhood along with other demands of daily life. Trying to

manage everything at once is a major stressor for mothers and therefore is closely associated with mothers' mental health problems. Murray and Finn (2012), on the other hand, revealed that mothers tend to have harming intentions towards their children when they experience extreme fatigue.

Benza and Liamputtong (2017) stated that mothers complain about having to perform multiple responsibilities. One significant point is that they mentioned taking care of their husbands as one of their responsibilities along with their childcare and housework responsibilities. In fact, one mother described that mothers should have extra hands in order to get enough for everything and everyone. Similarly, mothers in Märtsin's (2018) study talked about their difficulty in fulfilling each of their roles and responsibilities. They believe that they were able to better manage their responsibilities before motherhood, but motherhood made their lives chaotic, so it is difficult to bring order to their lives now. Importantly, they feel guilty for not being able to be skillful enough and show outstanding performance in their distinct roles. Pedersen and Lupton (2018) emphasized another significant aspect of mothers' fatigue. They found that while talking about their motherhood experiences on online platforms, mothers tend to mention how much responsibility they have on their shoulders. They also added that they do not receive enough support while performing these responsibilities. Because it is really overwhelming for them, they often complain about their situation. In fact, one mother resembles herself to a grouchy person as she complains about how difficult it is to manage all of her responsibilities.

Lastly, Sevón (2007) emphasized that no matter how much difficulty mothers have in performing childcare tasks and no matter how exhausted they feel, some mothers tend to talk about their children in a very positive way. This was also true for some mothers in the present study. Although it is obvious that they experience

extreme difficulty in handling multiple roles as well as extreme fatigue, they refrain from saying negative things about their children. In fact, some accounts of these mothers felt like they are extra careful about what they say, and they soften their vocabulary and tone of speaking on purpose. This could be a result of cultural values and pressures such that some mothers might be afraid of going against these by saying negative things about their children.

The third theme, *inexperience in childcare*, represented mothers' one of the biggest difficulties, which is being quite inexperienced in childcare after giving birth. They especially had this difficulty during the first few months of motherhood. Although they tried to prepare themselves for their motherhood roles during their pregnancy or even before, they realized that their actual motherhood experience was much more complicated than the things written in the books. This led to feelings of insufficiency and frustration in mothers. With regard to being inexperienced in childcare, mothers also felt that caregiving is not instinctual. Because they had considerable difficulty in adjusting their motherhood roles, they concluded that motherhood or caregiving does not have an instinctual nature. Rather, as mothers believe, it is learned through experience. Therefore, all mothers think that they can do a much better job in their motherhood roles if they have a second child.

Hung (2006) revealed that when mothers were asked to report their biggest difficulties, one of the most frequently stated that it was not having sufficient knowledge about raising a child. This difficulty leads to feelings of insufficiency in their motherhood roles. Therefore, it is emphasized that motherhood requires some time and practice to feel better about the required skills. Parallel to this finding, mothers in Marshall and Thompson's (2014) study mentioned their feelings of insufficiency and self-doubt. They tend to get angry at themselves because they are

often unsure of what to do in difficult situations. In fact, they reported that they feel stupid at times. Some mothers in Connerty et al.'s (2016) study even doubted themselves and could not believe that they could raise a child. For instance, a mother in their study reported that she does not want to be left alone with her child as she does not trust her motherhood skills and experiences fear. In addition, Mangeli et al. (2018) focused on experiences of young mothers and revealed that these mothers did not feel competent to perform their motherhood tasks. Therefore, they needed the support of their families as their inexperience made them rely on their parents' guidance in childcare.

Aston et al. (2018) looked at mothers' inexperience in childcare from a different perspective. They stated that there is an assumption that all first-time mothers lack knowledge in childcare and not surprisingly, mothers are affected by these assumptions and therefore doubt themselves and their knowledge. Therefore, mothers seek information and reassurance from experienced people. Lastly, one finding of Saritaş and Bozkurt (2020) was not parallel to the finding of the present study. Specifically, they found that a great majority of the mothers in their study received parental education prior to birth. They received this education mostly through community resources. They explained that they wanted to prepare themselves for motherhood by broadening their knowledge. In the present study, however, none of the mothers received any education, although most of them could afford parental education, they were not aware of these educational activities existed. Instead, they tried to prepare themselves for their motherhood roles by reading as many books as they could.

The fourth theme, *difficulty of over focusing on the child*, represented mothers' difficulty to think and worry about their children all the time. For instance,

they usually think about their children's health, nutrition, hygiene, school related problems, peer relationships, undesired behaviors, and future. They believe that thinking about these all the time is anxiety producing for them because it leads them to question themselves and their abilities. Importantly, mothers reported that they cannot prevent their worries and therefore feel exhausted and overwhelmed. Also, they think that worrying too much is not a good thing because their worries can shadow their love toward the children at times. Lastly, many mothers explained that their worries mostly result from wanting the best of everything for their children. In other words, they want to make sure that they can provide their children with the best of everything.

Several former research presented similar findings with regard to mothers' over focusing on their children and the difficulties attached to this over focus. For instance, Barkin and Wisner (2013) found that some mothers in their study equated being a good mother to being selfless and being preoccupied only with the children's needs. These mothers explained that they usually set aside their self-care needs and prioritize childcare tasks no matter how exhausted they are. Because they are worried about their children, they do not trust anyone in childcare. Therefore, they do not receive childcare support which leaves them with no time for resting. Similarly, Constantinou et al. (2021) stated that mothers worry because they think that childcare is a duty which entirely belongs to them. Therefore, they believe that they should take care of their children. In fact, they stated that they can do this better than anyone else does. Iwata et al. (2018), on the other hand, found that being worried about childcare is associated with mothers' feelings of exhaustion. As the researchers argued, worries of childcare lead to stress and fatigue in mothers. Also, being worried about their children and childcare was a common experience among both

first-time mothers and experienced mothers, which suggested the widespread presence of these worries. Likewise, Chapman and Gubi (2019) gave voice to multiple worries of mothers about their children. Some mothers reported that they were worried about their children's health and safety. Specifically, they were thinking about the possibility of children's getting sick, choking, and dying. Thus, they admitted that they were fearful and anxious in their motherhood roles. Lastly, most of the mothers in Akyol and Arslan's (2020) study reported that their biggest priority in life is their children and motherhood role. In fact, they choose motherhood over their work responsibilities due to their concern for their children.

The fifth theme, *father-child time*, represented the key role of father participation or lack of father participation in childcare and housework. All mothers agree that they have too many responsibilities including work, housework, and childcare, and therefore father participation is crucial to fulfill these responsibilities. While some mothers receive considerable amounts of support from their husbands, the others do not receive it despite their increased needs for husband participation. Because mothers mentioned two distinct patterns in relation to father participation, two sub themes were identified under this theme. These were *the facilitative effects of father time* and *lack of father time*.

First, mothers believe that father participation in childcare has a significant facilitative effect on their daily lives. Fathers do many activities with their children such as painting, solving puzzles, going to the park, shopping, and doing sports. Regardless of the type of activity, father-child time was crucial for mothers because it allows them some time to spend alone. They generally use this time to finish housework, complete an important work task, or to get rest. Either way, mothers feel relieved while their husbands are taking care of the children. In addition, some

mothers keep asking for their husbands' support in practical matters and childcare tasks quite often. For instance, they ask their husbands to change their child's diaper, help them in giving the child a bath, and put the child to sleep.

Past research studies exhibited the role of father participation in childcare and the positive impact of father-child time on mothers. For instance, Roh et al. (2017) found that father participation in childcare and maternal self-efficacy are closely associated. Especially because they were first-time mothers, it can be stressed that partner support has a vital role in primiparous mothers' efficacy beliefs. Similarly, Bilgrami et al. (2020) stated that fathers' presence in the house with the mothers as a part of paternal leave has multiple positive impact on mothers. Specifically, it has a role in improving the overall mental health of primiparous and inexperienced mothers and also decreasing the possibility of depression among these mothers.

Second, some mothers reported that their husbands spend little time with their children due to long working hours. This is especially the case on the weekdays as husbands come home late when the children are about to sleep. Therefore, fathers and children have a quite limited time to see each other and play. This has a negative impact on mothers' daily activities and mood because they end up undertaking too much responsibility in childcare and housework. As a result, they feel exhausted, stressed, and bored, and they often project their negative feelings onto their children and husbands.

Mwape et al. (2014) revealed that many mothers face hardships due to lack of their husbands' support and reported that they could not receive support from their husbands during their pregnancy. Most importantly, they could not receive support during the first months of their motherhood. These were the times that mothers needed support the most, but their husbands were not generally at home. This finding

was parallel to the finding of the present study in that many mothers in the present study complained about their husbands' long work hours and therefore absence from childcare. This was also the case for the mothers in Haga et al.'s (2012) study. Some mothers said that felt completely lonely due to their husbands' long work hours. In fact, a mother stated that this situation felt like as if she was a single mother.

The sixth theme, *social pressures*, represented different forms of social pressures that mothers have been facing from prior to their motherhood until to date. People who mostly put pressure on mothers are parents, mothers-in-law, husbands, relatives, neighbors, and acquaintances. Mothers stated that social pressures are among the biggest difficulties of motherhood because constantly hearing the same things about their motherhood is annoying and overwhelming. Also, mothers view the people who put pressure on them as inconsiderate and disrespectful of their choices and lifestyles. Because mothers mentioned four distinct patterns of social pressures, four sub themes were identified under this theme. These were *pressure to have a child*, *pressure to have a second child*, *critiques on motherhood*, and *negative impact of others*.

First, mothers were frequently pressured to have their first child by their own families, their husbands' families, relatives, and neighbors. Regarding these pressures, mothers stated that they would like to have their first child at a later age, but they ended up getting pregnant earlier to put an end to the pressures. Many mothers added that their first pregnancy decisions were not completely of their own but due to the pressure to comply with the sacred image of motherhood in society and the ensuing societal expectations. Importantly, they believe that if women do not meet these expectations, people in their social circles gossip about them by claiming that they are sterile. Some mothers, on the other hand, think that these pressures have

manipulative power and threaten mothers to have their first child. For example, they have been told to have a child soon or else they would lose their capacity to have a child and their husbands would divorce them.

Second, mothers are frequently exposed to pressures to have a second child by their own mothers, parents-in-law, relatives, and neighbors. They are also put under pressure to have a second child by those whom they barely know. Not surprisingly, mothers are very much irritated by these people and therefore they try to avoid them as much as possible. They view these people as inconsiderate and insensitive because they do not simply care about mothers' readiness for a second child but impose their own positions. In fact, mothers think that they are not given the freedom to choose to have a second child by society and this truly frustrates mothers. Mothers mentioned similar types of comments and advice they always hear regarding making a second child. For instance, they are always told to have a second child so that the two children can grow together, or the siblings can take care of each other and their parents in the future.

In relation to the societal pressures to have children, former studies presented mixed results. To begin with, through her interviews with many mothers, Donath (2015, November) revealed that some of the mothers had children only because they did not know or dare an alternative way of living. This demonstrates the power of societal codes and pressures. In fact, she emphasized that these pressures are quite common in Israel just like many other societies that encourage motherhood. As Mangeli et al. (2018) stated, Iran is among these societies where becoming a mother at a young age gives reputation and prestige to women. Young mothers in Mulherin and Johnstone's (2015) study, on the other hand, reported that they felt judged by others after giving birth because people stated that they were too young, and

therefore not ready to undertake the motherhood responsibility. Although this was especially the case for teen mothers, it was also a problem for those in their twenties. In the present study, however, mothers were put under pressure to have their first children in their twenties. Therefore, it can be concluded that although especially young married women are typically expected to have children, specific conditions of these expectations may vary among different societies and countries.

Third, mothers stated that they frequently hear negative comments on their motherhood practices from their families, relatives, and neighbors. They believe that they are criticized by these people because their parenting styles and practices are not understood or accepted. Mothers mentioned many reasons for criticisms by others. For instance, they are told that they spoil their children too much, they are too uptight in their motherhood roles, and they are yelling at their children too much. They are also told that they are raising their children to grow up to be too fragile, naïve, and weak. With regard to criticisms on motherhood, mothers emphasized the destructive impact of harsh societal expectations for women to be devoted mothers. For instance, mothers reported that they are criticized for socializing, practicing self-care activities, getting support from their husbands in childcare, and not breastfeeding their children. Not having sufficient support but facing severe criticisms, mothers end up feeling exhausted.

This finding was parallel to the findings of several research studies presenting different forms of social pressures on mothers. To begin with, Shelton and Johnson (2006) revealed that some mothers were aware of the pressures from their families. They think that these are related to society and societal expectations. As a mother put it, mothers are expected to conform to these in order to be labeled as a good mother. However, many mothers try to resist these pressures because they value their

individual and unique ways of mothering. Constantinou et al. (2021) also emphasized societal expectations and their impact on mothers. They stated that these expectations are a form of pressure on mothers in that if mothers fall short on these expectations, they feel guilty.

Just like the findings of the present study, many studies revealed that pressures often take the form of criticism of motherhood. For instance, Benza and Liamputtong (2017) stated that mothers are the only ones to be criticized for their children's misbehaviors in Zimbabwean society. That is, when children show undesired behaviors, parents and parents-in-law criticize mothers and claim that they are not doing a good job raising their children. Aston et al. (2018) also emphasized that mothers sometimes feel criticized and judged by what they are told in the form of advice. They feel like advice of certain people is more like judgements on their motherhood style. Some mothers in Vik and DeGroot's (2021) study reported that they are criticized by their husbands that they spoil their children too much. Likewise, they hear comments such as they exaggerate things, or they make frequent mistakes in childcare. Because this is a constant situation in their relationship, mothers do not talk about their difficulties to their husbands. Lastly, Bresnahan et al. (2020) addressed the relationship between breastfeeding and societal judgments. They found that mothers feel judged and stigmatized if they feed their children with formula. All these findings showcase the large scope of societal expectations on mothers and the associated judgments and criticisms.

Fourth, mothers stated that they are negatively affected by certain people in their surroundings. Mothers believe that environmental factors seriously influence the way they perform their motherhood roles. When people negatively influence them, they feel angry, nervous, and tired and they project these negative feelings on

their children and husbands. Overall, mothers mentioned negative influences of many people such as their husbands, parents-in-law, and relatives. They think that they have specific roles and responsibilities in relation to these people and therefore they have many expectations that they need to fulfill. Mothers find this really exhausting and unsettling.

With regard to the negative impact of others, Vik and DeGroot (2021) found that many mothers find some people and society truly discouraging and unsupportive. They believe that instead of helping mothers, many people put them in even harder situations. As a result, mothers feel lonely and unhappy. In the present study, many mothers mentioned the negative impact of their mothers-in-law and husbands on their motherhood experience. This finding was in line with the findings of Ward and Linn (2020) who also revealed the discordant relationship among mothers, mothers-in-law, and husbands, and the resulting negative feelings of mothers.

The seventh theme, *support*, represented the vital role of support mothers need to receive from others and how its absence influences them negatively. Mothers stated that although receiving support, especially in the transition to motherhood, was a must, some of them are yet to receive it to date. They added that they need support from others to perform their motherhood tasks more easily and to take care of themselves. If they cannot receive sufficient support, they struggle in their motherhood roles and spend little or no time for themselves and this in turn reflects on the entire family. Therefore, they need support from their own mothers, mothers-in-law, and husbands. Also, mothers talked about the value of psychological support and how difficult it was to receive any. Because mothers mentioned two distinct

patterns of support, two sub themes were identified under this theme, which were *lack of childcare support* and *lack of psychological support*.

First, mothers cannot receive enough support in childcare from the people around them and this lack of such support is one of their biggest difficulties. Mothers mentioned the difficulty of taking care of their children while they were so inexperienced and there was not enough support offered to them by their mothers, mothers-in-law, and husbands. Being left with little or no support was frustrating for them. Most of them still do not receive sufficient support but still undertake multiple responsibilities and feel exhausted. Therefore, many mothers cannot spend any time for their own wellbeing or enjoyment.

Some past research addressed the relationship between support and maternal outcomes. For instance, Iwata et al. (2018) found that mothers' satisfaction with the amount of support they received had an inverse relationship with their experiences of fatigue. Zlotnick et al. (2022) also found that there was an inverse relationship between support received by mothers and postpartum depression. Not surprisingly, many mothers in the present study expressed their feelings of fatigue due to the lack of support. They also reported feeling depressed, burnt out, and being in a negative mood for the same reason but psychological support was absent.

On the other hand, there are several other research which provided information about the presence of social support for mothers. To begin with, mothers in the studies of Leahy-Warren et al. (2012) and Murray and Finn (2012) stated that they were content with the amount of support given to them. They believed that they had enough instrumental and emotional support from others. Similarly, mothers in Marshall and Thompson's (2014) study expressed that they receive a great deal of support in childcare from their husbands. While their husbands were taking care of

the children, mothers could have some time alone. These findings were not in line with the findings of the present study where the mothers thought that they received enough support but in line with the needs and hopes they expressed.

There were many other studies demonstrating the lack of support and its outcomes for mothers. For instance, Barkin and Wisner (2013) revealed that some mothers could not receive support in childcare because there was not anyone in their surroundings to do this. Therefore, mothers could not socialize as they knew that there was no one whom they trust to look after their children. This was also true for some mothers in the present study because their parents and parents-in-law did not live nearby. Likewise, Benza and Liamputtong (2017) emphasized the lack of support mothers experience as a result of migration. As mothers who migrated from Zimbabwe to Australia, they reported that they were lonely in childcare because their families were far away. This made mothers feel isolated and stressed. Connerty et al. (2016) found that mothers viewed transition to the house after giving birth as a painful process. They explained that while they were provided with sufficient support in childcare in the hospital, the amount of support decreased at home. This was difficult for the mothers because their responsibilities increased in the meantime. Also, some mothers in Mulherin and Johnstone's (2015) study talked about insufficient partner support. While some partners were absent, others did not attend to the needs of the mothers properly. These mothers reported that transition to motherhood was quite challenging for them. Although mothers in the present study did not mention their husbands' absence, they still viewed their support as poor.

Second, mothers stated that they suffered from the lack of psychological support especially during the first weeks of motherhood. They believed that their mental health was so much in danger during those days that they needed not only

their parents', husbands', and friends' psychological support but also support from helping professionals. Although they could not realize how much professional support they needed while going through that process, many mothers acknowledged this need by thinking in retrospect. Importantly, most of the mothers reported that they felt lonely, sad, and frustrated due to lack of psychological support. Some mothers even stated that they went through burnout.

With regard to psychological support, Aston et al. (2018) revealed that many mothers admit that they need psychological support. In fact, they reported that this type of support is especially required during the postpartum period, just like the mothers in the present study asserted. Importantly, mothers did not only mean the psychological support from their families and close friends. They also emphasized the value of receiving support from helping professionals. Seppälä et al. (2021), on the other hand, found that some mothers cannot receive sufficient informal psychological support because they do not have many friends who are also mothers. Therefore, when they go through difficult times of motherhood, they cannot share it with other mothers and end up thinking that other mothers do not have similar experiences with them.

The eighth theme, *managing the child*, represented mothers' difficulty managing their children's behaviors in certain situations. In these situations, mothers know that they cannot manage their children effectively and therefore feel frustrated, weak, and hopeless. They also tend to criticize themselves and doubt their motherhood skills. Because mothers mentioned two distinct patterns of situations where they experienced difficulty in managing their children, two sub themes were identified under this theme. These were *the child's sleep, feeding, and gas problems* and *developmental difficulties*.

First, mothers had considerable difficulties while managing their children's sleep, feeding, and gas problems while they were baby. Some mothers still have difficulties in putting their child to sleep or feeding them properly. In retrospect, mothers admitted that they were counting days desperately to leave these problems behind. They tried solving these problems by taking their child to the doctors, but, as they explained, it just did not work. Therefore, they started accepting that they will have to bear with these problems until their child grows up a little more. Importantly, these problems led mothers to doubt themselves and to think that they were bad mothers because they could not succeed in feeding their child or putting their child to sleep.

Former research provided rich information about children's sleep and feeding problems and mothers' difficulties in managing these. For instance, mothers in Sevón's (2007) study mentioned their difficulties related to breastfeeding their children especially at night and trying to put their sleepless children to sleep. They all described these difficulties as exhausting. One mother, for example, explained that she sought professional support for her child's sleep problems, but it did not solve the problem. Therefore, she reported that her life was more like a catastrophe due to her child's sleep problems. Haga et al. (2012) found that many mothers had problems with breastfeeding. Because they felt that they could not manage their breastfeeding difficulties, they were worried and afraid of breastfeeding. They found breastfeeding at night especially difficult because they were lonely and unsupported. Thus, the researchers emphasized that breastfeeding difficulties and mothers' wellbeing are strongly associated. Palmér et al. (2012) focused on the struggles of mothers in breastfeeding in great detail. They explained that these struggles are linked to ambivalent feelings and alienation. Because mothers are expected to breastfeed and

breastfeeding is presented as an act which mothers succeed in naturally and effortlessly, mothers feel disappointed if they cannot manage it. They feel like a failure as they could not meet societal expectations. Also, knowing that they cannot manage breastfeeding leads to feelings of guilt, low self-esteem, and uselessness.

Marshall and Thompson (2014) reported similar findings related to mothers' difficulties. Specifically, they revealed that mothers struggled a lot in managing their children's sleep and breastfeeding problems. Just like the mothers in the present study, those mothers reported that their children were not sleeping but instead crying all the time. These difficulties were combined with breastfeeding difficulties for the mothers. Importantly, they stated that they were put under pressure to breastfeed. They also realized that being able to manage it was like a competition in society. Therefore, they felt guilty when they thought that they were not good at breastfeeding, thus in motherhood. Similar difficulties with different aspects were also experienced by the mothers in Murray and Finn's (2012) study where mothers stated that when their children cried incessantly and did not sleep, they tended to have harming intentions towards the children due to their exhaustion and inability to better manage the children.

Second, mothers had difficulty in managing their children's age related developmental difficulties. By age related developmental difficulties, they mostly referred to terrible twos and horrible threes because their children showed difficult behaviors such as intensive crying, saying no to everything, frequent objections to parents, and wanting to do everything on their own. When faced with these behaviors, mothers could not know how to communicate with their children constructively and felt desperate. They explained that they were not equipped to manage their children's developmental difficulties. Therefore, they searched the

internet and consulted more experienced mothers in order to learn how to manage these difficulties more effectively.

Past studies also presented mothers' struggle in managing their children's behaviors due to developmental difficulties. To begin with, Belsky et al. (1996) found that the age two period was characterized by increased difficulty for some families. They faced many defiant behaviors of their children and had difficulty in managing them and felt negative in the end. Likewise, mothers in Sidebotham's (2001) study reported that certain behaviors of their children were among the most prominent stressors of mothers. They mentioned terrible twos and the behaviors such as objecting and screaming. They also found frequent temper tantrums really difficult to manage. Similarly, Porter and Ispa (2013) found that mothers had hard times in managing their children's defiant and aggressive behaviors. They thought that these behaviors were characteristics of terrible twos. They admitted being stressed by these behaviors, not being able to stop them regardless of their efforts. They needed opinions from others in order to better manage this difficulty.

The ninth theme, *difficulties that change with time*, represented some of the difficulties of mothers that change naturally with time. Mothers believe that multiple aspects of their motherhood experiences were affected by time. For instance, they believe that time has a great impact on childcare difficulties, their relationships, and their overall maternal experiences. They also asserted that most of their experiences became easier and relationship problems were solved over time, which indicates the positive impact of time on mothers. Because mothers mentioned seven distinct areas that were affected by time, seven sub themes were identified under this theme. These were *difficulty of the postpartum period*, *the hardest first two years*, *child starting to*

speaking, child acquiring skills, childcare getting easier, motherhood getting easier, and improvement in partnership.

First, the postpartum period was really difficult for mothers because it consisted of a heavy emotional burden for them. During this period, they experienced rapid mood swings and a broad range of negative feelings. They misunderstood people and their intentions frequently while they felt misunderstood by others at the same time. Also, they admitted that they were taking offense at everything and getting angry easily. These intense emotions were not just their subjective experiences but had biological foundations as in fluctuations in hormone levels. Thinking in retrospect, mothers could not make sense of their feelings and behaviors during this period. Therefore, they recommended that postpartum mothers should seek professional support to achieve emotional balance.

Many studies emphasized mothers' difficulties during the postpartum period. For instance, some mothers in Shelton and Johnson's (2006) study reported that they received postpartum depression diagnosis. One mother talked about her anger and feelings of how she could not manage her motherhood role anymore. Some mothers in Murray and Finn's (2012) study, on the other hand, self-diagnosed themselves as having postpartum depression while talking about their difficult motherhood experiences. Although none of the mothers in the present study received such a diagnosis, some of them implied that they could have received a diagnosis if they sought professional help during then. Haga et al. (2012) also stated that some mothers in their study called themselves depressed. They thought that transition to motherhood and postpartum period was too difficult, so they could not have a sense of mastery. Rather, they suffered from feelings of weakness and sadness. Palmér et al. (2012) emphasized that mothers experience the postpartum period as chaotic.

