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N, Shloim., Lans, O., Brown. M., Mckelvie. S., Cohen.S., Cahill J.

“Motherhood is like a roller coaster... Lots of ups, then downs, something chaotic... “; UK & Israeli women’s experiences of motherhood 6-12 months postpartum.

Background: The motherhood myth has been associated with perceptions of idealized motherhood which makes it difficult for women to express related struggles or distress. This is a second follow-up study focusing on the experiences of mothers from the United Kingdom (UK) and Israel. Methods: Forty one women were interviewed about their experience of motherhood, body-image, feeding and well-being. Interviews were analysed thematically. Data was driven by the following questions: 1. how do Israeli and UK women experience motherhood 6-12 months postpartum? 2. Are these experiences associated with body satisfaction and well-being? 3. Whether perceptions of motherhood remained stable or changed from early (<6 months) to 12 months postpartum. Results: Three meta themes were derived from the data relating to motherhood as ideal, good enough or burdened. Such experiences were associated with body acceptance and well-being. The ideal mother was associated with lack of preoccupation with body image whereas the good enough mother aspired to reclaim her mind and her old body. Our findings suggested that the burdened mothers’ struggles in relating to motherhood often correlated to a negative body image. Israeli women perceived motherhood as ideal in the early and later postpartum whereas UK mothers continued to relate to their motherhood as ideal 6-12 months postpartum. Conclusions: Perceptions of motherhood varied between Israeli and UK mothers suggesting a diversity positively associated with culture and country. Encouraging mothers to openly share their perceptions of motherhood could lead to improvements in maternal well-being and more positive interactions with the new born.

Key words: Motherhood; good enough; ideal; burden; culture.

Introduction:

In Western society previous decades have seen motherhood elevated as a women's *raison d'être*, leaving women little choice but to become mothers (Jones et al., 2008). The motherhood myth argues that the duties and burdens of motherhood have been stressed over its pleasures and therefore having a child gives a woman emotional security and men are attracted to women because of their maternal capacity (Blumenthal, 1975). The motherhood myth is therefore associated with perceptions of idealized motherhood (Bernard, 1974); unconditional maternal love (Rich, 1976) and the view of mothers as objects whose sole purpose is to cater for their children (Chodorow, 1979). The disparity between these traditional expectations of motherhood and the reality of mothering contribute to frustration and discomfort experienced by women (van Engen *et al.*, 2012; Warner, 2005). More recent research notes that ideas of motherhood have shifted within a post-feminist discourse suggesting that women have the right to choose whether or not to have children. It is regarded that most women become mothers of their own free will (Donath, 2015), however we acknowledge that this belief does not represent all cultures.

Stern (1987) suggests that traditional psychological theories do not allow for the effect of motherhood on a mother's attitude. Similarly, Laney et al (2015) suggests that although there is a plethora of research around motherhood and how a woman's identity may alter as a mother, there is little empirical research regarding mothers' lived experience of motherhood and how they experience the transition. The present study therefore aims to increase understanding and clinical implications of the transition into motherhood to address this gap in the literature.

It could be argued that as soon as a woman becomes a mother she is living under authoritative knowledge systems of gender, class and ethnicity that perpetuate the image of 'the good mother' (Collins, 2007; Hays, 1996; Hooks, 2007; Park, 2013; Ruddick, 1989). Previous research by the first author suggested that the experience of motherhood in the early postnatal period was dominated by the experience of breastfeeding and clustered around three representations of mothering, namely; 1) a devoted mother who ignores her own needs; 2) a mother who is available for her infant but acknowledges her needs as well; and 3) a struggling mother for whom

motherhood is a burden (XXX et al., 2015). The findings suggested that feeding mode (breastfeeding vs. bottle feeding) was associated with perceptions of motherhood. Furthermore, aspiring towards an ideal motherhood makes it difficult for women to express any motherhood related struggles or distress. Children tend to be regarded as a 'blessed burden' to be desired and appreciated at all costs (Naqvi, 2016; Zelizer, 1994). This is more evident in countries in which fertility is highly regarded. In Israel, fertility rates are the highest in the developed world, with an average number of three children per family (nearly twice that of other western countries; Remennick, 2000; Israel Central Bureau of Statistics [CBS], 2007). It is also a global superpower as far as reproduction technologies are concerned, making greater use of them than any other country (e.g. Gooldin, 2008; Remennick, 2006)

Motherhood in Israel has held a place of honour in the public discourse from the pre-state period to the present (Remennick. 2000). The obligation to be a mother is present in religious commandments, such as "be fruitful and multiply," which have been given secular ideological validity in the militaristic, nationalist, and Zionist ideological imperatives (Barraza-Llorens. 1998). The cultural belief systems relating to Jewish women's reproductive abilities are deeply rooted in the memory of the Holocaust and a consciousness of conflict and wars (Friedlander and Feldmann. 1993). Within such a social climate, most Jewish women's reproductive abilities are exploited by the state to advance a nationalist plan, and their wombs are perceived as a 'national womb' to be recruited for the greater Jewish good (Berkovitch. 1999). The cultural imperative to have children in Israel is tenacious to the extent that the intended outcome is typically ensured since it is supposedly obvious that a woman would prefer the status of motherhood to any other identity (Lev. 1999).

In the UK and other western countries voluntary childlessness is often still viewed as selfish behaviour (Giles et al. 2009). Shelton and Johnson (2006) note that due to the idealised expectations of motherhood, women in these societies struggle with the gap between such expectations and their lived experiences. Though it has become common practice for women to pursue a career with full time roles in the workplace, there is often limited provision to alleviate the responsibilities of motherhood. In support, Douglas and Michaels (2004) argue that mothers are influenced by societal and media messages about good and bad motherhood which increases their stress and perpetuates the notion of the self-sacrificing mother. Women therefore tend to

find themselves consumed with stress, anger, and guilt for not meeting the unrealistically high expectations of motherhood. Furthermore, the physical stress of giving birth affects mothers' emotional well-being and as such, women who experienced a traumatic childbirth might experience postnatal depression and less positive well-being which will affect their ability to mother their child (Ball, 1987; Oakley, 1980; Winson. 2009).

The sense of self and specifically self-esteem relates to the judgement of one's own worth (Brannan and Petrie. 2011) and is usually affected by three main aspects: positive and negative feedback one receives from society; one's specific self-view; and, the ways in which the person frames their own self-view (Pelham et al., 1989; Falk and Heine, 2015). In other words, high self-esteem reflects the extent to which a person believes themselves to be competent, successful, significant and worthy (Saigal et al., 2001), while a low self-esteem reflects self-rejection and a sense that the person is not satisfied with themselves (Rosenberg. 1989). Low self-esteem has been associated with depression, eating disorders, poorer parenting skills and a more negative experience of motherhood (Hall et al., 1996; Logston et al., 2001).

