MOTHERS’ EXPERIENCES OF SUPPORTIVE AND CRITICAL COMMENTS: AN APPLICATION OF THE SELF DISCREPANCY THEORY

A Thesis Submitted to the College of Graduate and Postdoctoral Studies in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy in the Department of Psychology

by
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ABSTRACT

Mothers are expected to adhere to cultural standards of a good mother, many of which are unachievable. In Canada, these standards often align with intensive mothering ideology where women are expected to enjoy motherhood, put their child(ren) before themselves, and follow best mothering practices. Women who do not obey the standards of a “good mother” may experience criticism from the self and from others. The current study aimed to explore women’s experiences of supportive and critical comments regarding their maternal actions/decisions. Thirty (N = 30) Saskatchewan mothers were recruited to participate in one-on-one, semi-structured, recorded interviews regarding their experiences of perceived meeting or deviating from what it means to be a good mother. Interviews were analyzed thematically using Braun and Clarke’s 6-step reflexive thematic analysis and affective reactions were explored using Saldana’s emotion coding technique. Following the analyses, the findings were contrasted to Higgins’ self-discrepancy theory. The findings suggested that the self-discrepancy theory was an appropriate framework for understanding how women’s self-concept may relate to their experiences of meeting or deviating from what it means to be a good mother. Dejected emotions were reported for discrepancies between the actual/self versus the ideal/own, while dejected and agitated emotions were reported for discrepancies between the actual/self versus the ideal/other, ought-to/self, and ought-to/other. Women reported that meeting other’s expectations of a good mother was important in their establishment of their maternal identity and in building confidence in their role; however, some women found it difficult to recognize their actions as aligning with their own expectations. While every woman reported experiencing critical comments from others, many women also reported that they were their own greatest source of criticism. Women were less inclined to share detailed accounts of supportive comments and even fewer accounts of meeting their own expectations. Lastly, women reported confidence and the decision to change their own expectations were important strategies to overcome criticism from others and the self. The findings have implications for understanding how to improve perceptions of the self for new and experienced mothers and theoretical implications for the self-discrepancy theory.
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DEDICATION

I dedicate my dissertation to my son Wesley and my husband Kyle.


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INTRODUCTION

Being a mother is simultaneously fulfilling and stressful. Fluctuating social, mental, financial, and physical demands of motherhood can create a sense of overwhelming stress for new and experienced mothers alike (Nomaguchi & Milkie, 2017). Internalized cultural expectations of what it means to be a good mother can result in negative evaluations of the maternal self that can be exacerbated by stress (Liss et al., 2013). For example, in Canada and the United States women are encouraged to put their child(ren)’s needs above their own (Elliott et al., 2015), where a woman’s time, money, and energy is believed to be best devoted to her child(ren)’s upbringing rather than her own needs (Blair-Loy, 2003; Elliott et al., 2015; Hays, 1996; Stone, 2007). This expectation is rooted in traditional maternal standards from the Industrial Revolution (Glen et al., 1994; Landry, 2000; Williams, 2000) that defined a good mother as a full-time stay-at-home white middle-class woman (Boris, 1994). While traditional standards have evolved to meet the demands of a changing society (e.g., mothers were no longer expected to stay-at-home), women continue to be expected to incorporate motherhood within their self-identity (Shelton & Johnson, 2006). As a result, many women report feeling depleted, inadequate, guilty, and shameful when they are unable to devote their entire self to their children (Seagram & Daniluk, 2002). It is during these feelings of guilt (i.e., negative self-evaluation that focuses on an act or behaviour) and shame (i.e., negative self-evaluation that focuses on the entirety of the self) (Tangney, 1990) that mothers may question their right to the title of a “good mother”.

Feeling guilt and shame can be exacerbated by comments made from others regarding a person’s decisions and/or actions (Leary, 2015). To date, two articles have used the self-discrepancy theory to examine the relationship between feelings of shame and perceived ability to meet societal expectations of a “good mother” (Liss et al., 2013; Ture, 2021). The self-discrepancy theory proposes that a person’s self-concept is related to an individual’s perception of whether their actual self meets or deviates from their own/others’ ideals and ought-to’s of a role (Higgins, 1987). While a few studies have examined how support or criticism affects women’s adherence to particular maternal decisions/actions (e.g., breastfeeding), research has not yet explored a wide range of critical comments and/or the perceived importance of supportive and critical comments on women’s perceptions of their maternal self. Therefore, I sought to explore the following research question: how do women make sense of supportive and
critical comments from themselves and others when they meet or deviate from their own and others’ expectations and how do these comments relate to their interpretations of their maternal self? To answer this question I conducted a two phase analysis of 30 interview transcripts using Braun and Clarke’s (2013) thematic analysis and Saldaña’s (2013) emotion coding technique. The following topics are examined in three chapters followed by a discussion of the findings: mother identity and self-guides, meeting and deviating from one’s own ideals/ought-to’s of a good mother, and meeting and deviating from others’ ideals/ought-to’s of a good mother. The findings from the study have important implications for supporting women’s development of achievable standards of motherhood and secure maternal self-concepts
CHAPTER 1: LITERATURE REVIEW

1.1 The Development of the Modern Good Mother

Motherhood has long been associated with unachievable cultural expectations that are reliant on social beliefs and practices of the time and culture (Collins, 2019). Originally named “the problem that has no name” (Freidan, 1963), the “mommy myth”, or the expectation to be a perfect mother, includes unrealistic standards for mothers that are associated with reports of higher levels of stress, anger, anxiety, depression, and reduced self-efficacy and self-esteem (Franzoi et al., 2012; Lee, 1997). This myth is a product of social and cultural ideologies that give preference to some practices over others. Women who are pressured to adhere to the firm cultural expectations report feeling unable to live up to the cultural standards of a “good mother” (Sutherland, 2010). The current section provides a brief review of North American cultural standards of motherhood that have laid the foundation of what it means to be a good mother today. It should be noted that the current dissertation uses the terms motherhood, mothering, and mother in accordance with O’Reilly’s (2004) three categories of motherhood: as an institution, as an experience, and as an identity. The term motherhood (i.e., institution) is the state of being a mother that is socially constructed by the language used to describe the expectations of mothers. Mothering (i.e., experience) is the act of nurturing dependent children. The term mother (i.e., identity) is a woman’s sense of self as someone who nurtures dependent children that may be shaped by motherhood and her experience of mothering.

Maternal expectations have always existed in some form, but explicit expectations of what it meant to be a good mother emerged in the early to mid 1900’s (Hays, 1996). Rather than rely on intuition and/or guidance from other mothers, good mothers were characterized as women who sought and followed medical advice (Apple, 2014). This change coincided with the rapid development of science and medicine and the overall sense of trust and confidence in healthcare professionals (Porter, 2010). In other words, as mothers lost their standing as experts, healthcare professionals and their respective fields (e.g., medicine, psychology, nursing, etc.) gained credibility within society. It was during this time that motherhood became medicalized
and formula feeding and hospital births became a superior choice over breastfeeding and homebirths (Porter, 2010). Those who deviated from formula feeding and hospital births encountered critical appraisals from healthcare providers, family, and friends. The result was that women were no longer considered experts in the care of their child(ren) (Porter, 2010) and instead were passive participants in decisions about the care of their child(ren). Reliance on healthcare professionals not only redirected the term “expert” from mothers to healthcare providers, but also supported the credibility and growth of the scientific community to what it is today.

The belief that motherhood was part of a woman’s ideal life continued to dominate through the mid to late 1900’s. Motherhood was presented as the true destiny for women and women were expected to have an innate ability to mother and nurture a child (Hays, 1996). An idyllic mother was a woman who stayed home, wanted children, and gave her whole self to loving and caring for her children unconditionally (Porter, 2010). While a greater proportion of women sought employment out of the home, women were still expected to be involved in their child(ren)’s daily lives. As a result, intensive mothering ideals emerged during the 1980s that supported a socially constructed hierarchy for “good” or “best” mothering practices/choices, where “good mothers” monitored and attended all activities organized for their child(ren) (Atkinson, 2014). Women were expected to be natural mothers, immediately able to care for their child, feel overall fulfilled in their role as a nurturing mother (Woollett & Marshall, 2000) and invest significant physical, emotional, and financial resources into their children’s needs, even if it took away from their own wants/needs (Christopher, 2012).

In North America, dominant mothering ideologies construct and reinforce unachievable and/or overwhelming demands for women who are mothers (Collins, 2019; Dow, 2016). Although the meaning of a “good mother” has changed over time (Hays, 1996; Moore & Abetz, 2016), intensive mothering ideologies continue to dominate and define a “good mother” today (Moore & Abetz, 2016; O’Brien Hallstein, 2010). Good mother myths from parenting ideologies such as intensive mothering ideology set standards that mothers cannot realistically match and failure to meet the standards often result in negative perceptions of the self as a mother (C.S. Mott Children’s Hospital, 2017). Intensive mothering ideology holds mothers to restrictive, unachievable intensive parenting standards that fathers have long avoided (Shirani et al., 2012). These standards/expectations dictate the characteristics and roles women believe they should, as
a good mother, possess and enact. Traditionally, women have looked to their own mother as a model of good mothering (Doucet, 2018); however, media has recently provided an additional source of information of what it means to be a good mother (Pederson, 2016). Social media has played a key role in intensive mothering ideology and what it means to be a “good mother” by providing a platform for promoting a singular mothering ideal (Atkinson, 2014) and opportunities to criticize those who fail to live up to cultural norms of a good mother (DeGroot & Vik, 2021).

A 2012 study examined mothers’ perceptions of what it means to be a good mother. The researchers found that women believed mothers should be accessible, prioritize their family and child(ren)’s needs, and maintain responsibilities at home and at work (Pedersen, 2012). The findings suggested that mothers experience external and internal pressures to be present and available for their children more so than fathers. Pederson’s findings coincide with hegemonic intensive mothering ideology, which requires that mothers be committed, attentive, and selfless to the needs of their children (Dow, 2016; Hays, 1996). Mothers are expected to provide “child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive” care (Hays, 1996, p. 8) while staying positive, physically and mentally healthy, energetic and providing optimal living environments, meals, activities, and education (Budds, 2021). Further, “good mothers” are expected to make the safest and healthiest choices for their child(ren), be aware of the potential health and safety threats associated with choices regarding the upbringing of their children, and recognize the need to be vigilant in surveying potential decisions and threats (Burton-Jeangros, 2011; Lupton, 2011). In Canada and the United States this includes “choices” such as breastfeeding over bottle feeding (Doonan, 2021), crib sleeping over bed-sharing (Harrison, 2018), and brand names over no-name products, suggesting that many mothering practices are consumption based and are perceived as decisions that must be made in order to prepare for the role as a mother (Davies et al., 2010). Those who cannot adhere to these strict standards are often criticized as “bad mothers” (Adams, 2015; Doonan, 2022; Ture, 2021). Yet while many women adhere to dominant mothering ideology as a means of evading criticism and the “bad mother” label, some women choose to go against current cultural expectations and parent in a manner that fits their own ideals.

Counterculture, or the values, norms, and mores of a culture that differ from established society (Merriam-Webster, n.d.), challenge dominant ideologies of what it means to be a good
mother. In Canada, counterculture includes behaviours or decisions that counter intensive mothering ideology such as bedsharing, formula feeding, putting a mother’s mental health first, or the vocalization of unhappiness in a maternal role (Doonan, 2022; Mileva-Seitz et al., 2017). An example of the strength of counterculture is the newfound support for women who formula feed their infant. Recent mothering trends have challenged the “breast is best” discourse with the “fed is best” movement (Doonan, 2022; Olsen & Simon, 2020). Similarly, discussions regarding maternal regret have proliferated throughout social media (Matley, 2020). Deviating from the norm can result in criticism from others; however, counterculture that comes with a supportive network may have positive effects for women who do not adhere to the dominant expectations of a good mother. Matley (2020) found that the expression of counterculture beliefs on mother forums developed a sense of agency and acceptance of the self as a mother. This finding contradicts previous literature that suggests that a discrepancy between the self and significant other’s expectations can result agitated and/or dejected reactions (Higgins, 1987; Ture, 2021). However, Matley’s findings are limited because they lack consideration of proactive (i.e., messaging about expectations) and reactive (i.e., messaging about how a person should have acted) feedback for deviating from social norms. This means that maternal counterculture literature does not provide a comprehensive understanding of how deviating from cultural expectations and adhering to counterculture ideals effect women’s perceptions of selves as mothers. Further, it lacks a consideration of who is considered a significant other, those from the dominant culture or the counterculture.

1.2 Support, Criticism, and Perceptions of Self

Like many others in socially valued roles, mothers fear the punishment that comes with deviating from the high standards of what it means to be a good mother (Liss et al, 2013) and report engaging in behaviours that present themselves positively to others even when the actions/decisions do not align with their own ideals (DeGroot & Vik, 2021). This is because following social norms is a key component to belonging to a group (Baumeister & Leary, 1995). People are socially rewarded when they obey and are punished when they stray from social norms (Cialdini & Goldstein, 2004; Klucharev et al., 2009). Although current counterculture movements may support women in opposing social maternal norms, many women report immense pressure to adhere to dominant maternal ideals and behave in such a way that they can avoid the “bad mother” label (DeGroot & Vik, 2021). Yet following social norms does not mean
that women are experiencing less unrest. Depictions of motherhood are generally accessible, but important details on how to be a mother are often withheld (Collett, 2005). By the time a woman becomes a mother she is expected to have gathered enough information throughout her life to effectively adopt and thrive in her role as a mother from piecing together clues of what it means to be a good mother (Collett, 2005). As a result, women report feeling physically, mentally, and financially taxed due to the rigorousness of the standards and the lack of direction in how to present oneself as a “good mother” (Collett, 2005). It should be noted that emotional reactions and negative self-perceptions that result from not meeting personal and cultural expectations of a good mother are often consequences experienced by women of dominant or privileged groups. Women in marginalized and/or historically oppressed groups/cultures may be vulnerable to extreme ramifications of not meeting dominant expectations of a “good mother” (Roberts, 2012), even if it is out of their control. These consequences may include, but are not limited to, the removal of their children from their care, incarceration, and social segregation (Roberts, 2012).

Due to society’s valuation of motherhood, women experience a range of comments about their ability to meet social standards of a “good mother” (Chrisler, 2013; Meeussen & VanLaar, 2018). Most mothers want to be seen as a good mother irrespective of their parenting actions and decisions and fulfilling cultural norms is important for affirming one’s identity and self-concept (Gaunt, 2008) because acceptance from others reinforces one’s identity (Goffman, 1959). Supportive and critical comments can affect a person’s future choices and actions as well as their perception of self (Cialdini & Goldstein, 2004). Positive interactions, affirmations, and social support from others can affect whether women persevere through the challenges of breastfeeding (Bresnahan et al., 2020) and can improve a person’s self-worth, self-esteem, and affect (Lee et al., 2009). In contrast, criticism from partners, family, friends, acquaintances, and strangers can affect mothers’ self-perception of maternal competency and identity (C.S. Mott Children’s Hospital, 2017; Douglas & Michaels, 2004; Leahy-Warren et al., 2012). The expectation that mothers must be perfect has created a sense of maternal self-doubt, with many mothers reporting undesirable evaluations of their maternal self (Liss et al., 2013). These evaluations are largely influenced by the criticisms of others (C.S. Mott Children’s Hospital, 2017). Researchers have attempted to understand women’s experiences of adhering to maternal social norms and how it affects women’s identity; however, little research has explored how women’s maternal self-concept may be related to women’s perceived discrepancies between the self and expectations of
a good mother. The current section will focus on the difference between a maternal identity and a maternal self-concept, explore and critique three key identity theories previously applied in motherhood literature, and argue why maternal self-concept, rather than maternal identity, should receive attention in relation to cultural norm adherence.

1.2.1 Maternal Role Theories

Collett and Childs (2009) argued that how women present themselves and the way they are perceived by others are the foundation of women’s maternal identity. In other words, a woman’s maternal identity is created and sustained by their performance as a mother and the feedback given from others. This means that a woman’s experiences as a mother is not created in isolation, but rather co-constructed by significant others (Collett & Childs, 2009) and require continual performance by the mother in order to keep their status as a good mother. Three theories have been used to explain how cultural norms impact mothers’ identities. These theories include Moore’s performative face theory (an extension of Goffman’s theory of face), Rubin’s theory of maternal role attainment, and Mercer’s becoming a mother theory.

Moore’s performative face theory is an extension of Goffman’s (1967) theory of face, which defined a person’s face as the “positive social value a person effectively claims for himself by the line others assume he [sic] has taken during a particular contact” (p. 5). Goffman (1959) argued that a person’s identity is co-constructed by social interactions and was reliant on a person’s presentation of self and the feedback they receive about their self from others. More importantly, Goffman theorized that people are selective in their presentation of self, where they emphasize chosen aspects of the self and hide others (Goffman, 1959) and as the aspects of self are believed by others, our identity will emerge and strengthen. Moore (2017) extended Goffman’s theory of face to account for power, or the social forces that construct, maintain, and disrupt norms of an identity. While Moore valued a person’s curated face and the feedback they received from others, she argued that the power of social norms manages impressions and sustains interactions (Moore, 2017). As a result, the performative face theory provides an opportunity to understand how identities are created, sustained, disciplined, and reconfigured to meet social norms. Applied to motherhood, power comes from dominant ideologies (e.g., intensive mothering ideology) and the population majority who adhere and maintain these maternal expectations. A woman’s identity is therefore a consequence of her presentation of self and the feedback she receives from this presentation of self. Women who adhere to intensive
mothering ideologies will receive supportive feedback that sustains their maternal identity. However, women who fail to meet the expectations of intensive mothering ideology will encounter reactions that discipline the women and reconfigure their identities.

Although the performative face theory is novel, it has already been applied to motherhood. DeGroot and Vik (2021) used the performative face theory to examine how perfect mother identities are constructed, performed, questioned, and reified by interactions with others. Dominant Western maternal ideologies have pressured women to present the self, and therefore identify, as a perfect mother (DeGroot & Vik, 2021). DeGroot and Vik found that women presented their best selves to others and hid any actions/beliefs that did not align with the flawless presentation of being a mother. Women reported that they were unable to share challenges with others in their lives due to the pressure to be perfect in all roles. DeGroot and Vik argued society has created and reinforced performances as perfect mothers that leaves little room for deviating from this cultural expectation. They identified other mothers as a source of power who ensure that others mothers follow the same socially constructed rules. Although other mothers know that the perfect mother is not realistic, they continue to strive to perform their role perfectly and punish and outcast those who fail to present themselves as perfect mothers. Threats to one’s face challenged women’s desired identity as a perfect mother.

DeGroot and Vik’s findings are important to understanding how power and social interactions influence women’s adherence to unrealistic social standards of being a mother; however, the use of the performative face theory came with limitations. Although I acknowledge the self is a product of the power of social interactions and culture, the theory lacks a focus on criticism from the self when not in the presence of others and assumes that one’s identity is solely reliant on the powers of society and feedback from others. However, an association between self-criticism and identity is theorized (Vermote, 2011). Further, mothers report experiences of self-criticism when not adhering to intensive mothering ideologies, regardless of whether others are present (Henderson et al., 2016). Therefore, research is needed to examine how discrepancies between one’s own and other’s expectations of a good mother may influence how women perceive themselves as mothers.

A second maternal identity theory that relates to adhering to maternal social norms includes Rubin’s (1984) theory of maternal role attainment. The transition to becoming a mother is stressful, novel, and filled with unfamiliar demands (Rowe et al., 1996). New mothers often
experience a shift in their sense of responsibilities and encounter overwhelming social pressure to adhere to intensive mothering ideologies (Meeussen & VanLaar, 2018). As a result, many women look to others for what it means to be a good mother (DeGroot & Vik, 2021). Rubin (1984) proposed that an ideal maternal self is constructed during pregnancy by seeking qualities, traits, attitudes, and achievements that the pregnant women believe are attributes of a good mother that often reflect intensive mothering ideologies. After models of “good mothering” are gathered, women will fantasize and adopt the “good mother” behaviours that match their own ideals (Rubin, 1984). Those who are unable to maintain their “good mother” self-image would experience lower self-esteem and be at risk for role failure. While identity is usually associated with an individual, Rubin theorized that maternal identity incorporated the child, where a mother’s identity was not reliant on only her own behaviours, but also her child’s. As a result, how a woman perceived herself in her role as a mother was reliant on the perception of self against the perceptions of other mothers, perceptions of how they interact with their child, and their perceptions of how their child behaves.

While the theory of maternal role attainment was once a key maternal theory, it is no longer readily applied in Western literature. This may be due to two identified shortcomings. First, although Rubin’s theory is considered a fundamental theory in understanding how women developed their maternal role and identity, their theory is narrow in scope. For example, Rubin’s emphasis on the importance of fantasizing about motherhood during pregnancy negated adoptive, foster, or stepmother’s maternal identity/self-concept development and neglected important experiences throughout motherhood that could impact women’s maternal identity/self-concept. This is a limitation because research suggests that family units are becoming more complex (Manning et al., 2014). This means that more women are taking on a maternal role for children who are not their biological children. Second, in contrast to Moore’s performative face theory, Rubin’s theory focuses solely on the criticism that the mother inflicts on herself, negating the influence of societal expectations and other’s comments may have on how the mother perceives herself in her role. A theory that incorporates both sources of criticism is necessary in understanding women’s experiences in adhering or deviating from the expectations of a good mother.

Mercer’s (2004) becoming a mother theory was an expansion of Rubin’s work that incorporated Bronfenbrenner’s (1979) ecological system’s micro-system, mesosystem, and
macrosystem. These systems provided an opportunity to reflect the relationship between the mother, the father, and the infant (micro), the mother and her social connections outside of the home including day care, work, and school (meso), and the messages/skills/services from her community, culture, family/friends, and society at large (macro) (Mercer, 2004). This incorporation decreased the overreliance on the fantasy of motherhood and redirected the focus to the influence of social messages and connections. Mercer further adapted Rubin’s maternal role attainment theory by integrating direct and indirect factors that influence mothers’ maternal role that added complexity to the theory. For example, Mercer believed that age at first birth, birth experience, early separation from the infant, social stress, social support, personality traits, self-concept, child rearing attitudes, and health were integral in the development of a mother role/identity (Meighan, 2017). These changes recognized the infant/child as a vital player in how mothers perceived their self. Further, Mercer posited that a woman’s maternal identity is achieved when she attains and internalizes her maternal role (Meighan, 2017).

The becoming a mother theory provided a comprehensive understanding of maternal identity formation. However, the theory failed to explore the influence societal expectations have on a mother’s emotional well-being and overall perceived identity as a mother, as well as the maintenance and changes in maternal identity that may be experienced throughout a woman’s journey as a mother. Failing to recognize the importance of social and personal expectations of the self limits the understanding of how women emotionally and cognitively perceive their self day-to-day (Adams, 2015). Comparable to the maternal attainment theory, the becoming a mother theory focused on the early stages of motherhood when a mother’s children are young. This focus limits the theory’s applicability to women who come into motherhood with older children. With the ever-increasing rates of women taking on the role of a mother by adoption, fostering, or marriage, a theory of mother identity/role attainment that is flexible to fit all types of mothers is warranted. This means that a theory should not suggest that the development of a woman’s identity as a mother begins at the beginning stages of the child’s life course, but rather begin with the recognition of the self as a parental figure in a child’s life. Therefore, an examination of mother’s role attainment and self-monitoring may need to branch out of longstanding parental models of self. While it is important to understand how inter and intrapersonal factors influence women’s maternal identity, the literature is lacking an understanding of how women’s inter and intrapersonal factors effects maternal self-concept.
1.2.2 Identity versus Self-Concept – Argument for Maternal Self-Concept

Our self-concept and identity first come to mind when we think of ourselves (Neisser, 1993). This is because self-concept and identity are often used interchangeably (de Valverde et al., 2017); however, the two terms differ. Self-concept is the sum of a person’s thoughts, feelings, and understanding of self (Rosenberg, 1979). It is how we perceive our behaviours, abilities, and attributes (Bailey, 2003). It can affect our motivations, attitudes, and behaviours as well as how we feel about ourselves (e.g., competence and self-worth) (Mercer, 2012). Applied to mothers, a maternal self-concept would include the beliefs and feelings a mother has about her maternal behaviours, abilities, and attributes (e.g., I am a good mom, I am a tough mom, I am a bad mom, etc.). These thoughts and feelings could affect her motivation to be the type of mother she wants to be, her attitudes toward motherhood, and behaviours she displays while in her maternal role. In short, self-concept is a person’s sense of “me” (Bailey, 2003). In contrast, identity includes the stable attributes, beliefs, and traits that exemplify a person that the person then uses to categorize, identify, and compare their self to social groups (Burke, 2020). It distinguishes the individual from others and encompasses the values, beliefs, and images a person has about their self that they then use to compare and identify with others (Bailey, 2003). Related to motherhood, a maternal identity would be the stable beliefs and traits a woman would use to identify as a mother. Applied further, particular attributes may result in a woman identifying as a sub-type of mother (e.g., crunchy mom, tiger mom, etc.). Therefore, identity is a person’s sense of “who am I?” (Bailey, 2003).

Self-concept is not a reflection about the truth about one’s abilities or competencies in a role but is a person’s basic reflection on their competency in their role over time (Maslow, 1954). Therefore, a key aspect of the self-concept is the effect of discrepancies between the perceived self and one’s aspirations for the self. Failing to reach one’s expectations for the self can affect their self-concept (Bailey, 2003). However, one’s identity is not necessarily affected by discrepancies between the perceived self and their ability to meet their own and/or other’s expectations. Instead, one’s identity may be the result of their perceived ability to conform. Experiences may effect a person’s identity, but this effect may not be noticed (Bailey, 2003). To compare the two concepts: self-concept is a person’s sense of capability or competency in a role while identity is how a person categorizes their self. Applied to motherhood, a woman who has children would likely state that she was a mother (i.e., identity) and may perceive herself to be as
a competent mother (i.e., self-concept). While it is important to understand how women’s behaviours may effect their development of their maternal identity, I would argue that it is equally important to understand how women’s actions and decisions affect how competent they perceive themselves to be in the role of a mother, especially in light of studies that found a significant relationship between negative self-perceptions and postpartum depression (Horowitz et al., 2005). Therefore, to understand the relationship between actions/decisions and perceived competency (i.e., self-concept) I have examined the discrepancies between actual self and the expectations of a mother.

1.3 Self-discrepancy Theory

The self-discrepancy theory (Higgins, 1987) was chosen for the current study to understand how women perceive their selves as mothers. Adams (2015) called for the use of the self-discrepancy theory as a means of understanding women’s experiences of becoming and identifying as a mother and argued that the findings could support the development of interventions that address postpartum mood disorders. It is vital to understand how discrepancies between one’s actual attributes (i.e., actual self) and one’s ideal/ought-to self (i.e., how they want to or should be) and other’s ideal/ought-to self (i.e., how others wish or believe the individual should be) influence women’s maternal self-concept because the findings could support the development of prenatal interventions that help women to identify and modify unrealistic expectations of a good mother to avoid discrepancies between their self-guides postpartum and/or throughout their experiences as a mother (Adams, 2015).

The self-discrepancy theory differentiates the self into three principal domains: actual self, ideal self, and ought-to self (Higgins, 1987). The actual self is a set of attributes that a person believes they possess and is best known as the self-concept, the ideal-self includes attributes a person would like to have, and the ought-to-self corresponds to attributes a person believes are duties or responsibilities a person should possess. The three domains are further differentiated into one’s perceptions of the self and their beliefs regarding others’ perceptions of the self (Higgins, 1989). Higgins (1989) proposed that the two standpoints are fundamental to understanding an individual’s self-construction. Together, the three domains and two standpoints create six self-state representations, or self-domains: actual/own, actual/other, ideal/own, ideal/other, ought-to/own, and ought-to/other (Higgins, 1989). A discrepancy between self-domains can result in a variety of emotional reactions (e.g., dissatisfaction, resentment,
disappointment) and affect how a person perceives their self (Higgins, 1987; 1989) with the greater the mismatch between self-domains, the greater the discomfort experienced (Higgins, 1987). A discrepancy between actual/own and ideal/other can result in feelings of shame and/or guilt as a result of perceived disappointment from a significant other, while a discrepancy between the actual/own and ought-to/other can result in fear or feelings of threat (Higgins, 1987; 1989). Lastly, discrepancy between the actual/own and ideal/own self can result in feelings of dissatisfaction and disappointment, while a discrepancy between actual/own and ought-to/own can result in feelings of self-contempt, guilt, and worthlessness (Higgins, 1987; 1989) (see Table 1.1).
### Table 1.1 Higgin’s self-discrepancy domains of self (1987; 1989)

<table>
<thead>
<tr>
<th>Own</th>
<th>Actual/own:</th>
<th>Ideal/own:</th>
<th>Ought-to/own:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>An individual’s own perception of the attributes they believe they possess.</td>
<td>Individuals’ own perceptions of the kind of mother they WANT to be (i.e., wishes to be). Includes her own beliefs of what an IDEAL mother looks like and how she would IDEALLY act, the ideal attributes she would possess, and the ideal decisions she would make and stick with.</td>
<td>Individuals’ own perceptions of the kind of mother they SHOULD be or are OBLIGATED to be, (includes actions/attributes they should or ought to have). Attributes an individual feels a sense of DUTY to possess; also deals with MORALITY. (Note: Can be predicted for those women who have internalized society’s expectations of a mother and who see it as their duty to meet those expectations.)</td>
</tr>
<tr>
<td>Other</td>
<td>Actual/other:</td>
<td>Ideal/other:</td>
<td>Ought-to/other:</td>
</tr>
<tr>
<td></td>
<td>An individuals’ perceived representation of the attributes others believe the individual possesses.</td>
<td>Individuals’ perceptions of the attributes significant others (or society) WISH the individual had, how they WANT the mother to be (i.e., others' representations of attributes that they would like the mother to possess), or identifies as attributes of an IDEAL mother. May come from messages from significant others.</td>
<td>Individuals’ perceptions of the attributes significant others’ (or society) believe the mother SHOULD or OUGHT to have or the attributes significant others feel the individual has a DUTY to possess. May come from messages from significant others.</td>
</tr>
</tbody>
</table>
1.3.1 Previous Motherhood Literature Using the Self Discrepancy Theory

While Higgins (1987) proposed a number of emotional reactions to perceived discrepancy between the self-guides, he emphasized two emotions as key consequences of not meeting one’s own or other’s expectations: shame and guilt. Women experience a sense of maternal shame and guilt when they believe that they have not met society’s criteria of a perfect mother (Rotkirch, 2009). Current literature fails to adequately examine mothers’ experiences of shame and guilt using the self-discrepancy theory (Liss et al., 2013). To date, two studies have used the self-discrepancy theory to understand the emotional consequences of discrepancies between the maternal actual/self and self-guides.

Liss et al. (2013) used the self-discrepancy theory to examine shame (i.e., negative self-evaluation due to not meeting one’s goals/ideals with the expectation to be socially judged, *I am a bad person*) and guilt (i.e., negative evaluation of the self for a specific behaviour, *I did a bad thing*) experienced by mothers of children five-years-old and younger. Liss et al., (2013) reported that perceived discrepancies between the actual self and the ideals or ought-to’s of a good mother were significantly associated with feelings of shame. Liss’s findings are important because they acknowledge the relationship between the perception of meeting/not meeting the ideals and ought-to’s of motherhood and the self-perception of self as a mother. The authors found that both guilt and shame were associated with discrepancies between the actual/own and ideal/own and fear of negative evaluation, with fear of negative evaluation moderating the relationship between guilt, shame, and maternal self-discrepancy. This means that when women believe they do not meet their internalized standards of what is means to be a good mother they may experience feelings of both guilt and shame related to their behaviours/abilities as a mother, but only for women who were fearful of negative evaluation from others. In addition, shame was more closely linked to fear of negative evaluation from others than guilt, meaning that mothers are more likely to feel shame than guilt if they expect or experience disapproval from others (Liss et al., 2013). This relationship may be due to women’s beliefs that a “good mother” is a perfect mother. By recognizing that they do not meet the standards of a perfect, and therefore good mother, women may perceive their self as a bad mother, which elicits feelings of shame. Liss et al.’s findings have implications for understanding postpartum depression. Previous research indicates a relationship between feelings of shame, experienced disapproval from others, and depression (Kim et al., 2011). Therefore, there *may* be a relationship between
postpartum depression, perceived discrepancies between actual/own and ideal/own, experienced shame, and fear of negative evaluation; however, further examination of this relationship is needed to understand whether this relationship exists.

Although Liss and colleagues (2013) were instrumental in understanding the applicability of the self-discrepancy theory to the experiences of mothers in terms of shame and guilt, there are a number of limitations to their study that require attention. First, Liss and colleague’s (2013) study was quantitative and limits the understanding of experiences of shame to scales rather than appreciating full experiences. This means that there is little understanding of what messages are most important to eliciting shame and guilt, which sources are most integral in increasing or decreasing these feelings, and what strategies are used to mitigate the impact of judgement. Second, participant characteristics were narrow due to all participants having children five years and younger, as well as the majority of participants being Caucasian, married, and middle upper class. This narrow focus on mothers of younger children limits the understanding of whether the theory accounts for the experiences of parents with older children.

Using qualitative and quantitative methods, Ture (2021) examined Turkish women’s experiences of mother-shaming and the negative emotions that resulted from maternal self-discrepancies. Women who experienced higher discrepancies between the actual/own and ought-to/own used more guilt related phrases (e.g., phrases that indicate guilt about their mothering practices), while women who experienced higher discrepancies between the actual/own and ideal/own used more negative emotional phrases (e.g., feelings of failure, inadequacy, etc.). Further, Ture reported that women’s greatest sources of criticism were strangers, mothers-in-law, and relatives and women discussed shaming memories that focused primarily on topics related to breastfeeding and carelessness/inattentiveness with their child(ren). However, the findings may not encapsulate the women’s full experiences of critical comments. Ture utilized a deductive content analysis, meaning existing, pre-identified categories were imposed on the data rather than allowing insights to emerge. While Ture’s findings serve an important purpose in understanding women’s experiences of criticism, their findings likely failed to incorporate data that deviated from their framework. This meant that integral, yet unexpected, experiences or interpretations of criticism encountered by the women were likely ignored. Differences between individualistic (Canada) and collectivistic (Turkey) cultures may have implications on women’s experiences and interpretations of supportive and critical comments from others. For example,
Ture (2021) posited that individualistic and collectivistic mothers may encounter different shaming experiences due to cultural differences in how a mother should attend to their children’s needs. Mothers of individualistic cultures are expected to be reactive to their children’s needs (i.e., responding to children's direct cues) (Rothbaum et al., 2006) while mothers of collectivistic cultures are expected to be proactive (i.e., anticipating children’s needs) of their children’s needs (Ziehm et al., 2013). This means that the women who participated in Ture’s study likely encountered vastly different experiences of criticism than women in Western, individualistic cultures like Canada. Therefore, what was interpreted as a criticism may differ for women in Canada. Nonetheless, Ture’s finding that women’s experiences aligned with the self-discrepancy theory demonstrated the theory’s suitability in a qualitative examination of mothers’ experiences of critical comment.

