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“It's like giving him a piece of me.”: Exploring UK and Israeli women's accounts of motherhood and feeding

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## Abstract

**Objective:** The present study explored how Israeli and UK mothers integrate feeding into their conceptualisations of mothering 2-6 month's post-partum.

**Background:** The nature and importance of motherhood is subject to differential contextual, cultural, political and historical influences. We set out to compare experiences of motherhood and feeding between these two countries using a qualitative approach.

**Methods:** Forty one women (mean age  $36.4 \pm 2.7$  years) from Israel and the UK, mostly married or in a committed relationship were interviewed about their experience of pregnancy, motherhood and feeding. Data were analysed thematically.

**Results:** The experience of motherhood in the early postnatal period was dominated, for all mothers, 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. Such representations existed within both cultural groups and sometimes coexisted within the same mothers. UK women described more struggles within motherhood whereas a tendency towards idealising motherhood was observed for Israeli women.

**Conclusion:** There are similarities in the ways that UK and Israeli women experienced motherhood and feeding. Where family life is strongly emphasized, mothers reported extremes of idealism and burden and associated an "ideal" mother with a breastfeeding mother. Where motherhood is represented as just one of many roles women take up, they are more likely to represent a "good enough" approach to mothering. Understanding the experience of motherhood and feeding in different cultural settings is important to provide the context for postnatal care specifically where mothers are reluctant to share problems or difficulties encountered.

## Introduction

Mothering is defined as the social practice of nurturing and caring for dependent children. Mothering is a dynamic activity involving a changing relationship with a child (Arendell, 2000). Scholars, such as Forcey (1994) consider motherhood as representing women's first identity and the form in which they learn their first adult place in society. Motherhood is often associated with femininity, gender identity (Chodorow, 1978; McMahon, 1995) and as a primary feature of self-identity for most adult women (Forcey, 1994). Becoming a mother involves physical, emotional and psychological changes. However, and as suggested in a meta-synthesis analysis by Nelson (2003), researchers tend to explore mothers' physical changes from pregnancy to the postpartum rather than their emotional and psychological well-being. Pridham and Chang (1992) similarly note that research on motherhood tends to prioritise the behavioural aspect of motherhood, especially feeding and infant care.

Maternal feeding behaviours are associated with maternal characteristics such as well-being, eating behaviour and BMI (Brown and Lee, 2011; Rodgers, 2013). Shloim, Rudolf, Feltbower, and Hetherington (2014) noted that mothers with higher levels of self-esteem, for example, reported higher levels of enjoyment of food for their infants. This study suggested that maternal wellbeing can influence infant feeding practice and even feeding traits of the infant. However, as Crossley (2009) illustrates breastfeeding can be very demanding and costly for women, and it can negatively affect their well-being. Postnatal depression can also affect their mother's ability to interact and feed their child (Ball, 1987; Oakley, 1979; Winson, 2009) and, Watkins, Meltzer-Brody, Zolnoun, and Stuebe (2011) noted that women with negative early breastfeeding experiences were more likely to have depressive symptoms at two months postpartum, which has been associated with a negative experience of motherhood (Leahy-Warren, McCarthy, & Corcoran, 2012).

Hoddinott, Craig, Britten, and McInnes (2012) addressed maternal feeding experience in 220 interviews with breastfeeding mothers in the UK. Findings suggest that there is a clash between the idealism of breastfeeding and the reality of breastfeeding, which is stressful, challenging and disappointing for many women. Although the World Health Organisation (WHO) recommends exclusively breastfeeding in the first six months, this is an unrealistic goal for many women, and often contributes to a strong and enduring sense of failure.

Of course, experiences of mothering and motherhood are highly contextualised, both in terms of women's immediate familial and partner contexts, as well as in societal and cultural contexts. This study focuses on the experiences of mothers who live either in the United Kingdom (UK) or Israel. These two countries offer two different contexts for mothers, shaped by differing parenting policies, birth rates, religious and political forces, as well as consequent, embedded expectations for women and families.

In the UK, for example, birth rates fell between 2000 and 2005 to an average of 1.79 children per family, compared with 2.04 during 1970e1975 (United Nations Department of Economic and Social Affairs, Population Division, 2007). A similar decrease can be seen in other western countries (Shaw, 2009). Higher levels of education and working status, later marriage and an increase in divorce rates have a major impact on women's decisions to become mothers (Shaw, 2011). Mothering therefore becomes one of many possible roles which women can experience.

In contrast, Israel fosters a strongly traditional, family focussed approach, with a greater emphasis on women becoming mothers as a central and important part of their identity. The Jewish-Israeli birth rate remains high with the average number of children being three per family, nearly twice that of other western countries (Remennick, 2006; Israel Central Bureau of Statistics [CBS], 2007; Lavee and Katz, 2003). It has been argued that there are unique religious, political and cultural imperatives on Jewish Israeli women to become (biological) mothers. As a country, it is economically and culturally modern, with a general tendency to adopt American trends and attitudes. Yet it demonstrates stability in the pre-eminence of the nuclear family and higher than average birth rates. It has been argued Israel has a predominantly pronatal culture; many Israelis perceive childless people to have empty lives (Glickman, 2003) and Israeli women with no children tend to be regarded as, at best, "not yet pregnant" ("Adain lo beherayon"), and at worst deviant, rather than as voluntarily or involuntarily child-less (Portuges, 1986). In particular, for Jewish-Israeli communities, it has been argued that Biblical prescription, experience of conflict and population threat contribute heavily to pronatalism (Birenbaum-Carmeli, 2009). Moreover, maternity benefits to working mothers were the first benefits to be paid by the State of Israel, with women receive increasing allowances up until the fifth child (CBS, 2013). Israel also offers advanced, easily accessible and extremely well-funded fertility and reproductive treatments to women from different backgrounds, and up to the age of 44 (Birenbaum-Carmeli, 2009; Remenick, 2006; Rosner, Rosner, & Orr-Urtreger, 2009). This has been the case since the Inter-Ministerial Demography Team listed 'helping women seeking fertility treatments' at the top of its recommendations for stimulating the Jewish population (February 2, 1987), and despite health concerns linked to high hormone intake following repeated cycles of fertility treatment.