Research into mothers' perceptions of body image suggests that as a result of postpartum changes, body dissatisfaction increases after childbirth (Clark et al. 2009, Jordan et al. 2005). Gjerdingen et al. (2009) found that body dissatisfaction escalates significantly from 0-1 to 9 months postpartum and is heightened at 6 months postpartum (Pauls, Occhino, Dryfhout 2008). It is important to understand postpartum attitudes towards body, body dissatisfaction and well-being as these are likely to be associated with maternal and child well-being (XXX et al., 2017). Thus, the need for emotional support in the transition to motherhood is especially important during and following pregnancy. A study by Clark et al (2009) explored women's body related experiences and mood in pregnancy and the postpartum and noted that women tend to positively accept body changes in pregnancy compared to postpartum. The clinical implications of these previous findings suggest a need for education relating to healthy postpartum body changes.

Few studies have explored maternal characteristics and infant feeding behaviours. Our previous findings were similar to Brown and Lee's (2011) findings who explored maternal feeding style during weaning and noted that mothers with a high BMI show

higher levels of concern for their child's weight and therefore try to control their child's size. Therefore it is possible that dissatisfaction with body and poorer self-worth are positively associated with women perceptions of motherhood and with parenting skills. This is further addressed in our findings in the present study.

The present study is a step towards better understanding women's' conceptualisations of motherhood. To our knowledge, current conceptualisations of motherhood have not incorporated the possible associations between feeding, body acceptance and perceptions of motherhood. Furthermore, limited research was identified exploring difficulties associated with motherhood within a sample of women without formal diagnosis of eating disorders, depression and other co-morbidities. It is our hope that it will endorse the value of understanding what motherhood is about and contribute to improving maternal health and well-being and a more positive maternal-child interaction. We suggest that most mothers are subject to the pressure of being "ideal", which is likely to have a negative impact on their psychological well-being (Henderson et al., 2016).

The aims of this study were therefore 1) to explore Israeli and UK mothers' experience of motherhood 6-12 months postpartum; 2) to assess stability and changes in maternal perceptions of motherhood in this sample and; 3) to explore satisfaction with body and maternal well being postpartum. As previous research showed negative associations between the interaction of women with eating disorders and their babies (Squires et al., 2014), we were therefore interested to learn more about possible relationships between body perception and the role of motherhood.

Methods:

Recruitment and Participants:

Details on recruitment procedures can be found in XXX et al., 2013. 152 pregnant Israeli and UK women were recruited between April 2011 and 2012 (XXX et al., 2013, 2014). Participants were asked to complete self-report questionnaires assessing levels of self-esteem, body image and eating behaviours. Of the original 152 women, 73 agreed to take part in a follow-up study. Of these 73, 41 agreed

(Israel = 23; UK = 18) to participate in an indepth study comprising a brief interview and filming of a feeding interaction in the first months of the baby's life. No significant differences were identified between the 41 women who agreed to take part in the in-depth part of the study compared to those who did not (n = 32) with regard to educational level, marital status and previous number of children.

Most of the participants who did not continue to participate in the study following the pregnancy part were from the UK (66%). This is more fully addressed elsewhere (XXX et al., 2014). The sub-sample who continued to take part in the present study had similar baseline characteristics (e.g. maternal age, body mass index and level of education) compared to those who participated in the larger quantitative study (XXX et al., 2015).

Ethics:

The study protocol was ethically approved by the Joint School of Medicine Research Ethics Committee, University of XXX (reference number HSLTLM/10/021; and for the follow up study ref #11-0137).

Data collection procedure:

Interviews took place in Israel and in the UK in participants' homes. All interviews took place 6-12 months postpartum. The majority of the interviews were conducted when babies age was 6-9 months and it was the researcher's decision to break data collection into 6 month chunks (milk feeding, weaning, solid food and eating towards the age of two years old) over the 2 year follow up study duration for logistical purposes. The researcher followed the same interview protocol which has already been approved and employed in the first follow up study (XXX et al., 2015).

Participants were firstly asked to reflect on their eating behaviours, body image and well-being during pregnancy. Participants were than asked to share their feelings about their satisfaction with body, well-being and eating behaviours postpartum, 6-12 months following giving birth. Interviews lasted between 20-40 minutes (XXX et al. 2015). Box 1 includes an extracted example of the interview protocol.

Box 1: Example of extracted interview protocol.

The following protocol of interview describes the list of questions women were asked in each follow-up while being interviewed. The researcher did her best to follow the order of the questions. In each follow-up the researcher has updated the mothers regarding the progress of her work (the research) since their last meeting.

Can I ask about your eating behaviours nowadays?

Are your eating behaviours different than usual?

Can you tell me a bit about how do you feel about your body?

Some women feel that being a mother is always great and easy. For some, it is not always only great and fun. Can you please tell me a bit about how it is for you being a mother?

Analytical procedure:

During the interviews, women were asked about their eating behaviours during pregnancy and the postpartum, their satisfaction with their body and their general well-being. Women were also asked if being a mother is similar or different to what they expected it to be. After much consideration of the data, it was decided that the themes of eating behaviours and well-being had been fully explored via quantitative methods and published elsewhere by the authors (XXX et al., 2105; 2016; 2017; 2018), these topics were therefore not further explored. For the purpose of this study a richer description of the data was provided for women's well-being and role as a mother.

The first author, who is herself a mother and a trained psychotherapist emphasized that there is no right or wrong answer and asked each participant to give a voice to her experience of motherhood. Accordingly, the first author started this part of the interview with the question: "...*being a mother, is it always lovely, easy and just the best thing in life, or is it sometimes actually really hard or even frustrating as well?!*

The coding process aimed to answer two key questions:

- a. How do Israeli and UK women perceive their role as mothers 6-12 months postpartum?
- b. Are such perceptions of motherhood associated with body satisfaction and wellbeing?

As this research compared Israeli and UK mothers, the thematic analysis was driven from a constructionist perspective. As such, meanings were viewed as socially produced aiming to describe a sociocultural context.

The following steps were applied while conducting the thematic analysis following Braun and Clarke (2008).