Also, their relationships with family members are problematic and stressful during this period. Therefore, they cannot really enjoy their time with their children. The findings of the present study were in line with this finding because mothers in the present study also reported that they had frequent problems and misunderstanding in their family relationships. They also explained that they could not enjoy the first times of motherhood or the postpartum period due to its difficulties.

Second, a great majority of mothers reported that the first two years of motherhood were the most difficult times due to the intensive physical challenges of this period such as breastfeeding, waking up at nights, and putting the baby to sleep. These tasks seemed endless to mothers and turned this period into an experience that mothers do not really enjoy. Mothers found the duration of caregiving too long and therefore had difficulties in time management and spending time for themselves. This period was also challenging for mothers because they were inexperienced in childcare and trying to adjust to their newly acquired motherhood roles and tasks.

With regard to the difficulties of the first months of motherhood, Iwata et al. (2018) found evidence that mothers have difficulty during this period and experience fatigue. First-time mothers reported having much higher levels of fatigue within the first month after giving birth. They experienced fatigue in relation to the intensive care they had to provide for their children, just like the mothers in the present study mentioned.

Third, mothers started communicating with their children more easily and effectively as their children started speaking. Mothers used to feel that they did not understand infants' needs due to their lack of verbal language production. Also, they thought that infants did not understand and respond to them. For instance, it was difficult for mothers to understand why the infant was crying, especially when their

apparent physiological needs were met. It was also difficult to experience that the infant would not stop crying when they said, “Don’t cry!” In fact, mothers admitted that they were getting really tense while communicating with their children before they started speaking. Their language acquisition, however, relieved mothers, facilitated problem solving, and positively influenced the mother-child relationship.

To the best of the researcher’s knowledge, there is not a rich body of literature related to this finding since children’s language acquisition was mostly researched as a child outcome. There are several studies investigating the relationship between child’s speaking and multiple parental variables such as mothers’ verbal stimulation (Keown et al., 2001), maternal education (Westerlund & Lagerberg, 2008), and mothers’ responsive behaviors (Levickis, 2018), while the other side of the picture is missing. Therefore, children’s language acquisition should be studied to learn maternal outcomes. Specifically, the impact of children’s language acquisition on motherhood experiences and maternal wellbeing should be investigated.

Fourth, mothers stated that children’s acquiring certain skills over time had a facilitative effect on their motherhood. Mothers viewed the skill acquisition process as closely related to preschool because they realized that their children learn many skills at school and practice those skills at home. For instance, they explained that their children could follow their instructions better, tidy their rooms, eat alone, and go to the toilet alone. Since their children became more independent, mothers felt that their burden was reduced considerably.

Again, there is not a rich body of literature concerning this finding of the present study because children’s skill acquisition was mostly investigated as a child outcome and in relation to multiple parental variables such as parental involvement

in educational activities (Fagan & Cabrera, 2022) and attachment (Symons & Clark, 2000). Thus, the impact of children's skill acquisition on motherhood experiences and maternal wellbeing should be investigated.

Fifth, mothers stated that childcare has become easier for them over time. They believed that taking care of a preschooler is much easier than taking care of a newborn because the former does not require intensive care anymore. For instance, they do not have to breastfeed and wake up multiple times at night anymore. They also acknowledged the facilitative effects of children moving independently, eating alone, and going to the toilet alone. In addition, mothers believed that childcare got easier for them because they gained experience in childcare tasks over the years, so they feel more confident.

With regard to childcare getting easier over time, Sevón (2007) found that several difficulties of motherhood became easier for mothers. For instance, they mentioned the difficulties of breastfeeding and having to care for the baby nonstop. Mothers concluded that these difficulties decreased in intensity over the first year of motherhood. In addition, these mothers were interviewed at different time points. While they did not fully mention their difficulties and how they felt about them in the beginning, they started giving more details and accepting their difficulties as well as negative feelings during the next interviews. As they talked about their motherhood experiences in retrospect, they admitted that things were worse for them compared to the present just like the mothers in the present study reported. One might argue that talking about difficulties while experiencing tends to be harder than talking about them in retrospect after having settled at least some of the issues.

Sixth, mothers stated that their overall motherhood experience has become easier over time. Importantly, they were not referring to childcare tasks that get

easier over time, but rather, they meant their motherhood experience in a broad sense by considering both practical and emotional aspects. Over time, they started feeling more experienced, confident, and less anxious in their motherhood roles. In fact, they explained that while motherhood consisted of more anxiety in the first years, it consists of more gratification now. Compared to the first two years, many mothers were able to spend more time alone and engage in their hobbies. Overall, although they still find motherhood as the most difficult task, they acknowledged that it tends to get easier both practically and emotionally.

Parallel to this finding, mothers in Chapman and Gubi's (2019) study reported that their daily routines were getting more relaxed over time. Because their child gained a certain level of independence, they can spend time for themselves. Also, they can engage in their hobbies now. Over time, they started accepting their ambivalent feelings more easily and feeling more peaceful. Consequently, these mothers believed that time had an immensely positive impact on their overall motherhood experiences.

Seventh, mothers stated that their relationships with their husbands have improved over time. They became cold and distant towards their husbands right after giving birth. They also lacked sexual interest especially in the first year of motherhood and therefore some of them had serious arguments with their husbands because their husbands complained about not having sex. Mothers explained this lack of sexual interest either through their exhaustion or maternal instincts. Some mothers also experienced a psychological distance towards their husbands after the birth because they did not share common perspectives in childrearing. However, all mothers believed that this was a process which they gradually left behind, so their

partner relationship improved even though they did not do anything on purpose to improve it.

Regarding the impact of time on partner relationships, former research studies presented mixed findings. To begin with, some mothers in Marshall and Thompson's (2014) study reported that they had problems in their partnership. Although some of these problems still continue, there are other aspects of their relationships that improved over time. For instance, while one mother stated that she and her husband's sex life is improved, the other mother said that she and her husband still cannot agree on undertaking equal responsibility in childcare. Another mother in Märtsin's (2018) study talked about a change in her and her husband's relationship dynamic with motherhood. She did not like the way their relationship evolved over time because she believed that the only focus of the relationship became raising their child. This was also true for the mothers in the present study because after giving birth, they could not spend time with their husbands due to childcare duties and exhaustion. Also, they did not want to have sex with their husbands for a period of time. Thus, they turned into couples who have distant relationships with the main focus becoming their concern for their child. Chapman and Gubi (2019), on the other hand, found that mothers have negative feelings, especially anger, towards their husbands for several reasons. For instance, they get angry at their husbands because they undertake all the responsibilities in childcare, such as waking up at night in order to breastfeed the child. Likewise, they feel angry at their husbands because husbands complain about not receiving their attention. Needless to say, mothers in the present study reported having similar experiences and feelings in their partner relationships. We need to remember that mothers already have gone physical pain and change through delivery and faced to meet a life changing responsibility of taking care of a

child. It seems that their feeling resentful about being left with little or no support is understandable.

The tenth theme, *difficulties related to preschool*, represented mothers' frequently mentioned difficulties related to enrolling their children in preschool. On one hand, it was difficult for children to adapt to preschool. Therefore, mothers had difficulty in managing situations in which children did not want to go to school and cried. Mothers got angry and tense in these situations. On the other hand, mothers had anxiety about preschool as their children were going to go to school for the first time. Because they had many unanswered questions in their minds related to preschool, they had difficulty separating their children. Because mothers mentioned two distinct patterns of preschool related difficulties, two sub themes were identified under this theme. These were *the child's separation difficulty* and *the mother's separation difficulty and anxiety*.

First, children had difficulty separating from their mothers and going to school. Therefore, mothers had to deal with situations in which their child cried, told the parents not wanting to go to school, kept hugging the mothers, and did not let them go. This was particularly the case for the children who started going to preschool at an early age. Importantly, some mothers reported that their children did not want to go to school even though they liked their school, so the only reason for not wanting to go seemed to be their difficulty separating from their mother. One mother, for instance, had to wait in front of the classroom door for a month until her child got used to the school.

Similarly, mothers in former studies reported having anxious children, especially when it comes to separation. For instance, mothers in Porter and Ispa's (2013) study stated that they were having hard times because their young children

did not want to separate from them. Instead, they clung to their mothers and had a fear of strangers. Also, there is evidence that mothers and children's anxiety are associated. Indeed, children sense feelings of mothers even if these feelings are not outwardly expressed. For instance, Edwards et al. (2010) found that mothers' overprotection towards their children had a predictive power on children's anxiety. Likewise, Tatsiopoulou et al. (2022) argued that mothers can easily affect their children through their own anxiety.

Second, mothers had anxiety about preschool and difficulty separating from their children. Mothers were worried about their children going to school because it was going to be the first school experience of their children. That's why, they had many questions in their mind regarding the school atmosphere, security, and facilities. They wondered whether their children were going to be safe and happy at the school. Also, it was particularly difficult to separate from their children for some mothers because the children were crying and clinging to them. These mothers admitted that after leaving their children at the school, they were preoccupied about their children all day and that had a negative impact on their wellbeing.

Shloim et al. (2020) revealed that some mothers have difficulty separating from their children. These mothers expressed their feelings of worry and anxiety when they needed to separate from their children. One mother described that she is not ready to spend some time alone while her child is away from her. Akyol and Arslan (2020) found that mothers have quite similar anxieties and concerns related to preschool. Specifically, mothers reported contrasting feelings about their jobs because they had to enroll their children in preschools to be able to work. While working, they had certain questions in their mind. For instance, they kept wondering how the children were doing and feeling, whether the children were angry at them,

and whether the children were going to be sick. Overall, mothers admitted that sending their children to preschool for the first time and living through the children's adaptation process were really difficult for them. Therefore, many mothers mentioned the need for a daycare center within their office buildings and they asserted that such facilities are quite inadequate in Türkiye. In fact, having a daycare center would have a big positive impact on mothers. This way, they would not worry about their children as much and their daily routines would be facilitated. In addition, in the present study, mothers' accounts revealed that children of those mothers who were really anxious about preschool were also anxious. In that sense, anxious mother-child dyads having difficulty separating from one another are not rare. Here, mothers' anxiety may have a particularly significant impact on children's anxiety levels because although mothers do not talk about their anxiety with their children, children may sense and internalize their mothers' anxiety.

The eleventh theme, *interference of others in childcare*, represented another difficulty of mothers in that people around them usually interfere in their childcare practices. Overall, people who interfere in childcare are mostly from mothers' extended families, relatives, and neighbors. Mothers believed that the interference began right after the birth when the mothers were quite inexperienced and continued thereafter. Mothers felt confused and overwhelmed by numerous suggestions they heard from the people around. They were confused and could not decide which suggestions to follow. Importantly, although mothers did not always ask for such suggestions, they were still showered by them. Since the interference usually takes the form of criticism, mothers did not like it and they explained that they have their own, unique parenting styles and preferences to raise their children.

Findings of Leahy Warren (2005) were in line with the findings of the present study. Specifically, she found that mothers mostly receive information about childcare practices from their own mothers and friends. Some mothers, however, do not only receive information from these people. They also seek professional opinion. As a result, some of them receive contrasting advice. Mothers in the present study experienced the exact same thing and therefore had confusion about childcare practices. Similarly, Aston et al. (2018) emphasized mothers' difficulty related to advice coming from different sources. Because mothers do not trust every advice they hear, they feel the need to carefully decide which ones to follow. They try to overcome their confusion by doing more research. Just like it is stated in the findings of the present study, people's interference in childcare usually takes the form of criticism. Findings of Shimizu and Teti's (2018) study is a good example of this. They found that people criticize mothers even for sleep related issues. Specifically, mothers in their study feel the judgment of their parents, parents-in-law, and friends if they and their children sleep together for longer than six months. Thus, the researchers concluded that if mothers do not conform to cultural expectations of society, they can easily become the target for criticism, which potentially has negative impacts on their wellbeing. It is only expected that negative wellbeing of mothers would reflect back to all members of the family.

The twelfth theme, *parental attitude differences*, represented mothers' difficulty in their motherhood roles because they do not necessarily hold the same parental attitudes with their husbands. Certain childcare practices are among the most common reasons of disagreement between the couples. For instance, mothers cannot reach a common ground with their husbands when it comes to dressing up the children, putting them to sleep, and deciding when to put them to sleep. They also

cannot agree with their husbands in terms of whether to do and buy the things the child wants and whether to have a stricter parental attitude or not. Mothers mostly found their husbands too relaxed towards childcare. They did not want to do or buy everything the child wants unlike their husbands. These disagreements often turn into arguments which the children witness. Overall, mothers find these disagreements quite exhausting, and they do not feel validated by their husbands.

Marshall and Thompson (2014) gave voice to mothers' difficulties in their partner relationship. Mothers believed that their partnership changed drastically after birth and started including more tension. They explained that their husbands could not understand them which made mothers frustrated and sad. In addition, many mothers were not happy with the amount of husband support in childcare, but they had difficulty explaining to their husbands that their responsibilities should be equal. This was something that the mothers in the present study also complained about. They explained that they had the biggest responsibility in childcare and housework and most of the mothers could not manage to get more support from their husbands. Similarly, mothers in Mangeli et al.'s (2018) study stated that because husbands did not understand mothers' struggles, they also did not offer sufficient support to mothers. Therefore, mothers reported having conflicts in their partner relationship and the resulting negative feelings. Parallel to these findings, Vik and DeGroot (2021) revealed that some mothers did not have similar attitudes with their husbands towards childcare practices and therefore they were criticized by their husbands. In order to prevent criticisms, these mothers limited sharing their struggles with their partners. Zambian mothers in Mwape et al.'s (2014) study, on the other hand, explained that when mothers disagree with their husbands, it is always the husbands who make the final decisions. Not surprisingly, mothers were not happy with this

because they had no power over the issues that concern them and their children closely. This was not the case for the mothers in the present study. They did not talk about a partnership in which all decisions were made by their husbands. Thus, it can be argued that mothers in Türkiye have a more powerful status in their families compared to mothers in Zambia.

The thirteenth and the last theme, *financial difficulties*, represented financial difficulties that mothers faced and made their motherhood experience more difficult and stressful. Mothers agreed that becoming parents brought financial burdens. The first months of parenthood were especially harder, but they started improving their financial conditions over time as they started working again. However, some mothers were still worried about their financial conditions due to the recent economic situation of Türkiye. Also, these mothers thought that having a child is always a financial burden because they always have to make new purchases as their children grow up. As this result came from mothers who had relatively higher income compared to average Turkish mothers and were living as nuclear families, one would expect to find this theme more common than it was found in the present study. In addition, speaking of financial difficulties can be found humiliating for mothers, therefore may go underreported. In any case, one might expect to find that financial burden would have influence couple relations as well. Many Turkish couples live with their parents as they may not be able to live independently as nuclear families and rely on their mothers' childcare support as they may not afford caregiver or preschool. These issues that complicate maternal and familial difficulties need to be studied in future studies.

Mothers' financial difficulties and worries were also evident in several former studies. For instance, Barkin and Wisner (2013) found that mothers try to

manage their financial difficulties through not making purchases for themselves often. As one mother put it, she buys the things that her children need, but she rarely does it for herself. Instead, she keeps using the same pieces she already has. Mothers in Mangeli et al.'s (2018) study also faced financial difficulties. Because of their financial struggles, they could not maintain financial freedom, but instead relied more on their parents. Likewise, Iwata et al. (2018) found that financial difficulties were closely related to mothers' feelings of exhaustion. The researchers argued that financial problems are tiring for the mothers because they have to plan their small budgets carefully while raising their children. Also, mothers in Saritaş and Bozkurt's (2020) study reported that if they were in better financial conditions, they could hire a nanny and get professional support for their families. They also would like to diversify their social activities. However, they could not do these given their financial condition. Although the mothers in the present study were mostly from middle socioeconomic status and did not talk about really serious financial problems, they still thought that having a child was financially burdensome. Most importantly, despite their relatively above average financial status, they still could not afford to hire a nanny that could ease their difficulties.

5.5 Limitations of the study

Although the present study presented significant findings as a result of its efforts in giving voice to mothers' maternal ambivalence experiences and a broad range of motherhood experiences, it also had certain limitations that should be addressed.

To begin with, the present study focused on the experiences of 10 mothers. Considering the fact that the data were analyzed through TA, a higher number of mothers could have participated in the study. The number 10 was targeted as the

minimum participant number when the study was planned. However, the participants could consist of only 10 mothers because other mothers who were contacted were hesitant to participate due to their time management difficulties. Therefore, the findings of the present study have limited generalizability.

Another limitation of generalizability had to do with sample characteristics. The present study focused on the experiences of mothers who had certain common characteristics in order to ensure a homogeneous sample that could provide a clear picture of the variables of interest. Specifically, all participants were first-time mothers whose children were enrolled in private preschools in İstanbul. Also, the participants were from middle or upper middle class families and had higher educational attainments. The fact that all mothers had a single child restricted the interpretation of the findings because mothers who have a single child and mothers who have two or more children might have different motherhood experiences. Likewise, the fact that all children were preschool aged confined the interpretations since mothers with children from different age groups might have different motherhood experiences. Lastly, the geography, socioeconomic status, and educational level of the mothers could have been more diverse in order to gain a more comprehensive understanding of the motherhood experiences of women from different backgrounds. For instance, mothers from low socioeconomic backgrounds who had lower educational attainments and lived in rural areas could have added more insight to the present study.

Third, in the present study, data were collected through a single interview with each mother. During these interviews, mothers talked about both their present and past experiences. Through longitudinal interviewing, however, mothers could have talked about their experiences as they live or shortly after. Speaking of their

experiences in retrospect might not be the ideal situation because they might have forgotten many of their experiences including the difficult ones.

Last, because the present study focused on difficult motherhood experiences including maternal ambivalence which are seen as a taboo in society, mothers might not express all of their experiences with complete honesty, especially considering that they were meeting the interviewing researcher for the first time. The order of questions were arranged to allow some warming up but that may not have been sufficient for some mothers at least although some others shared intimate experiences indicating that they were feeling comfortable about sharing. Still, however, they might have hidden some of their maternal ambivalence experiences and answered in socially desirable ways. The possibility of mothers not opening up honestly during the interviews and answering questions in socially desirable ways is the major limitation of the present study.

5.6 Recommendations for future studies

Based on the findings of the present study, recommendations were made for counselors, policy makers and administrators as well as future research studies, respectively.

5.6.1 Recommendations for counselors

While working with mothers, counselors should be aware of mothers' maternal ambivalence experiences and be knowledgeable about the factors in mothers' lives that can potentially make their maternal ambivalence experiences easier or more difficult. This way, counselors can approach mothers with the knowledge that

maternal ambivalence is a natural part of mothers' motherhood experiences and can be more empathetic and sensitive towards the mothers.

Second, counselors should by no means approach the topic of maternal ambivalence as a taboo. On the contrary, they should be proactive in allowing space where mothers can feel comfortable about sharing the challenging issues in their lives without being judged. If possible, mother groups can be organized so that they can realize that they are not alone in their maternal ambivalence experiences, there is not something wrong with them to make them have ambivalent feelings and learn from one another. They can understand that these ambivalent feelings are a normal part of their motherhood journey. In that sense, counselors should assist mothers to come to peace with their suppressed feelings and relieve feelings of inadequacy and guilt for not being the best mother.

In every type of service counselors may provide for mothers, they should be aware that mothers may not share their difficult maternal ambivalence experiences with everyone. They may not prefer sharing because they believe that they will not be understood, and they will be criticized. Therefore, counselors should provide a safe space for mothers where they can talk about their difficult experiences without worrying about others' negative and disapproving reactions.

5.6.2 Recommendations for policy makers and administrators

Considering the fact that mothers have incredible difficulty during the first months of motherhood due to infants' intensive care needs, paid and unpaid leave opportunities should be improved for the mothers in Türkiye. Also, mothers in the present study were particularly dissatisfied with the amount of support they could receive in childcare from their husbands due to their husbands' long work hours. Because

mothers have difficulty in childcare when they are left alone and unassisted, paid leave of fathers should be longer. This way, fathers can be with the mothers and participate in childcare tasks more actively.

Second, as shown in the present study, none of the mothers received parental education or training before the birth. They did not even know about any educational or therapeutic opportunities and alternatives. Therefore, parental education and training opportunities should become more widespread and visible for mothers. Likewise, community resources that mothers can use and benefit from should be more widespread. Mothers should be able to reach such resources in their nearby neighborhoods and districts.

Third, none of the mothers in the present study had daycare centers in their workplace. Therefore, they had considerable difficulty separating from their children, taking them to the preschool, picking them up every evening, and organizing their days around the children's school hours. Having a daycare center in their workplace could have made a great difference for these mothers' daily routines and wellbeing as well as the children's wellbeing. Therefore, daycare center facilities within the workplace should be a more common legal requirement in business settings in Türkiye.

Fourth, there are many mothers who cannot receive emotional and informational support from other people. These mothers could have benefited from support groups which contain both inexperienced and more experienced mothers. They could have shared their difficult experiences with other mothers, hear similar experiences, and learn from them. Such support groups should be available for mothers as community resources so that local mothers can come together and assist each other. Public family health center services should not be limited with pregnancy

follow-ups and vaccinations but should also provide maternal guidance and support group services.

Last, more resources should be allocated for mothers' needs in general. There should be spaces for them to speak, ask questions, and learn from professionals without worrying about being judged. Reaching mothers only for their children's vaccination and health is not a sufficient service for mothers.

5.6.3 Recommendations for future research

This study gave voice to 10 mothers' maternal ambivalence experiences. These mothers had certain characteristics in common such as having a single child who was enrolled in private preschool, having relatively high educational attainment, and being from high socioeconomic status. In order to have a more comprehensive understanding of motherhood and maternal ambivalence experiences, a higher number of mothers from different geographic, educational, and socioeconomic backgrounds as well as mothers with children from different age groups should be targeted for the future research studies. Also, because the experiences of mothers with a single child and mothers with two or more children might differ to a great extent, comparing the maternal ambivalence experiences of primiparous and multiparous mothers could have provided rich data. One can only imagine how more challenging motherhood could be for single mothers with little or no support in their lives, their experiences need to be heard as well.

Second, collecting data through focus groups could be a really useful data collection method. Because focus groups could provide mothers with an opportunity to discuss their experiences in detail, much richer data could be collected. The present study barely managed to schedule individual Zoom interviews, but if

supportive service settings where mothers can meet were available it could have been possible to have mothers meet in small groups. Then, mothers who could not talk about their maternal ambivalence experiences openly could be encouraged to feel freer in their expressions in presence of other mothers who talk about their own difficult experiences during the focus group discussion.

Third, longitudinal interviewing could provide much richer data for future research. This was not an option for the present study due to time limitations, but it could provide a deeper insight into maternal ambivalence trajectories of women over time. Also, it could potentially provide researchers with more dependable data because mothers would not only speak in retrospect but talk about their current experiences at the time.

Last, topics such as maternal ambivalence and maternal regret should be given more attention in future research studies. The lack of previous research on this issue may be interpreted as an indication that even among researchers these topics are seen as a taboo in our society. Therefore, future research studies should investigate these under researched important issues. Importantly, studies focusing on different maternal experiences should not only aim to learn child or adolescent outcomes, instead, these topics should be studied in terms of maternal outcomes, including their mental health, marital and life satisfaction.

5.7 Conclusion

In conclusion, the present study aimed to give voice to mothers' maternal ambivalence experiences. It also aimed to better understand whether and with whom mothers share their maternal ambivalent experiences and other difficult experiences. Third, it aimed to understand the strategies that mothers use to better manage their

maternal ambivalence experiences. Lastly, it aimed to learn the factors that potentially make mothers' maternal ambivalent experiences easier or more difficult. It was found that mothers had both positive and negative feelings towards their children and their motherhood roles. These feelings changed in intensity mostly based on the specific situations and experiences of mothers. Importantly, most mothers could not open up about their negative feelings completely. They especially did not want to talk about their hate feelings. However, the content and tone of their accounts made it clear that they have been experiencing maternal ambivalence. In addition, when they had negative feelings towards their children, they usually felt guilty, ashamed, and remorseful right after their negative feelings.

Second, it was found that mothers tended to share their maternal ambivalence experiences and their many other difficult motherhood experiences with others. However, they were careful about with whom to share these. They preferred sharing these experiences with empathetic and nonjudgmental people including friends, colleagues, and some family members. When they found people criticizing and condescending, they preferred not to disclose anything at all, explain their experiences in a very superficial way and put distance in their relation. Mothers generally shared their difficult experiences with others in order to relieve themselves through talking and get different opinions to solve their problems. As they disclosed their difficult experiences, on the other hand, they started realizing that other mothers had similar difficult experiences as well and found that comforting.