1.4 Research Purpose

Previous literature has suggested that supportive and critical comments affect a person’s perception of self in an important role, yet only two studies have applied the self-discrepancy theory to women’s experiences of supportive and critical feedback (Liss et al., 2013; Ture, 2021). Although the findings presented by Liss et al. (2013) and Ture (2021) suggested that the self-discrepancy theory is an appropriate theory for understanding women’s experiences of criticism, the studies, like the majority of maternal criticism literature, provided a narrow understanding of women’s experiences of being a mother. The studies were limited to the formative years of motherhood (e.g., breastfeeding versus formula and working outside the home versus stay-at-home) and focused on biological mothers’ experiences. Therefore, the literature currently lacks an in-depth understanding of how new and experienced mothers of all types interpret and integrate feedback into their perception of self as a mother. The goal of the current dissertation was to qualitatively explore women’s accounts of critical and supportive comments about their actions and/or decisions as mothers and how comments may relate to their interpretations of their maternal self. Specifically, using Braun and Clarke’s (2013) inductive, reflexive, thematic analysis I sought to understand women’s perceptions of their selves as mothers when meeting or deviating from their own and other’s ideals/ought-to’s of a good mother using the self-discrepancy theory. In other words, data were first analyzed inductively after which the findings were examined in relation to the self-discrepancy theory determine whether they corresponded to the theory. The following topics are examined in three chapters:
mother identity and self-guides (i.e., ideal conceptualization of what it means to be a good mother), meeting and deviating from one’s own ideals/ought-to’s of a good mother, and meeting and deviating from others’ ideals/ought-to’s of a good mother. Emotion coding was also used to explore affective reactions to experiences of feedback. These reactions are woven throughout the presentation of findings as a means of exploring the affective states that align with the self-discrepancy theory.
CHAPTER 2: METHODOLOGY

2.1 Epistemological Assumptions of the Current Study

Research literature is limited in understanding women’s experiences of supportive and critical comments outside of the breastfeeding versus formula feeding discourse. Therefore, rich data exploring women’s diverse experiences was needed to better understand the complexity of the maternal experience and development of a maternal self-concept. I chose semi-structured interviewing as my method of data collection for two key reasons. First, semi-structured interviews are advantageous for exploring perceptions and experiences that are complex and/or sensitive to the interviewee (Barriball & While, 1994). The role of a mother is frequently referred to as a complex role where women experience social expectations and diverse reactions from others (Leary, 2015; Nomaguchi & Milkie, 2017). Women may encounter reactions and/or circumstances that elicit pleasant or unpleasant emotions. The flexibility to explore experiences further or move onto another topic dependent on participants’ level of comfort is beneficial to the research topic. Second, the goal of my study was not to explore a particular experience/instance of a comment, but rather a multitude of experiences that shaped women’s perception of their self as mothers. This meant that narrative interviewing was not appropriate for my purpose, but rather required a format that could prompt participants for further clarification and enquire about a range of experiences that may not be discussed organically through their narration. With a significant focus on how women interpret their actions in relation to their own expectations as well as their interactions with others, I conducted a reflexive thematic analysis with a social constructionist perspective (Byrne, 2022).

A reflexive thematic analysis encourages and emphasizes the researcher’s active role in knowledge production, where codes and key themes are recognized as the researcher’s interpretation of the data (Braun & Clarke, 2020; Byrne, 2022). This approach aligns well with social constructionism, which proposes that a person’s reality is the result of the individual trying to make sense of their experiences in the social and physical world (Danziger, 1997). Social constructionists believe that a person’s reality is constructed by social, cultural, and historical
interactions and contexts (Burr, 2003). Unlike essentialism, social constructionists do not believe there is a real, objective truth that can be examined (Burr, 2003). Each new experience and/or interaction changes a person’s reality and therefore influences their future decisions. For the purposes of the project, women in the current study discussed aspects of experiences that were memorable to them and made choices about which experiences of supportive and/or critical comments they would include during their interview. This means that I believe that what was discussed was a reconstruction of reality that likely differed from those present at the interaction. This is consistent with a social constructionist epistemological stance that reality is socially constructed, subjective, and ever-changing (Crotty, 1998). It should be noted that my alignment with social constructionism does not mean that I am anti-realist but rather that I believe that each of the experiences described by the women in the current study occurred. Further, I believe that each person understood and made sense of the experience differently. In other words, women’s interactions with others and engagement with societal messages about motherhood influenced how women perceived their reality as a mother and influenced their future maternal actions and decisions. Reality and meaning are products of a person’s reflections on their social interactions and experiences that are historically and culturally relative (Burr, 2003; Ritchie et al., 2014). Therefore, a woman’s interpretation of motherhood is shaped by their own interpretation of social interactions and cultural understanding.

Although I trusted that the women were genuine in the discussion of their reality, I was careful to recognize that their reality may differ from others. Instead of using terminology that suggested that women’s accounts of their experiences were a definitive reality, I chose terms that reflected their reality. For example, when presenting women’s accounts of supportive and critical comments I used terminology such as “described”, “reported”, “discussed”, “explained”. Therefore, I ensured I was conscious in how I presented the findings to ensure they reflected my social constructionism epistemology.

The research questions guiding the current dissertation are framed with a constructionist perspective, focusing on the social interactions that influence person’s conceptualizations of reality. Mothers experiencing supportive and critical comments are not objective realities but instead are rather a socially constructed reality constructed by the women. It is the meanings that the mothers associate with their experiences of supportive and critical comments and the realities of parenting decision making and actions throughout motherhood that are the focus of the current
dissertation. Parenting choices and actions encapsulate cultural, social, and individual meanings that are negotiated in social interactions daily. Understanding these negotiations and the meanings attached to the interactions is important because the meanings are what inform mothers’ experiences and identities. The use of a social constructionist framework supported the investigation of the shared social experience of being a mother and how these experiences can be used in the development of a maternal sense of self and identity. I approached the current study believing that there is not one true reality of motherhood, but rather each woman would discuss their interpretation of their experiences. Therefore, while applying the self discrepancy theory I did not seek to understand how a participant’s “true” actual self compares to their own and other’s ideals/ought-to’s of a good mother, but rather sought to understand how they interpreted meeting and deviating from these expectations. Through this framework, the ways in which women interpret their actions and decisions in relation to their own and others’ expectations and perception of self as a mother were explored. Using a reflexive thematic analysis with a social constructionist perspective means that the findings are a blend of the women’s interpretation of their experiences and my interpretation of their expressed experiences.

2.2 Self Reflection and the Position of the Research

As a social constructionist, I agree with Losantos et al.’s (2016) stance that research and knowledge is co-created with participants during the research process. This means that I did not attempt to remain objective throughout the current research process, but rather I have reflected on my worldviews, biases, and prejudices prior to and during data collection, analysis, and presentation. This means that my life experiences as a childless woman who transitioned into my role as a mother may have affected the results for the current project. With this transition came a multitude of assumptions, values, interests, and experiences that influenced my analysis and presentation of findings.

Although I had not experienced being a mother during data collection, I related to the women who participated in my project by shared experiences and expectations of womanhood. Specifically, I shared the experience of receiving criticism as a woman and pressure to subscribe to the prescriptive norms of femininity (Loegel et al., 2017). Research on maternal development and identity suggests that, for some women, a mother identity may begin long before a woman is characterized as a mother (Palacios et al., 2014). Therefore, as a woman who was planning to have children in the near future, I recognized that I may have begun the development of my
identity as a mother but had yet to understand the nuances and experiences encountered by my participants. My focus on the direction of my research questions and my interview scripts were limited to my then secondhand knowledge of what it meant to be a mother.

As an outsider, I had not yet experienced the struggles and privileges of parenthood and I had little understanding of the pressures of motherhood. This lack of experience effected my interpretation of women’s accounts of feedback from others and may have limited their openness to expressing their emotions during the interviews (Hsieh & Shannon, 2005). Yet as an outsider I had the opportunity to ask questions and request further details that believe I now take for granted as a mother. Chavez (2008) suggested that approaching research with an outsider position may provide highly valued insights due to the emotional distance a researcher can have from the target group and possibly provide a more “accurate” view of the research field. Therefore, rather than presenting an “expert” role during interviews, I disclosed my childless status, which Campbell and Wasco (2000) argue can establish trust and openness during the interview process and provide participants the opportunity to take the role of an expert. It was during the interviews that I forwent my title as an “expert” and instead acknowledged the women as true experts of motherhood and the feedback that comes with the role of a mother.

My position in relation to the research and the recruited participants straddles an insider and outsider perspective. Becoming a mother created a substantial shift in my understanding of what it means to be a mother and influenced my interpretation of the women’s stories. I was no longer bound to a secondhand understanding of what it means to be a mother. I began to experience the internal battle of trying to do what is best for my child while continuing to meet my own emotional and physical needs. It was during the first few months of being a mother that I recognized familiar successes, struggles, and comments discussed by the women in the current study. I recognize that implicit biases may have impacted my presentation of findings, specifically the organization of the data; however, I was conscious of the assumptions I made of what I believed to be important to mothers by reflecting on the notes I created during data analysis prior to becoming a mother. I was cognizant of my personal beliefs of motherhood and the supports, criticisms, and experiences that I assumed were experienced by mothers that may colour my interpretations of the data. I recognized my biases related to maternal critical feedback as a result of my own experiences and how it may affect my interpretation of the women’s experiences. By acknowledging my biases through self-reflection and self-checks throughout the
project, I believe I have presented a fair exploration of women’s experiences. Nonetheless, I accept that I approached the research with my own values and biases; however, I do so with the goal of conducting an analysis that was not focused on my assumptions or values, but rather provided an honest depiction of the experiences the mothers who shared their stories were hoping to provide to the literature.

2.3 Methods

2.3.1 Participants

Participants were considered eligible if they self-identified as a mother (e.g., biological, adoptive, foster, through marriage/partnership, etc.), had a child 18 years or younger, spoke English, and lived within Saskatchewan. Participants were recruited through a variety of methods: Facebook advertisements targeting mothers within the Saskatoon region, U of S student and employee online portal advertisements that lasted for 2-weeks, and fliers posted on the U of S campus and local coffee shops within the Saskatoon region (see Appendix A). The methods were chosen as a means of capturing a relatively diverse sample of mothers. To explore women’s experiences of societal feedback on their mothering, I conducted one-on-one interviews with mothers of children 18 years or younger. Nearly all mothers experience criticism for their decisions as a mother throughout their child’s upbringing (Eyer, 1996; Rich, 1986). Therefore, the eligibility criteria included a wide children’s age range because the study did not seek to understand the experiences of receiving comments for a particular subset of mothers. Rather, the goal of the study was to understand how women interpret and integrate experiences of supportive and critical comments about their parenting into their self-concept as a mother, regardless of their child’s age and how such experiences may be interpreted as a reflection of their self as a mother.

A final sample of 30 women were interviewed. Most women identified as White/Caucasian (n = 28), English only (n = 26), and heterosexual (n = 27). Participants had a mean age of 36.9 years, with the youngest participant being 25 years old and the oldest being 51 years old. Overall, the women were highly educated. Thirteen women completed a bachelor’s degree, nine completed a Master’s, four completed trade/technical/vocational training, three completed a Doctorate, and two completed a high school graduate diploma or equivalent. See Table 2.1 and 2.2 for additional participant characteristics.
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<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
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<td>Relationship status</td>
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<td>27 (90.0%)</td>
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<td></td>
<td>Divorced or separated</td>
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<tr>
<td>Race/ethnicity</td>
<td>White/Caucasian</td>
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<tr>
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<td>Somali</td>
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<tr>
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<tr>
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<td></td>
<td>50,000-74,999</td>
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<tr>
<td></td>
<td>75,000-99,999</td>
<td>7 (23.3%)</td>
</tr>
<tr>
<td></td>
<td>100,000+</td>
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</tr>
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</tr>
<tr>
<td></td>
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<tr>
<td>Live with children’s parent?</td>
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</tr>
<tr>
<td></td>
<td>No</td>
<td>7 (23.3%)</td>
</tr>
<tr>
<td>Resources used for parental information*</td>
<td>Interpersonal relationships</td>
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<td></td>
<td>Informal online (e.g., social media)</td>
<td>22 (73.3%)</td>
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<td>Formal online (e.g., journals, organizations, government)</td>
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<td>Healthcare providers</td>
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</tr>
<tr>
<td></td>
<td>Celebrities/influencers</td>
<td>3 (10.0%)</td>
</tr>
<tr>
<td></td>
<td>Television</td>
<td>3 (10.0%)</td>
</tr>
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</table>

*Participants selected all that apply.
Table 2.2 Participants’ Relationship to Children and Children’s Characteristics

<table>
<thead>
<tr>
<th>Participant</th>
<th>Relationship to child</th>
<th>Child age</th>
<th>Child gender</th>
<th>Participant</th>
<th>Relationship to child</th>
<th>Child age</th>
<th>Child gender</th>
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<tbody>
<tr>
<td>Katerina</td>
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<td>13 years</td>
<td>M</td>
<td>Michelle</td>
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<td>12</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>Biological mother</td>
<td>11 years</td>
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<td>9</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>Biological mother</td>
<td>14 years</td>
<td>M</td>
<td></td>
<td>Biological mother</td>
<td>5</td>
<td>M</td>
</tr>
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<td>Kim</td>
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<td>M</td>
<td>Jennifer</td>
<td>Biological mother</td>
<td>23</td>
<td>F</td>
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<td>M</td>
<td></td>
<td></td>
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<td>5 months</td>
<td>M</td>
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<td>4 years</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td></td>
<td>Biological mother</td>
<td>21 months</td>
<td>M</td>
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<tr>
<td>Amy</td>
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<td>10 years</td>
<td>M</td>
<td>Susan</td>
<td>Biological mother</td>
<td>25</td>
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<td></td>
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<td>M</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>F</td>
<td></td>
<td>Stepmother</td>
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<td>F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F</td>
<td></td>
<td>Stepmother</td>
<td>15</td>
<td>M</td>
</tr>
<tr>
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<td>M</td>
<td>Erin</td>
<td>Biological mother</td>
<td>2 months</td>
<td>F</td>
</tr>
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<td>Jessica</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F</td>
<td></td>
<td>Biological mother</td>
<td>4 years</td>
<td>F</td>
</tr>
<tr>
<td>Stacy</td>
<td>Biological mother</td>
<td>5 years</td>
<td>F</td>
<td>Nicole</td>
<td>Biological mother</td>
<td>18 months</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>Biological mother</td>
<td>3 years</td>
<td>M</td>
<td></td>
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<tr>
<td>Danielle</td>
<td>Stepmother</td>
<td>12 years</td>
<td>M</td>
<td>Sandy</td>
<td>Biological mother</td>
<td>7 years</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>2 years</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F</td>
<td></td>
<td>Biological mother</td>
<td>8 weeks</td>
<td>M</td>
</tr>
<tr>
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<td>Biological mother</td>
<td>12 years</td>
<td>F</td>
<td>Jenny</td>
<td>Biological mother</td>
<td>12 years</td>
<td>M</td>
</tr>
<tr>
<td>Sarah</td>
<td>Biological mother</td>
<td>12 years</td>
<td>F</td>
<td>Tiffany</td>
<td>Biological mother</td>
<td>7 years</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F</td>
<td></td>
<td>Biological mother</td>
<td>5 years</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F</td>
<td></td>
<td>Biological mother</td>
<td>1 year</td>
<td>F</td>
</tr>
<tr>
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<td>Biological mother</td>
<td>14 years</td>
<td>F</td>
<td>Stephanie</td>
<td>Biological mother</td>
<td>6 months</td>
<td>M</td>
</tr>
<tr>
<td>Alice</td>
<td>Biological mother</td>
<td>5 months</td>
<td>M</td>
<td>Andrea</td>
<td>Biological mother</td>
<td>22 years</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F</td>
<td></td>
<td>Biological mother</td>
<td>16 years</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F</td>
<td></td>
<td>Foster mother</td>
<td>15 years</td>
<td>F</td>
</tr>
<tr>
<td>Emily</td>
<td>Biological mother</td>
<td>4 months</td>
<td>M</td>
<td>Laura</td>
<td>Biological mother</td>
<td>6 months</td>
<td>F</td>
</tr>
<tr>
<td>Heather</td>
<td>Biological mother</td>
<td>9 years</td>
<td>M</td>
<td>Farah</td>
<td>Biological mother</td>
<td>12 months</td>
<td>M</td>
</tr>
<tr>
<td></td>
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<td>6 years</td>
<td>F</td>
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<tr>
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<td>F</td>
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</tr>
<tr>
<td></td>
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<td>M</td>
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<td>F</td>
<td></td>
<td>Biological mother</td>
<td>4 years</td>
<td>F</td>
</tr>
</tbody>
</table>

*Pseudonyms assigned by author.
2.3.2 Data Generation

Participants were provided the opportunity to choose the location of the interview, with the majority of participants choosing at home or on campus interviews within a private interview room. A few participants did choose to meet at work or by phone/Skype. All interactions prior to the interview occurred through text or email, with initial contact initiated by participants. Each interview session began with an introduction of myself and the participant, as well as a discussion about how their day was going thus far and an explanation of what their participation would entail.

A detailed consent form (see Appendix B) was provided and reviewed with participants prior to initiating the interview. There were no participant withdrawals following informed consent. Participants were informed that they had 30 days after the interview to withdraw their interview data from the study. No participants selected to remove their data from the study. After consent was obtained, participants were provided with a brief demographic questionnaire (see Appendix C). Interviews took approximately an hour to complete, with an average length of 73 minutes. No compensation was provided, a fact that was provided to participants prior to the interview. Ethical approval was obtained from the University of Saskatchewan Research Board (BEH 18-037) in line with the Canadian Tri-Council Agency. Participants were provided a debriefing form at the end of the interview (see Appendix D).

Semi-structured, open-ended, and in-depth interviews were utilized to generate data for the current research project. This method of interviewing allows for flexibility in discussion and a richer description of the phenomenon (Hays & Singh, 2012), rather than eliciting yes or no questions that provide knowledge of existence rather than rich accounts of experience. A semi-structured technique allows the researcher to immerse their self in the meaning of the data and adapt the interviews to align with the interviewee responses. All interviews began with the same statement: “I’m interested in how you decided what type of mother you wanted to be. You can start wherever it makes sense to you to tell me about how you developed in your role as a mother.” The decision to begin each interview with this statement was to allow for the interview to provide a neutral starting point for each mother to organically discuss their experiences of support or criticism from others. This statement was chosen because mother identity is believed to be partly a product of messages conveyed from others (Heisler & Ellis, 2008), specifically for those who are seeking approval as a “good mother”. If participants do not spontaneously discuss
experiences of their decision-making process, I would further prompt the participants using a series of questions to discuss their experiences and feelings about past occurrences of interacting with others, for example “What feedback did/do you receive from others about any of the decisions you have made/are making?”

Probes, rather than strict adherence to the question guide, were used throughout the interview as a means of understanding participants’ experiences (e.g., “How did you feel about this experience?”; Hsieh & Shannon, 2005). Eleven broad, open-ended questions were designed to elicit mother’s stories of decision making, supports, and criticisms throughout their parenting experience (see Appendix E) with several prompts prepared as a reference to encourage elaboration or as a means of help if a participant struggled to start talking (Hsieh & Shannon, 2005). For example, a primary prompt within the interview guide included: “Some mothers experience criticism from others. These comments can come from a variety of people, including partners, family members, friends, or even strangers. Please describe a time where you experienced critical comments about your abilities or choices as a mother.” Five sub-prompts for this question included: “When was your most memorable experience of criticism from others regarding your choices or actions as a mother?”, “Who do you receive the most criticism from?”, “Do you believe critical comments affect your future choices or actions? (explain)”, “Some mothers feel that people blame them for their children’s actions or circumstances. Have you experienced blame in this context? (explain)”, and “How do people communicate criticism to you? (e.g., face-to-face, online, etc.)”. Most participants answered questions easily and in detail, specifically for questions/prompts related to experiences of supports/criticisms. During such instances I took on a passive role that included primarily non-verbal (e.g., nodding) affirmations to demonstrate engagement and understanding throughout participants’ discussions (Hsieh & Shannon, 2005).

Interviews were transcribed with a modified version of Flick’s (2009) transcription conventions. The following conventions were used:

I: Interviewer
P: Participant
Word: Underlining indicates stress or emphasis
Wor—: Hyphen indicates that a word, sound, or sentence was broken off or shifted abruptly
WORD: Drastic increase in volume is indicated by capital letters
Word…: Ellipses indicated a word or sentence which trailed off, either resumed or not
( ): Used to indicate paralinguistic utterances— for example, (laughs) and significant pauses
[ ]: Used to indicate the title of names within the transcript— for example, [Partner]

Initial notes regarding relevant or noteworthy topics relevant to the research questions were made throughout the transcription process and during the first read through of the transcripts post transcription (see Appendix F for example). This allowed me to understand the transcripts, begin an initial comparing and contrasting of mother’s experiences, and be cognizant of patterns that are relevant to my research questions being explored within the current study.

2.3.3 Interviews

Recommendations for concrete sample size are limited (Fink & Gantz, 1996). Although experts suggest recruiting until data saturation, it is difficult to determine when saturation has truly occurred (Mason, 2010), with many researchers claiming to achieve saturation with little ability to substantiate this statement (Morse, 1995). It is suggested that recruitment continue until the gathered data is rich in quality and thick in quantity (Fusch & Ness, 2015), rather than seek a specific sample size (Burmeister & Aitken, 2012). However, an examination of 42 studies that utilized a content analysis technique found that sample sizes range from 2 to 70 participants with an average sample size of 28 (Mason, 2010). The interview process resulted in 30 transcripts between 8 and 32 pages that documented mother’s experiences of supportive and critical comments throughout their mothering experience.

2.3.4 Methods of Analysis

Data analysis of the interview transcripts occurred in two phases using NVivo to code and organize codes into themes. First, I used Braun and Clarke’s (2013) thematic analysis to explore women’s experiences of supportive and critical comments regarding their parenting choices and actions, followed by a second round of emotion coding (Saldana, 2013). As guided by Braun and Clark, I began my analysis by reading, familiarizing myself with the transcripts, and taking notes on items that I felt were of potential interest to my project (e.g., topics and sources of supportive and critical comments, most memorable experiences of criticism) (see Appendix F). After I was familiar with the data, I began to code transcripts phrase by phrase completely across the entire dataset. This step included coding and creating tentative themes as I
progressed through the first round of coding. After the initial round of coding, I reviewed each transcript a second time to ensure consistency and remove redundant codes throughout the data. I then reviewed the themes and produced provisional subthemes/relationships between themes that were relevant and noteworthy points within the data. This step was followed by defining themes and naming themes that captured the overall message of the codes and presentation of findings. Inclusion of a theme was reliant on whether the theme was salient in relation to mothering experiences or unique enough to warrant inclusion (i.e., stood out from the majority of described experiences).

I used a semantic, inductive approach to describe and interpret meanings within the data. Semantic coding means that I conducted a descriptive analysis of the data, looking for explicit or surface meanings in the data (Byrne, 2022). By approaching my analysis inductively, I forewent a conceptual framework or codebook, and instead coded the transcripts in a manner that reflected the content of the transcripts (Byrne, 2022). In other words, my aim was to present what was communicated by participants without deep interpretation of implicit meaning that reflected the data, rather than a theory. Although my aim is to determine whether mothers’ experiences of criticism and their perceptions of self are accounted for by the self-discrepancy theory, I believe it is important to develop codes that are based on what is within the data and then determine whether the features of the data align with the theory because it affords the opportunity to explore experiences that may not align with current theoretical understandings. This allowed for an understanding of motherhood as an intricate experience that deviates from theoretical expectations. After completing the coding, the codes were sorted into themes and then compared and contrasted with the main theoretical tenants of the self-discrepancy theory.

Many mothers described emotions experienced when experiencing criticism/critical reactions and supportive comments. Therefore, the second phase of coding used emotion coding (Saldaña, 2013). Emotion coding is an ideal coding method for exploring intrapersonal and interpersonal experiences and actions (Saldaña, 2013). This method of coding allowed me to explore the emotions that coincided with mother’s experiences of critical and supportive comments. I analyzed the data partitioning experiences of supportive and critical comments into units or stanzas and code each line based on mentioned feelings (e.g., I was ANGRY) as well as coding based on inferences from the recordings or witnessed/recalled during the interview (Saldaña, 2013). Thus, the second phase of analyses included a latent, inductive approach as no
theory guided this portion of the analysis. In contrast to semantic coding, latent coding is interpretive and goes beyond the description of the data to identify hidden meanings, ideas, or assumptions that may help understand the content of the data that may provide a deeper understanding of participants’ words (Byrne, 2022). Therefore, my second phase of coding focused on exploring explicit and implicit emotional reactions during women’s stories of experienced critical or supportive comments without a guiding theory. This allowed me to immerse myself into the interviews and discern emotions to particular experiences. Findings from the emotional coding (i.e., phase 2) are presented in italics immediately before participants’ quotes. The second phase complemented the findings from phase one by strengthening our understanding of how women were emotionally affected when they experienced supportive and critical comments.
CHAPTER 3: MOTHER IDENTITY AND SELF GUIDES

“I don’t want people to ever think that I’m being lazy, or you know, like not doing the best I can for my child” said Rachel, describing what it means to look like a good mother. Prior to giving birth, Rachel, a 25-year-old mother of a 5-month-old boy believed that “not only will I be the perfect housewife, I will also be the perfectly educated person and I’m going to be just this Vitruvian woman.” Rachel expressed the pressure to be a good mother even before giving birth “I had people tell me to like take it easy or I’d have a stillborn at the gym.” While pregnant, Rachel was a self-described idealist that would someday meet these social expectations “I would think ‘Ok well I’m going to be that mom that exclusively breastfeeds, like I’m going to be a hippy. It’s going to be all organic, it’s going to be perfect. I’m going raise my child in a calm neutral environment and let him make his own choices.’” Yet having now experienced motherhood, Rachel’s definition of a good mother had changed. Rachel became a mother near the end of her Masters’ program and she realized that there was no way she could be a “perfect” mother and that something had “gotta give.” What she perceived as characteristics and behaviours of a good mother changed as she gained experience. Rachel’s ideals of a good mother changed from presenting herself perfectly to others to meeting her child’s needs, reflecting her definition of a good mother in her own reality.

Rachel discussed her perceptions of what a good mother is within society – a mother who looks put together, gained little to no baby weight, has brand name clothes and accessories, and has a child that never cries, is well-behaved, quiet, and well-dressed. Rachel defined a good mother as someone who meets the needs of her child and embraces challenges with their child as they arise in a calm and patient manner and recognizes that there are a variety of parenting styles and each mother may differ slightly in what they believe is a good mother. Despite being aware of the unreasonableness of societal expectations of mothers, Rachel’s own actions reflected societal beliefs. Rachel experienced anxiety in public when her son cries “I'm just you know if he cries like if I'm in public I, I feel anxiety like I have to show that I'm a good mom, that I'm doing something actively to quiet him even if he's just going to cry cuz he's tired he just needs to cry a little bit till he falls asleep, you know I feel like I have to do something to make people
see like that I'm not neglecting him even though I'm not.” It is clear that she feels pressure to meet the societal expectation that mothers must attend to the needs of their child quickly in order to be perceived as a good mother. Yet while she continued to feel pressure to show others that she has met societal expectations of a “good mother”, Rachel had developed her own sense of good mothering that meet her own morals. This conceptualization rested less on what she can show others and more on keeping her child safe, something she knew she could achieve.

Rachel criticized maternal ideals by showcasing the pitfalls of superficial standards. This is evident when she discussed other mothers who appeared to have met the requirements of a “good mother” by others, but instead did not meet her baseline ideals “I knew a woman that actually had her kids taken away. She would give her kids cough syrup during the day because like she was so over her kids crying. She was totally unsupported. She had no friends or networks to help her, so that was like her go to ‘Oh I’m going to the grocery store, I’m going to give my kids child cough syrup’ and she’d knock her kids out and like people found out, she got reported, and her kids got taken away, her ex-husband got them. But at the time like people thought that she was a really good mom cause her kids were always so well-behaved and they were so quiet and then like once it happened then people were like ‘What a monster!’”

In Rachel’s story we see a woman who has attempted to reject the societal expectations of a good mother and trying to replace these expectations with an alternative meaning that fits with characteristics and behaviours that are achievable. This may be a means of avoiding disappointment in herself; yet although Rachel has distanced her conceptualization of a good mother from others’ ideals, she continues to experience feelings of inadequacy when in the community. Rachel’s story is a good example of the change in ideals mothers experience: her beliefs align with her abilities as a mother and yet she continues to be influenced by the ideals of society.

Rachel’s ideals of a good mother serve as evidence of when unable to meet the standards set by others. This invalidation of the dominant conceptualization of a good mother is a pro-active effort to diminish the judgement from others. Rachel was critical of the definition by providing an example of another mother who met others’ ideals, yet had her children removed from her custody due to unsafe parenting methods. Her demonstration of the consequences of striving for “perfection” provided Rachel reassurance that by meeting her own ideals of a good mother, one who meets the needs of her son, she is a good mother.
The focus of the current chapter is to present participants’ experiences of developing a mother identity and conceptualization of their mother self-guides. The purpose of this chapter is to explore how mothers may define, or redefine, what entails a good mother to fit their ideals, even if their conceptualization does not meet society’s definition. While the focus is on the conceptualization of good mother ideals, I will also address what experiences or external factors influence mothers’ definitions. The chapter will include a discussion of the conceptualization of the ideological good mother followed by a brief discussion of the differences that emerged in the study. Specifically, I will discuss differences among the women at different stages of motherhood as well as differences among biological, step, and foster mothers. I will conclude the chapter with identified sources of criticism that were reported by women as influential in their perception of self as a mother.

3.1 Identity and Self-Guides

Becoming a mother is a time of significant transition for women and is viewed as one of the most important ways of proving oneself as a “real woman” (Bell, 2019). It is during this transition that women are catapulted through a change in roles, responsibilities, and relationship dynamics (Carvalho et al., 2017). The restructuring of one’s identity to accommodate a mother identity is challenging for women because of the intense social expectations associated with being a mother (Arnold-Baker, 2019). Identity is the meaning a person uses to define themselves for the roles they occupy, the social group in which they belong, and the messages they receive from others. People often seek validation from others to confirm the meaning they hold for an identity. One theory that accounts for validation from others is self-discrepancy theory. This theory posits that each role-identity focuses on the conceptualization of the self in terms of the actual, ideal, and ought domains (Higgins, 1987). A person’s identity is strengthened and verified when others acknowledge their beliefs about themselves. The self-discrepancy theory predicts that distress arises when there is a perceived discrepancy between the actual self and self-guides (ideal and ought selves). While motherhood is largely conveyed as an experience that bonds women together through experience and expectations, women tend to be aware that deviating from societal expectations may result in criticism and disapproval from others, especially other mothers (Guendouzi, 2005; Loudon et al., 2016). Current literature presents accounts of how mothering experiences influence women’s identity; however, little research
offers an account of how women’s experiences of criticism about their parenting choices from a variety of sources may influence women’s overall self-concept as a mother.

The analysis yielded results in four overarching themes. First, Identifying: Women’s Development of a Mother Identity, relates to the women’s development of their mother identity in a culture that conveys value laden messages about motherhood. Biological and step/foster mothers’ experiences of becoming a mother are briefly compared and contrasted. The second theme, Shaping: Influences of Society and the Self, explores the influences of the self, others, and how societal messages are integrated into women’s mothering self-guides. The third theme, Defining: Women’s Self Guides, presents women’s ideal conceptualization of what it means to be a good mother. The fourth and final theme, Attacking: Influential Criticizers, offers a summary of participants’ greatest criticizers, either by influence and/or frequency. Key terms and expectations common to the majority of mothers are presented.

3.1.1 Identifying: Women’s Development of a Mother Identity

Identifying as a mother varied between women in timing and meaning. For women with biological children, the time at which a woman began identifying as a mother occurred primarily during two points in their mothering journey: during their first pregnancy or at the birth of their first child. Key experiences before or during pregnancy appeared to be factors in whether women discussed identifying as a mother during pregnancy. Most often women who experienced struggles before or during pregnancy (e.g., fertility struggles or pre-birth mother shaming) were more likely to report the development of a mother identity during pregnancy. The importance of key experiences and the timing of identification as a mother suggests that pre-birth struggles may force women to recognize the change in their own identity. Women who struggled with fertility appeared to have begun their identity transition from childfree to mother earlier than those who did not report fertility challenges. A couple of women spoke about their experiences of struggling to conceive and their immediate transition into taking on typical responsibilities associated with a mother identity upon receiving a positive pregnancy test. April struggled with fertility for 4-years before conceiving. The quick change from assuming she would be child free to finally reaching her desire to become a mother forced April to acknowledge her new reality and shifted her focus to motherly behaviours. April immediately felt the need to take on the protective, hyper-mommy-ing role:
We did [IVF] and we did it once and it was successful (laughs), which I couldn't believe! I kind of had like pregnancy kind of thrusted upon me... So I had to kind of adjust, again, cause I was preparing myself for disappointment cause it usually doesn't work right? So I was like okay maybe I should start to shift my identity to being like, you know, like a childless adult for like the rest of my life kind of thing. So then to re-shift back over into you're going to be a mom was kind of like an alarming thing for me (laughs)... like it was kind of a little bit of a miracle and so I got super protective and maybe a little bit like hyper-mommying already, when I was pregnant. So yeah it was a bit of a shift, into like right away being just like more protective than I probably would have if we were able to conceive naturally.

The quick identification as a mother was possibly due to two influences: 1) women’s excitement to acknowledge their persistence and success in becoming a mother. These women typically had many years to determine the kind of mother they would be and are keen to take on this new role, or 2) messages from healthcare providers that create the need to take on a protective role immediately to mitigate chances of losing a child they worked so hard to conceive. Like April, Stephanie also struggled to conceive for 4-years before a successful pregnancy. Stephanie reported taking on the identity of a mother early in her pregnancy and demonstrated this role through protective behaviours. Prior to her own pregnancy, she had begun the process of adoption where she contemplated whether she would feel like a mother if she adopted. This process of self-contemplation reassured her that she was “a mother regardless of the fact that I have or don't have children.” Once she found out she was pregnant, Stephanie became extremely protective of her unborn child:

I was so careful for things that I did, you know, during my pregnancy cuz it was like it would affect him and it was like it was a sacrifice... and I have friends who have blatantly said like “I’m not really a mom. Like I'm a mom, but I'm not a mom” and I can see that because the choices that they make versus choices that I make. Struggles with infertility also had implications for how important some of the women felt their identity was in comparison to other identities. These women tended to report that their maternal identity was a key identity in their self-concept. For example, Rebecca discussed her desire to become a mother and her struggle conceiving. Years before becoming a mother, Rebecca saw a
future with multiple children. The inability to immediately conceive and the need for medical interventions influenced the significance of this identity over other identities:

We had a hard time getting pregnant with the first and it was probably the hardest time in my life. I’ve been very fortunate to not have that many hard times in my life, but that was probably one of the most trying times because all I wanted in life was to be a mother and it took several years and a lot of money and a lot of drugs, but it happened! (Laughs) And then yeah, so definitely I identify as a mother probably… before I identify as a woman even.