1. Becoming familiar with the data: Forty one interviews (23 in Hebrew; Israel and 18 in English; UK) were transcribed into English using Microsoft Word. Data which was originally recorded in Hebrew was translated by the researcher into English. The data was read several times and sent to additional researchers in raw state (the co-authors of the paper) who are expert in qualitative research (OL; JC) and to MA students (2nd and 3rd year) in counselling and psychotherapy in XXX University (MB, SC, SM). The students were actively involved in the transcription, analysis and interpretation of the data.
2. Generating initial codes: Data was randomly allocated to the researchers allowing each researcher to read N=10 interviews and to validate an additional sub-sample of N=5 interviews. The leading researchers (NS; OL) have read all the data several times. Data was read and re-read (allowing the researchers' maximum familiarity with the data). The researchers highlighted what they perceived to be the important and more interesting parts of the text, then extracted and finally coded such parts. The process was repeated for each interview separately and resulted in combining all the data into one large data set.
3. Searching for themes: All the codes which were created and identified in step 2 were generated into themes. The analysis revealed 4 themes:

- a. How do women feel about their body in the postpartum. Codes associated with the first theme addressed the acceptance of the change and grief for the lost body following pregnancy.
- b. How do women feel and how their mood in the postpartum is. Codes addressed anxiety, stress and excitement.
- c. What does the experience of feeding feel like in the postpartum. Relevant codes addressed positive and negative experience of feeding.
- d. How do women feel about motherhood. Codes addressed wishing to act as an ideal mother, accepting the ability to be good enough and relating to motherhood as a burden.

In all four themes we identified three main concepts; the ideal, good enough and the burden. As such, women who expressed higher levels of concern and dissatisfaction with body reacted to their body image as a burden. Similarly, those who felt their feeding interactions are lacking, wished to be good enough feeders.

Reviewing the themes: The four themes which had been finalised in phase 3 were reviewed again and re-read by all researchers to verify that they truly represented the generated codes from phase 2. The process revealed that theme 3 and theme 4 could be combined into one theme as the extracted data associated with feeding was associated with motherhood as well.

4. Defining and naming themes: Each theme aimed to capture the data in a clear and manageable way. The extracted data was reviewed again and possible definitions were written for each theme. The process was conducted several times.
5. Producing the report/scientific paper: The final paper (the current study) addresses all the identified themes and combined extracted data and examples from interviews.

Women were encouraged to share their general experience of motherhood. Specific questions addressed potential differences between perceptions of motherhood prior to giving birth and following birth.

The ways in which motherhood was conceptualized by participants was dynamic and oscillated between the always available mother (ideal) and the overwhelmed (burdened) mother with the good enough mother in between.

Results:

Thirty eight women participated in the study (N=22 from Israel; N=16 from the UK). Three participants who took part in the first follow up (XXX et al., 2015) withdrew from the study. Our findings suggest that women were from a relatively high socioeconomic status (SES; XXX et al., 2015). All participants were married.

Interviews took place between 6-12 months postpartum. Findings from our study indicate that >80% of the mothers were working at the time of the follow-up with significantly more working mothers from Israel than from the UK ($p = .01$). This can be explained by the variation of the duration of paid maternity leave between Israel and the UK (XXX et al., 2016). At this phase, babies were already weaned (XXX et al., 2018), with few mothers continuing to mix feeding and therefore breastfeed their babies at least once a day. This is fully addressed in XXX et al (2018).

The analysis of the data revealed three meta themes: The ideal mother, the good enough mother and the burdened type of mother. These three meta themes run through four subsidiary themes exploring body dissatisfaction, maternal well-being, feeding experiences and perceptions of motherhood. Detailed interpretation of the three meta-themes are outlined below.

The following text outlines profiles of these three difference faces of the motherhood role. These roles – ‘meta themes’ - provide a thread which runs through the reporting of the study themes.

a. The ideal mother: “...definitely, I think yeah, I want to be giving her the best all the time [...] I thought, you know, nothing else will matter ‘cause you’ll just have your baby...”. (2052. UK)

This is a mother who ignores her own needs and who is always available for her child. This type of motherhood was associated with regarding the body as belonging solely to the child; primarily for feeding and caretaking and not as an individual priority. Joy within motherhood is the dominant factor in identity and self esteem.

b. The good enough mother: “it’s almost like scales now...before, the motherhood part was everything... it’s like I’ve got part of my old life back but I have to balance that with being a mother”. (1029. Israel)

This is a mother who is there for her child’s needs, but is accepting of her own needs as well. The experience of body image was associated with a wish to regain autonomy over the body.

c. The burdened mother: “...constantly feeling like you're on a conveyer belt, you know, every morning you get up and you're just constantly on the go and you're constantly - if you've got a bit of spare time - ‘what shall I do in it? - and constantly feeling that you've not done everything that you wanted to do”.

(2025. UK).

This is a mother who considers the enormity of her baby's needs to be all-consuming. Unlike the first two types of mothers, these mothers struggled to see the joy and satisfaction within motherhood. This type of mother was likely to be dissatisfied with her appearance and body size.

The Ideal:

“[I feel] a bit of a failure really, um... I think I battled with it for so long...um... just ‘cause I wanted to do it, and also...(coughs) I think I admitted to... to [partner] that I think I did it because of people's perceptions as well, I think I just had this perception... people thinking... you've given up”(2052, UK)

Women considered motherhood as intrinsically linked with a positive experience of feeding, as noted by participant (2052). This mother articulates the pain of stopping breastfeeding, as having to physically terminate the “giving part of herself” to her baby. This is therefore associated with the ideal mother she strives to be, expressing that her estimation of quality mothering is directly connected to feeding. This experience reflects an important sub-theme of the mother as an omnipotent feeder. As such, the

“ideal” mother has the ability to best feed her child, holds the knowledge and perception of the right amount of food, type of food and quality of interaction during the feed. Furthermore, for this mother, who had just had her first child, breastfeeding was associated with a better mode of feeding. It is something she always wanted to do. However, she is openly admitting the pressure she experienced from society which suggests conflicting feelings that are at odds with the idealised notion of motherhood.

In support, a second-time mother from Israel,(2-6 months postpartum) shared the following experience of breastfeeding in the first part of the study:

“I always knew I would breastfeed my child. Breastfeeding is the best and what mum will not want the best for her baby?! It's like giving him a piece of me ...” (1043. Israel; XXX et al., 2015).

This mother, whose baby’s age was 10 months at the time of the second follow-up, shared the following:

“...Because I am breastfeeding, I am breastfeeding myself a bit...It is because I need to take care of them, I allow myself to eat better...” (1043. Israel).