Third, it was found that mothers tried utilizing several strategies in order to manage their maternal ambivalence experiences and their difficult motherhood experiences in general. To begin with, they consulted others when they faced challenging situations in their motherhood roles. They also tried prioritizing their

needs, setting boundaries, and thinking that they should not aim to be perfect mothers as they were aware that there is no such thing as perfect motherhood. They did things that feel good to them such as watching movies, drinking a cup of coffee alone, and socializing. They asked for their husbands' support in childcare tasks. They engaged in different activities such as working or doing housework in order to distract their negative feelings. They tried to improve their communication with their children mostly through talking about their feelings. Lastly, mothers gave importance to learning new things in order to improve themselves and become more confident in their motherhood roles.

Fourth, it was found that there were many factors in mothers' lives that relate to maternal ambivalence difficulties. To begin with, mothers had to make limitless personal sacrifices in their motherhood roles. They especially sacrificed the things that they enjoyed doing before birth such as traveling, going out at night, and shopping. Mothers also had really big difficulty in performing multiple tasks, namely childcare, work, and housework tasks. Therefore, they experienced fatigue quite often. Being inexperienced in childcare and receiving little or no support from others in childcare were also considerable difficulties for mothers. While they needed their husbands' support in childcare, sometimes they could not get it which was really exhausting for them. Social pressures and interference of others in childcare were both annoying and difficult to manage for mothers. Mothers also had difficulty during their children's adaptation to preschool. Needless to say, they were anxious during this period because they had to separate from their children without feeling sufficient trust in where they leave their child. Having different parental attitudes from their husbands and living through financial difficulties were the other factors that relate to their maternal ambivalence difficulties.

These findings were discussed in relation to the findings of previous research studies. The findings were mostly in line with the findings of former studies which suggested a certain level of universality in the experiences of mothers from all around the world. The aspects that were not parallel to the former research studies could mostly be explained through cultural differences. Overall, it was clear that mothers experienced a broad range of negative feelings towards their children and their motherhood roles along with their positive feelings. In addition, the present study showed the importance of talking about difficult motherhood experiences and maternal ambivalence as these experiences were not exceptional but were quite common among mothers. Giving voice to these experiences more through future studies could help eliminate the idealized mother image in society which has been ruling out the presence of maternal ambivalence experiences and claiming pure and completely unconditional love in mothers.

5.8 Reflections of the researcher

In the end of the study, I want to reflect on my thoughts and feelings. To begin with, I felt that some mothers were not feeling comfortable enough to reveal enough during the interviews. I thought that it was difficult for them to share many aspects of motherhood that contain negative feelings because after all they were not used to share those with others. However, as I synthesized all mothers' accounts and organized the themes, I realized that they provided a lot of information, so mothers actually disclosed a great deal especially considering that this was a one-time interview with a stranger. Most importantly, although they were very busy, they spared time to respond to interview questions without gaining anything tangible in return. Some mothers were really eager to talk about their experiences and feelings

since they did not have anyone who could listen to them with open mind without judging. This shows that they needed some space to express themselves and this is indicative of the importance of providing mothers a safe space to talk about their struggles.

During all interviews, I realized how unassisted the mothers were. Even though they could receive certain amounts of practical, informational, and emotional support, none of these were satisfactory for mothers. Honestly, I was expecting that mothers would be happy with the amount of childcare support they received from their families because we live in a collectivistic society and people are generally close with their families. Not only that I realized that this was not the case, but I also witnessed mothers' frustration regarding this lack of support and negative criticism from their own mothers that keep their relations distant. Therefore, I started thinking that mothers need quality support mechanisms, and this should be ensured by government and community resources. Many mothers perform their motherhood duties alone and behind closed doors, while they should not be left in isolation without sufficient support.

Before the interviews, I read many articles stressing the sacred motherhood image in society and its negative impacts on mothers. During the interviews, some mothers also talked about it and believed that they could not reach that sacredness. I thought that talking about the sacredness of motherhood does not help mothers at all. On the contrary, it puts mothers in a dangerous state where they constantly question themselves and feel incompetent, guilty, and desperate. However, I realized that these thoughts and feelings of mothers can change over time. While mothers wanted to be sacred and perfect during the first times of motherhood, through time they were able to acknowledge that this is an unattainable ideal. Their lived experiences

brought them to their current level of acknowledgment and awareness. Overall, I believed that mothers started showing more self-acceptance and less self-criticism and self-blame over time. They started criticizing societal expectations, ideals, and the people who tried to pressure them to meet these expectations. I thought that accepting the fact that they are not perfect mothers and there is no such thing as a perfect mother was a key strategy for mothers because it brought self-compassion and relief.

Of course, there were times that mothers got angry at themselves and criticized themselves. They had these feelings mostly when they were impulsively reactive to their children. Although they learned to practice more self-acceptance, they thought that they could still improve management of their negative reactions further. I believe that this was a really important strategy for mothers because they chose contributing to themselves in order to contribute to their children and their relationship with the children. Instead of feeling stuck and unhappy, they chose taking steps for their personal development.

When I think of all the stages of this study, I believe that I learned a lot from mothers. I also believe that we have a lot more to learn from them if we give them opportunity to talk about their motherhood experiences. This way, we could start developing better understanding and empathy with them, so they could feel accepted and come to terms with their negative feelings towards their children and their motherhood roles. They should not be left to the position of hiding their maternal ambivalence experiences. In addition, this study has been transformational for me in a way because it gave me the opportunity to have a comprehensive look into motherhood experiences. It broadened my perspective and taught me that motherhood is much more difficult than it seems on the mainstream media.

5.9 Reflections of the thesis advisor

As I became a mother at an advanced age, I had no friends to share my challenging motherhood experiences. My friends had already put theirs behind and were telling me that even more difficult ones are on the horizon and that did not help me feel better. I was fortunate to have Nihal, a younger colleague and friend, to share our hard to share experiences. In one of these precious moments of sharing we found ourselves joining in our wish to study what seemed to be the dark sides of motherhood. Although none of them were mothers, I announced our research interest to our master's students hoping that it could intrigue at least one soul. I was happy that Ayça, who has been an exemplary student since her undergraduate years expressed her interest to follow this research path.

Once we were able to put the frame, identify the research questions and include Meltem in our jury, the rest became a joyful learning process. As a responsible self-directed student, Ayça worked quite independently, diligently and patiently until the very end. She did a wonderful job of putting a very comprehensive work together. I am proud of her self-discipline and determination as well as insightful understanding of mothers.

As an advisor, I was able to enjoy working on the details mostly. Although I was not the one who conducted the interviews and transcribed them, I had to read them for the analyses, quotations, results, and discussions multiple times. I have to admit that I had to take breaks as I read because it felt too heavy to continue and at times suffocating. I was remembering what I thought I had forgotten while I was a new mother and empathizing with the mothers who spoke. I was also amazed how comprehensive the themes index became. It simply showed the complexities of motherhood within the first few years.

This thesis above all made me admire all the women who undertook the motherhood journey that lasts a lifetime. They were simply and silently carrying the world on their shoulders with very little help. They say that an African proverb claims that “it *takes* a village to raise a child,” but I would like to rephrase the proverb to reflect our true reality that “it *should* take a village to raise a child.” I am deeply grateful to the mothers in our study who opened their hearts. Now we owe all mothers to make their voices heard louder. We should not lose hope that in this cruel world, there are still open ears and hearts that can join hands to bring multiple support mechanisms together not only for healthier and happier mothers but also healthier and happier children.

APPENDIX A

SCHOOL COUNSELOR'S INVITATION TEXT (ENGLISH)

Dear parent,

Amidst the pandemic situation we are in, most of us as parents had difficulty at times. Your need to talk about the difficult experiences you might be living through and to explain these experiences might have increased. If you feel that you have difficulty in your motherhood role, if you want to talk about your motherhood experiences, or if you have ambivalent feelings related to motherhood, we want to invite you to an online study.

If you are a mother with a single child who is in preschool, we want to inform you that a psychological counselor, as part of a master's thesis research at Boğaziçi University, is conducting online personal meetings free of charge that will be scheduled based on your availability. These meetings are not therapy or psychological counseling but are sharing oriented. If you accept to participate in the research study, the interview will take place between the researcher and you, the things you will share in the interview will be stored anonymously by the researcher to be used only for research purposes and in a way that keeps your identity secret. If you want to consult me on something related to this topic, please contact me.

If you want to participate in this research study and share or if you want to have more detailed information about the research study, please write below your phone number and / or e-mail address and send it directly to the researcher so that the researcher can reach you.

Thank you.

Your telephone number: _____

Your e-mail address: _____

Researcher's telephone number: XXXX XXX XX XX

Researcher's e-mail address: XXXXXXXXX@boun.edu.tr

APPENDIX B

SCHOOL COUNSELOR'S INVITATION TEXT (TURKISH)

OKUL PSİKOLOJİK DANIŞMANININ DAVET METNİ

Sevgili velimiz,

İçinde bulunduğumuz pandemi koşullarında zaman zaman ebeveyn olarak pek çoğumuz zorlandık. Anne olarak yaşamış olabileceğiniz zorlu deneyimlere ilişkin konuşmak ve bu deneyimleri anlatmak ihtiyacınız artmış olabilir. Annelik rolünde zorlandığınızı hissediyorsanız, annelik deneyimleriniz ile ilgili konuşmak istiyorsanız ya da annelikle ilişkili ikircikli duygularınız varsa sizi çevrimiçi ortamda yürütülmekte olan bir araştırmaya katılmaya davet ediyoruz.

Eğer anaokulunda çocuğu olan, tek çocuklu anne iseniz sizi bilgilendirmek isteriz ki Boğaziçi Üniversitesi'ndeki uzmanlık tezi araştırması çerçevesinde bir psikolojik danışman herhangi bir ücret karşılığı olmaksızın, size uygun zaman aralığında oluşturulacak birebir çevrimiçi görüşmeler gerçekleştirmektedir. Bu görüşmeler terapi ya da psikolojik danışma değil paylaşım odaklıdır. Araştırmaya katılmayı kabul ettiğiniz takdirde yapacağınız görüşme bütünüyle araştırmacı ve sizin aranızda kalacak, görüşmede paylaşacaklarınız yalnızca araştırma amacıyla ve kimliğiniz gizli tutulacak şekilde, araştırmacı tarafından anonim olarak saklanacaktır. Eğer bu konu ile ilgili bana herhangi bir şey danışmak isterseniz lütfen benimle bağlantıya geçin.

Eğer bu araştırmaya katılarak paylaşımda bulunmak isterseniz ya da araştırma ile ilgili daha ayrıntılı bilgi almak isterseniz araştırmacının size ulaşabilmesi için lütfen aşağıya telefon numaranızı ve / veya e-posta adresinizi yazın ve doğrudan araştırmacının kendisine gönderin.

Teşekkür ederiz.

Telefon numaranız: _____

E-posta adresiniz: _____

Araştırmacının telefon numarası: XXXX XXX XX XX

Araştırmacının e-posta adresi: XXXXXXXXX@boun.edu.tr

APPENDIX C

MATERNAL AMBIVALENCE RESEARCH STUDY

INTERVIEW FORM (ENGLISH)

1. Age: _____

2. Do you have any particular illness that affects your life?: Yes () No ()

EDUCATION / JOB / EMPLOYMENT STATUS

3. Level of education: Illiterate () Elementary school () Middle school ()

High school () University () Master's degree () Doctoral degree ()

4. Level of education of your child's father: Illiterate () Elementary school ()

Middle school () High school () University () Master's degree () Doctoral degree ()

5. Job (occupation, if different): _____

6. Job of your child's father: _____

7. Current employment status: Working full time () Working part time ()

Unemployed ()

8. If you do not work right now and worked earlier, the reason for quitting work:

Because I became a mother () Other reasons, please state () _____

9. If you do not work right now and worked earlier, did you quit work willingly?:

Yes () No ()

10. Would you consider going back to work?: Yes () Not sure () No ()

11. If you are working right now, how much time after birth did you start working?

Can you explain your process of return after taking a leave from work?

- Your adaptation process?
- Your child's adaptation process?
- The process of trying to find a balance between work and house?
- Who supported you during this process?

12. Your child's father's current employment status: Working full time ()

Working part time () Unemployed ()

13. Income rate: Low () Middle () High ()

RELATIONSHIP

14. Marital status: Married () Divorced () Partner passed away () Single ()

15. Relationship status: Together () Separated () Not in a relationship ()

16. If you are in a relationship, please state the duration of your relationship:

PREGNANCY

17. Did you have any problem with getting pregnant?: I did not ()

Fertility treatment () Miscarriage () Abortion ()

Other, please state () _____

18. Which year of your relationship did you get pregnant?: _____

19. Was this a planned pregnancy?: Yes () No ()

20. Did you have any health problems during your pregnancy?: Yes () No ()

LABOR

21. How old were you when you gave birth?: _____

22. What kind of an experience was your labor for you?:

23. Did you have any childcare experience before your labor?: Yes () No ()

- If yes, can you explain this experience?:

24. Was your labor on time or early?: On time () Early ()

25. What was your child's birth weight, was it on a normal range?:

_____ Yes () No ()

PREGNANCY INTENTION

26. Did you become a mother intentionally?: Yes () No () I was indecisive ()

27. Did your child's father want to have a child?: Yes () No ()

He was indecisive ()

EXTERNAL INFLUENCES

28. Was there anyone who tried to influence you in having or not having a child?

Can you explain?

GENERAL INFORMATION ABOUT THE CHILD

29. Your child's age: _____

30. Your child's sex: _____

31. Your child's physical and mental health condition:

GENDER PREFERENCE

32. Did you have a gender preference for your child?: Yes () No ()

33. Did your child's father have a gender preference for your child?: Yes () No ()

SUPPORT

34. Who lives in your house except you? _____

35. Is there anyone helping you in childcare?: No () Father ()
 Nanny () Maternal grandmother () Paternal grandmother () Grandfather ()
 Younger sister / Older sister / Older brother ()
 Other, please state () _____
36. Does your child's father spend time with your child? What do they do during this time?
37. If someone else takes care of your child, how does the presence of this person affect you and your relationship with your child?
38. Do you have a supporter in your house?: Yes () No ()
- If yes, who?: Housekeeper () Nanny ()
 Other, please state () _____
39. Does your husband / boyfriend help in housework?: Yes () No ()
- Can you leave your child with him without having the house on your mind? If not, can you explain?
40. Is there a pediatrician who regularly sees your child, except the one in the primary health clinic? Do you receive enough support from these for your medical questions?
41. Have you ever received support or training from a professional before or after birth?
42. Who do you consult first when you are in doubt regarding childcare?

THOUGHTS / EXPERIENCES

43. If a ranking would be possible, which rank would you place motherhood among your all other life roles (sister, mother-father's girl, partner, etc.)?
44. Can you tell me about what kind of an experience to mother a preschool aged child?
45. How is your relationship with your child? Can you explain?
46. What does being a mother mean to you?
- What does it mean to be a good mother, bad mother, in your opinion?
 - How do you find yourself as a mother?
47. If there are difficulties and troubles that you have faced while raising your child, can you explain a little?

EXPECTATIONS / THOUGHTS ON TIME

48. What kind of a mother did you expect to be before giving birth?

49. Did this expectation change after becoming a mother? In which direction?

50. Please think of yourself before and after becoming a mother. How did becoming a mother change you?

51. Did you discover different aspects about yourself after becoming a mother? Like what?

52. Did your motherhood experience (what kind of a mother have you been) change over time with your child? If yes, what kind of a change has this been?

53. Motherhood might affect multiple aspects of your life. If you had these influences, how was it?

- Your daily activities?
- The time that you allocate for yourself?
- The time that you allocate for your husband?
- The time that you allocate for your friends?
- The time that you allocate for your other family members?
- The productivity that you show in your job / career?

54. How was your relationship with your husband / boyfriend affected after birth?

55. Most mothers express that they experience changes in their relationship with their husband during the pregnancy and after the birth compared to before the pregnancy. Many men might experience changes after their wives get pregnant. Was there a change in your intimacy? Can you explain?

MATERNAL AMBIVALENCE / DIFFICULT MOTHERHOOD EXPERIENCES

56. Women think multiple things about motherhood. If we talk about two extremes: Some women say that motherhood is an amazing thing. Motherhood is very easy for them. It naturally comes within them. Some women, on the other hand, say that motherhood is not always amazing, it is too difficult. They think that not everything emerges instinctually. How is motherhood for you?

57. Can you please share a memory which makes you experience that motherhood is amazing?

58. Can you please share a memory which makes you experience that motherhood is too difficult?

59. Are there times that you go from one extreme to the other? Can you share a memory?

60. Was there any change in your motherhood experience during the pandemic? Can you explain?

61. Are there times that you have feelings ranging from very positive to very negative in your relationship with your child / towards your child? Like what? Can you explain a little?

62. Are there times that you feel tired of being a mother? If yes, what do you do to unwind yourself?

63. Are there times that you feel unsure of how to manage the difficult situations that arise from your relationship with your child? Can you explain a little?

64. If you waver between “I am glad that I am a mother” and “I wish I were not a mother”,

- In which contexts / environments?
- What do you feel in this situation?

65. Do you ever doubt yourself about being a good mother?

- In which contexts / environments?
- What do you feel in this situation?

66. If you could go back in time, with the knowledge and experience you have today, would you want to be a mother?

- Do you consider becoming a mother again?
- In your opinion, would your motherhood style change?

GIVING VOICE TO MATERNAL AMBIVALENCE / REACTIONS

67. Do you share your difficulties in motherhood / contrasting feelings with others, people around you?

- With whom?
- How do they respond to you?

68. In your opinion, do all mothers experience similar difficulties / contrasting feelings?

- Are there mothers in your surrounding who talk about their feelings with you?
- How do you respond to them?

SOCIETY / CULTURE

69. How do your child’s father, your family, and your friends find you as a mother?

- How do these evaluations of them make you feel?

- How do you respond to them?

70. In your opinion, how is “good mother” defined in our society and culture? How much of a fit there is between this and your own definition?

71. In your opinion, how is “bad mother” defined in our society and culture? How much of a fit there is between this and your own definition?

72. What kind of a mother is ideal or close to the ideal? In your opinion, is “ideal motherhood” possible?

73. In your opinion, would a woman not want to become a mother? If she does not want to, how would society view this? If she does not want to, how would you view this?

APPENDIX D

MATERNAL AMBIVALENCE RESEARCH STUDY

INTERVIEW FORM (TURKISH)

ANNELİK İKİRCİKLİĞİ ARAŞTIRMASI

GÖRÜŞME FORMU

1. Yaşınız: _____
2. Yaşamınızı etkileyen herhangi bir rahatsızlığınız var mı?: Evet () Hayır ()
- EĞİTİM / MESLEK / ÇALIŞMA DURUMU
3. Eğitim düzeyiniz: Okur-yazar değil () İlkokul () Ortaokul () Lise ()
Üniversite () Yüksek lisans () Doktora ()
4. Çocuğunuzun babasının eğitim düzeyi: Okur-yazar değil () İlkokul ()
Ortaokul () Lise () Üniversite () Yüksek Lisans () Doktora ()
5. Mesleğiniz (işiniz, farklıysa): _____
6. Çocuğunuzun babasının mesleği: _____
7. Şimdiki çalışma durumunuz: Tam zamanlı çalışıyorum () Yarı zamanlı
çalışıyorum () Çalışmıyorum ()
8. Eğer şu an çalışmıyorsanız ve önceden çalıştıysanız işi bırakma nedeniniz:
Anne olduğum için () Diğer nedenler, belirtiniz () _____
9. Eğer şu an çalışmıyorsanız ancak önceden çalıştıysanız işi isteyerek mi
bıraktınız?: Evet () Hayır ()
10. İşe dönmeyi düşünür müsünüz?: Evet () Emin değilim () Hayır ()
11. Eğer şu an çalışıyorsanız doğumdan ne kadar zaman sonra çalışmaya başladınız?
Çalışmaya ara verdikten sonra geri dönüş sürecinizi anlatır mısınız?
 - Sizin alışma süreciniz?
 - Çocuğunuzun alışma süreci?
 - İş ve ev arasında denge kurmaya çalışma süreciniz?
 - Bu süreçte kimlerden destek aldınız?
12. Çocuğunuzun babasının şimdiki çalışma durumu: Tam zamanlı çalışıyor ()
Yarı zamanlı çalışıyor () Çalışmıyor ()
13. Gelir düzeyiniz: Düşük () Orta () Yüksek ()

İLİŞKİ

14. Medeni durumunuz: Evli () Boşanmış () Eşi vefat etmiş () Bekar ()
15. İlişki durumunuz: Birlikte () Ayrı () İlişkim yok ()
16. İlişki içindeyseniz birliktelik sürenizi belirtiniz: _____

GEBELİK

17. Gebe kalmakla ilişkili bir engel yaşadınız mı?: Yaşamadım ()
Kısırlılık tedavisi () Düşük () Kürtaj () Diğer, belirtiniz () _____
18. İlişkinizin kaçınıcı yılında çocuğunuza gebe kaldınız?: _____
19. Bu planlı bir gebelik miydi?: Evet () Hayır ()
20. Gebeliğiniz süresince herhangi bir sağlık sorunu yaşadınız mı?: Evet () Hayır ()

DOĞUM

21. Doğum yaptığınızda kaç yaşındaydınız?: _____
22. Doğumunuz sizin için nasıl bir deneyimdi?:
23. Doğumunuzdan önce çocuk bakımı deneyiminiz var mıydı?: Evet () Hayır ()
• Evetse bu deneyimi açıklar mısınız?:
24. Doğumunuz normal zamanda mı oldu erken mi?: Normal () Erken ()
25. Çocuğunuzun doğum kilosu neydi, normal aralıkta mıydı?: _____
Evet () Hayır ()

GEBELİK NİYETİ

26. İsteyerek mi çocuk sahibi oldunuz?: Evet () Hayır () Kararsızdım ()
27. Çocuğunuzun babası çocuk sahibi olmak istiyor muydu?: Evet () Hayır ()
Kararsızdı ()

DIŞ ETKİLER

28. Çocuk sahibi olmanız ya da olmamanız için sizi etkilemeye çalışan kimseler oldu mu? Biraz anlatır mısınız?

ÇOCUKLA İLGİLİ GENEL BİLGİLER

29. Çocuğunuzun yaşı: _____
30. Çocuğunuzun cinsiyeti: _____
31. Çocuğunuzun bedensel ve ruhsal sağlık durumu:

CİNSİYET TERCİHİ

32. Çocukta cinsiyet tercihiniz var mıydı?: Evet () Hayır ()
33. Çocuğunuzun babasının çocukta cinsiyet tercihi var mıydı?: Evet () Hayır ()

DESTEK

34. Evinizde sizin dışınızda kimler yaşıyor? _____

35. Çocuğunuzun bakımında size yardımcı olan kimse var mı?: Yok () Baba ()
Bakıcı () Anneanne () Babaanne () Dede () Kardeş / Abla / Ağabey ()
Diğer, Belirtiniz () _____

36. Çocuğunuzun babası çocuğunuzla zaman geçirir mi? Bu sürede neler yaparlar?

37. Çocuğunuza ağırlıklı olarak başkası bakıyorsa, başkasının varlığı sizi ve
çocuğunuzla olan ilişkinizi nasıl etkiliyor?

38. Evde yardımcınız var mı?: Evet () Hayır ()

- Yanıtınız evetse kim(ler)?: Temizlikçi () Ayrı bir çocuk bakıcısı ()
Diğer, belirtiniz () _____

39. Eşiniz / erkek arkadaşınız ev işlerine yardımcı olur mu?: Evet () Hayır ()

- Çocuğunuzun aklınız evde kalmadan ona bırakabilir misiniz? Hayırsa
açıklayabilir misiniz?

40. Sağlık Ocağındaki dışında, çocuğunuzun düzenli olarak gören bir çocuk doktoru
var mı? Tıbbi sorularınızda buralardan yeterince destek görüyor musunuz?

41. Doğumdan önce ya da sonra herhangi bir uzmandan destek ya da eğitim aldınız
mı?

42. Çocuk bakımı ile ilgili kafanızda bir soru işareti olduğunda ilk kime / kimlere
danışsınız?

DÜŞÜNCELER / DENEYİMLER

43. Diğer yaşam rolleriniz arasında (kız kardeş, annemin-babamın kızı, eş, vs.) bir
sıralama mümkün olsa anneliği hangi sıraya yerleştirirsiniz?

44. Okul öncesi dönemindeki bir çocuğa annelik etmenin nasıl bir deneyim olduğunu
anlatır mısınız?

45. Çocuğunuzla ilişkiniz nasıl? Biraz anlatır mısınız?

46. Anne olmak sizin için ne ifade ediyor?

- İyi anne, kötü anne olmak sizce ne demek?
- Kendinizi anne olarak nasıl buluyorsunuz?

47. Çocuğunuzun büyütürken karşılaştığınız zorluk ve sıkıntılar varsa biraz anlatır
mısınız?