For individuals who did not struggle with conceiving, mother identity tended to develop slowly. For these women, identifying as a mother and developing a mother identity were presented as separate constructs. Laura discussed that although she made decisions about her parenting style and care for her unborn child while pregnant, the birth of her daughter initiated the first feelings of being a mother. However, these feelings were merely a title rather than a full identity:

I guess like when you first become a parent if you take that identity on right away basically you are just like that, like you’re just a mom. And then all of these other factors begin to like influence the type of mom you are which then changes what that word even really means to you.

Identifying as a mother versus developing a mother identity spoke to the value placed on motherhood in society. Specifically, it suggested that women were quick to take on the role as a mother to achieve societal expectations; however, suddenly becoming a mother did not mean that they had enough experience to integrate a fully developed mother identity into their self-concept. It appeared that many mothers struggled to strongly identify with the term mother until they felt that they had a shared experience with other mothers. Many women who recently began their journey as a mother discussed how their identity was still forming and they believed that it would continue to develop as they took on new responsibilities as a mother. Alice, in describing her current maternal identity, explained:

I see myself as a mother but I think in terms of like my mother identity I don't feel like it's super- I have this like good view of what I am as a mother because I still feel like when you talk about being a mother and like mothering like I feel like I'm nurturing and I'm loving, but I feel like more of my identity will develop as my child gets older and I feel like I’m doing more to contribute to him.
Due to the lack of time as a mother and the limited needs from their children, new mothers like Alice described their mother identity as still developing due to the need for experience making decisions for their children and having greater influence on their future. Michelle discussed her conscious struggle of the identity shift from non-mother to mother at the birth of her first child:

When my daughter was born I struggled, like consciously struggled, with uh identity shift between being you know just my own person. I’d always been my own person and now I was a mom. Like it seems kind of funny now but someone for a gift had given me this little towel, like you just- a burping towel kind of thing that had like a little stick figure and it said mom on it and I kept looking at this little towel as, you know, you sit there and you’re nursing the whole time and I just kept looking at it and thinking “Mom? Like that just seems so weird. That’s me? I’m a mom now?” like it was a huge identity shift.

While biological mothers reported a gradual development of their mother identity, stepmothers reported the need to earn the right to be considered a mother before identifying as a mother. This sentiment was clearly conveyed from all stepmothers in the current sample. Women who were stepmothers discussed the implications of taking on the identity of a mother with non-biological children through marriage. The women discussed the importance of deciding to take responsibility for caring for a non-biological child and the pressure to fulfill the duty of a mother for someone else’s child. This role was perceived as one of high value, independent of whether the women had their own biological children. Susan, a woman with biological and stepchildren experienced two forms of mother identity – one mother identity for her biological children that was innate and confident, and another closely related mother identity that was filled with self-doubt and apprehension. Susan discussed the difference in development of the two identities, where Susan’s identity as a mother was unwavering with her biological children, yet full of doubt with her stepchildren. Furthermore, the development of a mother identity for her biological children took much less time to solidify than that of her identity associated with the stepchildren. Having the experience of both identities not only affected her overall perception of self as a mother, but also her perception of self as a whole.

When I gave birth to my oldest daughter and then again later to my son, I was confident that I was the best mother in the world for them. I don’t say that arrogantly, it’s not that I was the best mother in the world at all, I just knew that I loved them with a fierce love and that my love for them was bigger than anybody else’s love for them. So that made me
the best person to be their mom. It didn’t mean that I had the most skills or anything, but I knew that love conquers all, love wins. So that’s the- I had a lot of confidence in myself as a mom because I was so fierce in my love for them… And then I got two stepchildren and… I had to choose to love them instead of having that instinctual love and so that really made me question my parenting. It made me question my identity as a mom. I felt like I had to earn the right to parent them by somehow figuring out what the dipstick level of my love was and then whether I had earned the right. I don’t question anymore my emotional love for them, but it is just a different feeling and so that really changed how I viewed myself as a mom.

This sentiment was echoed by Danielle, who had been a constant presence in her stepson’s life for 5 years. Taking on the identity of a mother was not to be taken lightly. Danielle discussed the need to meet standards before she was willing to acknowledge herself as a mother:

Yeah like I would say that still when I say that I'm a stepmom I feel like I'm lying somehow. I feel, and I think that’s one of the reasons that I've been very resistant to letting [stepson] call me Mom until we live together just because I think that the term mother carries certain connotations for me that imply a lot of responsibility and it is an honor, in my mind, to be called that especially if you're not the blood parent. And so I want to I want to be fulfilling some of those rules and I'm notorious for thinking that no matter how much I'm doing it's not enough, so that really comes out in my relationship with [stepson] because I'm not physically present for him right now.

Danielle felt she was an imposter among mothers and consequently refused to consider herself a mother. These feelings prohibited Danielle from allowing her stepson to refer to her as his mother because of the standards she has set related to the term mother. For Danielle, the term mother was associated with responsibility and energy, both of which she felt she had not met.

While many individuals understood what it meant to be a mother, the term was shrouded in complexity. The women in the current study discussed how the word mother was more than just a parental figure for a child, but rather a multilayered and situational role a woman defines on her own. Laura considered the term mother to be unique to each woman. Although she may be identified as her child’s mother, it encapsulates a different meaning to her than it does to others who recognize her as a mother.
I think it just becomes like a much more layered, the word has like many more layers to you and like your identity isn’t just like, you know, when someone is like “Oh you are so and so’s mom” what does that even mean to a kid? … but you’re it’s just like their parent figure but then to you when you are a mom it means a lot of different things I think, depending on yeah what’s going well or what’s not going well or like all of these different the baggage you bring to being a parent.

Distinctive experiences with her child and the perception of these experiences influenced how Laura perceived herself in the role as a mother. For Laura and other mothers, personal context played an integral role in how the women perceived themselves in their role. Therefore, although the term “mother” has a distinct definition within society, it does not mean the definition is universally accepted by all mothers. The term may fluctuate with each child under a woman’s care, as well as fluctuate in its meaning due to the experiences and responsibilities at that moment. For Laura, the term was not a simple role a woman takes on, but rather an accumulation of her experiences, her desires, and her abilities to meet the standards of what she believed a mother to be.

Further complicating the use of the term mother was the complexity of the term in association with multiple mothering roles. Susan, for example, was a biological and non-biological mother to four children who perceived the term mother to capture differing definitions based on whether she was discussing her biological children or her stepchildren.

I would like to think that they have thought all along that I loved them as much and the same as I did [daughter] and [son]. I would be far too afraid to ask that question. I don’t want to bring it up, I don’t want to go there with them because, because I do love them, and I’ve come to some level of peace with the fact that it’s just different and it will never be the biological thing. I am amazed at people who say they love them just like they love their own kids. I’m like “Really?” to me it feels very different.

Nevertheless, Susan refused to use the term “step” in her home, using it only to differentiate who she was speaking of during the interview. “Well I have two [identities] because I am a stepmom and I am a biological mom, so I can’t deny that… But, I mean, I sit around the table with four children that all look at me and call me mom.” While she recognized that her perception of self as a mother differentiated between her biological and stepchildren, she preferred to remove that distinction from her home in order to preserve a sense of unity among her family.
[Daughter] was describing her family after I had remarried she said “I have a mom and a dad and a brother and a sister and another brother” and she said “I will never say I have a sister and two brothers because the word brother I use for [biological brother] and the word brother I use for [step brother] sounds exactly the same for everybody else but in my head it’s totally different.”… I feel that same thing. I feel like in my head the, the word daughter or son feels different coming out of my mouth when it is, we don’t like the term step in this family because it somehow seems less than, but in my head I know it sounds different.

As women discussed their role as a mother, it was clear that they perceived the role as one of high value and responsibility. Women conveyed the value associated with motherhood throughout their interviews. For many women, becoming a mother was always part of their life plan and had long contemplated how many children they wanted to have, never questioning whether they would someday become a mother. Rebecca expressed her life-long desire to become a mother, risking romantic relationships in order to ensure her future husband was supportive of a large family.

I very much love being a mother. I could see myself no other way than being a mother. My entire life I knew from the get-go I used to say five kids, that used to be my number. I would tell guys on first dates that I wanted five kids and see how far they ran. This one didn’t run that far! Like “Okay we’ll see about that when we get there! It’ll be a long time from now” but he didn’t run away. Some guys were like “Oh! I’m out!” it was just very interesting to see their reactions. I definitely always knew this was my calling and I really love it. I mean it has its ups and downs (laughs) but I can’t imagine not being a mother.

Becoming a mother was a vital milestone in Rebecca’s life. This finding agreed with literature suggesting that becoming a mother is seen as the ultimate accomplishment for a woman to achieve (Chrisler, 2013; Gotlib, 2016), a sentiment that was echoed among many of the participants. However, while many women believed that becoming a mother was an important part of their life and their identity and many women reported pressure from others to view motherhood as their greatest accomplishment, becoming a mother was not unanimously the greatest achievement in all women’s lives. Rachel, a woman who recently completed a Master’s degree, recounted experiencing the devaluation of her graduate education in favour of her success in transforming from a childfree woman to a mother.
People say to me “Oh it’s the biggest accomplishment of your life.” I agree, my child is my life, but it is not the biggest accomplishment I’ve ever done by pushing a child out of my vagina! (Laughs) There are other things that were a lot harder to do… Like if you’re biologically sound you can have a baby. It’s not that hard… I just found that to be such an annoying statement when people would be like “Oh like now that you’re a mom like nothing’s gonna beat that!”

This sentiment from others devalued her non-mother accomplishments and, in Rachel’s perspective, placed her role as a mother above all other identities. Cultural norms and messages stress that women make having children and caring for their family a priority over their own desires (Coogan & Chen, 2007). Those who do not become mothers, either by choice or inability, are often viewed as incomplete women (Prikhidko & Swank, 2018). Lori, a woman who decided she did not want to be a mother part way through her pregnancy, discussed her shock at the age at which society conveys messages about motherhood to girls. Although she recognized that she was indoctrinated into the belief that being a mother was a highly valued identity for women, she was surprised at how young her daughter was when expressing societal messages regarding the expectation that women would become mothers.

At a very young age I remember her loving babies and dolls and pretending to be pregnant and giving birth and all of this when she was like four years old and I remember she said once “Well, if I can't be a mom I guess I'll just be a librarian.” Cause that's what I am and I realized how at a very young age she was already seeing motherhood as being like her potential primary or only role. And I would always say “Well you don't have to be just a mom, you can be a mom and something.”

The devaluation of other roles and the early indoctrination of women into believing their primary identity as an adult should be a mother supports the literature on the value placed on motherhood (Katz-Wise et al., 2010; McQuillan et al., 2008). It is clear that the role of a mother continues to be valued above all else, even with feminist movements that aim to shift the perceptions of women as more than just mothers.

3.1.2 Shaping: Influences of Society and the Self

The women discussed a variety of characteristics they felt were associated with being a good mother; however, what was most important was inconsistent between women. This meant that while women reiterate salient ideals of good mothering from society, what is an important
attribute to one woman may be less important to another woman. Some women discussed this sentiment, suggesting that every mother differs slightly in their standards of a good mother due to their own ideals, a finding that is in line with the self-discrepancy theory.

Alice: I think everybody is going to have a different definition of [a good mother] and what they strive to be. Like I don't think there’s one blanket statement if you do X, Y, and Z this means you are a good mother or you're not.

While all women strived to be seen as a good mother, the slight variations of beliefs/definitions, along with quick decisions in the moment, may have accounted for their struggles in presenting the self as a good mother to all. Further complicating the definition of a good mother, Jennifer, a mother of 23-year old and 18-year old daughters, explained that not only do mothers have variations of what they believe to be the actions/attributes of a good mother, but there are also variations in what a good mother means for each mother-child relationship:

I mean I don’t think there’s a right way or a wrong way of parenting. I think that everybody tries their best. I think every child is different. There is going to be a whole wide range of doing things. What works for one child isn’t going to work for the other.

Women discussed three factors that may explain the simultaneous similarity and variability found for the definition of what it means to be a good mother among women. Influences on women’s self-guides on what it means to be a good mother included societal messages, own life philosophies, and models of mothering. With the majority of people wanting to be similar to others (Festinger, 1954), it is unsurprising that women who are mothers want to meet the expectations of a “good mother”. However, what is believed to be good mothering differs from good parenting, with good mothering being associated with additional responsibilities (Pedersen, 2012). Western society’s dominant messages of intensive mothering (Hays, 1996) place women into a primary caregiver role, where their needs are valued less than their children’s needs (Liss et al., 2013). Social norms, like the acceptance of intensive mothering, are highly influential in how people feel, think, and behave (Cialdini & Goldstein, 2004; Major, 1994), meaning that what is believed to be good mothering is highly influenced by the standards set by intensive mothering norms.
3.1.2.1 Society

Transitioning into the role of a mother is a significant event for women. Gaining a mother identity, regardless of how it is obtained, requires women to restructure their life in terms of roles, activities, relationship dynamics, responsibilities, and self-image (Carvalho et al., 2017). Creating a new identity can be difficult as women are faced with the loss of their old self and pressure to meet society’s expectations of a good mother. In North America the “right way” to be a mother tends to align with Hays’ (1996) concept of intensive mothering, a gendered ideology that assumes that to be a good mother a woman must spend much of her time, energy, and resources on her children. Women in the current study discussed at length the influence societal messages have on what it means to be a good mother and their resulting perceptions of good mothering. Many women developed a sense of what it means to be a good mother prior to becoming a mother. For some, this included an early indoctrination into the expectations of good mothering while they were a child. This is consistent with previous research that suggests that the ideals of being a good mother are conveyed throughout one’s life as a means of ensuring all women meet the standards of “good mothering” (Hays, 1996). The idealization of motherhood was presented through a number of mediums including pop-culture media, community members, and social media. As Rachel explains:

But I mean there’s a lot of pressures to be… you see these things in magazines where, you know I mean Kate Middleton had a baby three weeks ago and she looks phenomenal and I’m like I know that she has staff, but at the same time it’s- even though you know those things it’s like “Oh man why don’t I look like her yet? Or why don’t I have my kids wearing white? (Laughs) How are all three children wearing white and not a stain!? like they’re royalty! … and it’s just it’s all there and you start to kind of think about those things in your day-to-day life. Like it’s always at the touch of a phone. You know it starts to influence you, whether you like it or not, right?

Likewise, Kelly, a mother of a young boy, explained that her perceptions of what it means to be a mother were related to media’s portrayal of mothering:

I am a big fan of the Gilmore Girls and I always loved Lorelei's relationship with Rory, so I was like yes you can be friends with your kid and still be that authority figure, so I've kind of learned from that too (laughs).
While media portrayals of mothering are recognized as false motherhood narratives, research suggests that these messages influence people’s idealizations of a role (Chae, 2015). Therefore, witnessing idealized versions of motherhood in television and movies likely had an influence on what mothering should look like. This is important because women may then be susceptible to feelings of disappointment when they are unable to meet the standards of good mothering observed in fictional renditions of a mother-child relationship.

3.1.2.2 Own philosophy

A second integral factor in the development of a definition of good mothering includes an individual’s own life philosophies. Some mothers reported that their own life philosophies influenced their perception of what it means to be a good mother and sought information that supported their personal philosophies to strengthen their definition of what it meant to be a good mother.

Jessica: ‘Cuz I had like I had made the decision on more than just like “It doesn’t feel right” I had done all the research to back up why it didn’t feel right, so then to do it went against what I logically knew and understood to be true plus my general just like philosophy, right? So, it was like a double whammy. Having had over researched made that one way worse because I had a researched opinion.

Further complicating a woman’s development of what it means to be a good mother was her support for conflicting approaches/philosophies to parenting. A few mothers recalled the struggle of defining their self-guide as a mother because they adhered to lifestyle practices in both the “science based” and “crunchy” approaches to life and health. With interests in understanding both approaches to parenthood and having bonds with individuals in either community, participants who straddled both worlds felt pressured to abide by parenting philosophies in each camp. For example, Rebecca’s concept of motherhood and what it meant to be a good mother encompassed beliefs from both philosophies and created an internal conflict as to what was right because she felt that she “can’t commit to [the alternative approaches to mothering] side because my husband is an engineer, like science brain. I just can’t commit to that [approach] but I see so much value in doing both” even when the concepts associated with alternative approaches were just as important to her beliefs of what is a good mother.
3.1.2.3 Examples of Other Mothers

The majority of women interviewed talked about observing other mothers as a means of determining the indicators of good and bad mothering. Specifically, many women expressed that their own mother informed their perceptions of an ideal mother; however, other role models such as chosen mother figures, friends’ mothers, and other relatives were important in the development of what it means to be a good mother. Laura explained:

We all have an idea of what a mom should be, I mean we know what our own moms were like and we probably all have positive and negative things we can say about our own moms and then you have like an idea of what you want to be.

Mother role models were used as indicators of what it meant to be a good mother, both in terms of the women’s beliefs about good and bad parenting choices. Interestingly, many women did not use their own mother as a main resource in determining their ideals of a good mother and therefore their self-guide. Rather, mothers from their own generation (e.g., friends or similar aged family), were often mentioned as “role models” or sources of mothering ideals. For example, Laura respected her cousin’s approach to parenthood and therefore saw her cousin as a model of how she would ideally mother her own daughter: “[Cousin], to me, is probably the one person that I respect a lot as a parent. I think she’s doing a really good job.”

The extent to which women looked to their own mothers to understand what it means to be a good mother varied between women and was related to the degree to which their own childhood was perceived as good or bad. Women who highly valued their own childhood generally discussed their perceptions of a good mother in terms of how their mother was while they were growing up and often sought to mimic their own mother’s approaches to parenting. Alice discussed that she perceived her childhood as a “great upbringing,” recognizing that her own mother was able to balance work and motherhood in a way that provided the needs for Alice. Alice created her self-guide of a good mother after her own mother and sought guidance when questioning her own decisions:

I had a great upbringing, like I love my mom a lot and she worked like myself, she worked but when we had time together like we spent time together and I feel like fortunately like a lot of my friends that have children are the same way a lot of like my aunts like other people that I've looked up to and what I've been surrounded by have all been hands on moms, so I guess just kind of modeling after them. It's been important to
me… If I've had questions so far I've gone to those who I think have done a good job of it to make sure either I’m doing it right or like for tips in what direction I should be moving into, but I don't think I was ever like “I’m going to do this, this, and this.”

Rachel supported this sentiment with hopes of becoming like her mother. Rachel perceived her childhood as enjoyable and recognized that her mother embodied traits/behaviours that were commonly perceived as ideal among women in the current study.

I’d like to be more like my own mom. She was a very patient person and very encouraging and just the type of mom that would do anything from like face painting to dance lessons with us as kids. I kind of want to be like that for my own child.

While many women discussed how their own mothers influenced their perceptions of good parenting and therefore wanted to mother in a similar manner, some women presented the opposite sentiment when discussing the ideal mother and the type of mother they wished to be. For example, Melissa defined a good mother as a woman who embodied traits or approaches to parenthood that were opposite to her own mother and therefore created a self-guide that did not align with her mother’s actions:

My perspective on motherhood, I would have to say quite honestly was kind of skewed by my own mother. I wanted to be everything but the kind of mother that she was. And it’s not that I don’t love my mom, I do, but my mother’s perspective (pause) was very self-centered and her need for attention… and that gratification was far greater than her need to be a good parent. She just was very interested in all of the accoutrements that came with that, like you know ‘Oh you have such a lovely family’ or like the attention that my dad would have put upon her. And when that attention waned, so did her attention on her family. So that was my starting point. I did not want to be the kind of mother that my mother had been. I was mothering her two youngest kids by the time I was 10.

Similar to Melissa, Kelly saw her mother as a less than ideal representation of a mother and looked to her mother for a definition of the type of mother she did not want to be. However, Kelly did not completely disregard her mother’s approaches to mothering, but rather selected which behaviours, traits, and decisions were applicable to her definition of a good mother. For Kelly, her mother’s expectations were appropriate, but did not agree with the limitations enforced by her mother.
I took what I grew up with and changed it. (Laughs) There are some things that I've applied for my own life, my own childhood and everything, like the manners and respect and those expectations, but I don't implement my will on him. If he wants to try something, he tries it. If he wants to do something, we do it, because I don't want his personality stifled like mine was when I was a kid so that has really shaped how I approach everything. I'm very aware with what I grew up with, so I wanted to make sure that he had more freedom to be who he was and who he is growing up and as he as he matures and finds out who he is.

From Kelly’s discussions about her mother and how her experiences with her mother had influenced her conceptualization of what it means to be a mother, it is apparent women do not necessarily perceive their own mother as an epitome of good or bad mothering, but rather pick and choose traits that meet their ideals.

Other women, like Stephanie, observed strangers for indicators of good mothering. Stephanie began to reflect on good mothering examples in her community once she decided it was time to be a mother. Like the other women, Stephanie understood the standards of “good mothering” presented by society and felt a need to develop her own definition once she decided to shift her identity from childless to mother. Stephanie described her purposeful reflection of other mothers once she decided that she would begin starting for a family. Rather than limiting her inspection of good parenting to close mother figures, Stephanie sought to identify attributes and behaviours of all parental figures that aligned with her morals and ideals.

I think when we decided to start a family it was kind of this idea of you really start to notice other people and how they interact with her kids and how they are as a family unit and and you kind of go “Well they're awesome I want to be like them!” or, you know, like “Oh! I don't want to be like them” (Laughs) or “I hope my kid is not like that one!” (Laughs) You know? Like and I think I think you kind of just take glances at the different people in your life or even total strangers. That would have been about 4 years ago.

Unlike the majority of women participating in the current study, Kim looked to her mother-in-law for what it means to be a good mother. Rather than examining the experiences of her mother-in-law’s children, Kim’s used her mother-in-law as a reference of a good mother based on the accomplishments and actions of her mother-in-law’s children. Her association between her mother-in-law’s behaviours and traits with the outcomes seen among her mother-in-
law’s children aligns with participants’ messages that mothers are responsible for their children’s futures.

[My Mother-in-law has] been a really good example for the teen years for my parenting style. She's also been an affirmation… my husband’s wonderful 96% of the time (laughs) and I really love both my sister in-laws and they're very successful. The three kids raised by a single mom. Very successful. Each of them are very independent, very different from each other, and they're very confident people. She's raised three wonderful kids… my husband will even look at the some of the things I do and go ‘God my mom did that’ (laughs) I go ‘Okay and your mom has like three amazing adult children so I'm going to keep doing this’ and she's giving me confidence in what I've been doing all of these years has been a good decision.

Focusing on the accomplishments of the children rather than their experiences may be the result of two factors of Kim’s current stage as a mother (i.e., a mother of older children vs younger children) and her need to feel confident in her past and present decisions.

3.1.3 Defining: Women’s Self Guides

What it means to be a good mother was clearly defined for most participants, with many articulating a dominant, societal view of a good mother as their own expectations of what it means to be a good mother. While there was some variability between women, basic expectations of a good mother were generally consistent. Most women focused on describing broad traits/approaches to parenting associated with a good mother, rather than decisions. Participants described their ideals of a good mother through their discussions of who they wanted to be and their expectations of others. Words and phrases that were shared among the women’s guide of a good mother included “meeting needs”, “sacrificial”, “follows guidelines”, “nurturing”, “patient”, and “perfect”. These expectations often fed into each other, with women believing that in order for their child(ren) to be healthy a mother must sacrifice themselves to ensure health and safety guidelines were met. In doing so they would be a “perfect” and “good” mother.

Nearly all women mentioned that they strive to ensure that their child(ren)’s physical and/or emotional needs are met. For some, this meant that their own needs came second to their child(ren)’s. What constituted meeting the needs of their child(ren) slightly varied between women, but often encompassed seeing their child(ren) happy, well nourished, and healthy.
Alice: I think like any mother I just want to do what's best for your baby. I don't know what the best is so I'm just going to do the best version of what I think it is and I think you know being loving, making them feel like their needs are met but also like you’re paying attention to them, you're trying to learn about them, like pick up on their cues, like trying to stimulate them. I feel like sometimes there can be a fine line, but I feel like just being present and engaging with them like and being hands-on is something that is really important to me.

In order to meet a child’s emotional needs, and consistent with the literature (Pederson, 2016), mothers discussed that an ideal mother displays nurturing qualities towards their child. Mothers could display their nurturing qualities by being unconditionally accepting, fun, caring, and loving. Mothers also discussed that patience in times of high stress was an indicator of a good mother.

Tina: I think above all, it’s just the connected mother where conversations and relationship and a place where they can come and land is always there so that they’re not afraid of making mistakes, so that they’re not afraid of what’s going to happen if they make a mistake that they think is really big. I just want them to know that there’s always that connection there first and then it will work out the problem or the situation afterwards. Kind of that unconditional love parenting…

Rachel: I guess like the type of mom that I want to be, or that I am hoping to be, is just kind of more of an accepting and forward-thinking type of mom for my son. Like, I really want to be the type of parent that kind of embraces things as they arise and just stays calm and patient with my child.

In line with societal expectations that women dedicate their lives to their child(ren), some mothers described a belief that a good mother was one who sacrificed her well-being or wants in order to meet the needs of her own child(ren). For some participants, the willingness to put their own desires or needs after their child showed themselves and others that they are willing to dedicate themselves fully to the needs of their child(ren). The women also discussed the association between following health and safety guidelines and being a “good mother”. Although they recognized that mothers are not required to follow all guidelines, doing so would mean they were a good mother. For some mothers like Stephanie, sacrificing her wants for her child in order to follow guidelines was her way of demonstrating her ability as a good mother: “I think
when you’re a mother that’s the choice you make is to sacrifice your wants or needs sometimes because it’s in the best interest of your child.” Stephanie went on to explain how a good mother would sacrifice her own comforts for the betterment of her child, especially during pregnancy and/or while breastfeeding:

I still don't drink coffee because something could happen so I was like “Oh I can't do that.” Or drink alcohol and even though they say “Oh no it's perfectly safe within these hours” It’s like why? It’s like the sacrifice to not drink alcohol… it's something that as a parent it's like you want the best for your kid and so I'm not going to like do that because I want the best for my kid… I think when you’re a mother that, that's the choice you make is to sacrifice your wants or needs sometimes because it's in the best interest of your child.

There were substantial expectations that a good mother is one that follows health and safety guidelines set out by healthcare experts and supported by evidence-based research. Seeking information from healthcare providers, reliable resources (e.g., government health websites, research), or other childhood experts were deemed as actions of a good mother. This finding may be the result of many of the women coming from an educated background. Furthermore, it was not solely the action of seeking the information, but also the following of the guidelines. Yet while many mothers wanted to initially follow the guidelines to be “the perfect mother”, Stacy came to the conclusion at the birth of her second child that a good mother does not have to follow the guidelines perfectly all the time and that a mother is free to make the decisions she felt were appropriate for her child while still being considered a good mother:

Stacy: Yeah so I think I felt criticized more with my first child and then again cause it's subjective maybe it just didn't affect me quite so much with my second kid. Cause my first kid was the one where I want to get it all right and I wanted to do everything perfect and follow all the rules and I think I just realized after maybe a year-and-a-half that it was just like okay I do need to make decisions that are more for me than just following all the rules that they say in the books and guidelines.

For some, good mothers are not only expected to adhere to such guidelines, but are also expected to search out information. For example, Jessica discussed her expectation for herself to research any decision that may have implications for her children in the future:
The information is there if you seek it out and it’s easily readily available so I can’t ever do like a willful ignorance kind of approach where some people can, they’re just like “Uh I just don’t care. I’m just going to do this” like I have to go on Google, I have to go look up those things. Like I do it with everything, like not just my kids it’s everything in general so it’s there and readily available. It’s you know the answer can be found right? And then my problem is like, it’s not a problem, but once you know the answer like how do you make a different decision?

The association between adhering to health and safety guidelines and being a good mother may be the result of participants’ education or background as many participants held higher education degrees or were in the midst of obtaining a degree. The majority of women in the current study believed that by adhering to experts’ advice of what is best for their child(ren) they demonstrated their ability to be a good mother.

*Sarah*: It’s a father and a mother, the mother is a nurse the father is a pediatrician and they have three kids who I think are all doctors too, so there's five of them who write these books and have this Ask Dr. Sears website and their last kid was what you would called a high-need, fussy, spirited, whatever you want to call the name, which is exactly what my daughter is and I just found they were so nice and they were, everything they said was not judgmental and they offered you like six or seven different things to try and four or five other websites to go and look at if you needed to. So I just find them as my Guru. I go to them first and then they give you all the options and all the places to look. So that's where I find my source of good information.

Like Sarah, the women discussed how breastfeeding decisions, providing organic food, and ensuring a gender-neutral environment were good mothering practices because the decisions aligned with evidence-based research as the “best” environment for a child. With social media, pop-culture media, and parenting resources promoting these messages, women may believe that these are the necessary choices of a good mother.

The term mother is one that comes with an abundance of expectations and values from society. As mentioned by Rachel, many women felt that they must present themselves as perfect mothers. Several women expressed an overwhelming sense of pressure to be perfect, specifically after the birth of their first child. “Perfect” was associated with living a picturesque life, full of energy, follower of guidelines, and the ability to calmly navigate motherhood with little hiccups.
For Andrea, the need to be perfect often created an unrelenting internal monologue to be better than she already was:

I think it’s that constant nagging voice inside moms that we’re not good enough, you know, that we’re not doing the right thing, that we’re going to hurt our kids in some way, or wreck them, or spoil them, or… Like we feel so much pressure, right, to be perfect…

For women in the current study, the feeling of pressure to be perfect originally started from others, but is then translated into pressure from the self. To be a perfect mother was not only reliant on how women treated or interacted with their child(ren), but also entailed presenting a particular lifestyle. For example, Stacy felt pressure to present herself as a perfect mother soon after the birth of her first child. This meant that she needed to present herself as organized, calm, and enjoying her new role like other mothers displayed in person and online. It took a year and a half before she came to the conclusion that she needed to make decisions that are for her rather than following “the rules”.

When I would go on Facebook and see people on wonderful vacations or with their perfect houses I felt like to be a good mother I should have these perfect vacations and a perfectly clean house and that's just so not a priority to me.

Similarly, Tiffany felt the relentless need to prove herself as a mother who could balance everyone’s wants and needs.

Even like when I had my second too like I felt I felt like I needed to be showing how awesome I was or like showing that I could go to do all these things with my kids and it wasn’t a big deal but really I was like so exhausted and when I look back at that time I’m like ‘Why did you do that? (Laughs) You should have just said no.’ you know?

This need to prove the self relates to Rachel’s statement from the beginning of the chapter that revealed she was fearful of being perceived as “lazy”. The sentiment is often discussed by mothers. Specifically, women frequently conveyed that they felt the need to take on multiple roles at one time, including a full-time job, keeper of the house, and full-time mother. Their inability to meet the needs of their children, their family, and their work resulted in feeling lazy and like a failure. April discussed her experience learning to let go of all responsibilities of motherhood when transitioning back to work:

I was really worried about coming to work and being like I have a million things on my mind just so stressed out and I was venting it and [husband] was like “Well I can do some
of that stuff.” And I was like “Yes but did you think about it!?” I was like “I know you can act- be actionable and do things when I asked you to do them but you wouldn’t have conceived that those things would have had to been done in the first place.” It’s like the mental load falls on the lady to do make sure that everything gets done… I like to be very attentive and like one-on-one with her so if I don’t have time to do that in the day it kind of stresses me out a little bit so I have to make sure that other things are taken care of and whether that is other people taking care of them for me or I do enough planning in advance that I have them like so they’re not so immediately so like a slow cooker going on or something like that then I can be the mom that I want to be.

April’s explanation of her struggle to be the perfect mother demonstrates the difficulties women face when balancing their multiple roles. Therefore, mothers, especially new mothers, may feel that to be seen as a good mother, they must show others that they are attentive to all roles.

The messages that mothers should be perfect not only come from individuals in their community, but more importantly from other mothers’ representations of what it means to be a mother. Nicole, for example, expressed that she witnessed other mothers presenting themselves as unrealistic depictions of being a mother while at mother groups.

The first few classes that I went to it was like nobody had any problems whatsoever. Like everybody had these like perfect little babies and they all ate well and they all slept well and they’d never had been sick and I was just like “Really? Okay…” And I just thought to myself “I don’t think this is a group that I’m going to mesh well with” because I more so like to be with people who can be real and, you know, not try to fluff it up and be like “Oh, you know, like my child we never had any problems” and they’re just this perfect little angel baby when we know that most babies are not (laughs) like that so I just, I didn’t feel any sort of real connection with, with those moms.

As a new mother experiencing myriad trials and tribulations, the presentation of a false mothering narrative alienated Nicole from other mothers. Therefore, not only does the expectation of mothers needing to meet a perfect standard affect a mother’s own perception of what she must be, but it also may result in a woman withdrawing from potential support systems.
3.1.4 Attacking: Influential Criticizers

Women discussed individuals who provided direct and indirect critical comments about their abilities and choices as a mother. These individuals included the self, family members (e.g., own parents, in-laws, and siblings), friends, acquaintances, colleagues, healthcare/childhood professionals, and strangers. While some women believed that criticism from others had little to no effect on their perception of self as a mother, nearly all mothers (n = 25) reported that they experienced at least one instance of self-criticism throughout their journey as a mother. The self was a frequent source of criticism for women in early motherhood and was highly influential in how the women perceived their selves as a mother. As Tina described:

I think we’ve got these, you know, ideas of what we want and these ideas of how we should be and we have all these shoulds, and coulds, and woulds and if we don’t meet them we become really critical of ourselves and beat ourselves up a lot and so I would say I’m probably the most critical of myself. I would say most other people would not, you know, bat an eye.

Self-criticism was especially frequent in the early stages of motherhood but did carry on throughout motherhood as new parenting challenges were faced. Women described instances of dissatisfaction and guilt from their in the moment decisions and/or divergence from previously chosen decisions. Women who were new mothers (within the first one to two years of motherhood) generally reported criticizing their self more often than women who had older children, with the latter reporting that self-criticism was more frequent in early motherhood. This was especially true for women who had little support outside of their home, an experience discussed by Sarah who reported her daughter did not meet the concept of an idyllic, calm child:

So it was all very, very new and we didn't have much support, we didn't have many people to ask so, and obviously our daughter wasn't what most people would describe when they say “Oh my kid did this or my kid did that” she was completely different, so you just think you're doing something wrong and we didn't have the support system behind us to- and the sleep deprivation obviously helps with the lack of confidence but I think we've as she's gotten older we've gotten into the groove and it's getting easier and we’re a little bit more adaptable little bit more (laughs) but it was really hard at first and I think it was just lack of supports and the fact that we were so new to this so we really didn't feel like we knew what we are doing.
For Sarah and other women in the current study, the accumulation of knowledge and experience as time went by was integral in their ability to deflect criticism from others:

I went through a process of amassing, as I said, information, evidence, sources, alternate methods, ideas, and I have now realized that the most important thing about motherhood is supporting and realizing that every single kid and every single parent is completely different. You can't apply what you did for one kid to anybody else. It may work if you're lucky, but likely it's not going to (laughs). So yeah I’ve realized that and I do my best to support all the parents that I do know, my best friend has a 2 month old now so I constantly am telling her “You- this is what we did, but it might not work, here are the sources that I looked up maybe one of these things will work for you” so I find it it's much better to do it that way then saying that you have to do it like this, no. Here's all your options (laughs), see what works. So not anymore. I think I have amassed enough evidence and enough positive feedback in what I'm doing that no, I don't think of it anymore. I’d be just “Ok no, I’m just going to ignore you.”