The sense of symbiosis with the infant (“giving him a piece of me”) and later on the sense of “breastfeeding myself” draws links between self-sacrifice and symbiosis entailing a loss of the mother’s individuality.

Similarly and in support, another interesting experience was shared by a first time mother in Israel who did not use the term breastfeeding, but chose to say “**eating from my breast**”. The sense of sacrifice is so extreme that the baby is consuming the mother, indeed eating her alive. This view is also in-line with Klein’s theory (1997) on mother-infant relationship, both of which are further addressed in the discussion.

“...She is eating from my breast 4-5 times a day...she is really connected to me...She sleeps with us in bed, and it is a problem, but this is what she is used to....”(1048, Israel).

As babies' age increased, and breastfeeding was no longer the main mode of feeding, the ideal type of mother was also associated with a cooking mother; a mother who engages with her baby via feeding and who is aware of all the intricacies of the baby's eating routine. The sense of being an omnipotent feeder is reflected strongly by the following participant:

"...lately she is less willing to bottle feed...and then for lunch, at 12, she eats a banana and an avocado...there was a time she was less into feeding in general...and I try to give her meatballs, soup, mash potatoes...I give her butter...so she will eat something...and I bake a lot of cakes as well..." (1064 Israel).

Wanting to continuously stay in the role of a self-sacrificing mother who is simultaneously bestowing upon (mainly demonstrated via feeding) and being rejected by the child (mainly demonstrated by refusing to eat), results in separation-individuation. Interestingly, for the ideal mother, this process often occurs before the mother is ready.

Experiencing motherhood as a total sense of devotion was the most common description women used. Interestingly, more Israeli mothers shared this experience than mothers from the UK (see table 1), possibly reflecting dominant ideologies around motherhood in the state of Israel.

For a few mothers the sense of devotion was associated with the struggle to let go:

"Motherhood, it's like being a Kangaroo I suppose...Even before I had kids I used to be very anxious...And I related that my kids give me confidence. I want to be with them all the time..." (1032, Israel).

"...at the moment it's still sort of, you know, I've sort of been worrying and stressful and sad sort of dropping her off - so we're still wrapped up in all the anxiety of it. I haven't got to the stage where I think 'ahh I can rest or do something, I can have a sleep or go swimming or have a massage'... I haven't got to that nice stage yet." (2083, UK)

Much like the experience of motherhood, participants' experiences of body satisfaction and self-esteem were also expressed by being "ideal". For example, participant 2083 (UK) shows a clear inverse association between body dissatisfaction (about herself)

and baby (about the other) with emphasis on the bodily sacrifice she has made and the impact on her own body image being “**worth it**”. In a sense, the more dissatisfied the mother is with her body, the greater the sense of sacrifice she has made for the baby which elevates her perceived status as an “ideal” mother.

"It's terrible isn't it, but I'm still a bit unhappy with my stomach.... Because you do feel proud of yourself for what you're getting through." (2083, UK).

The feeling of guilt suggests a pressure that an ideal mother should be a selfless mother who is not preoccupied by her body image and does not show any desires and needs for herself as separated from her baby. Despite this, she claims that her self-esteem has improved, with the acknowledgement that being a mother is incredibly difficult and working through these ‘maternal’ challenges evokes a particular sense of pride.

One participant expressed her role as an ideal mother as associated with the sense of sacrificing her own body for the child. This mother has previously shared her struggle to separate from her child. She disclosed she tends to eat all meals with the child, plays with her and is not really doing anything for herself.

"My body is completely rotten. My knees, my back, all is destroyed. I can hardly move...It's really painful" (1010, Israel).

Thus the theme of body sacrifice is not only associated with increase in weight, but is also associated with the dissolution of the body and the sense of the body falling apart.

A slightly different perception of motherhood was shared by a few participants noting the need for some respite within this system of sacrificial devotion. Such a perception is corroborated by an Israeli participant (1003) and a UK participant (2082) as they seek refuge in their time at work:

"...motherhood for me... it's all about being patient and sacrifice yourself to your child...and this totally needs to be supported and helped with..." (1003 Israel)

“when I was breastfeeding I thought work was a fantastic break...I was really enjoying it..., getting the break [...] and now with the weaning I find, you know, that’s another hassle I am doing...it’s like, would work be easier than this?”(2082, UK)

Thus, even the “ideal mother”, consumed by the total devotion inherent in motherhood, may feel the endless nature of the role and display characteristics of the other types of mothers as discussed below. These mothers’ perception of motherhood acts as a bridge between the “ideal” and the “good enough” mothers.

The Good Enough:

“It’s almost like scales now...before, the motherhood part was everything... it’s like I’ve got part of my old life back but I have to balance that with being a mother.” (2054, UK)

Participants who experienced motherhood as one of their many roles as a woman were more likely to consider themselves “good enough” and be comfortable with the ambivalence of the journey. For participant 2054 (UK) this transition into the “good enough” is articulated in the transition away from breastfeeding;

“now I’m kind of contemplating stopping the feeding completely I think... actually... you know my body is coming back to being just mine... and I’ve got to ...I can’t just kind of eat what I want any more [...] while I was still breastfeeding I would have felt irresponsible die... actively dieting”(2054, UK)

In comparison to the ideal mother who sacrifices her body, the good enough mother is working towards reclaiming her body. This first time mother articulates the association between being the feeder when breastfeeding, hence her body is not her own, to regaining not only her body and the pressure associated with it, but also the freedom that accompanies that transition. As this mother returns to work, valuing herself and her needs outside of the mother-infant dyad, she is able to prize the time when she returns home to her child; an emotional sharing of self with other. She is both able to be there for the baby, enjoy an interaction with the baby and enjoy her professional life.

"I'm really enjoying having a bit of independence back, you know, I... I would have gone mad staying at home full time so it's nice to have... you know, to use my brain and... socialise again and have a bit of my life back.... so, when I get home, X. (partners name) started just giving the...her bath normally, um... so yeah we give her bath and then... um... I give her a massage after her bath...um...which is really nice, kind of, bonding time" (2054, UK)

For this mother, reclaiming her old self supported her emotional wellbeing and feelings of sanity. It is about reclaiming her mind as well as her body.

Mothers who related to their motherhood as 'good enough', usually felt 'good enough' in both body image and self-esteem. For an Israeli mother, for whom this was her second pregnancy, body image was related to the way she perceived her body prior to pregnancy. This mother expressed a sense of acceptance and acknowledgment of the changes within her body as associated with the changes in her role in life.