BEKLENTİLER / ZAMAN İLE İLİŞKİLİ DÜŞÜNCELER

48. Doğum yapmadan önce nasıl bir anne olacağınızı bekliyordunuz?

49. Anne olduktan sonra bu beklentileriniz değişti mi? Ne yönde?

50. Lütfen anne olmadan önceki ve sonraki halinizi düşünün. Anne olmak sizi nasıl değiştirdi?

51. Anne olduktan sonra kendinizle ilişkili keşfettiğiniz noktalar oldu mu? Ne gibi?

52. Annelik deneyiminiz (nasıl bir anne olduğunuz) çocuğunuzla birlikte zaman içerisinde değişti mi? Değiştiyse bu nasıl bir değişim oldu?

53. Annelik, yaşantınızın çeşitli boyutlarını etkilemiş olabilir. Bu etkiler olduysa nasıldı?

- Günlük etkinlikleriniz?
- Kendinize ayırdığınız zaman?
- Eşinize ayırdığınız zaman?
- Arkadaşlarınıza ayırdığınız zaman?
- Ailenizin diğer üyelerine ayırdığınız zaman?
- İşinizde / kariyerinizde gösterdiğiniz etkililik?

54. Doğumunuzdan sonra eşinizle / erkek arkadaşınızla ilişkiniz ne yönde etkilendi?

55. Çoğu kadın gebelik öncesine kıyasla gebelikte ve doğum sonrasında eşiyile olan fiziksel / cinsel yakınlığında değişimler yaşadığını ifade eder. Eşinin gebe kalmasından sonra birçok erkek de değişimler yaşayabilir. Sizin yakınlığınızda bir değişim oldu mu? Biraz anlatır mısınız?

ANNELİK İKİRCİKLİĞİ / ZOR ANNELİK DENEYİMLERİ

56. Annelik hakkında kadınlar çeşitli şeyler düşünür. İki uçtan söz edersek: Bazı kadınlar anneliğin harika bir şey olduğunu söyler. Onlara göre annelik çok kolaydır. Doğal olarak içlerinden gelir. Bazı kadınlar ise anneliğin her zaman harika olmadığını, çok zorlayıcı olduğunu söyler. Her şeyin içgüdüsel olarak ortaya çıkmadığını düşünürler. Peki sizin için annelik nasıl?

57. Lütfen anneliğin harika olduğunu size yaşatan bir anınızı paylaşır mısınız?

58. Lütfen anneliğin çok zorlayıcı olduğunu size yaşatan bir anınızı paylaşır mısınız?

59. Bir uçtan öbür uca gittiğiniz anlar oluyor mu? Bir anınızı paylaşır mısınız?

60. Pandemi döneminde annelik deneyiminizde herhangi bir değişim oldu mu? Biraz anlatır mısınız?

61. Çocuğunuzla ilişkinizde / Çocuğunuza karşı çok olumludan çok olumsuz uzanabilen duygular içinde olduğunuz anlar oluyor mu? Ne gibi? Biraz anlatır mısınız?

62. Anne olmaktan yorulduğunuz anlar oluyor mu? Oluyorsa yorgunluğunuzu gidermek için neler yapıyorsunuz?

63. Çocuğunuzla ilişkinizden kaynaklanan zor durumlarla nasıl baş edeceğinizden emin olmadığınız oluyor mu? Biraz anlatır mısınız?

64. “İyi ki anne olmuşum” ile “Hay anne olmaz olaydım” arasında gitgeller yaşıyorsanız,

- En çok hangi bağlamlarda / ortamlarda?
- Bu durumlarda neler hissediyorsunuz?

65. İyi bir anne olduğunuz konusunda kendinizden şüphe ettiğiniz oluyor mu?

- En çok hangi bağlamlarda / ortamlarda?
- Bu durumlarda neler hissediyorsunuz?

66. Eğer bugünkü bilgi ve deneyiminize sahip olarak zamanda geri gidebilseydiniz yine anne olmak ister miydiniz?

- Yeniden anne olmayı düşünüyor musunuz?
- Nasıl bir anne olduğunuz sizce değişir mi?

ANNELİK İKİRCİKLİĞİNE SES VERMEK / TEPKİLER

67. Annelikle ilgili zorluklarınızı / zıt duygularınızı başkalarıyla, çevrenizdeki insanlarla paylaşıyor musunuz?

- Kimlerle?
- Size nasıl tepki veriyorlar?

68. Sizce tüm anneler benzer zorlukları / zıt duyguları deneyimliyor mu?

- Çevrenizde size duygularını açan anneler oluyor mu?
- Siz onlara nasıl tepki veriyorsunuz?

TOPLUM / KÜLTÜR

69. Çocuğunuzun babası, aileniz, arkadaşlarınız anne olarak sizi nasıl buluyor?

- Bu değerlendirmeleri size nasıl hissettiriyor?
- Onlara nasıl tepki veriyorsunuz?

70. Sizce “iyi anne” toplumumuz ve kültürümüzde nasıl tanımlanıyor? Bu sizin tanımınıza ne kadar uyuyor?

71. Sizce “kötü anne” toplumumuz ve kültürümüzde nasıl tanımlanıyor? Bu sizin tanımınıza ne kadar uyuyor?

72. Nasıl bir anne idealdir ya da ideale yakındır? Sizce “ideal annelik” mümkün müdür?

73. Sizce bir kadın anne olmak istemeyebilir mi? İstemezse bunu toplum nasıl karşılar? İstemezse bunu siz nasıl karşılarsınız?

APPENDIX E

BOĞAZIÇI UNIVERSITY ETHICS COMMITTEE FOR MASTER AND PHD THESES IN SOCIAL SCIENCES AND HUMANITIES APPROVAL

Evrak Tarih ve Sayısı: 23.06.2021-18474

T.C.
BOĞAZIÇI ÜNİVERSİTESİ
SOSYAL VE BEŞERİ BİLİMLER YÜKSEK LİSANS VE DOKTORA TEZLERİ ETİK İNCELEME
KOMİSYONU
TOPLANTI TUTANAĞI

Toplantı Sayısı : 18
Toplantı Tarihi : 17.06.2021
Toplantı Saati : 13:00
Toplantı Yeri : Zoom Sanal Toplantı
Bulunanlar : Dr. Öğr. Üyesi Yasemin Sohtorik İlkmen, Prof. Dr. Ebru Kaya, Prof. Dr. Fatma Nevra Seggie
Bulunmayanlar :

Ayça Tuna

Eğitim Bilimleri

Sayın Araştırmacı,

"Maternal Ambivalence: Interviewing with Turkish Mothers" başlıklı projeniz ile ilgili olarak yaptığınız SBB-EAK 2021/50 sayılı başvuru komisyonumuz tarafından 17 Haziran 2021 tarihli toplantıda incelenmiş ve uygun bulunmuştur.

Bu karar tüm üyelerin toplantıya çevrimiçi olarak katılımı ve oybirliği ile alınmıştır. COVID-19 önlemleri kapsamında kurul üyelerinden ıslak imza alınmadığı için bu onay mektubu üye ve raportör olarak Ebru Kaya tarafından bütün üyeler adına e-imzalanmıştır.

Saygılarımızla, bilgilerinizi rica ederiz.

Prof. Dr. Ebru KAYA
ÜYE

e-imzalıdır
Prof. Dr.Ebru KAYA
Raportör

SOBETİK 18 17.06.2021

Bu belge 5070 sayılı Elektronik İmza Kanununun 5. Maddesi gereğince güvenli elektronik imza ile imzalanmıştır.

APPENDIX F

INFORMED CONSENT FORM (ENGLISH)

Supporting Institution: Boğaziçi University Educational Sciences Department

Research Name: Maternal Ambivalence: Interviewing Mothers

Research Advisor: Assoc. Prof. Deniz Albayrak-Kaymak

E-mail: XXXXXXXXXXXXX@boun.edu.tr

Phone Number: XXXX XXX XX XX

Name of the Researcher: Ayça Tuna

E-mail: XXXXXXXXXXX@boun.edu.tr

Phone Number: XXXX XXX XX XX

Dear participant mother,

Ayça Tuna who is a master student in the Guidance and Psychological Counseling Program in Educational Sciences Department at Boğaziçi University is conducting a scientific research project named “Maternal Ambivalence: Interviewing Mothers” under the consultancy and supervision of Assoc. Prof. Deniz Albayrak-Kaymak. The aims of this study are learning how mothers experience maternal ambivalence (a mother’s contrasting thoughts and feelings towards her child), how and to what extent they share these experiences with others, investigating how they manage their maternal ambivalence experiences, and which factors in their lives make their maternal ambivalence experiences more difficult and easier for them.

Thank you for giving your contact information to the researcher and showing interest in participation, and we would like to invite you to participate in this study. Before you make your participation decision, we would like to inform you about the study. After reading the information, please sign this form if you want to participate in the study. Or if it is not possible to sign this form electronically if you want to participate in the study, please mark the statement “I accept participating in the study voluntarily” at the end of this form. If it is not possible for you to mark either, you can state your permission to the researcher verbally. Amidst the pandemic

conditions, interviews will be conducted through one of the teleconferencing programs (Zoom, Skype, etc.) of your preference.

If you accept to participate in this study, we will conduct a personal interview with you about your motherhood and maternal ambivalence experiences which consists of 14 titles. Seven of these 14 titles are going to be about your demographic information, but there will not be any questions that identify you, there will only be questions related to your age, education and employment status, job, marital status, relationship status, pregnancy intentions, pregnancy, birth, and gender preference for your child. It will be enough to answer most of these questions on a yes-no basis or choose one of the options that we will provide. In this section that consists of 32 questions in total, we aim to gather descriptive information about you.

Then, we will ask you questions about your motherhood and maternal ambivalence experiences which consist of 7 titles. At this stage, you will be asked questions about external influences that you face to have or not have a child, support you receive in childcare, your thoughts on motherhood, the change of your motherhood experiences over time, your maternal ambivalence experiences, your preference to share these experiences with the people around, and your thoughts on how motherhood is defined in society. This section consists of 41 questions, most of which are open-ended.

The entire interview can last for 120 to 180 minutes in total although it may change based on the depth of participants' sharing. If you want to have a break in the interview for any reason, we can schedule another time to continue the interview.

Your answers should be recorded because the personal interviews will be conducted in the context of a scientific research project and the answers that you give during the interview will be later evaluated for scientific purposes. Therefore, if you give permission, we will record your voice throughout the interview. If you give permission for audio recording, you can mark the statement "I allow audio recording throughout the entire interview" at the end of this form, or if it is not possible for you to mark, you can state your permission verbally to the researcher in the beginning of the interview. After the interviews, only your audio record files will be used, none of your video records will be used, and already recorded visual files will be deleted completely from the researcher's computer right after the interview.

Your audio record files will be kept under a random pseudonym instead of your name. These files will be stored in the researcher's personal computer, within a

password protected folder, as inaccessible to others, and will be deleted completely with the approval of thesis advisor after they are transcribed. Electronic files of transcripts will be stored in the researcher's computer within a password protected folder, printed documents will be stored in the researchers' room within a locked drawer. Therefore, your identity will remain completely anonymous, your answers will not be paired with your identity. All the information gathered from you will only be used for data analysis and reporting in scientific settings and will not be listened to or read in any other place.

Your participation in this study is completely voluntary. You will not be given any incentive, or you will not be charged for your participation. You can turn your camera off at any time during the interview if you will feel more comfortable. You can choose not to answer any particular question without giving any justification or you can decline to participate in the study completely at any stage without giving any justification. In this case, the information that we gathered from you until the stage you decline will not be used and will be eliminated completely through deleting.

By participating in this study, you will be expressing yourself, reflecting on your experiences, and contributing to scientific research. No physical, sociological, legal, or financial risk that might be caused by your participation in the study is foreseen. You can end your participation right away if you do not feel good during the interview. If you do not feel good after your participation, you can contact the guidance counselor who shared the invitation text of this study with you, or the researcher. In addition, you can contact one of the experts that are attached at the end of this form in case you feel the need to use it.

Before signing / marking this form, if you have any questions related to this study, please ask them. If you want to have additional information about the research project, please contact Assoc. Prof. Deniz Albayrak-Kaymak who is a faculty member in Boğaziçi University Educational Sciences Department (Telephone: XXXX XXX XX XX, Address: Boğaziçi University, Faculty of Education, EF 313, 34342 Bebek, İstanbul). You can consult The Ethics Committee for Master and PhD Theses in Social Sciences and Humanities about your rights regarding the study (sbe-ethics@boun.edu.tr).

If you accept to participate in this research project, please sign or mark this form and send it to the researcher via e-mail. In case this is not possible, you can verbally state to the researcher that you accept to participate in the study.

.....

I, (your name and surname), read the text above and completely understood the scope and aim of the study that I am asked to participate in, and the responsibilities of mine as a volunteer. I had the opportunity to ask questions related to the study. I understood that I can decline to participate in this study any time I want and without giving any reason, and I understood that if I decline to participate, I will not face anything negative.

Under these circumstances, I accept to participate in this research study voluntarily, without any pressure.

Participant Name-Surname:

.....

Signature:

.....

I accept participating in the study voluntarily.

Address (If any, Telephone number):

.....
.....
.....

Date (day/month/year): / /

I allow audio recording throughout the entire interview.

Researcher Name-Surname:

.....

Signature:

.....

Date (day/month/year): / /

The experts whom you can contact with in case you need to:

- Bařak Baykal – Clinical Psychologist – XXXX XXX XX XX
- Seda Kaçar – Psychological Counselor – XXXX XXX XX XX
- Tuęçe Koç – Clinical Psychologist – XXXX XXX XX XX
- Sedanur Hızır Sorgun – Psychological Counselor – XXXX XXX XX XX

APPENDIX G

INFORMED CONSENT FORM (TURKISH)

BİLGİLENDİRİLMİŞ ONAM FORMU

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi Eğitim Bilimleri Bölümü

Araştırmanın adı: Annelik İkircikliği: Annelerle Görüşme

Proje Yürütücüsü: Doç. Dr. Deniz Albayrak-Kaymak

E-posta adresi: XXXXXXXXXXXXX@boun.edu.tr

Telefonu: XXXX XXX XX XX

Araştırmacının adı: Ayça Tuna

E-posta adresi: XXXXXXXXXXX@boun.edu.tr

Telefonu: XXXX XXX XX XX

Sayın katılımcı anne,

Boğaziçi Üniversitesi Eğitim Bilimleri Bölümü Psikolojik Danışmanlık ve Rehberlik yüksek lisans programı öğrencisi Ayça Tuna, Doç. Dr. Deniz Albayrak-Kaymak'ın tez danışmanlığında "Annelik İkircikliği: Annelerle Görüşme" adlı tez araştırmasını yürütmektedir. Bu çalışmanın amaçları annelerin annelik ikircikliğini (bir annenin çocuğuna ilişkin zıt duygu ve düşünceleri) nasıl deneyimlediklerini, bu deneyimleri başkalarıyla nasıl ve ne derecede paylaştıklarını öğrenmek, annelik ikircikliği deneyimleriyle nasıl baş ettiklerini ve hayatlarındaki hangi etkenlerin annelik ikircikliği deneyimlerini onlar için zorlaştırdığını ve kolaylaştırdığını incelemektir.

Araştırmacıya iletişim bilgilerinizi vererek araştırmaya katılım ilgisi gösterdiğiniz için size teşekkür ediyor ve sizi bu araştırmaya katılmaya davet ediyoruz. Katılım kararınızı vermeden önce sizi araştırma ile ilgili bilgilendirmek istiyoruz. Aşağıdaki bilgileri okuduktan sonra araştırmaya katılmak isterseniz lütfen bu formu imzalayınız. Ya da araştırmaya katılmak istediğiniz halde elektronik ortamda sizin için formu imzalamak mümkün değilse lütfen bu formun sonundaki

“Araştırmaya katılmayı kendi isteğimle kabul ediyorum” ifadesini işaretleyiniz. Eğer işaretlemeniz de mümkün olamıyorsa izniniz araştırmacıya sözel olarak ifade edebilirsiniz. Pandemi koşullarında görüşmeler sizin tercih ettiğiniz telekonferans programlarından (Zoom, Skype, vb.) biri üzerinden gerçekleştirilecektir.

Bu araştırmaya katılmayı kabul ettiğiniz takdirde sizinle annelik ve annelik ikircikliği deneyimlerinizle ilgili 14 ana başlıktan oluşan bir bireysel görüşme yapacağız. Bu 14 ana başlıktan 7’si demografik bilgilerinize yönelik olacak, ancak kimliğinizi belirleyecek herhangi bir soru yer almayacak, yalnızca yaşınız, eğitim ve çalışma durumunuz, mesleğiniz, medeni durumunuz, ilişki durumunuz, gebe kalma niyetiniz, gebeliğiniz, doğumunuz ve çocukta cinsiyet tercihiniz ile ilgili sorular sorulacaktır. Bu soruların çoğuna evet-hayır şeklinde cevap vermeniz ya da vereceğimiz seçeneklerden birini tercih etmeniz yeterli olacaktır. Toplam 32 sorudan oluşan bu kısımda sizinle ilgili tanımlayıcı bilgi toplamayı amaçlıyoruz.

Görüşmenin devamında, size annelik ve annelik ikircikliği deneyimleriniz ile ilgili 7 ana başlıktan oluşan sorular soracağız. Bu aşamada size çocuk sahibi olma ya da olmamanız yönünde karşılaştığınız dış etkiler, çocuk bakımında aldığınız destek, annelik ile ilgili düşünceleriniz, annelik deneyimlerinizin zaman içindeki değişimi, annelik ikircikliği deneyimleriniz, bu deneyimlerinizi çevrenizle paylaşma tercihleriniz ve anneliğin toplumda nasıl tanımlandığına dair düşünceleriniz ile ilgili sorular yöneltilecektir. Bu kısım, çoğu açık uçlu olmak üzere 41 sorudan oluşmaktadır.

Tüm görüşme, katılımcıların paylaşımlarının derinliğine göre değişebilmekle birlikte, toplam 120 ila 180 dakika arasında sürebilmektedir. Herhangi bir nedenle görüşmeye ara vermek isterseniz görüşmeye devam etmek için bir başka zaman planlayabiliriz.

Bireysel görüşmeler bir bilimsel araştırma projesi kapsamında yapılacağından ve görüşme esnasında vereceğiniz cevaplar bilimsel amaçla değerlendirileceğinden cevaplarınızın kayıt altına alınması gerekmektedir. Bu nedenle izin verdiğiniz takdirde görüşme boyunca sesinizi kaydedeceğiz. Ses kaydına izin veriyorsanız bu formun sonunda “Görüşmenin tamamı boyunca ses kaydı alınmasına izin veriyorum” ifadesini işaretleyebilir ya da işaretlemenin sizin için mümkün olmadığı durumda görüşmenin başında izniniz araştırmacıya sözel olarak ifade edebilirsiniz. Görüşmelerin sonunda yalnızca ses kayıt dosyalarınız kullanılacak, hiçbir görsel

kaydınız kullanılmayacak ve oluşmuş bulunan görsel kayıtlar görüşmeden hemen sonra araştırmacının bilgisayarından tamamen silinecektir.

Ses kayıt dosyalarınız isminiz yerine rastgele bir takma isimle saklanacaktır. Bu dosyalar araştırmacının kişisel bilgisayarında, şifreli bir klasörün içinde, başka kişilerin erişimine kapalı şekilde saklanacak, dökümleri yapıldıktan sonra proje yürütücüsünün onayıyla tamamen silinecektir. Dökümlerin elektronik dosyası araştırmacının kişisel bilgisayarında şifreli bir klasörün içinde, basılı dosyalar ise araştırmacının odasında kilitli bir çekmecede saklanacaktır. Böylelikle kimliğiniz bütünüyle anonim kalacak, verdiğiniz yanıtlarla kimliğiniz eşleşmeyecektir. Sizden edinilen tüm bilgiler yalnızca verilerin analizinde ve raporlanmasında bilimsel ortamlarda kullanılacak ve başka herhangi bir yerde dinlenmeyecek ya da okunmayacaktır.

Bu çalışmaya katılımınız tamamen isteğinize bağlıdır. Katılımınız için size herhangi bir ücret verilmeyecek ya da sizden ücret alınmayacaktır. Kendinizi daha rahat hissederseniz görüşmenin herhangi bir anında görüntünüzü kapatabilirsiniz. Herhangi bir soruya gerekçe göstermeksizin cevap vermemeyi seçebilirsiniz ya da herhangi bir aşamada gerekçe göstermeksizin çalışmaya katılmaktan bütünüyle vazgeçebilirsiniz. Bu durumda, vazgeçmiş olduğunuz aşamaya kadar sizden aldığımız bilgiler kullanılmayacak ve tamamen silinerek yok edilecektir.

Bu çalışmaya katılarak kendinizi ifade etmiş, deneyimleriniz üzerine düşünmüş ve bilimsel bir araştırmaya katkıda bulunmuş olacaksınız. Araştırmaya katılmanızın sizin için fiziksel, sosyolojik, hukuksal ya da ekonomik herhangi bir risk oluşturması beklenmemektedir. Görüşme esnasında kendinizi iyi hissetmezseniz katılıma hemen son verebilirsiniz. Katılımınızdan sonra kendinizi iyi hissetmezseniz sizinle bu araştırmanın davet metnini paylaşan okul psikolojik danışmanı ya da araştırmacıyla iletişime geçebilirsiniz. Ayrıca gerek duyduğunuz takdirde kullanmanız için bu formun sonuna eklenmiş olan uzmanların biriyle iletişime geçebilirsiniz.

Bu formu imzalamadan / formda işaretleme yapmadan önce, çalışmayla ilgili sorularınız varsa lütfen sorunuz. Araştırma projesi hakkında ek bilgi almak istediğiniz takdirde lütfen Boğaziçi Üniversitesi Eğitim Bilimleri Bölümü öğretim üyesi Doç. Dr. Deniz Albayrak-Kaymak ile temasa geçiniz (Telefon: XXXX XXX XX XX, Adres: Boğaziçi Üniversitesi, Eğitim Fakültesi, EF 313, 34342 Bebek, İstanbul). Araştırmayla ilgili haklarınız konusunda Sosyal ve Beşeri Bilimler Yüksek

Lisans ve Doktora Tezleri Etik İnceleme Komisyonu'na (SOBETİK) danışabilirsiniz (sbe-ethics@boun.edu.tr).

Eğer bu araştırma projesine katılmayı kabul ediyorsanız, lütfen bu formu imzalayıp ya da işaretleyip e-posta yoluyla arařtırmacıya iletiniz. Bunun mümkün olmadığı durumda arařtırmacıya arařtırmaya katılmayı kabul ettiđinizi sözel olarak ifade edebilirsiniz.

.....

Ben, (adınız ve soyadınız), yukarıdaki metni okudum ve katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Çalışma hakkında soru sorma imkanı buldum. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi ve bıraktığım takdirde herhangi bir olumsuzluk ile karşılaşmayacağımı anladım.

Bu koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve zorlama olmaksızın katılmayı kabul ediyorum.

Katılımcının Adı-Soyadı:

.....

İmzası:

.....

.

Araştırmaya katılmayı kendi isteğimle kabul ediyorum.

Adresi (Varsa Telefon No):

.....

.....

.....

Tarih (gün/ay/yıl): / /

Görüşmenin tamamı boyunca ses kaydı alınmasına izin veriyorum.

Araştırmacının Adı-Soyadı:

.....

İmzası:

.....