In recent years, there has been an increase in Israeli households consisting of a single parent (Central Bureau of Statistics, 2010) but this is relatively low compared to the UK (26%; Office of national statistics, 2012). In both Israel and the UK working mothers provide economic support for their family and levels of maternal employment are similar in both countries (60%). Nevertheless, people in Israel work 1910 h a year, which is nearly 200 h more than the annual working hours in the UK (<http://www.oecdbetterlifeindex.org/countries/Israel/>). Thus, there is arguable additional burden placed on Israeli mothers both to have children and to work long hours.

Mothers who are employed outside the home therefore have to balance work and family (Daly, 1996) in addition to meeting their own needs. Even with provision at the workplace for childcare or for breastfeeding infants, working mothers in the early months postpartum face specific stressors associated with the demands of family, work and personal life.

The rationale for comparing both countries in this research is primarily based on cultural differences. Israel is a country in which the majority of the population is Jewish (76%) with 21% of Arabs (Muslims, Arab Christians and Druze). Culture and tradition have been previously associated with perceptions of motherhood (McQuillan, Greil, Shreffler, & Tichenor, 2008) and it was hypothesised that Israeli mothers will practice the traditional role of a Jewish mother (a stay at home mother who cooks, clean and takes care of her family; Callister, Semenic, & Foster, 1999). However, the exposure of Israeli women to Western lifestyle moderates such traditional roles. Therefore although Israel and the UK are both western developed countries, life in Israel is very different than that in the UK. Israel is a relatively new country (established in 1948) battling for recognition within a hostile climate. At the age of 18, all males and females must join the army for duration of 36 and 18 months respectively. During this time, parenting is necessarily less intense (Lavee and Katz, 2003) whereas for most young people this is a time of fulfilling their separation-individuation from their parents. These expectations are likely contribute to Israeli women's perceptions of motherhood.

Differences between Israel and the UK are also associated with maternal decisions regarding breastfeeding with higher levels of breastfeeding in Israel compared to the UK. For example, 51% of Israelis continue to breastfeed for more than 6 months ([http:// www.health.gov.il/English/News\\_and\\_Events/Spokespersons\\_Messages/Pages/19062013\\_1.aspx](http://www.health.gov.il/English/News_and_Events/Spokespersons_Messages/Pages/19062013_1.aspx)) whereas in the UK only 25% of the women exclusively breastfeed at the age of 4 months (Hamlyn, Brooker, Oleinikova, & Wands, 2002).

Recent initiatives have encouraged an increase in UK levels of breastfeeding with one in three mothers still breastfeeding their babies for longer than 3 months (<http://www.hscic.gov.uk/catalogue/PUB08694/ifs-uk-2010-chap2-inc-prev-dur.pdf>). However, and as suggested by Crossley (2009), it is possible that the high levels of pressure to breastfeed in the UK result in negative psychological and emotional effects as many women 'fail' to breastfeed. In support, findings from the study suggests that heavy promotion of 'breast is best' might result in mothers who feel disempowered. Thus the present study set out to explore how Israeli and UK mothers integrate feeding into their conceptualisations of mothering 2-6 months postpartum. This study was nested within a larger study exploring maternal well-being, eating and feeding behaviours from pregnancy to the post-partum period (Shloim et al., 2013, 2014).

The focus on feeding was of specific interest since the early weeks and months after birth, mothers are the key providers of nourishment especially if breastfeeding. Thus,

the experience of motherhood and the specific challenges of working mothers who breastfeed were of interest to the investigators.

## Methods

### Recruitment and participants

Pregnant Israeli and UK women (N = 152) were recruited between April 2011 and 2012, through posters and flyers in community centres and in private gynaecologists' clinics (Shloim et al., 2013, 2014). They completed questionnaires on self-esteem, body image and eating behaviours. They were contacted again 4-10 weeks after returning the questionnaires, while still pregnant, and asked to take part in a follow-up study. Of the original 152 women, 73 agreed to complete questionnaires, of whom 41 agreed (Israel = 23; UK = 18) to participate in an in-depth study involving a brief interview and filming of a feeding interaction in the first months of the baby's life. The filmed feeding provided additional understanding to how mothers interact with their babies during the feed, for example the emotional tone of the mealtime interaction and the ability of mothers to respond to their infant's hunger and satiety cues. This is fully described in Shloim, Hetherington, Rudolf, and Feltbower (2015). No significant differences were identified between the women who agreed to take part in the in-depth part of the study compared to those who did not in terms of levels of education, material status and previous number of children.

### Design and procedure

Interviews took place in the participants' homes for both countries. Written consent was obtained from each participant prior to the start of the interview. Each interview was conducted and filmed by the lead researcher (NS) who is herself a mother, native Hebrew-speaker and trained psychotherapist. The interview was semi-structured, following a protocol that had been approved by the University of Leeds ethics committee (ref #11e0137). The researcher followed the order of the questions but was sensitive to the context, mother's mood and wellbeing and would ask for clarification or expansion on topics as they emerged. Women were asked: how were you're eating behaviours during pregnancy? /Were you're eating behaviours different than usual? And now, while you are not pregnant? /How did you feel during pregnancy? And now, how do you feel? /Some of the questions you have previously replied via the questionnaires addressed your self-esteem. Can you please tell me a bit about this? /And your body image? /Are you breastfeeding? /Have you always known you will breastfeed? /Do you have joint family meals during the week/weekend? /Can I please ask about your daily schedule? /Have you been

working prior to pregnancy? Do you plan to return to work? /Can I please ask you about your experience of motherhood? Is it similar, different than what you have expected it to be? Thus questions addressed women's general feelings following pregnancy, eating/feeding behaviours and body satisfaction. The questions aimed to provide a more in-depth understanding of the experience of motherhood from pregnancy onwards to supplement previously conducted quantitative research (Shloim et al. 2013, 2014). Finally women were asked if motherhood is similar to what they expected it would be. The interviews lasted 20-40 min and were later transcribed to play script standard by NS.