"I am looking at my body and think if it will ever return to how it used to be...After the first pregnancy I was back to myself quite rapidly, ...Yes, it is important for me to return to my previous self...But there is something in giving birth that increases your self-worth and self-esteem...Because it is something I really wanted. It wasn't that easy..." (1029, Israel).

A mother from the UK (2082) spoke about the changes in her body following the birth of her first child. Similar to learning how to navigate her new role as mother, this mother shares her learning of her new body experience. She does not relate to herself as the "ideal" type of mother nor to her body. She is a good enough mother with a good enough body:

"...when you say occupied... I'm not sat here saying 'oh my God I'm fat! I'm fat!' I do think I need to try and get out for a walk or do something or um, you know, I gave up my gym membership because I'm just not going to have time to go... so I wouldn't say I am preoccupied but I am conscious of it."(2082, UK)

"My self-esteem. Yes, I think as long as I have something covering my tummy up I feel alright (laughs)"(2082, UK)

This shift in priorities to a more accepting and less idealised sense of self is corroborated by participant (2018):

“I think you get more accepting of you do things when you can...like the house work, you know sometimes the house is a mess and you just have to accept that...so yes I think the priorities have changed.” (2018, UK)

Being a “good enough” mother was associated with a tolerance for the ambivalence in motherhood, often facilitated by the balance between what is best for the children and the mother’s own needs. Mothers were then able to accept themselves and their experiences as less than perfect:

“I think for me um it [image of motherhood] is sort of the person that you know the children come to when they are upset.” (2018, UK)

“...It’s like a car race. I am running and dashing from work, to pick up from, to take to...so I am not late and manage to do all...” (1029, Israel).

While exploring the data it became evident that more mothers from the UK self-identified with the good enough mother role (table 1). It is possible that as Israel holds such extreme ideologies about motherhood, women felt unable to share any difficulties associated with this role and were keen to demonstrate not only their loyalty to their child but to their country as well. This difference in maternal profiles is further explored in the discussion.

Metaphorical images of motherhood often powerfully encapsulated participants’ experiences of being a mother. The defining acceptance and balance of the “good enough” experience is expressed by participant (2073)’s image of motherhood:

“...it’s like the sea, sort of a beach scene kind of thing. Like at times it’s kind of like-really beautiful and calm and everything you want kind of thing. But then other times it can change with waves that are crashing.”(2073, UK)

“For me, I suppose it’s like a roller coaster... Lots of ups, than downs, something chaotic...with all the fun which is part of it...” (1048. Israel).

In both examples, the good enough mother is able to express the up and downs of the mothering role. Without this acceptance of both self and experience being less than

perfect, mothers were found vulnerable to being pulled under by the crashing waves (2073, UK) into feeling consumed by the heaviness and struggles of motherhood, as explored below.

The Burdened:

“It’s all about him. You have to go according to his needs, according to his sleep, according to his feeds and blah blah...” (2025, UK)

A small number of women in this study articulated a difficult and burdened experience of motherhood and its consuming nature, which is characterised by an infringement of the mother’s freedom and autonomy. This was demonstrated by participant 2025 articulating the all-consuming nature of motherhood.

“I think when the baby arrives you forget about yourself. It’s all about the baby and erm, I can see I was also quite into depression... of course it’s the hormones [...] You don’t do much for yourself. It’s all about him.”(2025, UK)

Thus, for this mother the baby’s predominant wish is to “rob” the mother’s body of its contents and destroy it. This mother has experienced motherhood as an exhaustive drain on her resources as her baby, who “wasn’t planned” (2025), uses up all of her energy and goodness and leaves her empty. She is aware of the limited space for her own needs within this struggle and speaks animatedly of the little time she has for herself after her son has gone to bed:

“...this is my time and I can just put some music to listen to or, like, read a book and then, you know, have a cigarette and it’s like, oh (laughs) it’s the whole world for me...you are doing something for yourself, like you don’t feel useless...”(2025, UK)

This mother’s experience is reflected as a split between the good and the bad. The baby is associated with the bad (bad breast; Klein. 1977), who “robs” all the good she contains. An additional understanding of the split might be that baby takes what I give. E.g., the mother is unable to feel the pleasure of giving side by side with the baby’s need to take. As she feels so empty at the end of the day, she fills herself with something external (cigarette), which although conceptualised as ‘good’, further burns

her from the inside. The weight this mother carries is depicted here as the need to be there for her child which is associated with a sense of uselessness; a loss of self. It is only during this time in the evening when she can reclaim some of her previous life that she is able to 'be'. A separation from baby, for this participant, is equal to regaining the self. This is in contrast to the 'ideal' mother whose self is defined by enmeshment with infant. The "burdened" mother was also much more likely to compare herself to other representations of motherhood than the good enough mother (with ideal mothers also articulating more frequent comparisons).

Some mothers were less able to articulate their struggles and feelings of inadequacy, but would express doubts through body image or the child's eating patterns:

"I think she eats much better at nursery... it's a battle to get her to eat... very rarely will she eat it but the nursery say it's a bowl like that over there (points to a much larger bowl) piled high..... I collected her once when she wasn't very well and was it was meal time so I waited till after they fed her and she was eating it all. I was gob smacked." (2067, UK)

This mother is struggling with comparing herself in her role as mother with peers, the childminder and nursery. For her, witnessing the infant eating more at nursery than at home carries implications of her own failure as a mother. She is unaccepting of her contradictory experiences, describing motherhood as: *"it just sorts of fits in, it goes with the flow really"*(2067, UK), whilst paradoxically describing the rigidity of their routine and the personal sacrifice as she admits *"We don't go out with her at all. We don't go without her. We don't have a social life"* (2067,UK).

This mother is unable to conceptualise a different type of social life in which the infant is present.

Similarly, a first time Israeli mother related to having very limited support apart from her partner while raising her baby. She shared the difficulties and her depression in relating to her motherhood:

"...I have a bit help...Sometimes my sister...and my partner, he is really supportive, and I don't know what I would have done without him...He is so helpful...I have so many problems with myself, and I can't decide about anything...so when he is back

from work I tell him to take her (the baby) and leave me alone...It is so, so difficult. I never thought it would be so hard..." (1050, Israel).