Tarih (gün/ay/yıl): / /

Gereksinim duymanız halinde iletişime geçebileceğiniz uzmanlar:

- Başak Baykal – Klinik Psikolog – XXXX XXX XX XX
- Seda Kaçar – Psikolojik Danışman – XXXX XXX XX XX
- Tuğçe Koç – Klinik Psikolog – XXXX XXX XX XX
- Sedanur Hızır Sorgun – Psikolojik Danışman – XXXX XXX XX XX

APPENDIX H
QUOTATIONS (TURKISH)

- 1) Düz bir çizgi gibi ilerlemiyor da hep, ee, yani zik zak gibi ya da zik zak denmez belki de, dalgalı dalgalı ilerliyor (Emel).
- 2) Yani evet annelik harika bir şey, muazzam bir şey, kutsal bir şey ama ee, çok zor. Mesela şimdi bana ikinci çocuk diyorlar. Diyorum ki ikinci çocuk deliliktir. İkinci çocuğu yapan delidir diyorum... (gülüyor). Yani gerçekten çok zor, çok çok zor (Hülya).
- 3) Yani annelik bana getirdiği güzel şeyler, ee, neticesinde götürdükleri de oldu açıkçası (Müjde).
- 4) Çok ayrı bir duygu. Acıyla mutluluğu o kadar aynı anda yaşıyorsunuz ki. Çok büyük bir ıstırap. Yani kemikleriniz çatır çatır kırılıyor. Bunu hissediyor gibisiniz doğum anında. Ama aynı zamanda da onu görünce dünyanın bütün dertlerini unutuyorsunuz (Belgin).
- 5) Sezaryen oldum. Çok zor bir süreçti. Ee, göğüs ucumda yara çıkınca insanın canı nasıl yanıyormuş onu öğrendim. Yani zor mu evet, zor bir şey ama keyifli ya bilmiyorum, anne olmak güzel... Yani evet, doğum sonrası çok acı oldu. Gece gündüz ağlayan bir anneydim. Ee, çocuk meme istiyor ama ben veremiyorum çünkü o ağlıyor istediği için, ben veremediğim için anneme ağlıyorum (Türkan).
- 6) Bazen, ee, ya sinirlendiğimiz tabii, birbirimizle küstüğümüz, kızdığımız, bazen de işte çok eğlendiğimiz zamanlar oluyor birlikte. Ya her duyguyu yaşıyoruz yani. Hani hiç kızmıyorum ya da hiç sinirlenmiyorum desem yalan olur. Tabii ki beni üzdüğü zamanlar, benim de onu üzdüğüm zamanlar oluyor ama, ee, gayet de güzel vakit geçiriyoruz (Gülşen).
- 7) Bazen sinirlerime çok hakim olmak için çok zorluyorum çünkü beni bazen sabrımı çok taşıyor. İşte yolun ortasında hiç yapmayacağı bir şeyi yapabiliyor, hiç tutturmayacağı bir şeyi tutturabiliyor... Mesela bir şey istediği zaman bana böyle yolun ortasında el hareketleriyle... ve ben bundan ona hiç hoşlanmadığımı ve bunu yapmaması gerektiğini... buna mesela ben çok tahammül edemiyorum ve kendimi çok böyle, ee, dizginlemeye ve frenlemeye çalışıyorum o sürede ona gerçekten yanlış bir şey yapmayayım

- diye. Çünkü yapmaması gerektiğini söylememe rağmen bu sefer daha şiddetli bir şekilde yapıyor. O zaman mesela gerçekten böyle bir çok sinirleniyorum... Bir uçtan bir uca gidiyorum yani o süre içerisinde (Müjde).
- 8) Benimle çok inatlaştığı zaman... ya mesela diyorum ya şunu yap, şöyle yapalım diyorum. Hayır diyor, önce diyor, benim istediğimi yapacağız diyor, ondan sonra şöyle yapacağız. Yani mesela önce, ee, yemek yemesi gerekiyor. Sonra atıyorum abur cubur yemesi gerekiyor. Hayır diyor, önce abur cubur yiyeceğim.... Ee, o zaman beni mesela çok zorluyor. Sınırlarımı zorluyor. Ee, o zaman işte bir uçtan bir uca gidiyorum (Müjde).
- 9) Yani böyle çok iyi muhabbet ederken, sohbet ederken bir anda böyle beni, ee, üzdüğü zamanlar... ee, bağırma huyu, ağlama huyu. Bir tersleme huyu var. Sürekli bağırıyor, sürekli ağlıyor, sürekli tersliyor. O beni zaten çileden çıkartan şey. Yani bir tek benim ona çok bağırmamın nedeni ağlama çünkü her şeye ağlıyor (Türkan).
- 10) Sabahtan akşama kadar, ee, iş yerinde olmak,... sabır, ee, potansiyeli çok daha yüksek, özlemekten kaynaklı, ee, oluyor. Ama pandemi sürecinde sabahtan akşama kadar birlikte olduğun zaman kimi zaman inişler çıkışlar olabiliyor. Çok güzel vakit geçiriyorsun, biraz sonra bir şeye çok sinirleniyorsun, sabretmeye çalışıyorsun, sabredemiyorsun. Belki kızılıyorsun (Necla).
- 11) Yani öyle çok fazla değişebiliyor ansızın. Hatta vurmaya bile kalkıyor bazen. Hoşuma gitmiyor, bu durum gerçekten hiç hoşuma gitmiyor yani... Ne yapabilirim onu da bilmiyorum. Ama yani bir anda oyun oynarken hop X (çocuğu) gidiyor, başka biri geliyor. Yapamazsın, edemezsin, şu şöyle, bu böyle. Bağırıldığı zaman benim... o anda bütün her şeyim kaçıyor. Yani o anda olumsuz, X'e ters tepki verebiliyorum. Çok nadirdir, hatta imkansızdır vurmam ama bazen... zor tutuyorum kendimi. Çığırından çıkartıyor bazen hani (Türkan).
- 12) Çok mutlu oluyor bir anda, çok mutlu, her şeyden memnun ama on saniye sonra elindekini duvara fırlatıyor ve çok memnuniyetsiz (Hale).
- 13) Çok dağınık bir çocuk olduğu için toplarken bazen koltuktan oturacak yer bile bulamıyorum. Bazı zamanlarda dışarıdan yorgun geliyorum. Böyle elimle sıyırıp oyuncakları bir köşe açıp orada oturuyorum yani. Bu dağınıklık bir yerden sonra... çok rahatsız oluyorum ve toplayacak,

düzenleyecek tek başıma da gücüm olmadığını hissettiğim an böyle kriz geçiriyorum. Bağırıp çağırdığım oluyor yani (Gülşen).

- 14) Ya dediğim gibi hani bir, bir anneciğim deyip bir boynuma sarıldığı an iyi ki anneyim. Ama mesela tam dinleneceğim ya da böyle elime bir şey aldım, tam onunla ilgilendiğim sürede mesela benden bir şey istediği zaman off oluyorum, ya nereden çıktın şimdi der gibi (Hale).
- 15) Krizi yönetemediğim durumlarda. Mesela atıyorum, okuldan çıkıyor, yanıma geliyor. Ödevlerini yapması gerekiyor. Hadi kızım, yap kızım. Ee, yapmıyor mesela, direniyor, yapmıyor, direniyor. Benim o zaman sesim yükseliyor. İşte çıkma saati geliyor, eve gideceğiz, bak daha yemek yiyeceğiz, işte daha duş alacaksın... Benim sesim yükseldikçe o korkup ağlıyor... O zamanlarda ben kendimi çok yetersiz hissediyorum. Daha çok krizi yönetemediğimde bu duygu oluyor... Yani en son bundan iki hafta önceydi galiba. Çok ağladım yani... olmuyor, yapamıyorum, ben bu anneliği beceremiyorum... O da çok üzüldü, korktu, ağladı. O da ağladı. Zaten o da ağlıyordu. O ağlıyor diye de ben hem çok üzüldüm hem çok sinirlendim, ağladım. Ee, sonra eşim gördü benim ağladığımı. O da benim üzüldüğüme çok üzüldü (gülüyor). Sonra hep birlikte oturduk, konuştuk (Hülya).
- 16) Bir çalışma hayatınız var, ee, daha özgürsünüz, istediğiniz yere gidip gelebiliyorsunuz, istediğinizi yapabiliyorsunuz. Çocuk bakmak çok zor bir şey yani. Hiçbir şekilde çalışmaya falan benzemiyor yani... O yüzden, ee, çok açıkçası keyif aldığım bir dönem değildi yani... Benim sosyal bir hayatım yoktu. Benim bir hayatım var mıydı bilmiyorum yani (gülüyor). Sadece çocuk bakmak üzerine kurulmuş bir robot gibiydim yani (Müjde).
- 17) Özgürlüğümü kısıtladığı için bazen kızıyorum içten yani ona. Onun halbuki kabahati yok, ben dünyaya getirdim ama hani onun yüzünden özgürlüğümün kısıtlandığını, işte bazı işte yapmak isteyip de yapamadığım şeyler açısından böyle içten içe, ee, kızdığım oluyor (Gülşen).
- 18) Yani ben gezmek istiyorum açıkçası. Yani olabildiğince farklı ülke görmek istiyorum eşimle... Gezemeyince, ha bu tatilde de istediğim gibi bir yere gidemedim dediğimde, evet hay anne olmaz olaydım diyorum (Emel).
- 19) Ya ben sevemiyor muyum acaba bu kadar çocuğumu? Niye ben böyle biraz dışarı çıkayım, arkadaşlarımla buluşayım fikri geliyor bana?... Ee, ben ama dışarı çıktığımda hani böyle bir şey duymuyorum. Bir arkadaşımınla yarım saat

evde kendi eşime bıraktığımda bir vicdan azabı duymuyorum. Acaba bu kötü bir şey mi? Çünkü özlüyorum yani, özlediğim şey bir sohbet, bir arkadaş muhabbeti (Filiz).

- 20) Yani beni çok etkiledi yani çok etkiledi yani. Ben diyorum ya size ben hiç böyle bir sürece gireceğimi düşünmemiştim. Yani bu kadar zorlanacağımı, beni bu kadar yıpratacağını falan hiç düşünmemiştim bu sürecin. Ee, yani bana şu an bu süreci yaşayacaksın deselerdi doğurmazdım açıkçası... Ben ne yaptımın şeyini çok soruyordum. Ben niye hamile kaldım, niye çocuk yaptığının... Keşke yapmasaydım. Hani insan der mi mesela, çocuğu doğduktan sonra keşke olmasaydı der mi? O süreçte keşke olmasaydı, ee, keşke doğum yapmasaydım, keşke hamile kalmasaydım, niye bu kadar acele ettim (Müjde).
- 21) Bu çocuğa zaten bütün gün bakmak gerçekten yorucu. Yani ben çalışırken bu kadar yorulmuyordum. Mesela işe gittiğim zaman hiç yorulmuyorum ama cumartesi pazar kadar yorulduğum bir gün olmuyor. Cumartesi Pazar daha çok yoruluyorum evde. Çünkü çocuk bakmak zor bir şey, eğlendirmek zor bir şey (Türkan).
- 22) Mesela ben, ee, eskiden daha çok çocukları severdim işte... işte ne kadar tatlı. Ben fark ettim ki ben, ee, oğlum doğduktan sonra çocuk alıp kucığıma o kadar eskisi gibi sevmiyorum bile yani. Çünkü ben bir çocuğu, bir hamile kadını gördüğümde tek gördüğüm şey onda işte bunun gece uyanması, ay bunun işte gaz sorunuydu, ay bunun işte bakımıydı. Şu geliyor benim aklıma. Ay ne kadar tatlı olayı bende artık o kadar değil (Fatma).
- 23) Oğlum olduktan sonra kendimi çok daha, ee, sabır konusunda, ee, iyi görüyorum. Ancak tabii ki de bir noktadan sonra sabrımı da, ee, zorlasam da, ee, sinirlendiğim ya da kızdığım şeyler olabiliyor. O anlarda, ee, kimi zaman, ee, bir yetişkinmiş gibi düşünüp X'i (çocuğu), ee, ona küsmek... ya da işte bir süre oğlum işte bir şeyim var, şu an için konuşmayalım, ben biraz sakinleşeyim ondan sonra. Bu sefer onun, ee, o şeyini, masumluluğu mu denir artık, üzüntüsünü görünce geri bunu yaptığım için kendime kızmak, ee, gibi duygular yaşıyorum. O bir yetişkin değil hani. Ee, böyle yapmamalıydım, ee, dediğim noktalar olabiliyor (Necla).
- 24) Mesela atıyorum, ee, bir gün çok kızdın, bağırdın, işte yetersiz hissettin o gün kendini, ama akşam uyuyor, hemen vicdan. Keşke bağırmasaydım, işte keşke

- kızmasaydım. Keşke ağlatmasaydım gibi. Yani çok farklı, çok bambaşka bir duygu annelik (Hülya).
- 25) Bazen çok pişman oluyorum. Neden bu çocuğa bunları yaşattım diyorum. Ee, çok pişman oluyorum ama iş işten geçmiş oluyor... Üzülüyorum, kötü bir anneyim. Şu anda iyi bir anne değilim yani (Türkan).
- 26) Ama, ee, bağırınca üzülüyorum da. Yani keşke bağırmasaydım, başka bir şekilde çözebilirdim gibi şeyler geçiyor aklımdan sonrasında... Hani Emel bak yine aynı şeyi yaptın, neden hiç geliştiremiyorsun kendini bu durumlarda falan diye kendimi eleştiriyorum (Emel).
- 27) Daha kolay söylüyorum mesela duygularımı. Özellikle beni anlayabileceğini düşündüğüm arkadaşlarıma falan duygularımı daha rahat ifade ediyorum. Bu anlattıkça beni de rahatlatıyor (Fatma).
- 28) Ee, çok açık görüşlü bir arkadaşım benim. Ee, kesinlikle yargılamıyor ve empati kurup sizi anlamaya çalışıyor. Yani ben onun o huyunu çok seviyorum... Yani tam böyle sanki bir psikoloğa gitmişim de bütün her şeyimi döküyorum, anlatıyormuş gibi, ee, rahatlamış hissediyorum ee, onunla konuştuğum zaman, görüştüğüm zaman (Müjde).
- 29) Kayınvalidemle çok sık konuşuruz bunu. O çok örnek verir bana. İşte X de böyleydi -eşimin erkek kardeşi-. İşte Y (eşi) de böyleydi. İşte üzülme, geçecek, onlar da öyleydi diye. Onunla çok dertleşiriz... O bana anlatır, rahatlatır, gibi (Hülya).
- 30) Tabi, çok zorlandığım dönemler oluyor. Ee, dediğim gibi o psikolog arkadaşına çok danışıyordum. Hani X hocam ben nerede hata yapıyorum? Ben ne yapacağım? Falan, gibi. Ya da tecrübeli annelerden... çocuğu liseye giden, ortaokula giden. Bizim okulda mesela temizlikçisinden aşçısına. Ben hep büyüğümden de küçüğümden de hep fikir alırım. Kendi aklıma yatanı yaparım genelde ama dinlerim... İyi bir dinleyiciyimdir yani. Ee, çok sorarım. X (çocuğu) ile alakalı böyle bir sorun var. Ben böyle davrandım ama olmadı (Hülya).
- 31) Çalıştığım mağazalarda çocukları olan mağaza müdürleri var. Onlarla paylaşıyorum. Onlar da bana anlatırlar, ben de onlarla paylaşıyorum. Onlardan fikir alırım, onlar benim fikrimi alır. Eksikim varsa tamamlamaya çalışırım. Yani ee, fikir alışverişine açık bir insanım (Belgin).

- 32) Oyun terapisi mesela onun sayesinde ve ondan sonra... X (çocuğu) de çok faydalandı, biz de çok faydalandık... Bizden sonra da ben böyle bir beş, altı arkadaşına önerdim sanırım. Onlar da çok çok faydalandılar. Böyle, hep böyle birbirimize destekle, ee, faydalandığımız bir şeyi anlatarak (Filiz).
- 33) Paylaşıyorum yani X'i (çocuğu) büyütürkenki. Özellikle şu an bana ikinci çocuk baskısı var, "İkinci çocuğu niye yapmıyorsun?" falan diye. Ee, birincisinde çok zorlandığımı... Ben ikinci bir çocuğun sorumluluğunu taşıyamayacağımı düşündüğüm için bunlara onun açıklamasını yapıyorum. Bizzat anneme yapıyorum kendisine ve kendisi gayet anlayışsız bir şekilde (hafif gülüyor), "Biz de çocuk büyüttük, biz de üç tane büyüttük. Eskiden daha zordu falan filan. Sen yapabilirsin işte, sen biraz daha işte anaç ruhlusun" (Müjde).
- 34) Mesela bizde... çocuk yapmak kadının, ee, isteyip istemeyeceği bir şey değilmiş gibi... Atıyorum erkek çocuk istemiyor dediğinde, "Ay işte ne yapayım, kocam istemiyor, o istemiyorsa tamam." Ben mesela kendim istemiyorum dediğimde, ee, "Sen nasıl istemezsin?" Hani senin böyle bir şey istememeye hakkın yok da gibi... En yakın akraba, ailem derken ve annem de dahil, atıyorum eşim, eltilerimden de dahil, böyle işte, "Sen niye yapmıyorsun ikinciyi?" İstemiyorum. "Eşin mi istemiyor?" Hayır dedim, ben istemiyorum. O istemeyince normal bir şey de ben mi istemeyince anormal oluyor? Sonuçta onu doğuracak olan benim... Eşimin çalışma durumundan dolayı bütün bu zorlukları tek başıma aşacağım. Hiç kimse yanımda değilken yani sırf sen doğur işte bir çocuğun daha olsun diye siz bana çocuk doğur diyorsunuz. Ama ben yani, bunların, bütün zorlukları yaşayan ben, istememe hakkına sahip olmayan da mı benim dedim (Fatma).
- 35) Anneme söylüyordum işte X (çocuğu) uyumuyor, şöyle de böyle de, ben çok zorlanıyorum. İşte annem şey diyordu bana hep... Biz de çocuk büyüttük, siz de durmuyordunuz,.. Yani annem hep bunu basite indirgiyordu ve hep kendi hayatıyla kıyaslıyordu. Yani o yüzden anlaşılmadığımı düşündüğüm için artık ona bir paylaşım yapmamaya başladım açıkçası... Sen bundan 20 sene önce, 30 sene önce yaşadığın şeyle şu anki beni bir tutamazsın. Senin geldiğin aile faktörü, senin yaşadığın standartlar, benim geldiğim aile faktörü, standartlar aynı değil. Bunu mesela annem hiçbir zaman ayıramıyordu (Müjde).

- 36) Hani mesela sizinle konuştuğum gibi konuşmuyorum onlarla. Çünkü o konuyu dinlemeyeceklerini biliyorum yani. Olaya böyle bakmayacaklarını bildiğim için böyle konuşmuyorum... Daha kısa ya da anlatıyorsam da daha kısa sözcüklerle. Detaylandırmıyorum da atıyorum mesela istemiyorum, niye istemiyorsun işte, iki tane çocukla evimden aşağı inmek, bir yerlere gitmek beni çok zorlar. Oğlum biraz daha büyüsün. Atıyorum tek başına hareket edebilecek hale gelsin o zaman yaparım diyorum. Yani böyle anlatıyorum. Kendi iç duygularımı değil de, ee, ortamın fiziksel koşullarını bahane ediyorum (Fatma).
- 37) Görüştüğüm arkadaşlarımın hepsi de anneler olduğu için hepimizin, ee, benzer, şey zorlukları işte, ee, çocuğun yaş grubuna göre sürekli değişen farklı sıkıntılar... Bebeklik dönemiye işte gece uykuları, ee, emzirme dönemiye, ek gıdaya geçişse o sıkıntılar, kreş dönemi ayrı sıkıntılar, ilk bu birinci sınıf ayrı sıkıntılar... Sürekli benzer paylaşımlar, işte benzer, benzer konuşmalar geçiyor (Necla).
- 38) Onlarla (arkadaşları) konuşuyoruz yani. Onlar da zorlandıklarını anlatıyorlar. İşte çocuğa yeri geldiğinde kızdıklarını anlatıyorlar. Yani diyorlar mesela, benimki gibi, ee, anlatıyorsun anlatıyorsun olmuyor. Ya da hani bir tane, diyelim çocuğun bir davranışı var, hoşuna gitmiyor. Yani onu değiştirmeye çalışıyor ama hemen değişmiyor yani... Ee, bunları anlatıyorlar yani. Bana duygularını açıyorlar (Emel).
- 39) Bir, ee, çok yakın arkadaşım var. Kendisi de önceden anaokulu öğretmeni idi. Ben onun daha böyle, ee, sakın bir insan olmasını beklerdim. Sonuçta mesleğini yapıyor... Çocuğunu doğurduktan sonra biraz daha böyle, ee, benim gibi düşünmeye başladı yani. Ben sakın bir anne olduğumu düşünüyordum, aslında ben sakın bir anne değilmişim. Ona baktığım zaman o da aynı şekilde... Hiç beklemediğim bir anne modeli çıktı karşıma... Etrafımda da böyle sitem dolu bir anneler var (Türkan).
- 40) Evet yani böyle kendi deneyimimden söylemem gereken şeyler varsa onu söylüyorum. Ya biraz daha böyle tart, tartıyorum aslında karşımdaki kişiyi. Duymaya hazır mı, açık mı ya da bakıyorum sadece anlatıp rahatlamak mı istiyor... Sadece o an anlatıp rahatlamak istiyordur (Filiz).

- 41) Biri bana bir şey anlatırken... ee, kendimi katmıyorum asla. Onu dinliyorum sonuna kadar ve, ee, kendimden eğer, ee, oğlumla o da aynı süreci yaşıyorsa, aynı süreci yaşıyorsak, evet bende de böyle böyle oldu diyorum (Müjde).
- 42) Eğer kendi yaşadığım bir şeyse ben de aynı şekilde bir paylaşımda bulunuyorum. Çok şey demem yani, şunu yap, bunu yap demem. O bana çok, ee, yönlendirme gibi geliyor. Benim dediğim hiçbir şeyi yapmak zorunda değil (Emel).
- 43) Çoğunlukla ben de böyle yaşadım, ben bunu yaptım ama diyor mesela. Bende işe yaradı diyor ya da ben, bende yaramadı diyorum. Şunu yapabilirsin diye öneride bulunuyor. Bu şekilde birbirimize yardımcı olmaya çalışıyoruz (Gülşen).
- 44) Benim tepkim yani, ee... şunu yap, bunu yap, işte sen sakın ol, çocuktur o... Ee, sakın olmasını öneriyorum, işte çocuktur, bir süre sonra normale dönecek... hatta biraz sal, ne isterse onu yapsın, işte çıkart... karantina zamanında annesi dışarı çıkartmadı, benim zorlamamla çıkarttı. Bırak işte ne olacak, olur bir şekilde, eğer yakalanacaksa her türlü yakalanırsın falan diye... Dışarı çıkarttı çocuğu, işte vakit geçirmeye başladık parkta ki hiç parka çıkmayan bir çocuktü (Türkan).
- 45) Ben arkadaşşıma akıl veriyorum. Ama ben uyguluyor muyum? Hayır. Bana akıl veriyorlar ve onlar uyguluyor mu? Hayır. Yani bu şey gibi, kısır döngü gibi aynı. Herkes birbirine akıl veriyor ama aslında baktığımız zaman kendi çocuğuna kendi de bağıyor. Bana da onun yaptığı hareketler, mesela çok tuhafıma gidiyor. Ablamın iki tane oğlu var. Biri üniversiteye gidiyor, biri liseyi bitirdi, üniversite sınavına girecek. Kocaman insanlar. Ben hani ona diyorum sal birazcık, rahat bırak, gençtir, erkektir, arkadaşlarıyla buluşacak. Yeri gelir belki sigara içiyordur. Hani senin yanında içmiyor ya da bilmiyorsun. Biraz rahat bırak. İşte geldiği saati soruyor, gittiği saati soruyor. Ben, bana çok tuhaf geliyor yaptığı ama onun da bana söylediği şeyler işte sen de bırak, sal gitsin azıcık, çocuğu işte sıkma. Aynı şeyleri o bana söylüyor, ben ona söylüyorum. Aslında ikimiz de birbirimize tuhaf geliyoruz (Türkan).
- 46) Ee, yani var, etrafımda var bilinçli anneler, bir-iki tane akrabalarından bahsedeyim. Onları arardım, onlara sorardım işte... Besleyebilecek miyim, onun korkusu vardı. Yani yapabilecek miyim, yemek yedirebilecek miyim,

yemek yiyecek mi, büyüyecek mi? Böyle korkular vardı içimde sürekli. Ee hala, şöyle mesela, çalışıyorum, acaba besleyebiliyor muyum? Yeterli olabiliyor muyum? Hala korkum var yani. Ama bayağı bir destek aldım sağolsunlar, yardımcı oldular (Türkan).

47) X (çocuğu) küçükken sürekli götürdüğümüz bir doktorumuz vardı bizim. İşte iki buçuk, üç yaşına kadar falan düzenli olarak. Ee, genelde zaten ayda bir, iki-üç ayda bir falan ona kontrole gidiyorduk. Öyle bir soru olduğu zaman falan ona soruyordum (Müjde).

48) Ee, çoğunlukla herhangi bir, ee, sağlık problemi olduğunda, ee, ne yapacağımı bilemediğimiz zamanlarda işte “Sizde de oldu mu, ne yaptınız?” şeklinde sorardım (Gülşen).

49) Ee, şöyle, ee, şu an çok yakın bir arkadaşım var, ona danışıyorum hani böyle aklımda şey olduğunda. Ee, o çok böyle meraklıdır, araştırır ve çok güvenirim onun şeylerine. Ee, bazen ona danışıyorum. Uzmanlar var, böyle kitaplar var, oralardan da faydalanmaya çalışıyorum (Filiz).

50) Ee, çok tıkanığım zaman, ee, arkadaşıma soruyorum. Benim kız kardeşim psikolog, ablam psikolog, ee, ona danışıyorum, işte ne yapmam gerekiyor falan gibi soruyorum. Ya da öğretmenine soruyorum işte, ee, “Şöyle şöyle bir sürecimiz var hani, ee, nasıl davranmam gerekiyor?” falan diye. Ee, bu şekilde çözümlenmeye çalışıyorum (Müjde).