## Data analysis

Analysis proceeded in line with the steps outlined by Braun and Clarke (2006) for thematic analysis, and was driven by two questions: (i) how do Israeli and UK women experience motherhood 2e6 months postpartum; (ii) are these experiences associated with different feeding styles? Thematic analysis is a foundational, theoretical method of analysis which can be employed flexibly to identify and categorise patterns of experience or meaning in qualitative data sets. Analysis can consider data at a semantic (face-value) or latent (interpretative) level either inductively (i.e. as suggested by the data itself) or deductively (i.e. as similar or dissimilar to existing findings or knowledge). Analysis in the present study was inductive and at the latent level (i.e. sought to identify meaning, assumptions and patterns underpinning mother's accounts).

The following stages indicate our approach to analysis.

1      Becoming familiar with the data: Interviews (23 in Hebrew; Israel and 18 in English; UK) were transcribed into English. All Israeli interviews were originally recorded in Hebrew were translated by the researcher into English. Transcripts were annotated to identify the dominant topics or forms of meaning apparent in the data. This was completed by the first author.

2      Coding: this stage involves the assigning of codes (descriptive labels) which indicate something about the transparent or possible meaning of the data, permitting preliminary data organisation. Working transcript-by-transcript, and line-by-line, this stage proceeds in a cyclical fashion whereby units of text speaking to the same issue or meaning are assigned the same code. Codes are continually refined, merged and extended until all aspects of the data pertinent to the research question have been incorporated. This stage was completed by the first author.

3      Generating Themes: combining all codes from across the data set, the analysis then identified where there was similarity, or joint relevance, between codes. These were then grouped to form preliminary themes which were more

interpretative and conceptual in nature. Four themes were identified as this stage: i) acceptance of change and grief for the lost body; (ii) anxiety, stress and excitement of motherhood; (iii) the physical and psycho- logical complexity of breastfeeding; and (iv) idealisation vs burden of motherhood. These were generated by the first author and refined in discussion with the second and third authors.

4 Reviewing the themes: this stage involves consideration of the validity of themes by assessing the fit of the themes with the data and the extent to which some aspects of the data (newly identified or otherwise) leads to the refining of themes. At this point, themes (iii) and (iv) were judged to be interdependent in influencing mother's experiences.

5 Defining and naming themes: the final set of themes were named and description written of the core characteristics.

Finally, all of the other authors discussed the analytic output and its grounding in the data. For the analysis of demographic variables, such as participant age and other characteristics, STATA version 11.1 was used.

## Results

Forty one women participated in the study, as indicated in Table 1. Women were drawn from a relatively affluent and educated sample therefore had a high socio-economic status (SES). Most of the Israeli sample lived in the centre of Israel (Tel-Aviv, Ramat-Gan) and were secular Jewish. UK participants lived in Yorkshire and in London with one participant originally from India. Women were highly educated and most had at least a degree. Their mean age was  $35.3 \pm 3.7$  years and did not significantly vary between countries. 40 women were married (98%) and one was in a long-term relationship. 78% (N = 32) of the women had elected to breastfeed. At the time of the interviews, 60% of the mothers were in paid employment at the time interviews took place with significantly more working mothers in Israel than in the UK ( $P = 0.01$ ). This can be explained as the duration of paid maternity leave varied between Israel and the UK. Interviews took place (thus infants' age) on average  $15 \pm 6.8$  weeks following birth. Israeli infants were significantly older than infants from the UK ( $P = 0.02$ ) with significantly more UK mothers breastfeeding their infants during the filmed meal interaction (taking place at the same time as the interview; Shloim et al., 2015). It is therefore possible that because UK infants were younger at the time of the interview they were more likely to be breastfed and were also more likely to have a stay at home mum compared to infants from Israel. Since the issue of feeding was foremost in the experience of the mothers at the time of interview, the focus on feeding in relation to motherhood was very strong. Thus, for the purpose of this paper and as the first two topics were previously addressed via a quantitative study (Shloim et al., 2013, 2014), topics 3 and 4 were chosen for further

development here. The ways in which motherhood was conceptualised by the sample varied from a somewhat ideal/always available mother to a burdened/overwhelmed mother. Interestingly, women did not see themselves only in one category but their experience vacillated from ideal to good enough to burden within as well as between mothers. For example, the ideal mother was described as always being available for their children to the exclusion of their own needs whereas the good enough mother seemed to include an appreciation of both the needs of the infant and her own needs. However, for the burdened mother there was an expression of struggle, where the needs of the infant became quite difficult to meet, with a sense of falling far short of the ideal and perhaps not even being “good enough”. The findings presented below attempt to encapsulate the experience of motherhood, especially with reference to the experience of feeding either the self during pregnancy and beyond or the baby since these were significant and prominent issues for the mothers at the time of interview.

## Theme 1

“I am always available for my children and my children are my entire world”.

“Pregnancy ... it was wonderful ... I loved being pregnant ... I think it was the first time in my life I enjoyed my body ... I loved my bump ... and it wasn't an easy pregnancy as it was just after my illness, but I have to say that for 9 months I felt really good ... mm ... .I suppose I always wanted to be a mother ...” (2008. UK)

This participant (pregnant for the first time with a planned pregnancy after recovering from an eating disorder) has highlighted the feelings often expressed by mothers that pregnancy is a time of liberation from the typical body shape and weight concerns women have (see Shloim et al., 2013). For her, ideal mothering is one of enjoyment, emerging from a ‘natural’ psychological and physical merging of womanhood and motherhood. However, in this next extract, the joy of motherhood is tempered by concerns about weight and shape on behalf of her new-born daughter (2008. UK).