However, some women with older children were prone to self-criticism, specifically if they were parenting children who did not meet the expectations of well-behaved children or were parenting their spouse’s children from another partnership. Tina, a mother of four (two biological and two stepchildren), explained how she perceived her children’s actions as a reflection of her choices or actions as a mother:

I really want parents to understand that we have way more influence over those things than we kind of think sometimes, but then I’m really critical of myself. If I hear my kids being rude or sassy or any of those things I really try to say “Okay, what have I been saying to them lately? How have I been acting towards them?” because they’re hearing this somewhere (laughs). Or what TV shows are they watching? Or who have they been hanging out with lately? I’m really critical of it.

Many women spoke at length about the significant amount of criticism they received from others, the majority of whom were older generation women. These individuals included their own mothers, mothers-in-law, and strangers. While some women anticipated criticism from other mothers of the same generation, many spoke of criticism from older generations. As Jessica explains:
Like going back to breastfeeding in public, like the looks and stuff you would get (laughs) to me like the worst demographic is like the 50 to 60 year-old woman and I always say this to my husband I’m like “Please don’t let me be like that to be like a cranky, judgmental, know-it-all 50 year old woman.” Like I think if I ever gotten looks while say I was breastfeeding in public in my mind it would have come from someone of that demographic. It’s the 50 year-old cranky woman who decides to, you know, engage or like judge. I mean that just comes from a place of like I was a mother and my kids didn’t do that, or they have some sort of weird like rosey glasses thing thinking their kids didn’t behave that way, but that’s like the worst demographic. (Laughs) The cranky 50 to 60-year-old woman.

Whether women were affected by comments from older generation women was reliant on how the individual was perceived by the participant. For example, Stephanie reported that comments from her husband would be used as an indication of her ability as a mother. Meanwhile, Laura discussed how criticism from people who rarely interacted with her or her family were less likely to affect how she perceived herself as a mother. In contrast, some women reported that experiences of criticism from strangers resulted in feeling insecure in their abilities as a new mother. Therefore, the influence of criticism from strangers appeared to differ slightly between women depending on the importance women placed on strangers’ perceptions.

*Stephanie:* If [husband] was critical of me, I'm trying to think if he has ever been critical of me but I feel like if he if there was something that he criticized me on that would be like 9 steps back, like it would just be, that would feel awful.

*Laura:* Most of the time when people like say something like “You’re spoiling your baby” I’m just like “Okay, thanks! Bye! Like whatever.” Like someone at my partner’s work said that to me and I was like I don’t know this person. Like I don’t care, like whatever.

Although nearly all participants described instances of support from other mothers, some women reported experiences of mother shaming from other mothers, often by acquaintances or colleagues.

*Sarah:* I mean we went to for a while I took my daughter to kinder music as well and it was every now and again somebody would ‘Oh no no no I would do this and it works so well’ and it was just constant competition and constant implied and maybe I was being
overly sensitive, but the implied criticism of your decision versus their decision I actually found was from other mothers which is surprising. I would have thought they would be, you know, you're all in the trenches you would think that they would be supportive but most of the criticism was from other mothers… they did have the most impact on my confidence and my uh sense of identity as a mother just simply because they were in the trenches with me and they were supposed to understand what I was going through, and yet they were still criticizing so it almost felt like it had more weight than somebody who wasn't a parent.

However, others reported that they received little to no criticism from other mothers and instead were surprised with the level of support they received from mothers with children of approximately the same age. Some women believed that a change in mother culture, specifically the desire to support one another, may account for the lack of criticism from other mothers who were currently parenting young children. As Emily, a new mother, reported: “I was braced for it, but I have yet to be criticized at all by another mom.” However, April, a mother who had yet to experience criticism, stated that she was anticipating criticism as her daughter aged:

  I feel like knowing that those criticisms are out there and they're coming like because I haven't experienced some yet doesn't mean that I don't anticipate ever experiencing them. Like I know they're coming especially when she is school aged and you know there's like PTA stuff and all that jazz. As soon as you get other parents like and together with their kids like that people start parenting around others.

Healthcare professionals were reported as common sources of criticism, specifically for women who broke away from current parenting guidelines promoted by health experts. Although some participants experienced support from their healthcare providers, those who made decisions that best fit their mothering ideologies or needs within their family were met with disapproval, either implicit or overt, by family physicians, pediatricians, and/or maternity nurses.

  Stacy: I don't know if I experience like a lot of criticism but the places where I feel most criticized would be in the appointments with like public health nurses, dentist, even we just went to the optometrist and it's like “Oh your kids not wearing their glasses everyday?” So it's just like those kinds of things… I think for me healthcare providers have been where I perceived it's the worst.
Lastly, while there was overwhelming recognition of support from partners, some participants disclosed that their partner’s comments had implications their perceptions of self as a mother as well as for future parenting decisions. For example, Nicole experienced unintended criticism from her husband when voicing her struggles as a new mother. Receiving unsupportive comments, even when the comment was not intended to be critical, impacted Nicole’s emotions associated with her parenting abilities at the time of the comment:

[Criticism from husband] kind of hit me the hardest because I thought “You’re supposed to be my partner, we’re supposed (laughs) to be on the same side here. Like why can’t you, why aren’t you supporting me and being understanding instead of, you know, blaming it on something that I’m doing? You know that she’s misbehaving for me because I am not doing something right or because I’m tired, because I’m stressed out.” And it’s like well yes, I am tired and (laughs) stressed out but I don’t need you to blame me for that. She’s also a difficult child and he has only recently discovered that and now that he knows it’s fine. But before that, yeah it hurt. It made me feel bad.

Nicole’s experience suggests that regardless of the intent, comments from partners can have an immediate, detrimental effect on a mother especially during the early years of parenthood. This effect may also be tied to the vulnerability between partners and the expectation of support rather than judgement during a momentous period of growth.

3.2 Discussion

The findings in the current chapter are notable in that they provide qualitative evidence of the commonality of what it means to be a good mother, providing insight into women’s salient beliefs and the cultural expectations that may be lost through a quantitative assessment of women’s experiences of being mothers. While slight differences in what was believed to be a good mother were found, core values were consistent among women: mothers should be overall perfect by sacrificing their own needs to meet their child(ren)’s needs, follow guidelines, and be nurturing and patient. Previous research on the features of good mother reported characteristics of ever-loving, patient, supportive of children (Pederson, 2016), and sacrificial (Corso & Lanz, 2013; Horne & Breitkreuz, 2018; Weaver & Ussher, 1997). The current study expanded on nurturing qualities by highlighting the importance of following health and safety guidelines as an indicator of good parenting. The belief that good mothers must follow guidelines regardless of the circumstances aligns with previous reports that mothers must prioritize their children over
their self (Forbes et al., 2020; Pederson, 2016). This finding is important as women often face challenges during motherhood that may result in the need to deviate from health and safety guidelines out of necessity. For example, health guidelines suggest that women breastfeed for at least 6-months, ideally a year (Public Health Agency of Canada, 2019), yet many women provide their infant formula in place of breastmilk (Doonan, 2022). Manuel et al. (2012) reported that stress related to economic hardship, parenting, and poor physical health increases likelihood of depression among mothers, with support being a protective factor in reducing the negative effects of stress. Adams (2015) proposed that the inability to meet the standards of a good mother may influence the likelihood of developing postpartum depression in new mothers. While many women often deviate from guidelines (e.g., formula feed in place of breastfeeding, bedsharing in place of separate sleeping arrangements), they often do so in secret (Scholmerich, 2014). With the expectation that good mothers always follow health and safety guidelines, women may not voice their struggles with abiding by such guidelines and therefore fail to receive the support needed to mitigate the stresses of parenthood. This means that those who do follow guidelines even when experiencing constant challenges may perceive the self as a bad mother due to their inability to thrive during motherhood.

This chapter explored women’s experiences of developing a maternal identity, specifically when they identified as a mother and the valuation of the role of a mother. The majority of biological mothers in the current study reported that they identified as a mother at or shortly after they gave birth to their first child. The findings indicated that some women struggled with self-identifying as a mother early in their mothering role. Simmons and colleagues (2021) found that women’s understanding of themselves as a mother did not necessarily develop with the presence of a child. Instead, the term “mother” developed slowly and changed along with the child (Simmons et al., 2021). This may explain the sentiment reported by women in the current study: while they recognized they held the title of mother they did not feel like a mother. Moreover, recognizing oneself as a mother and developing a mother identity were discussed as separate constructs, a finding that is congruent with mother identity literature (Mercer, 2004). This experience was reported by a few biological mothers and nearly all stepmothers and was consistent with themes from Arnold-Baker’s (2019) qualitative study on maternal identity during the transition to becoming a mother. Specifically, Arnold-Baker reported that some women struggled to identify as mothers because their experiences as mothers did not fit their
expectations of what a mother should be. These expectations often aligned with cultural or societal expectations and images of what a mother should be, which suggested that identifying as a mother may be largely reliant on social and cultural messages of motherhood. Arnold-Baker reported that women who did not possess qualities such as being confident struggled to feel like a mother. Expectations of what it means to look/behave like a mother are perpetuated by society and lead women to gain a distorted view of motherhood. This distortion of reality creates a mismatch between experience and perceptions of motherhood that result in some mothers struggling to believe they fit into the true role of a mother. Therefore, not only do expectations around the role of a mother affect whether a woman perceives herself as a good mother, but expectations also affects whether she identifies as a mother. Literature on mother identity formation indicates that maternal identity is attained when a woman feels a sense of confidence, harmony, satisfaction in her role, and attachment with her child (Mercer, 1981, 1985). This means that new mothers who are struggling to meet the needs of their child in the early days of parenthood may recognize that they have a child and are consequently a mother, but struggle to fully absorb the mother identity into their overall identity due to their lack of confidence and limited time to attach to their child.

The current study expands on literature on the valuation of the maternal role by exploring how stepmothers perceived their identity in a subcategory of motherhood. The transition from childless woman or biological mother to stepmother is documented as a complex transition due to the lack of defined expectations for what it means to be a stepmother compared to those associated with nuclear family maternal roles (Cann-Milland & Southcott, 2018; Coleman, M., Troilo, J., & Jamison, 2008). Stepfamily literature suggests that stepmothers are inclined to cautiously take on a mother-type role in a family in such a way to not present themselves as taking over the biological mother’s role (Weaver & Coleman, 2005). While stepmothers in the current study reported similar restraint, they also discussed how their perceptions of what it meant to be a mother was a factor in how they approached their role as a mother and had implications for the development of their mother identity. Stepmothers’ discourse around identifying as a mother was often coupled with overwhelming feelings of responsibility, pressure to adhere to traditional expectations of what it means to be a mother, and the need to earn the right to be considered as a mother.
Many women reported that they began to identify as a mother at the time of giving birth to their first child or after marrying a partner with children; however, emotionally filled experiences such as challenges conceiving were often associated with women’s reports of early identification as a mother, a finding that contradicts previous reports that women who experienced infertility avoided possible disappointment by not anticipating motherhood (Ladores & Aroian, 2015). Unlike women in Ladores et al.’s study, women in the current study reported taking on mothering attributes (e.g., protectiveness, selflessness) during pregnancy similar to qualities associated with the role of a mother. The importance of a maternal identity and the early onset of identifying as a mother may be similar to the importance of motherhood by women who experienced grief as a result of a pregnancy loss (Erato et al., 2022). Therefore, the pursuit of having a child may have initiated an early onset of maternal identity once finally conceiving.

Women reported that their beliefs of what makes a good mother were the result of internalizing messages from media and other mothers. Previous research suggests that social media depictions of motherhood may influence women’s conceptualizations of good mothering (Chae, 2015; Padoa et al., 2018). While messages from the media were reported as sources of information about what it means to be a mother, the most commonly discussed indicator of good or bad mothering were other mothers. Specifically, women often reported that they looked to their own mother when seeking what it means to be a good mother. While most women discussed their mother as being a positive role model in how they parented, some women reported that they reflected on how their own mother parented as a means of how not to mother. Reflecting on how other mothers parented parallels Loudon et al.’s (2016) findings that women seek information or advice from other mothers and family, valuing other’s experiential knowledge while sharing their reality. The valuation of other’s experiential knowledge is important as the majority of women reported they received criticism from their own mothers’ generation. Future research would benefit from further examination into the long-standing effects of criticism from mother role models on women’s perceptions of self as a mother.

It should be noted that the commonality found between participants of what it means to be a good mother may be reliant on who volunteered to participate. Nearly all women were highly educated, white, urban mothers who were interested in maternal issues. This means that the definition of what makes a good mother may differ from that of the general public. The results should be interpreted with this in mind. Future research on mother identity and self-
guides should further focus on the unique experiences of stepmothers and foster mothers.

Differences were found between biological mothers and stepmothers in when a maternal identity developed and what was considered good mother. With the small sample of stepmothers and foster mothers, the current study does not sufficiently capture the experiences of non-biological mothers. The literature would also benefit from interviewing non-white and/or rural mothers. Exploring the self-guides of non-white and rural mothers may reveal cultural differences that are important in understanding the experiences of mothers.

### 3.3 Conclusion

To summarize, the current chapter’s findings provide a qualitative description of the commonalities among women on what it means to be a good mother: mothers should sacrifice their own needs for their child(ren)’s needs, follow guidelines, be nurturing, and be patient. What it meant to be a good mother was reliant on societal messages of a good mother, women’s own life philosophy, and maternal role models where societal messages created expectations of parenthood that appeared to effect whether women perceived themselves as good mothers. These findings lend support for the relevancy of the self-discrepancy theory for how women may perceive their self in their role as a mother and set a foundation for understanding women’s mothering self-guides, a key aspect of the theory. As posited within Higgin’s (1987) self-discrepancy theory, deviation from one’s own self-guides can result in a poor perception of self in that role. Therefore, women’s experiences of deviating from their own mothering self-guides may result in a poor perception of self as a mother, a relationship that is explored in the next chapter.
CHAPTER 4: THE SELF DOMAIN

Recognizing that mothers are under constant appraisal, many women are hyper aware of their own actions and the repercussions that may come from diverging from societal norms of what it means to be a mother. While many of the women discussed actions or decisions that were perceived as divergent from their self-guides or other’s expectations of a “good mother”, there was no indication that mothers in the current study felt that they were overall “bad” at their role as a mother. As Stephanie explained:

I'm just his mom and I think throughout the day you have moments where it's like you're reminded of why you've made decisions that you've made but I don't think there's ever really a moment where you're like, you know, in this moment I'm super mom (laughs), you know? I think it's honestly I think it's when you get that feedback from somebody saying “Well you know you're doing such an awesome job” that you kind of get that moment where you're like “Oh I'm such a good mom!” and then it's like and then again you get negative Nancy with the no socks thing and you're just like “Hh…” and it's like you get brought back down and you're just like you know your big balloon just deflated again and you're like who cares if he's not wearing socks? Like and you're like okay I'll put socks on him…. You know? Like just those little things they all add up.

The focus of the current chapter is to explore women’s experiences of criticism throughout their journey as a mother. Specifically, I will examine the applicability of the self-discrepancy theory to how women internalize comments and/or expectations related to their decisions as a mother and the extent to which they positioned themselves as “good” or “bad” mothers. The chapter is separated into three sections: actual/own versus ideal/own, actual/own versus ought/own, and meeting their own expectations. Three sub-themes are presented: children’s behaviour – a topic of self-criticism (actual/own versus ideal/own), self-comparison – a consequence of not meeting their maternal ideals (actual/own versus ideal/own), and questioning the self – a consequence of not meeting the ought-to’s of a good mother (actual/own versus ought/own). The findings in this chapter show how the women in the current study
Intrapersonal criticism was frequently discussed by participants and were distinguished into two categories integral to the self-discrepancy theory: actual/own versus ideal/own and actual/own versus ought/own. For the purposes of the current study, experiences of self-criticism were categorized as a discrepancy between one’s actual/own versus ideal/own when women used terminology related to how they wanted or preferred to be as a mother (e.g., “I want” or “ideally”). Women’s experiences of self-criticism were categorized as a discrepancy between their actual/own versus ought/own when they used terminology that indicated they perceived the behaviour as a sense of duty, morality, and/or obligation (e.g., “I must” or “I should”).

4.1 Actual/Own versus Ideal/Own

Behaviours and decisions that aligned with the ideal-self category were decisions that, if not attained, would likely create little to no harm to the child’s development long-term. Often these decisions and behaviours were perceived by experts or individuals within society as minor transgressions from the actions of a good mother. Mothers often associated their discrepancy from the ideal as an unfavourable, yet still normal, experience of childhood for the child. For example, some mothers discussed that, ideally, they would prefer their children have more of their time with them but recognized that their job provided their children security. Similarly, some mothers spoke to feeling disappointed in their self when unable to meet the ideal of a calm and collected mother. Showing emotions related to frustration or annoyance in front of or towards their children often resulted in feelings of disappointment in the self.

Providing children undivided attention and an array of planned activities were seen as actions of an ideal mother among the majority of women, specifically during the beginning of motherhood; however, many women struggled to meet these ideals due to their involvement in work outside of their home. Some participants discussed their struggles of working full-time while raising child(ren). For these women, an ideal mother is one that prioritizes her children above work. Katherine explains:

*Stressed, overwhelmed, failure:* After I signed up for this [study], I was thinking about things in the past and there were lots of examples where kind of work came first and I can remember kind of sitting at my desk and, and [daughter] would be beside me and, you
know, “How about now mommy? How about now? Are you done?” and I was like “Nope not done.” At the time it was kind of the extra stress, the extra stress of there’s just not enough hours in the day, there’s just not enough time to complete everything that needs to be done and if I don’t go with her now that makes me a bad mother, but if I don’t finish the marking now that makes me a bad teacher. And so trying to find the balance is really hard… It was always mama and so then you just feel bad and then you hear these other parents who, we would go to the mommy groups when she was little and lots of mothers weren’t working at all and you know even some of the day care times, like preschool was 9:30 to 11:30… Well, how does a working mother- it doesn’t even match the lunch hour that you could run on your lunch hour… the community, I found, when she was young, was not set up for working moms and then you feel bad. It’s like well okay so I’m not, I’m not doing what everybody else is doing! (Laughs)

Women who were working mothers, like Katherine, expressed dejected emotions due to their inability to provide the attention desired by their child(ren). While they understood that being a mother was not their only identity, messages from society, other mothers, and institutions (e.g., daycare) reinforced the prototype of an ideal mother as a stay-at-home mother. This messaging created the opportunity for a discrepancy between their actual self and ideal self. Comparing oneself to women meeting and/or exceeding their ideals of a good mother reinforced their perceived deviation of their actual self from their ideals. For example, Michelle had some stay-at-home friends who accomplished a number of “good mother” behaviours that she, as a working mother, could not attain:

- **Questioning choices, inadequacy:** I mean sometimes it’s hard to know if what the best thing is in terms of work and family, you know, cause we were friends with a couple with a stay-at-home mom situation and of course she was able to do lots of things I couldn’t do and then you kind of wonder “Well are those things I should be doing for my kids?” like you know, they have fresh baked bread every day and all these great, you know, things…

Re-creation of what it means to be their best self helped some of the women to redefine their conceptualization of a good mother to fit what was achievable and decrease the discrepancy between their ideal self and actual self. Recognizing other mothers were able to balance the need to be working outside the home and a happy family decreased Michelle’s feelings of inadequacy
and helped redefine what it meant to be a good mother. However, the ability to redefine what it means to be a good mother is not applicable to all behaviours or decisions made by mothers.

Reassured: …it was like well what I think is best for me personally is if I’m working. I think I am a better mother when I am working. I think every mother makes that choice. You have to. It’s so individual. But if I can see other mothers who are working and still doing what they do for their family and everyone seems to be happy and successful then that’s a pretty good role model for me I think. That’s a good influence.

For participants who discussed their own behaviours in relation to their children, an ideal mother was perceived as being calm and collected, even when upset with her child(ren)’s behaviour. This meant that behaving negatively (i.e., angry and frustrated) when a child misbehaved was perceived as deviating from the ideals of a good mother. Tina elaborated on her experience of self-criticism as a result of showing anger in front of her children and described her ideal self in terms of behavioural reactions in front of her children:

Serene: I strive to be connected with my kids; I feel connected to my kids, and I feel calm, and I feel like I don’t have to parent as much because we’re just in that place where we can work together rather than kind of against each other. So calm, peaceful, connected, I would say those are kind of the words that I would use.

Yet Tina often found herself unable to meet these ideals in times of stress and instead reacted in an authoritative approach to parenting and displayed anger and frustration. This divergence from the ideal self resulted in emotions such as sadness, disappointment, discouragement and frustration towards herself.

When I get really caught up in life or really busy I tend to revert to how I was raised and so kind of “Obey me now. This is what needs to happen” and I think there has to be some of that in parenting, but I don’t want to get caught up and stuck there so I think for me just to become more mindful about my parenting and not so caught up in life and business or stress about things is really important to me just so that I don’t get caught up in “Well you just have to do this cause I said that. You just need to obey me”, “These are the rules, you have to follow the rule.” That’s not the parent I want to be, and yet I find myself kind of getting there if I’m not paying attention.
I: So when you are that following the rules kind of mother, how does it make you feel as a mother?

I feel a bit discouraged and I feel frustrated with myself, yeah discouraged and frustrated would probably be the most, probably a little sadness as well, I probably don’t acknowledge the sadness as much as I would like to, but it’s there. Cause I, I want to do better so then that frustration, right? Or that discouragement of not being able to do it sometimes.

Like Tina, Katerina discussed experiencing self-criticism in relation to her perceived inability to remain patient with her children and reported that she often felt regret and unsatisfied when deviating from her own ideals, an experience that was comparable to Tina’s account. Although her sons were a bit older than Tina’s daughters, she continued to face self-criticism, suggesting that she had not reconceptualized her ideals of a good mother. Unlike other mothers, Katerina was unable to fully embrace her abilities as a mother.

*Unsatisfied, regret, remorse:* I probably I would like to be a better mother but I do my best (laughs)... I'm not hundred percent satisfied with me being this mother (laugh). Because sometimes I lose patience, right? And sometimes I yell or (pause) I sometimes regret things that I said to them or I wish I had done something different.

Unlike many mothers in the current study, Katerina was a single mother in a new country who took on full responsibility of her children with no support from her children’s other biological parent. Due to the move and removal of other parental figures from her children’s lives, Katerina had recently gone through a major shift in her identity from a single mother with supports to a single mother taking on the role of mother and father. Becoming a single parent was a major identity change, similar to that of becoming a new parent. Katerina had to reconceptualize herself as the only adult influence on her children, rather than the main influence. Since she had only recently moved from her home country to Canada it is likely she experienced a shift in identity like those just becoming a mother, supporting the narrative that women who have experienced a drastic change in their maternal identity are vulnerable to criticism from the self and others.

Women in the current study reported that they conceptualized how they would parent, including ideal reactions and decisions for anticipated parenting challenges, prior to becoming a mother. Specifically, women reported that they consciously made decisions on how they would
parent when they began trying to start their family and throughout their pregnancy. This finding reflects similar findings in the breastfeeding literature. For example, Roll et al. (2016) reported that decision-making on infant feeding begins before pregnancy and is solidified during pregnancy. Women’s reports in the current study suggest that socially important decisions and personal preferences for parenting styles may be determined during pregnancy because of the excitement of becoming a parent. For example, women in the current study reported that they began to reflect on other mothers’ parenting styles and reading parenting books once they decided to start a family.

*Laura, excitement, confident:* I think especially when I was pregnant. I think like before that I certainly had thought about it, but it was like oh I don’t need to like go there yet because it’s not imminent, but yeah I think when I was pregnant I started listening to podcasts and reading some books and some of it I certainly was familiar with already, but I think that was more when I decided and then and then after she was born it was less like we are going to do it this way as like we’re just going to do what works and take from those things what we, what worked for us, you know?

These decisions were often based on ideals presented by others around them, messages from society/experts, or from their own values. However, their expectation to meet the standards of their ideal mothering behaviours often forewent the realities of motherhood. Laura explained:

*Disappointment, openness:* I think because like you, you feel things that you didn’t expect to feel. Or you knew maybe you would feel but you didn’t know what it would feel like and then I think maybe that is part of like the identity of being a mother is having these feelings that you didn’t necessarily know what they were like until you have a baby… and (deep breath out) even when you’re pregnant you kind of have this just like mental image like of a child and what you’re going to be doing with them and how they’re going to be, but then it becomes reality and you are a slightly different person than you expected to be and sometimes you disappoint yourself …

Laura’s experience encapsulates a theme of self-acceptance that occurred for most women. Realizing that expectations may not fit the needs of their children or themselves was an important aspect of perceiving the self as a good mother and aligns well with the argument of redefining the ideal self to match the actual self that is imbedded within the self-discrepancy
theory literature (Adams, 2015). Women in the current study who were able to change their ideals often reported that they perceived their self to meet the ideals of a good mother.

Together, these findings present an understanding of the decisions and behaviours that deviate from a mother’s ideal conceptualization of a good mother that may result in dejected emotions and criticism about the self. While there were some discrepancies between women on the behaviours that fell into the actual versus ideal-self category, the most commonly discussed topics were related to the choice to stay home versus work outside the home and emotional reactions displayed in front of a child. For the majority of women in the current study, these ideals were initially a source of self criticism; however, women were able to reconceptualize their ideal belief of the characteristics of a good mother, possibly as a result of the perceived low impact of the decision or behaviour on their children.

4.1.1 Children’s Behaviour – A Topic of Self-Criticism

A common area of self-criticism, especially for mothers with older children, included the actions or behaviours of their child. Many women in the current study internalized the actions of their child(ren) as a reflection of their abilities as a mother, where “good” or “bad” actions reflected how well they parented. This may be the result of expanding the self to incorporate a child when a woman experiences a role change. For example, the change from identifying as childless to identifying as a mother results in a simultaneous loss and expansion of identity (Nelson, 2003). Laney and colleagues (2015) argued this loss of self creates a space that allows women, especially early on in their mothering journey, to incorporate their children into their identities when reforming their identity to encompass their role as a mother. The incorporation may be due to the high needs of an infant that forces women to create an expanded consciousness to allow for awareness of their child(ren)’s needs and well-being. While Laney and colleagues’ (2015) findings focused on incorporating children’s experiences within a mother’s self, women in the current study expanded on the findings and discussed perceiving their self as a good or bad mother based on their child(ren)’s behaviour. In other words, when their child(ren) acted in line with their own expectations of a “well behaved” child, women felt like “good mothers”. Conversely, when their child(ren) behaved disobediently or against the norms of a “good child”, women experienced feeling like a failure or a “bad mother”. For example, Tina explained her perception of self-criticism due to children’s actions, especially for her younger children:
Blame, critical: I definitely assign blame to myself. If my kids are acting really out of line or if they say things like that or if they’re going crazy, I definitely place blame on myself. And I would also place blame on other parents for their kids as well (laughs). And like I’m talking probably when they’re younger, like when you still have influence, more influence. So, you know, once they hit an age where they are starting to make those critical decisions for themselves, but when they’re not at that age where they can kind of consciously make those decisions for themselves, I think we have a much bigger role to play and if my kids are acting in a certain way it’s likely because I’ve been acting in a certain way.

For Tina, younger children were perceived to reflect a mother’s abilities and standings as a good mother more so than children who were independent of their mother. This suggests that women’s expanded self-concept that includes their children recedes as the child becomes a more independent and self-sufficient person. As children age, their sources of influence transitions from parents and family to friends, where children/teens are more influenced by the opinions of their peers than adults (Knoll et al., 2015; Knoll et al., 2017).

Although some women described self-criticism in relation to undesirable actions performed by their children, the internalization of children’s behaviour as a reflection of the self was not limited to good or bad behaviour for all mothers, but rather depended on whether a child met the expectations set out by the mother. For example, a child’s ability to meet milestones and/or societal expectations of what is “normal” also influenced women’s self-concept. Nicole explained:

Obsessive, scrutinizing, concerned: That was another thing that I tended to focus on like really, really strongly was the milestones and if she hadn’t met something exactly at that point but other people on Facebook were posting oh their baby, their baby’s already rolling over, you know, doing this sort of thing then it would make me start to question “Okay, well have I not been doing enough? Is there something that I should be doing to help her get to that point?

While milestone literature is adamant that every child progresses through milestones at different points, Nicole and other new mothers reported experiencing self-criticism as a result of the expectations developed from online sources of information and others in regard to what is
considered to be “normal” infant progression. Similarly, Tiffany felt that her daughter’s inability to sit still and quiet like other children was a reflection of her abilities as a mother:

*Questioning, failure:* Sometimes if you hang out with someone who their kids are just- I have like a my brother his daughter was always well-behaved and my daughter who’s around the same age was always really wild and so we’d get together and it would always feel like my daughter was just, you know, tearing up the show kind of thing. So sometimes that would make me feel bad or like I should be doing something differently.

Therefore, since many mothers are prone to comparison to others, there may be a high chance of risk for self-deprecating thoughts due to incorrect information on the internet, specifically lay literature and conversations with other parents/observations of other children meeting milestones.

Finally, the experience of caring for a child with complex needs whose behaviours did not align with display rules set by society was also a factor in self-reflection that developed into self-criticism. Melissa, a mother of three children, one of whom lived with autism, discussed that before her son’s diagnosis she believed his actions were a consequence of her parenting abilities. Her perception of self as an inadequate mother was due to his deviation from expected behaviours that she had witnessed in her other children, both of whom were raised in a two-parent household while he was raised primarily by her as a single mother. However, even after her son’s diagnosis, Melissa continued to experience feelings of blame, although less intense. While Melissa recognized her actions did not result in her son’s diagnosis, she was unable to pull apart many of his behaviours from her perception of self as a mother.

*Blame, pressure, guilt:* And when he started looking like the behaviours that he had started being different and different than what would be expected or acceptable, especially in a school situation, then it was like okay so… obviously I did something. I must have done something…When those kinds of behaviours started showing up and people started looking not just differently at him but then differently at me, that’s when I realized that I needed to think about my own role in parenting cuz I mean my daughter was so easy and my second son very much so… but their dad left the house when my youngest was 2 so it was definitely it was definitely like a game changer at that point because then every facet of their personality essentially could be reflective of me as a parent. And I wore that very heavily for a couple of years.
These quotes suggest that not only do women internalize children’s behaviours out of their control, but that their expectations may be based on sources that misrepresent normalcy, setting mothers up for feelings of guilt and self-blame and hindering their assessment of self as a “good mother”. While younger children’s behaviours are more likely to be perceived as a reflection of self, women continue to experience feelings of self-doubt and self-criticism resulting from their children deviating from their expectations of normalcy. Together, Laney et al.’s (2015) findings of the expansion of a mother’s self-concept to include her child(ren) and the self-discrepancy theory may account for the experience of self-criticism among mothers whose children behave differently than the ideal representation of a child.

4.1.2 Self-Comparison – A Consequence of Not Meeting Their Maternal Ideals

As women presented their experiences of critical comments throughout motherhood, many described their self in detail as influencing how they perceived their self as a mother. Women’s perceptions of self-compared to others was important to understand whether they could identify as a good mother, especially for mothers with young children.

*Lauren, guilt, unsupported:* I bet a lot of [guilt] does come from internalized feelings like what we think we’re supposed to do based on what we’ve learned or based on what we’re seeing. I think a lot of it does come from the comparison trap. I’m sure, cause if we weren’t comparing to anybody I think there would still be guilt, maybe, but if we were if we were supported well and if we didn’t compare I think a lot of that guilt would go away! Yeah 100%.

Women frequently described judging their actions and decisions in contrast to close family and friends to determine whether or not they were a “good” mother, whether they could make the right choices for their children, and whether they were providing their children with the best chances for success. Stacy, for example, spent the first few years of her first child’s life comparing her actions and decisions to her sister’s and close friends’ depictions of good mothering on social media:

*Frustrated, inadequate, content:* It was the same comparing all these people’s perfect kids and their clean clothes (laughs) and their clean houses and it would be like I would be like my kid hasn't even gotten out of his pajamas and I can't do these dishes and it's just like how? How can you have a perfect house and how can you do all of these perfect activities? Facebook just has that influence on like I feel like everybody gives their like
showrooms on Facebook and then I look around my house and it's not a showroom cause it's real life. And it's just was it was not doing anything positive for the way I felt as a mom or as a person so I just knew that it would be a good decision to move away from that… like when I would go on Facebook and see people on wonderful vacations or with their perfect houses, I felt like to be a good mother I should have these perfect vacations and a perfectly clean house and that's just so not a priority to me. We live within a budget and don't go into debt for crazy vacations so that's something that just isn't realistic for us. Our house is not a trash-bin but it's like we play a lot so it's like it's got like train tracks all over it and we might have dishes that are left out because we’re playing again or doing stuff for the kids and coloring is like everywhere. It just was not matching like Facebook the lives that were, that are portrayed on Facebook was not matching to the life that I had and then if and because I was comparing myself to that it just (pause) wasn't, I don't know, it wasn't healthy for me to be making those comparisons over and over again, I think.

Stacy used the perfect depictions of motherhood presented by other mothers on social media as a template of what it meant to be an ideal mother. Ideally, she believed, she should have perfect children, a clean, showroom-like house, take her children on wonderful, expensive vacations, and provide her children educationally rich activities; yet Stacy was unable to meet these fantasized ideals. Aligning with the self-discrepancy theory, the incongruity between her ideals and her actual abilities created a sense of disappointment in herself as a mother, making her feel negative about herself when reflecting on what others were able “to achieve” in photos and what she could actually achieve.

*Incompetent, failure:* I just have friends that had kids that were different ages, and their kids wouldn't cry or their kids would sit still and it was like why can't my kid not cry and not sit still? What am I doing wrong? So I think I just compared myself. I don't think anyone ever said like you're failing, but it was I just felt like I, like my kids should be the perfect kids.

Although Stacy eventually left Facebook as a means of self-protection, she suffered from self-criticism as a result of comparison for the majority of her first child’s early, formative years. Similarly, Jessica recognized that social media posts elicited critical perceptions of herself as a
mother to the extent that she felt the need to block social media accounts that fed into her insecurities.