51) İşte hani pek çok şeyi doğru yapacağını düşünüyor ya insan. Yani işte ben onun yaptığı hatayı yapmam, bunun yaptığı hatayı yapmam gibi. Yani genelde böyle her şeyin, ee, çok iyi gideceğini düşünüyorsun. Okuduğun kitaplardan falan da herhalde. Yani öyle olduğunu zannediyorsun ama yaşadıkça insan görüyor ki az önce de dedim ya yani mükemmel yok, muhteşem bir annelik yok... Doğum yapmadan önce gerçekten de daha iyi gideceğini bekliyordum pek çok şeyin. Daha iyi olurum. İşte iletişimimiz hep böyle güzel olur, pürüzsüz olur falan ya da o kadar yorulmam. Ama öyle olmuyormuş yani. Onu gördüm (Emel).

52) Yani ben, ee, hani böyle dört dörtlük bir anne olamayacağımı ve kimsenin de böyle olamadığını kabul etmiş biri olarak, ee, diyebilirim ki hani tabii ki de hani mükemmel bir anne değilim. Ee ve de, ee, yani her zaman çok iyi değilim belki çocuğuma karşı. İşte benim de sinirlendiğim zamanlar oluyor,

bağırduğım zamanlar oluyor falan. Ya da ee, zaman bulamadığım, ilgilenemediğim zamanlar oluyor (Emel).

- 53) Yok işte ben çocuğuma, ee, hiç bağırمام. Bağırان anneler işte kötüdür falan. Ee, her gün kitap okuruz, akşam yatmadan falan yani (gülüyor). Bu mümkün değil gibi geliyor bana çünkü, ee, neden? Tamam, benim bir tane çocuğum var evet ama etrafımdaki arkadaşlarım da, en az beş tane arkadaşım ve beş tane arkadaşımın bazılarında ikişer tane, bazılarında birer tane... çocuğu var. Hiç de öyle ekranlarda görüldüğü gibi ya da paylaşımlarda görüldüğü gibi olmuyor. Onlarda da olmuyor. Demek ki burada çevremden de gözlemediğim kadarı, yeğenlerim de var, onlar da aynı yaşlarda, ee, gözlemediğim kadarıyla gerçekten senin istediğin gibi olmuyor her şey. Yani mükemmeliyetçilik diye bir şey yok (Gülşen).
- 54) Ben, ee, mutlu olduğum şeyi yaparım. Ee, işte kendimi o doyuma, o mutluluğa ulaştırırım, annelik benim için yanında gelen bir şeydir, işte eş olmak da benim için yanında gelen bir şeydir. Ama ben, ee, bir birey olarak önce ben, ee, önce benim ihtiyaçlarım, önce benim isteklerim, önce benim doyumum, önce benim mutluluğum. Zaten ben o doyuma, mutluluğa ulaştınca bir bakıyorum ki etrafıma da zaten o mutluluğu, o doyumunu yaşıyorum (Müjde).
- 55) Böyle kendime şefkat vermeye çalışıyorum açıkçası... Hani bu oksijen maskesi uçaklarda, çok klasiktir ama önce kendine takabilen anne olmaya çalışıyorum diyeyim yani... Ya da kendim ne kadar iyiysem çocuğuma o kadar fazla enerjiyle, o kadar iyi şeyle gidebiliyorum. Daha çok emek verebiliyorum... Evet çocuğuma emek veriyorum, onu seviyorum ama benim bir bütün hayatım o değil. Ben de varım, bir Filiz var ve bunun bilincinde biraz ilerlemeye çalıştığım için, ee, kendi zamanlarımı mutlaka ayarlamaya çalışıyorum (Filiz).
- 56) Ben cefakar anne olmak istemiyorum. Evet ben anne olmak istiyorum. Evet ben anneyim, iyi ki de anneyim diyorum çok şükür ama toplumun o dayattığı anneye girmiyorum... Tamam biliyorum evet, ee, şey olamayacağımı hani, yüzde yüz onların istediği gibi olmadığımı biliyorum. Nasıl diyeyim, yani yüzde yüz o seti çekemesem de kendi istediklerimin sınırlarını en azından oluşturmaya çalışıyorum her şekilde (Fatma).

- 57) Yani toplum genelde saçını süpürge eden anne, işte çocuğu yemedim yedirdim, içmedim içirdim. Yoo, ben acıktığımda vallahi önce kendim yiyorum. Elim ayağım titriyor. Yani X (çocuğu), çok aç değilsen hemen yemek yemem gerekiyor diyorum. Sen bir otur çizgi film izle ya da bir meyve vereyim. Hani sofraya birlikte oturduğumuz zamanlar da oluyor ama o an açsam, ee, gerçekten önce ben yiyeyim. Yoksa sinirleniyorum (Filiz).
- 58) Çekilmez olur, çekilmez olur. Gece kalkmak çekilmez olur, onun önüne bir tabak yemek koymak çekilmez olur. Atıyorum yani şunu her anneye sorsanız aslında söyler. Sıcak yemek, sıcak çay içmek ne demek bilmeyen anneler çok benim gibi. Ama mesela bunu kendine dert ediniyorsa zaten hani çocuğuna bakmak ona ağır gelir. Bu bir dönem yani, bu bir dönem. Hani annelerimiz nasıl bizi büyütürken bu dönemden geçtiyse. Hani biz de eğer bile isteye evlenip bile isteye evlat sahibi oluyorsak sen zaten onu göze almışsındır (Hale).
- 59) Oluyor, yani bence hep olacak da. Ama onu da gidermek için bir şey, farklı bir şey düşünüp farklı bir şey yapmak yani. O an o duyguyu çok fazla düşünmemeye çalışıyorum çünkü bunun geçici olacağını artık fark ediyorum (Fatma).
- 60) Ee, çok kısıtlı... Çalışan bir annenin kendine ayırdığı vakit gerçekten çok kısıtlı. Uyuduktan sonra bir saat ne yaparsak. Çünkü ben de erken kalkıyorum, o da erken kalkıyor... Hani bu televizyon izlemek olabilir, belki bir film izlemek, belki bir-iki sayfa kitap okumak, çoğu zaman okuyamamak (Hale).
- 61) Yapmam gereken, onunla ilgilenmem gerektiği süreç, ee, tamamlandıktan sonra, onu uyuttuktan sonra kendime iyi gelecek, o an yapmak istediğim şeyleri yapmak. Ee, bazen bu onu uyutur uyutmaz hemen bir kahve yapıp, ee, içmek olabiliyor. Bazen, ee, alıp bir ojeyi sürmek olabiliyor. Ee, o an, ee, kendimi ne iyi hissettirecekse onu yapmak, yapmak istiyorum. Yapıyorum (Necla).
- 62) O evdeyken ona küçük, oyalayıcı etkinlikler verip kendim işte müzik açıyorum, kahvemi içiyorum. Bu şekilde terapi yapmaya çalışıyorum kendi kendime. Radyom var, onu dinliyorum. Öyle. Ufak şeyler (gülüyor) (Gülşen).
- 63) Kulaklık takıyorum, bir saat yürüyüşe gidiyorum, o beni o kadar mutlu ediyor ki. Ya hiç o bir saat yürüyüşte ne para harcıyorum, ne bir şey harcıyorum. O

- soluduğum hava, yürüdüğüm bir saat, işte dinlediğim müzik bana o kadar iyi geliyor ki yani belki hiçbir şey bana o kadar zevk veremez yani (Müjde).
- 64) Ee, kendinizi daha psikolojik olarak rahatlamış böyle... Atıyorum, bir akşam bir arkadaşlarla kahve içmeye gittik ya da çay içmeye, yemeğe gittik. Böyle bir hafta tatile gitmiş gibi oluyor insan... çünkü 7/24 birliktesin ve özlemiyorsun çünkü sürekli yan yanasın. Ama işte o birkaç saatlik ayrılık... Hem özlem oluyor, sevgin artıyor, ee, sen kafa dağıtmış oluyorsun, rahatlamış oluyor insan (Hülya).
- 65) Niye ben böyle biraz dışarı çıkayım, arkadaşlarımla buluşayım fikri geliyor bana? Bak o hiç çıkmıyor, evinin temizliğini de yapıyor, yemeğini de yapıyor, çalışıyor da, her şey yapıyor. “Çocuğum, çocuğum” diye böyle şey yapıyor. Ee, ben ama dışarı çıktığımda hani böyle bir şey duymuyorum. Bir arkadaşımınla yarım saat evde kendi eşime bıraktığımda bir vicdan azabı duymuyorum. Acaba bu kötü bir şey mi? Çünkü özlüyorum yani, özlediğim şey bir sohbet, bir arkadaş muhabbeti. Kızım hani o an sonuçta güvenli bir yerde, yani ne yapıyor falan diye de düşünmüyorum. Bir dönem bu iyi mi kötü mü çok ayırt edemiyordum. Ama şu an benim için en azından bu iyi bir şey ya. Yani ben iyi olduğumda çünkü iyi olabiliyorum (Filiz).
- 66) Birlikte onunla vakit geçirmek bana çok iyi geliyor. Birlikte yemek yemek... Anaokuluna başladığı süreçte falan tabii bizim yemeklerimiz, o orada yemek yiyor, ben de işte şu an evde yemek yiyorum. Mesela şey diyor, evde olduğu süre içerisinde diyor ki gel birlikte yiyelim diyor. Ondan sonracağıma, beni de bekle diyor, birlikte yemek yiyelim diyor. Yani böyle, ee, bir şeyleri birlikte yapmak istiyor evde olduğu süre içerisinde. Yani birlikte paylaşımında bulunacağım, ee, güzel bir süreç. Yani böyle bazen arkadaşınız oluyor, bazen... onun seviyesi, düzeyince paylaştığınız şeyler oluyor (Müjde).
- 67) Ee, vaktimi nasıl kaliteli geçirebileceğimi öğretti aslında. Yani birçok zaman arkadaş gruplarıyla... aktiviteler yapamazken, işte bir müze gezisi olsun, bir ee, tiyatro olsun, efendime söyleyeyim, yani gibi gibi şeyler yapamazken bunları şimdi kızımınla yapıyorum. Daha kaliteli vakit geçiriyorum onunla (Belgin).
- 68) Bebek ufak olduğu zamanlarda bulduğunuz vakti, ilk doğum, doğumun olduğu ilk zamanlar bulduğunuz ilk fırsatı, hani normal olsa, mesela normal önceden olsa eşimle yalnız kaldığım zaman hani onunla birlikte bir şeyler

yapardım. Ama bebek olduktan sonra o ilk zamanlar bir fırsat varsa direkt uyumak istiyorsunuz zaten yorgunluktan (Hale).

- 69) Uyumaya çalışıyorum olabildiğince çünkü uyuyunca bedenem ve ruhen dinlendiğimi hissediyorum (Belgin).
- 70) Dinleniyorum, ayaklarımı uzatıyorum ve dinleniyorum (hafif gülüyor) (Hale).
- 71) Açıkçası beni çok etkiliyordu yani kayınvalidem, çok çok fazla etkiliyordu işte. Onu hayatımdan çıkararak, ee, çok iyi bir şey yaptığımı düşünüyorum. Yani çok sağlıklı bir sürece girdiğimi düşünüyorum... Yani bence iyi anne, kötü anne diye bir şey yok. Yani herkes çok iyi anne olabilmek istiyor ama şunu fark ettim ben anneliğim sürecim boyunca... Beni demoralize eden insanları, ee, iki senedir tek tek hayatımdan çıkarıyorum. Çünkü bu benim anneliğime de çok zarar veriyor. Çünkü, ee, o insan gelip benim canımı sıkıyor ve, ee, benim, ee, bir patlama noktam oluyor. Ee, oğlumun en ufak bir ee, yapmaması gereken bir harekette ben o öfkeyi ona kusuyorum. Yani, ee, bence iyi anne, kötü anne değil de, ee, hayatınızdaki... kötü insanları çıkarıp iyi insanları bırakırsanız siz çok iyi bir anne oluyorsunuz (Müjde).
- 72) Ee, bunu mesela, ee, nasıl düzeltebileceğimi keşfettim. İşte o insanlarla, ee iletişimi sınırlayıp, iletişimi tamamen kesip, ee oğluma daha faydalı... Daha böyle problemsiz bir bireyin problemsiz bir çocuğu olarak (değil) veya atıyorum mutsuz bir annenin, mutsuz bir kadının mutsuz bir çocuğu olsun istemedim. Ee, o yüzden mesela önce ben kendimi ve kendi etrafımdakileri onarmaya, onarabiliyorsam onarmaya, onaramıyorsam hayatımdan çıkarmaya başladım. Ee, ki kendim bir sağlıklı, psikolojik olarak, ruhsal olarak, bedensel olarak sağlıklı ve mutlu bir birey olayım, oğluma da bunu vereyim (Müjde).
- 73) Ee, yorulduğum anlar oluyor. O zamanlarda da işte eşim geldiği zaman hemen ona devredip (gülüyor) bir yürüyüşe çıkıyorum (Gülşen).
- 74) Hepimizin eğer evde olduğu bir zamansa, eşimin de, haftasonuysa ya da evden çalışması varsa, hatta yani evden çalışma durumunda değil de kendi çalışıyor. Online değil, yapması gereken bir yazı var, bir proje var. Onu yapıyorsa dahi, bana artık çok şey geldiyse, önceden orada da çok idare etme şeyiydim, yanlısıydım. Böyle bana, böyle ne kadar bir şey gelse de, öfke gelse de ben bir şekilde... Ama bu sefer inanılmaz çocuğu etkiliyordu. Çünkü eşim gergin, iş yetiştirme, ben kendime vakit ayıramadım, orada geriliyorum, çocuk böyle ortada kalıyordu yani. Orada da şunu yapmaya çalışıyorum hani,

eşimle de konuştuk bu konuları, bir yarım saat de olsa ben bir dışarı çıkmak istiyorum. Çok tıklandım böyle, nefes alamıyorum artık. Bir hava alıp geleyim, sen bir yarım saat X'le (çocuğu) ilgilen, sonrasında ben daha rahat bir şekilde X'le devam edebileceğim, gibi şeyler yapmaya çalışıyorum. Burada böyle işe yarar bir şey oluyor (Filiz).

- 75) Mesela işte bağırma, inat etme durumlarında, ee, ben böyle sinirleniyorum. Orada biraz daha eşim devreye giriyor. O bazen benden daha sakin kalabiliyor. O da sinirleniyor da gerçi benden belki daha sakin konuşabiliyor. Hani ona şey yapıyorum, ee, paslıyorum gibi oluyor. Ben daha sinirim geçtikten sonra konuşuyorum. O bir benden daha önce konuşabiliyor (Emel).
- 76) Şu anda üç aydır çalışıyorum. Yapabildiğim en güzel şey kendim için, yorgunluğumu gidermek için çalışıyorum. Benim için çok büyük bir avantaj oldu. Çok güzel, eğlenceli bir şey oldu. İş yerim rahat olduğu için söylüyorum, işim de güzel olduğu için söylüyorum. Ee, büyük bir şey, sanki gezmeye gidiyorum, eğlenmeye gidiyorum. Böyle gidiyorum yani işe. Millet sabah kalkar işe, of mof der. Ben sabah kalkıyorum erkenden, oo ne güzel iş var. Cumartesi Pazar olmasın (Türkan).
- 77) Sekiz aylıktı bebeğim, ee, ben işe başladım... İşe başlamak benim için o sıkıntılı süreçlerden, ee, kurtulmanın, ee, ya da kurtulmak demeyelim de işe başlamanın iyi geldiğini söyleyebilirim size (Necla).
- 78) O düşünceden uzaklaşıp atıyorum farklı bir şey yapmak, yapmaya çalışıyorum... Ev işi yapıyor olabilirim. O, kitaplarımı okuyor olabilirim. Bunları yapıyorumdur. Ders çalışıyorumdur (Fatma).
- 79) Öyle anlar oluyor yani... Benim çok rahat olamadığım ya da daha önce çok emek verdiğim, hani olmasını istediğim bir şey olmuyor o an. Onu göremiyorum. Oralarda çok böyle zorlandığım zamanlar oluyor tabii... O zorluğun devam etmemesi için böyle bir strateji, ee, geliştiriyorum. Şu an ne yapabilirim?... Şiddetsiz iletişim eğitmenimiz de X, sevgili X de şey der, "Ben öfkeye bayılırım, öfke geldiğinde ihtiyacından haber verir." Yani bir duygu yaşıyorsak aslında bize diyor ki senin bir ihtiyacın var yani, oradan bir haber veriyor. Hemen orayla bir bağlantı kurabiliyorsam yani işler çok güzel ilerliyor. Kendimle de bir bağlantı. Artık en olmadı şöyle yapıyorum. Lavoboya kaçıyorum mesela. Yani gerçekten, yani o an beni bırakmıyorsa, ben hani ihtiyacım, istemiyor, yapıyor ya da bir şey fırlatıyor, ben daha çok

böyle geriliyorum. Orayı da söylemiş olayım. Vurma davranışı, bir şeyi fırlatma. Biliyorum o da rahatlamaya çalışıyor ama ben tetikleniyorum oralarda. Hemen kendimi lavaboya, bir beş dakika. Neye ihtiyacın var, ne yapabilirsin sorularıyla böyle hemhal olmaya çalışıyorum. Böyle stratejiler beni biraz daha kurtarıyor açıkçası (Filiz).

80) Ya tabii ki sinirlendiğim anlar oluyor... Sinirlendiğim zaman, çok gerçekten beni sinirlendirdiği zaman lütfen şimdi diyorum benimle konuşma. Lütfen odana gider misin? Odanda bekle benim sinirlerimin geçmesini. İtiraz ediyor, şöyle diyor. Çok sinirliyim diyorum. Mesela yani öfkemi kontrol etmeye çalışıyorum ona karşı. Sesimi yükseltmemeye çalışıyorum (Hale).

81) Ya ben X'le (çocuğu) genelde böyle bir problem olduğu zaman hep böyle, ee, iletişim kurarak çözmeye çalışıyorum. Yani, ee, onun diyorum ya o hareketini, öfkelerini bile anlamaya çalışıyorum... Ona da söylüyorum, bak öfkeli olduğun zaman, bir şeye kızdığın zaman, ee, bir şeylere hüznlendiğin zaman bunu her zaman paylaş. Çünkü, ee, iletişimin, ee, insan ilişkilerinde ben çok büyük faydalı olduğumu düşünüyorum yani. İletişimle her şeyi çözebileceğimizi düşünüyorum. O yüzden ben, ee, ona hep böyle o şekilde yaklaşmaya çalışıyorum yani... İşte tabii ki bazı şeyler oluyor. Mesela atıyorum yemekten önce abur cubur yenmez. Bu bir kural, bu benim için de geçerli, babası için de geçerli. Sadece onun için geçerli olan bir süreç değil. Bu bizim evin kuralı yani... Yani onu mesela çözemediğim bir şey olduğu zaman onu ona anlatmaya çalışıyorum. Mesela diyorum ki abur cubur yemek istiyor yemekten önce, diyorum ki bak diyorum, bu senin için geçerli olan değil, bu benim için de baban için de geçerli olan bir kural. Bu bizim evin kuralı çünkü... Yani bu şekilde çözmeye çalışıyorum yani (Müjde).

82) Ben onu korkutacak bir bağırma yapmamaya çalışıyorum elimden geldiğince. Ya da öyle bir şey olduğunu düşünürsem hemen gidiyorum yanına tabii ki konuşmaya çok uzatmadan. İşte sinirlendiğimi, sebebinin bu olduğunu falan açıklıyorum ona. O da tamam, yapmayacağım deyip tekrar yapıyor tabii (Gülşen).

83) Öfke. Yani böyle yavaş yavaş geliyor hani. Ee, bir şeyler basıyor vücuduma,.. Ee, sıkışık hissediyorum. Daralmış, nefes alamamış hissediyorum. Bunları da böyle hani duyguları da konuşmaya çalışıyoruz. Böyle güzel kartlar var, Ayben duygu kartları... Hem güzel vakit geçiriyoruz hem anlamlandırma....

Birçok çeşit var, benim de ismini bilmediğim o kadar çok duygu varmış ki ben de orada öğreniyorum. Orada da hani istiyorum ki bir duygu yaşadığımızda bunu mutlaka hani birbirimize söyleyelim... En azından bir durumda, bir şey yaşadığında hani bastırmasın. Ben şu an öfkeleniyorum, öfkeliyim desin de istiyorum açıkçası. Bu yüzden de sık sık hani hem kendi üzerine alınmasın, ben ihtiyacımı karşılayamadığım için bana öfke geliyor, ee, gibi şeyler söylüyorum işte. O öfkem de dediğim gibi vücudumda hani somatik deneyimleme yaşıyorum böyle. Ee, böyle bir sık, nasıl diyeyim, böyle bir ateş basıyor, böyle bir sabırsız bir his oluyor vücudumda. Bu tarz şeyler yaşıyorum hani bir vücudumda, nefes almaya ihtiyaç duyuyorum gibi (Filiz).

- 84) İyi anne... bilgi birikimi olarak kendini ve çocuğunu da aynı zamanda geliştirebilen, elinden gelebildiğince... yani okutabilen, çünkü eğitim ve okumanın ne kadar faydalı ve insana bir şeyler, değerler kattığını çok iyi biliyorum (Belgin).
- 85) Böyle bir yolculuk gibi geliyor bana yani. Bir yolculuk, ee, ve öğrenme yolculuğu yani. Onunla birlikte ben çok şey öğreniyorum, onun gelişimiyle birlikte... Kendi çocukluğuma dair de bir yolculuk yapıyorum aslında. Ee, tetiklendiğim yerleri düşünüyorum ya da zorlandığım. Okumakla da olmuyor sadece. İşte orada öyle öyle diyor, evet yani çok mantıklı geliyor ama bazen uygulayamadığım noktalar oluyor. Ve orada diyorum... neden uygulayamıyorsun, ne oluyor? Böylece hem annelik yolculuğu hem kendi çocukluğumun yolculuğu ve kendi özümde bir yolculuk gibi geliyor... Onun rol modeli oluyorum yani. En çok anne çünkü etkili oluyor. Ee, ben kendime ne yapabilirim, ne katabilirim ki o öyle olsun?... O yüzden kendime çok emek veriyorum. Bu anlamda da biraz şey gidiyor, hem güzel hem yorucu oluyor tabii (Filiz).
- 86) Eğer anne olacaksak göze almalıyız. Kendi gelişimimiz. Yani en başta annelikse bence kendine bir şey katmam gerekiyor, katabilir miyim? Katamazsak zaten mutsuz bir anne oluyoruz. Hiçbir şeyi bilemeyip işte bu çocuk kötü, kaka, yaramaz, yok hiperaktif, etiketlerle, bilmem nelerle. Hem çocuğu toplum arasında kaybolup gidiyor böyle, ee, yani hem de böyle kendimize bir şeyimiz olmuyor, faydamız. Bir mutsuzluk türküsü, işte, ee, o

- kadar çalışıyorum, bakıyorum, emek veriyorum ama bu kadar yaramaz gibi. Şart değil. Annelik demek biraz kendine emek vermek demek (Filiz).
- 87) Arkadaşlarımla çıkıp gezmeyi tozmayı, sosyal yaşantımı, işte kuaföre gitmeyi... Bunlardan asla vazgeçemeyen bir insandım ama bunların hepsinin sekteye uğrayabileceğini öğrendim... Tabii kendime daha az vakit ayırıyorum. Özbakımım, eskiden, ee, çok daha fazla kuaföre giderdim. Kıyafetlerimin stili, tarzı, birbirleriyle uyumu çok daha iyiydi. Şimdi biraz daha tabii ki, ee, vaktim kısıtlı (Belgin).
- 88) Hobilerim vardı, gitar çalmak, spor yapmak, işte yürüyüş yapmak. Ee, bunları yapabileceğimi düşündüm ben, ee, doğumdan sonra da. Çünkü dedim ki hani kayıinvalidem bana yardımcı olur, annem bana yardımcı olur, yani ben... kendime de vakit ayırabilirim... Bunu da yapabileceğimi düşünmüştüm ama hiç öyle olmadı (Müjde).
- 89) Bir mağazaya gidip alışveriş yapamıyorum. Kadınların tek özel şeyi, lüksü nedir? Mağazaya gidip bir alışveriş yapmak, işte bir manikür, pedikür, bir saç boyası yapmak. Bunlar büyük bir bizim için keyif. Ama ben bunlardan dört-beş yıldır mahrumum... Birilerinin insiyatifine bakıyorum şu anda (Türkan).
- 90) Kitabımı okumayı severim. Ee, kahvemi içmeyi severim, müzik dinlemeyi severim, arkadaşlarımla çıkmayı severim... Sinemaya gitmeyi, tiyatroya gitmeyi... tabii ki bunlar azaldı. Çok çok azaldı... Evet işte çocuk oldu. Güzel ama önceki hayatım benim gerçekten çok çok sevdiğim bir hayatımdı. Şimdi çocuk sonrası bunları yapamamak... saklamayacağım burada dürüst olacağım. Gerçekten bunlar içimde bir yara... Hatta çocuk işte biraz daha büyüsün de ben de bunları eskisi gibi yapabileyim diye, ee, yani dört gözle bekliyorum (Emel).
- 91) Ee, yani ev işlerinin çok olduğu ya da okul işlerinin üst üste geldiği zamanlarda, ee, artık hani ona da ayıracak bir enerjimin olmadığını düşünüyorum. Bazen ilgilenmeyebiliyorum yani öyle serbest bırakıyorum onu. Hani eline telefon veriyor diyorlar ya aynı o, onu yapıyorum yani. Televizyon açıyorum ya da. Çünkü kendimden, yani o enerjiyi kendimde bulamıyorum, göremiyorum o günlerde. Çok yorgun olduğum günlerde yani (Gülşen).
- 92) Ev-iş arası mekik dokuyorsunuz. Çocuğunuza yetmeye çalışıyorsunuz, eve yetmeye çalışıyorsunuz. Ee, evin ihtiyaçları bizi, beni bekliyor... Yani hala

zorlanıyorum... Sabah kalkmak, çocuğu hazırlamak... Eve yetişmeye çalışmak, işe yetişmeye çalışmak, zamanını ayarlamak, vaktinde çıkmak, vaktinde gelmeye çalışmak, hani o konuda zor oluyor. Trafik oluyor. Okul arıyor. Neredesiniz? (Hale).