The transmission of concern about weight and shape is there from the start:

“And my mother, she already thinks that my daughter is chubby, and it made me so upset that I actually told her that if she mentions X. (baby's name) weight again I will prevent her from seeing her ... Because she is not ... .She is beautiful ... .and she is a baby ... and babies are beautiful ... .And if later in life she will gain more weight than she should so we will do sports ....”(2008. UK)

Another mother similarly enjoyed the 'naturalness' of pregnancy, birth and breastfeeding, and talked about herself and her baby as one, as a joint unit. Thus, one expression of the ideal mother is one in which the sense of self is subsumed within the mother- infant dyad. Moreover, the sense of self is merged the previous intentions to initiate breastfeeding which is already positively associated with the role of the "ideal" mother.

"It (pregnancy), it was all so new ... The pregnancy went really smoothly and we didn't have any problems ... didn't we ... (baby talk) ... We had a home birth and it was all so natural ... yes, it did, it did ... (baby talk) ... .And then I always knew I wanted to breastfeed. It just seems natural and with all the health benefits ... It will be so sad to spoon feed, it will, wont it (baby talk) ... It's so special and a nice thing to do (to breastfeed) and I am planning a maternity leave of a year ..." (2067. UK)

The idea of always being available for their children is key to the notion of the ideal mother. In the extract below, it seems that the participant (1029), a 33 yr. old mother who just gave birth to her second child, viewed her own mother as the ideal. Her repeated use of the word 'always' suggest that the good mother is consistently available, and for this participant, should be a hard-worker for the family, and mentions feeding in particular. That her mother collected early from day-care suggests that the behaviour of the ideal mother is one of devotion, attention and selflessness.

"Being a mother ... well ... .my role model is my mum. She was always available and there for us, picking us up early from school ...

.there was always homemade food at home, a hard worker ..."

(1029. Israel).

Participant 1050 (Israel) provided the view of mothering as "all or nothing" thus being an ideal mother is not allowing any others to participate in the care and nurturing of the child. Moreover, participant (1050) is no longer anything other than a mother. She compares herself to other women who are less than 'total mum', and her use of the phrase 'be his mother' suggests a deeply authentic experience of mothering (rather than a performance).

"I am a total mum. I take my kid early from nursery so I can spend more time with him; other parents are working but not me. I want to teach my child and be with him. Be his mother ..." (1050. Israel).

Similarly, participant 1043 (Israel) associated ideal mothering with the 'sacrificial' act of breastfeeding. For her, this is evidence of love.

“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).

Experiencing motherhood as devotional was the most common description women used, as noted by participant (1050) and (1043) below. However, such devotion was expressed mainly as a mother's duty to be present for her children (picking up from school, being at home etc.) and the ability to nourish her child (breastfeeding in infancy and cooking home-made food for infants). Thus, all women who experienced motherhood as “an always available mum”, expressed their devotion as available in the sense of “doing” (playing with the baby, teaching them, feeding them etc.) and obligation, they were less likely to relate to their ability to support their children emotionally, to “just be there for them”.

A few women were able to relate to the “price” of giving themselves to the baby, relating to the experience of breastfeeding as highly demanding. The physical pain through pregnancy and birth, the sleepless nights and the struggles throughout breastfeeding were all interpreted as the part of the devotional nature of motherhood.

“Giving birth ... I had contractions for 3 days ... and then, in the beginning, I couldn't really breastfeed ... So I used to drizzle formula drops on my breast ... and he got used to it ... he learned ... and after that I had an infection ... so overall it all took 3 months with him ... and I didn't give in as I had already breastfed my other two ...” (2025. UK)

This description of persistence in breastfeeding captures well the sense of the burden and struggle which are part of the ideal motherhood. Several women addressed motherhood as a never ending role, as suggested by participant (1048) in the extract below. Participant (1048) who is a mother of three working fulltime described herself as “mother earth” and, due to a stillbirth, was pregnant for the greater part of two years. Yet this mother did not report fatigue or difficulties which might have been associated with such a demanding role but only related to the love and devotion which characterised her experience of mothering.

“Motherhood ... it's something round ... it never ends and it's the most beautiful thing in the world ... I love my children. Even at work everyone knows I am absolutely crazy about them ...” (1048. Israel).

Motherhood was also experienced as an endless and challenging role, as indicated by participant (1032). For this mother, this was the second child after a very tiring pregnancy. She used the image of a kangaroo to describe the feeling that her child

was constantly attached to her. Thus the sense of connection (real and imagined) through constant attachment but also the burden of carrying the young around or being responsible for them constantly is a strong metaphor for motherhood.

“I feel like a kangaroo ... They are always with me ... Physically and mentally ... I mean, even now, when I am back to work, I still feel they are with me ... (1032. Israel).

## Theme 2

“I am available for my children, but I have my own life as well”.

Some mothers articulated both the devotional nature of motherhood as well as a sense that they could detach themselves from the role, and see it more objectively. For example, the statement from participant 2018 is resonant with the pragmatism of the reality of mothering, that whilst it is a desired state there are nevertheless problems associated with the loss of sleep and having to accommodate this over time.

“I always wanted to be a mum ... first time was a shock ... sleep deprivation ... all say it's lovely, but actually it's horrible ... And then you get used to it ...”(2018. UK)

Moreover, given the pivotal role of breastfeeding during the early period, such a type of mother might both enjoy breastfeeding but also admit that stopping breastfeeding can also be beneficial and is more likely to admit it than the first type of mother, the “ideal mother”, openly addressed by participant (1048). Thus wearing her own clothes may represent the reclaiming of this women's pre-pregnancy self.

“Yes, sure I breastfed her, I also breastfed her sisters, but I felt free when it was over. I could wear my own normal clothes, I was more relaxed ...” (1048. Israel).