Again, separation from baby is equal to repairing a sense of self in the burdened mothers' group. The struggle in relating to motherhood often correlated to a negative body image in participants, similarly related to comparison with others. With societal pressure to return to the 'ideal' body at this point after their pregnancy, the burdened mother was more likely to view herself negatively in relation to this ideal. Many of the mothers shared aspects of struggling with their postpartum body image, with self-esteem often impacted:

"yes it does [impact on self-esteem] especially when you want to go out and you don't feel... you know, sometimes some days you have nothing to wear, you don't think anything really suits you... that is hard. But you're bombarded with... you know, images of women who have gotten back into their original jeans and things after they've given birth. So yeah sometimes that is hard." (2011, UK)

One Israeli participant shared her difficulties in accepting her postpartum body, and referred to it as a phase of "decorating her body":

"...I am trying to walk, swim... I loved myself during pregnancy. I was like a Hoover. I ate all and all the time. This was when I was pregnant with my first...In the second one, I knew it takes time to lose the pregnancy weight so I swam...And now, it's funny really, I am self-decorating...I have cut my hair. But I am unhappy with the way I look..." (1065, Israel).

Multiple maternal roles; reflecting on the data in relation to the first follow-up findings (XXX et al., 2015):

Similar to findings from the first follow-up study (XXX et al., 2015), findings from this study suggested that participants' experiences were not fixed but fluid and vacillating, with mothers often simultaneously expressing elements of the "ideal", "good enough" and "burdened" experiences of motherhood (see Table 1). This is captured by participant (2052) who as discussed above felt the burden of "failure" against her ideal of the nurturing, breastfeeding mother as after a 'battle', she transitioned onto formula. Her association with multiple roles is evident in her relationship to her body-image:

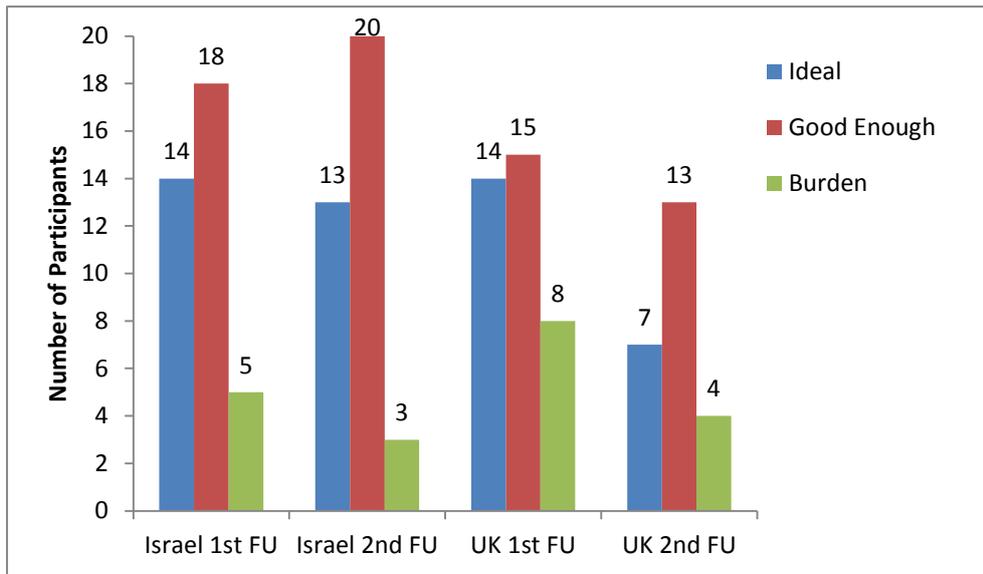
"I think we are at a stage where we probably think in a few months we may be thinking of having another, so I think well, I might as well just get all that out the way first and then start (laughing) to worry about the waistline [...] Probably my tummy muscles are never probably gonna be quite the same but um... yeah, yeah... I'm quite happy. I'm probably more content in body image now than I was when a teenager" (2052, UK)

"I s'pose as you get older you do get a bit more comfier but definitely some... um... since having her, and self-esteem yeah I think probably I'm the most content I think I feel like now I'm the most content I've been"(2052,UK)

This mother communicates a change in priorities and feeling happy in her body-image within her role as mother: while acknowledging photographs of her time at university where she was "very skinny", she is nevertheless certain that she is more content now. It is possible that this mother represents a bodily sacrifice as she postpones her own needs for the benefit of her child and future children. An alternative interpretation is that this mother might be deferring the task of separating from her child by having planned another baby and shifting the separation anxiety from one child to another. Only when she has fulfilled her physical role giving birth to and nurturing her babies can she permit herself to consider her own bodily needs and body image (hence the "ideal" mother). This is likely to be followed by grief following the forced separation from her growing babies. Despite this, she reinforces how her shift in priorities has improved her self-esteem and the acceptance she has for herself as a woman and mother compared to previous times in her life. Such an experience was endorsed by other women in the study noting how their role as a mother had catalysed a shift in perspective to a more accepting stance in relation to self-esteem and body image. This again supports our findings in terms of the complexity in defining motherhood and is further addressed below.

Exploring the data longitudinally suggested some interesting findings which supported the qualitative interview data. Overall for Israeli women, perceptions of motherhood remained stable from the first follow-up to the second (see figure 1). Findings from the UK suggested more variation with 50% less mothers perceiving their motherhood as ideal or as a burden in the second follow up compared to the first. Stability was identified for those mothers who felt their motherhood is good enough.

Figure 1: Bar chart with perceptions of motherhood by time and country.



1st follow up: 2-6 months postpartum; 2nd follow up: 6-12 months postpartum. *Participants have identified with multiple mothering types.

Table 1: Women's perceptions of motherhood divided to ideal motherhood, the good enough mother and the burdened type of mother (modified from XXX et al., 2015).