*Guilty, hypercritical, sad, regret:* Where I would be more critical of myself, and actually the way I feel the most judged and I should have expanded on this before is not necessarily in terms of parenting choices, but I’ve actually had to block some social media feeds on my Facebook. The stuff that gets to me the worst is the stuff like “You only have 18 summers with your kids so make them count,” or like “The days are long, the years are short.” Like I know that and that’s actually what makes me feel the most guilty or critical of myself is when I would see stuff like that and then think like we didn’t, I didn’t make a memory today, we didn’t do something epic today, like that is actually where I feel the most critical for myself. I didn’t make a photobook for them, I haven’t done this, like I haven’t done that kind of stuff, which my husband is always like “What the hell are you talking about? Like why do you care if there’s not a photobook?” and I’m like “Well I care! Cause it matters to me and it’s going to matter to them later.” So that’s where I feel the most critical and then social media is bad for that in a sense because you’ll see all these little memes popping up, right? So I’ve blocked a lot of those feeds that were just making me actually feel like sad (laughs). And then the sadness turns usually to criticism of myself like why am I feeling sad about that? Oh, it’s because I didn’t take this epic trip or we didn’t do this or we didn’t do that. But yeah, it’s almost like a FOMO, fear of missing out.

It was only once women like Stacy and Jessica limited their time on social media and consciously decided to re-evaluate and re-define their conceptualization of an ideal mother that they were able to perceive themselves as truly “good” mothers. By changing their conceptualization of what it means to be a good mother, many women experienced less turmoil over their abilities as a mother and finally achieved their mother identities. This finding fits well with the motherhood self-discrepancy theory presented by Adams (2015). Adams stated that a discrepancy occurs when a mother compares her actual self to the image of a good mother she has become “enchanted” with. To ensure she perceived herself as a good mother, a mother would realign her self-guide to her actual self to avoid a significant negative emotional response. Because Stacy was unable to realign the actual self with the self-guide, she experienced a negative emotional reaction of herself as a mother, but as she re-developed her self-guide (e.g.,
the basics were covered for her children) she was then able to experience positive emotional reactions to her evaluation of herself as a mother. This kind of self-criticism therefore is a result of comparison and fear of regret and affects how a mother perceives herself. For Stacy, she is affected more by feelings of guilt than feelings of self-doubt.

Like Stacy, Nicole, a mother of an 18-month-old girl, discussed the process of re-examining her actual self to her ideals after negatively reacting to comparing herself to other mothers:

*Inadequate, content, doubtful:* It made me feel like, I don’t know, like inadequate I guess in some ways, at first initially. Once I thought about it a little bit more and again maybe I think I probably discussed it with my husband… I kind of realized… everything is fine. I’m doing the best that I can. I definitely think that some of those people were maybe not being totally truthful about everything.

With a daughter of just 18 months, Nicole was in the midst of solidifying her maternal identity, describing an internal tug-of-war over perceiving herself as a good or bad mother. This suggests that while mothers may re-create a self-guide to align closely with their self-concept in order to perceive the self as a “good” mother, the self-guide may not be cemented immediately or may not encompass all decisions/actions. Rather, the alignment of their self-concept and self-guide may be vulnerable to perceived shortcomings. For example, while Nicole was able to redefine what it meant to be a good mother in terms of comforting her daughter in public, she continued to struggle with perceiving herself as a good mother when her daughter failed to meet rigid developmental milestones displayed by other children the same age.

*Blame, incompetent:* …internally, yes I think I blame myself first if something is not going right. I immediately go to “Okay what did I do wrong? Where did this come from?” sort of thing. So, I think yeah, it’s definitely more of an internal blame.

Development of what it means to be a good mother could not be hurried by support from others. For example, Nicole expressed feeling stressed when her daughter did not adhere to developmental timeline even when others suggested she become more flexible in her expectations:

*Stress, worried:* Even when others were telling me, you know, “Don’t worry about comparing” (laughs) “You can’t compare two babies” (laughs), my default was to always do that, especially the friends or people on Facebook that had babies right around the
same time as her and if I saw all these other babies were ahead and oh they’re walking already and you know she’s not walking yet (laughs) like it was yeah… it did put some stress for sure.

Both Stacy’s and Nicole’s quotations illustrate how women try to overcome self-comparison to create a better perception of their self as a mother. They also illustrate the internal dialogue that women go through in order to decrease the discrepancy between their self-guides and self-concept. Jenny explained how she purposefully avoided creating ideals as a means of ensuring her self-concept is protected.

Acceptance, self-compassion: I really try to come from a place of compassion and understanding that this is tricky and yeah nonjudgement that we’re just trying to figure it out as we go in the best way we know how.

These discussions of self-discrepancy in their self-concept and self-guide, along with the discussion of how they try to avoid self-comparison demonstrates the conscious effort women must enact in order mitigate self-deprecating perceptions of the self. Furthermore, many women struggled in the first few months with confidence in their decisions as a mother. Sarah explains:

Incompetent, confident: The first few months we really struggled with confidence and trying to figure out what to do ... And as you realize that a lot of what you do as a parent is not going to ruin your kid for their entire life as long as the basics are met, love, attention, and food, it's gotten easier to try different things. So it's easier now than it was when we first brought her home.

For Sarah, and many of the other women in the current study, the realization that many of their decisions and actions would not truly harm their children resulted in their comfort in making mistakes or deviating from their maternal ideals. Although comparing the self to others still occurred, women like Sarah were comforted knowing that their discrepancy between the ideals that came from other’s behaviours or expectations were not a true indication of their abilities as a mother.

In sum, many women experienced a discrepancy between their conceptualization of an ideal mother and their own behaviours. However, this experience of discrepancy was most often associated with actions perceived by the women to result in little to no long-term effects on their child. While mothers often developed a conceptualization of the ideal mother before having the child in their care, self-comparison to other mothers intensified their feelings of inadequacy in
terms of meeting their ideals. It was not until the women in the current study re-developed their concept of an ideal, good mother that they relinquished many of the non-productive and dejecting emotions associated with their behaviours or decisions.

4.2 Actual/Own versus Ought/Own

Actions and decisions that were associated with one’s own ought-to self domain were decisions that mirrored societal expectations of a good mother and were often perceived as actions that could have lasting effects on the child. The women associated their discrepancy from the ought-to action or decision as initially morally wrong but eventually would come to terms with their deviation. Only a few topics were described by women in the current study as discrepancies that elicited feelings of guilt, contempt, or worthlessness as a mother, a finding that coincided with much of the literature regarding feelings of maternal guilt and shame. For example, women in the current study struggled with self-criticism as a result of feeling overwhelming pressure to make their child(ren) their main priority and often blamed the self for their child(ren)’s negative experiences. When asked why she experienced self-blame, Alice explained:

*Blame:* I don't think it's not pressure that other people put on me it just is like it's just something that I have in me that is like “Oh my God I can't do that” and I think it's because he should, I feel like he should be my number one focus and if he's not number one or if it seems like he's not number one then it's like trying to balance that and justify that because I feel like once you have, have a kid they should be the most important thing. I think is where that comes from.

Choosing to behave or act in a manner that goes against putting the child first often brought about unproductive emotions resulting in feelings of guilt and self-blame. For women in the current study, these decisions focused on morally charged topics often discussed in society, especially in mother-based groups. These topics included frustration and guilt due to their child’s eating behaviours, specifically with breastfeeding, and decisions around sleep training. Interestingly, many of the experiences of discrepancy between one’s actual self and their perception of duty for a mother occurred in the early years of motherhood.

While the women in the current study provided a variety of topics that elicited feelings of inadequacy, two actions/decisions consistently elicited self-criticism due to the actual self not meeting the ought-to schema of a good mother: breastfeeding/nutritional choices and sleeping
arrangements. The focus on these two areas aligns with current mother shaming in Western culture (Abetz & Moore, 2018). While breastfeeding has long been a contentious issue in literature and daily living, sleeping arrangements have quickly followed suit.

One’s decision/ability to breastfeed or formula feed was described by approximately one quarter of the women who were interviewed, and most commonly among those with an infant at the time of the interview. Breastfeeding has become a highly scrutinized, gendered practice that is an expected part of the mothering experience in most of the Western culture (Andrews & Knaak, 2013) with many individuals sitting in polarizing camps of what is healthiest for a child’s development (Radzyminski & Callister, 2016; Simonardótir & Gislason, 2018). This expectation is bolstered by messaging promoted by medical experts, including the World Health Organization (2020), who argue that in order to provide a child their right to good nutrition, a mother should exclusively breastfeed for at least the first six months of life of their child’s life and continue to partial breastfeed their child for up to, or past, two years of age. Following this messaging, healthcare officials, infant experts, parenting magazines/blogs/books, and many individuals within the general society promote breastfeeding as the superior method of infant feeding (Radzyminski & Callister, 2016).

Criticizers of the pro-breastfeeding movement argue that the breast-is-best discourse restricts mothers’ perceived choices to feed their infants and intensifies the perception of morality associated with breastfeeding and good mothering practices (Hvatum & Glavin, 2016; Knaak, 2009; Wolf, 2007). Furthermore, the medicalization of breastfeeding and messaging of the choice as a duty has contributed to cultural expectations of what is normal and socially desirable (Ellingsaeter, 2010). Therefore, the act of breastfeeding has become an interest of healthcare providers and the general public. Breastfeeding is no longer merely associated with meeting the nutritional needs of an infant, but instead has become a moralized choice imbedded within social and cultural values.

Messaging of “breast is best” from healthcare professionals and experts have seeped into mainstream society, with many mothers associating breastfeeding as a duty of a good mother. Duty messaging was seen within the current study where nearly all discussed their experiences in relation to their ability to breast feed. For many, the ability or inability to meet their own and others’ perceived duty as a mother to breastfeed was a contentious issue that influenced the first few months of participants’ development of the mothering self-concept. Although some of the
mothers who were long out of the infant stages of motherhood were able to eventually create a stable sense of self as a mother, the beginning was often overly occupied by their ability/inability to breastfeed and the comments associated with this “choice”.

In line with the moral and value laden association of breastfeeding and good mothering, many women from the current study discussed an immense pressure felt to breastfeed and those who struggled to adhere to social and personal expectations experienced some form of self-criticism. Alice, a self-identified healthcare provider and mother of an infant baby boy, discussed her overwhelming sense of inadequacy as a mother due to her inability to breastfeed her son.

*Inadequacy, inferior, failure:* I felt like I was a terrible mother. Like I felt like I know, like this is the thing, I could have a lot of compassion for someone else like if that was their situation I would totally would have been like “You know what? You are doing everything you can and like it's totally fine. Like you just keep working at [breastfeeding]. Like you're doing the best you can. When you're doing the best you can that's all that matters.” But like I could not do that for myself, at all.

Although Alice believed in the discourse “fed is best”, her training as a post-partum nurse and her internalized pressure to meet societal expectations of breastfeeding overwrote her self-compassion during her struggles to breastfeed. Rather than viewing breastfeeding as an ideal act, Alice believed that she had a duty as a good mother (i.e., ought) to breastfeed her son to ensure he would start life with the best chances for success. Alice’s inability to meet her expected obligation as a mother created a sense of failure and defeat as a parent. Exacerbating her reaction was her perceived sense of failure in two identities: meeting her internalized expectations of a good mother and practicing what she presented as good mothering to other mothers as a healthcare provider. Furthermore, Alice projected her own criticism of self onto her expectations of how others would perceive her as a mother.

*Embarrassment, failure, defeat:* I was like “Oh my God everyone is going to think this” which it shouldn't matter but I think just because I'm in healthcare like I just really felt like yeah like I was failing on both levels right? Like I was failing as a healthcare provider, I was failing as a like I didn't have like this innate whatever milk production that I was supposed to have. I felt totally defeated.

The inability to meet her expectation that she would breastfeed her son and knowing that others within the healthcare system possessed similar beliefs around breastfeeding created anticipated
criticism from others, which kept her self-guide that breast is best constant and fed back into criticizing herself. April similarly indicated that she experienced self-criticism as a result of struggling to breastfeed. Prior to giving birth, April believed she would begin breastfeeding immediately and flawlessly, an expectation she had associated with the signs of a “good mother”. However, April’s daughter experienced feeding difficulties that forced April to seek additional help to achieve her goal of breastfeeding her daughter. Her research resulted in her exposure to a commercial that discussed how amazing breastfeeding was for a mother, creating a sense of failure and that resulted in anger.

*Failure, outrage, disdain, inept, anxiety:* I think we were looking for tips on breastfeeding or something cuz she was just like the worst latcher and I came across this video and it was some woman, I can't even remember if it was an advertisement or what, but she was like “Oh night feedings are my favorite time. It's just bonding with me and my baby. It's so amazing” and I was like “What the royal-!” I was so mad! Because I was like “No people don't feel that way!” and then I had a real hard time that night cuz I was thinking like “Oh I'm doing everything wrong like how come I don’t feel like that?! And it all sucks. I hated the night feeds, I hated the night more than anything in the world because you're not getting any sleep and you're constantly being like “Oh my God is she alive?” and so yeah I really hated night time so for her to be like “Night-time’s my favorite” I was like “If I saw you I'd slap you.” (Laughs) I was so mad. That made me feel shitty.

Hearing the mother in the commercial discuss her enjoyment of breastfeeding, something April envisioned for herself, while she did not enjoy the act of breastfeeding due to her own daughter’s struggles to breastfeed resulted in April feeling like she was doing everything wrong. Due to her experience of being far from her expectations of self as a mother while witnessing other mothers meet said expectations, April struggled to redefine what it meant to be a good mother for several months. This resulted in a poor self-perception of herself as a mother. The commercial impeded her from recreating a self-guide that aligned with her reality that would allow April to feel content in her abilities as a mother. The inability to redesign self-guides of feeding an infant due to messages and feelings of duty left women vulnerable to feelings of inadequacy as a mother, as they were unable to create a guide that was realistic for the situation that they were in.
Dissatisfaction associated with the inability to provide nutrition to their child(ren) was not limited to breastfeeding versus formula feeding narrative, but rather expanded past a child’s time as an infant/toddler and into childhood. Consequently, women in the current study reported that they internalized what their child(ren) ate as a reflection of their self as a mother, even when children were of the age to make their own choice in what they would/would not eat. Feelings of guilt associated with children’s eating habits is a relatively new area of focus within the area of children’s nutrition and parental guilt. Despite the prevalence of guilt in parenting (Liss et al., 2013; Sutherland, 2010) and the abundance of literature discussing the association between formula feeding and maternal guilt (Bresnahan et al., 2020; Radzyminski & Callister, 2016), little focus has been given to how maternal guilt may be related to children’s eating behaviours, specifically pickier eaters.

A mother’s ability to ensure their child(ren) receive adequate, if not perfect, nutritional diets is often an area of scrutiny within Western society with many individuals placing blame on mothers for their children’s weight and health appearances (Wolfson et al., 2017). There is a level of expectation from society that parents provide the most nutritious and well-balanced foods to their children. Many parents who fail in meeting nutritional expectations often report feelings of guilt as a result of children’s health standing. Similar to women in the current study, Pescud and Pettigrew (2014) reported that parents who allowed their children to consume foods high in fat, salt, and sugar or consume too much food often reported feeling guilty in their allowance for these eating habits. Kelly, a mother to an 8-year-old boy who struggled with breastfeeding discussed feeling like a failure due to her inability to produce breastmilk and “keep him alive”, experienced feelings of guilt because of her son’s picky eating. These feelings of failure and guilt reappeared as her son aged due to his choices in food despite her attempts and desire to provide well-rounded meals.

*Determined, mediocre, critical:* I know that my son will not eat certain things, but then I'm like well maybe I can just try and so then that kind of it sits there and it makes you- it kind of festers a little bit and you start to question “Well where did I go wrong in his eating? Where did we derail?” because he used to eat all of that but he won't now and so then I think that's where it it's not a direct criticism it's that you take that idea of the picture and you're like “Oh somebody else’s kid is doing that, my kid should be doing that” and that's where the, the self-criticism comes in.
While he was old enough to be making his own choices, Kelly perceived these choices as a consequence of her mistakes in the past. Like other mothers in the current study, Kelly did not blame her child for his choices in food, but rather blamed herself for allowing her son to be a picky eater regardless of her attempts to provide nutritional, balanced meals and internalized his choices as a reflection of self that resulted in feelings of guilt.

**Blame, self-doubt, determined, guilt:** When you start to think about where did I go wrong then you're, you're kind of imposing on yourself that you've done something wrong in the past that's led to this and so then you start you do start to self-doubt and then it's okay, you go back and you go back and if you can't pinpoint and exact moment which I can't (laughs) you end up kind of thinking like “Ugh, k this is an area that we need to fix. This is something that’s not working right.” I think there's guilt around that and logically I know that it's not something that I did (laughs) it's that he's pushed everything away.

Relating her experience to the self-discrepancy model, meeting nutritional standards was perceived as a duty of a good mother (i.e., ought-to domain), like the expectation that a good mother is one who breastfeeds her child. While the discourse may not be as prolific as the “breast is best” messaging, the standards of children’s nutrition appear to continue throughout early childhood. Therefore, a woman’s inability to ensure her child consumes food that meets the “approved” standards of healthy eating (i.e., low sugar, low fat, high nutritional value) is a reflection of her inability to be a “good mother.” The theme of guilt and blame resulting from a child’s decision to eat a limited diet was similar to the findings presented earlier where women extended their self-concept to include their children’s eating habits regardless of their parenting decisions. As a result of expanding the self to incorporate their child into their self-concept, women who discussed their mother identity as one of their primary identities adopted the discrepancy between their expectations for their children and their children’s actual behaviours as a reflection of their self. Therefore, it was evident that for many women how their child behaved, especially in terms of important social expectations, was an indication of how good a mother they perceived their self to be. Furthermore, their attempt to meet personal and societal expectations was disregarded when assessing their abilities as a mother. Women described a sense of failure or guilt when expectations were not met, regardless of their attempts to meet personal and societal expectations. In sum, good intentions were disregarded during reflections.
on the actual versus expected self, especially when considering breastfeeding and eating habits among infants and children.

Similar to breastfeeding and children’s nutrition in general, decisions related to sleeping patterns and behaviours were frequently discussed as a point of guilt. While this topic was often mentioned as a source of criticism from others that conjured up fear of blame from friends, family, and healthcare providers, many women also experienced feelings of self-imposed guilt. Women who felt guilt associated with their decisions regarding a child’s sleep often reported that the guilt arose from putting her own needs, such as the need for personal rest, ahead of her child. However, these feelings were not associated with the type of sleeping behaviour, but more whether the behaviour aligned with their values as a mother. In other words, mothers who believed that sleep training would harm a child but were desperate to have their child sleep independently throughout the night felt overwhelming guilt for putting their child through a sleep training routine, even with others’ support. Jessica discussed that prior to having her first daughter she believed that she would never sleep train a child; however, the stresses of motherhood and the inability to function to her best abilities lead her to try sleep training as a means of ensuring a restful sleep for herself and her daughter.

Regret, confidence, grief: I look back on any regret that I have with the way I’ve parented my children it’s the three nights I made her cry. So terrible. So my second kid still doesn’t sleep through the night. Like usually the big one is in my bed and my husband is in my 4-year old’s bed and I just like accepted that that’s what kids do and… If they need me in the night they need me in the night, that’s fine. The only regret I would have would be the first night… I sat outside the door, it was only 10 minutes, and I sat outside the door like losing it and the second night I had to leave the house. Like I wasn’t even there. I couldn’t, couldn’t deal with it.

Regardless of close friends and family supporting her decision to begin sleep training, Jessica felt that her decision was harmful to her daughter’s wellbeing and impacted how she perceived herself as a mother. Due to her deviation from her mothering philosophy Jessica felt guilty because she believed she had failed her daughter. This feeling of guilt resulted in her back tracking her decision to sleep train and reverting to her original decision. Going against her mothering philosophy (i.e., ensuring her daughter felt safe and comfortable at all times) was
perceived as one of the greatest regrets of her parenting experience and made Jessica feel as though she had failed her daughter.

Guilt: My take on it at that time would have been she’s little and she needs me and even if her, like people say they’re protesting or like whatever. I actually don’t believe that a 1-year-old can manipulate you to that degree either, she still needed me, you know? Like people say “As long as they’re like dry and fed and yeah then they’re fine” but I think not recognizing that infants and certainly 1-year-olds have emotional needs is garbage. Like probably cuz I have also done some reading that in pop psychology on child psychology and baby’s emotions and all that kind of stuff and they can cry for a reasons other than physical needs and I know that and I knew that then. So, leaving her to cry without her mother to me didn’t feel right or, or okay, like I still feel guilty about it.

Furthermore, Jessica reported that she was unable to escape the feelings of guilt years after the three days of sleep training she had implemented with her first child suggesting that women may find it difficult to forgive themselves when veering from parenting decisions that align with their parenting philosophies. However, feelings of guilt and failure are not only reliant on experiences of deviation from one’s depiction of a good mother but can also be associated with refinement of good mothering based on learned implications of parenting choices. For example, Tiffany experienced self-criticism after learning of the harmful effects of sleep training on children. Although she was unaware of these effects before choosing to sleep train her daughters, being exposed to findings that suggested a child may be damaged as a result of sleep training created the feeling of anguish as well as a sense of self as a terrible mother.

Desperate, struggle, remorse, contempt: With my first I didn’t do, I hadn’t done as much reading on it. I was sort of just going by gut, you know, we had great sleep habits with my first and then she sort of started falling out of those sleep habits so we were just like “Well we’re sleep training! She’s just gonna- we’re going to let her cry for a while until she fizzles out” you know? We were confident… Like when I had my second, I had done a lot more reading and so when my second came along she was just a terrible sleeper. She never would sleep. I was up all night with her, she would never sleep unless I breastfed her and so I struggled and struggled and so I’m doing all this reading about what I can do and I just kept coming across these articles that are like “Oh crying it out will just scar your child and you must be a terrible person if you’re going to do this” and how it’s
borderline child abuse so then it made me reflect on my actions with my first and think like “Oh my god, am I really that terrible?” It didn’t seem terrible to me at the time because it was very effective and I felt like it was the right thing to do. But now that I had my second it’s like I want to do the same things but now I feel awful and I’m not consistent with it, so yeah, I really felt like that was a huge impact on me.

For Tiffany, becoming informed after acting on a decision quickly changed her perception of her concept as a mother, suggesting she changed her definition of what constitutes a good mother rapidly. However, unlike Jessica, Tiffany redeveloped her perception of good parenting by seeking help from a certified sleep coach. Accessing information from an expert provided Tiffany confidence in her decision to sleep train that resulted in an alignment in her behaviours to ought-to’s of a good mother, decreasing the discomfort caused by her earlier self-criticism.

*Reassured:* …We ended up hiring a sleep trainer because we just I think needed somebody to come in and be like “You know what, this is okay. This is what we’re going to do and we’re going to do exactly this” and sort of walk us through it and reassure us that this is okay and it’s not bad, you know? And so that was really effective and then it was it was great.

Although Jessica and Tiffany differed in their concept of what it meant to be a good mother, both women experienced self-criticism due to their decisions and actions related to their child’s sleeping habits. While they both were influenced by anti and pro sleep training arguments, it was clear that parenting philosophy was the driving factor in what was determined to be good parenting in the end. However, supports from trusted sources may sway women to adhere and feel comfortable with decisions that deviate from their maternal ideals. Therefore, women’s ought-to’s of being a good mother may be more difficult to redefine to match a women’s actions/decisions when experiencing self-criticism. In other words, women may continue to experience lasting guilt for value-related decisions if they are not supported by important others.

### 4.2.1 Questioning the Self – A Consequence of Not Meeting Their Maternal Ought-to’s

Society’s expectations for women to provide the best care for their children resulted in nearly all women discussing that they had questioned their own abilities as a mother early in their journey as a mother. This was especially evident for women who had little to no experience with caring for a child before becoming a mother. Sarah, a woman with a 12-year-old daughter,
described her lack of interaction with children and her experience as the first of her generation in her family to have children as a factor in her lack of confidence as a new mother:

*Lost, incompetent:* Both my sister and my husband's sister don't have kids, most of my cousins don't have kids, we don't have much younger siblings, so neither of us had really experienced anything in terms of looking after kids before. So it was all very very new and we didn't have much support, we didn't have many people to ask so, and obviously our daughter wasn't what most people would describe when they say “Oh my kid did this or my kid did that” she was completely different, so you just think you're doing something wrong and we didn't have the support system behind us to- and the sleep deprivation obviously helps with the lack of confidence but I think we've as she's gotten older we've gotten into the groove and it's getting easier and we’re a little bit more adaptable little bit more (laughs) but it was really hard at first and I think it was just lack of supports and the fact that we were so new to this so we really didn't feel like we knew what we are doing.

Sarah’s initial beliefs of what it meant to be a good mother were based on others’ descriptions of “normalcy”, creating a false sense of how she “ought” to be.

*Helpless, mediocre, failure:* I thought I was a terrible mother for the first four or five months I thought “I’m not going to be able to, this is so hard. I don't even know where to turn or where to get information or how to… how to sort this out.” It was a very hard transition.

Not meeting her initial expectations of how she should be experience motherhood, Sarah encountered a substantial amount of self-doubt and failure as a mother, describing herself during that time as a “terrible mother”. This suggests that the absence of support and diverse connections left Sarah feeling lost and unsure of her decisions throughout the first few months of being a mother. She was left to find and rely solely on information from society, pop-culture media, and parenting literature. Although Sarah was able to find helpful advice, messages focused on unachievable expectations that resulted in Sarah creating unrealistic standards for herself as a mother.

While Sarah eventually found others to lean on for support, she continued to struggle with confidence due to the perceived differences between herself and others. Sarah reported that her confidence as a mother flourished as she developed an understanding of how to care for her
daughter. She believed that she benefited from her experience in self-reliance after the initial months of mothering. Moving away from seeking information from other parents and focusing on research created a sense of confidence in her decisions moving forward.

_Confident, inept:_ I ended up, although maybe in hindsight it was a good thing cause it made me do the research behind so looking at evidence looking at other anecdotal and experiential blogs and whatever else I could find I think it made me do the work which made me more aware of the options that are available for all kinds of parenting decisions which now makes the decisions a lot easier (laughs) cause I know where to look so it was a good thing in hindsight, but then it was quite hard. It made me question my decisions and whether or not I could even do, be a mother.

While many of the women questioned their abilities as new mothers to newborns, women who became mothers of non-biological children also questioned whether they were good enough to be called a mother. Danielle, a stepmother of a 12-year-old boy, reported feeling like a fraud due to her lack of biological connection to her stepson, especially when interacting with parents who have biological children.

_Imposter, self-doubt:_ Well again I feel like a fraud, yeah definitely feel like a fraud. And I think it's interesting though because when I talk to people with people who have been with a child ever since conception, a lot of those same feelings are there. So I know that it’s not something- sometimes I think “Well if I had had [stepson] and if I'd been there since he was, since day one, whatever, that I wouldn’t feel that way.” But the more I talk to people the more I realize that that is a common feeling with mothers, yeah, of any kind.

It should be noted that the experience of questioning oneself was not reliant on whether a woman was a new mother, but rather appeared to depend on whether the challenges faced were new to the mother. For example, Susan was a mother of two when she became a stepmother to her second husband’s two children. While she felt secure in herself as a biological mother, her new role as a stepmother brought on an overwhelming sense of self-doubt that was accompanied with questioning her abilities as a mother to two, non-biological children.

_Inadequate, guilt, inferior:_ [The chemicals] that flood your body when you get handed that baby do not get given to you when you have stepchildren. At least they didn’t to me. And I had to choose to love them instead of having that instinctual love and so that really
made me question my parenting. It made me question my identity as a mom… It really came for me with loads of guilt, of feeling like I wasn’t good enough, I wasn’t loving them the way their biological mother had loved them, I wasn’t loving them the way I loved my biological children, it felt different, it never felt natural. It still doesn’t feel natural and I’ve been their parent for 12 years. It still is a choice. It’s not, it’s, I love them. I don’t question anymore my emotional love for them, but it is just a different feeling and so that really changed how I viewed myself as a mom.

The lack of immediate bond to her stepchildren that she had felt at the birth of each of her biological children created a sense of guilt and self-doubt in her ability to be the mother her stepchildren needed. While many mothers questioned their abilities to make the best decisions for their children, Susan struggled with questioning whether she could provide enough love for her stepchildren. Supportive comments about her ability to raise her stepchildren did not sway Susan from criticizing her devotion and love for the two children now part of her family. In describing what she considered to be a good mother, Susan discussed that a good mother ought to have a fierce and unconditional love for the children in her care.

Inadequate, questioning self, pressure: I think it’s because I truly believe that every child deserves to be loved with fierce love. Every child deserves to be loved with unconditional love and so (pause) maybe it’s part of my somewhat guilt raised upbringing, but I really questioned whether I was good enough at it… I never felt that I could confront them with the same level of bluntness and then walk out of their room knowing that they still wouldn’t question my love for them. And so I felt like I had to somehow (pause) have the feelings of love. I was supposed to somehow conjure up the feelings of love for them that I had for [daughter] and [son], my oldest two, and then that would somehow give me the right to be the firm mom that I wanted to be. And because the feelings weren’t the same, I really second guessed myself.

Due to her inability to create this required love, Susan felt she was unable to properly parent her stepchildren and expressed feelings of guilt and worthlessness in her ability to provide love to her stepchildren. These feelings align with the perceived emotions associated with an individual’s inability to meet their “ought-to” self-guide within the self-discrepancy theory. As proposed by Adams et al. (2015), women who recognize that they do not possess the attributes of a good mother will redefine what it means to be a good mother. Emily felt that she
was unable to meet what she believed to be the duty of a mother – a woman who stayed home with her children and provided undivided attention throughout their childhood. These ideals were developed during her own childhood and refined by examples of mothers within her family when she became an adult. However, Emily deviated far from these ideals due to her commitment to completing her graduate school education.

*Mediocre*: I know several mothers who are just stay at home moms so they spend all day with their kids and I think I compare myself to that because I was raised to think that like once I became a mom you should stay at home forever until the kid is grown up. And so I compare the amount of time I spend with my son to the amount of time they are able to spend with their kids. Or the stuff that they are able to do for them like making homemade baby food or other sorts of things…

I: And that influences your concept as a mother?

*Failure, overwhelmed*: Yes, because I compare myself to them and then I feel like I'm... like I'm failing. Like maybe my identity as a mom should be more focused on him and less focused on balancing him and school and work.

Unlike Katherine and Michelle who felt that working from home would not influence the wellbeing of a child long term, Emily was raised to believe that staying home with your child is for the best interest of the child. The feeling that she ought to stay home while simultaneously knowing that it was not the best choice for her wellbeing created feelings of confusion and an obligation to want to stay home.

*Guilt, failure, odd one out*: It makes me think that maybe that maybe I should quit and just stay at home. But I will say that like I've tried, if I have a whole day where all I do is take care of him and I don't get a break and I don't do any work, I really hate it (laughs). It’s terrible. I'm not cut out to be a stay-at-home mom, that's for sure. But it doesn't stop me comparing, oddly. Even though I know it's not for me, like I feel like I should want it.

In sum, many women experienced a discrepancy between their decisions/actions as a mother and their conceptualizations of how a mother ought-to be. This discrepancy was most often associated with decisions or actions that were believed to alter a child’s wellbeing. As a result, women in the current study reported questioning their abilities as mothers as well as feeling like an imposter in their new role. Unlike experiences that were classified as a divergence
from one’s ideals, mothers who deviated from their conceptualized ought-to’s of a good mother struggled to move past feelings of guilt as a result of not meeting the ought-to’s.

4.3 Meeting Their Own Expectations

Women in the current study struggled to discuss instances where they met their own expectations of a “good mother”. The lack of reflection on meeting their own ideals appeared to be a consequence of two factors: 1) the fluidity of their ideals after becoming mothers and 2) the focus on discrepancies from their ideals versus achievements. However, four key emotions were found for women who were able to describe experiences of meeting their own expectations: joy, serenity, happiness, and satisfaction, a finding that was similar to those presented by Barnett et al. (2017).

Like many other women, Laura discussed that she made choices about how she wanted to parent during her pregnancy. These decisions were squashed when she came to the conclusion that parenting by intuition was a better approach. Some women reported that this fluidity during motherhood was necessary because their ideals were based on an idyllic child and therefore had to change so that they could be a mother to their child, not just a mother to a perfect and figurative child. As Laura explains:

*Relief, satisfaction:* Your ideals kind of get smashed a little bit because it becomes (pause) your child isn’t like this idyllic child, it’s a real child that you are the parent to, so I think that that makes that relationship different and like I’m not just a mother, I’m her mother so I had to change as a mother based on the child that I have.

For Laura and some other women, the release of expectations resulted in her ability to avoid the feeling of regret related to her approaches to parenting because she was willing to forgo previous expectations of herself. Further, a strong support network and/or important role models may have influenced this fluidity of expectations. Heather, a mother of two, described how leaning on other mothers changed her parenting approach:

*Enlightened, openness:* … I used to really think that I knew exactly how to do it. Now that I hear from other moms, some of the things that they’re going through my black and white idea of what I was going to do is changing.

Identifying as a mother was not instantaneous for some of the women. Approaching motherhood as a trial-and-error method gave women the opportunity to discover a model of parenting that felt “right”. For those who had forgone strict expectations of a good mother and instead viewed the
experience as an individualized journey, parenting became a more joyful experience. For example, Stacy described her pursuit of finding herself as a mother. While the beginning of motherhood was fraught with self-criticism and doubt, the decision that she did not have to fit an ideal framework of a good mother resulted in her finally cementing her maternal identity, which was accompanied by feelings of self-assurance and happiness.

*Unsatisfied, reassured, happy*: I don't think that there is one model of parenting that is true to anybody. For me it took me a while to arrive at what I felt very passionate about and the way that I wanted to pursue parenting and to realize like it's going to be different than everybody that I know and that's okay… I wasn't happy with who I was as a mom then. I was stressing out about cleaning all the time and getting to programming and stuff like that and then once I just let some of that go then I think I got happier and then I was just more set on making sure that I just stayed the course on what was important to me. And that mother identity, I felt like that was where I cemented in that mother identity...

For one participant, a positive perception of self as a mother and the cementation of a mother identity did not come until the conscious change in approaches to parenting. Andrea felt pressured to use an authoritative parenting approach in the early years of motherhood. “The first six years of my son’s life I was pressured to treat him more harshly and I did, actually. I started out wanting to be a certain kind of parent and got pressured to follow more rules…” She struggled with developing her mother identity early on in motherhood because she was following a parenting style that was not natural for herself and went against her ideals. Although she reported meeting the expectations of others with her original approach to parenting, Andrea reported that she never felt like a “good mother”: “I felt like I was being a bad mother by not following their rules.” It was not until she reflected on what she felt was “good parenting” that she felt comfortable in how she treated her children and how she perceived herself as a mother. By standing up to those who put pressure to parent in an authoritarian manner, the participant felt as though her maternal identity strengthened “I felt, like when I said that I felt I had stood up for the kind of parent that I wanted to be and so I felt stronger in that identity.” This is important because it suggests that finding and abiding by a natural parenting style for a mother may strengthen a woman’s maternal identity.