In support, participant (1053) in the extract below talked about the emotional price of breastfeeding and expressed that her decision not to breastfeed meant better care of herself, and in for her baby. Here, good mothering is about balancing needs and rationale decision making, although the imperative to breastfeed made these choices ‘complicated’:

“I breastfed her for a week, until I understood the emotional price I am paying is simply too high ... And I decided that for the benefit of my family and my own well-being I should stop and concentrate on being able to sleep ... Nevertheless, it was a very complicated decision I had to make” (1053. Israel).

In the statement below, this mother talked about her experience of mothering as a form of tension between where both mother and child need differing levels of closeness at different times. Interestingly, this statement in some way represents the ebb and flow of breastfeeding in which the mother offers the breast ready to feed but it is the infant who decides when, whether and how much to feed.

“It's like holding a kite, sometimes I want them to be next to me and they want to fly away and then it's the opposite. It's like a game of holding and letting go ....” (1022. Israel).

Having to return to work was a topic most of the women addressed. For some women, returning to work was considered a positive experience as indicated by participant (1011). However, for some of the mothers, the more “ideal” type of mother, returning to work involved leaving the child with a minder thus could be viewed as negative [“I want to be his mum” (1050)]. For such women, an ideal mother is a stay-at-home mother which cannot be achieved by a working mum by definition. In the example below, participant (1011) relates to her own needs (returning to work) and her baby's needs (breastfeeding) and expresses her role of motherhood as combining both.

“I am a solicitor and I have been working on a case I had to finalise and I agreed to work during my maternity leave ... So when she (the baby) was two weeks old I went back to work, and her grand- mother used to bring her to me so I can breastfeed her ...” (1011. Israel).

This description encapsulates the devotional act of breastfeeding with the urgency of her role at work.

Participant 2011 relates to the latest pregnancy as not being her first pregnancy and as such she divides her motherhood between more than one child. The reality for this mother is that one cannot be available to all (including herself) and therefore this mother describes herself as good enough (not ideal). Her eagerness to re- turn to work is seen as something to benefit all, since the children will have a “happier” mom and she will “get her life back”. There is a clear ambivalence expressed here, one the one hand motherhood is easier the second time around but it is more difficult to divide attention between more than one child.

“This is the second one (baby), so it's easier than before as I know already what I am doing ... But it's also more difficult as I am divided to two ... to three if you include myself ... and I am going back to work in 3 weeks so he will only be 3 months ... last time I was away for so long (52 weeks) and I don't want to wait so long. I love my work ... I'll get my life back faster and they will get a happier mum ...” (2011. UK)

### Theme 3

“I am not sure I can do it ... be a mum ...”

The third theme that emerged from the data r motherhood as burdensome. Mothers recognise the enormity of her baby's needs as all-consuming.

Although only one mother chose a clear image of the Greek god Atlas (who was punished by Zeus to carry the world on his shoulders), the notion of a “struggle” was nevertheless present in the descriptions of all three types of mothers including the “good enough” mother and the “ideal”.

“Atlas ... as all the world is on his shoulders ... I think there is nothing to say about it, it's clear ... The good and the bad things, the complicated ones ...” (1046. Israel).

Findings from the research indicate that women in our study who related to motherhood as all-consuming had a negative experience of pregnancy which affected their perceptions of their motherhood, as expressed by participant below (2073).

“Pregnancy was difficult but giving birth in a caesarean was the worst experience in my life. I wanted to have a natural birth and then I had contractions for 5 days before I gave birth ... and I asked for an epidural and it had no effect so when they cut me I felt it and fainted ... It was all so traumatic and I am sure it caused my postnatal depression ...” (2073. UK)

This participant addresses her traumatic birth which resulted in postnatal depression. She was unable to enjoy the interaction with her new-born yet managed to initiate breastfeeding. The sense of burden emerged from mental fatigue and physical exhaustion.

Similarly, participant (2069), where this was her second pregnancy, related to the tiredness of having to take care of a new-born, with a sense of loneliness and no support.

“Giving birth, it was not at all as I expected ... My parents live just around the corner and I expected them to help ... but I felt so alone ... there was no routine, no sleep ... you got all of these expectations and no one tells you how it would be ...”(2069. UK)

This mother talked about the mismatch between the expected and the reality namely that mothering was more challenging than she expected. This mother formula fed

and this may too have been a reality which failed to match the expected ideal of breastfeeding.

Another participant, (1003), in her fourth pregnancy, spoke about her difficulties, anxiety and sense of helplessness during pregnancy. When asked to describe what motherhood is like for her, she related to its first as 'giving', but then corrected it to 'self- sacrifice'.

"I felt nauseous while being pregnant, but I mainly remember how anxious and worried I constantly was. I wasn't that young anymore and always worried something is wrong with the baby ... Motherhood ... motherhood for me is giving yourself ... No, it's self- sacrificing ..." (1003. Israel).

To conclude, the findings from this study indicate that Israeli and UK women tend to relate to motherhood as either ideal, good enough or as a burden. However, women from the UK talked more about the struggles and difficulties with motherhood compared to mothers from Israel. Interviews took place when significantly more Israeli mothers had returned to work compared to mothers from the UK. It is therefore possible that such mothers experienced some guilt for having to leave their babies at such young age. Thus, returning to work and not breastfeeding might have been associated with the mismatch between the desire to be an ideal mother and the reality of being able to be good enough, expressed mainly by Israeli women. This is further addressed in the discussion.

For many women experiences of motherhood were represented simultaneously across several themes, as seen in Table 2.

Women regarded their motherhood both as ideal and as a burden as noted, for example, by participant 1043 (Israel) and participant 2015 (UK). Both mothers related to breastfeeding as ideal thus the feeding an ideal type of mum follows ("and which mum won't do the best for her child") but were also able to relate to the struggles within it ("It's like giving him a piece of me"; "I used to drizzle formula on my breast ... I had an infection"). Only 24% (N = 10) of the mothers regarded their motherhood as associated solely with one type of motherhood and were likely to describe it as good enough.