Participant Number	Country	First Follow-Up			Second Follow-Up		
		Ideal	Good Enough	Burden	Ideal	Good Enough	Burden
1003	Israel	✓		✓	✓	✓	
1005	Israel	✓	✓		✓	✓	✓
1006	Israel	✓	✓		✓	✓	
1011	Israel		✓		✓	✓	
1016	Israel	✓	✓		No available data		
1018	Israel	✓	✓		✓	✓	
1022	Israel		✓		✓	✓	
1029	Israel	✓	✓			✓	
1031	Israel		✓		✓	✓	
1032	Israel		✓	✓	✓		
1040	Israel		✓			✓	
1043	Israel	✓	✓		✓	✓	
1045	Israel	✓				✓	
1046*	Israel	✓	✓	✓		✓	
1048	Israel	✓	✓		✓	✓	
1050	Israel	✓				✓	✓
1053	Israel	✓	✓		✓	✓	
1055	Israel		✓			✓	
1062	Israel		✓			✓	
1064	Israel		✓			✓	
1065	Israel		✓	✓		✓	✓
1067	Israel	✓		✓	✓		
1068	Israel	✓			✓	✓	
2008	UK	✓	✓		No available data		
2011	UK	✓	✓				✓
2018	UK	✓	✓		✓	✓	
2025	UK	✓	✓				✓
2052	UK	✓	✓		✓		✓
2054	UK	✓	✓		✓	✓	
2055*	UK	✓	✓	✓		✓	
2057*	UK	✓	✓	✓	✓	✓	
2059*	UK	✓	✓	✓		✓	
2062	UK	✓	✓	✓	✓	✓	
2066	UK		✓			✓	
2067*	UK	✓	✓	✓		✓	✓
2069	UK		✓	✓	No available data		
2070	UK			✓		✓	
2073	UK	✓		✓	✓	✓	
2076	UK	✓				✓	
2078	UK	✓	✓			✓	
2082	UK		✓		✓	✓	
Total:		N 28(68%)	N=33(80%)	N=13(32%)	N=20 (52%)	N=33(86%)	N=7(18%)
Israel:		N=14(67%)	N=18(86%)	N=5(24%)	N=13(59%)	N=20(90%)	N=3(13%)
UK:		N=14(77%)	N=15(83%)	N=8(44%)	N=7(43%)	N=13(81%)	N=4(25%)

Discussion:

In this study, we aimed to explore Israeli and UK mothers perceptions of motherhood 6-12 months postpartum and to assess stability and changes in these perceptions. The study also intended to understand satisfaction with body and maternal well-being in the postpartum. The main overarching findings of this study suggest that women tend to describe their experiences of motherhood and postpartum well-being as “ideal”, “good enough” or as a “burden”. Similar to findings from the first study (XXX et al., 2015), women tended to associate themselves with more than one mothering role simultaneously. As such, most of the women regarded their motherhood, at least at one point, as good enough or as ideal, showing various levels of body satisfaction and positive self-esteem, with less women also addressing motherhood as a burden. Most importantly, our findings indicated that none of the women identified with one role only. Therefore the ability to hold multiple conceptualizations and flexible as opposed to polarized thinking could be protective in relation to post-partum mental health and wellbeing.

The study was a second follow-up and we were therefore able to explore stability and changes in maternal roles from the early postpartum period (2-6 months postpartum; XXX et al., 2015) to later on (6-12 months postpartum). Our findings indicated stability in Israeli perceptions of motherhood compared to mothers from the UK. As such, Israeli mothers tended to perceive their role as ideal in the early and later postpartum whereas 50% less of the UK mothers continued to relate to their motherhood as ideal 6-12 months postpartum. Lower levels were noted as well in the UK for the burdened type of motherhood. It is possible that as mothers from the UK are entitled for a longer maternal leave compared to Israeli mothers, they are spending longer time with their babies who contribute to a development and different perception in their role <http://www.gov.il/firstgov/english>; <https://www.gov.uk/maternity-pay-leave/overview>). Thus in the early postpartum period more mothers feel the need to be ideal, but as the babies independency increases, mothers are also able to loosen the vice of perfection and feel that ‘good enough’ is good enough. This arguably resulted in more UK mothers feeling able to let go of the ideal perception. Aside from different practice and policy contexts with regard to maternity leave, this trend appears

to suggest that for UK women, perceptions of motherhood are more open to change over time. This suggests an increased malleability in British mothers' perceived experience in comparison to Israeli mothers, whose perceptions (especially for the ideal role) remain fixed over time. It is possible that the high expectations Israeli mothers face (associated with the traditional Jewish maternal role) contribute to less flexibility in the perceptions of their role, perhaps as a result of the strength of the ideology endorsed by the state of Israel and the degree to which the mothering role is enmeshed with the political drive to prepare the next generations, thereby securing the State for future generations.

At the time of the interviews, mothers were either preparing for or had already returned to work. Babies' age ranged from 6-12 months, indicating increasing levels of independency, which is associated with weaning. Interestingly, this experience was not always perceived as a positive experience by the mothers, some of whom struggled to adjust to the separation from the child. It is possible that the role of the ideal mother not only exists for the benefit of the child, but serves as a boost to mothers' self-identity and fulfilment of a societally validated role in life. Vujinovic's (2010) study on mothers returning to work, suggested that most mothers preparing to return to work did not feel ready for a variety of reasons including still breastfeeding, desire to maintain a close bond with the baby and concerns about managing the work/life balance.

Motherhood in Israel vs. motherhood in the UK:

The high levels of pressure to regenerate the population in Israel arguably result in an inability to admit to the struggles of motherhood for Israeli mothers. The wider literature supports the link between social and political context and maternal identities: Donath (2015) explored agency and regret within reproduction and mothering in a sample of 23 Israeli women. Findings from the study report that the transition to motherhood without considering whether one desires it or the consequences it might have for the individual was likely to result in regret. In agreement with these findings, mothers in our sample reported struggles and somehow dissatisfaction associated with the transition to motherhood.

The maternal role takes on even more meaning in light of the fear of loss of life in the ongoing wars, military operations, and terror attacks (Hashiloni-Dolev, 2006). All these factors create tremendous cultural pressure on women to have children, whilst there is simultaneously meagre social support to actually help raise them appropriately (Frenkel, Hacker, & Braudo, 2011). It is therefore not surprising that our findings suggest that more Israeli mothers addressed their motherhood as an “ideal” and aspired to an “ideal” motherhood.

Israeli women were able to express themselves in a different way compared to mothers from the UK. They used terms as “*eating from my breast*” or motherhood as “*being a Kangaroo*”. Such metaphors might suggest a difficulty to let go and reach separation as well as a more pronounced physical proximity to the child. A different experience was shared by mothers from the UK, using a more pragmatic language such as “*I got my life back*”, “*I regained my independency...*”. Our findings therefore suggest deep cultural differences which are associated with and construct the role of motherhood. It is therefore possible that for Israeli women, being a mother is associated with one only plausible scenario, branded into women's minds in a way that represses any other possibilities (Meyers, 2001). Mothers from the UK were more likely to describe the transition to motherhood in terms of a feeling of detachment and a loss of self.

To frame the implications of this study we refer to the wider literature to explain how the roles of motherhood have previously been conceptualised.