- 93) Beni biraz daha yorgun bir insan yaptı. Çünkü ben okuldan döndükten sonra işte dediğim gibi erken dönüyoruz eve aslında. Ev işlerini de yapıyordum. Yemeği de yapıyordum ki ev işlerinde ve yemekte eşim de çok çok yardımcı olur. Ondan sonra işte oturup ayaklarımızı uzatıp film izliyorduk, dizi izliyorduk, kitap okuyorduk... Şimdi yorgunum, yani genel bir yorgunluk, ee, hali var benim üstümde... Bir vücut yorgunluğu, gözlerin yorgunluğu (Emel).
- 94) Etrafımızdan duyuyorduk şöyle olur, böyle olur, işte bu yaşlarda bunları yaşarsınız diye. Ama tabii, ee, hepsi birbirinden farklı olduğu için çocukların, ee, farklı deneyimler yaşadım. Ben de çok zorlandım, yaşayarak öğrendim... Yani etraftan duyulduğu gibi değilmiş. Yani kendini ne kadar hazırlarsan hazırla, ne okursan oku, hangi kitabı ya da hangi uzmandan bir şeyler dinlersen dinle, ee, yani yaşayarak, deneyimleyerek görmek daha farklı... Yani onu anladım (Gülşen).
- 95) Yani ben içgüdüsel olmadığını düşünüyorum. Ee, bu içgüdüsel deyince aslında anneler üzerinde bence bir baskı oluşturuyor. Yani şöyle bir baskı... Madem bu içgüdüsel o zaman ben bunu çok iyi yapabilmeliyim. Çünkü bu zaten benim içimden geliyor. Yani elimde değil ki, bu benim içimden geliyor. Ben zaten iyi bir anne olmak için doğmuşum. Genlerimde var gibi. Bu bence hiç doğru değil. Yani içgüdüsel de olduğunu düşünmüyorum. Öğreniliyor aksine, tecrübe ettikçe bence görülüyor pek çok şey. Hani demiştim ya, işte kitaplar okuyorsunuz, ee, vs. Düşünüyorsunuz... Ben iyi bir anne olacağım, işte belki kendi annemin hatalarını yapmayacağım ya da haberlerde gördüğüm kötü şeyleri yapmayacağım... Ama yaşayınca görülüyor ki hayır yani o kadar mükemmel bir anne olamıyorsunuz, kendi düşündüğünüz gibi. Bu yüzden bence gerçekten annelik eşittir, ee, yaşamak, tecrübe etmek (Emel).
- 96) Kendi çocuğuma aynısını yapamadım, yapamıyorum çünkü. Onlara baktığım gibi bakamıyormuşum, onu fark ettim. Gerçekten sabır istiyor. Yani 15-20 dakika ya da bir gün, iki gün sevmekle olmuyormuş bu iş. Sabır istiyor yani.

Ve anne olmakla bir teyze olmanın arasında çok fark var. O yüzden çocuk baktın mı? Hayır, bakmadım diyorum şu anda (Türkan).

- 97) Daha tecrübelendiğimi düşünüyorum. Yani şimdi mesela ikinci çocuğum olsa birçok konuda bilgim var. Nasıl davranılacağını, ne yapmak gerektiğini, kime başvurmak gerektiğini tabii daha iyi biliyorum. Çok acemiymdim (Gülşen).
- 98) Hiç hayatınızda olmayan bir canlıyı beslemeye çalışıyorsunuz. Hastalandığı zaman iyi besleyemiyor muyum diye düşünüyorum. İşte yeterli olabiliyor muyum? Bir çocuğa bakabiliyor muyum?... Acaba en iyisini yapmaya çalışıyor muyum?... Ya da, ee, iyi bir anne olabiliyor muyum onu bilmiyorum yani. Bazen düşünüyorum. Çok iyi anne olmaya çalışırken aslında çok mu kötülük yapıyorum? Farkında değilim (Türkan).
- 99) Kendi çocuğum olmasına rağmen hayatta en çok sevdiğim çocuk heralde ablamın çocuğu çünkü onun için hiçbir kaygım yoktu. Geleceği nasıl olur? Nasıl bir insan olur? Ne yapmak gerekir? Ateşlendiğinde, hastalandığında başında durması gereken, onun birinci derece sorumluluğunu alan kişi ben değildim. Ama şimdi çocuğuma o kadar çok kaygıyla yaklaşıyorum ki ay aman şunu giyme, şu havada şöyle olmasın, böyle olmasın. Onları düşünmekten onun en güzel anlarını mesela sevemedim böyle. Endişelenmekten dolayı sevemedim... Ya eskisi kadar rahat değilsiniz. Özgür değilsiniz hiçbir şekilde. Yani fikren de özgür değilsiniz hani... Kendiniz dışında sürekli birini düşünüyorsunuz... Bu bence kötü bir yandan ya... Hep birine bağlısınız. Vicdan azabı da yaşıyorsunuz (Fatma).
- 100) Zorlukları yani hep bir koruma içgüdüsü, ee, kollama içgüdüsü... Zorlayıcı kısımları bunlar çünkü hayata alıştırmaya çalışıyorsunuz. Bırakıyorsunuz okula veya arkadaş çevresinde ne yapıyor ne ediyor, yani bunları takip etmek çok güç. Zorlukları bunlar yani insan tek bir bedenken, sadece kendinle ilgili konularda mesulken sizden bir parçanın mesuliyetini de bütünüyle, onun okul yaşantısı, iş hayatı, arkadaşları, bütün bunları takip etme zorlukları. Ve hep en iyisine sahip olsun mantığı. Hep iyilerle arkadaş olsun, iyi okullarda okusun... Geleceğe dair tabii ki, ee, kaygılarım var. Ee, hani onu nasıl koordine edeceğim, üniversite hayatında peşinden gitmeli miyim şehir dışında olursa vs. gibi kaygılarım var. Ee, onun için de yani şimdiden düşünüyorum açıkçası (Belgin).

- 101) Ben peynir zeytin yiyip doyan insanım yani. Bir bardak su içerim belki, yatarım, sabah kalkar kahvaltı yapardım ama şimdi kalkıyorum, akşam ne pişirsem ya da hangisi faydalı olur, hangisi zararlı olur, işte hangisi daha çabuk büyütür?... İşte süt veriyorum ama kansızlık yapar mı?... Kafayı yiyeceğim yani sürekli onu düşünmekten. Kendimi geçtim, onu düşünüyorum... Eşim, Allah uzun ömür versin herkese tabii ki, ölebilir. Acaba ben çocuğuma şu anda biriktirsem ya da sigortalı olmam gerekiyor, işte ilerleyen zamanlarda ona bir ev mi alsam?... Yani sürekli ona endeksli çalışıyorum. Sürekli ona endeksli yaşıyorum. Anne olmak gerçekten çok zor... Kendinizden geçiyorsunuz yani. Her şeyi ona bağlıyoruz, her şey onunla alakalı... Yani en zor meslek (Türkan).
- 102) Olduğu zaman mutlaka vakit geçiriyor, sohbet ediyorlar, oyun oynuyorlar, ee, böyle masal anlatıyor, ya da işte o an o gün ne yaşadılarsa sanki onu bir kedi yapmış gibi yatırırken... Çünkü böyle şey yapıyoruz, akşam benim eğitimlerim ya da böyle görüşmelerim olduğunda paslaşıyoruz. Bir o uyutuyor, bir ben uyutuyorum gibi (Filiz).
- 103) Eşim bana çok yardımcı oluyordu her konuda. Hani gece, ben çok uykusuz kalırdım ilk zamanlar. Baba evde olduğunda çoğu zaman kalkıp, benden önce kalkıp, eğer hani karnı aç değilse ya da hani kolikse, gaz sancısı varsa o benden önce, işe gittiği halde, ben o zaman evdeydim, işe gittiği halde gece kalkıp o ilgilenirdi. Dediğim gibi bu konuda hani çok yardımcı. Biz hani eşimle o dengeyi güzel kurabildik... Ya bırakırım. İnanın ben, inanın benden daha çok şeydir, pimpiriklidir. Yeleğini giydirir, hırkasını giydirir (Hale).
- 104) Çocuk ilk zamanlarında tek başına banyo yaptırması zordu. Ee, çevremdeki arkadaşlarımdan yardım, yardım etmeye gelmek isteyen vardı. Ben diyordum ki hayır diyordum. Biz bunu X'le, eşimle beraber yapalım, o da sürece dahil olsun hani. Sonuçta ben tek başıma yapmadım. Eşim de mesela benim hep ilk günden beri, kendi imkanları dahilinde, işinin imkanları dahilinde yardım eder bana hani (Fatma).
- 105) Eşim bankacı olduğu için biraz, ee, süreleri kısıtlı. Hafta içi için söylüyorum. Yani X (çocuğu) 21.30 gibi falan uyur, 21.30 – 22.00 civarında. Babamızın eve gelmesi 20.00'a yakın, 19.30 gibi gelir. Ee, dolayısıyla yemek yendi vs. Bir saat kadar bir oyun şeyleri var, ee, hafta içerisinde zamanları (Necla).

- 106) Dokuz-21.30'da yatması gerekiyor. Ee, şöyle 21.00, 21.30'da yatması gereken çocuk, baba geliyor saat 22.00. Tam uyku saatine yakın. Ee, şimdi çocuk seninle ne kadar oynayabilir? Ya erken geleceksin oyun oynamak için, oynamak istiyorsan. Ee, saat 22.00 zaten geldiği zaman. Bu sefer 23.00, 00.00, çocuğun uykusu geliyor, aç, ee, yorgun. Ee, ne olacak? Bu çocuktan sen bir verim bekleyemezsin. Ağlama moduna geçiyoruz direkt, ee, ağlayan çocukla da vakit geçirmek keyifli olmuyor, o da onun farkında. Diyorum o zaman ya erken geleceksin çocukla vakit geçireceksin ya da hep ağlıyor bilmem ne bilmem ne (Türkan).
- 107) Eşim de sezonluk çalıştığı için o da yazın işte şey 12-18 saat çalışıyordu. Tek başımaydım ve o yaş için çok zorlayıcıydı (Fatma).
- 108) Bir de tek sorumluluk bende olduğu için, yani büyük bir sorumluluk, ya babası çok çalıştığı için. Eşimden dolayı, biz yani ben yükleniyorum birçok, ee, sorunu sıkıntıyı (gülüyor) (Gülşen).
- 109) Bizim toplumda böyle sanki, ee, seni her an boşar, işte bak işte dikkat et, çocuk yapmıyorsun sen bundan falan filan... Yargılamaya başlıyorlar sizi. Bu sefer siz psikolojik olarak, çoğu insan da o düşünceye girip de yapıyor olabilir yani. Diyorum ya size, ben mesela üç yılın sonunda çocuk yaptım. Şimdiki aklım olsaydı işte, ee... yani bir 30 yaşını falan beklerdim... Her böyle bulunduğun ortamda falan, ee, işte çocuğun olmaz, bak söyleyeyim benim bir tanıdığım var, beş yıl yapmadı, şimdi 10 yıldır tüp bebek yapıyorlar falan. Sizi o kadar çok etkiliyorlar ki. O yüzden (Müjde).
- 110) Anne olmayı istiyordum ama bunu evliliğimin birinci yılında istemiyordum. Bu tamamen eşim ve çevrenin baskısından kaynaklandı. Ve anne olamama korkusundan kaynaklandı... Bir yandan evliliğimin ilk zamanlarında istemesem de ikinci ayından sonra eşimin de hani işte olmazsa bu senin, günahım senin boynuna... Aile de isteyince hani çok seçenek hakkım yoktu yapıp yapmama konusunda. Kendim tamam evet istiyordum... ama şimdi düşündüğümde zaten o seçenek hakkımın olmadığını da fark ediyorum... Ya iyi ki oldum diyorum ama bunu sonradan fark ettim ki bunu zaten bana toplum, ee, hep özendirmiş. Yani bu benim istediğim bir şey değil. Zaten çevremde övüldüğü için, kutsanıldığı için, o kutsal mertebeye erişebilmek için (Fatma).

- 111) Ben hep kafamda şöyle hayal ediyordum, 35-40 yaş arası. O zamana kadar yani 35-40 yaşa kadar işte biraz daha gezebilirdik falan. İşte daha çok gezmek isterdim yani. Özellikle işte bizim yurtdışı, ee, hayallerimiz vardı... Bunları çok istedik ama baskı gördük eşimin ailesi tarafından (Emel).
- 112) Ben şu an mental olarak, ee, maddi manevi olarak da şu an sadece bir çocuğa yetebileceğimi düşündüğüm için, ee, ikinciye düşünmüyorum. Hatta bunun çok baskısıyla karşılaşıyorum, ee, kendi annem tarafından. İşte yarın öbür gün çok pişman olacaksın. İşte kardeşsiz bırakıyorsun. İşte biz de yaptık, büyüdünüz birlikte... Ya sadece benim, benim aile çevremden de değil işte, ee, hiç üstüne vazife olmayan insanlar yani, hiç tanımadığım... Gayet yüzeysel muhabbetim olduğu insanlar bile kendilerinde bu, ee, hakkı görüyorlar işte. Niye çocuk yapmıyorsun işte şöyledir de, böyledir de yani. Ee, yani şey de olabilir, hiç ben X'te (çocuğu) sıkıntı yaşamamış bir anne de olabilirdim yani. Çok rahat bir şekilde büyütmüş işte, ee, biri de olabilirdim. Bu tercih meselesi kişinin, ee, kendi hayatıyla veya, ee, yaşayış tarzı veya, ee, kendi düşüncesiyle alakalı olan bir şey... Bizim toplum öyle bir toplum... Mesela evlenmeden önce ne zaman evleneceksin? Evlendikten sonra ne zaman çocuk yapacaksın? Yok çocuğun mu olmuyor, niye yapmıyorsun? Şöyle çocuk yaparsın bir tane ikinciye, ikinciye yaparsın üçüncüyü falan filan diye. Böyle uzayıp gider yani (Müjde).
- 113) Yani bir erkek çocuğu isterdi tabii ki. Şu anda aynı şeyi söylüyor bana. Bir de erkek çocuğu olsun, erkek olsun işte. Bize kim bakacak, kardeşine kim bakacak? Bu zihniyetle bir erkek çocuğu istiyor şu anda (hafif gülüyor). Ama tabii ki bunu düşünerekten çocuk yapmayı düşünmüyorum. Yani kim bakacak, bana kim bakacak diye çocuk yapmak istemiyorum (Türkan).
- 114) Annemle mesela şimdi konuşuyoruz... Mesela o da bu kadar çok çocuk sevmiyormuş, bu kadar çok çocuğu olsun istemiyormuş. Ama işte babam istiyormuş. Çevreye de çok çocuk olması, çocuğu olması iyi bir şey olduğu için altı tane çocuk doğurmuş yani istemediği halde. Niye ben istemediğim halde o kadar... Ben ona da diyorum, senin seçme hakkın yoktu. Kimse sana bu hakkı sunmadı. Ama ben, istemiyorum ben o kadar çok çocuk. Bir çocuklar için, ee, kendimi heba etmek (Fatma).
- 115) Kendine bakım veren, ee, işte ne bileyim, bir arkadaşıyla bir kahve içen, bir şey yapan işte gibi. Böyle ya bak görüyor musun, çocuk hasta, kadın

babasına bırakmış, çıkmış yürüyor. Yani bu nasıl bir şey, nasıl annelik? Ya da işte, ee, çocuğun altını baba değiştiriyor, ben babadan rica etmişim, işte X (eşi), Y'nin (çocuğu) altını sen değiştirir misin? Bak görüyor musun ya, yani bir altını değiştiremedi, ee, yani bir şey yapamadı. Bunlar da gerçek, yaşanmış şeyler (Filiz).

116) Mesela şöyle hani bir emziremedin ki mesela. Bir süt vermedin ki. Mesela bunu çok duydum. Kendi annem mesela çok söyler. Ya anne işte problem yaşadım, şöyle oldu, bir sıkıntılarım oldu, hani ben de istemez miydim mesela hani sürekli emzireyim. Ya mesela o dönemde bir, birkaç sıkıntı yaşamıştım. Yani mesela onu anlatamıyorsunuz (Hale).

117) Ee, çocuğumun babası biraz otoriter diyor (gülüyor). O da öğretmenliğin vermiş olduğu, ee, bir şey olduğunu düşünüyorum ben. Yani yönlendirmeye çok çalışıyorum sanki işte bir öğrencimmiş gibi... Yani eşimin değerlendirmesi biraz tabii moralimi bozuyor. Daha çok dikkat etmeye çalışıyorum... İşte çocuğa karşı sesimi yükseltmemeye, onu yönlendirmemeye, ee, kendi fikirlerini kendisinin vermeye çalışmasına müsaade etmeye çalışıyorum (Gülşen).

118) Ben, ee, dışarıdan çok etkilendiğim için, ee, dışardan etkilendiğim zaman çocuğuma, ee, öfkemi... İşte dışarıda birine kızıyorum mesela yaşadığım veya bir olayda, bunu çok etrafımdaki insanlara, yani bunu en yakın ya eşime ya çocuğuma gösteriyordum... Yani siz sadece anne olmuyorsunuz, işte eş oluyorsunuz, ee, gelin oluyorsunuz, ondan sonracağıma, ee, yani birinin yengesi oluyorsunuz, birinin işte bilmem nesi oluyorsun. Size bir sürü bir misyon yükleniyor evlendikten sonra aslında... Herkes sizden bir şey bekliyor. Ee, o insanı bence çok yoruyor... Bir insanı yoran şey anne olmaktan öte, ee, çevrenizdeki kişiler ya (Müjde).

119) İdeal anne olmam için benim kafamın rahat olması lazım. Benim eşim beni mutlu edecek, ben de çocuğumu mutlu edeceğim. Benim etrafım huzurlu olacak, ben de çocuğuma huzur vereceğim. Her şey etraftan ve ee, temeli anne ve babadan kaynaklanıyor. Baba eğer iyiyse anne de çok iyi oluyor. Baba eğer huzursuzluk veriyorsa çocuk, anne de huzursuz oluyor, çocuğa yansıyor ya da ee, maddi anlamda sıkıntı çekiyorsak çocuğa da yansıyor... Bu şekilde duygular besleyerek çocuğa yetemediğimi düşünüyorum. Yani

dediğim gibi her şey annede bitmiyor, annenin etrafındaki insanlarla da bitiyor (Türkan).

- 120) Benim, ee, kızıma doğum yaptığım dönemden bir yıl öncesinde babam akciğer kanseriydi. Ağır da bir kanser hastasıydı. Ailedeki herkes onun iyileşmesiyle ilgili çeşitli yollarla ilgileniyorlardı. Bu arada tabii ki biz, ufaklıkla ben, birebir onu büyütme ve hiç bilmediğim bir konuda onu büyütme zorunda kaldım. Çünkü herkes babayla ilgileniyordu (Belgin).
- 121) İlk doğduğu zaman mesela yanımda birinin olmaması çok büyük bir zorluk olarak hani hatırlıyorum... O dönem bir de sağlık sorunu yaşadım biraz dış, o dışımdan. Hani ailemden birini, herhangi bir destek, ufak da olsa bir destek almak isterdim. Çok yalnız kaldığımı hissediyordum o dönemde (Fatma).
- 122) Benim ablam benden bir sene önce doğum yaptı... Mesela annem ona her, her hafta gidiyordu ve ona çok yardım ediyordu işte. İşini, yemeğini yapıyordu işte, ütüsünü, yemeğini yapıyordu, vs. Ve ben, bana, aynı desteği ben göremeyince ben ona hep şey dedim, işte ya sen benim, ee, X'e (ablası) bu kadar, bu kadar destek oluyordun, sürekli gidiyordun dedim ama ben dedim bu desteği hiç göremedim. Bana mesela şey diyor, sen zaten yaparsın, sen güçlüsün, senin zaten kimseye ihtiyacın yok, o yüzden... Benim kız kardeşim mesela arardı annemi, ağlardı, ben yapamıyorum, bakamıyorum, edemiyorum, ne yapacağım falan diye. Annem de koştura koştura ona giderdi. Ben de hiçbir zaman, ee, ağlasam bile arayıp işte ben bakamıyorum, edemiyorum, yapamıyordum girmezdim... Bunu yapmadığım için de annem benim işte her şeyi yapabildiğimi, işte hiç ihtiyacımın olmadığını mı düşündü artık bilmiyorum (Müjde).
- 123) Yani sürekli birinin yanımda olmasını isterdim. Annem kaldı bir süre, ee, kayınvalidem kaldı ama bunlar değildi. On, 15 günlük bir süreç değil. Onlar kalmayı şey zannediyor, burayı tatil zannediyorlar. Yani kalmaktan ziyade, bir çorba verdikten sonra, ee, baktım zannediyorlar ama bakım ya da ilgi o değildi. Zorlandım, çok zorlandım çünkü karşımda yemek yiyorlar, ee, sen oturuyorsun orada çocuk bakıyorsun... Gece kalkıyorum, yorgunum, uykusuzum, bu dönem çok zor, gerçekten çok zormuş. Ee, uykusuzum, açım, ee, birileri senin yanında ama horul horul uyuyor (hafif gülüyor)... Ben Türkan'ın, ben yardımcı oldum. Yok, olmadınız yani. Bana hiç kimse yardımcı olmadı, çok zor bir dönem geçirdim (Türkan).

- 124) Hani Őu an olsa kesinlikle bir yardım alırdım ve arttı da aslında bu süreçte... Ama benim yaşadığım Őehir itibariyle de oralarda çok öyle, ee, Őey bilinmiyordu açıkçası. X'in (çocuđu) doğumu Kayseri'de oldu. Oralarda daha çok böyle konu komŐu Őeyleri falan gibi oluyordu... Çok böyle farkında olarak olmadı... Yani bir destekçi aradım... İlk zamanları çok zordu açıkçası. Orada da hani Őu anki bilinç, Őu anki aklım olsa denir ya, mutlaka bir yardım, destek alırdım. Ama ben onun farkında değildim (Filiz).
- 125) Duygusal olarak çöküntüye uğruyorsun zaten. Sürekli çocuđu düşünüyorlar. İşte tabii ki çocuk önemli ama benim canım yanıyor yani. Hüngür hüngür ağlıyorum burada. Ondan sonra yani, ee, orda çok aşırı sıkıntı yaşadım çünkü beni hiç kimse düşünmüyordu... Ee, duygusal çöküntü yaşadım. Ee, çok manevi destek olmadığı için, bu beni düşünmediklerini düşünerekten çok böyle mutlu bir dönem geçirmemişim ama kendi kendimi idare etmeyi öğrendim yani (Türkan).
- 126) Ben Őu an size anlatıyorum, Őu an diyorum ki ben gerçekten çok büyük bir tükenmişlik sendromuna girmişim (gülüyor) ve gerçekten destek almam gerekiyormuş benim o dönemde (Müjde).
- 127) Yemeđe çok direnir. Uykuya çok direnir. En zor yemekle uykudur yani X'in (çocuđu) bizi zorladığı noktalar... Uyutamamak. Őey diyorum yani bazen, ben iyi bir anne değilim, ben kötü bir anneyim, daha çocuđumu uyutamıyorum bile, dediğim noktalar çok oluyor. Çok oluyor değil, her gün oluyor yani bu (Hülya).
- 128) Bana Őey diyorlardı o zaman, uykusu diyorlardı altı aydan sonra düzelir. Altı ay geçti, düzelmedi işte. On iki aydan sonra düzelir gündüz uykusu, düzelmedi. Bir sürü doktor doktor gezdim. İşte bu, ee, Őeyler, ek bitkisel Őeyler falan var böyle, çaylar falan, doktor ondan falan verdi işte... Bir gün işe yaradı, gündüz uyudu, ikinci gün işe yaramadı. Bir daha doktora götürdüm. Artık doktor dedi ki getirme dedi, çocuđun sağlık olarak bir problemi yok, bazı çocuklar zor büyüyorlar, bazı çocuklar uyku problemleri oluyor, X (çocuđu) de öyle bir çocuk. Yapacak bir Őey yok dedi, büyüyene kadar bu şekilde. Ve ben artık günleri sayıyordum. Altıncı ay oldu, yedinci ay oldu, Allah'ım çabuk büyüsün, ne olur. Ben ne zaman eski hayatıma döneceğim, ne zaman işte bir müzik dinleyebileceğim, ne zaman bir saat

kafama göre yürüyüş yapabileceğim? Hep bu düşünce vardı kafamda yani (Müjde).