## Discussion

The main findings of this exploration of motherhood in the first 2e6months post-partum suggest that women tend to describe their experiences of motherhood as "ideal", "good enough" or as a "burden". However, women tended to associate their role as a mother with more than one theme at the same time. Thus despite aspiring to be the "ideal" mother, it is acknowledged that there are times when mothering is a burden and it is acceptable to fall short of the ideal to be "good enough".

Most likely as a function of the time that the interviews took place and the questions used, mothers connected their experience of motherhood to the mode of feeding they had chosen. Thus, breastfeeding was considered as “ideal” by all mothers across countries. Falling short of this ideal form of mothering produced ambivalence about not breastfeeding and the sense of “burden” associated with doing something less natural and less ideal. Our findings suggest that most of the women experienced motherhood as good enough (80%) with similar percentages of participants contributing to this theme from both the UK and Israel. Higher levels of women from the UK talked about having an ideal experience of motherhood compared to women from Israel (77% vs. 67% respectively) which was an unexpected finding. It is possible that such differences are a result of daily life in Israel, a country in which Jewish-Israeli women are subject to historical and political drives to counterbalance the current existential threat to the population in Israel and to regenerate the population following the Holocaust (Kahn, 1997). Thus, the threat of losing a child in combat is likely to influence the experience of motherhood. Birth rates increase after periods of conflict, such as the Sinai Campaign (1956) and the June 1967 and October 1973 wars (Cohen & Dotan, 1976). Peres and Katz (1980) study reported that it is common for Israeli women to give birth to another child while the eldest is drafted into the army as a form of “insurance” to maintain the family. Thus, the high levels of pressure to regenerate the population might result with an inability to admit to the struggles of being a mother. This is supported as well with only 24% of Israeli women addressing their motherhood as a burden compared to 44% of UK women.

Theme 1: “I am always available for my children and my children are my entire world”

McMahon (1995) states that being a mother is commonly related to as being part of a woman's role in society. Similarly, Chodorow (1978) and Ruddick (1982) argue that because women are mainly responsible for childcare, girls remain connected to their mothers and develop an orientation towards nurturing through an attachment and identification process. In support, a study by Douglas and Michaels (2004) indicated that the context of “mums” promulgate standards of perfection that are beyond reach. Thus, both attitudes tend to obscure any difficulties inherent in motherhood (Marshall, Barnett, & Sayer, 1998) and promulgate the myth of the “ideal mother”, which has been defined as a mother who is always available and committed to the well-being of her child (Nikki Shelton, 2006).

Most of the women in our study expressed their desire to be an ideal mother, hence always being there for their children and totally available for them. Such total devotion was associated with breastfeeding. In support, Ruth Ginsberg, who explored representations of motherhood in Hebrew novels between 1881 and 1992 (Ginsberg, 1997), argued that in most of this literature the Jewish mother is

represented as a Yiddisher mamma, a stay at home mother who cooks and takes care of her family, a strong mother who ignores her own needs and is totally available to her children and family. Thus, there may be higher levels of expectations from Israeli mothers to exceed in all traditional roles women are expected to follow compared to British mothers.

Theme 2: "I am available for my children, but I have my own life as well"

The second type of mother is described by women in our study as devoted to her child (like the first type of mother) but also allowing time for herself. Such mothers are aware and accepting of their ability to do their best, which may be sufficient in certain occasions and disappointing in others.

Our findings suggest that this type of mother was mainly regarded by participants as a mother-baby unit. As such, the mother provides a safe ground for mistakes and relates to motherhood as a journey. On a journey, although both mother and baby walk together, they are not equal partners, as it is the mother who transfers the knowledge and direct this journey. Such a journey might also be related to as part of maternity leave (as it has its enjoying parts and its struggles) and for Israeli women the length is shorter compared to mothers from the UK (<http://www.gov.il/firstgov/english>; <https://www.gov.uk/maternity-pay-leave/overview>).

Israeli women are encouraged to return to work 14 weeks following birth. Extending maternity leave might result in losing their job and, given the low level of child allowance, women often have no choice but to return to work. By contrast, our findings indicated that most of the UK mothers extended their maternal leave or reduced the amount of working hours per week. We would like to argue that Israeli women are pushed by society to be the best. Similar to other countries, Israel is a society with two providers in the home (Ekert-Jaffee and Stiert.2009) and 80% of Jewish women aged 25e54 are working (Kraus. 2002). However, although women are encouraged to work and earn money, they are also expected to act as the main caretakers of their family and are expected to work inside as hard and as much as they work outside the home. Having to highly succeed in both jobs and continues to have children (90% of women have at least 2 children), Israeli women are naturally pushed into the pressure of being a full time mother and a full time employed woman. Having to face such levels of pressure and then face the stressful reality of having to leave their babies at such an early age and return to work, clearly reveal the conflict that Israeli mothers face between being pushed to be the best while having to accept that they can only be "good-enough". Moreover, our findings might suggest a sense of guilt arising from the gap between the internal perceived image of motherhood and the actual motherhood perceived by the participants. Taking into account that there is no such thing as an "ideal mother", it is important to

acknowledge that there are times mothers feel help- less, as if they are carrying the entire burden of motherhood alone, as addressed in the third type of motherhood.

Theme 3: “I am not sure I can do it ... be a mum ...”

At the end of the continuum is the days when motherhood is considered as a burden. This experience is encapsulated by the feeling of being unable to provide her infant with the ideal expected of mothers.

Arendell (2000) suggests that motherhood is often associated with poor psychological well-being, including depression, anxiety and lack of positive experience. Not all mothers welcome the total dominance of the infant in their lives, nor do they all adjust well to the change in life this involves, especially in the first few weeks, when their own basic needs are postponed. This type of mother is unable to see the positive aspects of motherhood, focusing instead on the loss of self to other as a high price to pay. As such, she identifies with her baby's sense of helplessness and, similar to her baby, she too feels helpless, alone and isolated.