In terms of ignoring the successes, April reported that she was able to overcome her struggles (e.g., trouble breastfeeding, delayed bonding) early on in her journey as a mother and
meet her ideals of a good mother (e.g., feeding homecooked meals, being home the first year, being hands on); however, the belief that she continued to struggle while close friends seemed to “have it together” made it difficult for April to recognize herself as a “good mother”:

_Inadequate, stressed:_ Just looking at it I have other friends and she had three kids really close together and her husband is also a geologist and he got laid off from a good job so he had to go to the oil fields, and he would be gone for like four, six weeks at a time, come back for like five days and then like take off again and like that sounds impossible! (Laughs) Well meanwhile my husband has a two week shift for maybe like three months in a row and then home for four months, you know what I mean? Like it should have been… I was like “Well [friend] can do that and it’s so hard” but she’s like a baby person, she’s like (pause) a pure baby person… so I was like “Well she can do it cuz she is like baby crazy. And they can get by, so I should be able to do it with just one!” I mean I did it, she’s fine. She’s perfectly fine. She’s met all her milestones (laughs), but it just felt harder than I think it should have felt, or how I thought it would feel going in… That made me feel stressed because my expectations were not met. My expectations and my reality did not line up.

It was not merely the ability to meet their own expectations of what it means to be a good mother, but rather to do so with ease. This theme was common among women in the current study who struggled to recognize their successes. Although all women believed they were overall good mothers, there were always ways to improve.

Together the findings suggest that although women perceived themselves as “good mothers” overall, women in the current study did not report specific instances of meeting their own expectations of a “good mother”. The lack of reflection on meeting one’s own expectations may be a result of the fluidity of what is expected and/or a greater focus on discrepancies. The pressure to fit other’s expectations hindered women in perceiving the self as a “good mother” and it was not until they allowed themself to find an approach to parenting that felt natural and realized that parenting is not black or white opened that women felt more at ease in their actions and stronger in their identity.

**4.4 Discussion**

Using the self-discrepancy theory as a framework, the current chapter detailed discrepancies between women’s actual self and their maternal self-guides. Most women highly
valued their role as a mother. Consequently, women were critical of their choices and behaviours. Many women reported frequent experiences of self-criticism in the early months of motherhood. Women described discrepancies between the actual self and ought-to self more frequently than discrepancies between the actual self and ideal self. As a result, much of women’s experiences of self-criticism focused on feelings of failure, guilt, and worthlessness. Feeling like a failure was frequently reported during the early stages of motherhood when women perceived a discrepancy between their actual self and their ideal/ought-to self. Higgins (1987) stated that a discrepancy between the actual self and the ideal self would result in a person feeling dejected emotions while a discrepancy between the ought-to self would result in a person feeling agitated emotions. As anticipated, women in the current study reported a range of emotions that were categorized as feeling dejected when they perceived a discrepancy between their actual self and their ideal self, a finding that aligned with previous self-discrepancy research (Alexander & Higgins, 1993). However, feelings associated with dejection (e.g., feelings of failure, defeat, and inferiority) and agitation (e.g., feelings of outrage, embarrassment, imposter) were reported when a discrepancy was perceived between the actual self and ought-to self, a combination Higgins (1987) stated was a consequence of an ideal/other discrepancy (Higgins, 1987). The contrast in findings may be the result of the complexity of women’s self-guides.

While few identities are valued as highly as the mother identity (Katz-Wise et al., 2010; McQuillan et al., 2008) society has made it clear what it means to be a good mother (i.e., intensive mothering - sacrificial, nurturing, child centered). As a result, women have internalized these ideals, even when unrealistic, as their own self guides. This means that the inability to achieve perfection will result in a discrepancy between the actual/own and ideal/ought/own as well as a perceived discrepancy between the actual/own and ideal/ought/other. Consequently, women may experience emotional reactions traditionally associated with Higgin’s (1987) self and other quadrants rather than the expected emotional reactions proposed from one quadrant.

Liss et al. (2013) reported that discrepancies between the actual self and the ideal self were associated with feelings of guilt and shame among mothers. While guilt was reported during perceived discrepancies between the actual self and one’s self-guides, shame was not mentioned along with experiences of self-criticism in the current study. The absence of shame (i.e., negative self evaluation due to not meeting one’s goals/ideals with the expectation to be socially judged) during women’s interviews parallels previous qualitative research on
motherhood, guilt, and shame (Sutherland, 2010). The focus on guilt (i.e., negative evaluation of the self for a specific behaviour) but absence of shame may be explained by Elvin-Nowak’s (1999) findings on guilt and shame. Through an analysis of interviews, Elvin-Nowak found that guilt was associated with repetitive feelings of responsibility for close relationships. Applied to motherhood, women may experience guilt as a result of repeated experiences of not meeting the ideal representation of a good mother and/or regretting behaviours that do not align with what it means to be a good mother. Therefore, the absence of shame may signify that women in the current study may identify as a mother enough to safeguard themselves from feelings of shame when their behaviours/decisions fail to meet their ideals. The findings are significant as they highlight the complexity of mother’s experiences when unable to meet their self-guides.

The findings in the current chapter are important in that they provide evidence of women’s experiences of self-criticism as a result of not meeting their maternal self-guides. Expectations of self as a mother are often developed from others’ messages about motherhood (e.g., media, friends, family) before motherhood when women have little to no experience in their role as a mother (Hennekam, 2016). Previous research established that women experience discrepancies between their expectations of motherhood and their reality (Harwood, 2007; Tammentie et al., 2004; Warner, 2006), especially at the onset of motherhood. Nearly all women in the current study reported that they used information from media, role models, and others while developing their idea of a good mother. As a result, many women developed unrealistic and unattainable standards of being a mother and subsequently perceived a discrepancy between their actual behaviours as a new mother and their maternal self-guides. Adams (2015) argued that enchantment with societal definitions of a “good” mother can lead to discrepancies between the actual self and the maternal self-guide resulting in disenchantment with motherhood. This information is vital to understanding individual outcomes, such as depression, that may arise from a discrepancy between one’s mother self-concept and one’s maternal self-guides. Adams (2015) proposed that evidence of women’s abilities to realign their self-guides to the actual self as a means of avoiding depression would be valuable to the healthcare field. The current study found evidence of this phenomenon. Women who relinquished and redefined their definitions of what it meant to be a good mother reported feeling confident and grounded in their maternal identity. While more experienced mothers reconceptualized these categories due to experience, new mothers felt the burden of these good mother narratives. The conscious act of redefining
what it meant to be a good mother is not an instantaneous solution to combatting poor perceptions of self. Rather, redefining what it means to be a good mother to align with the actual self may take months to reinforce, leaving struggling mothers vulnerable to self-criticism. Future research would benefit from understanding how to best support mothers during this transition.

Applying the self-discrepancy theory to women’s mother identity may broaden our understanding of why women question their abilities as mothers. As found with Laney et al. (2015) and Simmons et al. (2021), women in the current study reported that they perceived their children’s’ actions as a reflection of self. This finding demonstrates the complexity of motherhood - women are not only responsible for their own behaviours but are also responsible for their children’s behaviours. Luckily, women in the current study reported that the incorporation of their child into their identity lessened as their child aged. Laney et al. reported that it was children’s high needs that caused women to expand their consciousness to include their child. This may explain why women who were mothers of neurodivergent children continued to perceive their child as an extension of self longer than women with neurotypical children. It is perhaps the perception that their children continue to need them that women continue to incorporate their children into the boundaries of themselves. As a result, women with neurodivergent children continued to self-blame until they took on an advocate role for their child, a role supported by education and resources from healthcare providers. This finding highlights the importance of supportive comments from healthcare providers on the perceptions of self as a mother. It also suggests that women may redefine what it means to be a good mother during unique circumstances such as a child with learning and/or behavioural disabilities.

Lastly, a substantial volume of research has been devoted to women’s adherence to breastfeeding standards (Bresnahan et al., 2020; Doonan, 2022; Knapp, 2021; Marshall et al., 2007; Radzyminski & Callister, 2016; Ryan et al., 2010; Wolf, 2007). With a narrative of “breast is best”, society has placed unwavering expectations that all women should breastfeed, regardless of the challenges faced during early motherhood (Doonan, 2021). While many women reported experiencing unremitting pressure to breastfeed their children, a second topic of self-criticism was frequently discussed: infant sleep. Little research has documented women’s experiences of adhering to safe sleep and sleep training guidelines; however, many women in the current study reported struggling with infant sleep. Self-criticism was experienced in relation to sleep training. Women who chose to sleep train reported feeling guilt as a result of placing their own need for
sleep above their children. Guilt experienced from sleep training may be a consequence of believing children come first (i.e., intensive parenting) (Forbes et al., 2020; Hays, 1996). However, sleep training is supported in the literature as a safe and effective method of solidifying children’s sleep patterns (Ramos & Youngclarke, 2006; Smith, 2016). This means that women struggle with two narratives: children need help learning to sleep and children need their mother. Importantly, sleep training occurs during the early stages of motherhood, a time in which the current study found women to be the most vulnerable to self-criticism. It is likely that women are already questioning the self as they encounter the choice of whether to sleep train. Therefore, women’s choice to adhere to sleep training may affect how they perceive their selves as mothers. The literature would benefit from further examining how women navigate sleep training while solidifying their self-concept as a mother.

4.5 Conclusion

Taken together, the findings highlight the complexity of self-criticism among mothers. Women’s self-guides in early motherhood reflected societal expectations of a good mother, specifically intensive mothering ideologies. While many of these expectations continued throughout their motherhood journey, the adjustment of what it means to be a good mother benefited women’s perceptions of self. These findings have implications for understanding how to best support mothers during the early stages of motherhood. However, the perception of self is not created in a vacuum. While the chapter emphasized the importance of meeting their own ideals and ought-to’s of a good mother, others’ comments regarding women’s choices and actions as mothers may also influence how women perceive their selves as mothers. The following chapter will explore women’s experiences of critical and supportive comments from others, the second integral component of the self-discrepancy theory.
CHAPTER 5: THE OTHER DOMAIN

Through the process of becoming a mother, women open themselves to scrutiny and criticism about their parenting actions and decisions. For women in the current study, criticism came from three key groups: important individuals, strangers and acquaintances, and healthcare providers. Important individuals included women’s own parents (especially their own mother), their mother-in-law, their spouse/partner, their own/spouse’s siblings, and friends they interacted with frequently (most often other mothers). Strangers and acquaintances included other experienced parents/older adults, other mothers, persons online (e.g., social media/blogs), and work colleagues. Women perceived healthcare providers and/or persons of authority as individuals with greater influence on their self-perception as a mother due to their belief in the importance of such individuals’ perspectives. Unlike important individuals and strangers/acquaintances, healthcare providers were perceived to know what was best for children and tended to have the child(ren)’s best interest in mind no matter the situation yet were consistently perceived as a stranger to the mother. Therefore, these individuals were categorized separately.

Women reported that the relationship with an individual was an important factor in their evaluation of comments as critical or supportive. Specifically, those who knew the mother well and were perceived to have good intentions (e.g., comment was made in favour of the mother’s or child’s wellbeing) with their comment were more likely to be described as supportive. In contrast, individuals who were not close to the individual or were perceived to have alternative intentions (e.g., to be hurtful or demeaning) with their comment were perceived as sources of criticism. Laura discussed this differentiation in detail:

Most of the time when people are critical of me, I’m just like “You don’t know me. You don’t know my situation and what you’re saying is nonsense anyway.” Like when someone was like “Oh you’re spoiling your baby!” it’s like no I’m not, but okay. Moving on. I don’t really care… I think that whether it’s supportive or critical I think it’s where it comes from that actually makes a difference in like what I think or whether, you know,
Like I will consider what you’re saying. I guess most of the time it’s like “Well do you know me?”

Similarly, several women stated that an individual who cared for the wellbeing of the woman and the child was perceived as providing support to the woman, while those who did not have a vested interest in the woman’s or child’s life were not seen as a supportive source and were therefore providing criticism. However, that did not appear to be the case for all women. Michelle expressed that she expected only positive feedback from those closest to her and a deviation from supportive comments were perceived as a reflection of her inability to do what is right for her child.

These comments are coming from people that are supposed to be the people who love us most and we have supposedly that close relationship with. So, if you’ve got people like that in your life who are making comments like that it’s hard not to think about that and wonder like is it us? Are we really doing the right thing? Should we be doing something else? Yeah, I think and well like anything that is important too, you’re not going to necessarily always think “Oh yeah! I’m totally I’ve totally got this! Like I’m the best! (laugh) You know I’ve got all the answers! I’m doing it perfectly!” Yeah, I think if you really care about something you’re always questioning whether you’re doing something to the best of your ability.

Although Michelle had experienced overall support from many of those closest to her, comments from those she trusted that contradicted her choices were often perceived as somewhat critical and resulted in second guessing herself as a mother. It should be noted, however, that many of the women who perceived critical comments from those who were closest to them were often also critical of their self, suggesting that some women may be primed or sensitive to criticism from others because of self-criticism.

The level of expertise or perception of knowledge possessed by the individual providing critical comments was an important factor in the perception of the comment; however, this comment did often work in tandem with the perception of the individual as wanting the best for mother and child. Those who were seen as experts in the field of mother and child wellbeing (e.g., healthcare providers, highly experienced mothers, role models, etc.) were reported to have a greater effect in whether the comment influenced the woman’s self-concept/identity. For example, comments made about feeding choices by breastfeeding consultants frequently resulted
in poor perceptions of the self as a mother by women who were struggling to breastfeed. While the intentions of the comment may be in good faith, women perceived such comments as indicators of their worth as a mother.

The chapter presents an analysis of women’s experiences of criticism from others because of their decisions and/or actions that directly or indirectly affect their child(ren). Common and diverging themes experienced by the entire sample of participating women are presented and discussed. Specific topics of criticism were generally categorized based on the society’s valuation of the topic on children’s wellbeing. The frequency at which women received comments about said issue appeared to influence women’s perceptions of the value of the action/decision. For example, repeated comments about whether the mother breastfed tended to result in mothers discussing breastfeeding as a duty expected by others. Interpersonal criticisms were distinguished into two categories integral to the self-discrepancy theory: actual/own versus ideal/other and actual/own versus ought/other. The categorization of an experience of criticism related to a discrepancy between one’s actions/decisions and other’s ideals relied on terminology such as “they want” or “ideally”. Recounted experiences of criticism from others that included terms such as “should”, “must”, and “supposed to” were categorized as a deviation from other’s ought-to’s.

5.1 Actual/Own versus Ideal/Other

Higgins (1987) reported that a discrepancy between the actual/own and ideal/other was associated with feeling shame, embarrassment (i.e., feelings of self-consciousness), and dejection when not meeting other’s ideal attributes of a role. The women focused on their most prominent or memorable experiences of criticism, which for many women in the current study included being a working mother and their child(ren)’s behaviour deviating from other’s expectations. Mothers reported a variety of emotional reactions when confronted for not meeting another individual’s ideals. Four key feelings were reported: isolation, embarrassment, guilt, and blame. Dejected and agitated emotions were most often reported during the early stages of motherhood when women struggled to determine whether they presented themselves as being a good mother. These emotional reactions were reported regardless of whether verbal criticism was given. In other words, women experienced dejected and/or agitated emotions when they perceived the self as not meeting others’ expectations and when receiving nonverbal cues.
*Katherine, blame:* The whole colicky thing was probably our fault somehow, although people really couldn't tell us what it was that we were doing that was making that happen, doctors couldn't either (laughs). I don't really think it was, some kids just have it and that's just the way it is. But blaming us because we couldn't find a solution for it. So we just hadn't gone to the right doctor, we hadn't gone to enough doctors, we hadn't tried medication, which I really didn't want to do. She was too little, people would offer suggestions and I just like what are you crazy? And people we're like “Well you could at least try it!” and I was like “Well...” you know? Like lavender pillows and aromatherapy and chiropractic for babies and, (laughs) and we tried a lot of stuff and I felt like people were still kind of looking at us out of the corner of their eye thinking “Wow there's something more that they should be doing.”

*Sarah, isolated:* [Daughter] was difficult, she was this high-needs fussy whatever you want to call it and there wasn't a lot of information, there wasn't a lot of support and there was a lot of judgment I thought the fact that your kid was crying or you can't hold your kid continually, you have to put them down to sleep you have to train them… So for the first six months of [daughter’s] life, I didn't want to leave the house. I basically locked myself in the house and I didn't want to leave unless I absolutely had to.

Since the 1960’s, many women have chosen to re-enter/return to the workforce after becoming a mother. Yet while many women choose to re-enter the workforce or resume working after becoming a mother, messages about women staying in the home are still pervasive in Western culture (Berger et al., 2020). Therefore, messages that ideal mothers stay home have remained persistent in Western cultures. Some women in the current study reported experiencing criticism related to their simultaneous role as a working/training professional and mother. This experience was predominately reported by biological mothers, with little to no discussion by women who self-identified as a foster- or stepmother. However, it should be noted that many of the reported experiences of criticism associated with returning to work after becoming a mother occurred during the early years of motherhood before their child(ren) reached grade school. With many of the self-identified foster- and stepmothers entering motherhood when their child(ren) were of school age, the likelihood for criticism may have passed. Katherine, a mother of a 12-year-old daughter, experienced judgement from other mothers as a result of her decision to work.
Lonely, dejected: I remember it was the first week, maybe even the first day of preschool and I went out to the playground to pick her up and there were some other parents there who were like “Oh it’s nice to meet you!” blah blah blah and I was introducing myself and and they said “Oh… you’re the one that works.” They actually said it to my face. (laughs) I just felt so…. Awful. Like that was just such a judgement and I was like “Yeah… I work. Like… don’t you?” And no, they were stay at home moms and I later found out that they hung out at the school like all the time and… you know they were cutting stuff out for teachers and hanging out in the coffee room and I don’t know what they did cuz I didn’t have time to see what they did but… yeah! It was quite a judgement.

Corresponding with the suppositions of Higgins (1987), Katherine felt initial embarrassment and like an outsider because of the comments and reactions made by other mothers. These feelings evolved into frustration and anger as Katherine began to defend her choice to go back to work:

Guilt, defensive: I just felt like… that I wasn’t maybe giving my kid enough attention because I had the nerve to go work, but at the same time I thought “I’m working because I enjoy it and I think if I stayed home I’d lose my mind.” When I was on maternity leave, I am not a stay-at-home mom kind of person. I am not a, you know, watch Barney and I was losing it.

Criticism about working as a mother transcended traditional work. Three women discussed experiences of criticism about their choice to attend graduate school. These women received messages/comments about their inability to devote ample energy to their studies and their families. For example, Emily, a woman who had been raised in a family where mothers remained home with their children, reported that she felt guilt in her choice to remain in graduate school while raising a family. This sense of guilt created a vulnerability to comments made by others regarding her choice to continue her studies. As a result, Emily experienced feelings of laziness because of comments made by her graduate committee and husband:

Lazy, failure, neglectful, overwhelmed: …if [husband] says “What did you do today?” and it was nothing except keeping [son] alive I feel like my identity is kind of lazy? A lazy mother? Or kind of failing to be the right kind of mother. And just interactions with different people and it depends. There will be people in my, like my committee and my program where I feel like “Oh I'm too devoted of a mother and I'm not giving enough
time to school”, and then I have the other side when I hang out with stay-at-home moms and I'm like “Oh…” I feel like I'm neglecting, that I'm neglectful.

Due to Emily’s vulnerability about being a working mother, subtle and indirect comments about her ability to complete tasks were perceived as criticism of her ability to meet other’s ideals of what it means to be a good mother and resulted in her framing her identity as a lazy mother. This means that women who are already questioning their self as a mother could be more sensitive to perceiving comments as criticism, even if unintentional.

Similar to the actual self/ideal self, women encountered criticism from others when diverging from other’s ideals of how a child should behave. For example, Sarah recounted experiences of criticism when her daughter acted “unruly” or deviated from a child behaving “well”:

_Frustrated, annoyed, inferior, blame: … it was a shopping center and my daughter was as per normal (laughs) being loud, running around like she's never allowed out of the house, and throwing a temper tantrum if she didn't get her way immediately, and just the shaking of the heads and the staring and the tsking as the particularly older generation would walk past and watch my kid (laughs)... then around sleep when you've been at people's houses visiting and [daughter] needs to go down for a nap or sleep and their little ones would sleep so easily. They would fall asleep in their Bumbos or in their highchair and that would never happen with mine. Oh my God never. And just the kind of “Hm... well I'm glad that you know mine’s much easier to get down. Hm... you know have you tried this?” and you just sort of sit there and think really? Really? You think I haven't! (Laughs). So yes, often and frequently I have yes felt blamed and for things my kid does.

While many women recognized that their child(ren)’s behaviours were frequently out of their control, societal messages often present parents as the moral compass of a child. It was evident that women in the current study understood that their influence was limited on their child(ren)’s behaviour in the moment but continued to nonetheless feel judged. Regardless of how they handled their child(ren)’s behaviours, the women in the current study reported feeling blamed and embarrassed by the actions of their child(ren) when they diverged from other’s ideals.

The findings suggest that women are initially affected by critical comments made by others regarding their divergence from other’s ideals. As expected, women who experienced
criticism that was categorized as the result of not meeting other’s ideals reported feelings that are associated with dejection (e.g., embarrassment, loneliness). While criticism regarding not meeting other’s ideals were described, most women focused on criticisms that implied their failure to meet the basic needs of their children, otherwise known as failure to meet other’s perceptions of how a “good mother” ought to be.

5.2 Actual/Own versus Ought/Other

Higgins’ (1987) self-discrepancy theory states that the ought/other self is a representation of the attributes others believe a person should or ought to possess. This includes the duties, obligations, or responsibilities others have for the individual in question. The self-discrepancy theory further states that inconsistency between the actual/own and the ought/other is associated with feelings of agitation, such as feeling fear, panic, or threat. Like women’s own expectations for self (i.e., ought/own), the topics of criticism tended to be associated with actions/decisions that would have implications on the safety and wellbeing of the child.

An analysis of emotional reactions to criticism from others due to not meeting other’s expectations of how a mother ought to be resulted in five key emotions: fear, anxiousness, defensiveness, shamefulness, and anger. Fear and anxiety were associated with anticipated criticism while defensiveness, shamefulness, and anger resulted from interactions with a criticizer. While some women were indifferent to comments made by others as they became more experienced as mothers, nearly all women reported at least one of the five key emotions at some point in their motherhood journey.

Tina, fear: I think my mom has hindered me a bit. As much as I don’t like saying that I think there’s times where I’m... I think she supports me, but I’m fearful that she might not and so I’m always kind of careful with how I approach things or things like that.

Stephanie, defensive: The formula thing I felt like I made the right decision in the moment but then when I had a friend criticize it again because it's such a personal connection and they know me I really had to step back and go “Oh did I make the right decision?” because this person knows me… [friend] was like “If you had just waited, you know, your let down would have come in. Then you wouldn't have had to give it to him” … I felt very defensive about it for probably the first 6 weeks because she just kept bringing it up and bring it up and then it was like we finally had to just have a
conversation about it and then say we don't agree and that's fine. So yeah. But I felt really awful when she said it after the fact.

As introduced in Chapter 3, the importance of meeting the ideals of a good mother was integral for many mothers and was emphasized as an important part of establishing their self as a mother and developing confidence in their abilities to care for their child(ren). The absence of supportive comments when a mother was questioning her abilities as a mother was perceived as criticism, most often in the early years of motherhood. For many women in the current study, breastfeeding was one of the first experiences of criticism as a mother from healthcare providers and close family/friends. Like many other women in the current study, Kelly reported that she felt criticized due to an absence of supportive comments when she was unable to lactate and therefore struggled to provide the nutrition needed by her son. While struggling to feed her son and contemplating the need to supplement with formula, Kelly questioned whether she was a good mother. The lack of supportive comments made during her time of struggle was perceived as critical. She experienced overwhelming pressure from her nurses immediately after birth to start breastfeeding her baby with little to no discussion on alternatives.

Helpless, pressured, inept, failure: …as soon as you give birth [the nurses] are immediately “Ok on the boob” and there wasn't ever any discussion about alternatives. Not with my doctor, not with anybody. Nobody I ever spoke to said, you know, it's okay even to supplement with formula just to make sure that he's full and getting his calories whatever. When everything is around breastfeeding and there's such an emphasis put on it and it's not working you immediately say, “Well this is what I'm supposed to do.” It's what I'm- what everybody's expecting. It's what everybody's telling me I have to do, and I can't.” And it wasn't a choice, it was my body not being able to and so then you kind of end up in this “My body can't do what I'm expected. I’m failing.” I never had that support of “It's okay to go to formula.”

The lack of supportive comments made when struggling to meet the expectations of others created a sense of failure for Kelly. Timing (i.e., the first few days of motherhood) and the lack of confidence that comes with being a first-time mother may have contributed to these feelings.

Rattled, lost, shock: It's funny you know because I guess the breastfeeding part knowing that the nurses who had been so supportive through labor and delivery and everything
like that were then judging me. That was that was a big one because it's all new and you
don't know what you're doing and to be judged right off the bat it's like oh my God.

During the early stages of motherhood many mothers grappled with whether they made
the right choices and if they were meeting the needs of their child, placing an abundance of
expectations on the self to meet what society has deemed to be a good mother (i.e., a perfect,
sacrificial, child-focused mother). This meant that for Kelly, like many other mothers, the lack of
supportive comments while she questioned her decisions and abilities was taken as disapproval.
This sense of disproval was not unfounded. Kelly experienced verbal and behavioural
disapproval for her reliance on supplementation from a variety of healthcare providers.

_Horrified, embarrassed, frustrated, exasperated, shamed:_ After a few days we went back
to the hospital, and I talked to the nurse and I showed her what we were doing and it was
almost kind of begrudging. She gave me some formula to use and she's like “Well, I
guess you can use this. I guess you can supplement” and it's that “I guess” And that's
always stuck with me because I was horrified like I was horrified that I couldn't do it. I
had the nurses, the lactation consultant, and everybody in the medical profession that I
dealt with, I felt very judged for saying “K. Formula.” … Yeah cause you're already not
sure of anything that you're doing. So yeah, when you're basically told that you're doing it
wrong you're like “But I'm just supposed to keep them alive right?” (laughs) like he needs
to eat! So but that was never it was never said “Yes it's okay just keep him you know just
keep- make sure you're getting food into him.” It was always “Well you should be
breastfeeding, you should be doing this, you should be-” And I couldn't, shouldn't didn’t
matter, so…Yeah it was very I was very judged for that.

The verbal and behavioural reactions to her questions solidified her fear that the
practitioners were disapproving of her decision to formula feed where she could not escape the
comparison of her inability to breastfeed to the healthcare providers’ expectations that she must
breastfeed. For Kelly, research and the word of healthcare providers was imperative to meeting
the expectations of a good mother. From these two back-to-back experiences, it is evident that
not meeting her own expectations as well as others’ ought-to’s greatly affected how Kelly
perceived herself as a mother. This finding suggests that the triad of negative reactions from
others, self-doubt, and discrepancy between the actual/own and ought-own may result in an
overwhelming sense of failure among mothers.
In addition, recognizing the limited reaction of the healthcare providers elicited fears of judgement, which align with the self-discrepancy theory’s predicted emotions of not meeting another individual’s ought-to’s. However, although Kelly preferred to breastfeed her son, understanding that “fed is best” propelled her to advocate for her son, using formula to supplement her supply when she was unable to produce enough breastmilk. Therefore, Kelly was eventually able to reconcile her inability to meet others’ expectations by redefining her perception of how a good mother ought to feed her child – one who ensures the child is fed, rather than fed a particular way.

Kelly continued to strive to meet her own and others’ expectations of breastfeeding, eventually meeting her goal of supplying breastmilk at all meals for her son. Yet Kelly continued to receive criticism for her feeding choices. She went on to describe verbal criticism from a stranger while bottle feeding her son breastmilk in public:

_Fury, shamed, ridiculed:_ And even still, actually I went in to when he was little, we were in an Old Navy and my husband was trying on clothes and I was sitting there and I was feeding my son a bottle and a complete stranger came up to me and said “Is that breast milk?” and I was like “I don't see how that’s your business.” It was at that point, but I'm like “Ah... yes?” But strangers feel like it's their right, they're entitled to come up and ask you and I don't understand that. I’ve never- I would never do that... that actually pissed me off (laughs). Because at that point I had a bottle full of, cuz I was pumping, so I was like I had one I had a bottle I could give him and it was my milk and so I was really proud of that and then to be questioned about it! I was like... I think I made a gesture (laughs). But yeah it was- that was a judgement. It was a judgment on well it's a bottle so are you actually doing what's right for your child? It's like well I'm feeding him so I'm pretty sure I am!

Despite achieving her goal of breastfeeding her son, even if it was through bottle feeding, Kelly was criticized as though she was diverging from the expectations of mothers in Western culture. Due to the stranger’s perception of how a mother should or ought to feed her child, the individual felt comfortable in verbally criticizing Kelly without question of whether she was meeting their expectations of a good mother. Knowing that she was meeting others’ that she must breastfeed, Kelly’s perception of self was not affected. However, Kelly’s emotional reaction of anger suggests that she felt threatened by the stranger’s disapproval of her actions, a
reaction that aligns with the self-discrepancy theory. Although she met the self-guides held by the stranger for a good mother, the questioning of whether she truly met those expectations conjured emotions associated with not meeting another person’s ought-to’s. She felt attacked even when knowing that she was fulfilling their expectations.

The pressure to breastfeed forced many women to sacrifice their wellbeing to meet the expectations of others. For example, Kim, a mother of two, pushed herself to breastfeed while struggling with low breastmilk supply because of a brain aneurysm. The pressure to breastfeed resulted in the degradation of herself as a mother and as a woman. While criticism resulted in a poor perception of self, Kim also reported she was irritated that criticism was directed to her struggles with breastfeeding while other children were in worse circumstances:

*Inferior, failure, despair, chagrin:* I actually had a nurse criticize me for not trying harder. I actually had a brain aneurysm when my daughter was an infant and I couldn't breastfeed her for a number of days cause the dye was going through my system for my MRI, and so I had a really hard time getting back on the horse and nursing and I just *never* produced enough milk again… I just tried longer and harder and it got worse and worse and I felt worse and worse and worse. I felt like a worse mom I felt like less of a woman. It was like this huge spiraling thing… And I just felt like “Can't you just go and take- why don't you attend to the families where the moms are putting their cigarettes on their babies backs?”

The findings further suggest that dedication to meeting the expectations of a good mother may not necessarily result in perceiving the self as a good mother. Instead, it may be the ease with which these expectations are successfully met that is more important to how women perceive themselves as mothers. In other words, achieving other’s expectations may not be the only requirement for a positive perception of self as a mother.

Criticism extended past feeding choices/abilities and into people’s perceptions of a child’s safety when outside the home. Like many women, Rebecca and Jenny reported unforeseen encounters from other mothers regarding their ability to keep their children safe while taking part in outdoor activities.

*Rebecca, fury, judged, patronized:* I was sitting on the bench watching [daughter] I could see [daughter] she was on the park, and I was like “[Daughter] put your shoes on! [Daughter] put your shoes on!” and she wouldn’t put them on… I was like “You’re going
to get slivers” and this grandmother, comes over to me and is like “I noticed your kid didn’t put their shoes on” and I was like “No, she didn’t” and she was like “Well I really think she should put her shoes on, there could be needles in there” … then I went and got her and got her to put her shoes on because this lady told me to, I guess. But man, I was mad at her. And then after she had her shoes on she was still playing, she was trying to get up on this thing and she was almost there and I was watching her trying to get on and this lady comes over there and just picks her up and puts her right on. Because I was already super peeved at her I was just like “You! Get away from my child!”… at that moment I felt super criticized as a parent. Like you’re being a lazy mom sitting on the bench watching your kid, she’s not putting her shoes on… Like she’s telling me just the words that she used and the tone of voice and the look that she was giving me was all like “Aren’t you going to go make your kid put their shoes on? Cause that’s what a good mother would do.”

As anticipated by the self-discrepancy theory, Rebecca felt anger towards the criticizer, an emotion that results from feelings of threat (Kuppens et al., 2007). Literature on the relationship between self-esteem and anger suggests that when individuals experience an event that threatens their self-esteem, they are likely to display anger and aggressive behaviours as a means of maintaining their self-esteem (Baumeister et al., 1996; Kernis et al., 1989; Kuppens et al., 2007; C. A. Smith & Lazarus, 1993). Therefore, Rebecca’s report of feeling angry from the woman’s comment was likely the result of a threat to her self-esteem as a mother. In contrast, Jenny experienced a similar unexpected criticism while out with her son. However, the comment made towards Jenny did not appear to affect how she interpreted herself as a mother and consequently resulted in feelings of shock and confusion.

Shock, jarred, frustrated: I was out walking with [son] and he was a preemie and he was also quite young at the time, I’m going to say 4-months, 5-months old? I had one of those cotton things that you put over the car seat and it zips up and we were walking and it was really windy that day and I was walking down the street and then an older woman, if I had to guess, somewhere in between the ages of 50 and 60, pulled up beside me and I thought she was gonna ask for directions so I smiled and she said “Is that your baby?” and I said “Yeah! Yeah it’s my baby” (laughs) and I’m smiling and she said “You know I saw something on the news that when you cover them with those covers the temperature
inside is dangerously hot” and I honestly did not know how to react… and before I knew it she drove off. She gave me like this she shrugged her shoulders and gave me this look like “Well I told you so” and then drove off. I was like “Woah woah! What just happened there?” That would be my, my biggest experience around feeling judged and misunderstood and… Wow, someone feels like I can’t that I can’t be trusted with my own baby… I really was frustrated by that whole experience.

Women with neurodivergent children reported experiencing comments from others that they interpreted as threatening. For example, Heather, a mother of a boy living with autism, described feeling humiliated because of comments and judgement made by others when her son refused to leave the pool:

Helpless, humiliated, flustered: [Son] loves swimming and when he was younger we used to take him swimming just recreationally and he would stay in the water for hours and hours and then when the lifeguard would say it was time to go, he would have a like a massive meltdown on the deck to the point where the lifeguards are standing there waiting to close the doors and they’re looking at me like “Get him out of the pool” and I’m doing the best that I can for a child who’s having a really huge meltdown on the pool deck… there were times where the lifeguard came and said “It’s your responsibility to get him out of here. Why don’t you just pick him up?” you know “It’s time to go” you know “Our hours are over. You need to leave.” It’s definitely my fault that he’s having a meltdown and we can’t get him out of here. No matter how many times I try to tell him that “He’s autistic, I can’t just pick him up. It’s not safe for me to do that, you know, can you just give us another 5 minutes? Could you play with my daughter for a minute so that I can, whatever, could you hold my infant while I try to cope with this?” And it was like “You know our rule is children under 5 are to be in arm’s length of you” and so on and so forth. There is a lot of times where I was just humiliated.