129) Bir de, ee, X (çocuğu) çok gazlı bir çocuktu, kolikti. Yani hep böyle gün saydım. İki ay sonra geçer falan dediler, baktığım, okuduğum yerlerde böyle üç ayda biter. X, bir yıl, yani yürüyene kadar diyeyim o gaz şeyini çektik çokça. O da beni biraz, şey çokça zorlamıştı açıkçası. Böyle bir süreçti (Filiz).

130) İki yaş sendromu, üç yaş sendromu... Onlar olmasa çok güzel olacak (Türkan).

131) Mesela hani inatlaşıyor. Bağımsız... iki yaş sendromu atıyorum, üç yaş sendromu. Onu biliyorsunuz, inatlaşıyor sizinle. Tecrübe ediniyorsunuz. Mesela iki yaş sendromunu, iki yaşına geldiğinde o kadar sakın bir kızdı ki yani, o kadar sakın bir çocuktu ki. İki yaşına geldikten sonra bir altı aylık bir dönemi oldu. O altı aylık dönemde gerçekten böyle tanıyamadım yani. O kadar inatlaştı, mızımız oldu, her şeye ağladı, her şeye itiraz etti, hiçbir şeyi kabullenmedi. Ya bu dönem geçtikten sonra mesela üç yaşında da aynı şeyi yaşadım. Üç yaşında daha farklı bağımsız şeyler yapmaya kalkıştı. Konuşmaya başladı, karşı gelmeye başladı, tepki koymaya başladı... Tamam, iki yaşında da ben aynı problemi yaşadım, şu an da üç yaşında aynı problemi yaşıyorum. Bu şekilde tecrübe sahibi oluyorsunuz (Hale).

132) İki yaş dönemi. Ee, böyle ağlama krizleri, kafasını yere vurma, hani orada biz kendimiz regüle olamıyoruz ki çocuğu regüle edelim. Yani orada ağlayacak çocuk. Sonuçta konuşamıyor, kendini tam ifade edemiyor vs. Tabii o an bunları düşünemiyorduk. Ya bir sıkıntı mı var, bu çocuk neden ağlıyor?... Ben bir dönem çok ciddi üzülüyordum. Yani bu iki yaş dönemlerinde onu anlayamadığımız için böyle kendimi kahrediyordum diyebilirim (Filiz).

133) Niçin olduğunu hiç bilmiyorum. Her şey yolunda, bir problem yok fakat yani insanın çok anlam veremediği ki yani benim böyle çok rahatsız edecek şeyler de yaşamadığım halde, fizik olarak söylüyorum, fiziken. Ona rağmen herkesin söylediği bir şekilde yanlış anlaşılıyor. Mesela ben kendi adıma sonradan düşünüyorum... Ya diyorum o anlamda söylenmemiştir, ben hep yanlış anlamışım. Yani bir psikolojik bir şey. O dönemde alabiliyorsa

- anneler mutlaka psikolojik destek almalılar. Yani sudan sebeplerle her şeye kızılıyorsunuz. Öfke kontrolü hiç yok. Ee, her şeye alınıyorsunuz (Belgin).
- 134) Benim için zorlu bir süreçti. Yani genelde böyle lohusalık zamanları, sıkıntıları, ee, acemilikleri... Yani o ilk zamanlar gerçekten böyle şeydi işte sıkıntılı ama bir yandan da böyle olmam gerekiyor modundaydım. Böyle bir ikili durum yaşıyordum yani. Ruh halim aslında zorlu ama dışarıdan gören herkes, ee, Filiz çok iyi bir anne, çok güzel adapte oldu. Hani o kızımın sevgisi, kokusu, onların tabii etkisi var ama aslında içim çok daha farklıydı. Çok, böyle çok hırçınlaşmışım. Anlaşılmadığımı düşünüyordum. Anlatamıyordum kendimi, aktaramıyordum... Birkaç ay özellikle, üç aya kadar falan (Filiz).
- 135) Yani dört-altı yaş beni çok zorlayan bir yaş aralığı değil... Boyamalar, kitaplar, hikayeler, dersler, mesela aktiviteler, oyun kurma becerileri daha aktif olduğu için... Benim için zorlu kısım sıfır-iki yaştı... Yani emzirme dönemi, bezliken olduğu dönem, ek gıdaya geçiş, uykular, daha zor, yani daha zordu... Atıyorum iki yaşında bir çocuk gece 12.00'da yatıp sabah 6.00'a kadar uyuyorsa X (çocuğu) 12.00'da yatıyordu, 12.45'te uyanıyordu... İkide, 3.00'da tekrar uyuyordu. Beşte, 6.00'da geri kalkıyordu falan. Sürekli emzir yatır kaldır, emzir yatır kaldır. Böyle zor bir döngüydü... Yani sıfır-iki yaş X'in en zor dönemiydi. En tatlı, en sevimli ama en de zor dönemiydi (Hülya).
- 136) İlk doğduğu zamanlar bence zor. Hani orada bakım konusunda zor. Acemisiniz işte. Yorgunsunuz, ee, uykusuz geceler geçiriyorsunuz. Ee, insanlar hani çevrenizde destek olmaya çalışsa da yeterli gelmiyor bence çünkü 7/24 bakım gerektiren bir bebek oluyor elinizde. O nedenle hani ilk zamanları söyleyebilirim (Emel).
- 137) İlk iki sene falan benim için kabus gibi ve benim hiç unutamayacağım, hala, hala anlatırken bile size sanki o anlara dönüp o günleri böyle gözümün önünden geçiyor. Tek tek yaşıyormuş gibi hissediyorum yani (Müjde).
- 138) Eskiden sinir krizi geçiriyordum (gülüyor) bazı şeyleri anlatamadığımda. Şu an konuşmayı deniyorum uzun uzun. Bir işe yarıyor yani. Eskiden, ee, hani bu sanki konuşacağım da anlamayacakmış beni gibi geliyordu. Şu an öyle gelmiyor. Gayet yetişkin gibi... Ne zaman kendisi konuşmaya başladı,

çocuk yani, o, ondan sonra zaten ilişki daha da rayına giriyor. Konuşmaya başlamadan önce büyük bir sıkıntı (Gülşen).

139) Bir de anlamıyor da. Şimdi şimdi X (çocuğu) şu an beş yaşında ve... iletişim kurabildiğim için, zaten şu an sadece iletişimle, ee, birbirimizi anlayabildiğimiz için, şu an mesela yapması ve yapmaması gereken şeyde bile iletişim kurabiliyoruz. Ama o zaman, ee, anlamıyor. Çocuğa “ağlama” desen bile bebek yani, anlamıyor. Bu beni mesela çok çok çok çok yani böyle zorlamıştı (Müjde).

140) Derdini anlatabiliyor. “Üşüdüm anne” diyecekse çocuk bitmiştir artık zaten (Türkan).

141) Şu anda okulda öğrendikleri eve de yansıyor... Orada bir etkinlik yapıyorlar, evde de onu yapmak istiyor. Ee, daha, ee, kendi kendine iş yapabilen ve daha evde güzel şeyler yapan bir çocuk oldu. Yani işte televizyon, daha çok televizyon izlemek yerine daha çok etkinlik yapmak isteme gibi... Bağımsızlaşıyor. O yüzden bence şimdi çok daha kolay (Emel).

142) Yeri geldiği zaman hani toplamasını da biliyor... Okulda bunu daha çok pekiştirdi. Okulda akşam olduğu zaman hani bütün arkadaşlarıyla toplanıp öğretmenleri “Haydi bakalım, oyuncaklarımızı, alanımızı topluyoruz.” Hani bu şeyi daha çok öğrendiği için hani evde de ona itiraz etmiyor. Haydi bakalım, diyorum, hani oyuncaklarını topla, odanı toparla. Elinden geldiğince oraya buraya koyuyor ama toplamaya çalışıyor (Hale).

143) İşte dışarıya çıktığımızda mesela en basiti bez değiştirmiyorsun dört-altı yaşta (hafif gülüyor). “Tuvaletim geldi” diyor, tuvalete götürüyorsun. İşte yemek, ekstra çantanda yemek taşımak zorunda değilsin. Oturup seninle yemek yiyebiliyor. Bunun gibi rahatlıkları var (Hülya).

144) İnsan zaman geçtikçe daha çok tecrübeleniyor. Ee, yaptığım, yaptığımız şeylerin süresi kısalıyor. Yemek yedirmenin süresi mesela kısalıyor. Banyo yaptırma süremiz kısalıyor. Ee, bakım süreniz kısalıyor. Hani tecrübeyle zaten, hani zamanla çocuk, çocuğunuza da alıştığınız için, huyunu öğrendiğiniz için, hani tecrübe ediniyorsunuz... Her bakım konusunda, bakımdan ziyade iletişim konusunda (Hale).

145) Kesin olarak söyleyebilirim, kolaylaştı. Hem burada dediğim gibi okula gitmesinin etkisini görüyorum hem de konuşmasının yani o iletişimin etkisini görüyorum (Emel).

- 146)Şu an çok rahat canım, şu an bayram havası. Şu an X (çocuğu) de kendini oyalayabildiği için atıyorum oturur televizyon izler, gider odasında oyun oynar ya da kendisi uyanırken bile biz balkonda oturuyor olsak o gelip kimseyi rahatsız etmez (Hülya).
- 147)O yeni doğduğundaki kaygıyı atmak, o süreci geçmiş buldum yani. Biraz daha keyif alma sürecine girdiğim bir süreç aslında annelik benim için... Şu an diyorum ya size, arkadaşlarımla olsun, kendimle olsun, sosyal çevremle olsun, hobilerimle olsun her şeye çok daha iyi vakit ayırıyorum... Şu bir buçuk-iki senedir falan işsizlik sürecim belki de benim, ee, ruhsal ve bedensel olarak toparlanma sürecim olarak düşünüyorum ben bunu (Müjde).
- 148)İlk yıllarda bir şey oluştu, soğukluk oldu bende yani eşime karşı. Bazen böyle görmeye bile dayanamıyor, tahammül edemiyordum, bilmiyorum. Herhangi bir hormondan kaynaklanıyor sanırım... İşte östrojen hormonu daha yükseldiğini, böylelikle işte annelik içgüdüsünün daha arttığını falan söylemişti bana birkaç kişi, etrafımda araştırırken. Bundan kaynaklandığını düşündüm. İlk zamanlar, ee, çok soğudum yani tahammül edemedim hani yanımda durmasına. Ee, gördükçe yani tiksiniyordum falan... Emzirdiğim dönemlerde ama. Sonradan bu geçmeyecek gibi düşündüm ama geçti kendiliğinden. Yani eski, ee, işte yakınlığımız, ilişkimiz devam etti kaldığı yerden. Ya bu geçici bir süreçti (Gülşen).
- 149)Cinsel olarak hiçbir şey paylaşmak istemiyordum, yani yapmak istemiyordum, yani cinsel birleşme olsun istemiyordum yani. Adım adım ben kaçıyordum yani. Ya diyorum ya size sarılmasını istemiyordum, öpmesini istemiyordum, çünkü biliyorum ki o sarılmanın ve öpmenin şeyi oraya doğru kayacak. Ona böyle mahal vermemek için, ee, kaçıyordum... Ama neyse ki o süreci de atlattık yani. Hani, ee, o süreç de geçti (Müjde).
- 150)Ben bazen böyle şey kendimi alamıyorum bir tartışma, kendi aralarında bir durumda, hemen atlayıveriyorum. Hani orada gerçekten biraz geride durmam gerekiyor hani. Baba – kız ilişkisi. Orada da onlar gelişecekler. Ee, orada da onu dinliyorum mesela. “Orada bize çok müdahale etme, ben zaten sonrasında telafi ediyorum, konuşuyorum, şey yapıyorum” gibi gibi... X’e (çocuğu) biz alıştıkça aslında böyle, ee, daha böyle anne baba olabileceğimizi, çocuğun daha güvende, bizimle birlikte daha güvende

hissettikçe, böyle ortak dil konuşmaya başladıkça, ee, düzelmeye başladı açkçası (Filiz).

151) Daha dört ay oldu. Yani dönem dönem oluyor. Mesela her, dört ay boyunca her gün ağlamıyor. Ama mesela hafta beş gün, iki günü ağlıyor. Fix. Karnım ağrıyor diyor, okula gitmek istemiyorum diyor. Ki halbuki öğretmen çok memnun, arkadaşlarıyla ilişkisi çok iyi. Yani öncesinde görüştüğü ve tanıdığı, ee, arkadaşlarıyla. Ama yine de kaygılı bir çocuk (Hülya).

152) Anne diyor ben gitmek istemiyorum. Niye gitmek istemiyorsun? Ben seni çok özlüyorum, işte ben bunları tanımıyorum. Çok zor bir süreçti, evet, biz, bir ay kapının önünde bekledim. Gitmedi, gitmeyeceğim... Bana anlattı işte, anne dedi kimseyi tanımıyorum, bana iyi davranırlar mı, bana vururlar mı (Türkan).

153) Çok heyecan oldu tabii ki de bende, her anne babanın olduğu gibi. Sonuçta ilk defa çocuk, ee, sosyal, akranlarıyla bir ortama girecek... Acaba baş edebilecek mi? (Necla).

154) Acaba okulda nasıl insanlar var? Çocuğumu üzerler mi? Onun korkusunu yaşadım işte... Kimseyi tanımıyorum neticede. Hani önyargılı oluyorum birazcık ama erkek giriyor mu çıkıyor mu?... Tuvalet nasıl gidiyor? Tuvalet gittiği zaman biri var mı? İşte yemek yiyor mu?... İşte bir yandan çok gitmesini istiyorum bir yandan hiç gitmesini istemiyorum ama gitmesi gerektiğini biliyorum. Bir ay boyunca kapının önünde, kıştı hatta bekledim orada... Bir gün bir saat gitti, bir ay sonra. Bir gün iki saat, bir gün üç saat derken bir gün bana el salladı, "Hadi anneciğim, sen gidebilirsin artık." dedi. Onu dediği gün ben ağlamaya başladım zaten. Yani dedim, tamam, ilk ayrılışımız oldu. Ondan sonra gitti. Zor mu? Evet, onun için çok zordu, benim için de çok zordu (Türkan).

155) İki buçuk yaşında özel kreşe vermek zorunda kaldım. Bakıcı bulamadık... kayinvalidemle annem dönüşümlü olarak, ee, birer yıl idare ettiler. Daha sonra gelediler. Eşlerinden dolayı sıkıntı yaşadılar. O yüzden iki buçuk yaşındayken, ee, kreşe verdim. Tabii o dönem çok zordu hem çocuk hem benim için. Gitmek istemiyordu. Ağlıyordu sürekli. Onu o şekilde ağlarken bırakıp işe gelip çalışıyordum. Yani psikolojim bozuk, ee, gibiydi biraz çünkü kafam orada kalıyordu. Onu ağlarken bıraktığım için, ee,

üzülüyordum. Başka ne yapabilirim diye düşünüyordum sürekli. Ama ücretsiz izne ayrılma durumum maddi açıdan yoktu (Gülşen).

156)O günlerde hani çocuğa bakma açısından hiçbir şey bilmiyordum. Ee, çevrenin klasik yöntemleri, bilimin farklı yöntemleri, hepsi beni o kadar bir sıkışmışlığın içine sokuyordu ki, hani bu çaresiz hissediyordum bundan dolayı. Herkes farklı bir şey söylüyordu... Çok fazla, ee, öneriye maruz kaldım. Kendi tercihim olmadı hani. İsteğim olmadan bana çok fazla öneride bulunuldu... Mesela bana aman çok fazla kucağına alma, kucağa alıştır, şöyle uyut, şu saatte (Fatma).

157)Her kafadan bir ses çıkması, onu yap bunu yap işte, anneler, konu komşu (Filiz).

158)Annem şey falan diyordu, bu çocuk anaokuluna başlayamayacak, seni bırakamayacak, bu kadar şımartıyorsun sen. Halbuki o şımartmak değil, o çocuğa sevgiyi, ee, iliklerine kadar hissettirmek yani. Ama onlar onu mesela şımartmak olarak algılıyorlar (Müjde).

159)Mesela 400 milyonluk, 300 milyonluk oyuncak almam, veremem yani. Ama baba gider 600 milyonluk bir tane Elsa bebek alır. Hiçbir özelliği yok, sadece ışık saçıyor, o kadar... Ben almam, o alır, ben yapmam, o yapar, işte esnetmem hiç... Sabah okula gideceksin, uykunu alman gerekiyor, 21.00'da yatman gerekiyor. Ve bunu çok güzel uyguluyor. Ama baba olduğu zaman işte baba, "Söylerim, işte sen beni yatıramazsın, hayır yatmayacağım." Ağlama moduna giriyoruz bu sefer. Yani baba olduğu zaman o kuralların hepsi kalkıyor... Benle çok diyalogu iyi değil. O da işte bunlardan dolayı kaynaklanıyor, yani babanın her istediğini yapması, benim her istediğini yapmamam. Ha ben, baba gelene kadar benimle çok iyi. Ama bunun da farkındayım, baba gelene kadar beni idare ediyor. Ama baba geldikten sonra tamamen beni siliyor (Türkan).

160)Ortak bir dil kullanamamıştık böyle bir üç yaşına gelene kadar X (çocuğu)... Yani şey çok fazla oluyordu işte, X'le ilgili tartışmalarımız çok fazla oldu... Ya da işte bir tatile gittiğimizde, o iki yaş döneminde ağladığında, eşimin, ee, X'i susturmaya çalışması, niye susmuyor, dışarı çıkması, sustuktan sonra geleceğim, çünkü buradaki insanlar tatile geldi, rahatsız oluyorlar. Ama bu çocuk, bunu susturamayız, buradaki insanlar bir çocuktan rahatsız oluyorsa

bizim yapabileceğimiz bir şey yok gibi şeylerimiz çok oluyordu. Ya da böyle, ya bunun gibi gerilmelerimiz çok fazla oluyordu (Filiz).

161) Tabii maddi olarak da, ee, sıkıntılar yaşadık çünkü, ee, çocuk bakımının gerçekten, külfiyeti yüksek şeyler. Yani bezi, ıslak mendili, maması vs. vs. Maddi olarak da manevi olarak da zorlu bir süreçti. İşte ta ki ben işe dönüp tekrar bir yıl sonra falan, üç aylıkken işe başladım ama, toparlanmak vs. bir yılı buldu gibi. O dönemden sonra daha rahatladım yani (Belgin).

162) Hamile olduğumu öğrendiğim süreçte de eşimin işsizlik dönemi başladı. İşten çıkarılma. Altı-yedi ay gibi bir süre işsiz kaldı. O dönemde biraz kaygılı, sıkıntılı, stresli bir hamilelik geçirdim... “Acaba ne olacak, acaba iş bulabilecek mi, ee, şimdi ne yapacağız?” Ee, işte şu anda da kirada oturduğumuz için böyle bir çıkmaz bir şey gibi, ee, dönemdi (Müjde).

APPENDIX I
 FREQUENCIES OF MOTHER RESPONSES TO THE
 FOURTH RESEARCH QUESTION

| Themes and sub themes | Number of mothers (<i>N</i> = 10) | Number of times (<i>f</i> = 430) | Belgin | Hülya | Necla | Müjde | Türkan | Fatma | Hale | Gülşen | Filiz | Emel |
|---|--|---|--------|-------|-------|-------|--------|-------|------|--------|-------|------|
| 4. Which factors in mothers' lives relate to maternal ambivalence difficulties? | | | | | | | | | | | | |
| 4.1 Personal sacrifices | 9 | 42 | 4 | 1 | 3 | 7 | 7 | | 5 | 5 | 5 | 5 |
| 4.2 Difficulty of performing multiple tasks and fatigue | 8 | 25 | 4 | 2 | 1 | 1 | 1 | | 7 | 2 | | 7 |
| 4.3 Inexperience in childcare | 8 | 29 | 5 | 2 | | | 1 | 4 | 4 | 5 | 5 | 3 |
| 4.4 Difficulty of over focusing on the child | 8 | 18 | 2 | 1 | 3 | 1 | 4 | 4 | 2 | 1 | | |
| 4.5 Father-child time | | | | | | | | | | | | |
| 4.5.1 The facilitative effects of father time | 9 | 19 | 2 | 2 | 1 | 2 | | 3 | 4 | 2 | 1 | 2 |
| 4.5.2 Lack of father time | 7 | 20 | | | 1 | 3 | 3 | 3 | 2 | 5 | 3 | |
| 4.6 Social pressures | | | | | | | | | | | | |
| 4.6.1 Pressure to have a child | 8 | 25 | 2 | | 2 | 4 | 3 | 6 | | 2 | 3 | 3 |
| 4.6.2 Pressure to have a second child | 5 | 20 | | | | 12 | 3 | 2 | | | 2 | 1 |
| 4.6.3 Critiques on motherhood | 7 | 16 | 1 | | | 4 | 3 | 1 | 1 | 2 | 4 | |
| 4.6.4 Negative impact of others | 5 | 19 | | | | 7 | 6 | 3 | 2 | | 1 | |
| 4.7 Support | | | | | | | | | | | | |
| 4.7.1 Lack of childcare support | 8 | 29 | 1 | | | 12 | 7 | 3 | 1 | 3 | 1 | 1 |
| 4.7.2 Lack of psychological support | 5 | 12 | 1 | | | 6 | 2 | 1 | | | 2 | |

| Themes and sub themes | Number of mothers (N = 10) | Number of times (f = 430) | Belgin | Hülya | Necla | Müjde | Türkan | Fatma | Hale | Gülşen | Filiz | Emel |
|---|-------------------------------|------------------------------|--------|-------|-------|-------|--------|-------|------|--------|-------|------|
| 4.8 Managing the child | | | | | | | | | | | | |
| 4.8.1 Child's sleep, feeding, and gas problems | 5 | 14 | | 7 | | 3 | 1 | | | | 1 | 2 |
| 4.8.2 Developmental difficulties | 4 | 13 | | | | | 4 | | 3 | | 4 | 2 |
| 4.9 Difficulties that change with time | | | | | | | | | | | | |
| 4.9.1 Difficulty of the postpartum period | 3 | 5 | 2 | | | | | | 1 | | 2 | |
| 4.9.2 The hardest first two years | 9 | 20 | 2 | 3 | | 6 | 1 | 2 | 1 | 1 | 2 | 2 |
| 4.9.3 Child starting to speak | 6 | 8 | 2 | | | 1 | 1 | | 1 | 1 | | 2 |
| 4.9.4 Child acquiring skills | 4 | 6 | | 1 | | 2 | | | 1 | | | 2 |
| 4.9.5 Childcare getting easier | 4 | 5 | 2 | 1 | 1 | | | | 1 | | | |
| 4.9.6 Motherhood getting easier | 5 | 17 | | 2 | | 10 | | | 1 | 1 | | 3 |
| 4.9.7 Improvement in partnership | 6 | 12 | 2 | | | 2 | | | 2 | 2 | 3 | 1 |
| 4.10 Difficulties related to preschool | | | | | | | | | | | | |
| 4.10.1 The child's separation difficulty | 5 | 10 | 1 | 4 | | | 2 | | | 2 | | 1 |
| 4.10.2 The mother's separation difficulty and anxiety | 5 | 10 | | | 2 | | 2 | | | 3 | 2 | 1 |
| 4.11 Interference of others in childcare | 5 | 11 | | 4 | | 1 | | 3 | 1 | | 2 | |
| 4.12 Parental attitude differences | 4 | 17 | 2 | 5 | | | 6 | | | | 4 | |
| 4.13 Financial difficulties | 4 | 8 | 1 | | | 5 | | | 1 | | | 1 |

Note. Number of mothers represents the number of mothers who mentioned the themes and sub themes. Number or times represents the total number of time that a specific theme or sub theme was mentioned by mothers. The numbers written under each participant's name represent the times that the participant mentioned a specific theme or sub theme.

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