Our study identified three types of experiences of motherhood ranging from the devotional to the burdened. Most likely mother- hood involves this range within all mothers, and there are times when this experience shifts from bliss to burden within the same mother and even within the same day, possibly associated with a certain situation.

For example, a mother who feels confident in feeding might address her motherhood as ideal or as good enough whereas a mother who struggles might address it as a burden. An additional explanation might be associated with infants' age. Thus, women might struggle more with mothering as babies age increase possibly resulting in fewer mothers feeling as ideal mothers.

The findings suggest as well that the image of the “ideal mother” still exists, setting up a barrier to women who are unable to act according to such ‘impossible’ high standards. Findings from the study indicated that being an “ideal mother” is part of the British and the Jewish/Israeli culture, not readily allowing mothers to admit the experience of burden within the context of a national mission to encourage motherhood and reproduction. Interestingly enough, UK mothers were more willing to admit their struggles compared to mothers from Israel, which does not necessarily indicate a better coping mechanism for Israeli women compared to women from the UK. We would like to suggest that encouraging mothers to talk more about the struggles and stresses of being a mother, helping them to break the silent agreement that mother- hood is always easy and joyful, might lead to an improvement in women's general well-being and empower mothers' beliefs in their ability to parent.

## Strengths and limitations

According to our knowledge this study was the first to address Israeli and UK women's perceptions of motherhood. It was also the first to explore perceptions of motherhood in a country which highly embraces fertility. Our findings revealed the importance of better understanding of how women feel regarding being a mother. Nevertheless, this study should be considered with its limitations. The first relates to the fact women were from a relatively high socio-economic status (SES) and all were highly educated. Thus, exploring perceptions of motherhood within a more varied sample might reveal different findings. Second, the relevant interviews were part of a filmed feeding interaction between a mother and her baby. As such, some women breastfed while being filmed. They may therefore be particularly oriented towards questions related to eating, compared to questions addressing their experience as a mother, which might have affected the data. Third, UK infants were significantly younger compared to Israeli babies at the time of the interview and more UK mothers breastfed during the filming of the feed compared to Israeli mothers. This in itself could influence the ways in which mothers discussed their experience of motherhood (e.g. being more attached to their babies, experiencing higher levels of tiredness). Future research should therefore aim to control babies' age and mode of feeding. Moreover, as the lead researcher (NS) conducted the interviews she was not blind to mother's general mood and the atmosphere in the house which might have influenced her understanding of the themes. Finally, although we aimed to address potential cultural differences, the identified literature was limited with no research exploring Israeli mothers compared to mothers from other western countries or other countries in which women are expected to be fertile as in Arab cultures for example. More data was available for mothers from the UK, however, this mainly concentrated in childless women or in teenage mothers. Thus, although we struggled in addressing our findings as related to similar studies in Israeli and UK culture, this study is important because of its novelty and future research should continue and focus on motherhood and the experience of motherhood in different cultures.

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Table 1; participant's main characteristics.

	N (%)	Mean (SD)	Median	IQR	Missing data
<b>Mothers age</b>	41	35.3(3.7)	37	27-41	
<b>Primiparous</b>	14(35%)		1	0-8	2.2%
<b>Multiparous</b>	26(65%)				
<b>Working status:</b>					
Yes	24(60%)				
No	17(40%)				
<b>Levels of education:</b>					
No degree	3(7%)				4.4%
Degree/higher than a degree	36(93%)				
<b>Infants age (weeks):</b>					
Israel	23	17.7(6.8)	18	8-32	
UK	18	11.8(5.3)	12	3-20	
<b>Ever breastfed:</b>					
Yes	32(78%)				
No	9(22%)				

Table 2: Women's perceptions of motherhood divided to ideal motherhood, the good enough mother and the burdened type of mother.

Participant Number	Country	Ideal	Good Enough	Burden
1003	Israel	✓		✓
1005	Israel	✓	✓	
1006	Israel	✓	✓	
1011	Israel		✓	
1016	Israel	✓	✓	
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	✓	✓	
2011	UK	✓	✓	
2018	UK	✓	✓	
2025	UK	✓	✓	
2052	UK	✓	✓	
2054	UK	✓	✓	
2055*	UK	✓	✓	✓
2057*	UK	✓	✓	✓
2059*	UK	✓	✓	✓
2062	UK	✓	✓	✓
2066	UK		✓	
2067*	UK	✓	✓	✓
2069	UK		✓	✓
2070	UK			✓
2073	UK	✓		✓
2076	UK	✓		
2078	UK	✓	✓	
2082	UK		✓	
<b>Total:</b>		N =28(68%)	N=33(80%)	N=13(32%)
<b>Israel:</b>		N=14(67%)	N=18(86%)	N=5(24%)
<b>UK:</b>		N=14(77%)	N=15(83%)	N=8(44%)