Women with neurodivergent children reported that they understood their child(ren)’s reactions were not a reflection of their abilities as mothers but struggled early in their journey with reactions from others that highlighted the differences in their child compared to the standards of society. It appeared that the humiliation felt by Heather was not the result of her son “acting out”, but rather a consequence of her inability to control her son’s actions in a manner that fit other’s expectations. This finding aligns with Byrne et al. (2018) who found that parents
of children living with autism reported feeling judged by society as bad parents due to their children’s behaviours. Specifically, Byrne et al. (2018) found that parents of children living with autism reported feeling blamed by society for their children’s behaviours. Likewise, Heather described feeling shame early on in her journey as a mother with a child with autism associated with advocating for her son’s needs/experiences due to his autism diagnosis.

Shame also came from her husband’s lack of desire to advocate with her, the shame that her husband experienced when her son expressed himself differently than others outside the home, and from some comments/questions from others. Heather felt “daggers coming from other parents” when her son would have a meltdown in public: “I just felt like this was horrible, what am I doing so wrong?” These feelings of shame turned into feelings of inadequacy: “I felt like I wasn't capable, and I questioned whether I was capable of raising a son with autism as well as a daughter.” The participant did not receive explicit comments from other parents/strangers during all situations, but rather it was the nonverbal cues and behaviours that affected how she felt and how she interpreted these experiences. Receiving information and guidance from healthcare professionals decreased these feelings of shame and increased her confidence: “Once I learned more, he was diagnosed, and we had more help, then it kind of changed. Like it's their problem, it's their problem not mine. I’m doing the best I can. And I'm constantly learning and doing better.”

As discussed by Higgins (1987), some mothers reported that it was not the comments that people made about their parenting, but rather the fear of disappointing others that created a sense of criticism and failure as a mother. For example, Lori felt that she disappointed her mother and healthcare practitioners by deviating from their expectations of the choices a good mother would make. The participant recognized that this fear swayed her to make choices she was uncomfortable with in order to give the impression that she met other’s expectations and to avoid nonverbal judgement.

Nervousness, fear: … I had midwives which of course you're really supposed to breastfeed… You get the feeling that they're not liking your decision and where it's going and they want you to just keep trying and so it's not really a criticism but there's that sense of maybe disappointing someone and maybe that's kind of what's behind some of my engagements with my mom as well. Like you're just disappointing them because you're not fulfilling what they think you should be doing, right? So for my mom, it would
have been being at home all the time for my child and for my midwives it would have been like just persevering through all of that pain, infection, hatred, everything to breastfeed and at some point I just got to make the decision for me because I'm this is not going to make my child happy if I'm just grumpy… I did sort of keep my mom and her perception of what a mother would be to keep it kind of like what she would have expected. So like I never bought a jar of baby food in my life all of the baby food was homemade and I learned from her, yes you can mash lentils, onions, and potatoes, and whatever (laughs). And so I wonder if I did things that just avoided the criticism and the big things that I couldn't change, like going to work and having a career, I didn’t let those bother me but maybe I did more of the little things that just kind of still kept me looking like the mother that would fit their mold? I think that probably happened (laughs).

5.2.1 Retreating from Others – A Consequence of Fearing Criticism

Some women reported that they avoided others they feared would criticize their choices and/or actions as a mother. This was especially evident for women who had young children. For some, physical avoidance was necessary to ensure criticism was kept to a minimum; however, the majority of women preferred topic avoidance, or the decision to limit discussions on parenting decisions with individuals who did not convey similar parenting philosophies. For example, Jennifer, a woman who reported frequent criticism from her mother-in-law, reported that she preferred to avoid her husband’s family rather than encounter critical comments regarding her choices:

**Anger:** I use avoidance a lot (laughs). Yeah, cuz I will stand up for myself once I’m really mad, but if I can avoid it, it’s easier for me. And I think you just go and find something else to make you happy.

Like many other mothers, Michelle reported that she kept her decisions between her husband and herself, removing any chance of criticism from others entirely. For Michelle, limiting other’s (i.e., family) knowledge of the decisions she had made was the result of previous poor experiences that impacted her view of herself as a mother. Her perception that others criticized and attacked her for her parenting decisions led to a feeling that she could not trust others:

**Letdown, hurt:** There isn’t really anyone else that we have let into that cuz of what I was saying before like the lack of trust that has developed in some of those relationships that
we would have maybe talked things over with, we’ve sort of felt like that stuff has ended up being used in a way against us rather than in a way that supports us so we’ve just had to kinda be more private, yeah, in kind of a protectionist way maybe.

A frequent topic of avoidance included sleep decisions and behaviours. The growth of social media and the lack of maternity leave in the United States has resulted in a sleep training movement among Western parents. Sleep training/sleep persuasion techniques are frequently pushed by professionals and experienced parents alike online and in person (Harrison, 2018; Korownyk & Lindblad, 2018). Western approaches to sleep have also focused on the importance of where a child sleeps. Some women discussed how co-sleeping conjured strong disapproval from others (e.g., healthcare professionals and other parents) while sleeping separately felt unnatural. Understandably, several women in the current study reported anticipating criticism regarding their approaches to sleep for their children. Rachel discussed how anticipated comments for her choice to co-sleep resulted in her avoidance in discussing her choice with others:

_Fear, apprehensive:_ I would never chat to the moms about co-sleeping there because you either do it or you think it's going to kill your baby is what I learned. A lot of moms are very like hostile about it, like “You do that with your kid? That's so dangerous! You can't do that, you're going to suffocate your child.”

The use of avoidance as a means of protecting oneself from criticism and therefore negative self-perceptions of self as a mother resulted in a shrinking social circle of people to lean on in a time of stress. Sarah discussed her experience of seeking reassurance and guidance from colleagues that resulted in criticism:

_Anxious, flustered, worried:_ I noticed that I would be anxious even before having contact with them, during the contact, and I would be ruminating for ages afterwards so I decided to limit the contact so I could live more in the moment and spend more time with my daughter than being worried and anxious and looking stuff up all the time and so I made the conscious decision to just- contact would be further apart and less actual time around those people and yeah.

However, the use of avoidance should not be conflated with poor perceptions of self. For many women who reported high self-confidence as a mother, avoidance was used as a means of circumventing unnecessary conversations with others. For example, Laura reported that she felt
confident and well-adjusted in her role as a mother. Nonetheless, she reported using avoidance and withholding parenting decisions as items of discussions with healthcare providers and friends.

*Apprehensive, annoyed, guilt, disregard:* I don’t tell [the doctor] that I bed share cuz I just know that they’re going to tell me that I shouldn’t and I don’t care, you know? Cause I don’t even agree with that… I think we mentioned it once to the doctor and he was like (gasp) and I was like “We know. We don’t need to hear it.” … I think it probably does. I definitely kind of not want to share certain things with some people cause it’s just not worth getting into them with it. When someone says oh that I’m spoiling my baby by holding them I’m not going to be telling them other parenting practices I engage in cuz I don’t want to hear it.

In sum, many women experienced criticism from others due to not meeting other’s expectations of how a good mother ought to behave. Experiences of not meeting other’s expectations was often associated with actions that had long-term effects on a child. However, women with neurodivergent children reported experiences of shame and blame for their children’s actions that were categorized within the current quadrant due to the internalization of their children’s behaviours because of their parenting. Women in the current study reported that they retreated from others as a means of avoiding criticism for not meeting other’s dutiful expectations of a good mother. This strategy allowed women to continue to parent as they felt fit while pretending to meet other’s ought-to’s. This may suggest why women with neurodivergent children expressed frequent experiences of shame when their child behaved atypically – unlike women who could keep their parenting decisions to their self, women with neurodivergent children were unable to hide atypical behaviours in public. Taken together, it appears that criticism from others when a woman does not meet the standards of how a good mother ought to be may greatly affect how women perceive themselves as mothers.

### 5.3 Blurriness of Criticism from the Self and Others

Women’s discourse of anticipated and experienced criticism from others and from the self suggests that the categorization of criticism within the self-discrepancy theory is not as clear as described by Higgins (1987). While many women acknowledged themselves as their greatest criticizer, the topics and perceptions of self were often a result of an internalization of comments made by others. This was especially evident in the accounts of women who received an
abundance of criticism from close family, friends, and strangers, as well as women who were sensitive to comments made about other mothers prior to becoming a mother. Michelle, a mother of three, experienced recurrent, noteworthy criticism and judgement from her sister-in-law and her own parents related to her child’s eating and safety habits. While Michelle tried to limit self-criticism, she frequently experienced questioning of self and perceived criticism from others while outside the home from the comments made by her sister-in-law and other family members:

Embarrassment, inept, failure: [The critical comments] certainly pop into my mind not so much at home, but like especially when we’re out and about where other people can see things, those are the voices that I hear. It’s like that’s obviously the perception that other people are having so then when we’re say in a restaurant for example with our picky eater, the voice that I hear in my head is this negative perception that’s been you know communicated to us like “Other people must be thinking that too. Other people must think we’re terrible parents because our child won’t eat.”

While Michelle was unsure of whether these internalized comments affected her perceptions of self, they demonstrate that women are likely continuously aware of and monitoring their actual self versus others’ guides for women. By associating her son’s picky eating with her abilities as a mother, Michelle presented a strong sense of questioning the self. Michelle clearly felt a significant responsibility for her child’s actions as a result of the comments made by her sister-in-law, with particular struggles (her son’s picky eating) contributing to her perception of others internally criticizing her while out of the home.

Alice’s experience of self-criticism is also evidence for the ambiguity of categorization of criticism. Alice expressed an overwhelming amount of shame associated with her inability to breastfeed her son. Feelings of shame, guilt, and fear were discussed during her narrative. This shame was intensified because she was a labour and delivery nurse and understood the importance and social pressure to breastfeed, with Alice spending days crying while preparing a bottle for her son. Fear was attributed to the anticipation of criticism from coworkers and other healthcare professionals due to her understanding of the valuation of breastfeeding within the healthcare system. She felt at the time that everyone from work would be talking about her “choice” to formula feed, even when she had no choice. Even after she came to terms with supplementing her breast milk with formula, she felt like she had to justify her actions to her
colleagues. Alice felt that she had to prove to them that it was out of desperation rather than choice that she had to formula feed.

I: And where did you get that message that you are not a good mom?

Pressured, dread, fear: ...I work in a culture where it's like everyone is hardcore breastfeeding and nobody's really supportive. Like you know you don't really formula feed unless you like- [if that's your choice that's fine]. And like for me I never made my patients feel bad but I think I knew what my coworkers are like, I knew what public health was like, and now I'm on the flip side of all that and I have to do what I know they don't like so like for me that was…but like I just felt like oh my God everyone's probably going to be talking about this…

Further, some participants discussed the implications of supportive comments (i.e., meeting other’s ideals/ought-to’s) on future perceptions of self. For example, Nicole reported that she disliked receiving any comments on her parenting choices/actions because it resulted in her judging herself when she could no longer fit others’ expectations:

Inferior: Even a supportive comment might be later on taken to a point where it could impact a decision negatively. So a person could decide to be breastfeeding in the beginning and then receive a lot of support from all their friends and family saying “Oh yes, it’s the best way to go! You know formula is not, not good for baby” … whatever the case may be but then say a month down the road that person can’t. There’s difficulties and they can’t maintain it so they have to now go to formula feeding, I think that all those supportive comments mi- they will probably be remembering that and be thinking “Oh you know grandma is so not in favour of formula feeding.” Now you put this judgement on yourself so I think as a general comment just to really be sensitive to whatever you’re telling a mother.

Stepmothers reported an additional layer of reluctance to take supportive comments as an indicator of meeting other’s expectations of a good mother. For example, Susan reported that she received support from school employees and church friends regarding her good influence on and parenting of her stepdaughter. However, Susan was reluctant to believe others perceived her as a good mother because she believed her stepdaughter’s biological mother would have been better, a finding that was only reported by stepmothers who did not co-parent with a living biological mother.
Wary, sorrow, inferior: With biological parenting, others could give me a positive comment and I would feel really good about it. My guess, second guessing of my parenting skills on round two have made it harder for me to take a compliment just because I just feel like “Yeah but you don’t know how I feel inside. You don’t know my struggle inside. You know you see the outward that looks like we’re doing a decent job but you know you don’t see the internal struggle that I have.”

5.4 Meeting Other’s Expectations

Although women tended to focus on critical feedback from others, women in the current study reported experiencing supportive comments when meeting other’s expectations of a good mother. Supportive comments garnered reactions such as empowerment, reassurance, and confidence in the women about their parenting choices and how they perceived themselves as good mothers. For example, April discussed how supportive comments helped her feel reassured of herself as a mother and her relationship with her daughter:

Reassurance, closer to daughter: I think [the comments from husband] helped me feel closer to her like the fact that like well I know how I feel about her but I didn't know how she felt about me. But if somebody was like pointing it out like there was this visible sign, cause sometimes you don't always see it, and it’s like “Oh okay we’re good. We’re like a little unit!” So… yeah it does, it does help you. It makes you feel like a better mom who's more attached to my daughter kind of thing.

Women in the current study experienced memorable supportive comments from a variety of people including close family and friends, strangers, colleagues, and healthcare providers. The majority of women reported that their partners were a source of support when they questioned their abilities as a mother. While it was relatively easy to describe instances of criticism received when not meeting other’s expectations, women in the current study appeared to struggle with identifying and describing experienced supportive comments from others, especially outside of comments made by a partner or own mother. Supportive comments were less frequent, less specific, and less detailed than the critical comments made by others. This meant that categorizing supportive comments as meeting other’s perceived ideals or ought-to’s of good mothers was difficult. As Rachel explained:

Unsupported: The supportive comments are kind of much less frequent than like the critical ones, but people won’t usually just say like “Oh you’re doing a great job!” or I
guess like it depends on what’s supportive. Like I get a lot of people saying my baby’s
cute or he’s very nice and things like that so if that’s considered supportive then I do get
those on a fairly regular basis.
Nonetheless, supportive comments were deemed influential in how women perceived themselves
as mothers. This was especially true if the comment was made by a close family or friend. Those
who frequently witnessed how the women interacted with her child, were privy to women’s
parenting decisions, and provided comments meaningfully were more influential when they
commented on the women’s choices and/or behaviours.

Rebecca, supported, surprised, accepted: My best friend lives in Calgary… even though
our other friends have kids too I feel like we just support each other more… She doesn’t
say things she doesn’t mean and… she means what she says. So I feel like things coming
from her I would take for sure the most. But on the flip side I feel like my friend [friend]
is less of a complimenter, so if she threw something out there, I would be like “Woah, oh
she must really mean it”

Tina, indifferent, content: So if someone who hasn’t seen us in the good and the bad
makes a supportive comment, I’m probably not as likely to take it seriously, but if
someone close to us who knows that we struggle some days and we have other days that
are good I think if those people make a supportive comment to me I’m going to take it a
lot more deeply.”

However, an exception of this general agreement was the support received from participants’
older children and other mothers. For women with children in their late teens to early twenties,
comments from their children suggesting their past choices were the right choices affirmed in the
women that they made the right choices as a mother. This was important because some of the
women went against the judgement of others in order to meet the needs they believed their
child(ren) required at the time. Receiving this confirmation from their children may have
strengthened the woman’s mothering concept.

Susan, affirmed: I said that there had been some family conversation that [stepdaughter]
should go live with her aunty [name] and uncle [name] when she was rebelling and I said
to her there was no way that I was going to let that happen. There was no way that aunty
[name] was capable of handling you in those days and she said “Oh I know” she said “I
wished you would send me away cause I knew whoever you sent me to I would be able to
figure a way around that” … So here we are having this conversation. This 17-year-old and me with all this crap in the background with tough, tough, tough times and she’s acknowledging to me that I was right.

Susan stressed that her stepdaughter’s support confirmed to Susan that she made the right choice, strengthening Susan’s beliefs that her decisions were for the betterment of her child. This means that validation of decisions at a later date may also be important in how women perceive their decision-making abilities as mothers.

Comments made from other mothers currently “in the trenches” with the receiver were reported to be more influential than comments made by some close friends or family. For example, Emily, a mother of an infant son, reported that her greatest support while developing her identity as a mother was the support from other mothers who had slightly older children. It was the supportive comments made by other mothers that resulted in Emily feeling empowered:

*Reassured, confident, justified, competent:* I think the support of moms who have kids slightly older than me saying “That’s what we did” or “Your decision is valid” has been probably some of the most the most helpful in helping me solidify my identity as, you know what kind of mom I am. Like how a nap and how he eats and feeling confident in those decisions… usually they make me feel like justified in my decisions, or more empowered.

Mom friends were invaluable in building their confidence as a mother as well as solidifying a mother identity. Other mothers were consistently reported to be the biggest support in how women perceived themselves as mothers. The acceptance from other mothers for fitting into the group and the recognition that they were “good mothers” through supportive comments were integral in the development of a mother identity early in the motherhood journey. Like others, Emily discussed the importance of mom groups on her overall well-being. For example, Emily took part in post-partum fitness classes where she experienced emotional support as a mother and as a woman as she learned to love her new body and role as a mother. She reported that it was through this support from other mothers at the fitness class that she developed a stronger maternal identity:

*Confident:* So, they've helped me with my identity as a mom just like dealing with the mood swings (laughs) and the depression and the body changes and then the decisions
that I actually make regarding parenting. Which all feed into each other to feed into how I feel about being a mom.

Support from other mothers was especially integral to new mothers. For example, Stephanie discussed how she questioned her choices and herself during the early stages of motherhood. Supportive interactions helped mothers like Stephanie feel accepted by other mothers and reassured in her choices: “And I think when another mother lifts you up in that sense that it reassures you that you're doing it right and that maybe there is no right way.”

What was deemed supportive changed as women navigated through their motherhood journey. More experienced mothers reported that supportive comments became less influential in how they perceived their self as a mother as they encountered new challenges. Instead, other mothers seeking their advice was perceived as an indicator of meeting other people’s expectations of a good mother. For Melissa, the valuation of advice seeking over supportive commentary was due to the belief that anyone could make a comment without meaning the statement, but people do not ask for advice if you don’t value an individual’s parenting.

*Affirmed, delight:* I think when anybody asks you what your perspective is on something it sort of like- it affirms maybe some of that identity for yourself. When someone is looking at you for advice on how to do something because they think that you know the answer, like even if you don’t really know the answer, there’s that whole gratification piece like “Oh, wow! You thought that? Wow thank you!”

Many women in the current study reported that they received little direct feedback of whether they met others’ expectations. This meant that the women sought other opportunities for feedback to determine if they were “good mothers”. For more experienced mothers, the experience of others seeking their advice was interpreted as they had met others’ expectations of what it means to be a good mother.

*Melissa, affirmed, flattered:* Anytime somebody asks you for advice on something because they think you’re an expert on it or they think that you have the knowledge that they want, it reaffirms those things. Like you know, it’s hard for us to brag about ourselves because we are always taught not to, never. But when somebody asks you for something, you can give yourself a mental pat on the back and say “Oh okay so they see me as really confident and things. It’s not at all true but I love that somebody sees me that way because it means my mask is working!” and it’s- we do a lot of that we do a lot of…
it’s not posing as such, but we do have a lot of masks, and some of us more than most. I’d be the first to admit that, but it’s always nice to be- it’s gratifying to think that somebody sees you that way because that’s what you want people to see.

Melissa’s quote speaks to the importance of supportive comments from others. First, due to the importance of the maternal role, mothers may require feedback in addition to adherence to their own ideals/ought-to’s of a good mother to solidify their self-concept as a good mother. Further, for some women, the appearance of being a good mother rather than actually being a good mother may be more important for some women in how they view themselves a mother. However, additional research unpacking the importance of supportive comments for women who adhere to maternal expectations is necessary.

While more experienced mothers interpreted advice seeking as an indicator of meeting other expectations, newer mothers reported that supportive comments when seeking advice were interpreted as reassurance in meeting other’s expectations. Farah, a new mother who had recently immigrated to Canada, discussed how another mother’s support of her effort to help her son gain weight helped her feel confident in her ability to raise her son, especially when other women criticized her son’s condition.

Competent, supported: I know one lady she said “As long as you’re feeding your baby well, that’s all that matters. He’ll be grown and healthy.” So you know she said “Don’t listen to those people. Just do what you think is right for you. That’s it.” … Yeah and I was asking her and she said “Don’t worry about it. I know as long as you feed well your baby, he will grow. So don’t think about too much. All you have to make sure is that you’re eating well and you’re sleeping well, that’s all.” And I like how she’s talking, you know? She’s very calm how she’s talking slowly and she’s trying to explain, I like that.

With a lack of supportive comments provided to mothers and a desire to receive feedback acknowledging that they met others’ expectations of a good mother, the findings suggested that women have created a symbiotic method of providing and receiving acknowledgement that they are good mothers through the use of advice. This finding may indicate why mother shaming from another mother is reportedly more influential in how women perceived themselves as mothers: mothers are receiving criticism from those who they actively seek acknowledgment. Further, critical comments were reported as having a greater impact on a woman’s perceptions of herself as a mother than supportive comments. As Emily and Melissa explained:
Emily, forgotten, inferior: I think the critical comments have more impact. Like it was the one comment and it probably was worth 10 or 15 times someone saying your kid looks good. I’m able to drown it out because I have way more support, but even just one critical comment can be very derailing…[Emily’s son]’s like an extension of me, but also there is this kind of like I’m still my own person so if all the positivity is there and then I get a few negative comments it makes me feel like everyone only cares about him.

Melissa, sorrow: I think that for every 10 supportive comments that you get, they could be negated by one negative… And so, a negative comment just affirms what we already know, right?

Like Emily, nearly all women reported that they received positive comments about their child(ren)’s behaviour. Women in the current study varied on whether they interpreted positive/supportive comments about their child(ren)’s behaviour as a reflection of meeting other’s expectations of a good mother. Considering a lack of supportive comments from others, some women used comments about their child(ren) as an indicator of their ability to meet others’ expectations. While women were often blamed for their child(ren)’s behaviour, they received little to no recognition when their child(ren) met other’s expectations.

Tina, affirmed, supported: I think the supportive comments that I would hear probably wouldn’t be real direct, but almost as indirect supportive comments about, you know, “Your kids are so well behaved” or “Your kids are-” whatever that (laughs), right? So I think when I hear those types of comments I feel supported as a parent, like I’m doing something right. But I don’t know if there’s a lot of people who would just say “You know you’re really doing a good job.” or “I really like the way you’re doing this.” Like I don’t know if that’s a real common thing to hear.

Tiffany, worry, relief: I was telling her about my worries because my oldest is growing up so much and I felt like our time where we are really influential on their lives is starting to run out and how she can be so she can be so anxious and explosive sometimes and she said “You know what? She’s one of the best kids I’ve actually ever met.” and she said, “I feel like you’re doing everything great.” Like she said, “She might be explosive and wild but she’s so polite, she’s always willing to talk to people…” and she said “I really love her and I think that you should like be happy about what you did with her” you know? That and that made me feel really good.
For some mothers, indirect recognition, such as receiving an invitation for their child(ren) to visit again or a request for their child to babysit, were indicators of meeting other’s expectations of good parenting. The requests were perceived as a form of approval because they were acknowledgments of their child(ren)’s good behaviour that were generated without provocation. As Lori explains:

*Lori, pride, affirmed:* There's also feedback you don't get verbally, right? Which is people inviting your child back to babysit and you're telling your other friend that, you know, “[Friend] speaks really highly of [daughter] as a babysitter” and you're like good, you know, that message is being conveyed among people that she does a good job at this. So that was like that's a good thing to hear because it's not just being generated by my influence cuz this is something that [daughter] is doing completely on her own and so if people can acknowledge to me what she is doing for them and it's not that I'm there helping her are doing it so it's affirming that that's something she's managing on her own.

However, some women found it difficult to internalize comments from others as reflections of their good parenting. This was especially true for women with older children, a finding that may be explained by Laney et al.’s (2015) argument of the expanded mother consciousness. Specifically, Laney and colleagues argued that mothers perceive their young children as an extension of self, which was reported by Emily: “[Emily’s son]’s like an extension of me…” However, Laney et al. argues that this extension of self gradually fades as the child ages. Therefore, women with older children may not perceive supportive comments about an older child as a reflection of their good parenting because they perceive their child and their self as two individuals. Whether a mother perceived comments made about her children as a reflection of not meeting other’s expectations may have been the result of rationalizing their child(ren)’s actions to influences outside of themselves (e.g., friends etc.). The variance is evident in Lori’s and Michelle’s narratives below:

*Lori, competent, reassured:* So like every adult in my life gives me positive feedback on my child which I do think is a reflection on how she's been parented… They sort of make you think okay… And her teachers will, it's the same thing, by email I’ll say, “We're going to be away next week is there anything that you need me to help set up for school work?” and the teachers will say “You know [daughter] is such a hard worker, she’ll
catch up, don't even worry about it” and we're like okay! … So, the positive reinforcement is nice and it’s reassuring.  

Michelle, inadequate, wary: Yeah, I guess everything that’s said about your children in a way comes back to you. And I think the negative stuff has a way of really like hitting home and maybe it’s easier to just hear the positive stuff and be like “Oh yeah, cause they’re a great kid!” but then the negative stuff it’s like “Well that’s cause it’s my fault as a parent that this has happened.”

Taken together, the findings presented here suggest that women do receive support from close family and friends, but who provides the support may be indicative in how mothers perceive themselves, to an extent. Receiving supportive comments may not help a women look at the self as a good mother if they are highly critical of their self. This is especially true for newer mothers who are slowly building their mother identity. However, leaning on other mothers and receiving recognition for their “good parenting” decisions and/or actions may have some of the greatest effects on mothers if they are receiving support from others closest to them. By being accepted by the ingroup (i.e., other mothers) early in their motherhood journey women gained the confidence needed to feel that they are a good mother.

5.5 Discussion

This chapter focused on women’s perceived discrepancy between their actual self and others’ expectations of a good mother. As anticipated, women reported that meeting other’s expectations of a good mother was important in their establishment of their identity as a mother and their confidence in their maternal abilities. This meant that criticism from others affected how women perceived themselves as mothers. Nearly all women reported that they experienced at least one instance of criticism about their maternal behaviours or choices. As a result, women reported feeling a range of dejected and agitated emotions such as feeling isolated, embarrassed, guilt, blame, fear, anxiety, defensiveness, shame, and anger. Women’s emotional reactions to criticism aligned with Higgins (1987) anticipated categorization of reactions. Higgins stated that a discrepancy between the actual/self and ideal/other would result in a person feeling dejected emotions; further, Higgins indicated that a discrepancy between the actual/self and ought/other would result in a person feeling agitated emotions. Strauman and Higgins (1988) further reported that anger/frustration at the self was associated with actual/own ideal/own discrepancy while agitation and anger at others was associated with actual/own ought/other discrepancy. The latter
was reported by experienced mothers, where women felt angry and defensive when criticized about their children’s behaviours or their own behaviours/choices as a mother.

Tangney (2002) suggested that feelings of shame are associated with higher levels of anger. Therefore, women who received critical comments may have experienced initial feelings of shame that resulted in anger. In contrast, new mothers discussed feeling angry less frequently than experienced mothers and instead described feeling embarrassed when criticized. New mothers also described feeling fearful of criticism. Liss et al. (2013) reported that fear of negative evaluation from others was strongly associated with maternal self-discrepancies and shame. Therefore, mothers who fear criticism from others may be prone to feelings of shame. This is important because external shame, or shame that is focused on fear of other’s disapproval, is associated with depression (Kim et al., 2011). Future research may benefit from examining whether women’s confidence as a mother may mediate the relationship between criticism and subsequent emotional reactions.

Social support is integral in alleviating challenges experienced by new mothers (Leahy-Warren et al., 2012; Negron et al., 2013). A qualitative study on mother groups found potential benefits of mother groups for new mothers: peer learning, reduced maternal anxiety, supportive networks, friendship, and community connectedness (Strange et al., 2016). However, intensive mothering ideology has normalized competition between mothers, also known as combative mothering (Moore & Abetz, 2016). As a means of self-preservation, women struggling with their maternal identity may withdraw from “threats” of anticipated of combativeness and subsequent criticism for not meeting intensive mothering ideologies, as seen within the current study. Women reported that experienced and expected criticism from others were key factors in their decision to avoid and/or isolate from others, especially during early motherhood. This finding echoed Mauthner’s (1995) finding that fear and insecurity were key reasons in women’s decisions to withdraw from social support. A national survey conducted by Mott Children’s Hospital (2017) also found that mothers avoided overly critical family and/or friends. While many discussed the importance of a “village” in strengthening their self-concept and maternal identity, avoidance was often used as a method of protection from criticism. Specifically, women avoided family and friends who differed in approaches to parenting as well as conversations about “taboo” topics such as sleep training and breastfeeding. Lack of social support while struggling with parenting challenges may result in poor mental well-being in women (Strange et
Parallel findings were reported by women in the current study: supportive comments from important individuals, especially other mothers, improved women’s perceptions of self. Mothers who experience loneliness and/or inadequate social supports are found to report that they do not meet their idealized version of what it means to be a good mother (Lee et al., 2019; Rokach & Ami, 2004). Recent literature suggests that women may benefit from online social support (Archer & Kao, 2018; Stana & Miller, 2019). However, concerns about superficiality and social media’s association with depression are reported (Archer & Kao, 2018). It should be noted that the welcoming of support from other mothers does not mean that mothers negate the health and wellbeing of their child in search of peer recognition, but rather women in the current study appeared to want their children to thrive while also seeking recognition that they behave in a socially desirable way. Relating this finding to the self discrepancy theory, women perceive themselves as good mothers when they believe they meet their own and others expectations of a good mother. Mother literature would benefit from further investigation into how to best support social “villages” for new and experienced mothers.

Positive feedback is an efficient means of enhancing self-efficacy (Brown et al., 2012). Women reported that supportive comments from others improved their perception of self as a mother; however, supportive comments were perceived as less influential than critical comments. Literature on positive and negative feedback suggests that positive feedback produces stronger positive emotions and higher self-efficacy than negative feedback (Kim & Lee, 2019); however, these findings are skill performance specific (i.e., proficiency in mathematics) and may not translate to self-efficacy in social roles such as being a mother. Literature on the effects of positive and negative feedback on perceived role performance is lacking. However, the findings presented in the current chapter are important as they indicate a possible challenge in addressing poor perceptions of maternal self among women. Future research would benefit from a quantitative examination of the effects of maternal support and criticism on maternal self-efficacy.

5.6 Conclusion

The findings from this chapter lend support for the application of the self-discrepancy theory to motherhood. Women experienced criticism from family, friends, healthcare providers, strangers, and acquaintances. As anticipated, criticism elicited dejected and agitated feelings as well as shame and guilt. Women reported that social support helped reassure their perceptions of
self as a mother; however, women perceived social support as less influential on their maternal self-concept. These findings have implications for understanding how to support mothers who are encountering criticism from others.
CHAPTER 6: DISCUSSION

Previous research is limited in the application of the self-discrepancy theory to motherhood, with only two studies reporting a relationship between emotional reactions and maternal self-discrepancies (Liss et al., 2013; Ture, 2021). The current study was, to the best of my knowledge, the first study to qualitatively explore how new and experienced mothers perceived their maternal selves after encountering supportive and critical comments about their maternal decisions/actions. Emotional reactions to meeting or deviating from women’s “good mother” self-guides were also considered as an important focus of the study. The project was categorized into three chapters: Identity and Self-Guides, The Self Domain, and The Other Domain. Through the presentation of women’s experiences of supportive and critical comments I illustrated how women reflected and reacted to feedback that aligned or deviated from their expectations of self and how women perceived their selves as mothers because of supportive and critical experiences. The purpose of this chapter is to review and critique the overall applicability of the self-discrepancy theory to women’s experiences of feedback from others and relate the findings to previous literature.

6.1 The Self-Discrepancy Theory is an Appropriate Theory for Understanding Motherhood

The findings presented in chapters 3, 4, and 5 suggest that the self-discrepancy theory is an appropriate theory for understanding women’s conceptualizations of their maternal self-concept. To apply the self-discrepancy theory to a role, individuals must have a representation of the attributes that someone in that role should ideally and ought to possess (Higgins, 1987). Women in the current study discussed a variety of attributes that they believed a “good mother” possessed. A good mother should sacrifice their own needs for the sake of their child(ren)’s needs, follow health and safety guidelines, and be nurturing and patient. This finding reflects intensive mothering ideologies that dominate Western cultures (Dow, 2016; Moore & Abeta, 2016), where women are expected to fully invest themselves into their children’s development (Christopher, 2012). Higgins (1987) theorized that a person’s morals would distinguish what
attributes would be categorized as ideals and ought-to’s of a role. Tugwell (2022) argued that current expectations, morals, and values of motherhood often reflect broad cultural, political, and social norms. The current, dominant intensive mothering ideology has dictated that good mothers must make informed decisions for their children (Tugwell, 2022). The findings in the current study were consistent with Higgins’ and Tugwell’s arguments: women’s morals played a role in what attributes they associated with their ideals and ought-to’s of a good mother. Specifically, the findings suggested that women reflected on perceived harm to a child when categorizing attributes as ideals or ought-to’s of a good mother. An ideal mother would provide their child(ren) undivided attention, be calm and collected, and have child(ren) who met the standards of a well-behaved child, but all good mothers should strictly adhere to health and safety guidelines (e.g., breastfeed, safe sleep).

The study extended Higgins’ (1987) self-discrepancy theory to women’s interpretation of feedback about their maternal actions/decisions as indicators of meeting or deviating from what it means to be a good mother. Although Higgins (1987) originally proposed that self-discrepancy would result in depressive or anxiety-related emotions, researchers have reported that perceived self-discrepancies result in a range of negative emotions including guilt, shame, and anger (Barnett & Womack, 2015; Barnett et al., 2017; Hardin & Lakin, 2009; Higgins, 1987; Ozgul et al., 2003), suggesting that discrepancies may be associated with broader negative emotions than Higgins theorized (Mason et al., 2019). While many of the reported reactions could be categorized as dejected or agitated emotions, women in the current study did report a breadth of affective states when experiencing maternal self-discrepancies. Discrepancies between the actual/own and ideal/own brought about feelings of disappointment, guilt, inadequacy, and regret, while discrepancies between the actual/own and ought/own resulted in reported feelings of guilt, self-contempt, and worthlessness (Higgins et al., 1985; Higgins, 1987). Women also discussed feeling isolated, embarrassed, guilty, and blamed when they perceived a discrepancy between the actual/own and ideal/other, and fearful, anxious, defensive, shameful, and angry when they sensed a discrepancy between the actual/own and ought/other, emotions that also followed a similar pattern to those proposed in the self-discrepancy theory (Higgins, 1987; Higgins et al., 1985). Studies examining the consequences of self-discrepancies have reported mixed results between its relationship with shame and guilt (Barnett et al., 2017; Liss et al., 2013; Tangney & Heubeck, 1998; Ture, 2021). In line with Liss et al.’s (2013), Higgins’ (1987),
and Ture’s (2021) findings, women in the current study reported feeling shame and guilt when they perceived self-discrepancies between the actual self and their own or others ideals/ought-to’s of a good mother. Liss et al. (2013) used the self-discrepancy theory to understand new mother’s experiences of shame and guilt and found that fear of negative evaluation, a reaction to discrepancies between the actual/self and ought/other, in new mothers moderated feelings of guilt and shame and maternal self-discrepancy (Liss et al., 2013). While women in the current study reported a similar relationship during early motherhood, experienced mothers reported that they felt less worried/fearful that they would be criticized by others compared to their formative years of motherhood. This meant that the moderated relationship found in Liss et al.’s study may be best suited for understanding new mother’s experiences, rather than throughout motherhood. The difference in findings may be explained in part by women’s developed confidence. Experienced mothers reported that they believed their confidence in self as a mother mitigated the effects of criticism from others. Women may be less vulnerable to the effects of criticism due to confidence from a perceived lack of discrepancy between the actual/own and ideal/own (Barnett et al., 2017). Future research would benefit from examining the relationship between maternal confidence, guilt and shame, and perceived self-discrepancy.