The Ideal

In the late 20th century, following the work of Winnicott, Bowlby and Stern, the good mother and proper childcare began to be defined in Western society by the ideal of “intensive mothering” (Hays, 1996, pp. 8–9), whereby the mother, as the primary caregiver, is responsible above all others for the healthy emotional and physical development of her children. This model, which places the child in the centre, was formulated by experts who demonstrated the need for intensive work and emotional involvement in childcare, which in turn requires a significant investment of time,

energy, and money. The model of intensive mothering therefore denies the identity or individuality of women outside of motherhood. The good mother is said to view the intensive mothering role as thoroughly natural, satisfying, and meaningful, and to harbour no sense of loss or sacrifice (Thurer, 1994). If the woman also works outside the home, she is encouraged to “do it all” and thus earn herself the title of supermom, devoting herself to her career with the same success and intensity with which she devotes herself to her children and spouse. Career notwithstanding, the preponderance of her energy is directed toward furthering the development of her child from the moment of its birth (Douglas & Michaels, 2004).

Participants in this study expressed their desire to be an “ideal” mother by solely meeting their baby’s needs, without considering their own. Our findings mirror those observed in the late 20th century, following the work of Winnicott, Bowlby and Stern, The good mother and proper childcare began to be defined in Western society by the ideal of “intensive mothering” (Hays, 1996, pp. 8–9), whereby the mother, as the primary caregiver, is responsible above all others for the healthy emotional and physical development of her children. This model, which places the child in the centre, was formulated by experts who demonstrated the need for intensive work and emotional involvement in childcare, which in turn requires a significant investment of time, energy, and money.

In alignment with these theories, we identified a strong emphasis on ‘doing’ for the baby rather than ‘being’ with. Thus, aspirations to be an ideal mother in a culture where women are encouraged to work and equally contribute to the household might be conflicting. In the UK financial incentives for working mothers and increasing access to free childcare evidence societal expectations and pressure to return to work. Mothers may experience a grieving alongside the need to return to work which might affect their ability to ‘be’ with their baby (Stern & Bruschiweiler-Stern. 1998). This was identified by a few of the participants of this study and can be related to Freud’s(1952) drive theory; the mother will be unable to meet her child’s needs if she is not with them physically and this causes her distress. Benjamin (1994) suggests that an ‘ideal’ mother reaches a stage where she chooses to abandon the fantasy of ideal motherhood in recognition that she cannot sustain a perfect world for her child. This certainly seemed to have been the experience for some of the participants.

Israeli mothers struggled to abandon the fantasy of the ideal mother, which was likely associated with higher levels of distress and dissatisfaction with body.

This ideology and idealization of motherhood promote a conservative model, framing childrearing as a private, rather than public, social issue. Feminists argue that this myth, which presents an idealized or romantic version of motherhood, includes the expressed expectation that women take unwavering pleasure in being mothers and ignore their personal needs. In actuality the maternal role evokes many negative emotions, such as anger and frustration, around which a vacuum of silence is formed (Rich, 1986; Thurer, 1994). Our findings express this observed tension.

The 'Good Enough'

The 'good enough' mother suggests that her responsibility extends beyond the child's physical needs in providing for them emotionally. Stern & Bruschweiler-Stern (1998) acknowledge that a 'good enough mother' finds her own balance in the integration of roles as she returns to work, developing the ability to negotiate different roles; i.e. mother, wife, colleague whilst finding time for self.

Laney et al (2015) observed that generally, although mothers initially experienced a loss of self, as they re-emerged in their motherhood and renewed their sense of self they also had a greater confidence in themselves and their parenting ability. Within the sphere of 'good enough', mothers recognise that they too have needs and allow themselves some autonomy, in part recognising that body image is important to them. Participants in our study, whilst acknowledging the loss of self, were able to reconstruct the loss as a change and as growth towards a new and additional role in their life. Interestingly, more UK participants were able to transition to the good enough mother role, whereas Israeli women struggled to let go of the ideal perception.

The burdened/struggling

The shift in identity for a woman whose focus of identity is on being a mother can cause a mixture of emotions incorporating both happiness and sadness as they experience this transition and adaptive psychological state. For some it takes longer

than others and each phenomenological experience is unique. This is expressed and resonated by the mothers in the study; articulating their feelings of sadness and frustration. The desire is to be good enough, whilst in reality a third of our sample (mostly from the UK) identified at times with motherhood as all consuming, a struggle or burden.

Stern & Bruschweiler (1998) suggest that throughout the transition to motherhood, most mothers experience some level of depression. In a Scandinavian study, Edhborg et al (2005) identified that depression in mothers seems to be in response to the losses and changes associated with this transition. Mothers often feel 'not good enough' but are not able to articulate this through fear or lack of opportunity, having no one to talk to. Although many of the women in this study expressed *times* of struggling, only a few indicated feelings of depression.

Strengths and limitations

This is a follow-up study which longitudinally explored Israeli and UK mothers' perceptions of motherhood, body-image and self-esteem. Women were from a relatively high socio-economic status (SES) and there is a need to further address such perceptions within a more varied sample.

Although we aimed to address potential cultural differences, the sample size and identified literature were limited with limited research exploring Israeli mothers compared to mothers from other western countries. Nevertheless, this study is important because of its novelty and future research should continue to focus on motherhood and the experience of motherhood in different cultures, with a special emphasis on the stability of such experiences.

The authors represent diverse cultural and gender perspectives which have informed the analysis of the reported data. Two of the authors are Israeli, with one of them living and working in the UK for the last 10 years and therefore familiar with British culture. The other four authors are British, with one being a British Orthodox Jewish male allowing an interesting understanding of the data. We feel this has strengthened our understanding and ability to reflect on our findings.

Recommendations for future research and implications for practitioners:

Future research can benefit from being replicated with larger and more diverse samples (looking at different levels of socio-economic status). It would also be interesting to learn about partners perceptions on motherhood and how parents engage and interact in such a challenging time. A further comparison exploring this topic in Western and non-western cultures is in need.

The implications for this work on clinicians and practitioners working in this field will enable practitioners to identify in advance women who might struggle in the transition to motherhood (by asking women during pregnancy and in the early postpartum about their feelings) but also those who struggle in the postpartum. Supporting mothers and babies in early life is important for the development of positive attachment and responsive interactions. By empowering mothers to express their feelings and difficulties associated with this role, mothers will feel more capable and better able to parent and engage with their new born.

Conclusion:

This study identified three experiences of motherhood which are likely to co-exist within all mothers. Positive associations between each experience of motherhood and general well-being were noted. For example, mothers who regarded their motherhood as good enough were likely to show higher satisfaction with body compared to those who aspired to an ideal motherhood. Women still struggle within this role and with the changes in body image which is regarded as a taboo and leaves many women unsupported, un-seen and maintaining a silent agreement regarding their own experience of motherhood.

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