## References

- Arendell, T. (2000). Conceiving and investigating motherhood: the decade's scholarship. *Journal of Marriage and Family*, 62(4), 1192e1207.
- Ball, J. A. (1987). Reactions to motherhood: the role of post-natal care. CUP Archive.
- Birenbaum-Carmeli, D. (2009). The politics of 'the natural family' in Israel: state policy and kinship ideologies. *Social Science & Medicine*, 69(7), 1018e1024.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77e101.
- Brown, A., & Lee, M. (2011). Maternal child-feeding style during the weaning period: association with infant weight and maternal eating style. *Eating Behaviors*, 12(2), 108e111.
- Callister, L. C., Semenic, S., & Foster, J. C. (1999). Cultural and spiritual meanings of childbirth orthodox Jewish and Mormon women. *Journal of Holistic Nursing*, 17(3), 280e295.
- Chodorow, N. (1978). Mothering, object-relations, and the female oedipal configuration. *Feminist Studies*, 137e158.
- Cohen, A., & Dotan, J. (1976). Communication in the family as a function of stress during war and peace. *Journal of Marriage and the Family*, February, 141e148.
- Crossley, M. L. (2009). Breastfeeding as a moral imperative: an autoethnographic study. *Feminism & psychology*, 19(1), 71e87.
- Daly, K. J. (1996). Spending time with the kids: meanings of family time for fathers. *Family Relations*, 466e476.
- Douglas, S. J., & Michaels, M. W. (2004). *The mommy myth*. Free Press.
- Ekert-Jaffe, O., & Stier, H. (2009). Normative or economic behavior? Fertility and women's employment in Israel. *Social Science Research*, 38(3), 644e655.
- Forcey, L. R. (1994). Feminist perspectives on mothering and peace. *Mothering: Ideology, Experience, and Agency*, 355e375.
- Ginsburg, R. (1997, December). The Jewish mother turned monster: representations of motherhood by Hebrew women novelists 1881e1993. In *Women's studies international forum* (Vol. 20, No. 5, pp. 631e638). Pergamon.
- Glickman, A. (2003). Marriage in Israel on the threshold of the 21st century. *Public Opinion [De'ot Ba'am]*, 7.
- Hamlyn, B., Brooker, S., Oleinikova, K., & Wands, S. (2002). *Infant feeding 2000*. London: The Stationery Office.

Hoddinott, P., Craig, L. C., Britten, J., & McInnes, R. M. (2012). A serial qualitative interview study of infant feeding experiences: idealism meets realism. *BMJ open*, 2(2), e000504.

Israel Central Bureau of Statistics (CBS): [http://www1.cbs.gov.il/www/publications/isr\\_in\\_n13e.pdf](http://www1.cbs.gov.il/www/publications/isr_in_n13e.pdf) (2003).

Israel Central Bureau of Statistics 2010: [http://www1.cbs.gov.il/reader/shnaton/shnatone\\_new.htm?CYear¼2010&Vol¼61&CSubject¼42](http://www1.cbs.gov.il/reader/shnaton/shnatone_new.htm?CYear¼2010&Vol¼61&CSubject¼42).

Kahn, S. M. (1997). *Reproducing jews: The social uses and cultural meanings of the new reproductive technologies in Israel*. Ph.D. dissertation. Harvard University.

Kraus, V. (2002). *Secondary breadwinners: Israeli women in the labor force*. Green-

wood Publishing Group.

Lavee, Y., & Katz, R. (2003). The family in Israel: between tradition and modernity. *Marriage & Family Review*, 35(1e2), 193e217.

Leahy-Warren, P., McCarthy, G., & Corcoran, P. (2012). First-time mothers: social support, maternal parental self-efficacy and postnatal depression. *Journal of Clinical Nursing*, 21(3e4), 388e397.

Marshall, N. L., Barnett, R. C., & Sayer, A. (1998). *The changing workforce, job stress, and psychological distress*. Wellesley, MA.

McMahon, M. (1995). *Engendering motherhood: Identity and self-transformation in women's lives*. New York: Guilford Press.

McQuillan, J., Greil, A. L., Shreffler, K. M., & Tichenor, V. (2008). The importance of motherhood among women in the contemporary United States. *Gender & Society*.

Nelson, B. A. (2003). *Mothering daughters: novels and the politics of family romance, Francis Burney to Jane Austen*. *Journal of the Motherhood Initiative for Research and Community Involvement*, 5(2).

Oakley, A. (1979). *Becoming a mother*. Oxford: Martin Robertson.

Peres, Y., & Katz, R. (1980). Stability and centrality: the nuclear family in modern Israel. *Social Forces*, 59, 687.

Portuges, C. (1986). Attachment and separation in the memoirs of a dutiful daughter. *Yale French Studies*, 107e118.

Pridham, K. F., & Chang, A. S. (1992). Transition to being the mother of a new infant in the first 3 months: maternal problem solving and self-appraisals. *Journal of Advanced Nursing*, 17(2), 204e216.

Remennick, L. (2006). The quest for the perfect baby: why do Israeli women seek prenatal genetic testing? *Sociology of health & illness*, 28(1), 21e53.

- Rodgers, C. (2013). Why kangaroo mother care should be standard for all newborns. *Journal of Midwifery & Women's Health*, 58(3), 249e252.
- Rosner, G., Rosner, S., & Orr-Urtreger, A. (2009). Genetic testing in Israel: an overview. *Annual Review of Genomics and Human Genetics*, 10, 175e192.
- Ruddick, S. (1982). *Maternal thinking* (pp. 101e126). US: Springer.
- Shaw, R. L. (2011). Women's experiential journey toward voluntary childlessness: an interpretative phenomenological analysis. *Journal of Community & Applied Social Psychology*, 21(2), 151e163.
- Shaw, R. L., & Giles, D. C. (2009). Motherhood on ice? A media framing analysis of older mothers in the UK news. *Psychology and Health*, 24(2), 221e236.
- Shloim, N., Hetherington, M. M., Rudolf, M., & Feltbower, R. G. (2015). Relationship between body mass index and women's body image, self-esteem and eating behaviours in pregnancy: a cross-cultural study. *Journal of Health Psychology*, 20(4), 413e426.
- Shloim, N., Rudolf, M., Feltbower, R., & Hetherington, M. (2014). Adjusting to motherhood. The importance of BMI in predicting maternal well-being, eating behaviour and feeding practice within a cross cultural setting. *Appetite*, 81, 261e268.
- UK National Statistics <http://www.ons.gov.uk/ons/index.html> (2012).
- UNPD (United Nations Population Division). (2007). *World urbanization prospects: The 2007 revision*. New York, NY: UN Department of Economic and Social Affairs, Population Division.
- Watkins, S., Meltzer-Brody, S., Zolnoun, D., & Stuebe, A. (2011). Early breastfeeding experiences and postpartum depression. *Obstetrics & Gynecology*, 118(2, Part 1), 214e221.
- Winson, N. (2009). Transition to motherhood. In *The Social Context of Birth* (pp. 145e160). Oxon, UK: Radcliffe.