6.2 Review of Findings with Literature

6.2.1 Mothers Focus on Discrepancies Rather than Achievements

Women in the current study focused predominantly on their experiences of criticism from others and struggled to provide concrete examples of supportive comments. Two reasons may account for this finding: 1) women may receive more critical comments than supportive comments, or 2) critical comments may be more salient than supportive comments. Ture (2021) found that ought/other self-discrepancy significantly predicted mom-shaming memories and women with higher maternal self-discrepancy used more negative emotions than women with lower maternal self-discrepancies. Therefore, the focus on critical rather than supportive experiences suggested that the women may have perceived greater self-discrepancies than they indicated during their interviews. However, this finding may also be explained by memory literature: experiences that create a sense of threat (i.e., criticism related to ought/other) are encoded as autobiographical memories that elicit emotional and conditioned responses (Pinto-Gouveia & Matos, 2011). These findings are concerning because supportive comments, especially those made by other mothers or significant family or friends, were reported as integral
in perceiving the self as a good mother and a greater focus on discrepancies could result in a poor maternal self-concept (Higgins, 1987). The findings stressed the importance of supportive comments from others, an aspect of the self-discrepancy theory that is often overlooked. As expected, women reported that meeting other’s conceptualizations of a good mother was integral to their development of a maternal identity and criticism from others affected how they perceived themselves as mothers. This was especially true while mothers were developing their maternal identity. For women in the current study, receiving recognition that they met other’s ideals improved their perception of self as a mother; however, women also reported that supportive comments had less impact on their perception of self than criticism. Further, women found it easier to recognize that they met other’s ideals/ought-to’s than their own ideals/ought-to’s. In other words, women found it difficult to recognize that they met the standards of a “good mother” without other’s supportive comments.

Barnett et al. (2017) reported that emotional reactions such as joviality and self-assurance were significantly associated with meeting one’s own ideals, and the feeling of serenity was significantly related to meeting other’s ideals. Similar findings were reported in the current study: meeting one’s own expectations resulted in feeling satisfied, happy, and reassured while meeting other’s expectations resulted in feelings such as affirmation, relief, competence, and reassurance. More importantly, women reported that supportive comments from important others, including other mothers, contributed to their perception of self as a good mother. While supportive comments helped many women feel like good mothers, some women, particularly those women who reported that they compared their maternal abilities to other mothers, struggled to recognize that they met their ideals of a good mother. Higgins (1987) argued that people strive to match their self-guides to their actual self. However, a sub-set of women in the current study changed their criteria to higher expectations for what it meant to be a good mother when they achieved their ideals. This means that some women may find it difficult to acknowledge the congruency between the actual/self and their expectations of a good mother. Further, many women reported that critical comments had a greater effect on how they perceived themselves as mothers than supportive comments. These findings may be partly explained by Kille et al.’s (2017) study of self-esteem and acceptance of compliments. Kille et al. (2017) found that individuals with low self-esteem struggled to accept compliments because the compliments conflicted with their perception of self (Kille et al., 2017). Further, with social
comparison directly associated with self-esteem (Hogg, 2016), those who met their ideals but failed to compare to curated versions of what it means to be a good mother may also suffer from poor maternal self-esteem and therefore failed to accept that they meet their own and other’s ideation of a good mother. Future research would benefit from examining the relationship between women’s self-discrepancies and self-esteem. Such research may bring forth an understanding as to why supportive comments are less effective in women’s maternal self-concept.

6.2.2 Mothers Experience Criticism from a Variety of Sources

Recent pop culture has fixated on the concept of mother shaming (Mott Children’s Hospital, 2017; Counter, 2020; The Every Mom, 2021; Your Baby Academy, 2022), overlooking self-criticism that comes with the socially valued role of a mother (Meeussen & VanLaar, 2018). However, the current findings suggest that women may be one of their own greatest critics. Comparison of the self to a curated, perfect model of a mother and unrealistic self-standards that reflected intensive mothering ideologies resulted in perceived discrepancies between the actual/own and ideal/ought/own, especially in the formative years of motherhood. Specifically, women reported perceived discrepancies between the actual/self and ought/self more frequently than discrepancies between the actual/self and ideal/self. This may have been due to the actions/decisions that were categorized as ought-to’s of a good mother and the frequency in which these actions/decisions were encountered (Higgins, 1987). From women’s use of language (e.g., duty, should), actions/decisions that were perceived to have lasting effects on their children’s wellbeing were categorized as mandatory actions of a good mother, which largely focused on children’s nutrition (i.e., breastfeeding) and sleeping arrangements, two actions/decisions that are part of a new mother’s daily life. Focusing on breastfeeding, many women spoke to the overwhelming internal and external pressure to breastfeed their children and their experienced shock and guilt when breastfeeding did not come naturally, a theme that is reported in breastfeeding literature (Doonan, 2022; Jackson et al., 2021). Women reported that formula feeds were a reminder of their “failure” or “struggle” to adhere to their own standards of a good mother, which Higgins would likely argue would result in an intense feeling of discomfort due to their discrepancy between the actual/own and ought/own. Those who were unable to breastfeed reported that they questioned their abilities as mothers, regardless of their perseverance. Similar findings were reported by Doonan (2021) where conflict between the
desire to breastfeed, the overwhelming advice to breastfeed, and the need to incorporate formula resulted in a distrust in the self as a mother. The findings from the current study align with Higgins’ (1987) thoughts on accessibility and availability of stored constructs: the magnitude of an emotional reaction to a discrepancy, and therefore the influence of the discrepancy on perceptions of self in that role, is reliant on the availability (i.e., extent to which the self-states diverge) and accessibility (i.e., recency, frequency, and meaning) of that event. Therefore, women who struggled to breastfeed may have experienced a considerable discrepancy between the actual/own and ought/own that resulted in intense emotional reactions (e.g., feeling like a failure) due to frequent reminders of their struggles to exclusively breastfeed, the meaning they associated with not exclusively breastfeeding (i.e., not providing the best nutrition for their infant), and their perceived divergence from their ought/self.

The self-discrepancy theory posits that the greater the magnitude of a discrepancy between the actual/self and the self-guides the stronger the emotional reaction (Higgins, 1987). Higgins focused on people’s experiences of failing to meet significant others’ expectations (i.e., parents, siblings, spouses, or friends), minimizing the importance of non-significant others such as strangers and acquaintances. Women reported a variety of critical and supportive sources that affected how they perceived themselves as mothers. While most women reported family and friends as their main sources of criticism, the current study captured women’s accounts of criticism from nonsignificant individuals that included other mothers, childhood experts, acquaintances/coworkers, and complete strangers. Like Ture (2021), some women reported that critical comments from “non-significant others” did affect how they perceived themselves as mothers. This finding communicates the importance of the maternal role in society – women feel the need to meet to the expectations of society, rather than the expectations of only those closest to them. Although comments made by important individuals were most influential in how women viewed themselves as mothers, they also reported that comments made by strangers effected how they perceived their abilities as a mother. This finding may be unique to motherhood because mothers feel immense pressure to be perfect (Borelli et al., 2017; Maclean et al., 2021; Rotkirch, 2009). As a result, women experience significant pressure to adhere to social standards and may consequently perceive strangers and acquaintances as important observers, although less important than family, friends, and healthcare providers. These findings
suggest that the theory may benefit from recognizing the unique circumstances, especially the influence of non-significant others, of socially valued identities.

6.2.3 Limitations of the Self-Discrepancy Theory

While the self-discrepancy theory may explain the relationship between perceptions of self and criticism, it fails to explain why people choose to criticize mothers. All women in the current study reported experiencing at least one critical comment from another person, be it strangers or close family/friends. This finding connects to literature on “the public child” or a child whose private world has transitioned to public attention due to concerns about their care or safety (Gilligan, 2009). People feel an overwhelming sense of duty to point out concerns regarding a child’s welfare (Parton, 2011; Wyness, 2014) due to a cultural shift in emphasizing children as investments for the future (Parton, 2011; Wyness, 2014). Therefore, strangers and close family/friends may feel a duty to ensure the health and safety of a child, regardless of the true risk to the child, a sentiment that resonated through women’s discussions of criticism. While traditionally reserved for children who are under the care of an authorized government and/or nongovernment body, a second connotation for the phrase “the public child” has come from the public display of child(ren) on social media. With a need for support, many mothers have turned to social media as a means of connecting with other mothers. Termed “sharenting”, many mothers have chosen to post their actions, decisions, and children on social media as a means of gaining affirmation, social support, and relief from parenting stress (Fox & Hoy, 2019). The act of sharenting has shifted children’s private world to the public, opening mothers to a new realm of criticism regarding one’s personal choices/decisions (Fox & Hoy, 2019). Not only has the publicly displaying one’s child likely normalized criticism from others, it has also resulted in a falsehood of what it means to be a mother. The decision to post about their decisions, actions, or their children’s behaviours continues to support the normalization of commenting on mothers’ abilities to adhere to social constructs of a “good mother”. This sentiment was conveyed by women in the current study who reported that strangers and close family and friends frequently voiced their concerns about the impact their decisions had on their child. While many women spoke of their experiences of criticism from others, they also played a role in perceived self-discrepancy.

Women not only reported similar expectations of their self to that of intensive mothering ideology, but also reported similar expectations to those who provided feedback. This may be
due to the overwhelming dominance of intensive mothering that is presented in person and through media. Scott (1971) theorized that dominant standards and cultural norms may be internalized by people as their own beliefs. He described the process of internalization as first learning what the norms are, then processing why the norms are valued, and then finally accepting the norm as one’s own opinion (Scott, 1971). Researchers who have studied women’s beliefs on beauty standards have found that people internalize cultural messages of what it means to be beautiful as their own standards of beauty (Feltman & Szymanski, 2018; Mingoia et al., 2017; Paterna et al., 2021). Applied to standards of motherhood, women may internalize cultural messages of what it means to be a good mother as their own ideals and ought-to’s, a concept that was consistent in women’s reports of what it means to be a good mother. Therefore, a challenge of applying the self-discrepancy theory is the inability to conclusively separate an individual’s expectations for their self from society’s and significant other’s expectations of that role. The premise that women internalize social norms as their own ideals was also supported by the lack of expectations that aligned with maternal counterculture. While it could be argued that women may not have felt comfortable discussing their beliefs that would be deemed counterculture, the described emotional reactions to not meeting their “own” expectations suggested that what they described as their expectations was their truth. Future research should examine the development of personal maternal expectations for dominant and counterculture ideals.

6.6 Strengths and Contributions

The current dissertation has many strengths that contributed to understanding women’s experiences of critical comments throughout motherhood. First, the study included women with children 0-18 years old. Previous literature has focused on women’s experiences of critical comments and shame in the first 5-years of a child’s life (Adams, 2015; Liss et al., 2013; Ture, 2021), especially in relation to breastfeeding and decisions to work outside the home (Bresnahan et al., 2020; Doonan, 2022; Horne & Breitkreuz, 2018; Jackson et al., 2021; Roll & Cheater, 2016). While women may experience a substantial amount of criticism during the early stages of motherhood, comments and self-criticism continued past the early years of motherhood, a finding that was demonstrated in the current study. By including women with children of all ages, my study explored how criticism changes throughout the motherhood journey and how criticism from early motherhood may influence how women perceive themselves years later. Lord et al. (2020) reported that people with anxiety may be at increased risk for depression 10
years after experiencing frequent perceived social criticism from friends and family. Findings from the current study revealed that women are fearful of criticism from others. Therefore, anxious mothers may encounter long-term effects as a result of frequent early motherhood criticism. Unfortunately, previous literature has focused on postpartum depression (Bonacquisti et al., 2020; MacMillan et al., 2020; Śliwerski et al., 2020; Tully et al., 2017), overlooking the mental health of experienced mothers. The current study also included emotional differences between new and experienced mothers when encountering criticism. For example, new mothers reported dejected feelings when encountering criticism from others while experienced mothers reported agitated feelings. The ability to compare reported emotional reactions between points in the motherhood journey provides a greater understanding of how women interpret and reflect on their perception of their maternal self. Mother literature would benefit from a further investigation into the effects of criticism from others during early motherhood on long term maternal self-esteem and mental health.

Traditionally, quantitative methods are used to examine persons’ discrepancies between their self-guides (Barnett et al., 2017; Higgins, 1987; 1989; Liss et al., 2013; Mason et al., 2019). I forewent quantitative conventions and instead focused on women’s oral descriptions of their perceived discrepancies. This choice allowed me to focus on what women perceived as their greatest discrepancies and explore experiences in-depth. The chosen methods also provided an opportunity to examine diverse experiences of criticism encountered by new and experienced mothers. Previous shaming and criticism literature has largely focused on early motherhood experiences such as breastfeeding and new role competence (Doonan, 2022; Gallagher, 2020; Jackson et al., 2021; Liss et al., 2013; Ture, 2021). Findings from the current study present a broader understanding of the range of criticism experienced by women throughout motherhood. Using a semi-structured interview guide and inductive approach provided women the opportunity to present what they believed were the greatest sources of criticism and topics that were most influential in how they perceived their selves as mothers. Although comments regarding decisions/actions on breastfeeding was a common theme, women in the current study encountered substantial criticism from the self and others regarding their children’s sleeping arrangements, their children’s behaviours, and their overall competence to keep their child(ren) safe. A review of recent literature suggests that criticism regarding children’s sleeping arrangements is limited, yet parenting discourse on sleeping arrangements emulates the
breastfeeding/formula feeding dichotomy (Rosier & Cassels, 2021). Therefore, the current study may be one of the first studies to identify mothers’ experiences of criticism related to their choices on sleeping arrangements.

Lastly, although a small proportion of participants self-reported as stepmothers, the current study was able to present their unique perspectives, a role that is currently lacking in depth in the literature. Previous research has largely focused on stepmother identity in relation to the wicked stepmother stereotype (Claxton-Oldfield, 2008; Cole & Renegar, 2016; Miller et al., 2017). In contrast to previous studies, the current study forewent discussions of stereotypes and provided stepmothers the opportunity to discuss their experiences of developing and maintaining their perception of self as a mother. Further, most stepmothers were also biological mothers to other children which allowed a comparison between their dual maternal roles. However, due to the low recruitment of stepmothers, the literature would benefit from further exploration into stepmothers’ experiences of supportive and critical comments to determine whether the findings are common among stepmothers.

6.7 Limitations and Conclusions

The study has limitations that should be considered when reflecting on the findings. First, the study did not include a diverse sample of Saskatchewan mothers. Cultural/social expectations are a key factor in women’s interpretations of what it meant to be a good mother and what actions/choices are important for their conceptualization of their self-guides. Although generalizability of findings to a target population is not generally a goal of qualitative studies (Leung, 2015), the study would have benefited from greater diversity. Attempts were made to recruit a diverse sample of mothers; however, the sample was primarily white, educated, heterosexual, English speaking biological mothers interested in participating in a study on mothers’ experiences. Therefore, like the majority of mother research, the current sample may be relatively homogenous in their cultural expectations of a good mother. However, the sample is relatively reflective of the cultural diversity of Saskatchewan, where in 2016 94.5% of Saskatchewan residents were English speaking and 72.8% were of European origins (Statistics Canada, 2019). Regardless, a range of experiences would benefit the understanding of women’s experiences of supportive and critical comments during motherhood. Similarly, cultural expectations may differ between Canadian mothers and other nationalities. For example, Canadian women encounter pressure to ensure their infant sleeps in a crib while it is culturally
acceptable to bedshare in cultures around the world (Mileva-Seitz et al., 2017). Further, women in collectivistic cultures may experience greater discomfort when perceiving a discrepancy between the actual/own and ideal/other that may affect their maternal self-concept to a greater extent than women in individualistic cultures like Caucasian Canadian women due to the (Ture, 2021). Additional research is needed for qualitative studies examining the experiences of supportive and critical comments of mothers outside of Canada.

Future research would benefit from expanding on the current study by using a quantitative measurement of meeting/deviating from their own and others’ ideals (e.g., the Integrated Self-Discrepancy Index; Hardin & Lakin, 2009) in relation to overall perception of self as a “good mother”. Due to the lack of quantitative methods, application of the self-discrepancy theory was reliant on my subjective categorization of women’s experiences. While my epistemological stance recognized the biases of the research on the findings of the project, I do recognize that my categorization may be overly biased. As mentioned in the methods, categorization was limited to the terminology used by each of the women. Experiences where women used “should”, “must”, “duty” or related terms were categorized as ought-to’s of a good mother while “wants”, “ideals”, and “wishes” or related terms were categorized as ideals of a good mother. This meant that how women expressed their experiences during the interviews and the terminology used effected how the experienced was categorized. However, reported and interpreted emotional reactions experiences of the women did align with Higgins’ (1987) theorized reactions, which suggests there was some “accuracy” in the categorization of experiences. Quantitative measurement of women’s experiences would resolve this limitation.

The findings from the current study demonstrate that the self-discrepancy theory is suitable to understanding how supportive and critical comments may impact women’s interpretations of themselves as mothers. The presented findings suggest that supportive and critical comments may influence how women perceive themselves as mothers. Women reported a range of affective reactions that were categorized as dejected and agitated emotions when deviating from their own and other’s expectations of a good mother. While the findings are helpful to understanding the complexity of motherhood, future research would benefit from further examining how culture may play a role in how in the interpretation of supportive and critical comments and their influence on women’s maternal self.
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Appendix A Recruitment Ads

Are you a mother, step-mother, or foster mother?

If you answered yes to the above, are at least 18 years of age, have at least one child between the ages of 0 months and 18 years, and can read/speak English, then we are looking for you! We are seeking mothers of all circumstances to take part in a 1 hour interview on their experiences as a mother.

Your participation will help our understanding of mothers’ thoughts and feelings of the support and criticism they receive about their parenting choices and the meaning they attach to these experiences.

Your participation would be of great help to us!

Want to volunteer? Please contact us by phone or by email:

Kirstian Gibson
Email: kig579@mail.usask.ca
Phone: (306) 966-6159

This study has been approved by the Behavioural Research Ethics Board, University of Saskatchewan (BEH 18-37) on March 12, 2018.
**Facebook and PAWS Ad:**
Are you at least 18 years of age, have at least one child between the ages of 0 months and 18 years, and can read/speak English? If you answered yes to these questions then we are looking for you! We are seeking mothers of all circumstances to take part in a 1 hour interview on their experiences as a mother.
Your participation will help our understanding of mothers’ thoughts and feelings of the support and criticism they receive about their parenting choices and the meaning they attach to these experiences.
Your participation would be of great help to us!

Want to volunteer? Please contact us by phone or by email:

Kirstian Gibson
Email: kig579@mail.usask.ca
Phone: (306) 966-6159
Participant Consent Form

Appendix B Consent Form

Project Title:  Mothers’ Experiences of Supports, Barriers, and Parenting Decisions.

Researchers:
Kirstian Gibson, MA, PhD student, College of Arts and Science, University of Saskatchewan, (306) 966-6159, kirstian.gibson@usask.ca

Supervisor:
Karen Lawson, PhD, Associate Professor, College of Arts and Science, University of Saskatchewan, (306) 966-2524, karen.lawson@usask.ca

Purpose(s) of the Research:
- The purpose of this study is to understand and examine mothers’ thoughts and feelings of the support and criticism they receive about their parenting choices and the meaning they attach to these experiences.

Procedures:
- If you agree to participate, you will be asked to participate in one 60 minute (approx.) interview. With your consent the interviews will be audio-taped.
- To conduct the interviews the student researcher will visit you at a time and place that is convenient to you. Prior to the interview you will be asked to answer questions about yourself (e.g., gender, age, number of children, etc.).
- After you have provided consent, the student researcher will begin the interview. You will be asked questions related to your experiences as a mother and your identity as a mother.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Funded by:
Not applicable.

Potential Risks:
• There are no known or anticipated risks to you by participating in this research. However, if sharing your information is upsetting you may end the interview at any time. You may leave the study at any time you want.

• If you feel upset at any time, we will provide a list of support services available in the Saskatoon Health Region. If you feel distressed that you are worried about your safety, you may contact Student Counseling Services at 306-966-4920, the Saskatoon Mobile Crisis Intervention at 306-933-6200 or you may go to your nearest Emergency Room. Please indicate if you require assistance at any point throughout the interview.

Potential Benefits:
• The findings from this research may not impact you directly. However, we hope you enjoy the process of sharing your story.

Compensation:
• Not applicable.

Confidentiality:
• Your identity will be kept confidential.
• Your actual words may be used, but not your name. All information from this study will be reported in a group format for presentations and publications, so no one will be able to identify you.

• Storage of Data:
  o Your consent form and identifying information will be stored separately from your transcripts in locked drawers by the researcher in the Department of Psychology, University of Saskatchewan.
  o The data will be destroyed when no longer required or after a period of 5 years.

Right to Withdraw:
• Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the study for any reason, at any time without explanation or penalty of any sort.
• You may withdraw your responses from the study prior to the end of the interview; after this it may not be possible to withdraw your data.
• Should you wish to withdraw, anything you shared as part of the study will be destroyed at your request.

Questions or Concerns:
• Contact the researcher(s) using the information at the top of page 1.
• This research project was reviewed and approved on ethical grounds by the University of Saskatchewan Research Ethics Board (U of S BEH 18-37). Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca, (306) 966-2975 or call toll free (888) 966-2975.
Consent to Participate

Your signature below indicates that you have read and understand the description provided.

I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

______________________________   _______________________   __________________
Name of Participant               Signature               Date

______________________________   ______________________
Researcher’s Signature            Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Reviewing Your Transcript

If you wish to receive a copy of your transcript, please indicate below and provide your email address at the bottom of this page.

Please be advised that if we do not receive any comments after 1 month from the date the document is sent we will assume you are comfortable with the inclusion of all data within our analyses.

  Yes
  No

Receiving a Summary

If you wish to receive a summary of our findings, you may do so at our lab website: http://reproductivopsy.usask.ca/index.php
Alternatively, if you wish to receive the summary by email, please indicate below and provide your email at the bottom of this page. Please keep in mind that the summary may take 1 to 2 years to develop and publish.

Yes
No

Email: ____________________________________________________

Appendix C Demographics Form

Demographics

The following are a list of demographic questions that will help me better understand your story as a mother. Your answers will remain confidential and will be used to provide context for your statements. You may skip questions that you do not feel comfortable answering. Please complete the following demographic questions.

1. What is your current relationship status?
   a. Single, never married
   b. In a committed relationship
   c. Married or in a domestic partnership
   d. Divorced or separated
   e. Widowed

2. What is your age in years?

____

3. Please specify your ethnicity.
   a. White/Caucasian
   b. First Nations, Inuit, or Metis
   c. Black or African American
   d. Hispanic, Latino, or Filipino
   e. Asian
   f. South Asian (e.g., East Indian, Pakistani, etc.)
   g. Other (please specify): ________________________________

4. What language do you speak at home?
a. English
b. French
c. German
d. Russian or Ukrainian
e. Cree, Dene, or another Indigenous language
f. Tagalog
g. Other (please specify): ____________________________________

5. Please specify your religious affiliation.
   a. Christian
   b. Muslim
c. Hindu
d. Jewish
e. Buddhist
f. Non-secular
g. Atheist
h. None
   i. Other (please specify): _________________________________

6. Do you consider yourself to be:
   a. Heterosexual or straight
   b. Homosexual
c. Bisexual
d. Prefer not to answer
e. Other (please specify): _________________________________

7. What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.
   a. Did not complete high school
   b. High school graduate, diploma or the equivalent (for example: GED)
c. Trade/technical/vocational training
d. Bachelor's degree
e. Master’s degree
f. Doctorate degree

8. Please indicate your current employment status.
   a. Work outside the home, full-time
   b. Work outside the home, part-time
   c. Self-employed
   d. A homemaker
   e. A student
   f. Retired
   g. Unable to work

9. What is your yearly household income?
   a. Less than $30,000
   b. $30,000 - $39,999
   c. $40,000 - $49,999
   d. $50,000 - $74,999
   e. $75,000 - $99,999
   f. $100,000 +

10. a) Are you currently on maternity leave?
    Yes
    No

11. b) If yes, do you plan to return to work?
    Yes
    No

12. Please provide your children’s age(s), gender, and your relationship to each child (i.e., biological mother, step-mother, foster mother, guardian, etc.) in the table below. (If you require more room, please continue the list on the back of this page)

<table>
<thead>
<tr>
<th>Child</th>
<th>Child's age</th>
<th>Child's gender</th>
<th>Your relation to child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13. Do you currently live with your children’s other parent?

   Yes
   No

14. Which of the following resources do you access for information on parenting? (Please circle all that apply).
   a. Television
   b. Informal online information (e.g., blogs, social media, etc.)
   c. Formal online information (e.g., research articles, etc.)
   d. Print media (e.g., newspapers, magazines, or parenting books)
   e. Interpersonal relationships (e.g., friends, family, coworkers)
   f. Celebrity moms
   g. Other (please specify): _____________________________________________________________
Thank you for your participation in this study! Your time is sincerely appreciated, and we hope that you have found your experience to be interesting. As noted in the consent form provided to you at the beginning of the session, this study is examining mothers’ thoughts and feelings towards the support and criticism they receive about their parenting choices and the meaning they attach to these experiences. Specifically, we wanted to examine how mothers define shame and guilt associated with mother-shaming, the meaning they attach to these experiences, and consider how they compile support and criticism into their mother self-concept.

The goal of the study is to bring attention to the criticisms mothers face during a time where support from others is needed. Identifying the experiences of shaming and its affects may open the door for greater discussion of social support needs (e.g., additional resources) and a better understanding of self-esteem in new mothers. If you would like to receive a summary of the results when the project is complete, please contact Kirstian Gibson (kirstian.gibson@usask.ca). Please keep in mind that the analysis for the current study is projected to be completed in the summer of 2020.

Any questions regarding your rights as a participant may be addressed to the Research Ethics Office at the University of Saskatchewan (ethics.office@usask.ca; (306) 966-2975). Out of town participants may call collect. Should you have any questions about the subject material or have become upset as a result of participating in this study, you may contact the researchers listed below:

**Student Researcher:** Kirstian Gibson, Department of Psychology, 306-966-6159, kirstie.gibson@usask.ca

**Student’s Supervisor:** Karen Lawson, Department of Psychology, 306-966-2524, karen.lawson@usask.ca.
Appendix E Interview Guide

**Interview Guide**

**Sub questions are provided to help the participant if they do not have much to say.**

1. I’m interested in the type of mother you think you are or have decided to be. You can start wherever it makes sense to you to tell me about how you developed in your role as a mother. Could you describe the type of mother you are? (e.g., what characteristics make-up your identity as a mother).
   a. How did you decide to be this type of mother?
   b. Do you have a mother identity?
   c. What influences your mother identity?
   d. Has your identity as a mother changed? If so, why?
      i. Can you explain how?

2. What decisions influence your identity as a mother?
   a. At what point did you begin to decide on the type of mother you wanted to be?
   b. Where did you get the information to make you parenting/mothering decisions?
   c. Who did you talk to when you were making this decision?
   d. How did you feel about your decisions?
   e. Did your decisions change as your child(ren) got older?
      i. If so, how do you feel about this change

3. How do you make decisions regarding the care and/or upbringing of your child(ren)?
   a. Who do you consult when making such decisions?
   b. Who is the primary decision-maker?
   c. Have your decisions changed as child got older? (Examples?)

4. What feedback did/do you receive from others about any of the decisions you have made/are making?
   a. Who provides this feedback?
   b. Do others’ reactions to your decisions affect the way you feel about your decisions?
   c. Do others’ reactions to your decisions affect the way you feel about your role as a mother?
   d. How do you most often receive feedback from others about your decisions? (e.g., face-to-face, online, etc).
   e. How do the means of communication affect how you perceive your decisions?
5. Are there people who helped you to be the mother you want to be?
   a. Who are these people?
   b. How did you deal with this experience?
   c. How did you feel about this experience?
   d. Did this experience match your expectations?
      i. Why/why not?
   e. How did this experience influence your identity as a mother?

6. Are there people who hindered you from becoming the mother you want to be?
   a. Who are these people?
   b. Tell me about a time that you felt someone or something hindered you be the mother you wanted to be.
   c. How did you deal with this experience?
   d. How did you feel about this experience?
   e. Did this experience match your expectations?
   f. How did this experience influence your identity as a mother?

7. Some mothers find that supportive comments from others provide a sense of acceptance or reassurance in their decisions as a mother.
   a. Please describe a time where you experienced comments that made you feel this way.
   b. Please describe a time where you experienced comments that made you feel unaccepted or question your decisions as a mother.
   c. How do you most often receive support from others? (e.g., face-to-face, online, etc.)
   d. Does the method of communication affect how you perceive the support? (explain)
   e. Who do you receive the most support from?

8. Some mothers experience criticism from others. These comments can come from a variety of people, including partners, family members, friends, or even strangers.
   a. Please describe a time where you experienced critical comments about your abilities or choices as a mother.
   b. When was your most memorable experience of criticism from others regarding your choices or actions as a mother?
   c. Who do you receive the most criticism from?
   d. Do you believe critical comments affect your future choices or actions? (example)
   e. Have you experienced any criticism from other parents about your parenting choices?
   f. Have you ever had any discussions about your parenting choices with other parents that have resulted in you questioning your parenting choices?
g. Some mothers feel that people blame them for their children’s actions or circumstances. Have you experienced blame in this context? (explain)
h. How do people communicate criticism to you? (e.g., face-to-face, online, etc.)

9. Under what conditions do you feel you are best able to be the kind of mother you strive to be?

10. Under what conditions do you feel you are least able to be the kind of mother you strive to be?

11. Is there anything you would like to say about support or criticism that you feel is important in understanding your experiences as a mother?
Appendix F Initial Notes Example

Participant 7 (in person)

Type of mother: Wants to be available for her kids and therefore does not work full-time, is involved in her kids’ lives, and be active with her kids. Has identified her family as a “survival family”. This “type of mother” was influenced by her mother. The participant decided to be an active mother before she had kids. Her identity as a mother has changed, at the beginning she felt like she was responsible for her child’s happiness, but as she had more children she came to the conclusion that children will experience a variety of emotions and that those emotions are not reliant solely on her abilities as a mother. Having a second child was instrumental in realizing what type of mother she wanted to be. The participant suggested that when people arrive to the understanding that motherhood does not have to be done in one way, but rather is an individualized experience then parenting becomes a more joyful experience. This occurred for the participant around 3 years into having children. At this point, when she decided that she didn’t have to fit the ideals that others set out in society was when she felt her identity as a mother cemented.

Sources for making parenting decisions: The participant read books (e.g., What to Expect When You're Expecting), looked to Facebook, drew on her childhood experience, and sought advice from friends as a means of making decisions for her children. As well, the participant and her husband share the responsibility of making decisions, but she makes a lot more of the decisions because she is around them more. Friends – talking with friends with kids influences the decisions she makes for her kids

Failure as a mother: With her first child, if her child cried or was upset she felt like a failure as a mother. She felt responsible for her child’s emotions. This belief came from books she read while she was pregnant that stated that mothers should provide for every need their child has. As well, she compared her and her child to her friends’ relationships with their children and how those children acted and believed she was doing something wrong. She felt like her kids should be the perfect kids, but they weren’t. She also compared her child(ren) to friends’ children who were older and feel like a failure that her kids were not meeting the same expectations as the older children. The participant would then try to make the same choices or act the same way as the other mother even though it did not feel natural, which made her feel like she was failing because it wasn’t a natural thing for her. She felt that having those feelings of failure made her find what was natural for her as a mother and helped her with her perceptions of being a mother.

The influence of comparison: The participant often discussed her struggles with social comparison, either in person or through Facebook that made it difficult to parent her children in a way that was natural to her. When seeing other mothers behaviours, homes, vacations, etc. she felt like she should have the same level of “perfectness” in her life. The participant discussed how comparing her motherhood journey to her sister’s provides some hinderance in her life as a mother because it distracts her from what comes natural to her as a mother.

Sources of supportive comments: Mother; teachers (comments about child). People like close friends and her husband provide frequent affirmation for the choices that she has made for her children and how she is doing as a mother.
Impact of feedback from others: When the participant receives good feedback about her children she does not internalize this as good parenting because she believes that this is something inherent to her child(ren) rather than her ability to parent. Participant feels more encouraged when feedback is given face-to-face. Also, the source of the comment, so if she respects someone or not, if they give encouragement she would hold more meaning to that than if it came from someone who she did not respect or did not agree with their parenting style.

Sources of critical comments: Healthcare providers – participant felt criticized by public health nurses (breastfeeding) and her dentist (kids not flossing all the time). She believes that this criticism was subjective rather than the healthcare providers trying to be critical. Also receives criticism from the Pre-K teacher (food choices), co-worked (food choices), babysitter (son broke another child’s toy – resulted in her thinking she was a bad mom because the participant perceived the comments, by text, as the babysitter implying that her child was destructive); a friend also criticized the participant for her mood during pregnancy which made the participant realize that she needs to address how she is perceived by others.

Feeling criticized: Interestingly, the participant felt more criticized with the first child than her subsequent children. She believes this is because with her first child she wanted to be perfect and it took a year and a half before she came to the conclusion that she needs to make decisions that are for her rather than following “the rules”. By letting go of being perfect the participant stopped “beating herself up” when she made a decision that didn’t match the guidelines. The participant also feels criticized without comments made by co-workers due to her pregnancy. She does not bring unhealthy food into the office in order to avoid comments from her healthcare provider co-workers.

Importance of other mothers: Having friends with children helped the participant feel less alone in her journey through motherhood.

The influence of social media: The participant brought up the issues that face mothers who use social media. She stated that when she removed herself from social media use that she because a happier mother because it limits people’s ability to make judgmental comments without accountability. The participant also discussed how blogs influenced her: when she stopped breastfeeding before the suggested amount of time, seeing blogs online about how women who stop early are doing it wrong made her second guess her abilities as a mother. However, blogs are also an important source of support because they can give helpful suggestions to keep up with a decision or troubleshoot a difficult experience during motherhood.